Bishops and Religious Institutes: Building Collaboration

Diocesan bishops and religious seek cooperation and collaboration with one another (cc. 678, §3, 680). They share the same vision: service to the mission of the church. One expression of such collaboration is found in canon 681, §1 that provides the possibility of a diocesan bishop’s entrusting a work of the diocese to a religious institute.

Despite the commitment to collaboration by all involved, ongoing goodwill is best served by having in place a clear delineation of the practical elements of such an arrangement. Thus, canon 681, §2 wisely states that in such a case:

"... the diocesan bishop and the competent superior of the institute are to draw up a written agreement [regarding these practicalities]."

Such an agreement would include the following elements:

- A clear definition of exactly what work is being entrusted (e.g., The Archbishop of Metropolis entrusts the pastoral care of St. Mary Parish in Hightown to the Holy Wisdom Province of the Society of Christian Fathers; The Archbishop of Metropolis entrusts the administration of St. Euphonius Hospital in Metropolis, a health care facility owned by the Archdiocese of Metropolis, to the Sisters of Mercy).
- The number of religious to be assigned to the work (e.g., the Society of Christian Fathers will present two members to be named by the diocesan bishop to serve as pastor and associate pastor).
- The financial arrangements (e.g., salary, benefits, pension contributions, housing provisions or restrictions, etc.).

Entrusting a work of the diocese to a religious institute does not alter the nature of the work. This fact, however, would best be included in the written agreement in order to avoid any misunderstandings (e.g., “The parish [or hospital] with its properties and funds shall have the status of a diocesan parish [or apostolate]. They shall be administered in accord with diocesan regulations and canons 678 and 681.”)

The practicalities of financial arrangements for personnel should be defined in detail lest there be even the appearance of any injustice or inequity (e.g., “The pastor and any associate(s) shall receive a salary and other allowances from parish funds according to the existing norms of the archdiocese. Health and dental insurance, continuing education and retreat fees are to be paid out of parish funds. Payments into the retirement fund of the [religious institute] shall be in conformity with the existing retirement plan for religious order priests canonically responsible for parishes in the Archdiocese of Metropolis. The sisters assigned to the hospital shall be compensated in accord with the salary scale and benefits package established by the board of directors of the hospital and approved by the bishop.”).

Other possible issues or problems could arise surrounding property of the parish or other institution. To avoid any confusion, inventories should be made of the movable and immovable properties of the parish or other institution and that of the religious institute. Copies should be kept on site, in the diocesan archives, and in the provincial archives. Each year these inventories should be reviewed and any changes be listed and reported.

In the case of a parish entrusted to a religious institute, it would not be against canonical norms or the United States Conference of Catholic Bishops complementary norms on fundraising for the diocesan bishop to allow the religious institute to seek funding from members of the parish for other aspects of the institute’s apostolic work. Again, to avoid misunderstandings, any such arrangement should be committed to writing along with any restrictions on the fundraising or its administration (e.g., that an appeal can be made once a year, or that the funds raised will not be calculated in the formula for assessing the diocesan tax, or that the work(s) of the institute to which the funds will be directed are clearly stated.) There should be further agreement on
the manner in which the solicitation will occur (e.g., direct-mail appeal, plate collection, etc.) and how reporting on the results will be provided (printed report to each contributor, web based report accessible by the public, etc.)

The length of time the agreement will remain in place should be noted as well as the process by which it can be terminated by either the diocesan bishop or major superior prior to the expiration of that time. (e.g., "If either party desires to terminate this agreement, reasonable notice must be given in writing. The terms of this agreement may be changed at any time by mutual written agreement. The terms of this agreement are to be reviewed in three years.")

Issues surrounding potential appointment to an ecclesiastical office (e.g., pastor) should be made clear. The diocesan bishop, not the major superior, has the authority to make such canonical appointments in the diocese. The superior could recruit from within the religious institute and/or present the member(s) of the religious institute to be appointed but it is the diocesan bishop or his delegate who issues the appointment. Likewise, it is the prerogative of the diocesan bishop, vicar general or episcopal vicar to appoint chaplains. Therefore, even if a work is entrusted to a religious institute, one of these diocesan officials would still appoint chaplains to the work unless a different arrangement is found in particular law or by agreement.

The value of mutual cooperation can be enhanced or compromised depending on the amount of attention that is paid to the details needed when a diocesan's work is to be entrusted to a religious institute.

NOTE

1. USCCB Complementary Norms on canon 1262, nn. 4-8 (2007).

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Shared Statement of Identity
For the Catholic Health Ministry

We are the people of Catholic health care, a ministry of the church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope.

As the church's ministry of health care, we commit to:
• Promote and Defend Human Dignity
• Attend to the Whole Person
• Care for Poor and Vulnerable Persons
• Promote the Common Good
• Act on Behalf of Justice
• Steward Resources
• Act in Communion with the Church

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