

# What's Behind a Name?

## *CommonSpirit Health*

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THOMAS KOPFENSTEINER, STD

**A**nyone involved in Catholic health care is aware of the enormous number of concerns when there is talk of a possible strategic alignment or merger with other health care systems. They involve strategy, finance, clinical, human resources, moral, legal and canonical concerns, among others. I have written this article as a reflection, building on the church requirement of obtaining nihil obstat<sup>1</sup> — or, in this case, declarations from Archbishop Salvatore Cordileone of San Francisco and Archbishop Samuel Aquila of Denver, that nothing hindered the joining of Dignity Health and Catholic Health Initiatives, allowing for the creation of CommonSpirit Health earlier this year. The combined health care system has 142 hospitals and more than 700 care sites across the nation. The reader of this article can pause and reflect on a few questions and, perhaps, share her or his answers with others. It also can be read without this group dialogue, or the questions can be used without being a part of CommonSpirit Health, substituting your health system when appropriate.

### BACKGROUND

In providing their nihil obstats after a thorough moral analysis of the alignment that included consultation with Rome, the Archbishops added another reasonable, but unanticipated, condition. They wanted the name of the new system to be recognizably Catholic. In the past this was hardly an issue. Health care systems took the name of the founding religious congregations: Daughters of Charity, Providence, Bon Secours, Mercy, St. Joseph's, etc. This often-used solution for naming systems by honoring their founders was precluded given that the new system combining Dignity Health and CHI would reflect the legacy of 17 religious orders and several community hospitals. Alternatively, systems have selected names that designated them Catholic and distinguished themselves geographically: Catholic Healthcare West, Catholic Health East or, more nationally, Catholic Health Initiatives.

And so a committee was established to intentionally choose a name that was recognizably

Catholic. Committee members quickly learned that, while apparently direct, the Archbishops' mandate required discernment and discussion. Outside of a specific name that would be familiar to an audience — St. Pope John Paul II Institute, Bishop DuBourg High School, Mother McCauley Hall — names need some explanation to associate an organization with its Catholic roots. Even names of well-known health systems such as Trinity Health, Ascension or CHRISTUS Health, require some understanding to link them to Cath-

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olic organizations. So to respond to the Archbishops' concern, "recognizably" Catholic became "explainably" Catholic as the committee moved forward. That is, the organization's Catholic heritage would need to be made clear in the briefest description of the name's meaning. This broader scope allowed the artists, writers, poets and theologians of the committee access to an array of spiritual and mystical traditions not only to draw from the effective history of Catholic thought but also to capture something of the personality of the organization.

These goals for the name added a further complicating factor to an already confusing situation. In addition to being explainably Catholic, could the name capture the spirit of a new and transformative health care organization? Could it be future oriented? Instill a sense of innovation? Be unprecedented and ahead-of-its-time? Could it mirror the pioneering will and determination of the women religious who began the health care ministry in the United States?

To meet these criteria, the committee reviewed more than 1,200 suggestions and proposed the name CommonSpirit Health for the system. It is a combination of two Catholic concepts: the common good, which is a central tenet of Catholic social teaching; and the Holy Spirit, the third person in the Holy Trinity. The name is a compound word made from these tenets of faith relayed in 1 Corinthians 12:7: Now to each one is given the manifestation of the Spirit for the common good.

Anchoring the CommonSpirit name to Paul's letter to the community of Corinth has important consequences. The health care system's name is not a vague sentiment, and considering it in context can yield a fruitful thought process. Paul writes to "clear up a wrong impression about spiritual gifts." Paul does this in two ways. First, Paul corrects the impression that the manifestations of the Holy Spirit are limited to the more extraordinary and impressive gifts such as the power of miracles, prophecy or speaking in tongues; rather, the manifestation of the Spirit is given to everyone. All are gifted, and all gifts are inspired by the Spirit. And secondly, he underscores that the dynamism of the Spirit is not to create a privileged class or to promote the boastfulness or pride of an individual, but that the manifestation of the Spirit is for the benefit of all. The gifts of the spirit are

personal and individual, but their orientation is communal.

#### Reflection Questions

- What gifts do you bring to your work?
- How do your gifts relate or contribute to a greater whole? How would you describe the greater whole?
- Whose gifts support your work and make it possible?

### CATHOLIC SOCIAL TEACHING

Deeper insights into the name CommonSpirit can be gained by reflection on the concept of the common good, a core tenet of Catholic social teaching. The common good embraces the sum total of all those conditions of social life that enable individuals, families and organizations to achieve effective fulfillment: food, clothing, health, work, education and culture and more.<sup>2</sup> A driver of the common good is a concept of justice that builds on the interdependence of all and nurtures a sense of solidarity and responsibility for all, especially the most marginalized and vulnerable people.<sup>3</sup> The object of our social justice efforts is the common good, making the common good not merely a theological category but a political one. In order to achieve the common good, what is needed is an ability to address and reverse the underlying social structures that inhibit full human growth and development. Working for the common good means to work to establish the conditions necessary for the basic needs of all to be met. It is to change the structures of power so that those who are marginalized can become active participants in society.<sup>4</sup>

#### Reflection Questions

- How does the common good factor into our decision-making process?
- How do we address the social determinants of health, the conditions in the places where people live, learn, work and play that affect a range of health risks and outcomes?

### BIBLICAL SUPPORT

The common good, work for social justice and an emphasis on the preferential option for the poor are biblically encapsulated in the concern for the widow, the orphan and the sojourner. The motif of these three categories of people is often

repeated in Scripture, especially the Hebrew Scriptures. Each of them stands at the peripheries of society. They are the marginalized, voiceless and poor — as such they are the special objects of God’s concern. They fall under the protection of God. God has the interest of these elements of society at heart (Dt. 10:18). Further, the cause of the widow, orphan and sojourner is particularly enjoined upon Israel. The care for them was a prescribed way of life for Israel: “To oppress the poor is to insult the creator, to be kind to the needy honors the creator” (Pr. 14:31). Conversely, to oppress their needs is to bring the reproach of God: “Cursed be the one who perverts the justice due to the sojourner, the fatherless and the widow. And all the people shall say, Amen” (Dt. 27:19).

A brief reflection on the Gospel story of the widow’s mite can bring these ideas together and capture the power behind the name CommonSpirit. In the course of Jesus’ teaching, he said, “Beware of the scribes, who like to go around in long robes and accept greetings in the market-places, seats of honor in synagogues, and places of honor at banquets. They devour the houses of widows and, as pretext, recite lengthy prayers. They will receive a very severe condemnation.” Jesus sat down opposite the temple treasury and observed how the crowd contributed money as an offering. Many rich people put in large sums. A poor widow also came and put in two small coins worth a few cents. Calling his disciples to himself, he said to them, “Amen, I say to you, this poor widow put in more than all the other contributors to the treasury. For they have all contributed from their surplus wealth, but she, from her poverty, has contributed all she had, her whole livelihood.” As Jesus was leaving the temple, one of his disciples said to him, “Look, Teacher! What massive stones! What magnificent buildings.” “Do you see all these great buildings?” replied Jesus. “Not one stone here will be left on another; everyone will be thrown down.” (Mk. 13: 1-2)

We most often hear the story in the context of stewardship or sacrificial giving. But according to scripture scholars, the parable has a social justice message. The parable is not to teach us how to give, but serves as a condemnation of the scribes who were “devouring widows’ houses.” Saying the widow gave more than all the others is Jesus’ lament. In light of God’s care for the poor, Jesus voices his anger at those who deprive the widows of what they need to live; the destruction of the temple that Jesus describes is God’s utter rejection of the scribes’ neglect of those in need

(Mk. 12: 38-40). Woe to them — to us — who fail to include the marginalized, but perpetuate or exacerbate the situations they experience and cannot escape from on their own. In the health care context, this is our opportunity to not merely address the illness from which people suffer but also to

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focus on the total of the conditions that deny someone true health. As a health care ministry that takes the common good seriously, CommonSpirit Health believes that creating healthy communities must go beyond the treatment of disease and include the underlying causes of illness and the social determinants of health — often at considerably less cost and always in partnership with others.

### **Reflection Questions**

- Do we risk the judgment of God by keeping the status quo in the health care industry?
- How can our ministry transform the delivery of care and so distinguish ourselves from others?
- What would our health system look like if we were not afraid to re-create it?

### **WHAT’S IN FRONT OF A NAME**

Surely there is more behind the name of CommonSpirit. The new organization is rooted in the heritages and histories of Dignity Health and Catholic Health Initiatives. They, in turn, continue and build on the legacies of the founding religious congregations and the histories of the communities served over the years. The name CommonSpirit invites further reflection on the multitude of threads that have been woven to make it a new system as it experiences continuity with the past and creates a new history. So more importantly than only focusing on the background of the name, perhaps, is to see the world

in front of the name: like all of those who have created our unique past, how does the new system advance a new history of caring? How will it be experienced by those who come to us in need? How will it spark an approach to service for care providers? How will its ministry serve and witness to the building up of God's kingdom in the world? These are future-oriented questions and their favorable answers will be the measure of the success of CommonSpirit Health.

### Reflection Questions

- How do you respond to the name, CommonSpirit? How do you respond to the name of your own health care system?
- How does your background — gender, culture, life experiences including your experience of religion — affect the understanding of the name?
- In one or two words, what would you want the name of your facility or health care system to convey?

**THOMAS KOPFENSTEINER** is chief mission officer of CommonSpirit Health.

### NOTES

1. U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, sixth edition, Part 6, no. 68: <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf>.
2. Pastoral Constitution on the Church in the Modern World, *Gaudium et Spes*, no. 74, Dec. 7, 1965.
3. John Paul II, "Sollicitudo Rei Socialis," no. 38, [http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf\\_jp-ii\\_enc\\_30121987\\_sollicitudo-rei-socialis.html](http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_30121987_sollicitudo-rei-socialis.html).
4. *Sollicitudo Rei Socialis*, no. 39.



### AS THE CHURCH'S MINISTRY OF HEALTH CARE, WE COMMIT TO:

- † Promote and Defend Human Dignity
- † Attend to the Whole Person
- † Care for Poor and Vulnerable Persons
- † Promote the Common Good
- † Act on Behalf of Justice
- † Steward Resources
- † Serve as a Ministry of the Church

## THE SHARED STATEMENT OF IDENTITY *for* THE CATHOLIC HEALTH MINISTRY

*We are the people of Catholic health care, a ministry of the church, continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen – bringing together people of diverse faiths and backgrounds – our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind and spirit.*

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved and most vulnerable. By our service, we strive to transform hurt into hope.



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