

MISSION DRIVEN
LINKING THE PAST TO A NEW ECCLESIAL MOMENT
BISHOP JOSEPH SULLIVAN LECTURE
CATHOLIC HEALTH ASSOCIATION 2015 ANNUAL MEETING

INTRODUCTION

Thank you for the honor of being associated with the fine work of the Catholic Health Association by inviting me to address you today. It is equally an honor to be linked with the late Bishop Joseph Sullivan, for whom this lecture is named. I knew Joe Sullivan well, particularly after serving with him on the Board of the National Pastoral Life Center, which he coaxed me into joining some years ago.

While his life was tragically cut short by an auto accident on Friday, May 31, 2013, I suspect he rejoiced the day Pope Francis was elected just 12 weeks earlier. Bishop Sullivan was someone who had the smell of the sheep on him. This is a phrase Pope Francis has made popular, but one which Joe Sullivan lived. We knew him as one who gracefully combined a sense of purpose in life with a joyfulness that centered all he did. This is a joy that can only come from a deep immersion in the Gospel and an equally deep immersion in the lives and loves of God's people.

In a 1999 interview with The New York Times, Bishop Sullivan, speaking about his years as a priest, said he could not imagine a better life. “I really think of this job as heaven on the way to heaven,” he said. “It doesn’t come at the end. It begins here.” Put simply, Bishop Sullivan knew and lived the joy of the Gospel, and by just mentioning his name we realize how much we miss him.

This is your centennial jubilee year. So much has been done in 100 years. Sister Carol, you’ve held up pretty well. What I mean is that this is also an anniversary year for you, as you mark a decade of service as president of CHA. Your leadership and dedication in these challenging times has been unceasingly rooted in the commitment to bring the healing ministry of Jesus to those who need it, especially to the poor and the vulnerable. Sr. Carol, congratulations to you as well.

The centennial year of CHA obviously provides an opportunity to recall the remarkable achievements of Catholic health care, which stretch far beyond a hundred years. While there are countless significant moments in this rich history, it seems to me that whatever is said about Catholic health care’s past, dating

back to the early days of this land we call America, one has to recognize that religious women have been singularly responsible for inaugurating, building and maintaining the Catholic health care system passed on to us today in this country. This was something Bishop Sullivan was keenly aware of and something I have grown to appreciate, particularly after learning shortly upon my arrival in Chicago that Mercy Hospital, established in 1852, was the first chartered hospital in my city. In fact, I would go so far as to say, we really cannot understand the history of Catholic health care, and for that matter its mission today and in the future, without taking into account the unique contribution of religious women and especially the distinct sense of mission which inspired them in the past and inspires them still. That inspiration is so evident in this room as many lay leaders have stepped forward to take up this work with equal dedication, driven by the same sense of mission.

Happily, your centennial year comes at a graced moment in history. Our Church is blessed by the fresh insights and new vocabulary offered by Pope Francis. His inspiring writings, and especially *Evangelii Gaudium*, provide us a new context as we

reflect on the past, but take up the present and future mission of Catholic health care with new vigor. Something tells me that the religious founders of our hospitals would have welcomed the Holy Father's words about mercy, the common good, justice and outreach to the marginalized, maybe even considered his message as an exercise in preaching to the choir.

So what I plan to do this morning, is to share three stories of your past involving religious women retold by John Fialka in his book, *Sisters: Catholic Nuns and the Making of America*, and pair those stories up with three quotes from *EvangeliiGaudium*. These three stories interpreted in the key of Pope Francis will offer a window into how religious women have viewed their mission of health care over the years and therefore what we should keep in mind as we build on their legacy in the future. In the language of Pope Francis, the language of Jesus and Isaiah, theirs is a mission that proclaims good news to the poor, a mission that evangelizes by attracting and a mission that orders and gives balance to our moral teaching because it begins with mercy.

I will also add some observations on how those involved in the governance and day-to-day work of Catholic health care today might be inspired by the sense of mission charted out by their founders. In fact, I hope to give you a renewed sense of pride in what you do each day, in being linked to the heritage passed on to you but also in how you are contributing to the entire life and ministry of the Church today. St. John Paul II spoke of Catholic health care as an “essential ministry of the Church.” I would even go further and say that Catholic health care is essential for the Church’s entire ministry. What I am suggesting is that you keep fresh for the entire Church what ministry is all about.

A MISSION THAT PROCLAIMS GOOD NEWS TO THE POOR

My first story:

John Fialka notes that when it otherwise seemed unreasonable, the work of the sisters succeeded because they “built bridges into the larger community. Merchants gave them groceries and lawyers and doctors donated their services because they felt the sisters brought stability and civilizing gifts to the community.

Railroad tycoons gave them lifetime passes because their hospitals offered the only decent care for railroad workers.”

However, this was not always the case. The sisters had their enemies, particularly among those who opposed their care and welcome of the poor, the unemployed and the immigrant. “In the early 1920s”, Fialka, recounts, “the knights of the bed sheets (the Klan) cooked up a scheme in Kokomo, Indiana to drive out the Sisters of St. Joseph, who ran the local hospital.” On July 4, 1923, an estimated 200,000 Klan members and supporters gathered in Kokomo. A huge flag was used that day to collect a reported \$50,000 for construction of the Howard County Hospital, a “Klan hospital” to compete with the sisters health care efforts and put them out of business.

“Then, one night (some years later) a sick disheveled man stumbled into their emergency room. He had no money (on him), so Howard County threw him out. In those days, nuns didn’t ask patients about money, so they welcomed him at St. Joseph’s and healed him.” It turned out that “he was J. Henry Fisse, Jr., a local real estate magnate and one of the Klan’s major benefactors.” Their rejection of him backfired ironically

to the benefit of the sisters. The wealthy man rewrote his will and substituted the sisters as the beneficiaries. To make matters worse for the Klan, when the sisters' hospital some years later needed room to expand, they used Fisse's money to buy Howard County Hospital, the very hospital founded by the Klan to put them out of business.

Notice the different starting points in the approach to health care. Exclusive access was the Klan's goal in establishing their hospital. "Let's keep out the riffraff," could have been their logo. They schemed to disenfranchise not just the sisters, but the poor. And in the end, they also disenfranchised society by creating division and fomenting bigotry, and eventually collapsed under the weight of their self-interest and malice. The sisters on the other hand aimed their efforts at the poor and the marginalized. Their outreach to those in need inspired others to join them, creating unity in an otherwise divided town, because people could see they brought stability and civilizing gifts to all. Or, as Fialka observes, the sisters knew not only how to care for the sick but how to build bridges with the larger community. Their healing ministry not only benefited the sick they cared for,

but the common good as people were brought together and given a chance to overcome bigotry which divided society. While the Klan was only able to offer bad news to the poor, the sisters were Good News not only for those who received their care, but for the larger community. The sisters opened the way for someone like Mr. Fisse and I suspect many others to overcome their bigotry. Simply put, the sisters' care for the poor was good news that all could trust and believe in.

Pope Francis makes this connection between giving priority to the poor and the impact it has on the wider community and the mission of the Church to proclaim the Gospel when he notes in *Evangelii Gaudium*:

If the whole Church takes up this missionary impulse, she has to go forth to everyone without exception. But to whom should she go first? When we read the Gospel we find a clear indication: not so much our friends and wealthy neighbors, but above all the poor and the sick, those who are usually despised and overlooked, “those who cannot repay you” (Lk 14:14). There can be no room for doubt or for explanations which weaken so clear a message. Today and

always, “the poor are the privileged recipients of the Gospel,” (BENEDICT XVI, Address to the Brazilian Bishops in the Cathedral of São Paulo, Brazil (11 May 2007), 3: AAS 99 2007 428) *and the fact that it is freely preached to them, is a sign of the kingdom that Jesus came to establish. We have to state, without mincing words, that “there is an inseparable bond between our faith and the poor”.* EV 48

Our Catholic hospitals today are facing increasing financial challenges, mostly because we give priority to serving the poor. I have no easy solutions for these vexing problems, especially as states like my own deal with severe budget cuts. Without question the financial crises facing cities and states today have a history of bad decisions over decades. But as legislators deal with this issue, we can speak for those we serve, especially if their voice is easily dismissed. We know their stories and can put a human face on budget numbers. Conscientiously, we should also remember that the sisters taught us, that carrying for the poor is good news for society. Our commitment to the poor inspires, because people see that by sharing our civilizing gifts we are bringing stability to an otherwise unstable society. Our

healing ministry benefits not only the sick who come to us but society as we offer an alternative to the bad news that those without influence or resources can be easily dismissed. The world needs to hear that message and I am convinced that there are many in society who are looking for that kind of inspiring witness and good news and who can be helpful collaborators as we take up the challenges we face. The Church also needs to hear this message that the poor come first, as Pope Francis has repeatedly said. Catholic health care's daily experience of serving the poor is essential for keeping the entire ministry of the Church focused on this priority.

A MISSION THAT EVANGELIZES BY ATTRACTING

Story number two.

“On November 1, 1930, a stocky, black-bearded young man entered St. Vincent Hospital in Billings, Montana. He was in agony, holding his left arm, shattered in a car crash. Soon, he found himself being charmed by his nurse, a shy young nun, Sister Florence Cloonan. She was continually fretting over whether she had done enough for her patients, most of them a rough lot of cowboys and gamblers.

“Her bearded patient was Ernest Hemingway. He later immortalized her as Sister Cecilia in the short story ‘The Gambler, the Nun, and the Radio.’ As she went from patient to patient, she would mutter things like: ‘When I was a girl it seemed so simple. I knew I would be a saint... Now it seems almost impossible.’ Then she would dash out to catch a moment of an epic struggle on the radio: The “Fighting Irish” of Notre Dame were on the gridiron. Hemingway’s main character—a tough guy named Frazer—gets a nudge and a cynical wink from another patient, a Mexican who fancies himself a Marxist. ‘Is she a little crazy?’ the Mexican whispers.

“Who?, asked Frazer.”

“That sister.”

“No,” Mr. Frazer said. “She is a fine woman of great intelligence and sympathy.”

Hemmingway recognized in the care he received in Montana that the sisters had the ability to awaken something new in the lives of even the roughest of men to the point that they could respond with the same kind of tenderness they received and found attractive in the sisters. What the sisters were doing,

perhaps unwittingly, is today called pre-evangelization. Their work created a connection and credibility with people on a deep level, attracting and disposing them to the call of God. This is the “come and see” moment we read about in the Gospels and one that Pope Francis notes is needed all the more in an age of skepticism and secularism.

We cannot forget that evangelization is first and foremost about preaching the Gospel to those who do not know Jesus Christ or who have always rejected him. Many of these are quietly seeking God, led by a yearning to see his face, even in countries of ancient Christian tradition. All of them have a right to receive the Gospel. Christians have the duty to proclaim the Gospel without excluding anyone. Instead of seeming to impose new obligations, they should appear as people who wish to share their joy, who point to a horizon of beauty and who invite others to a delicious banquet. It is not by proselytizing that the Church grows, but “by attraction” (BENEDICT XVI, Homily at Mass for the Opening of the Fifth General Conference of the Latin American and Caribbean Bishops (13 May 2007), Aparecida, Brazil: AAS 99 2007, 437).*Evangelii Gaudium 13*

That last sentence is important to the point I want to make here. I am not suggesting that the mission of Catholic health care is take up the work of evangelizing and catechesis, but rather to highlight that what you are presently doing in caring for the sick, gives people hope, awakens in them the beauty of life, disposes them to the call of God. In this way you are partners with those involved in parishes and communities who take up the work of catechesis and evangelization. Your work disposes people to God, and the entire Church can benefit from your good example of how to treat people who are searching in life for answers, like many of our youth today. You remind us that so much is going on beneath the surface in people's lives, at times below a rough exterior. Some years ago, Cardinal Wuerl told the story of the patient suffering from HIV-AIDS. He was deeply angry and took his anger out on the sisters who cared for him. Nonetheless they treated him with tenderness and were joyful and serene in doing so. As he approached death he told one of the sisters he wanted to see a priest, whom he asked to baptize him. When asked by the priest why he wanted baptism, he responded, "I have been very harsh and mean to these sisters, and yet they have only treated me with kindness and remained calm. I want

what these sisters have. I want their peace and joy.” It is not surprising for me to hear people employed in our hospitals speak of their work as a vocation. From time to time it might be good for administrators to provide opportunities for staff to reflect on that with each other and share their stories of how they have experienced spiritual healing and conversion in those they serve.

A MISSION THAT ORDERS AND GIVES BALANCE TO OUR MORAL TEACHING BECAUSE IT BEGINS WITH MERCY

The final story

“Dr. Bob Smith, a physician recovering from alcoholism, met Sister Mary Ignatia Gavin at St. Thomas Hospital in Akron, Ohio. She was a frail, displaced music teacher. Her order, the Sisters of Charity of St. Augustine, had shifted her to hospital work after she had had a nervous breakdown. Dr. Smith was desperate for a hospital that would help with his idea that alcoholics might be sick” instead of morally reprobate.

While her superiors were against the idea, Sister Gavin was ready for an experiment. She began sneaking his patients into

the hospital, hiding them at first in a room reserved for flower arrangement. The result of this collaboration was Alcoholics Anonymous, probably the most successful rehabilitation program in American history. The shy, bespectacled nun always made light of her role in this. ‘We’re just like the Army, you know. We go where we are sent.’”

Of course, in those days society considered alcoholism a moral failure, anti-social conduct meriting jail time. The idea was that the alcoholic is an enemy of society and should, therefore, be taken out of circulation. Sister Ignatia’s challenge to the prevailing moral interpretation of alcoholism by treating them as sick patients in need of treatment was prompted by the same compassion that shaped the mission of her community. In a word, the mercy and compassion known to her from her experience provided guidance and balance as she dealt with the moral dilemma she faced in a particular circumstance.

This is the same approach Pope Francis encourages:

The Second Vatican Council explained, “in Catholic doctrine there exists an order or a ‘hierarchy’ of truths, since they vary

in their relation to the foundation of the Christian faith”. This holds true as much for the dogmas of faith as for the whole corpus of the Church’s teaching, including her moral teaching.

Saint Thomas Aquinas taught that the Church’s moral teaching has its own “hierarchy”, in the virtues and in the acts which proceed from them... Thomas explains that, as far as external works are concerned, mercy is the greatest of all the virtues: “In itself mercy is the greatest of the virtues, since all the others revolve around it and, more than this, it makes up for their deficiencies. This is particular to the superior virtue, and as such it is proper to God to have mercy, through which his omnipotence is manifested to the greatest degree”.

EvangeliiGaudium36-37.

It would be a mistake to say, as some critics do, that the pope is not concerned with truth, as though mercy and truth are opposed to each other. What the pope is saying is that there has to be a dialogue between the two. The Catholic Health Association has much experience in keeping this dialogue alive and has never walked away from the table. As the Church moves forward it is good to keep in mind the rule of St. Ignatius of Loyola. Rather

than dismissing or ridiculing the other, we should always give the best possible interpretation to our dialogue partners. As Cardinal Kasper recently noted, “If we don’t, meaningful theological dialogue becomes impossible and *sacratheologia* turns into a political and ideological battlefield.”

CLOSING

In 1980, when Pope John Paul II named Bishop Sullivan an auxiliary bishop in the Diocese of Brooklyn, he said his mission was to serve “the hurting people of society.”

That is the legacy of your 100 years entrusted to you.

And so my message to all of you as you celebrate the centennial of the Catholic Health Association is simply that you cherish and take pride in the mission given to you by your founders. It is a mission that proclaims good news to the poor, a mission that evangelizes by attracting and a mission that orders and gives balance to our moral teaching because it begins with mercy.

This is the mission of the Church and you are essential to it. I realize in saying this that this too is an exercise in preaching to the choir, for my interaction with many hospital administrators,

presently taking the baton from religious orders, leaves me with a sense of admiration. I have witnessed first-hand how you are making every effort to remain faithful to the mission of the founders. That too is part of the celebration this year as the Catholic Health Association begins its second century. So, congratulations!

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