

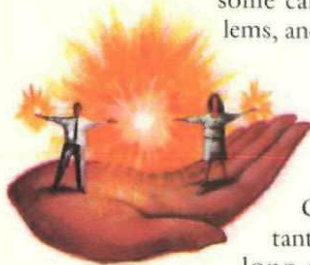
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# Necessary Risk

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EDITOR

**W**e risked offending some readers with the title of one article in this issue's special section: "Catholic Healthcare without Sisters." This headline is stark, but it raises an issue that leaders must confront directly: how the laity are going to be involved in sponsorship as the number of religious sisters declines. Of course, laypersons already hold many positions of authority in Catholic healthcare organizations, but lay sponsorship is still surprisingly undeveloped. This issue of *Health Progress* examines some canonical concepts, problems, and models for the future.



In considering a future without sisters, Jim Harkness gives his views on lay sponsorship in an interview with Gordon Burnside, assistant editor. Drawing on his long experience in the Bon Secours Health System, Marriottsville, MD, Harkness predicts what is needed for laity to successfully continue the sisters' ministry and mission.

Various lay sponsorship arrangements exist; none as yet seems completely satisfactory. Sr. Barbara McMullen's survey of leaders in organizations that are either private associations of the Christian faithful or private juridic persons reveals administrators' confusion about some aspects of these models (p. 28).

These leaders need not feel alone in their lack of understanding. At a recent conference I attended, healthcare executives raised many questions about sponsorship models. This issue's article by Msgr. John Amos clarifies another model: the public juridic person. In a time of dwindling numbers of women religious and diocesan resources, Msgr. Amos says, this model can be useful.

Nancy Mulvihill's case study describes the use of this model by the Sisters of Charity of Montreal (Grey Nuns), who in 1995 transferred sponsorship of their U.S. healthcare institutions

to Covenant Health System, a public juridic person of pontifical right. The sisters began planning the transaction in 1992, when the St. Joseph Province, Lexington, MA, had only 69 sisters with a median age of 72. Mulvihill explains how the transfer was arranged so the Grey Nuns could preserve the viability and identity of the organizations they sponsored.

In another case study Gregory F. Yank describes how the Adorers of the Blood of Christ, Ruma, IL, adopted flexible sponsorship arrangements for the four facilities they sponsored.

A key thread stands out in the articles here: Administrators and board members will increasingly need education to develop the essential skills for ministry leadership. In providing that education, *Health Progress* will confront the painful and the complex—even at the risk of offending. Since the sisters who began the Catholic health ministry are taking the risk to explore lay sponsorship models, can this journal do any less?

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**NEW COVENANT PROCESS**

Collaboration among sponsors and organizations in the Catholic health ministry will change the face of sponsorship. The New Covenant process is helping leaders begin concrete local, regional, and national collaborative efforts. Participants in the process have joined strategy action groups to work on several different types of initiatives. See the article on p. 16 for an update on the groups' progress on these exciting initiatives.

