Theological Implications of new Pontifical Ministerial Juridic Persons

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The Significance of New Sponsorship and Governance Models in a Synodal Church

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The U.S. Situation

Juridic persons are not new. Almost every Church organization, including dioceses, curial offices, religious institutes and other organizations have juridic status. What is new are what are called "ministerial juridic persons" that were established beginning in 1991 in order to continue Catholic sponsorship of education and health care as the number and presence of founding religious diminished.

The first MJP[1] in the U.S. was approved in 1991, the Catholic Health Care Federation. It was the result of the incorporation of a number of different religiously sponsored health care systems, and later became known as Common Spirit. Today there are about 20 pontifical MJPs, nearly all of which are *public* juridic persons.[2] They all emerged from earlier traditional sponsorship by religious institutes.[3] There are still a few systems with traditional sponsorship either by a religious institute (e.g., CHRISTUS Health, sponsored by two groups of Sisters of the Incarnate Word) or by a diocese (Catholic Health in the diocese of Buffalo, New York).

There are about 650 Catholic hospitals in the US. They belong to sponsored systems that range in size from a couple dozen institutions to more than 150.

There are four models of sponsorship in Catholic health care, most of which reflect a sharp distinction between sponsorship and governance. A) The traditional model (sponsorship by the founding diocese or religious institute); B) the "separate" or "distinct" model in which the sponsor and the civil board are two totally separate groups of persons; C) the "mirror" model in which the civil board and the sponsor are the same group of people who exercise both the civil and canonical authority; and D) the so-called "hybrid" model, in which the sponsor and the civil board are separate groups of persons but all of the members of the Sponsor are also members of the Board. The Sponsor can meet separately when necessarily.

These sponsored systems all extend across many dioceses, but are bound together by adherence to the "Ethical and Religious Directives for Catholic Health Care" (ERDs) which come from the U.S. Catholic Bishops.

Alternate sponsorship among Catholic education is not as advanced, although some of the above groups sponsor secondary or university education in addition to health care. The Dominicans, Franciscans and the Sisters of Mercy have created new MJPs for education and others have indicated interest in doing so.

Points of Intersection between Synodal Ecclesiology and

Sponsorship in Catholic Health Care

There are dozens of points of convergence between the development of new canonical models of sponsorship and the values that are at the core of synodal ecclesiology. I will mention just five that I think are most important: The activity of the Spirit, enhanced participation of the whole People of God, sacramentality, a renewed understanding of ministry, vocation and charism; and formation.

1. Responding to the activity of the Spirit:

The Synodal document begins with a note by Pope Francis who indicates that the synod was launched to listen to what the Holy Spirit is saying to the Church at this time, and how the Church is being enlightened by the Holy Spirit. Indeed, much of the change that has occurred in the Church since the Second Vatican Council is understood as the renewing activity of the Spirit calling us to respond to a different world and carry out our mission in new and more effective ways. The document refers to the Spirit and the gifts of the Spirit numerous times (e.g., #25, 32, 33, 45, 57, 69).

We in Catholic health care have seen these new models of governance and sponsorship as a result of the activity of the Spirit as well. In fact, the Sponsor Formation Program developed by the Catholic Health Association of the United States chose as one of its primary images the descent of the Holy Spirit upon those gathered in the upper room. This seemed appropriate both because these new models were a result of the Spirit renewing the Church and also because it was doing so through its influence on groups of persons rather than just on single charismatic individuals.

2. Enhanced Participation of the Whole People of God

Prior to Vatican II, the Church understood itself as a divine hierarchy. "Church" was understood primarily in terms of its ordained ministers and ecclesiastical authorities and to a lesser extent in terms of vowed religious. Vatican II changed that radically by introducing the concept of the Church as the people of God. This was, as one theologian notes, a "Copernican revolution," redefining the Church as from a "societas perfecta" and changing the dynamic from mystery-hierarchy-people to mystery-people-hierarchy.[4]

Vatican II also emphasized baptism rather than orders as the primary sacrament of vocation and this sparked an enormous growth in participation of the laity in the life of the Church. The importance of increased participation by the laity in general as well as some specific groups, e.g., women and the poor, in particular is mentioned dozens of times in the Synodal document (e.g., #4, #5, 17, 26, 66.)

From a canonical standpoint the emergence of new juridic persons with lay people as active members may be the most dramatic fruit of this enhanced participation. In Catholic health care it has put lay people in positions with direct accountability to the local bishop and also to the the Holy See. I have witnessed individual sponsors who, upon their first visit to the Dicastery in Rome, suddenly become aware that their role is new and largely unprecedented. While members of religious institutes had regular contact with local bishops and even (and usually not happily!)

with the Holy See, this was uncommon or even rare for the laity. In a few cases where there were tensions or conflicts between a local bishop and a pontifical health care system, who both report to the Vatican, the possibility of a confrontation between the Holy See and a non-clerical sponsor group.

Sacramentality

Edward Schilllebeecks in 1960 wrote a seminal book entitled "Christ the Sacrament of Encounter with God." In it, he outlined a much broader notion of sacramentality that Catholics were used to. Prior to Vatican II, "sacrament" had been understood much more narrowly as the seven privileged moments in Church life when we encounter Christ in one visible form or another. Schillebeeckx opened the door to a broader understanding, not only of Christ as the primordial sacrament, but of the sacramentality of other aspects of Church life. In 2003 Clark Cochrane wrote an article entitled "Renewing the Sacramental" in which he reminded us that not only Christ, but persons, actions, and even institutions have a sacramental character.[5] This has since become a an important way of describing our institutional ministries, as a sacramental presences in the world. Because the most effective sacraments use quality things to mediate grace, this concept has particular resonance in health care where quality is such an important issue. The full sacramental nature of health care can only be realized through quality care.

Sacramentality is perhaps the most distinctive element of Catholicism and the synodal document refers to it many times (e.g., #21, 32, 44, 56). It has enormous potential for renewing our theology of institutions.

Ministry, Vocation and Charism

Synodal ecclesiology draws heavily on expanded and renewed understandings of ministry, vocation and charism. The 2023 document refers to the diverse gifts of the Spirit, to ministry, instituted and not, and to charisms (e.g., #55ff).

In sponsorship the discussion of charism raises two important dimensions. First is the "merging" of individual charisms of the religious institutes that sponsored their own health systems before consolidation into larger systems took place. Would individual charisms survive or would they be replaced by a charism common to the new entity? This is still in progress. (It is important to remember that charisms are discovered, not invented). My guess is that eventually a new charism that expresses their place and mission in today's world will emerge.

The second question involves the emergence of new charisms or recovery of those that have been lost, especially prophecy. The word prophetic has been overused in recent years, often to describe anything that is new and innovative. But there is a deeper meaning of prophetic that has to do with seeing the world as it is and seeing how the Gospel needs to be preached in that new world. The synod document describes its work as prophetic (#47) when it emphasizes the importance of being a prophetic voice over against the prevailing culture, especially in in its focus on the universal destination of human goods and the common good. The religious institutes that

founded our hospitals and schools clearly had prophetic vision even if they never described it as such. Today one of the main responsibilities of sponsors is to exercise prophetic vision.

For instance, I know of one religious institute that had both long-term and acute care. They decided to focus on long-term care and leave acute care. In the US, this was a bold move. Long-term care is not well funded, and it requires care that not everyone is suited for. Yet it is a serious need and that religious community made a significant strategic change in order to meet it.

The final aspect of this change is the use of the term "ministry" instead of apostolate. Until recently we did not even use the generic term ministry to describe individual undertakings, much less institutions. Health care adopted the term ministry more than 40 years ago, even before we fully understood what it meant in an institutional sense. I have treated this at length elsewhere, but let me just say here that this change in nomenclature enhanced the profile of our sponsored Catholic entities and has urged us to be more explicit about the character of these public ministries. Catholic education has been slower to begin using that language, but it is being considered.

Formation

A final convergence between synodality and sponsored ministries is formation. It appears many times throughout the synod document (e.g., # 80, 143, 145, 147-9, and with reference to the bishop, #69). The document emphasizes that formation must include "not only acquiring theoretical knowledge but also promoting the capacity for openness and encounter, sharing and collaboration reflection and discernment in common. It must engage all dimensions of the human person." This formation process begins with an awareness of the inherent spiritual awareness of each person and moves on to basic catechesis, the person and ministries of Jesus, ecclesiology, and principles of personal and social morality. I have found in my own work that the heart of formation must be Catholic social teaching, both as principles and as virtues.

We realized early on that sponsorship must involve more than new canonical structures. We have to form sponsors, board members, senior executives and other leaders. In the last 40 years, Catholic health care in the US has spent an enormous amount of money on structured formation programs. They extend over months or even years and involve theology, human formation and spiritual formation. They provide an intense form of adult faith formation that will not only strengthen the ministries but the Church in general.

The role of sponsors is limited but crucial. Among their essential responsibilities, I believe assuring formation is the most important. Sponsors must start with their own spiritual formation and then see that it extends to boards, senior executives, managers and clinicians, professors and staff members. Everyone must understand the "why" of these ministries and how they are incarnate realizations of the ministry of Jesus.

Conclusion

Although the first MJP was established long before discussion of a synodal Church began, it is clear that these movements exhibit similar characteristics and many opportunities for new dynamism in the Church.

[1] Other terms are used to describe these entities, e.g., "Ministerial Public Juridic Persons " (MPJPs). I will use the brief form, MJP.

[2] Peace Health is the is the single exception as the only *private* juridic person in the U.S.

[3] The Cristo Rey Institute is the only MJP in the US There is one PJP in the US, establish *de novo*, without any previous religious sponsor, to provide sponsorship for secondary schools established in the so-called Cristo Rey model.

[4] Mark Joseph Zammit, "The Change in Ecclesiology in Vatican Council II and Its Influence on the Liturgy," *Roczniki Teologiczne*, July 2024 (71(1):105-118, DOI:10.18290/rt2024.6). As late as 1952, the theologian Charles Journet said the Church was seen as an ascending ecclesiogy, a hierarchical society, and deductive rather than inductive. See Avery Dulles, "A Half Century of Ecclesiology," *Theological Studies* 50 (1989), pp. 419-421.

[5] Clark Cochrane, "Renewing the Sacramental," *Health Progress* (November-December 2003): 12-15.