



## Making All Things New

# Catholic Health Care, The Laity and the Church

---

By ZENI FOX, Ph.D.

**I**n the Book of Revelation we read, “Behold, I make all things new” (21:5). And each Pentecost we pray, “Come, Holy Spirit, and renew the face of the earth.” It is in the DNA of the church to wait in hope for the newness that God brings in each age, the ever changing ways in which grace is given that new needs be met. In this spirit of newness, Catholic health care was born to meet the needs of an earlier age; it has expanded and changed in successive decades as needs and context changed. Today it is confronted by a vastly changing external reality and is experiencing great change within its institutions. A very significant dimension of the internal change is the diminishment in the number of vowed religious engaged in this ministry and the expansion of the number of lay leaders. There is a sadness in this change, but it is helpful to view it also as a making of all things new, and to seek the currents that have resulted in the empowerment of the laity that is part of the change.

**LAITY: NEW UNDERSTANDINGS**

This particular newness has come not through a great reformation by an individual pope, (such as that of Gregory VII in the 11th century) nor a founding of a new mode of religious life by an individual (such as Francis did in the 13th century). Rather, the empowerment of the laity in our time is a new reality that has emerged from the life

## **New understandings of the role of laity in the church are closely associated with new understandings of ministry.**

of the whole church. Tracing its story helps to shed light on the deeper meaning of the changes we face today and to provide leaders, lay and vowed religious alike, with the “back story” of this development.

A caricature of the view of the laity in the pre-Vatican II years was that their role was to “pay, pray and obey.” Until the documents of the council were promulgated, there was no official teaching about the place of the lay faithful in the life of the church. In fact, the first major theological treatise on this topic was Yves Congar’s 1953 volume, *Lay People in the Church*. An early decision at the council was to organize its document on the church, beginning not with the hierarchy, then priests, vowed religious and finally laity, but with the church as a whole — all called to holiness, all called to share in the mission of Christ and in ministry in the church and in the world.

The primary sacrament was now understood to be Baptism, that moment which creates one as a member of the church. Even in the vocation of a priest, the defining moment is that of Baptism, even more than holy orders.

The emphases implied in these teachings have shaped so much of church life in the last 40-plus years. Ordinary Catholics declare confidently, “We are the church,” and more and more take for granted that they

share in responsibility for the work of the church community. Church structures have emerged to include laity in decision-making at various levels — from diocesan synods and pastoral councils, to parish councils and finance committees. Theologians and spiritual writers alike have reflected on the ways in which laity share in the three-fold mission of Christ, as priest,

prophet and king.<sup>1</sup> The various manifestations of laity taking initiative can be noted in actions as diverse as those of the National Association for Lay Ministry, the National Conference for Catechetical Leadership and the National Federation for Catholic Youth Ministry, who cooperatively developed common formation goals for ministry,<sup>2</sup> and the National Leadership Roundtable on Church Management,<sup>3</sup> which formed to focus on management, finances and human resource development, offering diverse services to church leadership. It is in the context of these developments that the various initiatives in Catholic health care take on even greater significance, from the many ways in which lay leaders are being educated to the vision of the founders of their institutions and of the larger church, to the development of sponsorship boards which include laity.

Inherent in this broad assumption of responsibility is a response to what the U.S. bishops called “the call to adulthood.” They said, “Adulthood implies knowledge, experience and awareness, freedom and responsibility, and mutuality in relationships.”<sup>4</sup> It also implies an exercise of authority, personal and, as required, institutional.

Certainly, such exercise of authority by laity, individually and in institutions and groups, has been a defining aspect of recent decades. This does not negate the role of official authority, though it does suggest the need for its exercise in a mutuality of relationships. This shift to mutuality has not yet achieved

stasis, as recent conflicts in health care and other settings have demonstrated. The task of developing paths toward greater mutuality is one to be shared by all partners in this dialogue.

**MINISTRY: THE RECENT PAST**

New understandings of the role of laity in the church are closely associated with new understandings of ministry. Tracing the story of the evolution of thought about ministry shows how this newness has arisen out of the life of the entire community.

Today, the meaning of ministry is receiving much attention from both theologians and many other groups in the church. Whereas this term was not found in the Catholic lexicon before the 1960s, today “ministry” helps to name whole realms of endeavor, in parishes, educational and health care institutions, theological treatises, even the titles of Catholic journals.

On the one hand, it is a descriptor that has simply been claimed by large numbers of people without any official mandate. Already in 1980, a sociologist noted the rapidity with which it had come into use, and that though it had

## **This shift to mutuality has not yet achieved stasis, as recent conflicts in health care and other settings have demonstrated.**

not really been defined, it was serving as a potent motivational symbol.<sup>5</sup>

On the other hand, it is increasingly a concept whose theological meaning is being probed by both the official church and by various individuals and groups. For instance, in addition to the now classic theological works of Bernard Cooke and Thomas O’Meara, added perspectives have been developed by Edward Hahnenberg, Kenan Osborne and David Power, among others. In the United States, two national symposia have been held (in 2001<sup>6</sup> and 2010-2011<sup>7</sup>), drawing together a

number of theologians to develop and discuss papers and to work toward consensus statements seeking to delineate this rich concept. Various national associations have been defining what education and formation are needed for those engaged in ministry, and myriad programs of various kinds are now offered. Catholic health care has a rich array of introductory and advanced programs designed to assist participants in understanding that they indeed have a role in ministry or ministerial leadership. Much of this theological and pastoral reflection is focused on laity and ministry, though ordained ministry, of course, is also considered.

The document of the U. S. bishops, *Co-Workers in the Vineyard of the Lord*,<sup>8</sup> is subtitled *A Resource for Guiding the Development of Lay Ecclesial Ministry*, but its rich section on the call to ministry is titled “The Call to All Believers,” inviting a broad understanding of ministry. In this document, the centrality of Baptism is stressed because it makes us members of the Body of Christ, initiates us to the Christian community and calls us to a holiness of life. “And so every one of the baptized, confirmed in faith through the gifts of God’s Spirit according to his or her calling, is incorporated into the fullness of Christ’s mission to celebrate, proclaim, and serve the reign of God.”<sup>9</sup> The role of the laity in ministry is grounded in Baptism.

It must be said, however, that despite the reflection and conversation about ministry that marks our time, there is much about which there is not yet a clear consensus, especially when viewed in the context of our global church. This newness is not yet fully understood, not yet fully part of either our conceptual or structural frameworks.

#### MINISTRY — A BROAD TERM

We speak of ministry as “in the Church



and in the world,”<sup>10</sup> usually to describe two different manifestations of the church’s work. “In the Church” brings to mind such arenas of ministerial work as catechesis and liturgy, two activities central to building up the community of the church. “In the world” has been applied to the activities of Catholic Christians within their families and in their work, their neighborhoods and the political arena. All that is done for the good within one’s own family, and for good in all the arenas of one’s life, is a response to the mandate to “transform the social order” which Pope

John Paul II directed especially to lay faithful.

A more biblical way of saying this is that all are called to prepare the way for the coming of God’s reign, God’s kingdom — when the fullness of justice and peace will come, when no one will be hungry and the blind will see and the lame dance, when every tear will be wiped away. Ministry within the church, and the actions of Christians in the world, are all to this end.

#### CATHOLIC HEALTH CARE AS MINISTRY

Where does Catholic health care fit into this scenario? Certainly, individual Catholics, and even those who are not Catholic, can serve within health care institutions seeing their work as a continuation of Jesus’ ministry of healing. They can also view their work as a contribution to the transformation of the social order, when it is done with integrity and a focus on the common good. But Catholic health care is more complex than this; it is more than the sum of the individuals serving within it. The early ministry of the individuals who began each of our health care endeavors was gradually institutionalized, giving the effort a radically communal life, and a story that stretches across time and even place. Gradually, the ministry of a few became an institutional ministry with a life greater than that of the individuals who were part of it. Gradually, many became associated with this work, Catholic lay persons, other Christians and those of diverse faiths and no formal faith tradition. Always, the gift of healing was offered to all who came, especially the poor, of whatever faith. And yet, this institutional ministry is *Catholic*, a ministry of the church.

Does Catholic health care build up the community of the church? Only indirectly, since that is not its purpose. Does it continue the healing ministry of Jesus? Certainly, it is an embodiment of one way in which his ministry continues. Does it work to transform the

social order? Yes, because the principles of Catholic social justice guide it. It is a ministry of the church, though not within the church; of the church, though carried on by many who are not members of the church.

The way in which it is a Catholic institutional ministry is not simply a legal reality, defined by canon law and ethical directives, though these play their part. More centrally, it is a Catholic institutional ministry because of its story, its identity forged over the years, and the intention of its leaders and participants to be a Catholic institutional ministry. If one were to place various activities of Catholics on a continuum, to the right, ministry within the church, to the left, ministry in the world, Catholic institutional ministry would be in-between, connected to the church, in its service of the world.

Perhaps this way of understanding the place of Catholic health care in relation to other dimensions of the life of the church could be helpful in two ways. The first way is in assisting in defining formational goals for leaders whose work is, indeed, in the world, and not within the church. These leaders are not surrogate priests, vowed religious, lay ecclesial ministers, lay ministers. In the best sense of the word, as God's world, they are worldly. Second, seeing Catholic health care in this way could be helpful in reflecting on the relationship of these institutions with the official church. Seen this way, the question of the Catholic identity of an institution is more complex than only the judgment of the bishop, even while that judgment does have its place.

The emergence of lay leadership, even as the numbers of priests and vowed religious declines, gives rise to the question: Why? Pastoral leaders in particular have struggled with this

## Seen this way, the question of the Catholic identity of an institution is more complex than only the judgment of the bishop, even while that judgment does have its place.

question, some wondering whether there is a failure of generosity among the lay faithful today and unwillingness to answer a vocational call to priesthood or vowed religious life. Others, like Cardinal Roger Mahony, have said, "lay ministry rooted in the priesthood of the baptized is not a stopgap measure ... we have arrived at a clearer recognition that it is in the nature of the Church to be endowed with many gifts..."<sup>11</sup>

Perhaps in an increasingly secular age, laity, who live "in the world" are called in a particular way to be leaven (a favorite image from Vatican II), transforming the culture from within in an invisible yet powerful way. Perhaps Catholic health care, in the world, is most particularly called to such a role.

**ZENI FOX** is professor of pastoral theology at Immaculate Conception Seminary, Seton Hall University, in South Orange, N.J. She has focused on various aspects of the theology of the laity and lay leadership and is the author of *New Ecclesial Ministry: Lay Professionals Serving the Church* (2002), co-editor of *Called and Chosen: Toward a Spirituality for Lay Leaders* (2005) and editor of *Lay Ecclesial Ministry: Pathways toward the Future* (2010).

### NOTES

1. This concept is further developed by Pope John Paul II in his 1989 Apostolic Exhortation on the Laity, *Christifideles Laici*.
2. Their first major document was *Common Formation Goals for Ministry*, ed. Joseph T. Merkt, 2000. Since then they have continued their work and have involved other lay-focused organizations in its development.
3. See for example their *Standards for Excellence: An Ethics and Accountability Code for Catholic Dioceses* which they developed in 2007.
4. National Conference of Catholic Bishops, *Called and Gifted: The American Catholic Laity* (Washington, DC: United States Catholic Conference, 1980), 2.
5. John Coleman, "The Future of Ministry," *America* (March 28, 1981): 243.
6. The papers from this gathering and consensus statement the theologians developed are published in *Ordering the Baptismal Priesthood: Theologies of Lay and Ordained Ministry*, ed. Susan K. Wood (Collegeville, Minn.: Liturgical Press, 2003).
7. The papers and consensus statements from this event will be published by Liturgical Press as *In the Name of the Church: Vocation and Authorization of Lay Ecclesial Ministry*.
8. United States Conference of Catholic Bishops, *Co-Workers in the Vineyard of the Lord* (Washington, DC: United States Conference of Catholic Bishops, 2005).
9. *Co-Workers in the Vineyard*, 18.
10. These categorizations were developed in *Called and Gifted*, 3-4.
11. Cardinal Roger Mahony and the priests of the Archdiocese of Los Angeles, *A Pastoral Letter on Ministry: As I Have Done For You*, (Chicago: Liturgy Training Publications, 2000) 15-16.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

[www.chausa.org](http://www.chausa.org)

# HEALTH PROGRESS®

---

Reprinted from *Health Progress*, September-October 2011  
Copyright © 2011 by The Catholic Health Association of the United States

---