



# Overview of Sponsorship

BY KAREN SUE SMITH

A Supplement to CHA's sponsorship video, "Go and Do Likewise.  
Sponsorship of the Catholic Health Ministry."

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

## INTRODUCTION

Throughout his ministry Jesus healed the sick in public and private acts of compassion. Through parables like that of the Good Samaritan, which describes how one passerby finally stopped to assist a man who had been robbed, injured, and left on the roadside, Jesus also taught his followers to “go and do likewise.” The early Christians understood that Jesus expected them to be healers, too. The Scriptures tell of apostles, empowered by the Spirit, who healed the sick as a sign of God’s love. For two millennia, the church has continued the healing ministry of Jesus.

In the United States, Catholic health care has grown into a vast enterprise of health systems, hospitals, clinics, and long-term care facilities. Currently, Catholic health treats one of every six hospital patients. Using the latest medical practices and delivery systems, Catholic health offers person-centered care in a faith-based setting, with values derived from Scripture and Catholic social teaching, insistent on outreach to the poor.

Increasingly, Catholic hospitals and systems are being led by laity, a practice encouraged by the Second Vatican Council. For the first time, the Vatican has authorized laity to serve on sponsorship boards, a position once reserved to members of religious institutes. The goal of this change in structure is to ensure the Catholic identity of the church’s health ministry well into the future. New models of “sponsorship” may prove vital. Laity who hear a “call” to sponsorship engage in formation programs to learn about the church’s mission, ethical principles, founders’ history, and more. The programs also stress spiritual components, like the centrality of community, and habits of faith like theological reflection, prayer, and ritual. Sponsorship involves group accountability for the ministry, oversight of its Catholic identity, support for its employees, and ongoing inspiration. Some Catholic health ministries have also expanded through joint ventures with other-than-Catholic organizations, creating new challenges and opportunities.

## HERITAGE

Over the centuries communities of religious women and men, along with Catholic dioceses, have built in the U.S. the largest non-public systems of education, social services, and health care the world has ever seen. The labor began almost fifty years before the U.S. Declaration of Independence was signed. A group of Ursuline sisters from France arrived in New Orleans where they set up schools, orphanages, and hospitals. They sought to serve the world beyond the church and found people who were sick, poor, or subject to injustice. They served through wars and natural disasters. They also weathered momentous cultural change.

Religious institutes responded to the societal foment of the 1960s, for example, by reflecting on their own roles within the church and outside it. The civil rights movement, the feminist movement, and the protest of U.S. troops in Vietnam took place alongside the Second Vatican Council. Religious life and the priesthood saw departures and fewer new entrants after this period. Yet the council sparked lay involvement in Catholic life and ministries. Now, fifty years after Vatican II, the church is engaging laity as sponsors in health care ministry.

Since the 1960s, Catholic health organizations have seen themselves reflected in four models—the family business, the franchise, the partnership, and the public juridic person—each progressively sharing more responsibilities with the laity (see “After We’re Gone: Creating Sustaining Sponsorship” by Mary Kathryn Grant and Sister Patricia Vandenberg, CSC, MHA). Collaborative lay leadership inspires hope for the future of Catholic health care.

## THEOLOGY OF SPONSORSHIP

Theology represents two thousand years of church reflection on the mystery of God, revealed in Jesus. Theology includes biblical interpretation, ethics, social teaching, ritual, and tradition. Core beliefs are central: that God is love, for example, that God is a trinity ever in communion, that loving relationships form the heart of the church, that communion is central to Catholic identity. Over time, core theological beliefs get woven into the cloth of Catholic life and ministries.

In health care, we say that God's love for humanity flowed through Jesus, who healed the sick. Healing is personal, a joyful touch from the fingers of God. Healing is also social, enabling the formerly sick, injured, or dying person to resume full participation in society. Catholic health care works closely with the church. Yet it also plays societal roles—as a legal entity, a major U.S. employer, and as big business. Sponsorship enables Catholic health care to hold these various roles together.

What is sponsorship? According to the Catholic Health Association, “Sponsorship of a health care ministry is a formal relationship between an authorized Catholic organization and a legally formed system, hospital, clinic, nursing home (or other institution) entered into for the sake of promoting and sustaining Christ's healing ministry to people in need.” The church authorizes sponsors to minister, then holds them accountable for their ministry.

Theology provides a focus (Jesus' healing ministry) and a moral framework (particularly *The Ethical and Religious Directives for Catholic Health Care Services*) to help sponsors raise critical questions in changing times. Theology helps sponsors identify and articulate what is Catholic about this care. Sponsors serve on boards and attend meetings, performing a pastoral role in Catholic health.

## FORMATION

Many professional fields include training and orientation sessions and require ongoing education. Sponsor formation is similar in offering education/study and orientation. And formation is also ongoing. Sponsor formation differs, however, by including important spiritual components: a “call,” community, Catholic theology, ritual, and faith practices.

The educational content of sponsor formation is substantial, built on the Catholic theology of the human person that forms the plank beneath its moral or ethical teaching. Much of the way the church views society, human work, ritual, community, and the legitimate role of government applies to health care. As a guardian of Catholic identity, members of the sponsor group or board must mine such values as the common good, the preferential option for the poor, and the sanctity of human life.

Formation is essential because many laypersons have a much stronger professional background (in health, finance, etc.) than they do in the Catholic faith. Formation provides a time and means for study, discussion and spiritual exploration. The ongoing process seeks to help develop attitudes and habits—prayer, pausing to ask particular types of questions—that can help an institution keep its focus despite other pressures. Through formation, sponsors take on their role individually and as a group.

## ROLES AND RESPONSIBILITIES

The primary role of a sponsor is to ensure that *the mission* of Catholic health is carried out, now and in the foreseeable future. A sponsor is a steward, accountable to the church for the organization's Catholic identity and ministry, as well as its financial health and property ownership.

While those responsible for management make strategic decisions and set policy to ensure quality health care delivery, sponsors (by contrast) focus on how the organization envisions and performs its apostolic *mission*. Sponsors ensure that the hospital, system, or any other health service is a values-centered, Catholic ministry, fair to its employees and addressing real community needs.

Catholic health care must comply with civil law and canon law (church law, which sets norms for church ministries like health care). Similar to a civil corporation, a “juridic person” is a creation of canon law, which provides a structure whereby the mission of Christ can be carried out. Historically, religious institutes, which are “public” juridic persons, have served in this role. Over the last two and a half decades, laypersons have been authorized to serve as sponsor members, who hold church property in trust in order to perform a church ministry for the good of all.

Canon 1284 describes the sponsor as a “good householder,” assisting with the administration of ecclesial goods (church property) by ensuring legal compliance regarding ownership, property damages, income/investments, payment of loans. Sponsors carry out their duties in the name of the church and share in the church's mission. The focus is more on mission than buildings.

Sponsors manage their responsibilities through reserved powers, which are named in the corporate documents. Reserved powers typically include the appointment of board members and/or the chief executive officer as well as approvals of the institution's philosophy and mission; any acquisitions, mergers, and dissolutions; mortgaging of property or indebtedness; amendments to the articles of incorporation and bylaws.

## MINISTRY RELATIONSHIPS

Catholic health care is a *public* ministry, concerned with the well-being of people across whole regions. We aim toward preventive health, not merely acute care. Therefore, sponsors intentionally build relationships with persons and groups inside the hospital or system and beyond it. Internally, sponsors work with governance, management, employees, and the founding congregation(s).

Catholic Church ministries must also build relationships with the local bishop(s), diocesan ministries, and the Vatican/Holy See. These are pivotal relationships, spelled out in canon law. The bishop, for example bears the responsibility for all the ministries within his diocese. As health care structures and partnerships have become more complex, communication with bishops has changed, too, and needs more clarity. Relationships with other-than-Catholic partners raise a unique set of issues and questions. *The Ethical and Religious Directives for Catholic Health Care Services* (Part Six) provides guidance in forming these new partnerships.

Relationships with the local civic community are especially critical as the nation implements new health policies passed by Congress. Health care aims to engage with and benefit the local communities where it serves. Meanwhile, Catholic understanding of health care has widened to encompass preventive policy, such as environmental protection and advocacy for victims of human trafficking, which add still more relationships to the mix.

## CONCLUSION

Catholic health care is a story of hard work, great faith, and creative discipleship. It is also a remarkable demonstration of how Jesus' healing ministry has been adapted for modern times, using the best medicine, technology, and professional staff to further the mission. The healing ministry originally sponsored by religious communities has grown beyond the founders' wildest hopes. Yet U.S. health care, including Catholic institutions, is in a challenging state of flux (regarding new governmental policies and payment systems, types of care, community outreach, appropriate size, and more). Lay persons are being called to collaborative leadership in Catholic health. The hope is that they, in communication with their bishops, can guide this good work into the future, ensuring its Catholic identity, as the church entrusts the healing ministry to them.