# St Joseph's Health Care Society Canada
# A MPJP Case Study

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This paper provides a brief case study of the MPJP St Joseph Health Care Society, which sponsors health care, including a hospital and three hospices in one diocese in Canada. This paper is one of six case studies produced by the ACU Inclusive Governance in a Synodal Church (IGSC) project in 2025. It draws on two, one-hour interviews, the first with members of the sponsors board of the MPJP and the second with a member of the instigating religious institute, the Sisters of St Joseph of the Diocese of London.[2]

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***Process of establishing MPJP*** (founders and establishment)

Ensuring the ongoing provision of compassionate and person-centred health care for the people of the in the southwestern Ontario region of Canada, is a deep values theme in the origin story of the founding of the MPJP known as St Joesph Health Care Society[3]. Flowing from the mission and charism of the instigating religious institute, the Sisters of St Joseph of London[4], compassionate and person-centred health care continues to bear witness in a new time, to the Society's inherited "unwavering dedication…to their [the Sister's and now the MPJP's] belief in the sacredness and dignity of every person and commitment to 'go and do likewise' by following in Jesus' ministry and healing and care"[5]

Indeed, as early as 1983, a leadership team documented the 'good' that both the Sisters sought in instigating the Society, may be summed up as:

> In order to continue to be faithful and just towards of our commitment to health care, it is imperative that we look now, and plan for the eventuality of transferring ownership of our health care facilities.[6]

In this very real sense, then, the Society inherits from the Sisters a deep and abiding commitment to Catholic health care in its varied forms, that has had different historical instantiations, stretching back some 375 years to 1650. More recently, the

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2 Now known as the Congregation of Sisters of St Joseph of Canada
3 Referred to hereafter as "the Society".
4 Referred to hereafter as "the Sisters"
5 *St Joseph's Health Care Society: an orientation to the history and purpose* Pdf. See: www.stjosephssociety.com
6 Richard Corneil, Interview Notes, 2025.

Society, has continued to unfold this charismatic commitment instigating and presiding over a movement from tradition institutional based ministries of care into setting such as community-based hospices and supporting parish-based health ministries. In such a way, the Society innovates in a new time and place, responding to new needs, drawing on the history of Sister's charism anew "to be engaged in unmet needs".

This desire to seek out unmet needs in local communities goes back to the very foundations of the Congregation of St Joseph in France. During this time in 1650, French Jesuit Fr Jean-Pierre Médaille SJ introduced to Bishop Henri de Maupas of Le Puy, a group of women who sought to engage in apostolic works outside the cloister (a requirement for women religious of that time) to better respond to the needs of their time. So, together with Fr Médaille and with approval of the Bishop, they founded the Sisters of Joseph:

> Their mission was to heal the wounded, care for the sick, minister to the poor, the elderly, the orphans and the imprisoned, and to instil spirituality in young girls.[7]

From their foundation in1650 until 1836 when the Sisters came to North America, their ministries flourished and grew, drawing more women into the Congregation and this service of unmet need. 1836 saw the Sisters arrive to minister in St Louis, Missouri in the United States, prior arriving in Toronto, Canada, in 1851.[8] By 1868 five sisters had arrived in London with their Superior General and at the invitation of the second Bishop of London, Bishop Walsh. While this earlier rich history of the apostolic endeavours of the Sisters is beyond the present scope of this case study, it is important to note that the Sisters engage in wide ranging ministries from health care to education, in the Diocese of London, with the same mission of care that inspired their foundation.

As early as 1983, this same pioneering spirit of seeking to ensure the future care for unmet needs in their local communities, saw the Sisters in health care starting to reflect on possible models for the future stewardship of their hospitals. This, spirit had of course, a venerable history in that from very early on the Sisters looked to lay collaborators (physicians, nurses, support services, volunteers) to assist in their health care and other ministry endeavours. For instance, in the 1960's:

> …Boards of Trustees were established to share responsibility for the governance of the health facilities founded by the Sisters and in decision-making that would be faithful to the principles and values of the Roman Catholic tradition."[9]

Indeed, David Nash, a current member of the Board of the Society and a civil lawyer, noted that as far back as 1971 the Sisters had been farsighted enough to bring together skilled and committed Catholic laity to work collaboratively with them on the

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7 Dahlia Reich. *Sister: The History of the Sisters of St Joseph of London*. 2019 Reprint, p. 5.
8 Ibid., p. 5.
9 *St Joseph's Health Care Society: an orientation to the history and purpose* Pdf, p. 2. See: www.stjosephssociety.com

boards and in the leadership operations of their then, three hospitals in Ontario. (London, Sarnia and Chatham)

So, by 1993, it was with this same farsighted apostolic zeal and loving commitment to the care of the people of God in the Diocese, that the Sisters, having acknowledged that they were declining in numbers and that the delivery of health care in Ontario was increasingly complex, made new provision to continue their history of stewardship health care in Ontario in a new apostolic form with the foundation of the St Joseph Health Care Society, a MPJP of Diocesan Right, under the Code of Canon Law. This permitted the Sisters to transition out of operations and governance, as the Society replaced the Congregation in the role of Sponsor (MPJP), receiving the transfer of the ownership of the existing health care ministries and sites by virtue of the newly established Society Board of Directors taking on the role of Corporate Members of each hospital entity.

In this way, given the role of the Sponsor is to act as the Church authority on behalf of the Catholic Church, the Sisters were able to ensure the continuance of theirs and so the Catholic Church's mission of Catholic health care. So, the Society to ensure the mission Catholic health care and "…the treasure of the Sisters' health care ministry" is animated and celebrate both in the present and into the future.[10]

The final decision to found the Society involved much exploration. By 1993, the Sisters had already reached out to the then Bishop of London, who had expressed no interested in the Diocese itself forming a MPJP whose role would be to take on sponsorship of the hospitals that had been founded and administered by the Sisters. This being noted, he and subsequent bishops did and continue, however, to remain in close consultation, input and support both to the Society and as the Sisters firstly went about investigating possible models for the future and ongoing governance of their ministries. Indeed, as a Diocesan Right MPJP, the Society is founded in Canon Law with his support and approval. This priority exploring different governance possibilities was emphasised by Sr Margo Ritchie CSJ, when interviewed on behalf of the instigating religious institute. She noted that although the Sisters had been involved in several different ministries including education, it was particularly the ongoing provision of health care, with which those involved were focused in their concern in the lead up to 1993.

In the wake of this lead up to the establishment of the Ministerial Public Juridic Person in Diocesan Right of St Joseph's Health Care Society, the Sisters and their collaborators had drawn on connections and resources offered by the Catholic Hospital Association of Canada. Here, they had investigated several possible models for taking forward the stewardship of their hospitals beyond themselves and the life of their community. What can clearly be discerned in this preparation, is the Sister's clear commitment to being faithful and just stewards of their commitment to health care. As, Richard Corneil, current Chief Executive Officer of the Society, notes, the

[10] Ibid, p. 3.

1983 document quoted above and written by the then leadership team, witnessed precisely to this point in that the Sisters regarded it as imperative that they look to, and plan, for the eventuality of transferring ownership of the their health care facilities to a body that would continue the care of them.

Subsequently, during the interview phase, both Richard and Sr Margo expressed this as key to the reasons behind the formation of the MPJP, known as the St Joseph Health Care Society. Given this witness has continued as a focus in the Society, this provision of stewardship of health care is indicative of a silver thread of mission, identity and purpose running through the Sisters own charism and into the Society and beyond, into the Society's ministries of health care service. So, for example, by 1993, the Sisters had prepared to transition their institutions to the care of a Sponsor,[11] through separately incorporating their hospitals. To quote Richard Corniel, a "significant amount of effort went into investigating what would be the most effective model of sponsorship".

For David Nash, current member of the Board, these years of preparation were indicative of the Sisters being ahead of the game in terms of the 'signs of the times' that saw the birth of lay ecclesial leadership in MPJP's. The Society was the first of this type in Canada. As evidence of the amount of effort that went into choosing this model, David notes that in 1988, the Sisters sent himself and another as their representatives, to meet with Sister Melanie DiPeitro, a Sister of Charity in Pittsburgh, who was uniquely both a civil and canon lawyer. With Sr Melanie's advice, the Sisters and David, along with other colleagues in their health care endeavours thus choose the particular model of MPJP that is the Society. Confirming David's earlier point of innovative nature of this MPJP, Richard notes that the Society was one of the first health care sponsors in Canada and then became influential in the founding other MPJP's across the country.

***MPJP overview*** (current structure/situation),

It is important to begin any understanding of a contemporary MPJP with a clear statement or understanding of its religious or Catholic mission identity. As a Catholic Church authority, the mission is what is particularly entrusted to it and seeks expression in the different entities of the MPJP's boards of directors/trustees governing the MPJP's operational ministries. Moreover, in the diversity that is the changing global landscapes of the Catholic Church in the English-speaking worlds, the rise of the MPJP as lay ecclesial governance form makes a powerful witness to the Holy Spirit's ongoing missional involvement of the provision care for the people of God, the Church, in the ministries MPJP's inherit or found.

[11] Within St Joseph's Health Care Society, the individuals on the Board of the Society do refer to themselves as "sponsors" but rather as "Directors." The use of the word "sponsor" in the singular is reserved to referring to the Society as a whole.

It is an MPJP's mission, then, that forms the foundation and unifying narrative of its divinely inspired purpose that is also its sacred witness. Since in Christian theology, God as Holy Trinity is revealed in Jesus Christ through the power of the Holy Spirit to be self-giving, self-diffusive love, the legacy of mission-based and focused loving care forms part of the enormous patrimony of MPJP's, not only arising from the instigating religious institutes or other Church authorities, but of the countless generations of the Catholic peoples themselves. From hospitals to schools and everything in between, religious institutes and lay people, in the power and inspiration of the Holy Spirit, have co-constructed with the Spirit an extraordinary range of ministries of corporeal mercy, enabling the Church's sacramental participation in God's mission of self-giving love.

While this inspired legacy of participation in the sacrament of Jesus Christ may be manifest in local churches and as a part of the whole Catholic Church itself, it also provides undeniable evidence of an unbroken human witness to our God-who-is-love. As God is revealed in both special and general revelation to be the very origin and definition of love who is mission, in this understanding we are able to join the North American theologian Stephen Bevans, in affirming that the Church does not so much have a mission *per se*, which MPJP's share in, but that the Mission has a church, and therefore the Mission has an MPJP.[12]

The Society, then, is to be understood in its works, as an expression and witness of the One who is mission. So, like all expressions of Mission in the Catholic Church, the Society seeks to continuously articulate and rearticulate its witness in both words and actions, discerning anew in its time and place, (as we will see more clearly and directly), the call of the Holy Spirit. As an MPJP board of sponsors or canonical stewards the Society sets out its mission for its sponsor members thusly:

> As a Sponsor, the mission of the St Joseph's health Care Society is to sustain the hospitals, hospices and other ministries it sponsors to further the care that the Sisters of St Joseph established through their long and honoured history that maintains the healing mission of Jesus as well as sponsor and support other initiative that improve the health of the community within the Diocese of London.[13]

Importantly, in this statement of purpose the Society both affirms and values in an ongoing way the witness of the original inspiration of its ministries by the Sisters, in their call to the healing ministry of Jesus Christ. At the same time, their mission also makes visible the Society's own ongoing commitment to seeking the Spirit's loving will in the subsequent times and places of their own term of loving care. This affirms the Society's commitment to God's call in the local church of the Diocese of London, pointing to the selection of Diocesan Right MPJP in its foundation, rather than as a

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[12] Stephan Bevans, "THE MISSION HAS A CHURCH: An Invitation to the Dance." *Australian eJournal of Theology* 14, no. 1 (2009).

[13] *St Joseph's Health Care Society: an orientation to the history and purpose* Pdf, p. 4. See: www.stjosephssociety.com

Pontifical Right MPJP. In this mission, the Society endorses the universal Catholic Church's calling to continuously prayerfully seek to understand the contemporary 'signs of the times'. (Matt 16:3; Lk12.56; *Pacem in Terris*)

We have previously noted the long and careful deliberations that resulted in the Sister's decision to transfer and invest the ownership of their health care institutions to the Canonical form of an MPJP. Further to this, however, was the decision that this MPJP be of Diocesan Right, rather pontifical, which was briefly touched on directly above. David Nash noted that in his visit in the late eighties to Sister Melanie DiPeitro in Pittsburgh, that the model of MPJP she had developed and that was taken up as the form for the Society, was a diocesan one. This model, David suggested, had not been much considered but was thought to appropriate by the Sisters as it would allow the convenience of reporting to the local bishop rather than Rome, as is the case in the Pontifical Right MPJP. David noted, and the Sisters endorsed, that this would avoid too much red tape that might ensue in reporting to Rome.

As a Diocesan Right MPJP, the Society is able to remain close to the people of that part of the Province of Ontario in which the Diocese exists, as well as to the Catholic Church itself in the Diocese. Indeed, the significance of a close working relationship with the parishes and bishop of the Diocese was noted as an important feature of the Society by both David Nash, fellow Board of Sponsors member Lissa Regan, and Richard Corneil.

This underscores the basic and fundamental connection of an MPJP and the Society, in this case, to the Catholic Church. As Anthony Tersigni noted in his reflection on another MPJP: "Put simply, the MPJP links us to the church and the church to us".[14] For an MPJP is a function of Canon Law, the law of the Catholic Church. Specifically, Canon 116 defines a "public juridic person" as:

> "aggregates of persons" (*universitates personarum*) or of things (*universitates rerum*), constituted by a competent ecclesiastical authority so that within the purposes set out for them, they fulfil in the name of the Church, according to the norm of the prescripts of the law, the proper function entrusted to them in view of the public good; other juridic persons are private."[15]

Thus, as the Society affirms in its documents, a sponsor "acts on behalf of the Catholic Church to ensure that the mission of Catholic health and the treasure of the Sisters' health care ministry continues to be animated and celebrated".[16] As such, an individual sponsor is one among equals, acting in accord with its witness to its

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[14] A. Tersigni. An MPJP Contemplates Charism, Calling and the Future. *Health Progress: A Journal of the Catholic Health Association of the United States*. 98 (3) (May-June 2017), p. 25.

[15] Apostolic See, *Code of Canon Law* https://www.vatican.va/archive/cod-iuris-canonici/eng/documents/cic_lib1-cann96-123_en.html

[16] *St Joseph's Health Care Society: an orientation to the history and purpose* Pdf, p. 3. See: www.stjosephssociety.com

mission as community of Catholic Church leaders within their ministries, which are therefore, ministries of the Catholic Church.

This has implications for 'kind of thing' or nature of a group of canonical sponsors. While these implications will be teased out further below, suffice to note here that there is an important and very real sense that the nature of a board of sponsors is something qualitatively different from that of a civil board of directors – or at least there should be. This must be so, since, from a Catholic ecclesiological point of view, a board of canonical sponsors are constituted primarily through the Catholic Church itself and its Canon Law. So, while a board of sponsors as a human institution or organisation has a sociological manifestation, it also has to be seen as having a spiritual or supernatural manifestation as well, for it shares in the mission of God in Jesus Christ, through the power of the Holy Spirit.

Currently, the Society is structured with a Board of Directors or 'owners', who are created at the intersection of Canon and civil law. This means that as a collective, the Board of Directors is the Members of the corporation, analogous to that of owner or 'sole shareholder' of corporations or organisations it sponsors. Society documents note that this is different to many if not most non-faith-based health care organisations where the Members of the corporation and its Directors of the Board are usually the same people.[17]

Currently the Society is the sponsor and owner of four health care organisations: St Joesph's Health Care in London, Ontario; St Joseph's Hospice in London; St Joseph's Hospice operating in Sarnia Lambton and the Hospice of Elgin which is currently being built. Each of these sponsored health care organisations or ministries are a registered not-for-profit corporation under provincial or federal jurisdiction, ensuring that each is separately incorporated and so protected both civilly in the courts but as a sponsored corporate entity, still functions with an authentic Catholic identity. Each separately incorporated organisation, therefore, has a board of directors who are accountable for governance, as well as a management team for the operations of the organisation. It is the management teams, together with their boards, who take responsibility for strategic decision and ensure excellence in health care delivery.

Importantly, the board of directors for each organisation is appointed by the Board of the Society in its role as 'sole shareholder' or Members of corporation (part of Sponsor's Reserve Powers).

During the interview, both Directors present and Richard, as CEO of the Society, spoke of the role the Society has in supporting its sponsored organisations to maintain their Catholic identities as operations or 'works' of the Catholic Church. In broad terms the Sponsors do so through their reserve powers, but also through supporting mission formation and support to the sponsored organisations both at

[17] *The Unique Role of Sponsor/Owner*. St Joseph's Health Care Society. See: stjosephsociety.com

board and operational level. So, the Society ensures that their ministries are works of the Catholic Church by firstly sponsoring them as the Church authority. Secondly, they ensure the ministries provide care to people without regard or judgement of a person's race, faith, circumstances, or life choices. Thirdly, they support their ministries, as much as they themselves do, to seek unmet needs in the communities the ministries serve. Fourthly, they ensure through their boards, that the ministries provide high quality and sustainable services. Fifthly, they ensure the ministries are financially stable and finally, and perhaps most significantly, the Sponsors support the maintenance and formation of the ministries spiritual purpose.

As noted, while the Boards of Directors of each organisation sponsored by the Society has responsibility for governance oversight of the organisation and, as such, a high degree of autonomy, the Society is able to exercise its own appropriate level of governance through its Reserve Powers. These reserve powers are to safeguard unique history of these Catholic health care organisations as well as fulfil the Society's canonical obligations and expectations. These reserve powers and responsibilities are:

- To approve the appointment of Board Directors, CEO's/Presidents and Executive Directors
- To approve the by-laws of each member organization
- To approve any change to the member organization's mission, values or philosophy
- To approve any integration, merger or dissolution
- To approve any major financial decision or indebtedness
- To ensure access to mission leadership and integration education
- To ensure positive relationships with the Bishop
- To ensure a commitment to ethical integrity with the Health Ethics Guide as the foundation for ethical decision making
- To ensure a commitment to spiritual care services that effectively meet the needs of clients, families and staff
- To provide opportunities and educational resources for mission leadership development[18]

What is immediately apparent from this list of reserve powers and responsibilities is that while they do have a stewardship aspect pertaining to the financial wellbeing of the sponsored organisations, overwhelmingly the Society's reserve powers are focused either indirectly or directly, to the maintenance and support of Catholic witness to mission. Thus, through consultation with their boards and operational leaders, (ensuring the principle of subsidiarity), the key characteristic of the exercise of sponsorship, is that of community supporting and maintaining the healing mission of Jesus Christ.

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[18] Taken from: *The Unique Role of Sponsor/Owner*. St Joseph's Health Care Society. See: stjosephsociety.com

***MPJP's current situation and Relationships with Other Church Bodies***

As noted previously, the Society currently sponsors one hospital and two hospices with the third due to open in July 2025. Data from the Society's current website provides important further information as the extent of each of their sponsored health care organisations, filling out in greater detail the operations in the Society's stewardship:

- ✓ St Joseph Health Care, London Ontario -
  As a major patient care, teaching and research centre with a distinguished legacy of service to London, Southwestern Ontario and the veterans of Canada, dating back more than 140 years, St. Joseph's five key role areas include acute/ambulatory care, complex care and veterans care, long-term care, rehabilitation and specialized geriatrics and specialized mental health care. Facilities and services include St. Joseph's Hospital, Parkwood Institute, Mount Hope Centre for Long Term Care and the Southwest Centre for Forensic Mental Health Care

- ✓ St Joseph's Hospice of Sarnia Lambton -
  St. Joseph's Hospice of Sarnia follows a two-pronged approach: a 10-bed residential care facility with community-based programs and services. The residence provides a home-like atmosphere where individuals, their families and other members of their support team can receive compassionate care and comfort through end-of-life. Hospice is also about providing emotional and spiritual support for the terminally ill and their loved ones.
  St. Joseph's Hospice provides a very important link between the general public of Sarnia Lambton and the existing health system, community agencies, health professionals and volunteers thus enhancing end-of-life care. Service is extended through bereavement when loved ones require assistance or other forms of grief and loss support.

- ✓ St Joseph's Hospice of London -
  St. Joseph's Hospice is a faith-based organization that provides quality of life at the end of life, offering compassionate holistic care and support to people living with a terminal illness. Support is extended to their family members and caregivers, and to those grieving the loss of a loved one.
  Whether in the community, Wellness Centre, or 10-suite residence, St. Joseph's Hospice provides specialized programs and care with a person-centred approach. Individuals and families are intimately involved in creating their own care plan that best addresses their unique needs.

- ✓ Hospice of Elgin -
  Our community is currently in the process of building a Hospice that will anchor palliative care services in the community. Hospice of Elgin will include a 10-bed residence, a palliative clinic, wellness centre, grief and bereavement programs, and more. At Hospice of Elgin we believe that everyone matters. Our patients,

their caregivers and families are at the heart of everything we do. Expected to open July 2025.[19]

The Society's mission approach as well as honouring the Catholic theological understanding of the Christian vision of the human person, expressed in the dignity and absolute value of each person via:

- 1 hospital (St. Joseph's Health Care London) across 5 sites:
  - -1,019 beds across all 5 sites
  - -Over 790,000 outpatient visits
  - -Over 24,000 inpatient and day surgeries
  - -Over 51,000 urgent care visits
- 2 operating hospices (St. Joseph's Hospice Sarnia Lambton and St. Joseph's Hospice London):
  - -20 combined beds
  - -over 240 admissions combined
- All 3 entities combined (hospital and hospices) have 1,500 volunteers
- All 3 entities combined operating budgets total $650 million

A key thematic feature of the interview that arose was the ways in which the Society, particularly through its Board of Directors, but also through its health care boards and operations leadership, was working closely and intentionally with the local Church of the Diocese, as well as provincial and federal health care systems. Both Lissa and David as members of the Sponsor Board and Richard as the Society's CEO were able to point to the important and work being done to maintain and strengthen relationships with all these key community stakeholders. The importance of this communication was also extended to relationships between the Society Board and the Board of its sponsored organizations.

This high value and intentionality of dialogue and communication is particularly evident as a key component of Richard's role as CEO of the Society. Richard stated that he meets regularly with not only the Bishop of London on behalf of the Society, but also that he attends all board meetings of the Society's sponsored health care organisation as a 'board observer'. In this sense he is not a board member with fiduciary responsibility but is present to support communication between the Society Board and the Board of its sponsored organizations. His role in these meetings is also to consistently ensure that the voice of the Sponsor is present in relation to 'sponsor related' issues as well as representing the support and expertise that might

[19] See: https://www.stjosephssociety.com/our-sponsored-organizations/ (Downloaded 12/04/25)

not be present on or to the boards, but that the sponsors might offer the boards. The key values expressed here are those of dialogue whilst respecting the Catholic social teaching value of subsidiarity. Lissa also noted that as someone relatively new to the Society as a member of the Sponsor Board, she had been much struck by the efforts and extent of communication with the sponsored organisations as well as the local community, commenting that this was something she didn't think was much known yet loomed large in the processes of the Society.

One key support and resource cited in the interview that Richard and the sponsors were and are able offer their health care organisations and boards is that of mission formation and mission leadership. This includes offering formation on such themes as Catholic social teaching, mission leadership programmes, giving a reinforcing and supportive sense of the Society's larger mission integration priorities, as well as formation in the larger Catholic tradition itself. So, for example, as one of the Society's health care organisations might seek to serve a newly discovered and unmet need in their local community, in the role of CEO Richard and his team are able to offer language around this new outreach service which might go beyond a tradition hospital setting. This language might draw from Catholic social teaching or other aspects of mission formation.

This value of supportive dialogue in stakeholder engagement is also evidenced in the Society's engagement with larger state and Catholic health care systems. Here, both Lissa and David's political expertise was cited as important resources and have been a resource in past work. Specifically, Lissa in her past work with elected officials at both the federal and provincial level, including the Minister of Health and David in his presence, along with Bishop of London, on the Board of the Catholic Health Association of Ontario. Richard also serves as the Chair of the Governing Council of the Catholic Health Alliance of Canada. What begins to emerge from all these efforts and endeavours, then, is an important and conscious effort at engagement on local, province and federal levels, enabling the Society to engage in supportive relationship connections across multiple networks. This supports the Society to continue developing and maintaining supportive and positive relationships with all its stakeholders, both internal and external.

Further, this concerted effort of dialogical engagement is suggestive of a way of operating that Pope Francis has been pointing to as a synodal approach to being Church, such that one might assert that the mode of operation of the Society is in a synodal modality. Pope Francis has described synodality as "… an expression of the Church's nature, form, style and mission… and a place where … all can feel at home and participate."[20] The Pope suggests that this is not a new Church doctrine or polity, but is, rather, an ecclesial sensibility found and experienced in a willingness to

[20] Francis, *Address of his Holiness Pope Francis to the faithful of the Diocese of Rome, September 18, 2021.* https://www.vatican.va/content/francesco/en/speeches/2021/september/documents/20210918-fedeli-diocesiroma.html

listen, to dialogue, to share, so all the faithful of the Church and those who might join them on mission, are invited to assume their co-responsibility for this mission that is God's self-giving love. It requires a prayerful and humble openness to the Holy Spirit as being the principal caller.

To this end, David highlighted during the interview that the Board of Directors had inherited from the Sisters a culture of really listening to each other. He noted that as the Society has matured as an organization and as the Board has evolved, the principles of board equality and solidarity had really taken root resulting in a board culture that focuses on attending to each other, which he noted had been begun and nurtured by the Sisters. For David, this was part of what he identified as a qualitative difference in the board as Catholic rather than secular, along with their attention to this kind of 'listening' governance and the sense that when they met, they were engaged some kind of prayerful process.

The Society's relationship with the Diocese of London and its parishes and other works is important to describe in greater detail as during the interview it emerged as a particular feature of the importance placed on relationships with the local Church by the Society. Given that the Society was purposefully founded as Diocesan Right MPJP and so accountable to the Catholic Church through the Bishop of London, this makes great sense.

Richard provided several examples of the Society's efforts to engage and maintain close links with the local Church in the Diocese. Firstly, and as already mentioned, the CEO of the Society meets regularly with the Bishop. The Society has fostered an annual meeting between the Bishop and senior executive operational leaders in its sponsored organisations. This has enabled the Bishop to hear from leaders at the front-line of mission in health care in his Diocese, as these leaders guide Church organisations responding to the shifting needs in the local communities in his care as chief pastor.

Further to this aspect of the Society's close relationships with the local Catholic Church, Richard spoke of a recent initiative of the Canadian Catholic bishops in the creation of a toolkit to support Catholics to understand the end of life journey, specifically in relation to palliative care. In this case, the Society was able to hire a facilitator to help support parishes to explore this resource, setting it up for discussion and unpacking its tools. With regular meetings between the CEO of the Society and Diocesan director of pastoral planning, such initiatives allow the Society to be a supportive and coordinated Catholic Church partner in the Diocese, and part of the fabric of the local community.

Another initiative of the Society and an example of innovation to respond to unmet needs in the local community, is provided in the development of the new hospice in Elgin County. Initially, this required the Society to stretch beyond its role as Sponsor and assume direct leadership as a conduit between the provincial health system and the local community. Thus, during the interview Richard spoke of the way in which

the Society had assumed direct responsibility for administration and carrying out the feasibility study for the new hospice, applying for and receiving the government funds for its building and setting it up as a working institution. It is due to open July 2025, and the Society is readying the entity that will take over governance, administration and operating the hospice under the sponsorship of the Society.

It is also worth noting in concluding this section of the case study report that, through the Society's being so actively embedded in the community of the Diocese of London and beyond, it is able receive helpful and supportive suggestions for future sponsors and board members from the communities they service. This is important as it speaks again to the way in which a listening dialogue is taking place between the Board of Sponsors and its ministries in health care.

Further to this, community involvement was used to point to the Society's efforts and process to hear from diverse voices in their organisation, on their boards and on the Board of Sponsors. David pointed to several operational and board leaders who did not necessary share the Christian faith but who shared deeply in the values of the mission values of the Society.

In terms of hearing from First Nations peoples of Ontario and Canada, it was Sr Margo who drew attention to the Society's health care ministry engagement as representative of engaging with diverse voices. She was able to point the way in which the hospital in London was co-sponsor with an indigenous organisation in a 'hub' which provided supportive housing, seeking to address homelessness amongst First Nation's peoples. She also noted that she attended a meeting in the previous week to further examine ways in which Catholic health and the Society might further integrate indigenous voices at the operational and board level.

During the interview both David and Richard touched on the extensive and intentional nature of the Society's 'onboarding process'. Both indicated that this was crucial for maintaining the missional culture they felt they had inherited from the Sisters. The significance of onboarding in such an intentional way ensures that prospective Directors of the Society Board, have the fullest sense possible of function of the Director's role in terms of governance, but also of the missional Catholic Church nature of the MPJP itself. The Society also provides this kind of onboarding for new Directors on the boards of the sponsored organizations.

***MPJP's plans/hopes for future*** (incl. Formation, succession, who will appoint Trustee/Sponsors if Sisters not able to)

During the interviewed both David and Richard mentioned a number of points in thinking about the Society's plans and hopes for the future.

- ✓ Richard noted and David supported, the sense that the Society was now at something of a cross-roads, having reorganised its ministries out of two of its three original hospitals into one hospital and three hospices. Richard noted that there was a sense of what next, given just over 30 years of experience as a board of sponsors and as an MPJP, learning how to use its reserve powers in supportive mission focus ways, ensuring the legacy of the Sisters. Where might the Holy Spirit now also be calling the Society to engage in and for the communities it serves?

- ✓ David mentioned that he felt the needs of contemporary young people were not sufficiently understood or known in local communities served by the Society. He noted that their needs are really important, yet he wondered if both politically or within the Church there was a struggle to understand how to respond to young people and a dearth of leadership in so responding. He felt that this would be a ten-year plan not a three year one.

- ✓ Finally, Richard noted at one point towards the end of the interview some questions around the role of prayer and community in how the Board of Sponsors might understand themselves and their role. David and Lissa had noted during the interview that the spiritual and theological formation of the Board of Sponsors had been, by a large, the province of the Catholic priest and religious sister on the board. While this would indeed be in many ways a natural thing, when asked about the future when perhaps there would be no such religious persons on the board, Richard noted a sense in which further reflection would benefit the Society. Here, there was a sense of moving towards a more purposefully understanding as sponsors as engaged together in a communal prayer of discernment and witness as lay ecclesial leaders. This was also felt to be something to maintain and ensure the identity of the sponsors as an intentional Catholic community at the heart of the communities of their ministries.

## Conclusion

This case study has rendered visible the movement of the Holy Spirit in ensuring the provision of care for God's peoples, particularly vulnerable, poor, disposed and voiceless. The Society, formed in 1993, has intentionally sought in new and vibrant ways to carry forward the initial witness to the Holy Spirit of the Sisters as they in their time in sixteenth century France sought release from the monastic enclosures to be able to minister in the world, seeking and meeting unmet needs.

Through the foundation of the Society, the Sisters and their local communities in the Diocese of London, together with the Bishop of London, have formalised and strengthened the identity and fidelity to the Church as part of the mission of Jesus Christ to love and liberation. In this way, the Board of Directors of the Society is able to act as a profoundly important link between the Church and its ministries in health care in the Diocese of London and also, then, between these ministries and the Church. This forms an expression of the notion of *Sentir cum Ecclesia* or thinking and feeling with the Church. This suggests the role of sponsors both within and in their roles as the seeking of the union of hearts and minds.

Viewing this case study from this perspective suggests the Board of Sponsors have the possibility of seeing themselves not as any other board of directors, but rather a small Christian community at the heart of communities of ministries, a community of communities of the Church. This is an illustration of the term catholic or catholicity. *Katholikos* is concerned not with abstract essences but rather with the relationalities that unify connections among diverse realities.[21] Indeed, surely, this is achieved through the process of synodality, through the dialogical listening suggested in many of the responses above. Such is the journey that the Church finds itself engaged on through the St Joseph's Health Care Society.

[21] Daniel Horan (2019) *Catholicity and Emerging Personhood: A Contemporary Theological Anthropology*. New York: Orbis Book, p. 4.

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## Appendix A.