

THE PUBLIC JURIDIC PERSON IN ACTION

An Interview with Sr. June L. Ketterer, SGM, and David R. Lincoln of Covenant Health Systems

In its January-February 1996 issue, *Health Progress* published an article (Nancy Mulvihill, "Public Juridic Person Ensures Catholic Presence," pp. 25-27) describing the process whereby the United States St. Joseph Province of the Sisters of Charity of Montreal (Grey Nuns) transferred sponsorship of its U.S. health care facilities to Covenant Health Systems (CHS), Lexington, MA.

Five years later, *Health Progress* talked to Sr. June L. Ketterer, SGM, provincial superior of the Grey Nuns, Lexington, MA, and a CHS board member, and David R. Lincoln, CHS's president and chief executive officer, about how the public juridic person concept has worked in practice. The interview took place in Lexington.

HP: Sr. Ketterer, as you look back on the way the Grey Nuns decided to transfer sponsorship of their U.S. health care facilities to CHS, can you think of anything you should have done differently?

Sr. Ketterer: No. We were very deliberate and thoughtful in the process. Although we began discussing the issue in June 1992, we didn't actually implement the sponsorship transfer until October 14, 1996.

Our main goal was to ensure the continuation of our mission and the Catholic identity of our health care organizations. At the time, we had only 69 sisters, with an average age of 72, in our province. We knew it was the right time to begin to look to the future of our institutions.

We set up what we called a Sponsorship Discernment Task Force to examine our options. That group eventually listed 12 options, ranging from doing nothing to transferring the assets of CHS and its institutions. In the end, however, our decision was unanimous: We would seek approval—

from the Grey Nuns' provincial and general administration and from the Vatican—to transfer sponsorship of our health care ministries to CHS. CHS would become a public juridic person of pontifical right, a lay board of directors that would assume responsibility for our Catholic health care ministries.

HP: Can you explain why you chose this option?

Sr. Ketterer: The public juridic person model, which was admittedly innovative, seemed to us to best fit the objectives and goals we had set out to accomplish. First, and perhaps most importantly, it meant that the 139-year-old Grey Nuns mission in this country would remain alive and vital and that our health care facilities would remain totally within the Catholic Church.

Second, by establishing CHS as a public juridic person of pontifical right we made it possible for other institutes, congregations, and dioceses to join and/or partner with us, thereby further strengthening Catholic health care in the United States.

And, third, CHS's assumption of sponsorship of our facilities would also, for the most part, mean "business as usual" in our health care institutions' decision-making and information-sharing structures. This model would best ensure that the Grey Nuns' established mission, values, reputation, and heritage would continue.

HP: The public juridic person is "of pontifical right," which means that you are accountable to the Vatican Congregation for Institutes of Consecrated Life and Societies of Apostolic Life (CICLSAL). Do you submit an annual report?

Lincoln: Yes, according to the organic documents approved in Rome in 1995, the board as



Ketterer



Lincoln

representative of the juridic person is committed to submitting an annual "stewardship accountability report" to the Vatican congregation. The report reviews the past year's activities; documents the ways the mission has been strengthened; and lists special programs established to bolster Catholic identity, pastoral care, ethics, and access to care for the poor. The report also includes a statement of the ownership of assets and outlines some goals and challenges for the coming year. We have made such annual reports since 1997, our first year as a juridic person.

HP: Has filing the annual report perhaps been a learning experience for both CHS and the Dicastry (as the Vatican congregation is known)? What have you learned from it?

Lincoln: The report has been a learning experience for CHS because everyone in the system reviews what we have achieved as sponsors and participants in the Catholic health ministry.

We present this report at CHS's Annual Leadership Forum (attended by senior managers and trustees from throughout the system) and also send copies to the CHS board as the juridic person; the Sponsors' Council, which is an advisory group made up of the sponsoring congrega-

tions and dioceses we relate to; the Grey Nuns' general administration; and the bishops in each of the dioceses in which CHS has sponsored works.

We believe that a very important element of our success to date has been our commitment to keeping the lines of communication open and to be forthcoming in our struggles, not only with the Dicastry in Rome but also with the diocesan bishops. So, in effect, we have the same reporting accountability on Catholic identity to our diocesan bishops as we have to the Vatican. In fact, each local CEO and I meet at

least once a year with the diocesan bishop. The agendas for those meetings tend to be issue specific. For example, we just finished discussing the proposed changes to the *Ethical and Religious Directives for Catholic Health Care Services*.

We also send our constituencies copies of let-

ters we receive from Card. Eduardo Martinez Somalo, the prefect of the Dicastry. To date, these letters have been very encouraging.

Sr. Ketterer: As we were developing a relationship with the Vatican, one helpful catalyst was the journey our board members made to Rome in 1997 to present our first stewardship report. Sr. Sharon Holland, IHM, an official of CICLSAL spoke to our approximately 100 systemwide trustees on "How Rome Operates: What Are Some of the Issues?" We were fortunate enough also to have a private audience with Pope John Paul II. Our board members were quite touched by that and eager to continue the work of strengthening our mission. They clearly take their responsibility very seriously and are filled with awe at the role they play in the history of Catholic health care.

Lincoln: The trip was a way for board members, as individuals, to connect with the church in Rome in a different way. The trip cleared away some of the mystery about Vatican operations and helped us establish friendly and cordial relations with the Dicastry officials.

Bishop Joseph Sullivan, auxiliary bishop of Brooklyn, NY, and a former CHA board chair, accompanied us both as a presenter and a participant and offered helpful advice. As Sr. Ketterer just mentioned, Sr. Holland spoke to us. Although she had not yet read our annual report, she detailed the important issues that, in her opinion, should be included in it. To our amazement and satisfaction, we had already covered about 95 percent of those issues in our report.

Sr. Ketterer: I think CHS's reporting to the Vatican also provides an opportunity for education on the unique nature of the U.S. health system. Church officials in Rome may not always understand the intricacies involved in the way health care is delivered in this country.

HP: Speaking of trustees: Is it true that the members of the CHS board serve as both directors of the civil legal corporation and as members of the canonical institute?

Lincoln: Yes. Fortunately, our documents are flexible in that they do not specify who should serve in the civil legal structure, on one hand, and the canonical structure, on the other. So far, we have chosen to have the same individuals serve in both capacities. This has worked well because each person who has filled this role has come to appreciate the importance of both roles. Our agenda allows us to focus on most civil legal and

What Is a Public Juridic Person?

A public juridic person is an aggregate of persons or things and has the following characteristics:

- It is constituted by the competent church authority.
- The work it performs is done in the name of the church (it acts on behalf of the church, not merely in its name).
- It fulfills a specific task entrusted to it in view of the common good.
- It performs its tasks in accord with the limits set for it, namely, church law and its statutes.
- Its property is church property (c. 1257.1).

Source: Jordan Hite, TOR, *A Primer on Public and Private Juridic Persons*, Catholic Health Association, St. Louis, 2000, p. 6.

canonical issues in a single sitting. The only time we really need to have a separate canonical meeting is when there's a proposed alienation or a request for a *nihil obstat* from one of the diocesan bishops.

HP: What criteria do you use in selecting CHS board members?

Lincoln: We're a bit unusual among system or corporate boards because we stipulate that 51 percent of our trustees must be people who have served or currently serve on one of our sponsored organizations' boards. We value the linkage between the system board and the local boards. In a sense, we've used the local boards as a training ground for more than half of the system's directors and sponsors.

For the remaining 49 percent of our board membership, we traditionally seek people—ethicists, physicians, CEOs of other Catholic systems—who have expertise that allows us to look beyond ourselves and learn how various issues are viewed in other parts of the country. Breadth of experience is really what we're looking for in this case. Interestingly, none of our documents requires that a Grey Nun, or a member of any other congregation of women religious, sit on our board.

HP: How long do board members serve?

Lincoln: No member can serve more than six consecutive years.

HP: Must board members be Catholic?

Sr. Ketterer: No, although we make sure, in our interview process, that those who do serve understand their responsibility for the mission and continuation of the health care ministry.

We choose people who we know can carry the mission into the future, regardless of their religious affiliation. Canon law does not mandate that members of a sponsor board be Catholic; most of the people on the board are Catholic, however.

HP: The Grey Nuns do retain some reserved powers, don't they?

Sr. Ketterer: There are three reserved powers. The congregation will, first, continue to appoint the CHS board chairperson. Second, it will continue to appoint members to the CHS board. And, third, it retains the right to approve any changes in the CHS mission statement. The time may come when the congregation must do

more letting go, including letting go of those three reserved powers. We don't know when that's going to be, but we'll know when it's time.

HP: How do the congregations and dioceses feel about a lay sponsorship model?

Lincoln: I believe our lay sponsorship model is one of the reasons why they are attracted to CHS.

Our Sponsor's Council, for our sponsoring congregations and dioceses, meets three times a year to discuss critical elements of sponsorship. We also conduct an annual Sponsor Satisfaction Survey, which asks the sponsors what they find beneficial in CHS, what they perhaps find worrisome, and which additional areas we should address in the future. We use the response from this survey in developing an agenda for our annual planning retreat and leadership forum.

HP: Do you both consider the public juridic person model a success?

Sr. Ketterer: Yes. Because the Sponsorship Discernment Task Force was clear about the results we hoped to achieve with the new lay sponsorship model, it has been easier to measure them.

Certainly, mission has been strengthened, as is evidenced in CHS's annual stewardship report. And, of course, the public juridic person model has attracted partners, which is reflected in CHS's growth. When the Grey Nuns transferred sponsorship, CHS consisted of eight institutions and had a relationship with one other congregation. Today, CHS partners with 34 health care and elder care organizations and 19 religious congregations and dioceses.

So we've seen CHS expand in the past five years to benefit the broader ministry. And, as a member of the Grey Nuns, I can say that it has been an enriching experience for our congregation to see the vibrancy our lay collaborators have brought to the health care ministry. In 1998, in fact, the Grey Nuns gave David Lincoln the St. Marguerite d'Youville Humanitarian Award, an honor bestowed on those who, we believe, work

Other Public Juridic Persons of Pontifical Right*

Catholic Health Care Federation
Denver
Recognized in 1991
Sponsors Catholic Health Initiatives, Denver

Hope Ministries
Newtown Square, PA
Recognized July 2000
Sponsors Catholic Health East, Newtown Square, PA

Catholic Health Ministries
Novi, MI
Recognized July 2000
Sponsors Trinity Health, Novi, MI

*"Pontifical right" means that the public juridic person's purpose is for the common good, its property is church property, and it can speak on behalf of the church at large.

as diligently to further the ministry as our foundress did.

Lincoln: CHS had a good foundation to build on as a juridic person because the Grey Nuns did two things very well.

First, they took their time to evaluate various sponsorship options, to talk about them, and to settle on one they preferred. Second, they educated congregation members, board members, and managers throughout the system about their reasons for transferring sponsorship to CHS.

CHS, moreover, took an entire year to prepare our boards and staff for the transfer of sponsorship. We received approval from the Dicastery in 1995, but rather than rush into it, we provided a year-long leadership program, called "Passing the Torch," that called on senior managers and congregation representatives throughout the system to discuss with staff members why the transition was being made, what it meant, what was different about it, and what behavior would be expected concerning it.

Sr. Ketterer: "Passing the Torch" also brought us together to talk about the history of each of

our institutions. We studied why and how each was started. This was very helpful. We learned, for example, that the Grey Nuns had sponsored a hospital in Ohio for nearly 140 years. That hospital's mission had obviously changed and evolved over time. Seeing this helped us realize that change is to be expected.

Lincoln: Throughout the transition, the Grey Nuns modeled behavior for the rest of us to follow. They showed courage and serenity in making what was clearly not a simple decision. We were all impressed by the ability of a religious congregation with a long and respected tradition of health ministry to let go of that ministry with equanimity.

HP: What challenges remain for CHS?

Sr. Ketterer: One challenge is to fully understand Catholic identity and all that sponsorship means. Fortunately, CHS is committed to a continual education process of both staff and board members. This process includes learning to identify lay leaders and develop them in their new roles.

Another challenge for CHS lies in developing its own charism, one that is different from that of the Grey Nuns and the spirit of St. Marguerite d'Youville. Actually, I think a CHS charism is evolving. We simply need to be patient. After all, it took years for the Grey Nuns' charism to evolve.

HP: So leadership development continues to be an important building block in the success of this new model of sponsorship?

Sr. Ketterer: Lay leadership will determine our success in the future, which is why leadership development is so important. In fact, senior leaders from CHS recently attended the newly established CHA Foundations Program, which was codeveloped by CHS and other Catholic systems.

Lincoln: Leadership development is very important. About 80 of our leaders attended that Foundations Program; the reviews they gave were overwhelmingly favorable. In addition, our corporate office holds bimonthly meetings to discuss issues important to Catholic health care. We also regularly hold systemwide educational conferences on such topics as the role of spirituality in the aging process, palliative care, employee relations, and cultural diversity.

HP: Why are there so few public juridic persons in health care in the United States?

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Covenant Health Systems

Covenant Health Systems, Lexington, MA, was recognized in July 1995 by the Vatican Congregation for Institutes of Consecrated Life and Societies of Apostolic Life as a public juridic person of pontifical right. Currently 34 facilities or services are either sponsored by, managed by, affiliates of, or members of, CHS.

In New England, CHS relates in various ways to several religious institutes and dioceses, including:

- The Daughters of Mary of the Immaculate Conception
- The Felician Sisters
- The Missionary Sisters of the Society of Mary
- The Poor Sisters of Jesus Crucified and the Sorrowful Mother
- The School Sisters of Notre Dame
- The Sisters of Charity of Montreal (Grey Nuns)
- The Sisters of Holy Cross
- The Sisters of Notre Dame de Namur
- The Sisters of Saint Joseph of Boston
- The Sisters of Charity of St. Hyacinthe
- The Sisters of St. Joseph of Rutland
- The Sisters of St. Joseph of Springfield
- The Sisters of the Immaculate Conception of the Blessed Virgin Mary
- Religious Hospitaliers of St. Joseph
- Vermont Catholic Charities/Diocese of Burlington

CHS is also a cosponsor of Catholic Healthcare Partners, which includes:

- The Franciscan Sisters of the Poor
- The Sisters of Mercy-Dallas, PA
- The Sisters of Mercy-Cincinnati, OH
- The Sisters of the Humility of Mary

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an understanding that they are needed—now more than ever!⁴

However, those of us who are leaders in Catholic health care will have to do more than find innovative ways to “deploy” our volunteers. We must, above all, avoid putting them at the margins of health care. Marginalizing people is unhealthy for any organization, according to Margaret Wheatley and Myron Kellner-Rogers. “Open and inquiring, [healthy] systems become wise about themselves,” they write. “They become more aware of their interdependencies. They no longer seek their security behind the stout walls of exclusion. They learn by reaching out, they become stronger. Their support comes not from unnatural boundaries but from the inherent strength of wholeness.”⁵

We must view all our organization’s internal relationships within the context of its mission—the context of the healing mission of Jesus. When we involve volunteers in our work, we are obliged to ask ourselves the questions a good steward asks: Are the enduring concerns being addressed? Is there a possibility of witnessing to Christ’s mission? □

Ms. Ballard’s “Mission Training Model to Enhance Volunteers Involvement,” a follow-up to this article, can be found at www.chausa.org/pubs/pubsart.asp?issue=hp105&article=j2.

NOTES

1. John O’Donohue, *Anam Cara: A Book of Celtic Wisdom*, Harper Collins, New York City, 1997, p. 134.
2. Brian O’Connell, *Voices from the Heart: In Celebration of America’s Volunteers*, Jossey-Bass and Chronicle Books, San Francisco, 1999, p. 15.
3. Thomas Moore, preface to Brian O’Connell, *Voices from the Heart*, p. 8.
4. Dennis Noonan, “The Health Care Volunteer,” *Hospitals & Health Networks*, July 5, 1998, p. 198.
5. Margaret Wheatley and Myron Kellner-Rogers, *A Simpler Way*, Berrett-Koehler, San Francisco, 1998, p. 102.

Sr. Ketterer: For one thing, it’s a new concept and is only beginning to evolve.

Lincoln: Then, too, transfer of sponsorship is not an answer for every congregation. In fact, some congregations don’t need to alter their sponsorship arrangements. They remain very strong with ample numbers of very committed women religious.

But some congregations need new or different sponsorship models. The Grey Nuns are such a congregation. They had to become innovative to ensure that their Catholic healing presence would remain in the communities they had served for many years.

We need to be patient with the new sponsorship model. In some cases, it involves some pretty radical cultural transformations and will require time to prove itself. We need to be deliberate about the process, reporting on progress and holding ourselves accountable for it. We should not rush to judgment. I think we need to give the new model time to mature.

HP: Is that your advice for others contemplating this move?

Sr. Ketterer: Absolutely. I think people have to take the task before them seriously, set a vision for their future, and then take the necessary time to help it evolve.

I’ve been a Grey Nun for 40 years, and over those 40 years I have seen the evolution of health care in our congregation, in the United States, and in relations with the Vatican. The fact that the Vatican is permitting some of these sponsorship arrangements is an encouraging sign.

I remember when only Grey Nuns sat on our institutions’ boards. Then, in the 1960s, we admitted lay people to the boards. That was a huge transition.

Then, in 1983, we established CHS. This was a big step—coming to understand that CHS would be a better vehicle than the independent institutions for carrying our congregation’s values into the future. Looking back over that history now, I see that patience was essential.

I am satisfied that we acted for the right reasons. Our challenge today is to look ahead, rather than waiting until things are falling apart and being forced then to make sudden decisions. I think it is imperative for religious congregations to pause periodically and ask themselves, “Where are we going with our health care institutions?” And it’s imperative to do it honestly.

Lincoln: Effective, ongoing communication is essential for successful transfer of sponsorship. The Grey Nuns and CHS were very deliberate and inclusive in their communications. All required elements were covered; expectations were made plain. Communication was frequent, open, and two-way. All involved understood that the congregation was letting go and that we in the system were accepting new responsibilities.

Sr. Ketterer: I call those of us in leadership the “transition people.” Years ago we had many sisters and were opening new ministries. But now we’re the transition people—learning to trust our lay collaborators.

So far, we Grey Nuns have been very impressed with CHS’s lay leaders, with their hard work and dedication to the healing ministry. St. Marguerite d’Youville was a woman of great trust in Divine Providence. Like her, we prayed and placed our trust in God and in the people who we believed could carry forth our ministry. So far, we have been right! —Bob Stephens

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