The MAST Journal

The Journal of the Mercy Association in Scripture and Theology
VOL. 4, NO. 3 SUMMER 1994

Health-Care, Sponsorship and Mercy Values

Summer, 1994

Dear Sisters and Friends,

The Mercy charism manifested in health-care is eminently practical, vigorous in its decision-making, short on philosophical statements, and invested in "works" rather than words.Theologians normally write articles and books, choosing an area of expertise in which to concentrate their research.They presume there is time to ruminate, consider, debate, and revise. Health-care pushes the theological machine like an accelerator to the floor. Matters have become too urgent for digressions. People suffer too much without the care they need and deserve. Money is running out. No one wants the people who can't pay.

One quiet miracle of the Mercy charism is its endurance for a century and a half in this country. Someone forgot to tell the Sisters of Mercy they should have "compassion fatigue" by now.They have been too busy to listen. Friends and co-workers who share the same spirit find, despite a threatened eco-system, that mercy is a mysteriously self-renewing natural resource.

Elizabeth McMillan, R.S.M., an ethicist, used to work for Catholic Health Association in St. Louis before she went to teach philosophy and theology to seminarians in Guatemala. On her office wall at C.H.A. was a painting of Solomon. I asked her why she kept it in her line of vision. She said,"Ethics is all about mothers and babies, and that's what Solomon had to have wisdom about, mothers and babies." Underneath concerns about sponsorship and systemic values lies this deeper instinct—protection of the vulnerable, attention to the voiceless, care of the weak, and advocacy for the marginalized.

Such commitment does not require a long treatise to explain, though it does require a hefty budget to sustain. Compassion, whether for a friend with AIDS or an under-insured single woman, is not a momentary act, like dropping money on a collection plate. As several of the essays in this issue demonstrate, the charism of mercy reveals itself in anecdote. Specific persons become intertwined with the life and thought of our contributors, and theology is encapsulated by vignette. Illness shapes the consciousness of care-givers and changes their relationship to "reality," just as surely as illness alters the outlook of those who struggle to regain their health.

In a former life as an English teacher,I would typically comment in the margin of an essay,"Be specific." There is no need for more specificity here. We all know a specific person touched by the issues our contributors raise in this issue.

With good hope,

Marie-Eloise Rosenblatt, R.S.M.

THE MAST JOURNAL is published three times a year (November, March and July) by the Mercy Association in Scripture and Theology. Members of the Editorial Board are Srs. Maryanne Stevens (Omaha), Janet Ruffing (Burlingame), Marie-Eloise Rosenblatt (Burlingame), and Julia Upton (Brooklyn). Subscription correspondence with Julia Upton, RSM, Department of Religious Studies, St. John's University, Jamaica, New York, 11439; editorial correspondence to Maryanne Stevens, RSM, 9411 Ohio Street, Omaha, Nebraska, 68134. Layout and design by Judy Johns, Omaha, Nebraska and mailing by Mercy High School Monarch Mailing, Omaha, Nebraska.

Reflections on Sponsorship

Sheila Carney, RSM

Given as an address to the Sister Board Member Conference held in Omaha, NE, Febr. 6, 1994

When I mentioned the fact that I was going to be in Nebraska to make this presentation, the response was not, as we might expect or hope, an interest in the Omaha Regional community.[1] Rather most people wanted to know if I was going to be near Danabrog and, if so, would I say "Hello" to Roger Welsh? This confirms my suspicion that Charles Kuralt really is a significant influence in our lives —at least in our Sunday mornings. In fact, for all of us who are CBS Sunday Morning devotees, we might begin, as Charles does each week, with a milestone.

Our founding sisters walked before God with few resources and with great-hearted spirit.

The indicator of distance travelled, of time passed, of progress made of which I am most pleasantly aware these days, is the 150th anniversary of the Sisters of Mercy in the United States. The fact that this amazing story began in Pittsburgh has given me both the excuse and the opportunity to immerse myself in the stories of our early Mercy women, to follow their journey from foundation to foundation, and to observe the patterns of ministry that emerged in our first decades here. I have felt a little like Catherine when she wrote, "I would go through a great deal to be able to peep in at you and to see you walk before God on this occasion."[1] Our founding sisters walked before God with few resources and with great-hearted spirit. Within days of their arrival in any one of the cities to which they came, these women began the works of Mercy in rented rooms, or in convent basements, in the homes of the poor. They began without fuss and without structures, simply meeting whatever need presented itself.

These simple beginnings did not,and probably could not, last very long. The era of founding institutions followed quickly and was characterized by enormous energy, creativity and competence. From seven women opening a small school in the basement of the first Mercy convent in Pittsburg, we have grown to an Institute shepherding 80 schools and colleges, about 120 health care facilities and nearly the same number of miscellaneous ministries —retreat centers, justice centers, housing ministries, shelters, soup kitchens, and centers for women and children.

Over the course of the years in which this growth and transformation took place, the word sponsorship entered our vocabulary. It would be interesting to track, through community and institutional documents, exactly when that word became part of our common parlance and how we had described our relationship to our ministries up to that point.

At a recent meeting of our Sister trustees in Pittsburgh we found ourselves entertaining some very basic questions about sponsorship. After we had talked for a while, someone asked in frustration, "What does it mean?" She wasn't asking a cosmic or rhetorical question. "What does it all mean?" She was asking exactly what we intend when we use that word. In posing the question, she went straight to the heart of the difficulty - often we don't know exactly what we mean when we talk about sponsorship - or persons in the conversation are operating out of differing definitions.

My simplistic definition for sponsorship comes from the advertising industry - you pay your money and you get to deliver your message. Without overlooking the fact that we often direct significant financial resources to support our sponsored works, I want to focus here on the other kinds of contributions, other resources, that the women of our communities have poured into these works: the imagination and courage which gave birth to institutions; the decades of loving, competent service; the careful shepherding. Having expended no less than ourselves in the creation and continuity of these ministries, we reserve the right to tell our story and to determine the value base (the philosophy and mission) from which the ministry will draw strength and meaning. In the words of our Constitutions, we sponsor institutions "to address our enduring concerns and to witness to Christ's mission" (#5).

Other definitions are more formal or practical and include issues of governance, incorporation and property ownership. Doris Gottemoeller wrote in her 1991 article in Review for Religious, titled "Institutions Without Sisters" that sponsorship refers to significant influence and ultimate control over the assets, the mission, and the quality of service of the institution."[2] Peter Campbell, senior attorney for the Catholic Health Association, reminds us that sponsorship has canonical implications and involves "defining a series of relationships around influence, support and control."[3] In the LCWR (Leadership Conference of Women Religious) ministry study, sponsored works were described as "institutions, agencies or entities founded or acquired by a religious institute to carry out its mission. The institute exercises some significant level of governance. The work may or may not be

separately incorporated and the property may or may not be owned by the institute."[4] These definition range from simple to complex, from relational to legal, from heart felt to head formed. Hidden among the words and experienced in our efforts to endow the words with flesh and meaning is an array of questions and concerns.

Every regional community is grappling with the meaning and future of sponsoring relationships . . .

The sponsorship issues which you articulated as the substance of your conversations reveal them. What is the relationship of sponsorship and partnership? How do we exercise the significant levels of governance and control suggested by some definitions and still invite our lay collaborators to a meaningful partnership? What levels of sponsorship do we want to exercise? Does there need to be a critical mass of sisters actually present in a ministry in order for sponsorship to be meaningful? What are the canonical implications of sponsorship, especially in questions of collaboration or merger? My favorite among the issues raised here is the one that reads, "Sponsorship as an Institute leadership priority: are other regions and the Institute as a whole looking at this issue?" The answer to that is a resounding "Yes!" Your issues are our issues. Every regional community is grappling with the meaning and future of sponsoring relationships and the Institute Leadership Conference will focus on this topic at our meeting in January of 1995.

Out of this array of puzzles that tease us all, I'd like to choose two for a focus this morning - two which seems to be at the center of our wondering about the meaning of sponsorship as we move toward the future. This pair has to do with Catholic identity and with the number of sisters available for ministry in our sponsored institutions.

With apologies to those who represent other kinds of works, I'd like to look at this first issue from the perspective of health care. I think my point is applicable to other settings as well, though it is clearest right now in that ministry. As we move into the era of integrated delivery networks - or whatever the final outcome of the reform effort is - the nature and meaning of Catholic identity will be a central consideration for us. In your listing of sponsorship issues you asked: What are the non-negotiables when collaborating or merging with other facilities? and What constitutes Catholic identity in health care? While this is not true of many of our health care systems, some of us have shied away from developing partnerships with other religiously sponsored ministries lest our Mercy identity be muted or lost. Now we are happy if the facility with which we hope to form a relationship is Catholic or at least value based. We are, in many cases, in conversation with facilities from whom we have held ourselves carefully aloof in the past, or with whom we have traditionally been in serious competition. In some cases, these new relationships will be able to be worked out in a manner that allows us to continue as sponsors in a meaningful way. It will be important for us, as we enter into these conversations, to be very clear and to clearly articulate what exactly are the non-negotiables for us -what are those values, those ways of being that we will not surrender? Difficult moments may be engendered by the fact that the definition of what constitutes these non-negotiables is not completely within our power. Further, in systems which stretch across dioceses and states, the list of items which cannot be compromised may differ. This leaves us, in each setting, to negotiate from a different base.

This situation will be most critical in those places where the choice of potential partners is limited; where our choice is this partnership or no partnership. Here our first consideration must be given to the people for whom the ministry exists in the first place. For the sake of the continuation of health services in a given community we may face dramatic changes in our sponsoring roles. We may find ourselves moving away from sponsorship or weighing the value of Catholic identity officially bestowed against the need of people for access to basic services. I have toyed a bit with the possibility of religious congregations sponsoring institutions which are not officially recognized as Catholic, which have no home in the Official Catholic Directory published annually by Kenedy and Sons. However, I haven't gotten very far down that path. It is an interesting concept to explore, I think - not unlike the question that lurked around the edges of our discussions on the Constitutions: What does canonical status mean to us? Is it as important, more important, than saying what we honestly feel called to say or be?

A decreasing number of Sisters available for ministry in our sponsored works is another concern for all of us. In the article by Doris Gottemoeller to which I alluded earlier, she names, as one dimension of sponsorship what she calls "significant influence." She describes "significant influence" as a combination of legal control and deliberately cultivated corporate culture. This represents a combination, she says, of head and heart. How many sisters, we need ask, are enough to bring a significant influence to bear on our institutions? Must they be in key positions? What positions? Is the presence of sisters in governance roles alone sufficient for a meaningful sponsoring relationship? These question which trip easily off the tongue are, of course, profound and troubling. Troubling because, at their heart is the issue not simply of the future of our

relationship to our institutions, but the future of our communities themselves. While we confine ourselves here to talking about our ministries, we must remember that the emotional substratum is broad and deep.

This question about numbers and how they affect our sponsorship relationships was highlighted for me during the season of Advent. I was asked to give the homily at the liturgy which opened a meeting of the leadership teams of the regional communities which sponsor Eastern Mercy Health System. In addition to being the second Sunday of Advent, it was Foundation Day and, based on the first reading, I had prepared a reflection on Catherine donning the mantle of mercy and justice. My thoughts centered around my understanding that what we celebrate in Foundation Day. On that day of making vows, is the day when Catherine McAuley changed her clothes, changed her identity, her position in the church and in the society in which she ,and changed the manner in which she would go about her life's work. It is, of course, dramatically reordering the truth to say that all this meaning and movement was contained in the events of one early morning profession ceremony. The literal decision to change her way of life, the literal changing of clothes had occurred months before. The process of becoming ever more finely attuned to God's word and invitation is the work of a lifetime, not the magic wrought by the recitation of a vow formula. And yet we gather all this meaning into the commemoration of our founding, celebrating an identifiable moment when movements of the heart become focused in the gesture of formally offering one's life. While we savor such richness of meaning we must also try to grasp what our appreciation of the day requires of us.

The garment that Catherine wore, that she handed on to us, is the mantle of justice . . .

It requires that we stand before a full length mirror and examine whether we are attired as Catherine was - and I don't mean black serge and starched linen. The garment that Catherine wore, that she handed on to us, is the mantle of justice - woven on the loom of love for God's people with mercy and compassion for its warp and woof. This must also be the fabric of the institutions with we associate ourselves and this pattern must be clearly visible if we are to continue our association.

These were the thoughts around which I intended to structure my reflections. But on the morning in question, I woke and, in that wonderfully clear and creative space in which we abide before becoming completely conscious, I saw a relationship between the first and third reading for the liturgy which seemed a wonderful analogy to our position vis-à-vis our sponsored works.

The first reading was the proclamation from Isaiah 61

The Spirit of the Lord has been given to me,
For the Lord has anointed me.
God has sent me to bring the good news to the poor,
to bind up hearts that are broken,
to proclaim liberty to captives,
freedom to those in prison,
to proclaim a year of favor from our God.
(Is. 61:1-2)

In context of how many profession ceremonies and other community celebrations have we heard this reading from Isaiah? Our vow of service resounds in it. Our ability to relate it to the beatitudes and works of Mercy makes it a wonderful source of reflection for us who aspire to serve in very clear and direct ways. Our sense of having been chosen for the works of liberation, of consolation, of empowerment is rich and dynamic. We are conscious of this mantle of justice that has been given us through baptism and to which we have committed ourselves even more purposefully through profession. We know how to do this, how to role up our sleeves and get the job done and Catherine dares us to a response as broad and diverse as our world's need.

The Gospel reading for that second Sunday of Advent was from John 2- the episode in which the priests and Levites question John the Baptizer about his identity and mission.[5] This Gospel portrait enlightened for me in a new way the meaning of our role as sponsor of our institutions. We know well the role of John in the economy of salvation. He is the messenger and the bearer of meaning. He is the voice and the articulator of meaning. The most important thing about John, for our considerations, is that he is very certain about his role. He is asked "Who are you?" And given the attitude of the priests and Levites in other Gospel stories we might hear in that simple question the nuance of "Who do you think you are?"

His answer is forthright. I am not the one you have been waiting for, I am not the bringer of salvation, I am not the doer of the deed, I am the voice. The voice that I raise up sometimes seems to echo in the wilderness but the message is clear and consistent. The meaning you have been waiting for is here. The healing, the compassion, the mercy you have been waiting for is here. Let me show you where to find it.Let me make it accessible to you.

The hands of the minister and the voice of the one who articulates meaning are two very different roles.

We have not always reflected on them separately or appreciated them in their own right - especially the role of voice - because as Sisters of Mercy we are almost always in both roles vis-à-vis any sponsored ministry. In most cases the sponsorship role came second. In other words, we were doing the works described by Isaiah and called for by our vow of service and those efforts eventually became institutionalized in the ministries we sponsor. My suggestion is that this is the moment to begin to understand and appreciate them differently.

. . . how much time we want our leaders to spend on sponsorship issues differs from regional community to regional community . . .

Being the care giver, the educator, the enabler, the encourager - these roles are familiar and comfortable for us. We know well how to be the doer of the deed and we have always, simultaneously, been the articulator of the meaning. The question is: Can the second role exist without the first? If we go back to Doris Gottemoeller's definition of significant influence as legal control and deliberately cultivated corporate culture, it's easy to see that both of these elements must be present for a viable sponsoring relationship to exist. Simply to have legal control is fairly sterile. Our experience tells us that cultivating a corporate culture - although we wouldn't use that terminology - is something that we do naturally wherever we are ministering together. A good example of this is our educational ministry where we have created a vibrant Mercy spirit and identity in hundreds of diocesan and parish schools across the country. Yet, because these schools are not linked to us in formal, legal ways we do not consider them sponsored works even though they may be regarded as "Mercy" schools.

How many of us need be present in any one sponsored work in order to ensure a corporate culture that reflects our tradition and values? Is one sister in a leadership or mission effectiveness position enough? Is the presence of sisters on the board enough? As the numbers of our associate members grow, we often find ourselves in conversations about whether associates working in our sponsored ministries can effect the creation of a corporate culture. The dedication of many of our associates notwithstanding, we need to be radically honest about whether these conversations reflect a movement of the Spirit or a postponement of the basic question.

There is another issue, I think, and it has to do with how the women we ask to serve us in leadership will spend their time. The Pittsburgh Regional Community sponsors five ministries - a college, a social service center and three health care systems. A significant portion of "council time" is spent in relationship to these sponsored works. Yet, in our last Chapter when asked to list expectations of leadership, sisters formulated a list of fifty-four items which included no reference to working with our sponsored ministries.

It was a revelatory moment - one which indicated not so much a lack of value placed on the time spent on sponsorship activities as much as a lack of awareness. Again, we are called to careful discernment. The question of how much time we want our leaders to spend on sponsorship issues differs from regional community to regional community, from ministry to ministry, from era to era. It admits of no simple answer but it does deserve a clear and carefully considered one.

Should we be in a sponsoring relationship to some of our ministries? Certainly we should and in those cases we need to faithfully monitor, and enhance where necessary and appropriate, the kind of significant influence we want to have. Perhaps we also need to dream and create new ways of offering sponsorship. And perhaps it is time, in some instances, to surrender this relationship. The question here is: How shall this be done?

In looking for a way to answer this question, I was reminded of the story told me by a friend who assisted his mother's transition from their home to a long term care facility. This recollection was made more poignant for me because of my own recent experience of helping my parents as they moved from our home of forty years to an apartment. Somehow, in all the conversation about the relative size of these two residences, it never occurred to my parents that the move would require them to give up some things, even some treasured things. There simply wouldn't be room in this new life for everything they had loved in the old. Ultimately, however, they were not able to bring themselves to the point of surrender, and so everything got packed and moved. Boxes sat for several weeks in the living room and then were moved to the basement storage area where they await some future decision, some future decision makers.

My friend's story was very different. He sat with his mother as she held each treasured item and remembered from whence it had come, what uses it had served, what pleasure it had given. Many of these items were gifts given to her and her husband at the time of their wedding. These she decided to return to the descendants of the original giver. "Your grandparents gave this to me sixty years ago," her accompanying notes read. "Since I am no longer able to keep it, I'd like to return it to your family." It was a wonderfully wise and graceful and grateful thing to do - to

remember the source of the gift and, after years of caring for and cherishing it - to return it to that source.

The untangling of the legal structures that connect us with our sponsored works will never be that simple but the call is the same - to recognize that, even with those institutions we founded, the ministry is not ours. It has been given to us by those with whom we serve. We need pray for the wisdom and grace to know when it is appropriate to return the gift to its source - now imprinted with our fingerprints, embedded with our story.

Ultimately, the issue is not sponsorship. The issue is ministry.

In each of these possibilities, the primary consideration is whether or not we are appropriately dressed. Are we -and the works which bear our name - robed in the garment of mercy and justice? This is not a cloth of subtle, muted hue. It is vibrant and striking. In those places where the color has faded, the texture worn thin, we must find ways to revive it or pass it on, knowing that what has come to look drab on us may take on a new and colorful life when worn by another.

Ultimately, the issue is not sponsorship. The issue is ministry. For Sisters of Mercy the issue will always be the service of the poor, sick and uneducated. Sponsorship must be a vehicle for the enablement of that service. Where this is no longer true, where our sponsorship no longer enables and where it may even inhibit the service of God's people, then we should name that reality and take the steps necessary to surrender the relationship.

At the same time, we should identify those ministries where our sponsorship does enable and ennoble, does lift up and encourage, does animate us and those with whom we minister. Let's discern carefully where our formal presence has the most meaning, the most potential, and put our best energy in those ministries. We must choose carefully where we want to be and in those places make a real difference.

It's clear to me that sponsorship itself and our careful discernment about sponsorship issues are an asceticism for our time. This is a moment requiring clarity and courage. Whatever our decisions, let's move through them in such a way that Catherine, peeping in on us, will see us walking before God on this occasion.

Footnotes

1. Quoted in Sister Mary Carmel Bourke, R.S.M, A Woman Sings of Mercy. (Sydney: E.J. Dwyer, 1987), p. 68.
2. Doris Gottemoeller, R.S.M., "Institutions without Sisters", Review for Religious, 50(July-August, 1991), p. 566.
3. Peter Campbell, CFX, quoted in Anne Munley, IHM "Sponsorship: Threads for the Loom Revisited, published by Leadership Conference of Women Religions, December, 1993.
4. Anne Munley, IHM, "Sponsorship: Threads for the Loom Revisited, published by Leadership Conference of Women Religious, December, 1993.
5. John 1:19-23

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Mercy Values Today: Ever Ancient, Ever New

Patricia Smith, RSM

Keynote address at the Eastern Mercy Leadership Conference held in Washington, D.C. on March 16, 1994.

Laura, in her early forties, was well-known to the Emergency Room staff. Her live-in boyfriend's physical abuse compounded her emotional problems and intellectual limitations. This time, she came in and was admitted with a fractured tibia. The inpatient social worker began working immediately with Laura on a discharge plan. She was not eligible for rehabilitation. Because of her social and emotional problems, she could not get into a nursing home. Eventually, a relative agreed to take Laura temporarily into her home.

Meanwhile, the social worker worked with the abusive boyfriend, and along with a financial counselor and physician, assisted Laura in completing forms for Supplementary Security Income. The process involved researching past psychiatric history, in order to establish Laura's disability. Though Laura was eligible for SSI, she had never applied.

Most important, the social worker began a long-range planning process with the city's Department of Social Services Homeless Unit. This was to obtain permanent housing for Laura when she had recuperated and was ready to leave her relative's home. This planning eased the relative's fears, and facilitated Laura's temporary placement in her home.

One of Catherine McAuley's greatest gifts to us was her genius for practical action.

Just prior to Laura's discharge, the doctor discovered a tumor in her uterus. Mercy arranged transportation for her gynecological followup.The Medical Center was denied Medical Assistance reimbursement for most of Laura's stay. However, her treatment team agreed that she could not be discharged to her former living arrangement. Nor could she recuperate on her own.

At last contact, Laura was in a supervised living situation. For now at least, her medical services are resolved.

Before values are articulated or written down, they first live in people. Laura's story, a true story, illustrates concrete Mercy values. Mercy Medical Center reached out to a needy woman, cared for her physically, emotionally and spiritually and walked the extra mile to help her care for herself. Each one of us has experience, be it long or short, of working in Mercy. We can all recall women and men like Laura. I'd like you to reflect upon your own experience and stories as we examine some passages from our Constitutions that attempt to articulate the values we profess.

These texts try to say, in words, what we hope is said by our personal lives and organizational presence. Now, the only way to approach something as formal and serious as *Constitutions* and Mission and Philosophy Statements, is to start with a joke.

"Three Catholic nuns —a Franciscan, a Dominican, and a Sister of Mercy— were conversing when, suddenly, the lights went out. In the spirit of St. Francis, the Franciscan fell down on her knees and thanked God for the gift of deprivation, for an opportunity to know what the poor experience when their electricity is shut off. The Dominican, in the spirit of her great intellectual tradition, stood up and began an eloquent oration on the light of the mind and the power we have to see beneath the surface of things. And the Sister of Mercy changed the light bulb."

One of Catherine McAuley's greatest gifts to us was her genius for practical action. I like to think that, even in the complex, bureaucratic world of modern health care, the drive to "Just do it!" — to change the light bulb— is the hallmark of what we are about. Her spirit and legacy must animate not only the Sisters of Mercy, but also the organizations which we sponsor. Our Constitution and Mission statements say, in today's language, what Catherine was about in her own time. We stand in a long line of women and men who have lived out of her tradition. Because tradition is a process of remembering and living out of our roots, I will make reference to Catherine McAuley and the origins of the Sisters of Mercy. But my major question will be aimed at today's situation. Given what the Sisters say about themselves and what Eastern Mercy says about itself: what challenges confront us today? What values must we strive to express, if we are to be true to our call? Five themes from our documents express key Mercy values and offer strong challenges to us. They are, first, Catherine McAuley's mission; second, the Sisters' of Mercy service vow; third, collaboration; fourth, institutional ministry; and, last, "Mercy" as a value rooted in the heart of God.

Catherine's Mission

The opening statement in the Mercy *Constitutions* speaks of Catherine McAuley's vision, her mission to "reach out with courage and love to the needy of her time." There is a strong mandate in that brief phrase. It echoes Eastern Mercy's reference to her "visionary

leadership and pioneering spirit." "Reaching out" means taking the initiative, not waiting to be asked, moving beyond one's own narrow world. It implies the kind of practical action exemplified in the "light bulb" story - resourceful, creative approach to the needs of the needy. Within thirty years of Catherine's death, her sisters had reached out and founded a variety of ministries beyond those that she had begun herself. These included a home for reformed prostitutes, a refuge for widows and children, a teacher-training school, soup kitchens, shelters and relief programs, day-care, nursing on both sides in various wars: the list goes on.

What is important here is that need determined the form that Mercy ministry took. Catherine and her followers were not ones either to set up or to preserve structures for structures' sake, institutions for institutions' sake. As in our time, so in hers: the needy had many needs. And she did set up organized, institutional responses to those needs. But her freedom and flexibility in responding quickly to new needs and her ability to stay relatively unencumbered stemmed from her total focus on the needy of her time. What inspired the Sisters of Mercy was not Catherine's direct desire for religious or monastic life for its own sake. Care of the poor was her mission. Organizational structures, including the structures of religious life, were means to that end.

The lesson of Mercy as an enduring value is clear. Form follows function. Need determines response. We need to take the initiative, to reach out in creative ways to address the health needs of the poor and under-served. In the words of the mission statement, the aim is "to push the boundaries of imagination and innovation..."

Catherine McAuley was neither fettered by the past nor frightened by the future. This leads to my second observation. Both the *Constitution* and Eastern Mercy speak of courage. The title of a book on Catherine is *Tender Courage*. Now, "courage" is an interesting virtue and value. We need courage when times are hard (Implication: times will be hard.) In her day, Catherine experienced frequent opposition to her person and her work. By gathering a group of socially prominent, unmarried women around her to serve the poor, she went against the social conventions of her day. When she did agree to form a religious community, several clergy berated her for rivaling already established orders. Breaking out of the confines of cloister, her "walking sisters" were a scandal to many people.

While it is painful, opposition is often a sign a person is doing something right. The call to courage is no less demanding in our time than in Catherine's. Where does opposition come from? Is it because we stand for something? There are many quarters, too numerous to mention, from which opposition arises today. I would suggest that, as we tread our way through the minefield of health care reform, one significant area will demand all our courage— and creativity. This is the conflict between "individual rights" and "the common good."

The philosophy statement speaks of "an autonomous individual created to participate in building community." Today, "individual rights" seem to be absolutized in the language of our courts, our culture and our concerns. Who is willing to "give," in order that basic, comprehensive health care be available for all? Who will give up the race to produce the latest drug and provide the most specialized technological equipment designed for the needs of a few, in order to fund immunizations, prenatal care, and mental health services for the poor? It will take courage to answer questions like these.

Catherine not only reached out in courage. She reached out "in love."

Catherine not only reached out in courage. She reached out "in love." The conviction that all persons are made in God's image, and that all are identified with God's son Jesus sustained her basic optimism. The Original Rule of the Sisters of Mercy gives the source of her motivation: "...Jesus Christ who has testified on all occasions a tender love for the poor, and has declared that he would consider as done to himself whatever should be done unto them."

For Catherine, there was more to each person than meets the eye. Because we are God's image and because God's son has become one of us, each person has a fundamental right to receive the care needed to live or die with dignity and respect. Each is entitled to competent, excellent care. This is not simply because they are our "customers" and will only pay for "continuous quality improvement. We provide service because they are reflections of God and because Jesus said, "What you do to them, you do to me." In the Mercy tradition, love is not a sentimental feeling. It is hard work, it is doing the deeds of love, and it is often unappreciated and uncompensated.

Vow of Service

Our second major theme that gives insight into our values is what Sisters of Mercy call our "fourth vow of service." All Catholic sisters take vows of poverty, chastity, and obedience. What is particular to Sisters of Mercy is our vow to serve "the poor, sick, and ignorant." I have always been struck by the breadth of the Mercy mission. We were never "confined" to any one ministry, whether it be education, health-care, or some

particular form of social service. Both the corporal and spiritual works of mercy have been our mission. Indeed, though we run the risk of avoiding the materially poor by overspiritualizing the notion of poverty, we have always viewed everyone, in some way, as in need of healing and knowledge. Everyone, therefore, is poor in some way. That includes ourselves. Underlying the breadth of Catherine's vision was the insight that people's needs are multi-dimensional. In order that any one need be adequately addressed, all must be attended to.

Though Catherine McAuley saw service of the poor, sick and ignorant as the unifying vision of her mission, at times in the past we have viewed these diverse expressions of the one mission in a segmented fashion. Today, I see a challenge to view them in a more integrated, holistic way. Education has a healing dimension - whether it brings self-knowledge that increases self-esteem, knowledge of others that breaks down prejudice, or knowledge that makes us more reverent, more respectful of the world entrusted to our care. And health care is certainly about teaching people how to live "well lives."

The *Constitutions* lead us toward this more integrated vision. The Sisters (and, by implication, our co-workers) serve "....through education, healthcare and other ministries that further social, political, economic and spiritual well-being." I read this to mean that it is not "other ministries" alone that further this integrated experience of well being. Education and healthcare also effect social, economic and political well-being. This formulation has tremendous impact on the ways in which we carry out Mercy-sponsored health ministry, especially that which is directed toward the poor.

Catherine McAuley saw the connection: she often extolled the life-giving power of education and skills, which would enable the poor to help themselves. Their health depends on their learning. They learn what behaviors will keep them and their families healthy and what will not. They learn skills that will empower them to "break out" of the cycle of poverty. They learn how to co-operate with healthcare providers to meet their healthcare needs. Moving from the micro- to the macro-picture, we know that the health status of communities can only be improved if we address the root causes - the social, political, economic and spiritual factors that contribute either to disease or to health.

From the beginning, the Mercy tradition has seen value in a dual approach to massive human needs. Catherine herself directly served the poor. And she used her influence with the not-so-poor to get resources for the disadvantaged. Today, we speak of alleviation and advocacy, leaven and leverage, "relieving misery and addressing its causes." In the words of Dorothy Day, "The fact remains that while we slay the giant, the wounded have to be cared for." Your own Eastern Mercy documents give special prominence to advocacy or "slaying the giant." How extensive is this work in your own facility? How do you use corporate power?

Having emphasized the interrelationships among healthcare, education, political, economic and social welfare, I do not want to neglect the specific value of engagement in a healing ministry. Catherine McAuley had a special affection for the sick and dying. The visitation of the sick was the longest chapter in her original rule, and an expectation she had of all her sisters. Only in this chapter did she refer to her Institute as "holy."

Before I left the academic world and went to Mercy Medical Center, I had many "negotiating" conversations with Sister Helen Amos, our President and C.E.O. I asked her why, after so many years in community administration, she was moving to the fast-paced, problematic world of healthcare. Her answer startled me. I had heard people argue that healthcare in the U.S. needs the Church — that our society desperately needs the values, the witness of religiously-based service. But she turned the equation around. She said, "Because the Church needs healthcare. It keeps us honest."

Caring for the sick, for people at their most vulnerable moments, is central to living and proclaiming the good news of God's abiding, faithful presence and love.

Caring for the sick, for people at their most vulnerable moments, is central to living and proclaiming the good news of God's abiding, faithful presence and love. On a person-to-person level, it is humanizing to care for our brothers and sisters in need of healing. When we add the specifically religious values; the call of the Hebrew prophets, and Jesus' clear message that healing is a sign of God's activity in history, then we know that, for Christians to be who we are as church, we must in some way be a healing people.

Collaboration

The broad vision of Mercy service that I described above should set the context for our third major theme, articulated frequently both in the *Constitutions* and in Eastern Mercy statements, collaboration. The *Constitutions* acknowledge that collaboration is a two-way street, a mutual teaching and learning between the sisters who sponsor our organizations and the many men and women who work in and are served by them.

"By collaborating with others in works of mercy, we continually learn from them how to be more merciful." Our very existence as a health-care system is an exercise in collaboration. The literature speaks of "desirable co-operation," of "linking resources," and of "interdependence."

When something is mentioned as frequently as collaboration, it tells me two things: great potential and great problems. I One of the images used to describe the potential partnerships being formed as IDN's (Integrated Delivery Networks)today is the image of a dance floor. Potential partners are "looking one another over" warily, with enlightened self interest. Who will fill the dance card? Is the "circling around" for groups to work with meant to improve the overall health status of those who are served? We might look toward other neighborhood and community resources. Where possible, we can look toward working with other Mercy ministries such as schools, shelters, senior citizen homes, social service and advocacy groups. With other Mercy ministries,there is the advantage of starting with a common tradition and, presumably, common values. If "health" is largely a local issue, then different types of local organizations can work together, with the probable outcome of more effective long-term results and more potential for systemic change.

Institutional Ministry

The fourth Mercy value is directly related to all of us, since we all work in the complex, technologically sophisticated, ever-shifting world of *institutions*. In the Mercy tradition, *institutional* ministry is a value.

One day, a young servant girl came to Catherine McAuley. She needed housing, immediately. This was before Catherine had built the house on Baggot Street, so she tried to get the girl into another home. But the committee that approved such placements wasn't meeting for quite a while. The bureaucracy would not budge. This called forth Catherine's famous quote. "The poor need help today, not next week." While she resisted burdensome and bureaucratic structures until her dying day, Catherine McAuley did institutionalize her ministries. While she left great scope for local people to adapt to their local situations, she did value institutions.

While their forms have changed over the years, institutions are still held as a value - not for their own sakes, but insofar as (in the words of the *Constitutions*) they "address our enduring concerns and ... witness to Christ's mission." Stability and sign: these are the values to be expressed in and through the value of *institutional* sponsorship.

Two challenges emerge for me from my reflection on Mercy institutions. First, how does the following statement from the *Constitutions* take concrete form? "Within these institutions we, together with our coworkers and those we serve, endeavor to model mercy and justice and to promote systemic change." As we know, it is harder to model a value than to espouse it. What is our reputation as employers? as neighbors? On an institutional level, of what real values are we a sign? We should frequently ask that question, both of our employees and of our neighbors. Would we measure up - in respect for diversity, in concern for family life, in "inclusion," in responsiveness to need? Do we use our power for structural change? Sister Patricia McCann of the Institute leadership team challenged our *institutional* identity forcefully in a talk titled "Why Corporate Ministry?" She said: "As in Catherine McAuley's time, ministry through our institutions is not restricted to the poor, but it always relates to them. The measure of our authenticity is the degree to which we succeed in connecting the able and powerful with the weak and powerless, the degree to which we affect health, education and social systems so that they benefit all." [1]

Stability and sign: these are the values to be expressed in and through the value of *institutional* sponsorship.

As a positive challenge, I see a tremendous need and possibility for *institutional* presence today. Quite simply, an institution offers a platform. Given the fact that the major ethical issues of our time will be played out in healthcare, we need to seize the platform provided in and by our institutions to engage in a high level of moral dialogue. Someone has recently described technology as "a perfection of means, a confusion of goals." Not only are life-extending (or death-prolonging) technologies confronting us with serious moral issues. Doctor Kevorkian is never far away. Not only are justice issues embedded in the question of what technologies get developed, and who has access to them. Now, reproductive technologies enable post-menopausal women to bear a child. Surrogate parenting can occur in a variety of arrangements. Genetic counseling is not an unmixed blessing. Studies of the brain enable personality manipulation, as never before. The Catholic moral tradition has much more to offer than its narrowly defined positions on contraception and abortion. It identifies as fundamental ethical issues the "commodification" of birth and death; the meaning of persons, of health and sickness, life and death; the just allocation of scarce resources; the shape of healthcare reform. We have a platform of values and a tradition out of which to speak.

Mercy As A Value

The psalmist tells us that "God's mercy is above all God's works." And so, the final Mercy value is mercy itself. Unfortunately, the term has sometimes suffered from disempowering interpretations: "mercy" can refer to " being nice," enabling unhealthy behaviors, or keeping the peace. But mercy is something quite different. In the Hebrew scriptures, mercy comes from the word for "womb." The roots of human mercy are in the divine womb. This is to say, love from the inside out, with all the potential for birth that comes with real pain, at real cost. In the Bible, "mercy" is one of the synonyms for God. God's love is steadfast. God's caring presence, no matter what is assured. According to the "womb" imagery, mercy is a kindness of the mind that mirrors the spaciousness of the heart.

One of the clearest and most compelling recent definitions of "mercy" comes from Wendy Farley, a theologian at Emory University in Atlanta. She writes that compassion (mercy) is:

a mode of relationship
and a power
that is wounded by the suffering of others
and propelled to action on their behalf
now.[2]

A mode of Relationship. Mercy is not a momentary sporadic feeling. It is, rather, a habit of mind and heart a way of organizing and interpreting the world. It is an enduring approach to the world. And, like any relationship, it is a two-way street.

And a power. This is the exciting, challenging part. Mercy is only what it is when it is effective - when it survives against great odds and when it empowers all who come within its orbit of care. Because mercy opposes injustice and whatever is degrading, it is likely to involve danger. Conflict is inevitable, struggle enduring. Courage is needed, as never before, in our time.

Wounded (but not destroyed) by the suffering of others. If Mercy is com-passion, or "suffering with," it is also com-fort, or "standing strong with." An inner-city minister in Baltimore put it beautifully: "Mercy is justice in tears."

Propelled To Action. Propelled is a very active verb. It says that mercy is God's empowering presence in the world, a presence known only in and through those who act in God's merciful name. What needs propels us and our organizations today? What wounds us?

Now. The God of mercy does not wait to care for us at the end of our lives or at the end of time. This God cares for us during all time. Made in this God's image, we are exhorted by Mother Jones: "Pray like hell for the dead, but fight like hell for the living." This means practical action. Now.

Summary and Synthesis

We've talked about Catherine McAuley's legacy to us, men and women entrusted with carrying on the mission of Catholic health-care, in her spirit today. So, what does all this have to do with Laura, the woman whose true story you read earlier? Laura is a real woman, cared for recently at Mercy Medical Center, Baltimore. But she is also a symbol of the myriads of men and women who entrust their complicated lives and their immediate needs to our care. We meet her in our institutions every day. She is the reason why we stay in the business of Mercy-sponsored healthcare. She holds a mirror up to our mission, philosophy, and mercy values. Do we see what she sees?

"Mercy" is one of the names of God. If we are to be worthy of that name, we have to face today's version of Jesus' challenge and Catherine McAuley's response. In Matthew's Gospel, the righteous ask: "Lord, when did we see you ill or in prison and visit you?" (Matt.25:39). Catherine's first Mercy rule stated that Jesus considered as done to himself whatever was done for the poor. Our answer to one question will determine whether or not we are worthy of Mercy's name. The answer: "Here." The question: "Where were you when Laura arrived?"

Footnote

1. Patricia McCann, "Why Corporate Ministry?", MAST Journal 3 (Summer, 1993) 5-7.

2. Wendy Farlye, *Tragic Vision and Divine Compassion: A Theodicy*. Westminster: John Know, 1990)

Coming Issues of
The Journal of the Mercy Association in Scripture and Theology

Fall, 1994:
Papers from "Called To The Same Hope",
The Sesquicentennial Festival in Pittsburgh, June, 1994

Spring, 1995:
The Institute Direction Statement

A Psalm for Augustine

Timothy J. Joyce, O.S.B.

O Lord, listen to my prayer
and let my cry for help reach you.
Do not hide your face from me
in the day of my distress
Turn your ear towards me
and answer me quickly when I call.

What happens when AIDS makes its way into a monastic community? How do monks react and deal with such a tragedy? Since we are part of the human family, we are not immune to such a happening and, indeed, it occurred in our community. Augustine was a novice when they diagnosed his illness, and I was his novice master. The latter fact is rife with all sorts of complications, authority issues and difficult relationships. I think Augustine found it a difficult relationship and I know I surely did.

And then there was AIDS.

And then there was AIDS. That was something I had not encountered before. What could I do to support and help him? Even today I am not sure what I was able to give. It is possible that I have learned a lot more from him than he from me. In all events, I continue my ministry with him and all people with AIDS whenever we pray Psalm 102 at Friday Lauds. Then I pray a psalm for Augustine and for all who share this terrible illness.

For my days are vanishing like smoke,
my bones burn away like a fire.
My heart is withered like the grass.
I forget to eat my bread.
I cry with all my strength
and my skin clings to my bones.

It was a lovely spring day in New Orleans when I first met Augustine (then known as Glenn). He was living on the edge of the French Quarter and working for the phone company. He was twenty-three years old, the eldest of three children from a town south of the city. Enticed by city life, he had moved to New Orleans three years previously, to attend Louisiana State University. I was in town for a meeting and to visit with friends. Augustine had written to our community for vocation information and our Prior asked me to meet him.

Augustine was anxiously sitting on the steps of the apartment house when I drove down the street. He was very happy to see me and we went up to his place, sat down and talked. It was a graced moment and I have felt privileged to be let into his life. He shared his story, his pains, his hopes. Though he had been celibate for a while, he still felt tired and hurt by the gay sub-culture he had become involved with in the city. He wanted to move on and to find God as central in his life. He cried. I held him. We prayed together. I left him, caring for him and hoping he would pursue his dream and possibly find new life in our monastic family. We had connected and it was good.

Over the ensuing months, Augustine continued to correspond with the Prior about a monastic vocation, eventually visiting our abbey. When it seemed right, he decided to apply and was accepted to live with us as a candidate.

I have become like a pelican in the wilderness,
like an owl in desolate places.
I lie awake and I moan
like some lonely bird on a roof.
All day long my foes revile me;
those who hate me use my name as a curse.

Augustine stayed with us for almost a year. He was young and had some growing to do. Though I had been his first contact, I did not share much with him during this time. When he arrived I was in Rome and did not return for another two months. When I came home, I was not in the best space myself to give him support because I was going through my own mid-life crisis and struggling with demons of authority, intimacy, sexuality and generativity. These were hard years for me. Though I probably looked to many as if I had it all together, it was a time of darkness and sadness. It would take some time before I could find strength and power in my own woundedness.

In August Augustine became a novice for the first time. He was a romantic in many ways and marked this time of initiation and transition by shaving his head bare. It was both touching and amusing to see! He tried hard to embrace the monastic life but met some obstacles, within himself and some within the community. His wish to be very open about his homosexuality led to his encountering homophobia in others, causing him disillusionment. Three months into the novitiate, he left suddenly and quietly. I did not have the opportunity to say goodbye.

Back in New Orleans, Augustine took on different jobs in order to raise money to finish his college education. He was a talented writer, poet and artist. One of his jobs was out on an oil rig in the Gulf of Mexico and I always thought that was gutsy of him to do. But his interior search went on. He continued to struggle

with a call to monastic life, with a sense of having failed, and a desire to do God's will. After a year or two he began to correspond again with monks at our community. The second round was about to begin.

The bread I eat is ashes;
my drink is mingled with tears.
In your anger Lord, and your fury
you have lifted me up and thrown me down.
My days are like a passing shadow
and I wither away like the grass.

Three years passed and I had become the community's formation director. Augustine and I began to write to one another as he explored how things had developed at the abbey and wondered if he could fit in. Once again, I traveled to New Orleans to visit Augustine, who was living in an ascetic-looking room in the city. We drove to the Benedictine abbey near New Orleans. We talked about his life, and his lasting desire for monastic community. While at the monastery, more than one person remarked that we seemed like father and son. Now we certainly didn't look alike so I was surprised but really touched. I wanted to give him something, to help some new life come forth. Our relationship was indeed often like father and son which, many say, is the trickiest kind of relationship to negotiate in our culture. My hopes and cares for him would bring much pain.

Later that summer Augustine again came to visit. A few months later he asked to return and begin again in the community. The Council accepted him but required that he go through a year's pre-novitiate program with other candidates. In an article that he wrote later which was printed in the diocesan vocation issue, he described the many feelings he had upon returning that summer day. He spoke of his journey on a winding road, of his pain leading to "surrender to God through the death of egocentricity."

Upon his return, I found him quiet, serious, and sometimes sullen. We got along but the warmth that we had enjoyed each visit in New Orleans was not to be present at this time. I felt tension and distance in assuming an authority relationship, but we both came through the year smoothly enough. I recommended him for the novitiate, acknowledging his struggle to balance ideals and reality, and his need to let go of anger over the past. In July, Augustine began his canonical year as a novice and I was his novice-master.

But you, O Lord, will endure for ever
and your name from age to age.
You will arise and have mercy on Zion:
for this is the time to have mercy,
(yes, the time appointed has come)
for your servants love her very stones,
are moved with pity even for her dust.

Being accepted as a novice is seen, in monastic tradition, as answering a divine call and is similar to biblical calls in which a new name is given. As is our custom, Augustine offered three names in order of his preference: Glenn (his baptismal name), Jacob and Augustine. Something here touched a struggle within him: resistance to anyone outside himself giving him direction and his own desire to completely abandon himself to God. So, at first he asked to keep his own name. But, after a five-day retreat, on the day before being invested as a novice, he told me that he would like to be called Augustine. The name represented identity with someone who made a radical break with his past, accepted conversion, and gave himself completely (if not fanatically) to God. The other choice of name, Jacob, was important too in his life as he saw himself as one who wrestled with the angel of God. In his later illness, this figure would emerge even more significantly for him.

The novitiate year began with great promise. Augustine and a fellow novice seemed happy and the community was glad to have them with us. In September the three of us started to participate in an inter-community formation program with about twenty other male and female novices from various congregations in the area. It is a good program and I thought the inter-action with their peers would be good for our men. But I felt resistance from Augustine as if he were saying, "Why are you making us do this?" Only later would it become clear that Augustine was already feeling ill and tired and that the program was taxing his energy and his feeling of well being. I felt disappointed with him and rather annoyed as well!

Reality hit. Augustine, at thirty-one, had AIDS.

By early November Augustine began visibly to deteriorate. He would fall asleep in classes and be very listless. We suspected some kind of virus or other illness. At Thanksgiving he entered a local hospital, was treated for pneumonia and remained there for twelve days. I visited him, and brought him home when he was released. I tried to be supportive but he seemed so distant. I was unaware, then, that he was already speaking with someone about the possibility of this being AIDS, and that he was also suffering feelings of fear and shame, and questioning his own goodness. Perhaps he was afraid to tell me this and risk ending the novitiate. A wall was in place.

After a slight improvement, Augustine became ill again as Christmas approached. Three days after Christmas he re-entered the hospital for three weeks,

underwent various tests, including a biopsy. His parents had come up to be with him during these days and were present when the diagnosis came. Reality hit. Augustine, at thirty-one, had AIDS.

The nations shall fear the name of the Lord
and all the earth's kings your glory,
when the Lord shall build up Zion again
and appear in all his glory.
Then he will turn to the prayers of the helpless;
he will not despise their prayers.

Augustine and the community entered into fifteen months of pain, suffering, and distress. I personally touched my own depths of inadequacy, ineptitude and emptiness. In my perception, the wall between us loomed large, making communications difficult. Also, at this same time, the community suffered other losses. Brother Simon, who had turned seventy two days earlier, suffered a heart attack and fell in the snow. Augustine's fellow novice left the community, but not before he dumped his anger and frustrations on me. Augustine would improve, be up and around, and then be back in bed. Two bouts of pneumonia ensued. Other symptoms gradually emerged and he was in physical and psychic pain. When he was confined to bed, the monks would took turns looking after him and spending time with him. He did some writing, painting, and reading when he could. He wrote some wonderful and sensitive poems, though he never shared them with me. I read them later with sadness and felt my loss at being excluded.

. . . as a male authority figure, I represented to Augustine so much of what he feared and resented.

I remember Holy Week that year. Most of us were feeling pretty low. A second death had occurred a week earlier when Father John, at age 43, succumbed to diabetic complications. A priest who did ministry in Boston with AIDS patients gave us a day of prayer and I spoke to him. He encouraged me saying, as a male authority figure, I represented to Augustine so much of what he feared and resented. That comforted me a bit but I still blamed myself for not being a brother who could reach him more lovingly and I felt I had failed. Recently I spoke with a man whose younger brother has AIDS. He expressed similar feelings. Both he and his other brother feel unable to do anything right for their sick brother. I sometimes felt that too. Maybe if I were gay or had AIDS I could reach him - such were the thoughts and feelings that occurred to me.

On Easter Sunday, we were up early for the Easter Vigil at about 4:00 a.m. Another Mass was scheduled at 11:00 and I went to my room around 9:00 to recoup my energy and centeredness. The Abbot called me to say Augustine was quite ill, so I drove him into Boston and spent the rest of the day in the emergency room waiting for him to have a blood transfusion. I was feeling in a daze and also uneasy because I wanted to do something to help Augustine but was not sure he wanted me there. Some time later, at a community meeting, he told me how angry he was with me that day for making him nervous. I felt alone and accused and even more uncertain of being able to connect with him again.

Let this be written for ages to come
that a people yet unborn may praise the Lord;
for the Lord leaned down from his sanctuary on high.
He looked down from heaven to the earth
that he might hear the groans of the prisoners
and free those condemned to die.

Back in January, the monastic chapter had unanimously agreed that Augustine should continue the novitiate. His developing illness plus time spent in the hospital now made the canonically required time of novitiate problematic. We also allowed him to return to New Orleans for his sister's wedding. In the spring the Chapter met to deliberate. We did not want him to profess monastic vows out of any duty or responsibility to us but, if he wanted to make them, we wanted them to be a meaningful commitment. So, the Chapter instructed me to talk with him and assure him we would take care of him even if he did not want to make vows. But, because canonical time was needed to complete the novitiate, we wouldn't rush the profession, postponing it for a couple of months beyond the year's time.

Well, you know what they say about killing the messenger who bears ill tidings! Augustine meekly accepted what I said, declared that he really wanted to be a monk no matter what, and that anytime for profession would be fine. At that time he meant it, but later expressed all sorts of anger at me for being legalistic, and mean, thus causing me to feel more on the periphery with him than ever before.

I remember a particularly positive time we shared in the midst of this turmoil. Part of the novitiate program was a weekly class I had with the novices on the psalms. Because of illness, Augustine's classes were in effect suspended that winter and spring. But in May or June, when he was feeling a bit stronger, he came to me and asked to resume them. So we met a few more times, each week analyzing and praying a psalm together. The last one we did together was Psalm 102. I can't remember who chose it or why.

But it certainly spoke to both of us of his experience and his suffering. That psalm will never be the same for me again. Pain, suffering, desolation and distress, ultimate security in a merciful God, the expectation of something better - all are contained in the imagery of this wonderful poem.

In August, Augustine took a turn for the worse and returned to the hospital. Although he was not yet critical, we decided to have him profess his vows there. We had hoped for a private profession on September eighth. However, on August twenty-first, with the entire community, and his mother assembled around his bed, the Abbot accepted Augustine's vows of obedience, stability, and fidelity to the monastic life according to the Rule of St. Benedict. He cried for joy and most of us cried too, with many mixed feelings. In my three years as formation director, this was the first novice whom I had accompanied to profession of vows. It was a bitter-sweet satisfaction for me. I was proud of him and my community, but my joy was tempered with sadness. It was good but why, O Lord, did it have to be this way?

Our descendants shall dwell untroubled
and our children endure before you
that the name of the Lord may be proclaimed in Zion
and his praise in the heart of Jerusalem,
when peoples and kingdoms are gathered together
to pay their homage to the Lord.

Augustine lived for less than eight months after profession. When he was able to be up for a while he was obviously happy to wear his full monastic habit, though he appeared more and more gaunt in it. Visits to the hospital for blood transfusions; the use of oxygen to breathe more easily; almost constant misery - so he lived those months. The community took turns bringing him his meals and being on-call at night. Other good friends came to see him as well.

In September we went off to the hills of New Hampshire for our annual community retreat. Augustine gladly came with us but he was always cold there and it was a difficult time for him. Back at the monastery as autumn progressed and winter began, he was up less often and his trips outside became more rare.

It was a stressful time for me. My mother was in a nursing home after breaking her hip and I tried to visit her about monthly. That summer my brother underwent heart surgery. On the Saturday before Christmas Father Paul's mother passed away; the next day my mother passed away. So the year ended with more death and grieving. Augustine was very caring at this time.

Sometime during those last months, on a day when Augustine was up and about, he knocked at my door and asked to come in. He must have been working himself up to this. In a brief and direct statement he said, "Timothy, I do love you." I began to apologize to him for what I perceived as my failings in our relationship and I did want to speak and listen more fully from the heart. But he asked me to please say no more. We simply hugged and he left. It was a precious moment but incomplete. I felt grateful but frustrated that we couldn't do more than that. I wanted so much to know what was in his mind and heart. It took a lot of courage, as well as love, for him to speak to me and it is a healing memory now.

He has broken my strength in mid-course;
he has shortened the days of my life.
I say to God: "Do not take me away
before my days are complete,
you, whose days last from age to age.

Spring came again and another Lent. The community remained generous in their care for Augustine but it was a difficult time. Just when we resigned ourselves to his death, he would seem to revive again. Emotions were strained and, in his pain, I am sure Augustine often felt neglected or abandoned. In the midst of all this he must have struggled in his feelings with God too. Jacob was wrestling with the angel. Who would win and what did winning mean?

Easter came early on the first Sunday of April. Augustine struggled now to survive and was taken to the hospital on Holy Thursday. Because he was medicated most of the time he slept often. We took turns going to the hospital during these days and I went up on Holy Saturday morning (the day of quiet waiting). I spent a couple of hours with him and sensed this might be my last visit with him. He slept most of the time but occasionally opened his eyes and acknowledged my presence. We exchanged a few brief words. I told him I loved him. I quietly prayed with him. I was not nervous this time and I don't think I made him nervous either. It was peaceful and I felt grateful to have known him since that first meeting in New Orleans.

On Easter Tuesday I was scheduled to go to Arkansas for the annual meeting of the Benedictine Formation Directors. Because of Augustine's status, I was hesitant about going. When Monday came, the Abbot told me that the doctors at the hospital felt Augustine was stable now and they would keep him a few more days and let him come home. So, on Tuesday morning I was on a 7:00 a.m. flight to Kansas City where a number of us met, and started an eight hour trip through southern Missouri, over the Ozarks and into Arkansas.

It was late afternoon as we approached the monastery. A tremendous thunder storm greeted us as a group. I was greeted personally by a message to call my Abbot. He told me that Augustine had asked

to come home that morning...to die. At that point in time (already nightfall in the east), I could not get a flight for a trip home until the next day. So I settled down to a restless night in Arkansas so far from home and community, but filled with all my thoughts and memories. Once again, I was on the periphery and felt left out. But there was also a sense of peace for Augustine.

The next day I took a long reverse journey. It was about 8:00 p.m. when Father Gerald picked me up at the airport with the news that Augustine had died around 5:30, surrounded by the community, his father and a few friends. Another restless night for me. I was able to feel some closure when I went to the funeral parlor to help dress Augustine for his casket. "The strife is o'er, the battle's done". "Absalom, my son Absalom."

Long ago you founded the earth
and the heavens are the work of your hands.
They will perish but you will remain.
They will all wear out like a garment.
You will change them like clothes that are changed.
But you neither change, nor have an end.

The funeral took place on Easter Saturday. It was a time of the paschal mystery, death and new life. And then the grieving went on. It took some time for me to work through my grief and anger. The pain has subsided and new life comes from the wounds. But I do not forget. At morning prayer on Friday, the day when we pray in the name of our crucified Lord, we pray the words of Psalm 102. I think of Augustine then and pray in his name, mindful as well of all those who continue to suffer from AIDS.

Were we able to minister to Augustine adequately? I leave that to God and know I am forgiven for any short comings. Obviously, the Lord sent Augustine to us for some purpose. And so I continue to pray, "O Lord, listen to my prayer and let my cry for help reach you. Do not hide your face from me in the day of my distress...."

Contributors

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Commentary on *Veritatis Splendor*

Marilee Howard, R.S.M.

On August 15, 1993, Pope John Paul II issued a new encyclical, *Veritatis Splendor* or *The Splendor of Truth*. An encyclical is an official form of teaching used by the Pope to present important aspects of the Church's belief and practice. This encyclical focuses on the moral teaching of the church. It is addressed to the Bishops and calls on them to be vigilant in their duty to see that the truth of Catholic moral teaching is faithfully represented in the teaching and practices of the Catholic institutions within their dioceses.

Summary of Key Points

A Vatican summary presents the purpose of the encyclical as proclaiming the message of Christian freedom. Human freedom is said to become authentically human and responsible only when based on the truth concerning what is good for human persons.[1]

The encyclical begins with a rich account of the story of the Gospel according to Matthew in which a young man approaches Jesus to ask what he must do to gain eternal life (Matt. 19:16-21). This provides a base for presenting the essential human call to seek God. Part of this calling is to seek that which is truly good by respecting the dignity of the human person in oneself and others.

The following are some key elements in which the encyclical draws together and restates the traditional understanding of the Church concerning certain aspects of moral theology.

Jesus Christ is the model and source of our understanding of morality. The call to follow him and to love as he loved is normative for all Christians. He is the model of a truly human life directed to the end or goal of human life, which is God.

There are universal and unchanging moral norms which apply in all times and circumstances. These can be known through the commandments revealed by God and through the efforts of human persons to use reason to understand their ultimate good in relation to God. A traditional understanding of the "Natural Law" approach to moral theory is presented and supported in the document.

There are some acts which are prohibited by negative precepts of the moral law. These acts are evil in themselves and it is never morally justified to deliberately and freely choose such acts. These acts are those which are contrary to the dignity of the human person. It is notable that while a number of broad generic lists of prohibited actions are included in the encyclical, the most specific and focused list is of actions related to the social order, including "theft,...business fraud, unjust wages, forcing up prices by trading on the ignorance or hardship of another,...work badly done,...excessive expenses, waste..." (#100)

Issues of sexual morality having relevance for Catholic health care are mentioned in broad lists (commands against adultery, #13) and in general principles (calling for respect for the spousal meaning of the human body, #15). There is one direct reference to contraceptive acts (rendering the conjugal act intentionally infertile) in the context of the intrinsic evil referred to above (#80).

Certain modern approaches to moral theology are opposed as failing to authentically represent the teaching of the Church. In protecting the right of the faithful to receive the authentic teaching of the Church, the encyclical calls on those who teach to faithfully transmit the position of the Church.

The encyclical also speaks against public dissent, especially when carried out through "orchestrated protests and polemics carried out in the media"(#113).

Analysis

It is my opinion, after careful examination of the text, and consultation with other ethicists and moral theologians that this encyclical, while it draws together elements of traditional Catholic moral teaching, does not present fundamentally new teaching. It does not mention or speak against the traditional principles of analysis which we have used in ethical assessment of clinical practices and affiliations with our health care systems' interpretation of the *Ethical and Religious Directives for Catholic Health Care Facilities*.

The charge to the Bishops to be vigilant in their duty to assure the integrity of the teaching and practice of Catholic institutions within their Dioceses may mean that some will want to undertake careful consultation with some institutions in regard to their Catholic identity. I believe that we have moved with care to assure integrity in the application of principles of moral analysis (with appropriate diocesan consultation) as we have developed policies and practices.

Continuing efforts to maintain relationships of mutual concern, information sharing and dialogue are important and will facilitate our ability to convey to the local Bishops our commitment to Catholic identity and the mission of healing.

Footnotes

1. Pope John Paul II, *Veritatis Splendor* (Vatican City: Libreria Editrice Vaticana, 1993); also printed in *Origins* 23:18 (October 14, 1993).

Numbers refer to the paragraphs of the encyclical.

Assessment of Clinton Plan According to Shared Mercy Values

Nancy Baerwaldt, RSM

How does the Clinton Health Plan conform to our Shared Mercy Values as expressed in our health-care mission statements?[1] The following schema outlines Mercy's shared values, illustrating the ways we might corporately exert moral influence on our legislators to alter the Clinton plan.

MERCY is identified in our documents as "the heart of our health ministry" which includes a "tradition of hospitality and compassion." It is unclear in many cases how the proposed Clinton plan expresses this.

However, the Plan, like the Mercy Systems' ministry, is grounded in a "shared moral tradition." The Plan identifies "fundamental national beliefs about community, equality, justice and liberty" as the anchors from which the specific provisions of its health care reform provisions derive (11).

Nevertheless, the Plan's schematic has the potential to impinge on, or in some markets totally disrupt, the "heart of our ministry" if its implementation requirements make it necessary for us to modify or discontinue services in certain markets in which our patients have come to depend on our health ministry. The Plan has this potential to undercut well-established and trusting patient-provider relationships if, for whatever reason, our systems' facilities and network of providers do not become a component of the "state-certified health plans" which are allowed to provide health insurance benefits in regional alliances (74).

DIGNITY: This value calls attention to "the innate dignity of each human being" and "Respecting the inherent value and worth which each person possesses as a member of the human family." Clinton's proposal embodies this value clearly.

The Plan enhances the dignity of low-income individuals who are not currently eligible for any privately or publicly underwritten health care reform, as well as Medicaid-eligible beneficiaries. For low-income individuals with neither access nor the means to underwrite their care, the Plan contributes to human dignity by guaranteeing universal access to a comprehensive set of benefits (11). For the Medicaid population, the Plan eliminates the current payment system in which the provider is paid by the agency which runs the Medicaid program. Replacing it is a procedure in which "capitated payments to regional alliance health plans" are made for Medicaid beneficiaries (200). In turn, the regional alliance will make payments to health plans for both Medicaid beneficiaries and other subscribers.

Under this new system, the health care provider will, at least theoretically, be unable or less able to discern whether the patient is eligible for Medicaid, receives some other means-tested government subsidy, or has his or her care totally underwritten by some private sector mechanism. If the Plan truly operates in this "provider-blind" fashion, it will increase the likelihood that all individuals regardless of their economic status will receive the same quality of health care, thus enhancing the dignity with which the health care system treats low-income patients. Further, the Plan incorporates a scheme in which national privacy safeguards are provided for all health care recipients (122).

However, this putative elimination of a two-tiered system will not be applied to "undocumented persons." Such individuals will not only be distinguishable in the new system but they will be explicitly ineligible for benefits beyond "emergency services" (200). As such, the Plan includes an explicit gap in its attention to human dignity.

JUSTICE in Mercy health-care documents means "advocating for change of social structures which undermine human dignity". Again, it is unclear in some cases how this value will be operative.

The Plan admits the current system is unjust and acknowledges that it does not enable individuals to "reach their true potential as human beings." The Plan also notes that the current system is deficient in that it does not promote "inter-generational justice." A reformed system must "respond to the unique needs of each stage of life, sharing benefits and burdens fairly across generations" (11).

On the other hand, the Plan — undoubtedly because of the Administration's fear of fierce opposition from the elderly — permits benefit and care-arrangement options to current Medicare-eligible beneficiaries which are foreclosed to all other individuals incorporated into the new system. For example, unlike other beneficiaries, Medicare-eligible individuals have the ability to remove themselves from the purchasing arrangement of the health alliance, not only when Medicare eligibility is triggered, but also "during the [subsequent] annual enrollment periods" (192). Further, the Plan incorporates a new outpatient prescription drug program for Medicare-eligible individuals that will require general taxpayer subsidization (194) even thought the immediate need is the extension of health care benefits to those with no access.

EXCELLENCE refers to the results of "exceeding expectations through teamwork and innovation." It means achievingthe "highest level of professionalism and competence in our delivery of health care." Clinton's initiatives demonstrate this aim well enough.

The Plan establishes the "National Quality Management Program" (NQMP) which has as its purpose a "customer focused continuous improvement" strategy (100). If such a strategy is implemented in a manner akin to what many health facilities are doing on their own and without the imposition of regulatory intervention, the quality improvement focus of the Plan meshes with our values.

On the other hand, aspects of the NQMP program could through the publication of its "annual performance reports," devolve into traditional inspection reports which focus on errors, not genuine measures of quality.

SERVICE means "not only a community of charity, compassion and concern, but also a community of solution." Again, the Clinton plan echoes the Mercy perspective well.

Several aspects of the Plan could impact positively on our ability to increase the value of the service we provide. First, the Plan identifies specific steps to be taken to "achieve the goals of bringing primary care and specialty care into balance" (125), thus augmenting our ability to serve those seeking care from other institutions. To further enhance our ability to provide services which genuinely meet the needs of our patients, the Plan also proposes to "increase the number of health professionals among racial minority groups and disadvantaged person" (125).

Additionally, requiring the development of systems that will provide a reliable "measurement of health status" (110), among other sets of information, will enable us to implement programs which increase the value of the services to the communities in which we operate.

STEWARDSHIP means "cultivating the resources entrusted to us to promote healing and wholeness" as well as promoting "ongoing fiscal responsibility and professional growth." The government's proosal attempts to act according to this principle.

There is not, of course, a one-to-one translation between stewardship and the "national budget for health care spending" (42) which is incorporated in the Clinton Administration's Plan.We should be cautious in assuming too much, even though the "national budget" and other provisions of the Plan purport to enhance stewardship.

If the enforcement of this budget by the National Health Board is arbitrary and blunt, the impact on stewardship will be negative. Health care resources will not be used in the most economically efficient and cost effective means possible. Such distorted resource allocations will impinge on our ability to properly steward our health care systems' resources and spending. However, if adherence to the budget is achieved by means which promote appropriate efficiency in delivery mechanisms, it will have promoted stewardship.

SACREDNESS OF LIFE is a primary value of Mercy health-care, maintaining that "the whole of human life is sacred." Unhappily, Clinton's proposals do not reflect this value at all.

While the plan enumerates "values and principles that shape the new health care system," sacredness of life is not an emphasis of the Plan. The Plan incorporates "family planning services and services for pregnant women," without explicitly identifying abortion as part of the benefit package. It does provide that physicians and hospitals must not be required to provide an item or service, such as abortion, if that individual or entity objects to that item on the basis of religious belief or moral conviction.

The Plan, however, does not incorporate a conscience clause for employers; they are not permitted to exclude certain services from the standard benefits package.

ADVOCACY FOR THE POOR AND DISADVANTAGED is a clear commitment of Mercy institutions. it is reflected in phrases such as "preferential option for the poor," and "advocacy to influence public policy is an essential component of...[our Systems'] work." It anticipates that Mercy institutions will "...be a collective influence on public policy." There is significant adherence of the government's proposal to this Mercy value.

The fact that a universal access Plan exists at all is testament to years of advocacy by the Sisters of Mercy on behalf of the poor. The Plan, among other things, explicitly recognizes that access to health care should not be encumbered by financial and other barriers.The poor should not be subject to a second-tiered health care system.

However, the Plan explicitly excludes coverage for undocumented persons other than emergency coverage through the Medicaid system. In addition, the Plan could — and very likely will — result in the perpetuation of at least a portion of the current two-tiered system. Low-income individuals, despite their statutory eligibility for a guaranteed national benefit package (19 ff.), would generally be unable to afford coverage options provided to those with means to pay at least a portion of their health care benefits. In addition, the preferential option for the poor could be undercut by the applicability of cost-sharing mandates for low-income individuals. While these mandates appear reasonable "on paper," they may not be reasonable since very low-income individuals may find themselves subject to co-pays which are unaffordable. For example, the Plan would impose $1 and $2 copays on Medicaid beneficiaries when they fill a prescription a visit a doctor, respectively.

COLLABORATION is a multi-dimensioned value. It is variously worded in Mercy health-care documents as "the preferred means for organizations and persons to conduct their functions and fulfill their goals" and "working together with people who support

common values and vision to achieve shared goals."It also takes the form of "commitment to the principle of ecumenism...and collaboration with others" and as the conviction that "organizations will better conduct their functions and fulfill their goals in collaboration with comparable or complementary groups." Clinton's plan doesn't evidence any clear commitment to this principle.

The Plan does not put any emphasis on integrated delivery networks akin to what the Catholic Health Association is proposing and which the Mercy Systems are attempting to implement in their respective service areas.

Health plans which "provide coverage for the nationally-guaranteed comprehensive benefit package through contracts with regional or corporate alliances" (74) could not provide such a package of benefits without entering into collaborative arrangements. Such collaborative arrangements would truly enable an economic structure large enough to deliver efficient health care. These financial structures would still be subject to full scrutiny by prosecutorial agencies. The "antitrust reform" proposals in the Plan (169-171) would not provide the shield needed to give potential collaborators confidence that their jointly and severally-formed organizations would escape judicial review. The "anti-trust reforms" only provide a safety zone for a very small sub-set of the elements and combinations which are required in a reformed health care system.

UNIVERSAL ACCESS TO HEALTH CARE translates into convictions such as, "All persons must be granted access to health care" and the affirmation that health-care is "a basic human right which must be protected for all persons." Overall, Clinton's plan is in harmony with Mercy values from this standpoint.

The Plan established the principle that "every American citizen and legal resident should have access to health care without financial undercuts or other barriers"(11). However, the Plan undercuts this principle by not fully phasing in universal access until 1998 and by excluding undocumented persons from the universal coverage provision.

Footnote

1. "Plan" refers to the Administration's "Working Group Draft" dated September 7, 1993. Although the Clinton Administration's Plan has undergone modifications since this date, the elements of the Plan identified in this article are still applicable.

Questions for Discussion

1. Carney poses a central question: Should we give up sponsorship of those institutions where we cannot "ensure a corporate culture that reflects our tradition and values"?

2. Smith presents a paradox: A profit-oriented economy that undergirds health-care in the U.S. needs the witness of selfless, religiously-based service. But just as much does the Church need health-care, since "it keeps us honest."What does health-care do for the institutional Church?

3. How does Joyce's poignant reflection on a young novice with AIDS touch into feelings you have about caring for someone who is terminally ill or aged? How are you as a care-giver changed by those you care for?

4. Howard highlights some features of *Veritatis Splendor.* As a statement of your own ethical perspective, what do you think does more damage to the moral fiber of society: abuses by managers and employees in the business world or abuses within the family unit?

5. According to Baerwaldt's analysis the Clinton Plan reflects some foundational Mercy values in varying degrees. However, the Clinton plan compromises respect for sacredness of life and undercuts collaborative ventures among institutions. To what extent are these ethical and financial "non-negotiables" for Mercy institutions?

Book Review:
Daniel Callahan's *The Troubled Dream of Life*

Patricia Talone, RSM

For over twenty-five years Daniel Callahan, director and co-founder of the Hastings Center, has challenged the medical community to analyze the ethical ramifications of our health-care delivery system. In 1987 he published *Setting Limits: Medical Goals in An Aging Society* in which he argued that given the limits to our health-care resources, our nation should begin to "change their thinking, and most important, their expectations, about old age and death."[1] Callahan dared to propose that we might reconsider the allocation of scarce resources to elderly and dying persons, thus evoking the wrath of the American Association of Retired Persons and other senior lobby groups.He was undaunted.

Three years later in *What Kind of Life: The Limits of Medical Progress*, he examined quality of life, the American understanding (or misunderstanding) of health and the issue of health-care as a right. Anticipating the moral discourse around health-care reform, Callahan urged that our dialogue push beyond the bounds of rationing (although he maintains that this discussion is absolutely necessary) to include the fact that we are "ineluctably subject to aging, decline, and death."[2]

His most recent book, *The Troubled Dream of Life: Living With Mortality* stands as the apex of this trilogy. In his usual cogent, convincing style, Callahan exposes the profound discomfort and ambivalence our culture experiences with death. A true philosopher, he examines his emotions and experiences as he comes a deeper understanding of life and death. This book, more than any other, shows the influence of his psychologist wife, Sidney, whose own writings on the works of mercy and on conscience raise similar points, through a different discipline and voice.

Callahan ably confronts the "right to die" and "death with dignity" movements within our culture, showing that the very movement to locate medical decisions within the legal and legislative arena distances us from the more important questions about the meaning of life, sickness and death. Even legitimate medical tools like advance directives, he contends, can maintain the illusion that we are fully able to manage ourselves, control technology and determine when we want to give up the struggle to stay alive. In a chapter entitled, "The Last Illusion, Regulating Euthanasia," Callahan provides a persuasive argument against euthanasia and assisted suicide, focusing instead upon our duty to relieve suffering, both physiological and psychological.

A later chapter, "Pursuing a Peaceful Death," reminds the reader of the teaching of some of the early Church fathers and mothers. While Callahan does not intend to present a theological or spiritual reflection, he nonetheless reflects Gregory the Great's notion of prolixitas mortis, or what might loosely be translated, a "widely extended death." Gregory's aim was to encourage the faithful to keep the reality of death before them, not as a morbid reminder of an inevitable end, but precisely so that each moment might be lived to its fullest extent.

When Callahan speaks of creating a peaceful death, he strikes close to the heart of our Mercy charism. Catherine's own death from tuberculosis came when she was alert and spiritually prepared, surrounded by her loved ones. This seems to be a paradigm of the ideal death that Callahan proposes. We have done a wonderful job creating technologically excellent health-care institutions. Now it is time to return to our own roots and examine the kind of death experienced in Mercy hospitals and nursing homes. How do we reflect this special ministry so dear to Catherine's heart? Do we "take death calmly," "prepare quietly," and allow our patients and loved ones to "depart easily?"[3]

The Troubled Dream of Life provides us with a vehicle to stimulate thought, emotions and prayer. Those of us who commit ourselves to both the spiritual and corporal works of mercy would do well to read this book. I recommend it for personal enrichment as well as for institutional ethics committees, physician's groups and trustee discussions.

Footnotes

1. Daniel Callahan, *Setting Limits: Medical Goals in an Aging Society* (New York: Simon and Schuster, 1987) 11.
2. Daniel Callahan, *What Kind of Life:The Limits of Medical Progress* (New York: Simon and Schuster, 1990) 23.
3. Daniel Callahan, *The Troubled Dream of Life: Living with Mortality*. (New York: Simon and Schuster, 1993) 27.

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