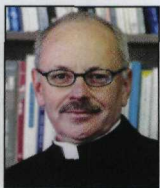


Health Care as 'Ministry': Common Usage, Confused Theology

What Does It Mean to the Future of Catholic Health Care?



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The use of the term “ministry” to describe Catholic health care began only a short time ago, but it has now become common parlance. The familiarity of this description belies the complexity of the term itself and the enormous ecclesial change it signifies. This article will describe some of the questions surrounding the use of “ministry” and the challenges we face if it is to be applied in any meaningful way to Catholic health care in the future.

It would be difficult to overstate the change that has occurred in the Catholic Church with regard to ministry since the Second Vatican Council. For at least 300 years prior to 1965, the church didn't even use the word “ministry.” Catholics had priests and nuns, but they didn't have ministers. In fact, “the ministry” was a Protestant term. For Catholics, ministry was a univocal concept that was intrinsically connected to ordination, especially priesthood. While there were “minor orders” such as acolyte, deacon, subdeacon and porter, these were largely ritual and had no real theology that involved actual Gospel service to God's people. In addition, because of the tight link between celibacy and gender and these ordained ministries, it tended to confuse the ministry with clerical modes of life.¹

The role of lay people was viewed differently as well; the laity never thought of what they did as “ministry.” They had the apostolate, which was largely their work in the world, living out their baptismal commitment as parents, teachers, workers, or professionals. Sometimes, they became involved in certain church groups such as the Holy Name Society, the St. Vincent de Paul Society or others, but these kinds of involvement and service were seen as totally distinct from sacramental ministry exercised by priests and bishops.

Fr. Thomas O' Meara, OP, Ph.D., says that

this relatively covert understanding of lay activity in the world is a modern development dating only from after the Reformation when the church felt “that the world was hostile to it. Without direct control over society, church leaders encouraged the laity, formed by doctrine, sacraments and spiritual discipline, to transform the secular order — but slowly, implicitly and from within.”² The development of this idea of “laity” froze all Christians who were not ordained priests into a passive state.³

Today, the ministerial circle has widened dramatically. Coming largely from below and with little encouragement from church leaders, there has been an explosion of ministry led by the Holy Spirit. In this new wider circle, we have not only priests, deacons and bishops, but also a wide variety of lay persons who exercise various ministries in the church under the auspices of a pastor or a bishop.⁴ These “ecclesial” ministers are distinguished from volunteers in a number of ways: they are committed to it for a long period of time; they sought and received education and formation; they act officially on behalf of the church; and have, to varying degrees, an ecclesial status. Those who lead priestless parishes, for example, are delegated and named by the bishop and have limited canonical responsibility for the parish.

Fr. O' Meara defines ministry as “the public activity of a baptized follower of Jesus Christ, flowing from the Spirit's charism and an individual personality on behalf of a Christian community to proclaim, serve and realize the Kingdom of God.”⁵ He highlights several crucial aspects of this definition.

First of all, it involves *doing something*. This distinguishes it from a religious or celibate clerical lifestyle and other modes of life — which are valuable and good in themselves — but which by themselves do not constitute ministry. Second, what is done is done *for the Kingdom of God*. Fr. O' Meara points out that not everything noble thing is ministry and it does not happen by accident; it must be defined specifically and narrowly

and undertaken explicitly and with the intention to turn the Kingdom of God into “sacrament, word or action.” Third, ministry is not private. It is always a *public action*. In the early church, Jesus and the disciples proclaimed the Gospel openly and publicly. They saw the public witness of their lives as essential to the ministry of the Gospel. Fourth, ministry is from the Spirit, involves diverse gifts, and is undertaken *on behalf of Christian community*. At least in the Catholic tradition, there is no such thing as a solitary, “Lone Ranger” type of ministry. For us, all ministry is rooted in baptism and in membership in an identifiable church. This is why the issue of sponsorship is so important today — it provides the essential link between a ministry and the church from which it flows. This relationship to a wider church also enables the ministry to be a leaven, a sign and a sacrament to the world.

CAN INSTITUTIONS MINISTER?

If this expanded idea of lay ministry by individuals is new and evolving, there is a bigger and more important question for health care: in what sense can *institutions* be considered as ministries? To use Fr. O’Meara’s words, can Catholic health care be a “public activity of baptized followers of Jesus Christ flowing from the Spirit’s charism on behalf of a Christian community to proclaim, serve and realize the kingdom of God?” Can groups or teams of the baptized function as a corporate ministry? Can these teams have an ecclesial status and a “corporate vocation” to carry out a work of the church?⁶ Is this ability merely delegated or is it inherent by virtue of baptism?

It’s not that this is new in practice. We have had church organizations — schools, priories, monasteries, hospitals and social service agencies — that have acted on behalf of the church for centuries. They “gave flesh” to the church’s mission by preaching through works of mercy, healing and education. These organizations are recognized by canon and civil law as “moral persons” and have the same kinds of responsibilities, accountability and agency as individual persons. What is new is that until recently these institutions were usually not considered “ministries” in the proper sense.⁷ In addition, most of them received their mandate to act on behalf of the church not *directly*, but *indirectly* through the religious orders that sponsored them. It was these orders that were authorized by the church as moral persons; the orders then carried out their mission through the institutions they founded. It was through their sponsoring religious communities that these good works maintained their “communion” with the church. Fr. Michael

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Place, former CHA president, notes that as these “apostolic works” of religious communities became a more formal expression of the ministerial life of the church, we moved into uncharted territory.⁸

The extent of the transition is apparent if we think for a moment of recent changes in the way Catholic health care is sponsored. In May 2006, after a multi-year moratorium by the Vatican, Bon Secours Ministries was finally approved by the Holy See’s Congregation for Institutes of Consecrated Life and Societies of Apostolic Life (CICLSAL) as a “public juridic person” (PJP) — a church corporation analogous to a religious order but comprised of both lay and religious members. In early 2007, CICLSAL approved St. Joseph Health Ministry as a new PJP sponsoring St. Joseph Health System. Although members of the founding religious order remain members of this “person,” there is no longer any religious order that sponsors the ministry and maintains its communion with the church. That relationship now existed directly between the ministry itself and the Holy See through CICLSAL.

These new sponsorship entities are structured in a variety of ways. Some of them consist entirely of lay persons — with no involvement of a religious order at all — or they have made provision for such exclusive lay sponsorship at some point in the future. Some PJPs are sole sponsors of a health care ministry; others are one of a number of sponsors (e.g., Hope Ministries is a PJP that is one of several sponsors of Catholic Health East). This is an unprecedented event in which a group of lay persons has or will eventually have exactly the same canonical responsibility for a ministry of the church that in the past was only possessed by vowed religious. There is no previous example of such a rapid transition in leadership and sponsorship of such a large ministerial endeavor of the church.

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like way, it is first and foremost a work of the church that is rooted in the healing mission of Jesus. Its purpose is first of all to proclaim the Gospel on behalf of the church. But practice and language have gotten ahead of theology. Several important questions must be answered before we can fully claim the title of "ministry." Plus, many things need careful attention to assure that health care will remain vital long into the future.

CHALLENGES TO THE DEVELOPMENT OF HEALTH CARE AS A MINISTRY

1) Lay Ministry to Corporate Ministry

I have already noted the tentative, though rapidly evolving notion of "lay ecclesial ministry." Although it is clearly here to stay, the concept is still ambiguous and ill-defined. It is bedeviled by confusion about the difference between volunteer and "career" lay ministers, lack of accurate and consistent job titles and job descriptions, inadequate compensation, and lack of official status.

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Practice varies widely from one diocese to another. Some bishops have embraced lay ecclesial ministry and recognize it by official commissioning; others have accepted it grudgingly, if at all, and see it as a temporary fix until adequate numbers of priests can be prepared.

Indeed, the Vatican itself is ambivalent, fearing that this wider expression of "ministry" will dilute the unique identity of priesthood. A recent instruction described what the non-ordained do as "functions and tasks" — clearly distinct from the more sacral duties of clergy.⁹ The non-ordained faithful do not enjoy a right to such duties, "the document says. Rather, they are 'capable of being admitted by the sacred Pastors ... to those functions which, in accordance with the provisions of law, they can discharge' or, where" [ordained] ministers are not available ... they can supply certain of their functions ... in accordance with the provisions of law."

The issue here is twofold. First, can lay people actually function as ministers in the full sense of the word? And if so, is their ministerial activity merely *delegated*, as the Vatican instruction suggests, or is an expression of subsidiarity, a

proper exercise of their own baptismal dignity rather than something delegated from above by those who actually possess ministerial power but occasionally allow it to be exercised by others in extraordinary circumstances?

If we are unsure about the authenticity of "ministry" exercised by individual lay persons, how can we apply the term to organizations as vast and influential as Catholic health care?

2) Money and Ministry

A second area of concern is whether the enormous scale of Catholic health care and the money required to sustain it are ultimately compatible with the idea of ministry. Some years ago, Brian Anderson argued that Catholic Charities had "lost its soul" because huge infusions of government money required to support its activity had rendered it into an essentially government agency. This, Anderson argued, led Catholic Charities to abandon moral responsibility and faith and to see crime as just an effect of economic and social oppression. He said Catholic Charities is now more concerned with lobbying and networking for left wing causes than in anything remotely like ministry. "Many of today's Catholic Charities agencies," he says, "pay little attention to the power of faith to transform lives."¹⁰

Many years ago, a group of Catholic health care leaders raised a similar concern. They said that the infusion of federal money and control that came with Medicaid and Medicare posed an insurmountable challenge to the integrity of our ministry. They proposed that we should get out of acute care entirely and focus on parish-based non-acute services.¹¹ "When the government gets in," one participant in the study told me, "the church should get out."

3) Formation for Ministry

The formal and ecclesial way in which we have described ecclesial ministry has always required a relatively permanent commitment, gifts appropriate to the ministry, and theological and spiritual formation. Many health care systems realize that they must find ways to replicate the formation that was traditionally provided to priests and religious in a way that is appropriate to this new expression of lay ecclesial ministry. Some have initiated their own formation programs for senior leadership, others have established collaboration ministry formation programs, and still others have partnered with colleges or schools of theology to provide formation.

Whatever shape this formation takes, it is clear that there can be no meaningful appropriation of the term "ministry" to describe Catholic health

care unless it is nourished with serious theology and spirituality at a number of levels. Senior leaders, board members and sponsors will have to have fluency in theological questions that impact health care just as they have fluency in organizational development, finance and strategic planning.

4) Sponsorship and Governance

Because Catholic health care was for most of its history sponsored by religious institutes that founded it, the idea of sponsorship was implicit and rarely invoked as a theological or canonical reality. As religious become fewer and, in some cases, relinquish their sponsorship role to mixed groups of lay and religious or to groups of laity, the idea of sponsorship has taken on a new and explicit dimension. The responsibilities and competencies of this new generation of sponsors will not be those of traditional board members. Board members will continue to exercise fiduciary governance responsibility with an emphasis on the *mission and assets*; members, on the other hand, will have a specific responsibility for *communion* with the church. These distinct areas of responsibility will require distinct formation and commitments.

A CHA white paper on the theology of sponsorship recognized the distinctiveness of the ministry of sponsorship and linked it to important questions about ministry that we have already highlighted:

"Today we have come to recognize that the relationship we call sponsorship is itself a vital ministry in the Church. Those who sponsor . . . act publicly on behalf of the Church. They are not 'extraordinary' ministers, nor are they simply the bishop's delegates. [Their call] flows directly from the baptismal gifts of the Spirit. In their work they participate in the mediation of grace and are themselves transformed and perfected by it."¹²

The distinct nature of sponsorship may require a deeper and longer commitment than governance requires, perhaps something analogous to the medieval military orders that took vows and made life-long commitments as lay persons. This may sound quaint today, but it suggests how important this new form of ministry is to the vitality of Catholic health care.

5) Collaboration and Joint Ventures

When we think of ministries such as priest, deacon and directors of liturgy and pastoral care, we are thinking largely of internal ministry. In other words, the actions of these ministers are directed primarily toward members of the church community and their purpose is building up and sanctifying

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the people of God. In the Catholic tradition, however, there are also public ministries that extend beyond the walls of any given church community; while they also have something to do with sanctification, their *primary* purpose is realization of the Kingdom of God through work for the common good. This external, public aspect of ministry is one of the reasons Catholics got into education, health care and social service in the first place. It was a way of witnessing to the Gospel in the world, and of actually cooperating with grace to help extend the reign of God beyond the church.

These ministries of service always extended to those who were other-than-Catholic and even non-Christian. They could not have survived without the active cooperation of other persons of good will who shared our commitment to the common good. Today, this cooperation has become far more complicated as we enter into formal cooperative ventures with other-than-Catholic and non-religious health care entities.

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6) Reasons for Hope

Although we face unprecedented challenges if we are to keep health care vital as a ministry, I am by no means pessimistic. Nature and culture are perfected, not destroyed, by grace and grace is infinitely adaptable. This adaptability has enabled the church to reshape itself in response to changes in culture over and over again through the centuries. A thorough response to the issues I have identified here — and there may be others as well — will require the serious work of theologians, canonists and health care leaders. The challenge

may be daunting, but it is also exciting. If we can make "ministry" more than just a descriptive term for the huge enterprise we call "Catholic Health Care," we will have found a profound expression of the church's sacramental life in the world. Indeed, if Catholic health care grapples successfully with these complex questions of ministry, we might provide a model for the church at large in its own struggles to shape a new expression of ministry that includes all the baptized. ■



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NOTES

1. Fr. Thomas O' Meara, *Theology of Ministry* (New York: Paulist, 1999), 191.
2. O'Meara notes in this view of lay activity "grace was a matter of individuals and faith only for souls; second, it implied that grace was absent from the world; and third, it entrusted to the laity what was in fact an infiltration of the worlds of science and politics; finally, it divided grace from nature, handing over soul and sacrament to priests but world and history to laity.
3. O'Meara, 145, drawing on Karl Rahner.
4. An ecclesiology based on the idea of communion rather than hierarchy provides a rich conceptual framework that can accommodate both the variety of ministries and their relationship to one another.
5. O'Meara, 150. Compare O'Meara's definition to a definition of the mission of the church — and therefore of the mission of health care — developed by Bishop Michael E. Putney of Townville, Australia, specifically for health care: "The church is a communion, but as such it is a sign and servant of what God is doing on a larger scale, reconciling the whole cosmos in Christ, the coming of the Kingdom of God. The church is always a fragile, ambiguous sign of the kingdom, but is also its servant." (*Health Progress*, January-February 2004).
6. Neely McCarter, longtime president of Gordon-Conwell Seminary, says that "vocation doesn't only mean individual purposes; it also means mutual purposes . . . At the root of a creative institution is a shared sense of vocation, or, if you prefer, a common calling. Both in the Jewish and Christian traditions, the presence of this calling is embraced as a gift . . . [which requires] a corporate sense of identity and a unifying loyalty to a set of purposes." ("The President as Educator: A Study of the Seminary Presidency," 71).
7. Indeed, the use of the word "ministry" as applied to health care emerged only recently. A quick search of past issues of *Health Progress* indicates that the term began to be applied to health care only in the mid to late 1970s, replacing the more common "apostolate." In his address as incoming board chair in 1976, Msgr. Raymond J. Pollard, referred to the "healing ministry of Christ." A pastoral letter issued by the USCC in 1981, "Health and Health Care: A Pastoral Letter of the American Bishops," as well as the use of the term "health care ministry" by John Paul II during his visit to the U.S. in 1987 brought the term into the mainstream.
8. Fr. Michael Place, "Elements of Theological Foundations of Sponsorship," *Health Progress* (November-December 2000): 6-10.
9. "Interdicasterial Instruction on Certain Questions Regarding the Collaboration of the Non-Ordained Faithful in the Sacred Ministry of the Priest" (Aug. 15, 1997), #50-51. The instruction invoked the distinction between "duties" of the faithful and the "office" of the ordained: In some cases, the extension of the term "ministry" to the *munera* belonging to the lay faithful has been permitted by the fact that the latter, to their own degree, are a participation in the one priesthood of Christ. "The *officia* temporarily entrusted to them, however, are exclusively the result of a deputation by the Church. Only with constant reference to the one source, the 'ministry of Christ' (...) may the term ministry be applied to a certain extent and without ambiguity to the lay faithful: that is, without it being perceived and lived as an undue aspiration to the ordained ministry or as a progressive erosion of its specific nature." This is a discouraging and fearful document that appears to be based on an assumption of scarcity, rather than fullness of grace.
10. *City Journal*, (New York: Manhattan Institute, Winter 2000); Although Anderson's criticism is obviously driven by a political agenda, his point is well worth considering. *City Journal* is available online (www.city-journal.org).
11. The activities of this group, The Catholic Health Services Leadership Program, were reported in a number of articles in *Hospital Progress* in 1971. See, for example, Sr. Mary Maurita Sengelaub, RSM, "CHSLP: Expectations and Realizable Goals," *Hospital Progress* (November 1971): 58-62.
12. "Toward a Theology of Catholic Health Care Sponsorship." Available for members on the Catholic Health Association website (www.chausa.org/sponsorship). This paper opened the question of how sponsorship is a ministry, but the question needs further work, especially by ecclesiologists.