

Health Care Sponsorship: From Charism to Ecclesial Ministry

A Lay Leadership Model May Offer Resources for Reimagining Sponsorship for the Future

It may be time for Catholic health care leaders to move beyond connections to “the charisms of our sponsors” into a new era when the whole notion of sponsorship is rethought from the perspective of a lay leadership model. The “charism of our sponsor” approach does not fully address the realities of sponsorship today for several reasons. Some systems, formerly sponsored by communities with different charisms, have merged and must now seek a new identity that encompasses yet transcends the various identities of the organizations before the merger. Public juridic persons — groups established by the church to carry out a mission — may initially embody the charism of the original sponsor, but as time passes may assume a more independent identity as fewer religious are able to participate on its board or in its institutions. This raises questions about how lay leaders can continue to be formed to carry forth the charism of the originating religious community. Finally, even when a community exerts full control over its sponsored works, the charism approach is inadequate because it does not fully reflect a broader theology of the church. “Charisms” may be identified with the work of a particular religious community rather than with the work of the larger church.

As a starting point, it is helpful to reflect on what a charism represents. A charism is a gift of the Holy Spirit for the up-building of the church. More specifically, the charisms of the various sponsoring communities of health care systems represent a particular way of reading the Gospel through the genius of a religious founder given credence by that person’s witness of a holy life. Three examples illustrate the point. The charism

of Sisters of Charity is that of St. Vincent de Paul, who cared for orphans and children and served the poor. Their characteristic virtues are simplicity, humility and charity. Saints Francis and Clare embodied an incarnational spirituality valuing creation and the human. Franciscans are noted for the virtue of joyfulness, simplicity, and poverty. Catherine McCauley, founder of the Sisters of Mercy, advocated union with God, service of the poor and devotion to Jesus in his passion.

The heavy involvement of all three groups in health care is a direct extension of their core spirituality and orientation to service, especially to the suffering poor. In fact, Catholic health care as we know it today is a direct result of the ministry initiated by vowed women religious in their corporal works of mercy. Apostolic religious attempt to live out *Matthew 25:40*: “Whatever you have done to the least of these, you have done this to me.” They attempt to walk in the footsteps of Jesus who healed the leper, the Centurion’s son, and the man born blind and who took pity on the powerless — the widow, the orphan and the child. This commonality is stronger than any other differences in their spiritualities. When such apostolic spiritualities are the impetus and basis of sponsorship identity, we can say that sponsorship is Gospel-centered.

This work and sponsorship has also been ecclesial and identified as “Catholic” because religious communities are ecclesiastically recognized. Their mission contributes to and is an extension of the mission of the church. From this perspective, health care sponsorship is neither simply “spiritual” nor just the individual work and ministry of a particular congregation. It is also ecclesial, the work of the church. When the structures of Catholic health care evolve into merged ministries or become more independent of a sponsoring congregation, steps are taken to ensure continuing their Catholic identity. One way of



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accomplishing this is to establish a health care system as a public juridic person.

Thus there are two dimensions to sponsorship: a spirituality arising from a sponsoring congregation's charism, which gives impetus to a corporal work of mercy from the perspective of a particular reading of Scripture, and an ecclesial identity arising from ecclesiastical recognition. In the past, the two were joined within sponsorships exercised by religious congregations, each of which possessed both a distinctive spirituality and ecclesiastical recognition.

AN ALTERNATIVE APPROACH

The relatively new phenomenon of lay ecclesial ministry offers an alternative approach to health care sponsorship. Lay ecclesial ministry is ecclesial service characterized by:

- Authorization of the hierarchy to serve publicly in the local church.
- Leadership in a particular area of ministry.

- Close collaboration in pastoral ministry with bishops, priests and deacons.

- Preparation and formation appropriate to the assigned levels of responsibilities.¹

The concept of lay ecclesial ministry refers more specifically to that ministry that does not require sacramental ordination and is extended by individual lay persons in parishes, schools, church institutions and diocesan agencies. Lay ecclesial ministry is founded in the sacraments of baptism and confirmation. It is ecclesial because it serves the communion and mission of the church community and because it is exercised in communion with the hierarchy of the church, a necessary condition for any ministry identifying itself as Catholic. It is ministry because it is a participation in the priestly, prophetic and kingly ministry of Christ extending his work of sanctification, teaching and witness and pastoral care. Examples of personal lay ecclesial ministry include pastoral associates, parish catechetical leaders, youth ministry leaders, school principals and directors of liturgy or pastoral music.

In searching for a new paradigm within which to understand health care sponsorship, an adaptation of lay ecclesial ministry may be helpful.

First, sponsorship is a ministry of the *church* with a responsibility to maintain the Catholic identity of the institution. There is a juridical tie to the church through the sponsoring congregation, diocese or the establishment of a public juridic person, which creates a relationship with the hierarchy (*Code of Canon Law*, 1983, c. 116). This juridical tie is an ecclesiastical structure establishing communion with the institutional church.

Second, sponsorship is a *ministry* of the church, indicating that the church exercises its care for the sick through a Catholic health care facility. This ministry is in imitation of Jesus' ministry to the sick. When we ask the question, "Whose ministry is this?" the answer is multiple. It is the ministry of the individual care provider, the specific health care facility, the system of which it is a member, its sponsor and the church.

Recognizing health care sponsorship as a ministry identifies the religious and spiritual intentionality of health care service. It is not primarily a business, whether for profit or not-for-profit, although sound business practices are indispensable. It is not just an essential human service to

the neighboring civic community, although it is that. First and foremost, it is a ministry undertaken in faith with a religious intention. It differs from lay ecclesial ministry in that it is a corporate rather than an individual ministry. It also differs in that it is a ministry of the church to the world rather than a ministry within an ecclesiastical institution.

WHAT SPIRITUALITY?

This presentation of sponsorship has thus far addressed how sponsorship connects the service of a health care facility to the mission of the church. This account, however, is incomplete without considering the spirituality that informs this ministry.

No single spirituality characterizes lay ecclesial ministry. Nevertheless, the spirituality animating health care sponsorship is Gospel-centered in imitation of Jesus who healed the sick and comforted the sorrowing. It is an *incarnational* spirituality which accompanies the “joys and hopes, the grief and anxieties” of the people of our time.² It is *paschal*, affirming the promise of life everlasting even in the face of pain, diminishment and death. As such, it faces human difficulty with faith, hope and love. It is *ecclesial*, fostering the bonds of communion and community that unite the human family.³ It is *ecumenical*, reaching beyond the visible boundaries of the Catholic Church to embrace those of other faiths united in the waters of baptism. It is *interreligious*, respecting those who are not Christian and promoting the common human dignity of all. However, these characteristics do not exhaust the possible markers of a spirituality for health care. Indeed, one of the tasks of rethinking health care sponsorship will be to identify the various components of spirituality for Catholic health care for our time.

A spirituality cannot be one element of a mission statement relegated to a plaque by the front door. Rather, it must permeate the ethos of the workplace. Not all employees need be Catholic. Indeed, in all likelihood, most probably will not be. Nevertheless, the core spiritual values must be embraced by individual employees and must inform policies and procedures. A spirituality is effective only when embodied in caring individuals and in the concrete practices within a health care facility. Otherwise, it is a spirituality in name only.

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Health care sponsors carry the responsibility to ensure that a defined spirituality informs a health care system. Thus they must first be educated and formed in this spirituality so that they can hire employees charged with mission and identity in individual facilities. In the past religious congregations assumed the responsibility for this spiritual formation. In the move beyond connections to “the charisms of our sponsors” into a new era when the whole notion of sponsorship is rethought from the perspective of a lay leadership model, a different entity must necessarily undertake this responsibility.

The structures of Catholic health care are changing, and this is affecting how we view the tasks of sponsorship. This essay has identified two essential components of sponsorship: Catholic identity through ecclesiastical association with the Catholic Church and spirituality. Within the changing landscape of Catholic health care a real danger exists of attending to one component and neglecting the other: to think that everything has been accomplished when we have protected Catholic identity, or to convert Catholic identity into spirituality apart from ecclesiastical recognition. Both elements are distinct and necessary.

SPIRITUALITY FOR LAY SPONSORSHIP

These are some foundational markers of a spirituality for lay sponsorship of health care institutions:

- It is in imitation of Jesus’ healing work.
- It is incarnational.
- It is paschal.
- It is ecumenical.
- It is ecclesial.
- It is corporate.
- It is a ministry of the church to the world.

For spirituality to animate health care, it must be embodied, identifiable, and distinctive insofar as it reflects a particular mission.

FROM THEORY TO ACTION

This essay has suggested that a model of corporate lay leadership based on the emerging concept of lay ecclesial ministry may offer resources for reimagining sponsorship for the future. Within this model, the charism of an originating congregation, which embodies a distinctive spirituality, is transposed into an intentional spirituality of Gospel-centered health care. Here, the emphasis must be on “intentional,” for spirituality can too easily become generic and non-specific.

Spirituality is not simply a generic “faith-based” service. That is too bland and fails to give mission adequate specificity. The task remains for health care sponsors to determine the specific form spirituality assumes in a particular time and place. For spirituality to animate health care, it must be embodied, identifiable, and distinctive insofar as it reflects a particular mission. In the past, this was identified through the charisms of the founders. In the future, this will be through reflection on the Gospel in the light of the people health care is called to serve.

Identifying a spirituality for a specific health care system requires articulating a particular mission with enough specificity so as to make it identifiable and then reflecting on that mission in a process of theological reflection with the Scriptures. If we compare this process to its analogy, the charism of a religious community, which was engagement with mission motivated by a particular reading of Scripture, something of this dialogic process of reflection on a particular health care mission in the light of the ministry of Jesus is required. In fact, mission and spirituality cannot be ordered by putting one before the other. In practice they will develop together. Elements of mission may be service to the poor carried out by

auxiliary clinics for the uninsured or service to those in the Bible identified as aliens, our present-day immigrants, with attention to cultural needs, such as allowing families to accompany the sick person or providing translators. Hospice care may benefit from reflection on Job’s persistent faith in the face of suffering, reflecting on Jesus’ passion, the hope engendered by Revelation’s account of the new creation, or Jesus’ promise that death is not the final word.

If health care is not simply to be Catholic because it has ecclesiastical recognition, but also because it enacts mission through a spirituality that animates the values, mission and beliefs of the Gospel, it must be rooted in a narrative. Reflection on the narrative will suggest practices that then embody and communicate the spirituality. Carrying on a narrative-based spirituality is easier for religious congregations, because the originating charism is embodied in a religious founder whose “charisma” attracted co-workers. In today’s health care climate sponsors may be developing the spirituality of a system or an institution through the work of committees. Nonetheless, it remains an essential task. ■



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NOTES

1. United States Conference of Catholic Bishops, *Co-Workers in the Vineyard of the Lord: A Resource for Guiding the Development of Lay Ecclesial Ministry* (Washington, D.C.: United States Conference of Catholic Bishops, 2005), 10.
2. Second Vatican Council, *Gaudium et Spes*, “Church in the Modern World,” 1965, 1. Available online at www.vatican.va/archive/index.htm.
3. The church is a sacrament of the intimate union between God and all humankind. Vatican II, *Lumen Gentium*, “Dogmatic Constitution on the Church,” 1. Available online at www.vatican.va/archive/index.htm.

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