



“REFRAMING” SPONSORSHIP

Suppose those of us who serve Catholic health care were to begin to think of what we call “sponsorship” as a *unique ministry* within the church, and to view the role of sponsor as itself a *calling*? What might happen if we were to intentionally refocus questions concerning the issue in this way, conceptualizing sponsorship as a specialized ministry?

Catholic health care is faced with both problems and enormous opportunities concerning the future of sponsorship, the preferred model of sponsorship, and the identification and formation of the next generation of sponsors. We are in a time that can be both exhilarating and challenging, a time of possibility and a time of letting go. For many of us, this is both a moment of loss of what has been *and* a giving birth to something new. It is truly a Paschal moment.

Recall for a moment the origin of the terms “sponsor” and “sponsorship.” It was as recently as the late 1960s and 1970s that these concepts began to be used. The earliest use by the Catholic health ministry of the “sponsoring body” concept seems to have occurred in 1968; the word “sponsorship” itself has been in popular use only since 1976.¹ At that time, “sponsorship” was adopted to describe the relationship between a congregation and its institutional ministries—at a moment in time when this relationship was changing dramatically.

From the 1950s on, many congregations,

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responding to advice from canon lawyers, incorporated their institutional ministries as separate legal bodies, in order to avoid any potential civil action that otherwise might “pierce the corporate veil.” Not only did the congregations create separate corporations for their hospitals, academies, colleges, and universities; they also established separate governing boards (sometimes including lay members) to govern the corporations. This structure erected a wall between the congregation and its institutional works.

Lacking a word to describe this changing relationship, congregations began to use the word “sponsorship.” Congregational leaders, when acting in this role, were themselves sometimes referred to as “sponsors.” (Because sponsors are juridic personalities, the individuals who represent them are perhaps better described as “sponsor agents.”) However, the words “sponsor” and “sponsorship” do not have theological, civil, or canonical roots. As might be expected, because of this lack of precise definition, they have come to mean many different things.

In this article, I use the term “sponsorship” to describe the relationship within the church that situates the canonical responsibility of a juridic person for incorporated apostolic works that are part of a church entity.² In this usage, all five components are critical: *relationship, canonical responsibility, juridic person, incorporated apostolic works, and part of a church entity*. Of particular interest are the notions “canonical responsibility” and “incorporated apostolic works.” The first phrase differentiates sponsorship in this context from other usages of the term: sacramental sponsors, for example. The second phrase clarifies what is sponsored. Over the years, some confusion has arisen when individual members of religious institutes consider themselves to be sponsors even though they do not hold the



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canonical responsibility but are in reality members of the sponsoring body generally working within sponsored organizations. In addition, the concept of incorporated apostolic works distinguishes these formally organized ministries from such good works as shelters for the homeless, soup kitchens, and hospitality houses—which are usually not sponsored, incorporated apostolic works.

The 1970s, the decade following the Second Vatican Council, was also a time when many religious (in the United States and elsewhere) elected not to serve in institutional ministries, preferring more hands-on service directly with the poor and underserved. The convergence of these two forces—the creation of corporations, on one hand, and the exodus of religious from institutional service, on the other—created both the sponsorship concept and the need for a new lexicon to describe it. Thus the tendency, which per-

sists to this day, to describe congregational leaders as “sponsors” rather than as sponsor agents. Both the concept and its accompanying terminology were born of necessity. Tasks such as exploring sponsorship’s theological meaning and establishing qualifications for a sponsor representative were left for another time.

The sponsorship concept dates from the 1970s.

A UNIQUE FORM OF MINISTRY?

Perhaps now is the time to articulate a theology of sponsorship and to recognize sponsorship as a unique form of ministry. We would perceive the sponsor role differently if we were to, first, assign it to specific *persons*, and, second, recognize it as a specific ministerial *calling*. Sponsorship would then be seen as a unique responsibility, rather than as one attached to another role, namely congregational leadership or (less frequently) a special appointment. By “reframing” the sponsor role as a unique call, Catholic health care could

CHA STATEMENT ON SPONSORSHIP AND CORE ELEMENTS FOR CATHOLIC HEALTH CARE MINISTRIES

Sponsorship is the relationship within the Catholic Church that allows a juridic person to carry on the healing mission of Jesus. Sponsorship of an incorporated apostolic work involves both canonical and civil realities.

CORE ELEMENTS

Fidelity: Faithfulness to the healing mission of Jesus, to the spirit and teachings of the Gospel, and to the teachings of the church

Evidenced by:

- Demonstrable commitment to and advocacy for persons who are poor and underserved
- Faithfulness to the social, medical-moral, and pastoral teachings of the church
- Compliance with civil and canonical requirements
- Creative fidelity through theological reflection on the signs of the times and the appropriate responses

Integrity: Demonstrated integration of

mission and core values by all persons and the appropriate activities of the organization

Evidenced by:

- Commitment to processes and practices to ensure permeation of mission and core values: mission orientation, education, accountability, and assessment (both individual and institutional)
- Attention to the selection, development, and formation of current and future leaders for all roles within the ministry: sponsorship, governance, management, and delivery roles
- Systematic utilization of mission discernment processes in corporate decision making

Community: Communion of persons committed to a common mission and ministry

Evidenced by:

- Collaboration between and among organizations with common values working for the good of the communi-

ties served, such as parishes, schools, and social service agencies

- Commitment to nurturing workplace spirituality
- Development of skills in dialogue, listening, and theological reflection
- Respect for and advancement of diversity within the workplace

Stewardship: Respect for, protection, enhancement, and sharing of all the resources used in the ministry for the common good

Evidenced by:

- Recognition and enhancement of all resources, including heritage, tradition, and reputation of a sponsor; scarce and valued human resources; and environmental as well as financial resources
- Promotion of the common good
- Respect for the integral connection with the earth
- Actions and decisions that ensure the future viability and vitality of the ministry



open the door to a whole new way of thinking about sponsorship. It also would raise questions about how, for example, individuals might respond to that call, how they should prepare to minister in this role, how the rest of us in the ministry might create (or contribute to the creation of) a community of people sharing the responsibilities of sponsorship—and many other questions, as well.

Today's sponsor representative, serving in congregational leadership, often sees herself or himself as the guardian of the charisma, tradition, and heritage of the founding religious congregation (or, in some cases, diocese). Emphasizing the call to sponsorship creates a subtle shift. It situates the responsibility for sponsorship within the healing mission of the church itself, while still respecting and honoring the founding tradition. In fact, it puts the responsibility in a context even broader than the church, namely the healing ministry of Jesus.

Emphasizing the call also raises the question of the sponsor as agent. A person assigned a sponsor's role would be the agent, not simply of a religious congregation, but of the healing ministry itself. The ministry of sponsorship, now under the aegis of a particular congregation (or group of congregations), would become one of the broader context of ministries within the church.

What new energy and creativity might be unleashed by reframing sponsorship as the *ministry of sponsorship*? We might shift our focus from preservation to *enhancement*, from being a guardian to being a *creator*, from a sense of diminishment to one of *empowerment*. We should remember, however, that while such a shift would generate a new spirit and launch a new beginning, it would also mark the end of something—something that has often been the pride and, in some cases, the core identity of many religious congregations.³

SKILLS AND COMPETENCIES

Assuming that Catholic health care does reframe the concept of sponsorship, how would it measure the new concept's success? A reframed sponsorship would require its own core institutional competencies, its own (to adopt the vocabulary of the health care sector) "critical success factors." These might include:

- Resilience in the face of change
- Institutional integrity concerning mission and values
- A capacity to create and nurture collaborative ministerial partnerships

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- A capacity for mission discernment within the organization

A call to fulfill these success factors might generate a new and energizing creativity around institutional ministry. It could be a very freeing and liberating activity, joined by both current and potential future sponsors.

In 1998-1999 the Catholic Health Association formed an ad hoc group called the Sponsors' Special Committee to advise the association's members on the development of initiatives that responded specifically to sponsors' needs. The Special Committee identified four core elements of sponsorship: fidelity, integrity, community, and stewardship (see **Box**, p. 39). Ultimately, these four elements will be the basis for tools with which Catholic health care assesses the strength of current sponsorship models and assists the evolution of new models. Recognizing sponsorship itself as a unique ministry would strengthen and guide such assessment and development processes.

By the same token, spelling out competencies for the ministerial call to serve as a sponsor could help Catholic health care identify its next generation of sponsors. The core skills for sponsorship might include:

- A sense of comfort with public spirituality
- A capacity for theological reflection
- Skill in dialogue
- A commitment to advancing the healing ministry of the church while, at the same time, honoring the tradition of the founding sponsoring body

Reframing the sponsor and sponsorship concepts as a specific ministry would also require both generations of sponsors—the current generation and the one to come—to identify and nurture a supportive community for those people who take on the sponsor role. As lay persons begin to assume responsibility for the Catholic health ministry as a whole, they will not have available to them the supportive communities enjoyed by today's sponsors—namely, religious congregations and their leadership teams (the Leadership Conference of Women Religious and the Conference of Major Superiors of Men) or other such communities of support and dialogue. Something will be needed to fill this void.⁴

The passing of the baton from one generation of sponsors to another will involve considerably more than handing over the reserved rights or powers. Viewed through the lens of sponsorship

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TOWARD JURIDIC PERSONALITY

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Sponsors embody the church's commitment to the healing ministry of Christ.

Commitment to Catholic Teachings A deep commitment to Catholic teachings, even though not all of them are accepted by the general public, will be necessary. If a health care organization's leaders reduce the sponsor's basic philosophy to "getting around" moral and social issues, they may find that the lessons learned by those using the organization's services are not, in fact, the appropriate ones. Of course, avoiding extremes when evaluating moral situations is essential; the core of truth is rarely found in such extremes: *in medio stat virtus*.

SPONSORS NEED HELP

Sponsors have a great responsibility in today's rapidly changing world. They embody the church's commitment to the healing ministry of Christ. Like the other members of the Pilgrim Church, sponsors are searching for the best ways to make Christ's message heard in a world that is not particularly interested in these words of eternal life. We who are involved in Catholic health care may need to try harder to help new sponsors assume their duties, especially in providing them with the means of remaining informed on church teachings. We should also support their efforts to locate mechanisms that, adapted to the times, enable them to carry out the ministry in the name of the church. □

NOTES

1. Adam Maida and Nicholas Cafardi, *Church Property, Church Finances, and Church-related Corporations*, Catholic Health Association, St. Louis, 1984, pp. 155-163.

2. See, for example, the response of CICALSAL, May 21, 1999, protocol no. R158-1/99: "After careful study of the proposal, [CICALSAL] has concluded that it does not have competency in the matter. . . . The other solution would be to present the petition to the Congregation for Clergy in view of their competency for matters relating to ecclesiastical goods."
3. Covenant Health System's statutes were approved by CICALSAL July 18, 1995, protocol no. 1299/95; Hope Ministries' were approved by CICALSAL July 7, 2000, decree 15051/2000; and Catholic Health Ministries' were approved by CICALSAL July 14, 2000, protocol no. 15052/2000.
4. See CICALSAL July 7, 2000, decree 15051/2000, approving the statutes of Hope Ministries. The bylaws say: "The public juridic person was formed by decree of the Congregation for Institutes of Consecrated Life and Societies of Apostolic Life dated July 7, 2000, to succeed when appropriate, to carry on and expand the health care ministries conducted by the above-named religious institutes and those religious institutes that find it necessary to transfer such sponsorship."
5. See, for example, CICALSAL, letter no. 15050/2000, February 3, 2000: "Since [. . .] has not yet been granted canonical public juridic personality, we prefer to wait before issuing the requested rescript [for alienation] for those works and their respective foundations. When juridic personality has been granted, it will be sufficient to inform us of the fact, making reference to this letter and protocol number. Unless significant information has changed, it would not be necessary to repeat what we have here on file."
6. See CICALSAL, decree T.145-1/97, November 24, 1997.
7. See CICALSAL, decree B.246-1/2000, March 23, 2001, establishing Catholic Health Partners Inc. as a public juridic person, with headquarters in Miramichi, New Brunswick.

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as a unique new form of ministry, the passage to something new may well be the moment of renewal and rebirth. And in this newness, Gospel spirituality will be needed to ground the new sponsors and provide the foundations of theological reflection and discernment that will ensure organizational fidelity and integrity.

As the institution of sponsorship evolves, the sponsor's role will evolve within it, reminding us of W. B. Yeats's famous question: "How can we know the dancer from the dance?"⁵ The act of sponsoring defines the role of sponsor as dancing defines the dancer. Embracing sponsorship as a unique ministry and respecting the call of the sponsor while being faithful to living out the works of mercy, the root of sponsorship, and to reading and discerning the signs of the times will propel critical Catholic ministries toward a future full of hope. □

NOTES

1. See Daniel C. Conlin's article in this issue, "Sponsorship at the Crossroads," pp. 20-23. I am grateful to Fr. Conlin for pointing out that the first actual use of the sponsorship term, as we in the ministry employ it, occurred in John McGrath, *Catholic Institutions in the United States: Canonical and Civil Law Status*, Catholic University Press, Washington, DC, 1968.
2. Jordan Hite, *A Primer on Public and Juridic Persons: Applications to Health Care Ministry*, Catholic Health Association, St. Louis, 2000, p. 37.
3. For a fuller discussion of this aspect of the sponsorship shift, see Mary Kathryn Grant and Patricia Vandenberg, *After We're Gone: Creating Sustainable Sponsorship*, Ministry Development Resources, South Bend, IN, 1999.
4. For a good resource on the development of community, see Carroll Juliano, Rosine Hammet, and Loughlan Sofield, *Building Community: Christian, Caring, Vital, Building Community: Christian, Caring, Vital*, Ave Maria Press, Notre Dame, IN, 1998.
5. W. B. Yeats, "Among School Children," in Alexander W. Allison, et al., eds., *The Norton Anthology of Poetry*, W. W. Norton & Co., New York City, 1975, pp. 445-446.

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