

FROM COLLABORATION TO CO-RESPONSIBILITY

Ministry Leadership's Next Great Leap



A Guide
for Group
or Personal
Reflection



A Passionate Voice for Compassionate Care®

CHA's May-June edition of *Health Progress* magazine has a special focus on sponsorship. An article by Chris Lowney, of Catholic Health Initiatives, "Ministry Leadership's Next Great Leap: From Collaboration to Co-Responsibility," carries forward Pope Benedict XVI's articulated great leap for which governance, "particularly concerning lay people." They must no longer be viewed as 'collaborators' of the clergy but truly recognized as 'co-responsible' for the Church's being and action." Lowney also suggests five challenges to achieving co-responsibility for sponsors who are laypersons.

The pages that follow present a reflection process to engage leaders around the central questions the article poses. The process is designed to be used flexibly by individuals or groups as a reflection, as part of personal formation and as an exercise between in-person sessions for participants in senior leader formation programs. We hope that it will be useful to executives, managers, clinical and non-clinical associates, board members, sponsors, ethics committee members and others.

Suggested Reflection Process

1. Begin your reflection with prayer – one is provided.
2. Read the Executive Summary of the article.
3. Review the Questions for Reflection, noting their concepts, but not answering them yet.
4. Read the full article.
5. Return to the Questions for Reflection:
 - A. Review the questions after reading the entire article.
 - B. Take time to consider each question, jotting down any responses, considerations or questions that come to you.
 - C. If you are completing this as an individual, consider taking time to discuss your responses with a colleague – get her or his thoughts on the questions; see if the person agrees with your thoughts or has different viewpoints to offer. If you are discussing as part of a group, take your written notes with you to the meeting. For group use, it could be helpful to assign the reading and then convene either by phone or in person for group discussion.
6. Close with prayer – a concluding reflection is provided.

As you use this guide, please let CHA know if it is useful in your ongoing formation, as well as any changes, suggestions or insights about it that you would like to share. It is a resource for the ministry, and we want it to best suit your needs. To share comments, please contact Mary Ann Steiner, editor, *Health Progress*, at masteiner@chausa.org.

Opening Prayer

Leader

We are busy people with many demands placed on us. Yet in this moment, let us do our best to set aside that busy-ness, do our best to quiet our minds and hearts to focus on the here and now — the people in this place — and the presence of God with us.

(A moment of quiet reflection follows)

And now we listen to God's word:

Reader

A reading from the first letter of Paul to the Corinthians: (1 Cor. 12:4-6, 8-11)

"There are different kinds of spiritual gifts but the same Spirit; there are different forms of service but the same Lord; there are different workings but the same God who produces all of them in everyone. To one is given through the Spirit the expression of wisdom; to another the expression of knowledge according to the same Spirit; to another faith by the same Spirit; to another gifts of healing by the one Spirit; to another mighty deeds; to another prophecy; to another discernment of spirits; to another varieties of tongues; to another interpretation of tongues. But one and the same Spirit produces all of these, distributing them individually to each person as he wishes."

(A moment of quiet reflection follows)

Leader

That same Spirit is at work among us now. Let us take a few moments of quiet to name a strength we bring to the work we do, to those with whom we work, to those who are important to us in our lives.

(A moment of quiet reflection follows. Depending on the time and the setting, participants may be invited to quietly name a gift they identify in themselves. Alternatively, they may identify a gift they see in another person in the group. After a few moments of sharing, the leader moves to close the prayer.)

Leader

We are gifted for the sake of others.

All

We are thankful for what we are given.

Leader

We are gifted for the sake of others.

All

We share freely for the sake of the common good.

Leader

We are gifted for the sake of others.

All

As a caring community, we bring healing to those most in need. We ask God's blessing on our time together and the work we share.

Amen.

- From the September-October 2009 edition of *Health Progress*

Executive Summary

The core concept of sponsorship is relevant to a much broader niche than Catholic health care. How broad? Across all Catholic ministries and all around the globe. What's more, the concept can help engender the spirit of co-responsibility that will enable us to thrive as a 21st-century church.

Our church needs revitalization, and the key will be to tap the leadership talents of a great many more Catholics, at all levels and in all ministries. The moment cries out for a robust leadership response. We need to multiply the leadership talent we bring to bear on our many challenges, and we need a quality of leadership that is resourceful, ingenious, spiritually deep, prophetic and dedicated.

Pope Benedict XVI may have articulated the next great leap for governance and leadership in Catholic ministries: "a change in mindset, particularly concerning lay people. They must no longer be viewed as 'collaborators' of the clergy but truly recognized as 'co-responsible' for the Church's being and action."

Sponsors who are laypersons have at least five challenges: Do they really see themselves as acting publicly on behalf of the Roman Catholic Church? What kind of formation and sense of vocation is needed to fill the sponsor role? What does guiding and overseeing institutional ministries entail? Does the governance structure foster both civil and canonical loyalty? Do the sponsors possess a frontier spirit that draws them to serve the modern-day frontier communities such as marginalized populations, undocumented immigrants, the uninsured and the mentally unstable?

Questions for Reflection

Chris Lowney calls for revitalization in the Catholic Church, which needs leaders who are resourceful, ingenious, deeply spiritual, prophetic and dedicated. How are these qualities being nurtured within your ministry?

What actions and mindset are characteristic of a co-responsible leader? Give examples of the kinds of actions and mindset that betray when someone is not genuinely co-responsible.

Of the five questions that we might consider as we ponder the role of sponsors, which do you find the most resonant and challenging in the current context of your ministry?

Article—Ministry Leadership's Next Great Leap: From Collaboration to Co-Responsibility

I had not heard the concept of ministerial sponsorship before joining the board of Catholic Health Initiatives. At first, it struck me as arcane jargon that was relevant only in the niche of Catholic health care.

Well, the language surrounding sponsorship remains a bit arcane, truth be told. But I now regard the core concept as relevant to a broader niche than Catholic health care. How broad? How about across all Catholic ministries, and how about all around the globe? What's more, the concept can help engender the spirit of "co-responsibility" that we will need to thrive as a 21st-century church.

In the following pages, I will make the case for just why the concept is relevant and then highlight five challenges that we should tackle so that Catholic health care can further lead the church's thinking on ministerial governance in the future.

The case begins with a review of our church's current context. Our beloved church is in need of revitalization, and key to revitalization will be our willingness and ability to tap the leadership talents of a great many more Catholics. That must happen at all levels and in all ministries, though this essay will focus mainly on governance and top leadership roles.¹

UNSUSTAINABLE TRENDS

Our church's current challenges are profound. We are enduring a punishing global predicament that has been snowballing for decades. Consider a few conventional markers of Catholic identity: The percentage of those calling themselves serious Catholics has been steadily dropping and is now at its lowest ebb in four decades; participation in the sacraments has dropped more precipitously;² and those who embody our future -- young adults -- show little interest in Catholicism or organized religion more generally.³

Simply put, these trends are unsustainable. We can scarcely afford another half-century like the one just ended. To be sure, one could cite plenty of positive indicators, but we ignore the reality of the above paragraph at our peril.

What's more, at this worst possible moment, the population that we have traditionally (and, granted, stereotypically) regarded as our leadership cohort -- ordained priests and men

and women in religious orders -- has been dropping in the United States and in many other countries.

The moment cries out for a robust leadership response. We need to multiply the leadership talent we bring to bear on our many challenges. And, we need a quality of leadership that is resourceful, ingenious, spiritually deep, prophetic and dedicated.

Yet, at the level of ministerial governance, the church's response to these challenges has sometimes felt Band-Aid-ish rather than strategic, and tactical rather than visionary.

'SPLIT-LIFE' THINKING

Consider some of what's happened: Many ministries in the United States and the developed world simply have shut down, rarely because the need has disappeared but often because of inadequate staffing, funding, leadership or governance capacity. There are a thousand fewer parishes, 5,000 fewer elementary schools, and 25 percent fewer Catholic hospitals than 50 years ago.⁴

Thankfully, there are many more ministries that are thriving. Often enough, professionally talented and devout lay colleagues have stepped up to serve in leadership or governance positions. But too often, they implicitly construe their governance role as focused only on their professional gifts. That leads to what I'll call "split life" or "bifurcated" governance thinking, like: "Hey, I'm here to contribute my legal, financial or other expertise. The soft stuff like mission or the school's religious character? I leave that to Sister," or, "That's Father's job."

That bifurcated model doesn't work in any kind of organization. Even in my former world of investment banking, individuals who reached higher leadership rungs were expected to "own the mission," as a whole, not just see themselves as representing their own product line or expertise.

In our church's case, split-life governance may keep our endeavors alive for decades as worthy charitable endeavors, but not as ministries. Nor is that bifurcated thinking consistent with the vision once articulated by Pope Benedict XVI. In an address to a pastoral convention, he said, "It is necessary to improve pastoral structures in such a way that the co-responsibility of all the members of the People of God in their entirety is gradually promoted ... This demands a change in mindset, particularly concerning lay people. They must no longer be

viewed as 'collaborators' of the clergy but truly recognized as 'co-responsible,' for the Church's being and action . . ."5

Even though the pope was talking primarily about parish life, his powerful comments are broadly relevant across ministries. Many readers know what it's like to be co-responsible for raising a child, for example. It entails knowledge and concern about everything that concerns the young person's life; responsible parents don't worry only about the "business stuff" of paying for food and clothing while leaving moral development to someone else.

NEXT GREAT LEAP

Benedict may have articulated the next great leap for governance and leadership in Catholic ministries: from collaboration to co-responsibility. Enter Catholic health care and the evolving concept of "sponsorship," which seems a step toward incarnating Pope Benedict's vision and, more broadly, an answer to the church's increasingly vexing organizational conundrum of needing to bring more talent, more imagination and a diversity of voices into the game, commensurate with the range of challenges that confront us, not only in health care, but in so many ministries and in so many countries.

Often, the concept of sponsorship is discussed within the narrow framework of ministerial juridic persons, canon law, religious congregations in health care, and so on. Call that "Capital S" Sponsorship. I'm not a canon lawyer and can add little to the "Capital S" discussion.

But let me invite a "small s" sponsorship discussion, as a layperson who currently chairs the board of a large Catholic health care system, and who has served on boards of Catholic ministries outside health care, and who has helped form leadership teams and written about leadership in both for-profit and non-profit arenas. When I speak of "small s" sponsorship, I mean this: Regardless of the canonical status of a ministry, how do board members, sponsors and other top leaders understand their roles and responsibilities?

I'll take the definition of sponsorship on the Catholic Health Association website as a jumping-off point: "Sponsors act publicly on behalf of the Roman Catholic Church and have been entrusted to serve the church by guiding and overseeing a specific institutional ministry in a formal and public way."⁶

CHALLENGES FOR SPONSORS

I find at least five challenges in those words for us lay sponsors (by "us" I refer not only to my colleagues on CHI's board, but more broadly to this whole generation of sponsors, across Catholic health care).

1. Do we sponsors really see ourselves as "act[ing] publicly on behalf of the Roman Catholic Church"? That's a weighty burden, and I wonder how many of us sponsors (lay, but perhaps religious as well) have digested that idea and fully appreciate that we are "acting publicly on the church's behalf." What's required to live out that phrase? At a minimum, it seems to me, one who acts on behalf of the church would understand and care about the church and its broader priorities, beyond simply knowing the *Ethical and Religious Directives for Catholic Health Care Services* (or, even worse, simply knowing the phone number of the mission officer who knows the ERDs).

And, it's not just knowing about, but caring about. Acting on the church's behalf implies a "one church mindset," where one sees health care as an integral, interrelated part of the organic whole that is the church. One doesn't act "on behalf of" an organization to which one feels no allegiance or commitment. The sponsor role would seem to rule out a disconnected mindset of, "I'm in health care. The church's other concerns and ministries? Not my business and not my problem." A sponsor should therefore feel sympathetically connected to the larger body she or he represents. I choose the phrase "sympathetically connected to" the church very deliberately: Many non-Catholic lay sponsors do this wonderfully well, and the increasing diversity in our sponsor ranks, including diversity of religious traditions, undoubtedly enhances our collective ability to act well on behalf of the church.

2. What kind of formation and sense of vocation is needed to fill the sponsor role? In at least some respects, we sponsors carry on a role that the religious foundresses once played. Those women experienced extensive religious and spiritual formation before superiors set them loose on the world. And, every day after their formation ended, they carried on a discipline of daily prayer, Mass and other activities that fostered spiritual depth. They made lifelong commitments and lived in community.

Which of the above elements might enhance one's performance as a sponsor? More pointedly, which might even be essential to performing well as a sponsor? What formation or depth of spiritual life is needed to fill the sponsor role credibly?

I don't sense we've grappled enough with these questions, and I suspect that we are reluctant even to "go there." We might feel comfortable asking lay sponsor candidates a lot of things, but not about their prayer life or spiritual formation. And, once they join us, we are reluctant to demand much in the way of mandatory spiritual formation, recognizing that they already make generous time commitments just by serving on boards.

We probably all would agree intuitively that it's not enough to pluck smart, skilled persons off the street, hand them the ERDs, teach them a few slogans and pronounce them sufficiently formed to be sponsors.

But what further formation would render them sufficiently formed? That's a hard question to answer. Health care boards need folks with world-class professional skills in an array of disciplines. Now and then, we may be grateful to attract a good-willed person with a prized skill set. Those professional skills might seem so valuable that we superficially gloss over what may be most essential of all: spiritual depth and a profound commitment to nurture the healing ministry of Jesus.

3. In the definition of sponsorship quoted above, what does "guiding" and "overseeing" institutional ministries entail? In CHI's mirror board governance structure, in which canonical and civil boards comprise the same group of persons, I surely have the levers I need to guide and oversee. But I know that many varied governance models exist in Catholic health care today, including some in which the authority of those in sponsorship seems rather attenuated. What does oversight mean in a case where sponsors have very little effective authority?

Any organization, whether church ministry or stock-exchange-traded company, stands its greatest chance of success when all those in governance and top leadership "own the mission," or, feel co-responsible, in Pope Benedict's phrase. We might look at our governance models through this lens: Does the governance structure implicitly foster this kind of thinking, or does it subtly enable bifurcated thinking to take root, where some in governance or leadership are permitted to feel accountable only for their areas of professional expertise?

4. Can I wear my civil and canonical hats comfortably on my one head? Anyone who has served on civil boards understands the duty of loyalty, that is, to make decisions that serve the institution's best interest as opposed to one's own self-interest.

But a nuance strikes me as I ponder my duty as a canonical sponsor. I took an oath upon joining the CHI board, and that oath also involves a duty of loyalty, specifically: "In keeping with Christ's healing mission, I pledge loyal support of Catholic Health Care. I promise to promote and champion its growth and continuation..." In other words, I'm called to be loyal to a higher perspective than that of my own civil corporation.

I don't want to exaggerate the difference between my civil and canonical roles, but, at least theoretically, there could be a tension. Simply put, if I am acting "on behalf of the Church," what's best for Catholic health care, or what best nurtures the healing ministry of Jesus, might not always be what's best for the corporation named CHI. Thank God, in the real world, I've never encountered a conflict between these two duties of loyalty (in fact, CHI's mission also incorporates a "higher perspective": we say that we exist to "nurture the healing ministry of the church.")

But whether or not specific conflicts arise, the perspective matters: We sponsors seem obliged to work from a real rather than vaguely theoretical sense that we ultimately are serving the church, not our particular organization.

Let me mention an uncomfortable truth. Much though we big Catholic health care systems all sing "Kumbaya" when we attend CHA gatherings, the truth is that we sometimes look at each other as competitors. Some readers may feign shock at the thought, but we know it's true: We don't always see ourselves primarily as sharing a duty of loyalty to the same higher-order mission.

5. Do we have the frontier spirit? We lay sponsors typically are connected to, if not grounded in, the tradition and charisms of the congregation or congregations that founded our original hospitals. And, though each congregation's charism is unique, every Catholic health care system I know of was somehow a product of what I'll call frontier spirit. That is, these congregations did not seek to settle down close to home in well-established church institutions. Rather, the national network of Catholic hospitals sprang up because our founding congregations were inspired by exactly the opposite instinct: a restless impulse to go to under-served geographies and populations. How else did the Sisters of St. Francis of Philadelphia find themselves in the Pacific Northwest, or the Sisters of Charity of Cincinnati become nurses in Civil War outposts?

Hence, another challenge to us sponsors today is to live well this aspect of our charism by manifesting frontier spirit. Within the United States, the frontier is less geographic than demographic. That is, Catholic health care long ago planted hospitals along the route that Meriwether Lewis and William Clark and other pioneers charted. Now the American frontiers are the marginalized communities within those geographies: the undocumented immigrants, the uninsured, the mentally unstable, and so on. My sense is that most sponsors are appropriately committed to serving these frontier communities, though we may lag behind the ingenuity of the foundresses when it comes to carrying through on that commitment.

And what about frontiers beyond the U.S.? Many of our founding congregations long ago concluded that the church's needs and frontiers impelled them to move beyond the United States. As a civil board chair who dreads "mission creep," I may not even want my CEO to read this sentence, much less generate a plan for more robust partnerships in Africa. But as a sponsor mindful of the charism of the founding congregations, I draw a different conclusion: Given health disparities around the world, surely Catholic health care in the United States ought to be more imaginatively involved beyond our borders. Certainly we respond well when disaster strikes, as in Haiti, but I refer to the substantive engagement that might be more material to the scale of our ministries.

In another, more metaphorical but equally crucial respect, this frontier charism was manifest in the very genesis of lay sponsorship models. There was and is something deeply prophetic in the witness of women religious who implicitly invited the broader church to consider how church ministries of all kinds would need to be led and governed in the 21st century: A more diverse set of voices would be needed around the table, men and women, religious and lay, Catholic and those of other traditions.

And so, our generation of sponsors ought likewise to be aware of this prophetic dimension of our frontier charism: Are we, too, thinking not just about where Catholic health care needs to go, but where the whole church may need to go, and are we willing to be as courageous as these risk-taking sisters in pointing the way forward?

A FINAL THOUGHT

I framed the above five challenges as questions because, frankly, I don't know the answers. Further reflection, debate and idea generation are needed as the concept of

sponsorship continues to mature. Isaiah 43:19 comes to mind: "See, I am doing something new! Now it springs forth, do you not perceive it?" Well, to tell you truth, Lord, no, I don't yet perceive what the perfect sponsorship model is supposed to look like.

Not that this bothers me in the least. I consider myself part of a privileged generation that is helping the church to form that "something new." If we listen to the Holy Spirit, we will be led over time to what it should look like.

Pope Francis reminds us why it's crucial to continue this journey of reinvention. As he once told an Italian church gathering, we are not living an era of change but a change of era. Accordingly, Band-Aid solutions won't cut it, to mix a metaphor. As the pope put it in another context, if we cannot adapt where we need to, this generation of Catholics risks becoming "mere onlookers as the Church gradually stagnates."⁷

Pulling all this off will require equal helpings of creativity, frontier spirit, prophetic voice and courage. The final word on those qualities also goes to Francis: "Assume always the spirit of the great explorers, that on the sea were passionate for navigation in open waters and were not frightened by borders and of storms...May it be a free church and open to the challenges of the present, never in defense for fear of losing something."

Amen to all that, Holy Father.

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NOTES

1. For a much more detailed development of the theme, see Chris Loney, *Everyone Leads: How to Revitalize the Catholic Church* (Lanham, Maryland: Rowan and Littlefield, 2017).

2. Center for Applied Research in the Apostolate, "Frequently Requested Church Statistics," <http://cara.georgetown.edu/frequently-requested-church-statistics/>.

3. For declining interest of young adults, see, for example: Christian Smith, Kyle Longest, Jonathan Hill and Kari Christoffersen, *Young Catholic America: Emerging Adults In, Out of, and Gone from the Church*, (New York: Oxford University Press, 2014), 32-33.

4. Center for Applied Research in the Apostolate, "Frequently Requested Church Statistics."

5. Benedict XVI, "Church Membership and Pastoral Co-Responsibility," address at the opening of the pastoral convention of the Diocese of Rome (May 26, 2009).

http://w2.vatican.va/content/benedict-xvi/en/speeches/2009/may/documents/hf_ben-xvi_spe_20090526_convegno-diocesi-rm.html.

6. Catholic Health Association, "Sponsorship Overview,"
www.chausa.org/sponsorship/overview.

7. Francis, *Evangelii Gaudium*, para. 129.
http://w2.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium.html#Person_to_person.

Closing Prayer

God of goodness and love, thank you for gifting us with water as one of your favored instruments in forming a community. From its inception, the church, the new people of God, the new community of believers, is born of water.

Help us as we look today at sponsorship of Catholic health care ministry, to see in water — from the powerful tides of the oceans to the rapidly moving rivers and gently flowing streams — a connection to our ministry. Guide our belief that just as water always finds a way to flow, the ministry of sponsorship will always find a way to further your Son's healing mission and serve the communities you have formed. Teach us to be true to our calling as sponsors to encourage, inspire and challenge the ministry into the future. Let us reflect on the ways that the work we do gives faithful witness to who we say we are.

Sister Juliana Casey, a member of the Sisters, Servants of the Immaculate Heart of Mary, of Monroe, Michigan, offers these thoughts on Sponsorship as a Unique Ministry: Sponsorship is a formidable gift to the people and to the church. Sponsors, too, are gifts to the church, because they sponsor ministries that witness to the church's fidelity, to its call to build the Reign of God.

Sponsorship lives in faith, hope and prayer. It is a call that arises from an experience of God, a vocation, and it is a ministry that believes that those experiences and that presence are with us on an ongoing basis.

Sponsorship is open to risks and transformation. It does not now look like it did 100 years ago, and it will not look like this in another 10 years.

In the stories of our founders, there is an unrelenting passion for the mission, not for the institutions or the organizations, but for the mission.

Sponsorship is a ministry that holds a heritage and accepts responsibility for the integrity of the organizations it sponsors — that is a heavy burden.

Sponsorship asks and renders accountability. It asks its leaders how they can do more to care for those who are poor. It renders accountability to the church, and it also renders an account to the community. Sponsors are accountable to the communities in which their organizations find themselves.

Sponsorship as a ministry, is one of possibilities — not certainty or even probability — but possibility for the future. A future that begins in the calling of names, and an understanding that name calling begets name calling. Jesus calls disciples; the disciples call others. And so, the question for those in this ministry of possibility is whom shall we call? Whom will I call?

The ministry of possibility to a future will ultimately be one of relationships — those with the official church, the community and the people who are served by the ministries. Also those with

the religious communities that carry that heritage, with the founders, and the ancestors who have gone before, and ultimately, with a God who calls.

Gracious God, we thank you for new opportunities for serving you, one another, the Catholic health ministry and the cause of your Reign. May the work we do together be of benefit to all those we serve and may it enliven and refresh our spirits and our commitment to the cause of your Reign. Amen.



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