

Healthcare Ministries: *Crafting Catholic Identity in Postmodern Canada*

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- A person without identity and integrity is a threat to himself or herself. But an institution that loses its moral compass and its sense of identity is a much larger threat to society. (J. Bryan Hehir)¹
- It doesn't seem satisfactory to reduce [Catholic identity] to a few codified essentials – that Catholic hospitals abstain from performing abortions, for example...Nor does it seem satisfactory to recast that dimension in elevated but cloudy terms – respect, personal attention, ethical standards – so religiously neutral that they might as easily apply to the Red Cross blood bank as to the Holy Cross Health Clinic... (Peter Steinfels)²
- The story of CHAC and its mission is really a story about religious communities and lay people dedicated to the health care ministry...It is also a story about Canadian history. The political affirmation of the young Canadian nation, the rise of pluralism in society, church renewal...Within each era, CHAC adapts itself to meet the challenges and trends of an ever changing society under the careful guidance of its founding members...(Andre Cellard and Gerald Pelletier).³

¹ J. Bryan Hehir, 'Identity and Institutions: Catholic Healthcare Providers must Refashion their Identity as Actors and Advocates in the World', Health Progress, November-December (1995), 23.

² Peter Steinfels, A People Adrift: The Crisis of the Roman Catholic Church in America (New York: Simon & Schuster, 2003), 112-13.

³ Andre Cellard and Gerald Pelletier, Faithful to a Mission: Fifty Years with the Catholic Health Association of Canada (CHAC, 1990).

In 1994 an American cartoon depicted two beggars in conversation, one saying to the other: “You know, there’s one way to solve this healthcare problem here in the United States. Marry a Canadian!”

As Canadians you are rightly proud of your system considering it one of the country’s most valued institutions and integral to your identity as a nation.

But, there are problems.

One symptom of our contemporary age is the dramatic breakdown globally and locally of traditional identities and boundaries that is affecting even healthcare institutions. Canada, with its universal healthcare system, is no exception. Everywhere in the contemporary world there is the search by nations, minority groups, institutions, business firms and individuals to re-define their uniqueness in view of the speed of change.

Rarely is the search for identity without painful controversy. In the midst of this widespread search for unique identities, it is not surprising that the two major challenges confronting Catholic health care ministries in the Western world, including Canada, are *identity* and *viability*.

Both challenges are intimately related. At no previous time has health care in the Western world faced a more chaotic and threatening environment.

Failure to clarify our Catholic identity in these circumstances will inevitably lead to the institutional death of our once much valued and flourishing ministries.

Responding: Options

There are three ways of approaching this question of how to articulate Catholic identity in the contemporary turbulent climate of healthcare. The first option is **nostalgic escapism**, the yearning to re-state unchanged the symbols of our illustriously successful past. How often do we hear the cry: ‘If only the Sisters were back. All would be well!’ Theologically and sociologically this is impossible.

The second option is to do **nothing**, that is to go with the flow, uncritically accepting the values of the market place. Our identity would then be reduced to an historical memory and maybe the word “Saint” or “Catholic” alone remaining on our letterheads.’

The third option is **refounding**. We need creative leaders, who draw on their faith-based memories of the past, and imaginatively struggle to express these memories in ways that are relevant to the present, and are at the same time identifiably Catholic. What do we mean by ‘identifiably Catholic’?

My response to this question will be in three parts.

- Part 1: Catholic Identity: Definitions and Models
- Part 2: Crafting Catholic Identity: An Inductive Model
- Part 3: Catholic Identity: Formation Expectations and Obstacles

Part 1: Catholic Identity: Definitions and Models

There are two ways of defining Catholic identity for our healthcare facilities: in general and specific terms.

Catholic identity can be defined in general terms as: *the ongoing process of the healing mission of Jesus Christ-engaging-with-the-external context of each healthcare facility, according to the Roman Catholic tradition.*

I want to concentrate on this external context that is having a profound impact on healthcare everywhere, including Canada. This will determine how we are define Catholic identity in more specific terms. This context is called postmodernity. Sorry for the jargon!

Understanding Postmodernity

Postmodernity is a technical term that describes the complex attitudinal, political and social movements that reject or question many of the certainties of the past centuries.⁴ Individualism, even narcissism, can flourish in postmodernity. Perhaps you are familiar with the brilliant television satires on postmodernity such as *Cheers* and *Seinfeld*. Virtues such as compassion, mercy, and justice are questioned or discarded as unimportant for the characters involved.

In postmodernity there is a revitalization of 19th century capitalism under various titles, e.g. neo-capitalism, neo-liberalism, with its accompanying patriarchal values. Everything is to be measured by whether or not it can produce a profit. The poor are poor through their own fault. Greed becomes a 'virtue'. Think of Mr Burns, the owner of the nuclear power plant, in the other satire – *The Simpsons*. So much of our reality is mirrored and satire in this wonderful show! Public institutions such as hospitals must become pseudo-businesses. They are relevant only to the degree that they make a profit. An extreme example of this is portrayed in the Michael Moore's film **Sicko**. The question we must ask is this: To what extent is this neo-capitalist philosophy influencing health policy-makers in Canada?

⁴ For an explanation of postmodernity see Gerald A. Arbuckle, *Violence, Society and the Church: A Cultural Approach* (Collegetown, MN: Liturgical Press, 2004), 153-246.

The immediate challenges to Catholic healthcare are obvious. For example, no longer can we assume there is general agreement among employees about core values of healing. Nor can it be taken for granted that Catholic healing facilities, with their emphasis on compassion, ethical standards, and concern for people who are poor, will continue to be acceptable to governments.

On the **positive** side, in paradoxical reaction to the individualism, loneliness and rootlessness of postmodernity, people are re-discovering the importance of **storytelling** as a source of meaning, significance and self-worth. Ponder the importance of the celebrations here in Quebec marking 400 years of history. The identity of Quebec is surely being strengthened and renewed through re-telling stories the struggles and triumphs of the past. So also, everywhere we all want to be heard, our different stories of our identities to be acknowledged.

What does all this mean for our search for **specific** Catholic identities?

Catholic Identity: Models⁵

In my research I have identified at least fourteen **specific** models of Catholic identity. Fear not! I will not burden you with a detailed analysis of all fourteen (see Figure 1).

All the models listed in this paper are valid and necessary. I believe that **model 14** is the most relevant in our contemporary world: *Identity through Storytelling*. It does not exclude other models, but it is a question of particular emphasis in this present age where storytelling is so important in the secular world.

Let me explain. The first thirteen begin with theory, e.g. Canon Law or theology. Canon law correctly reminds us that our ministries must be accountable to the hierarchy. And we must rightly adhere to the ethical standards of the Church.

But for most of us –my apologies to lawyers and academic theologians – legal matters and dogmatic statements do not generally inspire enthusiasm or humor.

Jesus in his teaching method did not begin with dogmatic statements. Rather he used storytelling to teach what Christian identity should mean for his followers. In fact, there are at least 40 such stories as told by Jesus Christ.

The parables are fictitious, often humorous, stories dealing with down-to-earth realities like dysfunctional family life, disturbing neighbors, bullying judges, that Jesus told to engage his audiences in reflection, discussion and transformation. They are what we call discussion-starters. The stories lead people in a reflective way to discover for

⁵ The remaining part of this lecture is more fully developed in Gerald A. Arbuckle, *Crafting Catholic Identity in Postmodern Australia* (Canberra: Catholic Health Australia, 2007) and A 'Preferential Option for the Poor': *Application to Catholic Health and Aged Care Ministries in Australia* (Canberra: Catholic Health Australia, 2008).

themselves that there is a different way to live, other than through greed, selfishness and violence. It is through love, compassion, mercy. This style of teaching perfectly fits today's emphasis on storytelling as the way to identity.

Part 2: The Founding Story of Catholic Healthcare: The Good Samaritan Parable

The parable that is most favored by both John Paul II and Benedict XVI, as the founding story of Catholic healthcare, is the Good Samaritan. Historically, the monasteries from the 6th century became the first healthcare facilities, especially for the poor. And the Good Samaritan parable was at the heart of their ministry.

I invite you now to re-read the parable. What particularly strikes you about this parable? Share that with your neighbour.

Love of God and neighbour is at the very heart of Catholic identity: 'This is my commandment: love one another as I have loved you' (John 15:12). The Good Samaritan parable depicts the primacy of this love. Love calls forth compassionate responses to the sufferings of others, the measure of these responses is the example of Christ himself, *the* Good Samaritan (John 15:13). Only decisions made in love can transcend the suffering within and around us.

In brief, I believe that the ultimate way to Catholic identity is through the transforming process of identifying with, and acting upon, the lessons contained within the Good Samaritan parable.

The dramatic paradox in the story, that would have shocked Jewish listeners, is that a Samaritan - one considered a religious heretic, a racially and occupationally inferior person - spontaneously aids the dying man. Yes, occupationally an inferior person. You see, he is a trader in oil and wine. Such traders were considered to be shady characters. Smooth talkers but thieving rogues. For this reason he was looked down upon by **both** Jews and Samaritans.

Through compassion the Samaritan breaks through the many layers of violence. Those who should act - the priest and the Levite - turn their backs on the injured and marginalized victim.

The story further details the qualities of the Samaritan. He is courageous because he risks his own life by getting off his mount, his only form of protection, becoming in consequence vulnerable to attack by bandits. Every moment he is off his mount the physical danger to himself intensifies. His courage is further tested when he walks the mount to avoid exacerbating the sufferings of the victim thus further risking an attack. The listeners to the story know that the road from Jericho to Jerusalem, with its tortuous bends and rocky sides, is ideal for robbers. It still is!

In addition to the physical risks there are the ritual and social costs of **touching** the victim. We read that the care-giver "bandaged his wounds, pouring oil and wine on

them” (v.34). In order to bandage the victim, the Samaritan must **touch** him, but since the Samaritans had similar laws about ritual impurity, the caregiver himself becomes himself ritually unclean.

This willingness to go to the margins of society in his ministry of healing, defines the depth of his compassion. The victim would have been deeply comforted by this touch. At last there is someone who feels with him in his anguish of ritual and social marginalization. Never in the story are we told that the victim physically survives, but through his touch we know with certainty that the victim’s inner pain of rejection is healed. The victim experiences hope – someone understands. This **inner healing** is the priority Jesus wished to emphasize.

The fifth character in the story, the inn keeper, has a significant role. Unlike the inn in our Western tradition, which is a symbol of security and hospitality, the inn at the time of Christ is a den of thieves, and the inn keeper is the arch-thief! But the Samaritan seeks to build relationships with this man. The caregiver is no dreamer, out-of-touch with the weaknesses of human nature. Knowing from his own experience in a shady occupation what to expect from the inn keeper, the Samaritan simply bribes him in order to guarantee that the patient will be looked after and kept alive. He leaves the inn-keeper a certain amount, but promises more when he returns (Luke 10: 35). He exercises the value of excellence in relating to the inn-keeper! The Samaritan is thoroughly grounded in reality. He knows human nature.

Fundamental Truths and Values in the Parable of the Good Samaritan

The example of the Good Samaritan, in his efforts to address the different types of violence in the incident, exemplifies six interconnected truths that go to the heart of our identity (see figure 2). Each truth contains values or action-oriented priorities. I will select a few values and explain them. Notice the radicality of their meanings.

First Truth: All Creation is to be considered a Gift of God

The Samaritan, not the official religious representatives, well understood the fundamental fact: God created the world and God is our loving Father, so well testified to in the Old Testament. Therefore, the founding values are: love of God, hope, justice and hospitality.

Justice here means that every person should expect from society equitable access to what is necessary to live with dignity, and in ways that respect the rights of others. This is the meaning of justice.

The Samaritan exercises the gift of hospitality. He gives of his substance or capital – the oil and wine – which he had intended to sell at the market.

In biblical cultures hospitality is never restricted to entertaining one’s friends or family members. It primarily refers to receiving strangers and a willingness Outsiders are

invited to cease being strangers and become instead honoured guests. Notice, it is giving from one's capital, not just from one's surplus. The reasoning is that all goods ultimately belong to God, and when we receive a stranger we are but sharing what rightly belongs to all.

Second Truth: We are to use Creation as Stewards of God

To be a steward is to hold something in trust for another person, that is to use what has been entrusted to us in ways determined by that person. Because all creation comes from God we must use it as stewards of God. The core values in this truth are: mercy, compassion, solidarity, excellence, and simplicity.

We read: "The Samaritan traveller...was moved with compassion" (Lk 10:33). The Hebrew word for compassion is derived from the word for womb, implying the need to feel for others because we are born of the same mother. God is that mother, and we are all children of God's womb and must accordingly feel with, and care for, each other as brothers and sisters. Everyone in need is either our brother or sister!

The more one feels the inner pain of the other person, the more one is anxious to remove the injustices and oppressions that cause that pain.

Excellence! The Samaritan exercises this value when he uses his experience of human nature in relating to the inn-keeper. Because one's talents come from God, excellence allows of no selfishness, mediocrity, or laziness in the use of such gifts. So in healthcare ministries – the striving for excellence is a fundamental value.

Simplicity is not synonymous with ignorance that causes people to act imprudently. On the contrary, people with simplicity act with only the will of God in mind. There is to be no holding-back, no fuss, no undue competitiveness, pretence or double-dealing in the simple-hearted as stewards of God's gifts. Such is the example of the Samaritan.

Third Truth: Acting as Stewards we are called to Collaborate together to Build Communities of Healing

There is no support for individualism in the parable. Values of unity, solidarity, collaboration, dialogue and mutuality are marks of an authentic community, as is evident in the way the Samaritan acts towards the victim and the inn-keeper. Solidarity? We are all brothers and sisters in Christ.

In Catholic healthcare, therefore, we are once more reminded that there is no room for undue competitiveness between our facilities which would destroy CHAC. We are to serve the one mission in solidarity.

Fourth Truth: A key test of our authenticity will be our commitment to a preferential Option for People who Poor.

This truth focuses on the core values of: love, justice, compassion, and humility.

In the parable Jesus identifies with the actions of the Samaritan. His primary concern in his ministry, is to be with those who are marginalized in society. By his actions and words, Jesus frequently repeats this message: “I was hungry and you gave me food...I was a stranger and you made me welcome...”(Matt 25:35).

Therefore, every policy decision must be made through the lens of this emphasis on helping those who are poor. This is a source of dramatic uniqueness. This is integral to our uniqueness as Catholic ministries in healthcare.

Fifth Truth: We are called to Holistic Healing in our Ministry, that is to physical, spiritual and social healing

This truth emphasizes the core values of justice, compassion, mercy.

John Paul II writes that this parable “not only spurs one to help the sick, but also to do all one can to reintegrate them into society. For Christ, in fact, healing is also this reintegration.”

Sixth Truth: Our ministry calls us at times to a Prophetic leadership; this may lead to our own social and political marginalization.

From this truth come the values of memory, courage, trust in Divine Providence, and hope. The Samaritan exemplifies these qualities of courageous, creative leadership. He risks his life for the victim on the bandit-infested road, and suffers ritual marginalisation by both Jews and Samaritans. Christ of course, the storyteller and the ultimate Good Samaritan, will give his life in the service of others.

At times in defence of our values we will inevitably be unpopular with those who do not accept the stand on human dignity. We will also will be marginalised.

In summary, the emphases in this paper are fourfold:

- There is an urgency to re-articulate what is meant by Catholic identity; only in doing this, can we maintain our authentic uniqueness.
- The importance of the Good Samaritan story of Jesus Christ as the founding story of our unique identity.
- The need to involve people at **all** levels of Catholic healthcare ministries in a storytelling process of discovering this identity. This fits our postmodern desire for identity through storytelling.

Catholic health, whose publicly-stated mission is to be a healing presence of Jesus Christ in the postmodern world, can carry that mission out only when its members are

informed of, and transformed by, this mission. Therefore, Catholic healthcare facilities have the right to expect that all involved be informed, and formed, in the requirements of Catholic identity. Without this reflective formation there is no guarantee that our identity will be maintained.

There are several **potential** obstacles to the effectiveness of the educative process explained this morning. Only you can judge whether or not these obstacles already exist.

Potential Obstacle 1: Downplaying reference to Jesus Christ

We may be tempted, in order to accommodate those who do not believe, to downplay the fact that our mission is the mission of Jesus Christ. This is a grave mistake. Our ultimate source of our unique Catholic identity is Jesus Christ.

Potential Obstacle 2: The ‘Business’ ethic dominates ‘the Mission’

The mission is to be the senior partner, driving or permeating *all* decisions in the business side of facilities. The mission is not something to be considered from time to time. It must dynamically influence all activities.

The mission is not something that is limited to occasional rituals, such as celebrating the founder’s day or statements on advertising literature or branding, but it must be something that pervades the work and life of every section of a facility.

Potential Obstacle 3: Uncritical Acceptance of Management Language

In recent times the language of non-profit healthcare administrations has changed significantly in favour of business management. For example, heads of hospitals are no longer called ‘matrons’, but ‘chief executive officers’. This is fine.

But Basil Mott, dean of health studies, University of New Hampshire, rightly warns that there can be a seductiveness about the new jargon of business and corporate cultures. He is concerned about the *uncritical* use of management language, and behavior, antithetical to the values of service and caring. Unless we are careful, we can be seduced into adopting the excessive competitiveness and patriarchal assumptions of some management jargon.

We surely need well-researched strategies and targets. The values inherent in the Good Samaritan story demand this. But our patients come first.

Potential Obstacle 4: ‘Addiction to the Mission’

This statement simply means that people just keep repeating the mission statements, but ignore the injustices and bad business practices in the facilities.

If we look around our facilities our predecessors have done a fine task of getting the balance right between mission and business. We must continue to build on what has been achieved.

Potential Obstacle 5: Failure to Appoint Appropriate Personnel

The question of Catholic identity is inescapably linked to hiring policies. George Mardsen, who has analysed the loss of Christian identity of America's Protestant colleges and universities, such as Harvard and Yale, traced the source of their Christian decline to inappropriate hiring policies.

In healthcare facilities the critically important people are sponsors, trustees, directors of boards, CEOs and major executives. In particular, the success of a healthcare facility in these turbulent times depends more on the CEO's creative ability, competence, and drive than on any other individual.

Nothing is more critical to the achievement of customer service than the personal beliefs of the senior executive and board. It's really that simple.

If they do not believe in the values of the Good Samaritan story, and are unwilling to be transformed by them, then we are in deep trouble in Catholic healthcare.

Potential Obstacle 6: An Over-Emphasis on Congregational Identity

Most Catholic healthcare facilities owe their origins ultimately in history to some congregational founder. While we owe so much to religious congregations we do their memory a dishonour if we over-emphasise their founding charism. Our primary focus is the radical mission and ministry of Jesus Christ as depicted in the Good Samaritan story. This alone will bind us together in solidarity.

Potential Obstacle 7: Failure to Appreciate the Complex Roles of the Mission Leader and Pastoral Care Teams

The job description of the Mission Leader is a daunting one. Sr Teresa Stanley of CHA USA, listed wide-ranging talents that a mission leader needs to be effective in ministry: the ability to work as a team member, understanding of the Catholic healthcare ministry, knowledge of Scripture, theology and spiritual issues, knowledge of sponsor's charism, organisational development skills.

Likewise, the description of a pastoral care person is equally overwhelming, even intimidating. I wonder at times if even Jesus Christ would apply for such a complex task!

Yet in today's Catholic Healthcare ministries these people are **crucial** to the maintenance of our identity.

As regards mission leaders, it is sometimes said that since all staff members must carry the mission, there is no need for a mission leader. In my experience I could not accept this conclusion. It is a little like saying that since all nurses know what is expected of them, we do not need a Director of Nursing!

Sadly, it is also my experience at times that mission leaders and pastoral teams, and/or their offices, are the first to be sacrificed in financial crises. If we truly believe in Catholic identity this will not happen in Canada!

Conclusion

Reflecting on the dangers of neo-capitalism in Canada, your social critic John Ralston Saul gives this warning: “we have come to so forget our own history that we are now compliantly acting in a suicidal manner, believing that economics can lead – where in the past it has always failed to do so.”⁶ Today, therefore, is no time to lose our way. The stakes are too high and potentially too great – that is, to make a difference for sacredness of life and the social fabric of this country. Catholic healthcare ministries have a proud history of promoting human values of compassion and justice. Are we prepared to be inspired by this history to live these values creatively in this difficult postmodern age? But we must know who we are, what is our Catholic identity. Given today’s world, the model that focuses directly on the Founder of all healthcare in the Western World, Jesus Christ, needs central place.

The ultimate source of Catholic identity is the lesson of love, and the fundamental truths, as depicted in the Good Samaritan story. And it is this same love that urges us to excel in all aspects of healthcare.

Whoever struggles to be transformed by the Good Samaritan parable, and to implement its lessons, is expressing Catholic identity at a most profound level, even though they may not be formally attached to the Catholic Church.

I meet people of immense goodwill in our facilities here in Canada, United States, and Australia, attracted by an earnest desire to be involved in facilities that stand for values. But they want to be informed and formed in the values of Catholic identity.

To ensure this happens at this time, we need appropriate formation programs. Christ’s healing mission will not be re-enacted merely by polishing up, superficially improving, or renewing old methods of educating our personnel.

Overall, I am optimistic about the future, *provided*, however, there are people, particularly trustees, boards, and senior executives, willing to continue to be boldly proactive.

St Bonaventure in the 13th century, when commenting on the parable of the Good Samaritan, wrote that ‘the Samaritan poured into the wounds of the half-dead wanderer the wine of fervent zeal and the oil of compassion.’

⁶ John Ralston Saul, *The Unconscious Civilization* (Toronto: Penguin, 1997), 123.

For the future of Catholic Health ministries in Canada, we need prophetic people with fervent zeal, compassion, and commitment to standards of excellence, who can collaboratively retell, by their creative example and word, the lessons of the Good Samaritan parable.

After finishing the story of the Good Samaritan, Jesus turned to the doubting lawyer and said: 'Go, do likewise'. **In this is the answer to the question – what is Catholic Identity?**

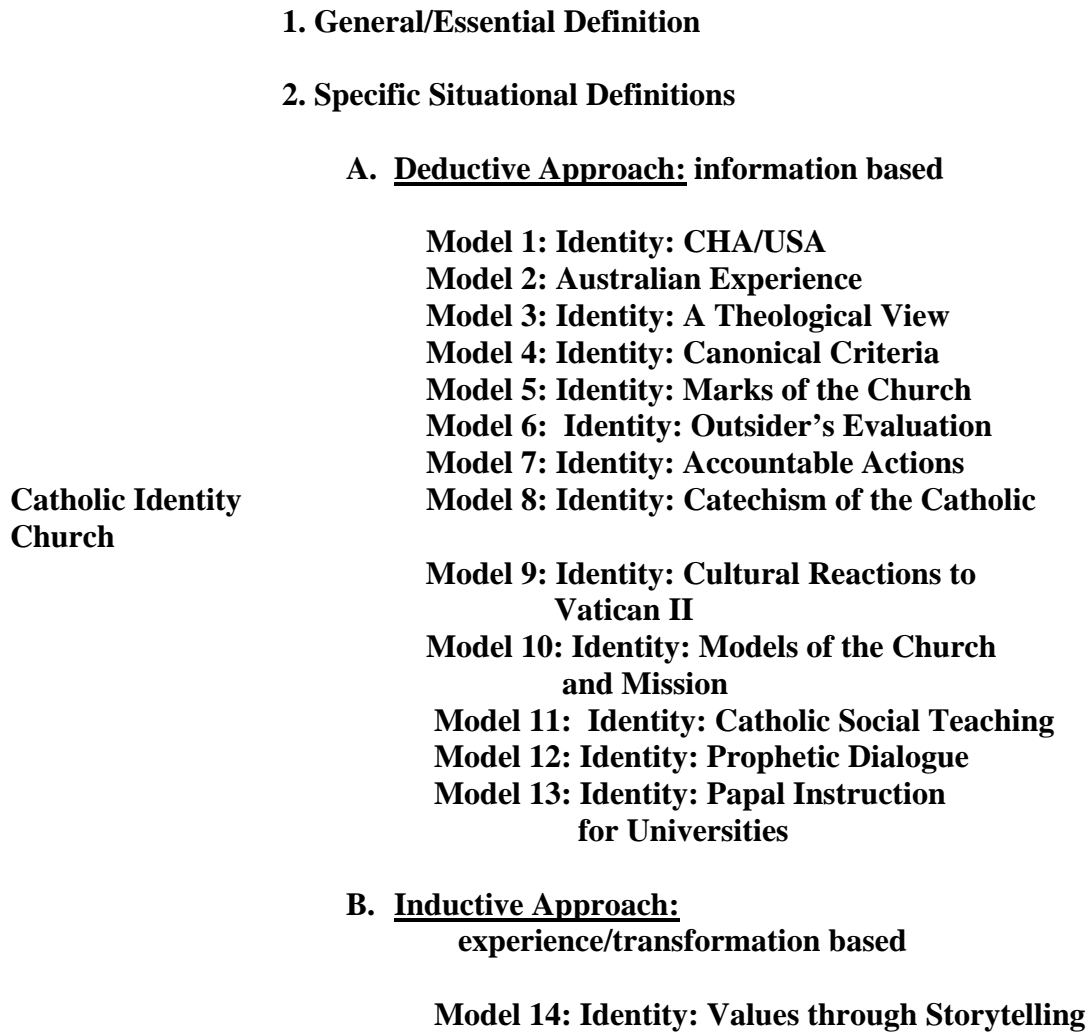


Fig. 1: Clarifying Catholic Identity

**Good Samaritan
Parable:
Foundational truths
of
Catholic
Healthcare**

- 1. Creation: Gift of God**
**Core Values: love, respect, hope, justice,
hospitality**

- 2. Commitment to Stewardship**
**Core values: mercy, compassion, social justice,
excellence, simplicity**

- 3. Commitment to Community Building**
Core values: mutuality, dialogue

- 4. Commitment to a Preferential Option for People
who are Marginalised**
Core values: love, justice, compassion, humility

- 5. Call to Holistic Healing**
Core values: justice, compassion, mercy

- 6. Call to Prophetic Leadership**
**Core values: memory, imagination, courage, trust
in Divine Providence, hope**

Fig. 2: Founding Truths and Values of Catholic Identity