Sponsors as Co-Laborers: Relationship at the Heart of Meaningful Sponsorship

JOHN HARDT, PhD
Vice Dean for Professional Formation at Loyola University Chicago Stritch School of Medicine,
Sponsor and Board of Directors member for SSM Health

Many rich metaphors have been offered to describe the role of sponsors in Catholic healthcare, and I want to propose three descriptions, not as replacements for others, but as complementary to them. Viewing the sponsor's role as vessel, witness and covenant partner allows us to highlight the relational nature of sponsorship roles and the importance of engaged collaboration among sponsors, governing board members and executive teams.

These metaphors seek to locate the sponsor's work within — not above or outside — the life of the ministry and illuminate the strengths and potential challenges inherent in various sponsorship structures.

Before exploring these three images, it is worth pausing to say something about what sponsorship is and how its structures have changed:

> *Sponsorship of a healthcare ministry is a structured relationship through which the sponsor, in the name of the Church, directs and influences a ministry that meets an apostolic need and furthers the mission of Jesus. Sponsor members of Catholic healthcare act publicly on behalf of the Catholic Church, promoting and assuring Jesus' healing mission by guiding and overseeing a specific institutional ministry in a formal and public way.*[1]

For much of the history of Catholic healthcare in the United States, this accountability was exercised directly by religious congregations — primarily women religious — who founded, staffed and led the institutions. The sponsor was, in those circumstances, a present community formed by religious vows and lives of prayer whose charism permeated the culture of the ministry from within. A charism in Catholic healthcare is the grace-given, distinctive way of perceiving and responding to Christ in the suffering caused by illness and injury. A charism enlivens and shapes a ministry's memory, identity, discernment and practices of healing.

The model of congregation as sponsor has undergone a significant transformation. As religious congregations have diminished in number and their members have aged, the sisters have partnered with committed laity in sponsorship models. These models are facilitated by the establishment of the ministerial juridic person (MJP).

A juridic person is a canonical entity created under Church law to hold the sponsoring function previously exercised by a congregation. This has become the dominant model of sponsorship for Catholic healthcare systems in the U.S.[2] Once an MJP is formed, the key structural question pertains to how the sponsor body and the governing board relate to each other. The MJP generally takes one of three configurations in our current moment to establish this relationship: A sponsor body can be "distinct" from the governing board;

a sponsor body can "mirror" the governing board such that the sponsoring body and governing board are composed of one and the same members; or a sponsor body can function in a "hybrid" configuration in which the sponsor body is a subset of members drawn from the governing board.

A consistent challenge persists across these configurations: There is no simple or best way to exercise the overlapping accountabilities of sponsor, board and management. I would suggest that this is because the meaningful work of sponsorship reaches beyond the contour of its structure and into the art of human relationship. It is in the relational quality of these various configurations that the preservation and strengthening of the healthcare ministry's mission is facilitated. It is precisely this challenge — how sponsors inhabit their role in relationship with other key bodies — that the images of vessel, witness and covenant partner are meant to address.

TRUE COLLABORATION NECESSITATES ENGAGED RELATIONSHIP

The *Ethical and Religious Directives for Catholic Health Care Services*, addressing the role of laity in the leadership of Catholic healthcare, observes that:

> *While many religious communities continue their commitment to the health care ministry, lay Catholics increasingly have stepped forward to collaborate in this ministry. ... Their participation and leadership in the health care ministry, through new forms of sponsorship and governance of institutional Catholic health care, are essential for the Church to continue her ministry of healing and compassion.*[3]

The verb "collaborate" speaks to a central component of the sponsor's role, namely, to work, or co-labor, in relationship with the governing board and the executive team to preserve, expand and strengthen Catholic healthcare's mission. Collaborate, meaning "to work together," communicates a relationship characterized by mutuality and engagement. I'd like to suggest that this language highlights sponsors as engaged in the reality of the ministry's life on the ground, rather than working at a level that can seem distant from or above the ministry and its constituents.

Collaboration also resists an understanding of the sponsor as somehow in possession of something others don't have. Instead, it creates a context for mutual accountability among key constituents in the preservation, expansion and strengthening of Catholic healthcare's mission lived out in its ministries.

SPONSOR AS VESSEL

To speak about a sponsor as a vessel is to emphasize function rather than status. Sponsors carry a charism and mission without owning it. Their position is not privileged as singular possessors of the mission and charism. Sponsors serve as vessels insofar as they carry the charism of a system's founding congregation(s) and the mission of the ministry on behalf of the Church. This role requires formation, fidelity and humility.

For some sponsors, the gift of translating the meaning of the Catholic tradition, the charism of the ministry, and its mission and values can be a particular kind of service to the wider ministry. Here, the charism and mission that move through the sponsor as a vessel are renewed as they are received, interpreted and embodied in new circumstances. This possibility calls for theological and teaching competence to be represented in the sponsoring entity. A vessel seems like an apt image because it carries something while not being the thing itself. Instead, it moves through them and is meant to be shared and poured out.

Vessels are also open, that is, they are meant to be filled. To think of a sponsor as a vessel emphasizes a disposition of receptivity. An engaged sponsor not only gives but also receives, shaped by the input of the governing board, the executive team, the local ordinary, the current moment and its challenges, and the Spirit.

The sponsor is formed by the sponsor's engagement with leadership, clinical staff, community events, ceremonial events within the ministry, and the life of the Church. A sponsor's willingness to be "filled," to be receptive to the current moment, its challenges and opportunities, is necessary for sponsors to remain engaged in the lived reality of their healthcare ministry. In this way, while sponsors play a central role in conveying the mission, wisdom and insight of the charism and mission, they are also there to receive.

This willingness to be formed into a disposition of receptivity is particularly important given the role of discernment in the life of the sponsor and the broader ministry. Discernment requires a quiet and open receptivity to the life of the Spirit. A sponsor must be humble enough to hold the various streams of information about the healthcare

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ministry's life that make authentic discernment possible. A vessel is an apt metaphor for both the sponsor's work and disposition.

SPONSOR AS WITNESS

The Archbishop of Paris, Cardinal Emmanuel Célestin Suhard (1874–1949), observed that "[t]o be a witness does not consist in engaging in propaganda, nor even in stirring people up, but in being a living mystery. It means to live in such a way that one's life would not make sense if God did not exist."[4] Cardinal Suhard's insight about the nature of witness speaks beautifully to the importance of being, rather than just saying, in the life of a sponsor. The descriptor of witness can serve as the counterweight to the notion of vessel, which describes a more active and communicative capacity for the sponsor in carrying and sharing the mission.

Where the sponsor as vessel does, the sponsor as witness is. The sponsor who embodies the identity of being a witness models a life ordered around mission values. In this way, sponsors serve as a formative influence through their very presence in serving the healthcare ministry. Sponsors, then, strive to embody the mission of their healthcare ministry in their own lives.

The values that adhere to our common mission of Catholic healthcare — a preferential option for the poor and marginalized, a concern for human dignity, humility, faithfulness, and a commitment to compassion and justice — can become fragile amid market pressures and performance metrics. Sponsors serve as embodied witnesses to the enduring quality of those values even through hard times. The sponsor as witness forms and shows the way through the quiet teaching of presence within the ministry's work.

SPONSOR AS COVENANT PARTNER

To speak of a sponsor as a covenant partner highlights the difference between a contract and a covenant. Building upon the biblical model of covenant established in the Hebrew scriptures, the language of covenant signals mutual fidelity shaped by relationship rather than transactional exchange. A covenant is binding, ongoing and requires fidelity through thick and thin. To imagine the sponsor as a covenant partner is to call attention to shared accountability. All persons in this covenantal relationship — sponsor, governing board and executive team — are interconnected in their common responsibility to sustain the health system's identity as a ministry, not just a business.

The language of the covenant partner encourages governing boards and executive teams to allow for sponsor engagement amid the system's work. It resists the sponsor being perceived narrowly as either an approval body for business acquisitions or partnerships that meet Catholic "standards" or a distant overseer of mission-related matters. A covenantal relationship fosters the ability for sponsors and leadership to ask and consider deeper questions to ensure faithfulness to Catholic identity and mission.

It is crucial that honest and direct dialogue not be perceived as a breach of trust or misalignment but rather the dynamic collaboration of these various entities at the service of the preservation and growth of the ministry. Similarly, the covenantal relationship requires the sponsor to be similarly accountable to the on-the-ground realities facing the board and executive team. In a covenantal relationship, accountability runs in all directions.

PROPHETIC VOICE

Yet the image of covenant partner, precisely because it is rooted in fidelity rather than mere consensus, carries with it a dimension that collaboration alone cannot fully account for: the obligation to speak truthfully, even when truth is challenging or perceived as a speed bump or stumbling block to the speed and efficiency that characterizes contemporary healthcare management. This is the prophetic dimension

of the sponsor's covenantal role, and it deserves explicit attention.

The prophetic tradition of the Hebrew scriptures is a tradition of honest speech in the service of fidelity. The prophet speaks not from above the community but from within it — bound to it, invested in it, and therefore willing to name what others may be reluctant to say. The sponsoring congregations that gave rise to Catholic healthcare institutions carried a prophetic impulse with them into the ministries they built. Sponsors now inherit that dimension whether they received it from a founding congregation or through formation as a juridic person. It is not incidental to the role; it is constitutive of it.

In practical terms, prophetic witness in the sponsor's covenantal role means the willingness to say what needs to be said. For a sponsor, this could pertain to raising the possibility of mission drift when it is occurring or to questioning strategic decisions that may be financially sound but not sufficiently mission-aligned. The prophetic voice of the sponsor has an obligation to stand for the poor and marginalized when market pressures could press them to the margins of the ministry's concern.

Partly because sponsors are not caught up in day-to-day management and governance, they have an obligation to name hard realities that those absorbed in operations may overlook. This prophetic capacity should not be used for adversarial posturing — how things are communicated is almost as important as their being communicated. At its best, prophetic communication arises from abiding, transparent relationships, fidelity to the mission, and the presumption of good intention that enables hard conversations without damaging trust.

THE BOUNDARY OF ENGAGED COLLABORATION

This prophetic dimension of covenant also clarifies where collaboration ends and where the sponsor's irreducible responsibility begins. The language of collaboration, for all its importance, should not obscure a genuine asymmetry in the sponsor's role. The sponsor is not simply one stakeholder among equals at the table. The sponsor holds canonical and ecclesial accountability for the ministry's Catholic identity — distinct from that of the governing board or executive team.

As CHA has articulated, while sponsors bear the ultimate responsibility for maintaining Catholic identity and addressing community needs, they work in partnership with the Church, the diocesan bishop, and the health system's governance and mission functions. That ultimate responsibility creates an asymmetry that covenantal language must hold honestly.

In structural terms, this asymmetry is expressed through reserved powers, the canonical and civil instruments by which the sponsor retains final authority over certain decisions. While reserve powers can vary by system, they typically include amendments to the mission statement, major transactions that affect Catholic identity, and the appointment or removal of the board and chief executive. This is the final line of accountability for the ministry's mission.

As previous *Health Progress* authors William J. Cox and John O. Mudd have observed, the exercise of reserved powers over major decisions can come at a steep cost to relationships and to the ministry itself. Reserved powers are best understood as rarely used instruments whose availability signals the seriousness of the sponsor's covenantal accountability, not as routine tools for oversight and governance.[5]

The boundary between collaboration and sponsorial authority is a threshold. On one side lies the wide and generative space of covenantal engagement: dialogue, discernment, mutual formation, honest questioning and shared accountability for the mission. On the other side lies the sponsor's nondelegable, ultimate responsibility to the Church for the Catholic identity of the ministry entrusted to its care. Healthy sponsorship only rarely crosses that threshold because the relationships cultivated in the collaborative space make it generally unnecessary. Strong engagement and trusting relationships between a ministry and its sponsor diminish the possibility that reserved powers will be exercised to alter the course of decision-making.

But the threshold is real, and sponsors who are genuinely covenant partners — invested in the mission and willing to speak prophetically — will not pretend otherwise. Fostering such relationships among sponsors, boards and executive teams yields honest, generative conversations that produce more durable outcomes.

ENGAGED COLLABORATION ACROSS MODELS

These images are not intended to be exhaustive of the meaning of sponsorship or to replace those suggested by Cox and Mudd or others. Instead,

thinking of the sponsor as a vessel, witness and covenant partner seeks to highlight the mutual, relational and collaborative nature of good sponsorship. They describe what sponsors do in relationship with key constituencies and locate the sponsor's function within, not above or outside, the life of the ministry.

As one considers the sponsor's work as vessel, witness and covenant partner in each structure, important nuances of the sponsor begin to emerge. In the "distinct" configuration of sponsorship, role differentiation among the sponsor, governing board and executive team is most clearly defined. With no functional overlap between the governing board and sponsor body, role demarcation is clear. However, in this model, the sponsor as vessel, witness and covenant partner may have to do their heaviest lifting, while the structure itself elevates the risk that the sponsor will act and be perceived as removed from or above the ministry. The temptation toward a distance that strains the possibility of engaged collaboration is greatest in this configuration.

In the "mirror" configuration, the sponsor's invitation to engaged collaboration is evident, given their involvement in all governance decisions arising from their collective responsibilities as governing board members. Similarly, the "mirror" sponsor model could be seen as functioning more efficiently, given the dual, shared roles of its members as both sponsor and governing board member.

The inherent challenge of this model may be its capacity to exercise its prophetic function. Significant vetting of sponsor/board candidates could help ensure the recruitment of individuals with discerning dispositions, capable of seeing beyond the health system's operations to perceive the potentially latent mission-central questions. The distance between a structure that accounts for both sponsor and governing board roles and its successful practice requires careful recruitment and formation, emphasizing prayerful persons of faith with a discerning capacity and a commitment to regular critical self-assessment.

In the "hybrid" configuration of sponsorship, sponsor members also serve as governing members constituting a portion of the governing board. The governing board consists of the sponsor body and additional members who serve solely on the governing board. In this way, the "hybrid" configuration of sponsorship serves as a middle path between the "distinct" and "mirror" configurations. The hybrid model allows the sponsors, like their colleagues in a "mirror" configuration, to be fully present and engaged at the governance level. At its best, the governing board benefits from the sponsor members' perspective and insight without collapsing roles and risking some dilution of the sponsor's distinctiveness.

But like the mirror configuration, confusion about which "hat" sponsor members are wearing at any given moment can arise. The intermingling of two distinct bodies within the governing board risks creating "camps," with the sponsor body perceived as representing a particular perspective.

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Locating the "best" sponsorship configuration remains elusive, with each variant offering strengths and weaknesses. But what remains clear is the opportunity to overcome inherent weaknesses in any configuration through engaged collaboration. Regardless of structure, an engaged, trusting, transparent and collaborative relationship among sponsor, governing board and executive team mitigates shortcomings while highlighting strengths.

A SHARED MISSION

Regardless of sponsor configuration, responsibility for attending to the mission must be understood and felt as shared by the sponsor, governing board and executive team. The distinctive mission of Catholic health ministries and what they call us to learn, attend to, implement and discern cannot be left to the sponsor alone. In the same

way, mission accountability ought not to be considered a sponsor's possession. Our shared mission is just that — shared. The maintenance and growth of our mission and the exploration of our identity as a ministry of the Church are far too important, complex and multifaceted for a single entity to carry them alone.

While the sponsor's role is distinct and unique in the context of mission, it is not exclusionary. Because the challenges ahead are significant and the work of Catholic healthcare is consequential, the metaphors offered here seek to situate the sponsor's role within genuine relationship — as co-laborers — with governing boards and executive teams.

JOHN HARDT is an associate professor of bioethics and vice dean for professional formation at Loyola University Chicago Stritch School of Medicine. He serves as a sponsor and member of the board of directors for SSM Health in St. Louis.

NOTES

1. "Sponsorship," Catholic Health Association, https://www.chausa.org/focus-areas/sponsorship.
2. Julie Minda, "Updated Guide Illuminates Relationship Between Bishops and Health Care Ministries," *Catholic Health World*, February 9, 2021, https://www.chausa.org/news-and-publications/publications/catholic-health-world/archives/february-15-2021/updated-guide-illuminates-relationship-between-bishops-and-health-care-ministries.
3. *Ethical and Religious Directives for Catholic Health Care Services: Seventh Edition* (Washington, DC: United States Conference of Catholic Bishops, 2025), 6-7.
4. Madeleine L'Engle, *Walking on Water: Reflections on Faith and Art* (Convergent Books, 2016), 22.
5. William J. Cox and John O. Mudd, "Effective Catholic Health Care Sponsors Are Elders, Guides and Guardians," *Health Progress* 105, no. 3 (Summer 2024): https://www.chausa.org/news-and-publications/publications/health-progress/archives/summer-2024/effective-catholic-health-care-sponsors-are-elders-guides-and-guardians.

QUESTIONS FOR DISCUSSION

This article uses several metaphors and images to explore the relationship between sponsors and others involved in Catholic healthcare, imagining a sponsor as a vessel, witness and covenant partner. Catholic healthcare sponsors are leaders who act publicly on behalf of the Catholic Church to ensure and guide Jesus' healing mission within a ministry.

With reflection, visuals like these can help people make connections and better understand the role of a sponsor or allow sponsors to think more deeply about their calling.

1. After reading this article, did one of these concepts hold particular relevance for you, or do you think it's important to consider them all together?

2. The article also talks about sponsors as co-laborers, whose work is within the ministry, not above or outside it. How have you lived that as a sponsor, or as someone who is guided by sponsors?

3. What skills or gifts have you found most valuable in sponsors? How can systems ensure that sponsors have the relationships and information they need to make challenging decisions and lead an organization forward effectively?

4. The sponsor's responsibility to serve as a prophetic voice comes with the obligation to speak truthfully, even when the truth is challenging. When and how have you seen this responsibility exercised in your ministry?

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