



Catholic Identity in New Sponsorship Models

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Life in the church changes and evolves. So do the ministries of the church, for the church's works must remain relevant as the times change and evolve. Thus the relationship between the church and the Catholic health care ministry has been adapting to a modern era in which founding congregations gradually relinquish control of the entities they created.

Historically, religious women and men sought to respond to the needs of the people in ways that were not or could not be carried out by individuals or the infrastructures of the day. Although they did the work, they also prepared others to be able to assist and continue the work. Ideally, the freedom of the apostolate is to be flexible enough to respond to the greatest needs, and once a particular need is met or can be assumed by others, the religious (usually sisters) would move to address the next need.

Throughout the United States, the hospitals that congregations of religious founded and administered were, automatically, entities of the Catholic church that had canonical status as well as the accompanying mandate to act in the name of the church. They received goods, land and money to sustain their work, to use for the benefit of the people they served, and to provide for those who carried out the mission in the name of the congregation and, therefore, the church.

Early on, by the very nature of health care, religious women and men collaborated with lay women and men in carrying out the healing ministry of Christ. As mutuality and greater leadership were assumed by and given to people who were not members of the founding congregations, the role of the religious congregations needed to be clarified. The resulting understanding of the relationship of the religious congregation to the ministries that they founded, or

assumed on behalf of another, is that of sponsor.

Our understanding of a sponsor finds its connection here — the religious congregation was the sponsor of its hospital or health care entity, and the sponsor's resources were used for the mission, that is, to promote and assure the healing ministry of Jesus. Sponsorship is a formal relationship between an authorized Catholic organization and a legally formed system, hospital, clinic, nursing home, etc., entered into for the sake of promoting and sustaining Christ's health ministry to people in need.¹

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LOOK, HERE IS THE LAMB OF GOD

and a work of the church. But how much of a connection between the religious congregation and the ministry is enough to call the hospital or other entity Catholic? What elements of the health care ministry need to be accountable to the sponsor in order to maintain Catholic identity? Fr. Francis G. Morrissey, OMI, JCD, PhD, addressed those elements this way:

As various theological and historical studies have shown, the term “sponsorship” is relatively new in church circles. It originally was given wide circulation as part of a threefold approach to health care works: ownership, sponsorship, control. Ownership referred to holding title to the property; sponsorship usually referred to the body under whose name it operated; and control referred to the internal governance.

With time, though, the distinctions among these three dimensions have become more and more blurred. For instance, we can have sponsorship with or without ownership; ownership with or without control, or with very little control; and degrees of control with various forms of sponsorship.

It is rather advantageous that canon law does not define “sponsorship,” because we are not bound by any special legal parameters. Through the course of time, various forms of sponsorship in the church have been tried and tested. No one form has proven to be the only correct one; the forms are different, and nothing more.²

Ownership, sponsorship and control are terms applied to what evolved organically. They refer to the function of ministry, not the essence of the mission — carrying on the healing ministry of Jesus Christ, founded on the Gospel and followed in communion with and in the name of the church.

As the dynamics of society and a post-Vatican II church continue to change, the relationships between church entities and Catholic works have evolved. There have been and continue to be wonderful opportunities to internalize and model the ecclesial ideal of *communio* as well as challenges to put this into practice with freedom and dynamism. It has called those involved in Catholic health care to step back and focus on why we do what we do, what makes our doing this work dif-

ferent from what others are doing. Good works can be and are carried out by good people. What is the value in doing the same thing in the name of the church?

Hopefully we, as ministers of health care, come to the realization that we are a part of something bigger than ourselves. We recognize that the mission of Jesus Christ in the building up of the kingdom of God precedes us and will continue long after us.

“Indeed, by starting from the mission — to imitate Christ who was doing good for others (see Canon 577) — we could then look at what are some of the issues at stake, not forgetting that here we will have some messy elements that don’t seem to fit into place, but that should not stop us from trying to move forward,” Fr. Morrissey wrote.³

The post-Vatican II church continuously calls members of the faithful to return to the Gospel, return to our origins and remember why we do what we do, not only why we did what we did. The founding of religious institutes was borne of responses to the needs of people and communities, and no two were or are the same. The establishment, growth and maintenance of the many institutions was wrought through hard work and sacrifice, choices and priorities. Can we expect that the next iteration of Catholic works would be realized any other way?

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Similarly, as members of the faith community, we cannot expect that there will be one form of sponsorship of Catholic works, with or without members of religious congregations.

Today, as we in Catholic health care grow and need to evolve in our understanding and expression of sponsorship, it is critical that this Gospel-centric response to the needs of our world and society be identified as a Catholic response, unique among the many responses. It is equally critical that this Catholic identity be a priority. It



is no longer sufficient to let the implicit indicators — the saint's name on the door or building, crucifixes in hallways or rooms, chapels and chaplains — passively speak for us.

Maintaining a Catholic identity is challenging on many levels; it is a multiplicity of relationships, with some being more difficult than others — church bureaucracy, societal misconceptions, unhelpful media and politics, just to name a few. Health care in the United States is demanding enough without the added layer of it being a work of the church.

But this is not a one-way relationship. The founding charism and particular mission of the ministry, within that of the church, is a gift to the church and reveals an aspect of the face of Jesus the Healer that would otherwise remain unseen. In this relationship, the health care ministry is a work of the church, but it also is a ministry to the church.

As religious congregations acknowledge the need to place these works of the church into the capable hands of the laity, it is not easy to create or implement comprehensive models that facilitate mission and Catholic identity. It is tempting to allow a sponsored ministry to transition to a private work of Catholics. In some instances, that might be an appropriate response for the common good and the service of the ministry, but such a decision must be made through dialogue, discernment and integrity. It is not easier; the challenges are just different.

At this time in history, Catholic health care is so very important. Pope Francis has characterized his ideal of the church as a field hospital. What greater role can we play in carrying out the mission of the church than reflecting back to her what she is striving to become? Our Catholic identity reminds us that we are part of something bigger than ourselves, we carry on the ministry of Jesus, we are not the saviors. Simultaneously, we bear

the gifts of the Spirit and the witness of the Gospel to the people we serve as well as the church in whose name we minister. By our sharing in the public identity of the church, we contribute to the holiness of the church.

When people witnessed the dedication, work and holiness of social activist Dorothy Day, she would insist: "Don't call me a saint. I don't want to be dismissed that easily."

She meant that if people classified her as a saint during her life, they would be liberated from bearing the same kind of responsibility she demonstrated. If Catholic works abandon their Catholic identity because maintaining Catholic identity is too much work, or has too many layers, or "it won't be the same as when the sisters ran things," then the impact that the ministry has on the church and the people of God can be too easily dismissed.

Just as we speak of sponsorship as influence, maintaining our Catholic identity is influence, too. The same Spirit that founded the church, religious congregations and the Catholic ministries is alive and well in our time. Will we have the radical faith, as witnessed by the founding religious institutes who risked all for the Gospel, to allow the Spirit to lead us into unknown territory?

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NOTES

1. The Catholic Health Association, "Sponsorship Overview," www.chausa.org/sponsorship/overview."
2. Francis Morrisey, "Our Sponsors: Yesterday, Today and Tomorrow," *Health Progress* 94, no. 4 (July-August 2013): 63.
3. Morrisey, 65.

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