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The Evolution of the U.S. Catholic Hospital: From Sisters in Habits to Men in Suits

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**The Evolution of the U.S. Catholic Hospital:
From Sisters in Habits to Men in Suits**

“Before all, and above all, attention should be paid to the care of the sick so that they shall be served as if they were Christ himself” - The Rule of St. Benedict

Introduction

At the core of Catholic health care ministry lays a steadfast purpose of bringing to life Jesus’ mission of love and healing. The Church was commissioned by Christ to be a visible sign of God in the world. Catholic hospitals in their founding responded to this call and became witnesses to the faith as they embraced the Gospel vision rooted in the belief that every human life is a sacred gift. Recognizing the unity of body and spirit allowed for Catholic hospitals, led by courageous religious pioneers, to promote wellness for all persons and communities in the name of Christ. This Christ-inspired passion led to a special emphasis being placed on care for the poor and vulnerable. By embodying Christ as healer and life-giver, these Catholic hospitals transformed the world around them by attending to persons in a holistic manner. Fast-forward to modern times and Catholic hospitals look quite different as societal factors have continually shaped, shifted, and even eroded the essence of their Catholic health ministry. As hospital personnel dynamics have been modified, so too have mergers with secular organizations been seen as threats to diluting the unique vocation of these hospitals, which has ultimately led to a loss of focus of the heart and soul of this ministry.

In today's ever-changing healthcare landscape, Catholic U.S. hospitals have undergone a change in their mission and thus their identity. This paper argues that Catholic hospitals need to rediscover the origins of their ministry. This can be accomplished by refocusing their efforts away from mergers with secular entities that deal strictly with life and death issues to mergers that more fully engage the care for the poor and vulnerable. To provide the context for this paper, Part One will present an overview of Jesus' ministry, which is the foundation for Catholic health care. Part Two will address the history of the Catholic hospital in the United States in an attempt to show a rich past for attending to the needs of the underserved. Part Three will be a case study of St. Cloud Hospital in Minnesota which will be used to examine this history on a condensed scale. An interlude will highlight present day hospital mergers combined with the use of the principle of *caritas* and the theory of cooperation. Lastly, Part Four will provide a practical application piece in order to address what Catholic hospitals can do in order to better live out their mission derived from Christ, starting with a new kind of merger.

An unnatural narrowing of purpose in Catholic hospitals has occurred which focuses too exclusively on specific matters of life and death. Catholic hospitals need to broaden and resume their original purpose which was caring for the poor and vulnerable. By reassessing their mission and identity and re-engaging the principle of cooperation, Catholic hospitals can recapture their role as a visible sign of Christ in the world.

Part One: Foundations of Catholic Health Care: Jesus' Ministry

The healing stories of Jesus found throughout the Gospels formed and continue to be a model of service for modern Catholic health care. While Catholic hospitals don't perform *real* miracles, they use their God-given intelligence to heal through the medical art and by unwavering service to all who enter through their doors.

Jesus gave us the most compelling examples of the special solicitude we should show the sick. Healing filled his daily life. He was always among the suffering. For Jesus, healing the sick was intrinsic to his salvific mission. And so, too it must be for those who profess to be one of his followers. We who profess to be Christians are committed to emulate Christ's example. As individuals and communities, we are called to 'Put on Christ', to see the sick as he saw them, to make the healing ministry a part of our lives.¹

By highlighting a few of Jesus' major healing miracles it can become clear that these miraculous events are not simply displays of power or a presenting of a resume to the people of his divinity, rather they are signs of the presence of God's Kingdom. Jesus assures us, "If it is by the finger of God that I cast out demons, then the Kingdom of God has to come."² The accounts of Jesus' healing ministry from Catholic hospitals to the commitment of embracing Jesus as their icon of mission. In particular, the stories of the "The Woman With The Hemorrhage", "The Daughter of Jairus", and "The Good Samaritan" represent distinguishing characteristics of Catholic hospitals which are meant to not only embody Christ's healing work and mission, but also invite people to God through their service.

The Women With The Hemorrhage

¹ Pellegrino, Edmund D., David C. Thomasma, and David G. Miller. *The Christian Virtues in Medical Practice*. 84

² Luke 11:20

A woman who had suffered from a hemorrhage for twelve years, and spent everything she owned to get well, stretched her arm through the crowd and touched Jesus' cloak. "Immediately the flow of her blood was dried up; and she felt in her body that she was healed of her affliction."³ Jesus felt the power rush out of himself and questioned who had touched him. The woman was struck with fear, yet Jesus responded by saying, "Daughter, your faith has made you well; go in peace and be healed of your affliction."⁴ "Scripture scholars tell us that the recounting of this story, as with other such healing stories, serve another purpose besides the simple recollection of miracles. The story demonstrates Christ's power over evil, over the world, and over suffering."⁵ Additionally, Jesus rescued this woman from being a social outcast as her condition was seen as unclean according to the law.

The Daughter of Jairus

"He took the child by the hand and said to her, '*Talitha koum,*' which means, Little girl, I say to you, arise!"⁶ The gospel writers link the woman with the hemorrhage to Jairus' daughter who was also seen as being unclean in the eyes of the law because she had been pronounced dead. Jesus heals the daughter of Jairus and calls the woman with the hemorrhage 'daughter' to identify them in relationship to God, to their family, and to the community. The connection between these two healing miracles is that Jesus restored both women to an abundant life, a life in relationship. "They were both seen as outcasts, unclean outsiders who have now been restored to their dignity, their inheritance, as

³ Mark 5:29

⁴ Mark 5:34

⁵ Dan O'Brien: *Palliative Care: The Biblical Roots*. Catholic Health Care Association. 44.

⁶ Mark 5: 41

daughters of God.”⁷ You can begin to see Jesus’ healing miracles not only taking on a physical dimension, but also a cultural and social dimension. A holistic health care approach.

The Good Samaritan

Lastly, there is another Gospel story that has had one of the most dramatic impacts on how Christianity and more specifically, Catholic hospitals, have thought about their duty to reach out and care for the poor, the sick and the suffering, and that is the Good Samaritan.⁸ Jesus’ story describes a man falling prey to robbers along the road and being stripped and beaten. The man was first passed on the other side of the road by a priest and next by a Levite, before being aided by an unlikely traveler, a Samaritan. The Samaritan who was despised by the Jews, was moved with compassion and bandaged the wounds of the fallen man. The Samaritan did not stop there, rather he transports the man to an inn and paid for his treatment and care. Jesus teaches in this parable that compassion is not to be shown simply for fellow believers, but for all, regardless of social status. “The parable of the Good Samaritan was known throughout the ancient and medieval Christian world as a model of understanding Christ’s compassion for us, and therefore a model of compassion that believers felt compelled to imitate.”⁹ “Miraculous healing was not performed as a broadcast philanthropy, but as a sign, the purpose of the miracles was to show God was at work in a new way”¹⁰

⁷ O’Brien, *Palliative Care*, 45.

⁸ Ibid. 45.

⁹ Ibid. 47.

¹⁰ Merrill C. Tenney. “*Zondervan: Pictorial Encyclopedia of the Bible*. 1975

These three gospel narratives all illustrate key pieces of Jesus' healing ministry that also stand at the center of the identity of Catholic hospitals. These pieces are, "solidarity with the poor; reverence and love for the inherent sacredness and dignity of life; treating persons holistically – recognizing they are a body-spirit unity; hunger and thirst for justice; a commitment to the common good; and hospitality to the foreigner and stranger."¹¹ The earthly vocation of Christ calls Catholic hospitals to hold a unique identity of providing care that goes beyond physical ailments, and extends into the spiritual and social realms in order to personify a mission of love to all who are encountered. When reaching out to heal the poor, the vulnerable, and the underserved we are not reaching out simply because of sympathy, rather we are embracing Christ. "Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me"¹²

Part Two: The Creation and Expansion of Catholic Health Care In The United States: A Brief History

The public face of Catholic authority has always been decidedly male; it is indeed ironic, then, that the overwhelming majority of Catholic hospitals in the United States were established and originally managed by women. While mission driven, these Catholic sisters were nevertheless skillful business managers who learned to understand fully and work within the perilous hospital marketplace.¹³ This section will underscore the gradual metamorphosis of Catholic hospitals which has over the years experienced

¹¹ O'Brien, *Palliative Care*, 47

¹² Matthew 25:40

¹³ Barbra Mann Wall, *American Catholic Hospitals: A Century of Changing Markets and Missions*. (New Brunswick, NJ: Rutgers, 2011) 1.

changes in its organization, management, and operations. These medical facilities were founded as sacred spaces where patients are welcomed as Christ. Have changes during Catholic hospitals development led this to be emphasized not as much? What makes a Catholic hospital ‘Catholic’ today in the 21st century where sisters in most cases are no longer manning the helm? A brief history of United States Catholic hospitals can help provide answers to these questions as well as give insights into how Catholic hospitals today can re-engage their apostolic activity of the Catholic Church.

In the early nineteenth century, groups of women religious founded in the United States and abroad provided care for the sick and poor as a part of their religious calling. The Sisters of Charity in 1828 built the first permanent hospital in St. Louis.¹⁴

By 1860, Sisters from seventeen different Catholic congregations had established and staffed thirty-three hospitals in the United States. As religious congregations and the United States both grew, Sisters were called upon to build and administer a steadily increasing number of hospitals. Driven by the charisms of their communities, the Sisters raised the money, oversaw the construction, staffed and administered the hospitals without financial support from the Vatican and, usually without financial support from the local diocese.¹⁵

By 1915, an astounding fifty percent of hospitals in North America were run by Catholic Sisters. Yet, drastic changes in the twentieth century in the American health care system, as well as in the Catholic Church, placed an added strain on Catholic hospital operations. The United States health care industry model was modified as factors such as WWII brought with it salary increase restrictions and a large number of employers began to offer health insurance to employees as compensation. The Hill-Burton Act in 1946

¹⁴ Mary Kelly and Maureen Anthony, *Project Muse – The Last Generation of Sisters Administrators: Insights about the Transition of Catholic Hospital Leadership*. (2014). 34.

¹⁵ Ibid. 34.

fueled rapid hospital growth by funding hospital construction.¹⁶ Additionally, Medicare and Medicaid were signed into law in 1965, which meant demand and reimbursement immediately increased and the charitable model that served in the past was no longer viable.¹⁷ For the Catholic Church, the Second Vatican Council marked a turning point for many committed religious men and women. At the council, through documents such as *Apostolicam Actuositatem*, a greater role in the church and its ministries were encouraged for the laity. The laity now had a distinctive mission in the Church rather than being seen as mere ‘helpers of the hierarchy.’¹⁸ In the health care arena, “This resulted in many Catholic sisters choosing to address unmet needs of the times, such as working directly with the poor, rather than remaining in administrative roles, which became entrusted to the laity”¹⁹ Many sisters noted that an attraction towards other ministries which needed attention grew stronger as the ability of others to take on health care administration roles was becoming evident. One sister addressed the changing hospital dynamic by stating, “It was becoming more like a business; we didn’t have the freedom to take care of people like we used to.”²⁰

Overall, fewer numbers of men and women were entering into the religious life. Due to a decreased rate in Catholic schools and as birth rates declined, so too were parents less inclined to promote the religious life for their children. The Vatican II era also brought along with it large numbers of sisters leaving in order to pursue other

¹⁶ Ibid. 35.

¹⁷ Ibid. 35.

¹⁸ Wall, *American Catholic Hospital*, 4.

¹⁹ Kelly and Anthony, *Project Muse*, 35.

²⁰ Ibid. 42.

options that were now available to them as lay women. *The Official Catholic Directory* reported 168,527 sisters and 10,473 brothers in 1960. Thirty years later, sisters numbered only 103,269 while brothers had decreased to 6,473.²¹ Given these changes, religious forces in the hospital marketplace might have died out; instead they have been transformed. In response to market pressures, Catholic hospitals began forming multihospital systems. “By 1985, there were two hundred sixty-eight hospital systems, ninety-one of which were Catholic. As these systems formed, the sisters who remained in health care, although dramatically fewer in number, continued to serve in governance roles for their health systems and engage in public advocacy on behalf of those they served.”²²

By the end of the twentieth century however, Modernization, corporatization, and the disappearance of the religious communities who ran these institutions represent major changes in service, organization, and delivery. In 1980, half of Catholic hospitals CEOs were sisters; by the 1990s the figure was 15 percent. Mergers, consolidations, and closures had eliminated many of the differences between Catholic and non-Catholic hospitals. Operating styles moved from a service-oriented approach to a corporate model.²³

A major challenge that Catholic hospitals faced in light of these mergers was that for the most part, sisters and brothers were no longer the face of the hospitals anymore. Witnessing to religious and spiritual values as a hospital and transmitting the service-centered values to patients became more and more difficult.

Their dramatically decreasing numbers have affected their hospitals’ identity and led to a gap between many institution’ aims and the personal convictions of their lay personnel. In some hospitals, the charity and compassion was pushed aside. During this mergers process, the hospitals’ public identities as institutions built on religious movements and values dimmed.²⁴

²¹ Wall, *American Catholic Hospital*, 4.

²² Kelly, et al. *Project Muse*, 36.

²³ Wall, *American Catholic Hospital*, 176.

²⁴ *Ibid.* 6.

“Sister Administrators entered into the ministry of health care propelled by the desire to extend the healing ministry of Jesus in the context of their particular charisms.”²⁵ They did what was necessary to raise funds, build hospitals, deal with local politics, recruit, interact with the medical staff, and meet local health care needs. The current network of Catholic hospitals across the United States owes its continued existence to their efforts. “Many Catholic leaders are concerned that Catholic hospitals professed mission, service to the poor, has slipped away. The central tenet of service and care is being diluted when the ‘bottom line’ - not the patient – must come first in the corporation’s survival stakes.”²⁶ While the era of religious sisters as leadership of Catholic hospitals may have passed, their charisms should live on in the lay leadership of hospitals today. Catholic hospitals have found ways throughout their existence to adapt and operate in a changed, secularized society. They passed along their leadership to a new generation, and their employees and local communities perceive them in new ways.

At the heart of their mission lays a special ministry for the poor and the vulnerable which often becomes overlooked in the ongoing shaping of Catholic hospital identity. These ministerial goals can be reinvigorated through a faith and perseverance mentality to create health care systems that live out the charisms of these sisters, even though their presence in merger negotiations might not be felt. I believe Fr. Trafford Maher speaks meaningfully about clinging to the sister’s unwavering commitment to service by saying, “What is the unique character of the Catholic hospital? It is a health agency that gives an enduring, official and formally professed witness to the reality of

²⁵ Kelly, et al. *Project Muse*, 51

²⁶ Wall, *American Catholic Hospital*, 177.

God, the presence and redemptive work of Christ, and the dignity and worth of men and women.”²⁷

Part Three: A Case Study of St. Cloud Hospital (St. Cloud, Minnesota)

Benedictine sisters traditionally embrace the needs they find in time and place and make it their ‘work.’ Surely health care is an unchallenged example of this.²⁸ Inspired by their commitment to the words of the Rule of St. Benedict, the Sisters of St. Benedict in St. Joseph, Minnesota in the last quarter of the nineteenth century, were called upon to staff the then St Benedict’s hospital in a growing St. Cloud, Minnesota. This case study will provide an insight into the creation of the St. Cloud hospital, as it has been ground zero for the ever-changing Catholic health care landscape over the years.

Dr. A.C. Lamothe Ramsay came to St. Cloud in 1882 and sought a place to begin his promising medical career. By partnering with the Sisters of St. Benedict, St. Benedict’s Hospital was instituted in February 1886. Ramsay soon found he could not attend to the practice of medicine and oversee the day-to-day operations of a hospital. By entrusting the hospital building to the sisters, this became the start of an extraordinary ministry. “No matter that the sisters were nurses without training; doctors trained them on the job from day to day. Almost from day one, sisters were in administration roles.”²⁹

The hospital however, struggled initially. By failing to have an adequate amount of patients, the sisters began to worry about the venture as there remained much prejudice in

²⁷ Charles Bouchard, *Did Anyone Realize What Was Ahead? Catholic Health Care and Vatican II*. (Catholic Health Association, 2015) 19.

²⁸ Evin Rademacher O.S.B., et al., *With Hearts Expanding: Transformations in the Lives of Benedictine Women*. (North Star Press of St. Cloud), 2000.

²⁹ *Ibid.* 237.

the community towards the hospital and the sisters as nurses. “The story goes that the sisters decided to pray together for nine successive days asking for Divine help in whether or not to close their hospital. On the fifth day the answer came.”³⁰ A cyclone swept over the city injuring hundreds and killing many. The hospital was the only building that was left intact. It thus became the center for healing and rescue in the community. The sisters faced their first real test in the health care industry. Forty years later, St. Benedict’s Hospital was renamed, St. Cloud Hospital.

The sisters found themselves in a constantly changing environment. The overwhelming changes in the church, society, and traditional lifestyles of religious life brought about the call of the Second Vatican Council. The profound effects of Vatican II induced a gradual decrease in the sisters’ presence in health-care institutions everywhere.³¹ These external factors affected the identity of Catholic hospitals in that they could no longer be associated with the strong presence of the sisters. “At St. Cloud Hospital alone, there were one-hundred and ten sisters from the St. Benedict’s monastery involved in the day to day operations.”³² This astonishing statistic at one time, began to slowly deteriorate as the sisters unwavering service was called to other arenas. With the creation of the CentraCare Health System in the 1990s, the sisters with their dwindling numbers of healing hands passed the torch on to new lay leadership who promised to preserve the Catholic mission. Today, the St. Cloud Hospital as a part of the integrated CentraCare Health System continues to safeguard Catholic identity through the Ethical

³⁰ Ibid. 254.

³¹ Ibid. 233.

³² Ibid. 235.

and Religious Directives for Catholic Facilities. Additionally, the hospital provided over seven million dollars of free health care for people in need in 2015.³³ Service to all people who enter through their doors continues to be a beacon of Christ's presence in Catholic healthcare. What one must not forget is that countless sister's lives have been woven into the fabric of care at St. Cloud Hospital and many other hospitals around the United States. They faced the adversity of a turbulent marketplace, while keeping their hands and hearts focused on the healing ministry of the Catholic Church which was established by the love of Christ Jesus to minister to all people.

Interlude: Caritas and The Theory of Cooperation

In this era of Catholic hospital mergers, collaborations, and alliances with secular institutions and health systems, often these negotiations focus too narrowly on the issues relating to life and death matters. These matters often become the focal point for new cooperation. By exploring the value of *caritas* and the theory of cooperation, it can become clear that the mission and identity of Catholic healthcare with its foundations as a ministry of Christ and a call to discipleship by Catholic sisters to serve all people, should be of primary importance. Fr. Francis Morrissey who writes for the Catholic Health Association sees in his study that, "Since the sterilization issue seems to have become the principle focus in our negotiations, I wonder if we could not shift our focus somewhat to the mission of Christ, to determine how Catholic health care can be present in the community and also in the hearts and minds of so many people who come to us seeking

³³ Georgia Hogenson, email message to employee, February 18, 2016.

healing.”³⁴ While Fr. Morrissey and myself are not saying that these ethical considerations are not important, ultimately they have to be a part of a whole, a greater picture.³⁵ This greater picture encompasses not only these pressing ethical issues, but also expresses a Christ-inspired passion to meet the needs of the poor and vulnerable which is just as important. This was a central tenant to the vocation of the courageous sisters who started Catholic hospitals and must continue to be a point of convergence in merger negotiations and beyond.

Catholic hospitals today are envisioning ways to maintain Catholic identity within new structures. Discerning the core of someone or something’s identity is an ongoing process as well. Catholic identity is much the same, it is neither fixed nor complete, but it does however have its roots.³⁶ The consensus that has emerged is that there are seven key characteristics of Catholic identity in health care, which are: “The healing ministry of Jesus, the stories of congregations, the social teaching of the church, a ministry of the church, a sacrament or sign of Christ’s presence, a way of being in communion with the church, and a means of witnessing to the faith.”³⁷ The common denominator of all of these interrelated layers of Catholic health care is the theological reality of *caritas*. *Caritas* is defined as ‘love’ or ‘charity’ and is the cornerstone of the Catholic hospital care and mission.

Caritas is the very essence of God. It is the way God interacts with the world. *Caritas* is essential to all that derives from God. It also follows that *caritas* is the essence of the person of Jesus

³⁴ Francis Morrissey, *Restructuring Systems: A Call For Dialogue*, (Catholic Health Association of the United States, 2013) 66.

³⁵ *Ibid.* 67.

³⁶ Karen Sue Smith, *Caritas in Communion: A Summary*. (Catholic Health Association of the United States, 2013) 2.

³⁷ *Ibid.* 3.

Christ, the essence of the church, the essence of the sacraments by which we encounter God the essence of ministry; the essence of witness; the essence of Catholic social principles; and the essence of the stories of the founders of Catholic health care. Catholic health care is a concrete practice of love. It takes shape as a communion of people engaged in ministry and witness, steeped in Catholic social thought and the Spirit-led charisms of our founders, which continue to inspire our ministry. Catholic health care is sacramental, grounded in an ecclesiology rooted in Christ, the summit of fullness of God *caritas* in the world.³⁸

Catholic hospitals in their founding attempt to embody and demonstrate *caritas* which when put into practice shapes a community that witnesses to God's love. How then can this value be emphasized in merger negotiations to show that Catholicism has a deep commitment to the poor and vulnerable? A more fully developed 'theology of cooperation' on which to ground the ethical principle of cooperation may be helpful for Catholic hospitals to determine how to advance the Kingdom of God through non-Catholic structures.³⁹ "This principle enables Catholic hospitals to determine what involvements with others are morally acceptable. It suggests what to do when one discovers that the good one does involves one in some wrongdoing of another."⁴⁰ The Catholic Church has recognized the positive obligation to cooperate with others, as we are a single human family working together in true communion. Pope Benedict XVI acknowledges that joint efforts with others must be mutual and transparent. The purpose of collaboration is to further justice, peace, and human development.⁴¹ Pope Benedict identifies *caritas* as the primary theological grounding for the principle of cooperation to be put into effect and highlights that collaboration between Catholics and non-Catholics bears fruit for the Gospel and human development in society.

³⁸ Ibid. 4.

³⁹ Ibid. 6.

⁴⁰ Ibid. 6.

⁴¹ Ibid. 6.

“On the one hand new partnerships can be viewed as opportunities for Catholic health care institutions and services to witness to the religious and ethical commitments and to influence the healing profession.”⁴² Catholic hospitals are important value centers that desire to secure a future as a witness to Catholic values. Mergers may be the only way to allow for the preservation of this invaluable mission.⁴³ On the other hand, new partnerships can pose challenges to the viability of the identity of Catholic health care institutions and services and their ability to implement the ‘Ethical and Religious Directives for Catholic Health Care’, which was created by the USCCB. This becomes especially problematic when the partnerships are formed with hospitals that do not share Catholic moral principles.⁴⁴

For the Catholic Church and its hospitals it remains essential to see the connection between *caritas* and the theory of cooperation, as they are building blocks for establishing not only better hospitals, but also better communities with a special interest for the poor.

Collaboration is implicit in Gospel values. When Jesus prayed at the Last Supper for those who would be his future followers, he did not pray that they would be successful or even happy. Instead, he prayed that they might be one so that the world might believe the Gospel. Through collaborative efforts we can give witness that we are a living community based on a common faith, common values, and a common mission.⁴⁵

By refocusing the negotiations of mergers to encompass the full nature of the Catholic health care ministry, the principle of *caritas* and the theology of cooperation can be used

⁴² Kevin O’Rourke and Phillip Boyle, *Medical Ethics: Sources of Catholic Teachings*, (Georgetown University Press, 1999). 14.

⁴³ Philip Keane, *Catholicism and Health-care Justice: Problems, Potential, and Solutions*, (Paulist Press, New York, 2002) 137.

⁴⁴ O’Rourke and Boyle, *Medical Ethics: Sources of Catholic Teachings*, 14.

⁴⁵ Joseph Bernardin, *Celebrating the Ministry of Healing: Joseph Cardinal Bernardin’s Reflections on Healthcare*. (Catholic Health Association of the U.S., 1999) 46.

to spur discussions forward to accomplish a furthering of this invaluable apostolate for many years to come. Let me elaborate.

Part Four: Moving Forward

A New Kind Of Merger

The power of the principle of *caritas* and the theory of cooperation can be utilized to bring about a rediscovery of mission and identity in Catholic healthcare and ultimately Catholic hospitals. The application of *caritas* and the theology cooperation can allow for Catholic hospitals to recapture the core of their ministry, which was being a light in their communities for all people. The first step in truly reclaiming the Catholic vision of healthcare as established by the sisters, is to advocate for a new kind of merger.

The biggest challenge that currently faces Catholic health care is not providing adequate health care, getting the best doctors, or even having enough patients. The challenge is how to demonstrate best the designation of “Catholic.” From their founding they were witnesses to the Catholic faith and served by receiving all as Christ. Today, all that a Catholic designation seems to give to a Catholic hospital is a life and death controversy when it merges with a secular hospital and a load of bad publicity. The sisters who displayed a personal poverty and selfless service to those in need gave the Catholic identity to hospitals, and changes in the health care landscape have steered Catholic hospitals away from embodying them and Christ. In order to remodel Catholic hospitals, there needs to be catalyst within mergers. In these merger negotiations, *caritas* can be a driving force. Partnering with the theory of cooperation, it can expand these discussions and legal workings to go beyond the life and death issues where most of the

focus goes, and redirect them to allow hospitals to know that their work is so much more than this single issue, and that the unmet needs of the poor and vulnerable have become secondary. *Caritas* flows through all aspects of the health care ministry, and should inspire Catholic hospitals to actively seek and serve the unmet needs of the marginalized. Catholic hospitals must use these merger negotiations in order to broaden their ministry, not narrow it. Solidarity with the poor and vulnerable must be expanded in these merger talks as it took precedence in the lives of the sisters who started the hospitals, and Jesus Christ who commissioned them.

Communal Presence

Moving beyond these new merger negotiations, hospitals must become a beacon of Christ's presence in their communities. When hospitals reach out to heal, to comfort, and to care, even when there is no cure, they are restoring people to community. Not only are they restoring people to community, but they are also forming community around themselves and are living witnesses of the Kingdom of God. Catholic hospitals are called to restore people to their relationship with God and to their relationship with their families, loved ones, and communities. In a real a sense, Catholic hospitals are called to restore them to themselves.⁴⁶ This is what makes the ministry unique. People should walk away from the care of a Catholic hospital saying, "I know there was something different about them." Being a positive influence on the community creates an encounter, something Pope Francis has dedicated his papacy to. Catholic hospitals reside in the culture of encounter, millions of people walk through the doors every year and they have

⁴⁶ O'Brien, *Palliative Care*, 48

the ability to change lives and truly embrace the calling of delivering holistic patient care, especially to those in need and the underserved.

Community Outreach: Preventative Care

One way in which Catholic hospitals can begin an impactful outreach and to live out *caritas*, is to assess the needs of community it is located in. Target the health disparities that are seen and actively seek out ways to address them. Preventive care can be the hallmark of this new outreach and service mentality model. Examples of this could be as simple as setting up free health screenings, blood pressure checks, or running advertisements to raise awareness in certain health areas of need. Extending this preventive care further could offer services such free clinics run by medical students, counseling services, vaccinations, or health education classes. These classes could cover topics such as quitting smoking, losing weight, eating healthy, or reducing alcohol use. This type of community outreach can be a step in the right direction to engage with the poor and vulnerable and to emulate Jesus' example. Jesus commissioned the church to be a visible sign of the Kingdom of God in the world, and hospitals, as a part of church's body must illuminate its overall mission of respect for the sacredness of all persons.

Conclusion

In the late nineteenth and twentieth century, courageous nuns started hospitals to serve communities in need and driven by the charisms built, staffed, and lead Catholic health facilities as a sign of Christ. Fast forward one hundred years and drastic changes have molded and shaped the health care landscape. In the Catholic hospitals, the Sisters for the most part no longer navigate the course of their hospitals as they once did.

Operating styles differ as external factors have made a truly service oriented approach unfeasible. What the sisters knew and lead with was this unwavering idea that they are in the business of serving people. It is people that ultimately matter the most, not dollars or fancy equipment but always extending beyond the walls of the hospitals to be a difference maker in the community. The only work you can do that has eternal and everlasting value is working with and for people. I have found in doing this research that there still remains a great need for Catholic health care and hospitals. By broadening the discussions of merger negotiations to gravitate towards the poor and vulnerable, Catholic hospitals can rediscover their true mission and identity and continue to deliver care that engages all people with a Christ-inspired passion.

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