The formation of lay sponsors today plays a critical role in the future of the Catholic health care ministry. Though experiences vary widely among lay sponsors, all agree that a formation process is important for lay people entering their role as sponsors. In an effort to highlight the importance of formation, and to encourage colleagues throughout the ministry to continue discerning sponsor formation in their organizations, the following seven people with experience in this area responded to questions on the topic.

How were you called to serve in the ministry of sponsorship?

**ROBERT W. LADENBURGER**  
President/CEO, St. Mary’s Hospital & Medical Center, Grand Junction, Colo.  
I believe I was probably called to serve in the ministry of sponsorship because of my service in health care leadership over many years. My involvement with Catholic health care began in 1986 with the Holy Cross Health System in Salt Lake City, Utah, where I served for nearly nine years. In 2000, the Holy Cross Health System and Mercy Health Services came together to form Trinity Health. As part of this merger, application was made to create a public juridic person (PJP), Catholic Health Ministries (CHM), to assume the sponsorship role from the Sisters of the Holy Cross and the Sisters of Mercy, Regional Community of Detroit for their combined health care ministry, Trinity Health.

Shortly after the establishment of CHM, the Sisters of the Holy Cross and the Sisters of Mercy leadership began identifying lay individuals to participate in a formation program with the understanding that they might possibly be invited to serve in a sponsorship role with CHM. In 2001, I began participation in this initial formation program which lasted about two years. Subsequent to my completion of this program, I was asked by CHM to serve as a sponsor.

**DANIEL J. ELSENER**  
President, Marian College, Indianapolis  
This question would be better asked of God, for I am not exactly sure why I was called. It seems as if I was “called” by a lot of prayer, discernment, experience in serving the church and Catholic health care, and an invitation from the Daughters of Charity.

**KATHRYN MERSHON**  
President, The Mershon Company, Louisville, Ky.  
Although I have always been a practicing Catholic, and am a product of 19 years of Catholic education, I spent the majority of my professional career in the investor-owned health care sector.

The first “whisper” came during a consulting engagement that took me into a Catholic hospital for the first time in 30 years. It was a remarkably comfortable experience; like coming home. A few years later, a more audible “call” came when I was asked to join the board of Catholic Health Corporation. I felt an unusual degree of excitement about “returning to my roots.”

During orientation, it became clear to me that this system of care was different. There were two early realizations that were powerful. The first was the recognition that these Catholic health ministries prefer to care for the poor and the
marginalized. The second was the insight that the foundresses didn’t set out to be in the hospital business. They set out to meet needs that existed, period. The fact that meeting needs led them into the business of operating hospitals seemed liberating. It meant the ministry could follow the needs of the people being served. At this point, I felt the call. This ministry was something to which I wanted to commit myself.

Was there a formation or development process you participated in to prepare for the role of sponsor or corporate member? What did or does it entail?

**DAVID LINCOLN**
President/CEO, Covenant Health Systems, Lexington, Mass.

After hearing that we were approved to become a PJP in 1995, we took one year to educate ourselves and our Lincoln leadership to better understand Catholic identity and all that sponsorship would mean. We went through a deliberate process and approximately 80 of our leaders attended our foundations program called “Passing the Torch.” This program called on senior managers and congregational representatives throughout the system to discuss with their staff why the transition was being made, what it meant, what was different about this and what behaviors would be expected as a result of this transition. We had several educational meetings with the Covenant Board, too, so that we would fully understand the responsibilities of having ultimate responsibility for carrying forth the healing ministry and ensuring the Catholic identity of our organizations. We know that lay leadership will continue the healing ministry of Jesus and so our education and formation needs to be on-going. One of the differences between the call to sponsorship of lay persons and religious is that we, as lay persons, dedicate ourselves to sponsorship for a finite amount of time. Therefore, we need to make sure we have a well-established, on-going education process for both staff and board members.

Presently, our new board members attend the PJP Collaborative Education Program as well as a Covenant Board orientation that includes PJP responsibilities. Covenant engages in ongoing formation at meetings and also at our leadership conferences. Now, it is truly the privilege of the laity to “pass on the torch” to future generations.

**NORMA SMITH**
Member, Catholic Health Ministries, Saline, Mich.

The sponsors of CHM created a formation curriculum for the development of selected laypersons. There were eight competencies in the core curriculum:

- Evidence of spirituality
- Ability to work with and be influenced by a group
- Commitment to justice
- A heart for ministry
- Catholicity — basic understanding of Catholic Church history and tradition
- Governance, fiduciary responsibilities
- Capacity to commit time — freedom with schedule
- Personal integrity

Two outstanding theologians served as facilitators/instructors throughout the program and several Trinity Health executives were presenters. Although I had 16 years of Catholic education and was always an active member of my church community, the depth of learning in the program was profound. As we focused on the true meaning of sponsorship through the history of the founding congregations, their constant commitment to the healing ministry of Jesus, their courage in defining expectations through the clarity of the mission and values and their professional expertise, I recognized how privileged I was to participate in this program. During the two-year period, there was an excellent review of the issues facing the health care industry and the appropriate responses for
"I believe formation is an evolutionary process as it pertains to the individual. The responsibility for maintaining and enhancing the stewardship of the church makes us eager for more knowledge of the church teachings, its relationships, the ERD’s, the encyclicals, social justice teachings, etc." —David Lincoln

those in Catholic health care based on the tools provided by the church and the spiritual, professional and personal development of sponsors. Particular highlights for me were many opportunities for dialogue, the shared creation of a Venn diagram to define the distinct roles of sponsors and board members and also the roles that overlap and finally the opportunity to take a Christology class offered by one of the facilitating theologians, Sr. Annelise Sinnott, OP. At the end of this program, I and another lay person, Robert Ladenburger, were invited to become members of CHM.

My formation had just begun. In 2003, several health system PJPs created a two-year collaborative formation program for sponsors, potential sponsors, board members and health care executives. The presenters were from all over the country and experts in their fields. From a practical standpoint, we were introduced to the Ethical and Religious Directives for Catholic Health Care Services, canon law, advocacy, ethical decision-making, social justice and roles clarity (i.e. church, bishops, sponsors etc). Soon we needed a glossary for the many new words and acronyms that were quite common for presenters but new to us. Our spiritual growth was nurtured by Jack Shea and Sr. Julianna Casey, IHM, who met with us at each session. It was truly wonderful to meet people from other health systems, to have opportunities to discuss and compare and to begin to build the foundations of required learning.

Although I graduated in 2005, I have returned once a year for the gift of an alumni renewal weekend.

Finally, I want to recognize the role of the Catholic Health Association and Sr. Teresa Stanley, CCVL, in my formation. I was honored to present my sponsorship formation experiences at the Sponsorship Institute in April 2005 and I have attended most of the sponsorship workshops and gatherings. Each time I noted Sr. Teresa’s commitment to an inclusive, collaborative environment as she listened to all and returned again and again with a working document for group response.

Elsener My formation started with my family taking me to church, living a Catholic life, and making sure I received a Catholic education. Moreover, it continued as I served the church as a teacher, principal, superintendent, secretary of education and now as president of Marian College. Every day, every community liturgy, every interaction, my reading, prayer and reflection have all been deposits in my faith formation. Finally, as a board member and then chair of St. Vincent Hospital in Indianapolis, on a consistent basis, the hospital leadership provided me with formation, prayer, and reflection on the church’s social teachings and commitments to Catholic/Christ-centered health care.

How has formation, and actually serving as a sponsor or corporate member, changed you and your view of the healing ministry?

Ladenburger Clearly, serving as a member of CHM has deepened both my technical understanding of the role of sponsorship, and also my recognition of my personal calling as a sponsor and a leader within Catholic health care. Historically, when Catholic health care across the country was largely led by religious communities, there really was not a need to distinguish the role of sponsorship. Everyone knew that it was the “sisters” or other religious groups that brought the connection to the Catholic Church. As religious communities have changed, and as Catholic health care and health care in general have changed, the role of sponsorship is also evolving. The formation process has facilitated a better understanding of Catholic health care as it relates to the Catholic Church, but also helped me grow spiritually as a leader called to the Catholic health care ministry.

Lincoln I believe formation is an evolutionary process as it pertains to the individual. The responsibility for maintaining and enhancing the stewardship of the church makes us eager for more knowledge of the church teachings, its relationships, the ERD’s, the encyclicals, social justice teachings, etc. Quite frankly, it is awe-inspiring to know that you and your board are responsible for the healing ministry. As a PJp, this responsibility no longer flows to someone else. We are responsible, too, for continuing the culture that celebrates our mission and values and ensuring that our staff
"Obviously, the next 5 to 10 years will bring increased numbers of laity serving as sponsors throughout the Catholic health care ministry. This must be a continual transition given the shrinking religious communities across the United States." —Robert W. Ladenburger

and trustees truly embrace them.

As sponsors, we do our best job now and equally committed individuals will emerge in the future to build on what we do, just as we built on what the sisters have done before us. We are open and willing to learn, as were the sisters. We know and accept that there will be bumps in the road. For us as lay persons, the dimensions are certainly different; we don't have all the answers but we are continually seeking the knowledge to be faithful stewards.

As a lay sponsor, we also have a responsibility to maintain effective relationships with our diocesan bishops. This role is different for us and one we take very seriously. It calls upon us to be proactive in establishing open communication. It is also a new role for the bishops.

Smith It has been a challenge to discipline myself away from responding as an executive or a board chair and to humbly remember to apply mission-centered thinking to pertinent discussions. It hasn't been easy, but I wouldn't have missed this journey. It has been a true privilege to be present with those who have lived this commitment to the healing ministry of Jesus; who have called on the Holy Spirit frequently to inspire them as they have perfectly fashioned their charism, mission and values; who have held this ministry in trust for many years in the name of the church and who have had the courage to challenge any threat to the success of this work. When I started my formation, I really had no idea of the depth of these hearts and the strength behind the few carefully chosen words of the mission of Catholic health care. It is an awesome legacy.

In this role, my challenges are many but I have identified three to concentrate on now:

- To always go to the deep heart of the story of the healing Jesus.
- To give space to the Holy Spirit before making a decision.
- To try to ensure that all decisions are made according to the demands of the mission.

My hope is that I have a broader and deeper view of Catholic health care, that I am a more spiritual person, and that I will be able to act as a sponsor with integrity as I try to remember to act from my deep heart. What I do know for sure is that I have been blessed with a life long learning opportunity and I will continue the journey.

How do you define your role as a sponsor or corporate member? Does being a lay person contribute to your definition?

CANICE DOLAN
Member, Hope Ministries, Pittsburgh

My definition of sponsorship in this role is defined by the bylaws of Hope Ministries, which states that: “Hope Ministries has as charitable, scientific, educational and religious purposes the supporting and strengthening of the health care ministries of the Sponsoring Organizations and those religious institutes that find it appropriate to transfer such sponsorship which operate in conformity with the ethical and moral teachings of the Roman Catholic Church. Hope Ministries promotes efficient governance and management, cooperative planning and the sharing of resources among such health care ministries.”

I feel the responsibilities are the same whether a lay or religious.

Smith Being a lay person just means that I have had some different life experiences so it is possible that I would present a different view when addressing an issue and that I did not have the learning opportunities to be immersed in the mission of Catholic health care so I will need to continue my formation. I believe my role as a lay sponsor is no different than that of other sponsors.

With the knowledge that I am new at this and wanting my answer to be heartfelt, I have decided to respond to this question without accessing the many definitions, phrases, etc., that I have collected in my notes over the past few years. With the Gospels as my base and the formation documents and teachings as resources, my role as sponsor is to ensure that the healing ministry of Jesus is always animated in our institutions as we all strive to live the mission and values of Trinity Health. Also, I believe that I hold in trust the legacy of the founding congregations while acting to secure the future of Catholic health care. At
"In many health systems today, sponsorship is a partnership between the laity and the religious. This partnership will continue to evolve as we become more formal in developing sponsorship models with increased numbers of lay members." —Robert W. Ladenburger

times, it might be appropriate for me to apply my professional experiences to questions regarding the rapidly changing health care environment. My personal goal is to never forget that we serve individuals who deserve our very best medical care but also our compassion. In addition, those who work in any capacity in our organization must be recognized and respected.

Elsener I would use these words to define my role: listener, counselor, person of prayer, and advisor to the ministry. My perspective is so different because as a husband, father of nine children, and president of a university, I have authority (authority as a husband notwithstanding) and responsibility. I am sure being a lay person does contribute to my definition because I am there to help, not operate or direct. Also, I have been working in the ministry of Catholic education and from that have an understanding of the breadth and depth of Christ's ministry and how Catholic health care brings inestimable contributions to this ministry.

How do you see sponsorship evolving in the next 5 or 10 years?

Ladenburger Obviously, the next 5 to 10 years will bring increased numbers of laity serving as sponsors throughout the Catholic health care ministry. This must be a continual transition given the shrinking religious communities across the United States. I personally have learned much from the religious sisters involved in Catholic Health Ministries and this transfer of knowledge, commitment and the example they provide is priceless as we proceed with this transfer of sponsorship. In many health systems today, sponsorship is a partnership between the laity and the religious. This partnership will continue to evolve as we become more formal in developing sponsorship models with increased numbers of lay members.

Dolan Given the situation regarding numbers and ages of current members of religious communities it would seem that sponsorship will survive only with the involvement of lay persons. It is hopeful that lay people have begun to get involved since there are still a number of religious who can be involved in training and transferring this most important ministry.

MARY JO POTTER
Managing partner, Highperformers, Walnut Creek, Calif.

It would not be surprising to see the majority of Catholic health care, as well as other Catholic service organizations, needing to integrate sponsorship and governance. If this is the case, we collectively need to consider what that means to the development of the laity as well as assisting the religious congregation members to accept and participate in the process. Even if the formal transition takes longer, all members of the governing bodies will need to integrate sponsorship and governance in their minds and hearts, as it speaks to the very reason we exist in the way we do.

Mershon Sponsor formation will be intentional and structured to prepare potential sponsors for future service. A pool of prepared individuals will be available for service as needed. Lay people will serve in greater numbers out of necessity.

Based on your experience of call, how might others be called and prepared for assuming this role?

Lincoln It is important for us as sponsors to continue to invite others to participate in multiple roles within the ministry so that they can see what it is like to serve and learn more. For me, this is exactly what the Grey Nuns did in their role as sponsor. We need to be open to the many committed lay people who want an opportunity to work in furthering the healing ministry. These are not a select few but rather there are many who are energized around what we do. After all, we all like to "make a difference" in this world and being part of the Catholic health care ministry certainly is an answer to that call.
There are already many lay people serving as volunteers in our Catholic ministries and others who would welcome an opportunity to grow in spiritual learning while serving as sponsors. Those with experience in business, education, governance, home management, etc., are all qualified. The truly essential requirements are an open mind, willingness to learn, spiritual practice and time commitment.

In preparing for this role, a person would need to participate in an intensive formation program, make a commitment to lifelong learning and spiritual growth and seek opportunities for practical experience.

I suppose God only knows. I find that in every interaction I have with the sponsors' council and with the many complex and challenging questions surrounding this dynamic and expanding mission, I learn, grow in faith, and feel challenged. My various perspectives are as a Catholic educator, father, husband, community leader, and lay Catholic. Based on my experience, others will most likely be called through very intentional invitation from present church leadership and a commitment to ongoing formation of the laity. The faith of the laity is without boundaries and our willingness to serve is quite edifying, but we will need the church leadership to invite and support our theological and spiritual formation if we are to fulfill our rightful roles and duties.

From the vantage point of being a sponsor or corporate member, what is the most pressing issue for Catholic health ministry during the next 10 years?

Increasingly within the United States, health care is being positioned as a commodity or service to be transacted only in an economic sense. This disturbs me greatly. I believe Catholic health care will continue to be challenged to be something unique; something much more than just an economic transaction. To me, the parable of the Good Samaritan is the founding story of the Catholic health care ministry. Our greatest challenge is to maintain our calling to serve all those in need with compassion, respect, and justice, consistent with this parable and the rich heritage we hold.

I believe the most pressing issue for us is to remain relevant to our communities. Who are our neighbors? How can we serve them? What are their needs today? We also need to continually examine the status quo and see what is necessary today to continue to make a difference to those we serve. That is what the religious congregations did throughout the beginning years of health care in this country. They didn’t have a blueprint. They did what they believed best for those they served who were in need.

Cardinal Bernardin said it is not necessary for us to be different but rather to come from an authentic place. We need to continually ask ourselves how best can we meaningfully live the mission. We, as did our foundresses, need to demonstrate the courage and prudent risk taking that they gave us as examples. We, as they, must remain relevant to those we serve.

I’m going to presume that there will be some form of universal health care established in most of the United States in the next 5 to 10 years, so I think that will require those of us in Catholic health care to redefine our purpose. I actually believe we will have an opportunity to be of more value and impact than we are now. It may demand a different need for “branding” and differentiation, which we should begin working on soon. The presence of Catholic health care to balance, challenge, and augment for-profit health care will be of great value to our patients, employees, founders and funders, if done well. It can ultimately provide a counter-cultural way to look at health and wellness more holistically and ensure that society has a choice and a chance for a spiritually based approach to fundamental needs during birth, growth, suffering and death.