



Sponsor Formation Conveys a Living Legacy

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*"See, I am doing something new! Now it springs forth, do you not perceive it?
In the desert I make a way, in the wasteland, rivers."
Isaiah 43:19*

Since 1727, when the Ursuline Sisters came to the United States, Catholic health care in the U.S. has sought to be a courageous and faithful reader of the signs of the times. It has tried to be attentive to the ongoing newness of God's desire in responding to the health needs of people.

The women and men of religious congregations were of pioneering stock, and they were map readers and pathfinders as they traversed the country, going wherever there were signs of human need. Over time, they established the country's largest not-for-profit network of educational institutions, health care facilities and social service agencies. These still dot our landscape, albeit in a changing and challenging health care environment.

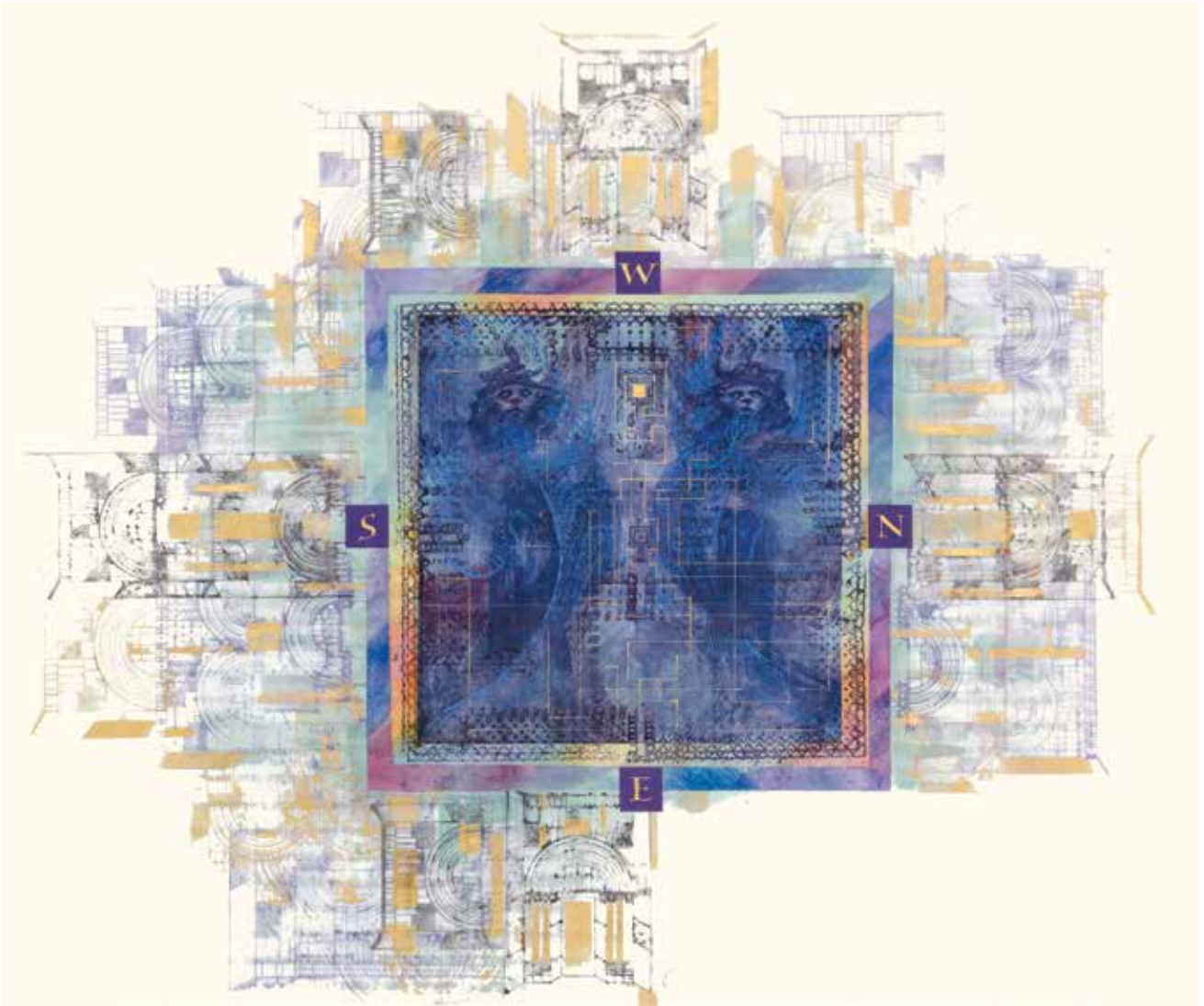
The 1960s was a historic decade, both for health care in the United States and for Catholic ministries. In 1965, passage of the Medicare bill heralded a new day for providing health care. The Second Vatican Council, which concluded in 1965, invited us to read the signs of the times.

The council documents articulated a deepening self-understanding of the church as not apart from the world, but deeply engaged in conversation with it. Two of the documents, *Lumen Gentium* and *Gaudium et Spes*, called the church to be a light for the world, sharing in the joys, hopes and suffering of all people. There was a reclaiming of our church's scriptural heritage as the people of God and the Body of Christ. There was an appreciation of the role of the laity, noting that all are called to holiness and all are called to evangelize through their lives. The fundamental call to

serve is a call through the sacraments of initiation, beginning in Baptism.

Since the 1970s, we have witnessed the numbers greatly diminish of women and men who felt called to religious life. This phenomenon — along with the growing awareness of the vocation of all people, inclusive of the laity — led to a dramatic evolution on many fronts, including the field of Catholic health care. The religious congregations once assumed responsibility for all facets of the health care ministry (governance, management and day-to-day operations, as well as front-line service), but now the laity were being welcomed into those roles, and many assumed leadership positions.¹

In this complex and changing world of both health care and ministry leadership, we must ask: How do we ensure continuity of the rich heritage of Catholic health care? In religious congregations, men and women participate in eight or more years of formation, in addition to becoming professionally prepared, before making vows of permanent commitment as a member of the congregation that serves the mission and ministry of the church. Although many laypersons have or are pursuing professional theological preparation, the faith formation for most happens through the Sunday assembly and a basic catechesis in Catho-



lic school or religious education programs. And perhaps, for some, there has been no formal faith formation.

SPONSOR FORMATION

As laypeople share their professional expertise in Catholic health care, it would be remiss to ask them to assume leadership responsibility for the mission and ministry without equipping them with an appreciation of their call to do so and an understanding of how the work is an official ministry of the church.

Pope Benedict XVI expressed it thus: “The Church’s charitable organizations ... ought to do everything in their power to provide the resources and above all the personnel needed for this work. Individuals who care for those in need must first be professionally competent ... and committed to continuing care. Yet, while professional compe-

tence is a primary, fundamental requirement, it is not of itself sufficient ... human beings always need something more than technically proper care. They need humanity. ... in addition to their necessary professional training ... [they] need a ‘formation of the heart.’”²

Today in most of Catholic health care, formation takes place at all levels of the organization or system. However, a related and unique development of laity assuming responsibility for the ministry took shape in the 1970s: the development of sponsorship. Sr. Concilia Moran, RSM, one of the concept’s pioneers, defined sponsorship as “support of, influence on and responsibility for a project, program or institution which furthers the goals of the sponsoring group.”³

At the time of her writing, health care ministries were “sponsored” by religious congregations (congregational public juridic persons). But it was



not long before new sponsorship entities emerged to ensure the continuation of the ministry as well as to provide new models for leadership. By the early 2000s, a group of PJPs were in place, charting new ground in ministry leadership (ministerial public juridic persons). Each of the new sponsor bodies shared a common commitment to the collaboration of laity with members of religious congregations. It was a new era in the U.S. Catholic health care ministry.

The new MPJPs in health care — Catholic Health Care Federation, Catholic Health Ministries, Covenant Health, Hope Ministries and Bon Secours Ministries — each provided formation for its own members. In the early 2000s, these groups came together to explore creating a model of ministry formation specifically for PJPs in health care. For more than a year, the lead staff member from each of the five sponsor groups met regularly to design what would be named the Collaborative Formation Program for Public Juridic Persons (PJP Collaborative).

In the fall of 2003, the newly designed program for sponsor formation created by the lead staff members was offered to the first cohort of participants from the five founding groups of the PJP Collaborative. This new model for sponsor formation met in the Chicago suburbs for four sessions over an 18-month period. Each gathering kept as its focus the questions and concerns of leadership in the new model of sponsorship (MPJPs). Additionally, it was clear from the start that the cohort was to include a formation experience, not just an education or leadership development experience. How to balance formation and information in such a short period of time was both the challenge and the opportunity.

TWO PROGRAMS, CHA AND IRELAND

About 40 people participated in the program's first cohort. After their sessions ended, there clearly was a need to continue the program and expand the pool of participants to include people from other MPJPs that had formed since the inauguration of the PJP Collaborative. The core team of the PJP Collaborative decided to limit partici-

pation in future cohorts of the program to those individuals who were affiliated with one of the MPJPs in health care, in order to keep the focus of the program clear.

However, other groups (such as congregational PJPs, as well as sponsor advisory groups who worked alongside the congregation teams) wanted to participate in a similar sponsor formation program. The Collaborative Sponsor Formation Program was created for them. It was based on the PJP Collaborative and followed a similar model and content, and the Collaborative Sponsor Formation Program, unlike the PJP Collaborative, was open to anyone involved in health care sponsorship.

In 2012, representatives from the two sponsor formation collaborative programs met to discern both programs' future direction and sustainability. Leadership from the Catholic Health Association was invited into the conversation, which led to the request in 2013 to create one sponsor formation program under CHA's leadership. Working with representatives from the two collaboratives as well as other persons involved in formation work, CHA's Sponsor Formation Program for Catholic Health Care started with the first offering in Fall 2015.

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In addition to the new sponsor formation program, other initiatives have emerged. Two team members from the PJP Collaborative in 2010 started to offer a similar sponsor formation program at the request of four sponsor groups (both ministerial juridic persons and congregational juridic persons) in Ireland. The third cohort of this program in Ireland is currently in process. Another result of the sponsor formation programs is the creation of the Ministerial Public Juridic Persons Collaborative — an informal coming together of the leaders of the various MPJPs in

U.S. health to explore ways to support each other and discuss emerging issues that impact Catholic health care and, more particularly, the ministry of sponsorship.

FORMATION CONTENT

Over time, the core sponsor formation program designed by the PJP Collaborative team, through ongoing evaluation and dialogue, evolved into its current form and content. Offered in four weekends over an 18-month period, each session builds on the previous session. This design affords a cumulative learning and integration process, weaving spirituality and prayer throughout. The four sessions are developed around the following themes:

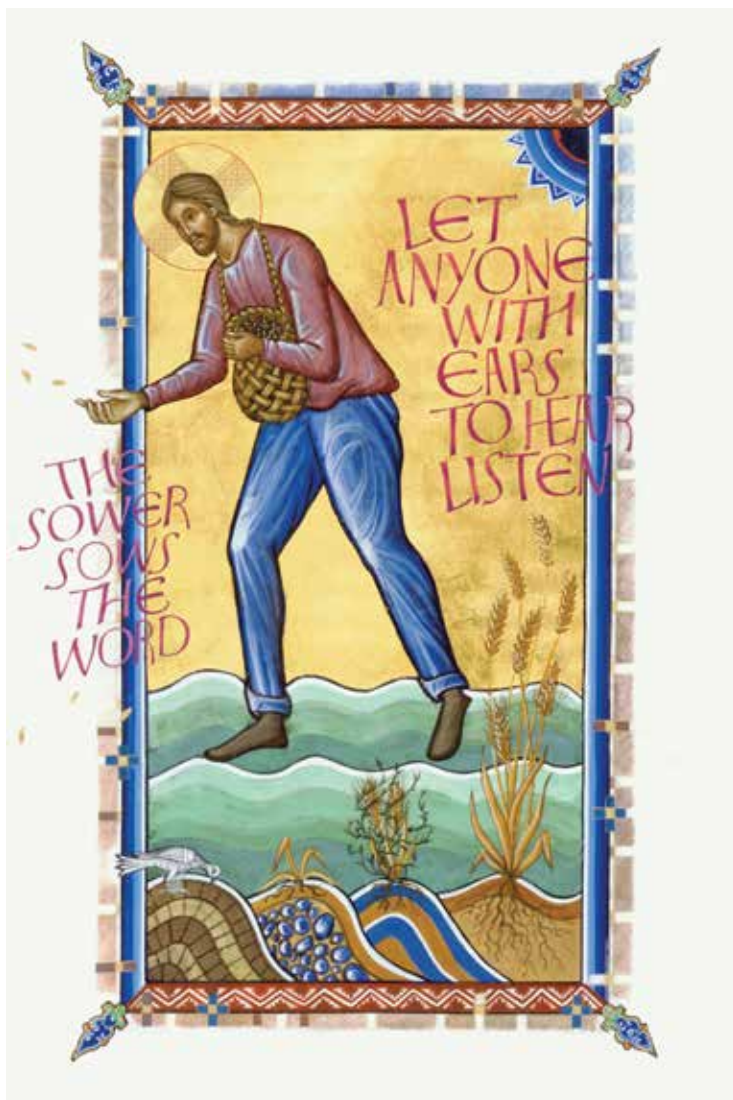
The Call to Serve: In this session the focus is on four dimensions of call: One's personal calling in life; the call and response of various persons in Scripture; the ecclesial call to discipleship and holiness of life; the call to participate in the healing ministry of Jesus, and the call to serve in sponsorship of a public ministry of the church.

To Serve within the Church: In this session there is a focus on how the church, as a living body, grows in its self-understanding within the context of history. The church, grounded in Scripture and tradition, is responsive to the call of Vatican II. This is exemplified in the vision of *Gaudium et Spes*, which highlights the dignity of the human person, honors human activity and responds to the need for human community and the call to be the church in the modern world. The session emphasizes Catholic health care as an official public ministry of the church and describes the nature of this essential relationship through the diocesan bishop or bishops and the Vatican. There also is a focus on basic aspects of canon law as applied to sponsorship.

Living Our Tradition: Sponsorship as a Prophetic Voice: This session presents basic aspects of the rich history, development and themes of Catholic social teaching. It is based in Scripture and essential documents since the late 19th century, the time of Pope Leo XIII. There is an emphasis on the underlying principles of a spiritual-

ity of discernment and how to apply communal discernment to decision-making from the lens of sponsor as prophetic voice. The history, development and principles of the *Ethical and Religious Directives for Catholic Health Care Services* also are presented and discussed.

Sponsorship Today — A Sign of Hope: This session provides an understanding of the biblical tradition of servanthood as foundational to Catholic health care. There is an articulation of the essential role of the laity in the ministry of





sponsorship, a focus on the necessity of spiritual leadership and an identification of current issues in U.S. health care, as well as the impact of those issues on the Catholic health ministry.

CONCLUSION

God indeed is doing something new in our midst, continually calling for new and creative responses to the needs of God's people through the ministry of sponsorship in health care. The laity are called to be partners in this ministry, even as their essential role is to bring about the transformation of society: "They live in the ordinary circumstances of family and social life, from which the very fabric of their existence is woven.' ... The 'world' . . . becomes the place and the means for the lay faithful to fulfill their Christian vocation."⁴

The model of sponsored ministries creates a nexus and unique intersection between the mission of the church and society, as laity respond to being deeply involved in the service of sponsorship in Catholic health care. These new and evolving models of sponsorship provide a creative opportunity to pass on the rich legacy of the mission of Catholic health care. A hallmark of the two original sponsor formation programs was careful discernment of the needs of the participants and the changing landscape of health care. And this will be the challenge for the future: providing meaningful and relevant ministry formation for sponsor members (and those who work with them) so they can be a prophetic voice while handing on a living legacy of care.

Pope Francis writes compellingly of this: "Concerning mission, we need to remember that its urgency derives from its inner motivation; in other words, it is about handing on a legacy. As for method, it is essential to realize that a legacy is about witness, it is like the baton in a relay race: You don't throw it up in the air for whoever is able to catch it, so that anyone who doesn't catch it has to manage without. In order to transmit a legacy, one needs to hand it over personally, to touch the one to whom one wants to give, to relay, this inheritance."⁵

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NOTES

1. Mary Kathryn Grant and Patricia Vandenberg, *After We're Gone: Creating Sustainable Sponsorship* (Mishawaka, Indiana: Ministry Development Resources, 1998).
2. Benedict XVI, *Deus Caritas Est*, paragraph 31a.
3. Sr. Concilia Moran, RSM, "Sponsorship: The Uneasy Question," *Hospital Progress*, 59, no. 10 (October 1978): 52.
4. John Paul II, *Christifideles Laici*, paragraph 15.
5. Pope Francis, Meeting with the Bishops of Brazil on the Occasion of the XXVIII World Youth Day, Rio de Janeiro, July 28, 2013.

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