

U.S. Catholic Institutions

Are They Living Up to Their History and Promise as Immigrant Integration Agencies?

By DONALD KERWIN

Forty million immigrants (foreign-born) reside in the United States, including more than 21 million from Latin America and 11 million from Asia.¹ Hispanics represent 35 percent of U.S. Catholics and accounted for 40 percent of newly registered parishioners from 2005 to 2010.² As these numbers indicate, the vitality and success of the nation and the Catholic Church increasingly will turn on the contributions of newcomers.

Catholic institutions provided earlier generations of immigrants with the support, skills and resources they needed to integrate into society in their new country. The Catholic Immigrant Integration Project, launched in January 2013, is studying whether the church has maintained its special connection to immigrant communities. It seeks to expand and enrich the church's collective work with immigrants, as reflected in new institutional commitments, partnerships and initiatives. The SC Ministry Foundation, a public grant-making organization that promotes the mission and ministry of the Sisters of Charity of Cincinnati, Ohio, has provided initial funding.

Coordinated by the Center for Migration Studies of New York and the Catholic Legal Immigration Network, the project brings together dioceses, parishes, hospitals, Catholic Charities, school systems, universities, refu-

gee resettlement and legal programs, labor ministries, youth ministries, ethnic apostolates and community-organizing agencies. Over the last year, an advisory group of leaders from these diverse sectors has documented the church's work — past and present — with immigrants and has identified successful integration programs and practices.

The project also has worked to develop a distinctly Catholic definition of integration that can guide the church's work. Such a definition would incorporate the standard metrics of integration — socioeconomic attainment, political participation, access to quality health care, interaction with

the host society and a sense of belonging — into a broader theological vision of communion.

The project's preliminary findings were scheduled for release on Feb. 24, 2014, at Holy Rosary Church in Washington, D.C., followed by a discussion about additional research, possible cross-sector, pilot integration programs and expansion of the Catholic Immigrant Integration Project to other stakeholders. An extensive, final project report is expected to be released later in 2014.

The Center for Migration Studies of New York is a think-tank/educational institute on international migration, established 50 years ago by the Congregation of the Missionaries of St. Charles, Scalabrinians. The Scalabrinians are an international community of Catholic priests, nuns and lay people, founded in the late 19th century by Blessed John Baptist Scalabrini to meet the spiritual, social and material needs of Italian immigrants in the United

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States. They administer a global network of shelters, welcoming centers and other ministries for migrants and refugees.³

The Catholic Legal Immigration Network is the U.S. bishops' legal agency for immigrants. It supports a network of 220 charitable agencies for low-wage and vulnerable immigrants in 47 states.⁴

EARLY FINDINGS

The project arose partly in response to concerns that immigrants could not rely on robust integrating or mediating institutions like faith communities, labor unions, civic organizations, the military and public school systems to help them succeed in their new communities. Several themes have surfaced during the first year of research and inter-

views: First, project participants from diverse institutions have recognized the extraordinary scope of Catholic social programs and ministries in the United States. If church institutions could — individually and collectively — increase their commitment to the well-being, success and integration of immigrants, it would have a profound impact on the lives of millions of individuals, their families and their communities.

Second, compared to U.S. citizens, immigrants need, yet underuse, many Catholic agencies. On average, immigrants are poorer, younger, less educated, employed in more dangerous occupations and uninsured at higher rates than people born in the U.S.⁵ Roughly 11.7 million immigrants lack legal status, and only 44 percent of immigrants

have naturalized.⁶ Yet only 3 percent of Latino/Latina school-age children, for example, attend Catholic schools despite the manifest educational and life advantages afforded by these schools.

Third, the Catholic Church should revisit and reinvest in some of its formerly prominent institutions and ministries for immigrants. In the early to mid-20th century, dioceses, parishes, universities and religious communities sponsored more than 150 “labor schools” that taught parliamentary procedure, public speaking, basic econom-

ics, labor law, history, ethics and other issues. Just as importantly, these schools encouraged their largely immigrant students to approach their work as a religious vocation and as an opportunity to help reshape industrial society based on Catholic values.

Immigrants represent 1 in every 7 U.S. workers and 1 in every 5 low-wage workers. If the church hopes to reach people who work in two or three jobs to support themselves and their families, it needs to establish a more active presence in the

THE GROWTH AND TRANSFORMATION OF CATHOLICISM IN THE UNITED STATES

In 1789, George Washington was inaugurated the first president of the United States, Congress met for the first time, and the Judiciary Act created the U.S. court system. At the dawn of the new nation, Catholics represented less than 1 percent of the population. Fewer than 30 priests tended to their spiritual needs. In January 1789, the nation’s first Catholic university, Georgetown University, was established. In November, Pope Pius VI created the Diocese of Baltimore and confirmed the election (by U.S. clergy) of John Carroll as the first Catholic bishop in the United States. The Catholic Church did not seem poised to play a leading role in the new nation.

Within 60 years, however, Catholicism had become the nation’s largest single denomination. And within a century, the church had laid the foundation for its legendary cradle-to-grave network of social and pastoral institutions. The theologian Kenneth J. Himes, OFM, explains this remarkable transformation:

The sheer number of Irish and German immigrants, followed by Italians, Poles, French Canadians and Mexicans who entered this nation from 1820 to 1920 altered the face of American Catholicism. Once a small minority of Anglo-American landed gentry in the 18th century, the Catholic Church in the United States became a working class, urban Church during the 19th cen-

tury. The entire pastoral agenda of the Church changed to accommodate the new immigrants and their descendants.”¹

Catholic institutions did not emerge from the reserves of a well-endowed, central church, but from the exertions and struggles of local, heavily immigrant communities.² By 1920, 75 percent of U.S. Catholics comprised members of six, mostly immigrant, national groups.³ Parishes, hospitals, schools, universities, charities, mutual aid groups, labor ministries, the Catholic press and other institutions instilled in Catholic immigrants a sense of belonging and prepared them to succeed in their new nation.

Health care became a defining ministry of the U.S. church and a particular passion of vowed women religious. In 1846, the Sisters of Mercy settled in Chicago and founded a hospital, schools, orphan asylums and other social service programs. That same year, the first Daughters of Charity arrived in Milwaukee to serve indigent immigrants and established Milwaukee’s parochial school system and its first hospital.⁴ The Daughters of Charity distinguished themselves during the cholera epidemics in 1832, 1849 and 1866 that devastated immigrant neighborhoods.⁵ The School Sisters of Notre Dame arrived in 1847 to work mainly in German parishes in the U.S.⁶ By 1900, there were 3.5 sisters for every priest.⁷ By 1910, sisters administered

nearly all of the nation’s 400 Catholic hospitals, which typically served communities with large immigrant populations.⁸ In 2012, there were 968 Catholic hospitals and health care centers assisting more than 93 million patients.⁹

NOTES

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2. Jay P. Dolan, *The American Catholic Experience: A History from Colonial Times to the Present* (Garden City, N.Y.: Doubleday, 1992), 190.

3. Dolan, 134-35.

4. Maryann Bouche, “Daughters of Charity Leaving Archdiocese,” *Catholic Herald*, Aug. 9, 2012, <http://chnonline.org/news/local/11407-daughters-of-charity-leaving-archdiocese.html> (accessed Dec. 10, 2013).

5. Dolan, 324.

6. Dolan, 277.

7. Mary J. Oates, *The Catholic Philanthropic Tradition in America* (Bloomington, Ind.: Indiana University Press, 1995), 20.

8. John T. McGreevy, *Catholicism and American Freedom* (New York: W.W. Norton & Company, 2003), 129.

9. *The Official Catholic Directory 2012* (Berkeley Heights, N.J.: P.J. Kenedy & Sons, 2012), 2089.



workplace and, in particular, stronger ministries to low-income laborers.

Fourth, the growing number of second- and third-generation immigrants presents a particular challenge and opportunity for the church. Fifty-eight percent of U.S. Catholics between ages 18 and 34 — the demographic group called Millennials — are Hispanic.⁷ Yet many youth in immigrant families struggle to bridge multiple cultures, to serve as mediators between their families and the broader society and to resist assimilation into the negative features of host communities.

The project has identified successful pastoral models in which youth assume leadership roles in the church. At St. Pius X Catholic Church in El Paso, Texas, for example, 80 to 100 young people attend weekly gatherings of the *Grupo de Jóvenes Nazaret* devoted to workshop activities and structured dialogue on religious themes and on topics like addiction and personal relationships. The group also organizes a choir; provides social support to youth in families with undocumented members; sponsors an annual forum for youth who have been affected by violence in neighboring Ciudad Juárez; visits and sings to unaccompanied migrant children (of whom there are growing numbers); paints houses in *colonias* (unincorporated communities); works at the Catholic social teaching institute *Instituto Tepeyac*; and volunteers at the diocesan legal agency for immigrants.

Immigrants play a particularly vital role in the U.S. health care field. According to an analysis of U.S. Census data from 2005 to 2007, they work at high rates in health care occupations (for example, as nursing, psychiatric and home health aides) that lack sufficient U.S. workers.⁸ As the nation's millions of Baby Boomers retire, the high rate of labor force participation by foreign-born men and the higher fertility rates of foreign-born women make immigrants increasingly important to the U.S. labor market and to the viability of U.S. public benefits programs.

Fifth, Catholic teaching promotes authentic and integral development, defined as the development of each person and the whole person.⁹ Catholic institutions cannot address the full range of human needs in silos. As one member of the advisory group put it, “integrated services are crucial to integration services.” Catholic resettlement programs, for example, rely on diverse Catholic and non-Catholic partners to

help refugees achieve self-sufficiency through employment.

Multiservice centers for refugees and immigrants have proven to be an important integration model. Parishes, the Catholic Church's fundamental building block and “integrating” entity, offer diverse spiritual and material support to parishioners. According to the Center for Applied Research in the Apostolate, the Washington D.C.-based center for social science research on the Catholic Church, 86 percent of U.S. parishes provide ministries for the infirm and homebound; 76 percent provide youth ministry; 64 percent provide ministry to seniors; 59 percent offer social services; 54 percent provide ministry to the bereaved; 24 percent support parish schools; and 25 percent provide support to regional Catholic schools.¹⁰ Parishes also serve as a locus of community organizing and health care education and screening.

Catholic health care agencies — hospitals, clinics, outpatient facilities, urgent care centers, hospices and nursing homes — provide a continuum of integrated care and serve discrete populations. The advisory group includes the former administrator of a hospital near the U.S.-Mexico

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border that serves a substantial binational population and the founder of Mission Medical Center in Delray Beach, Fla., that provides basic medical and dental services to a largely uninsured, immigrant population.

Integration also occurs between health care and other types of agencies. In Portland, Ore., the community health division of Providence Health & Services works with Catholic Charities and the University of Portland to implement the Parish Health Promoters/*Promotores de Salud* ministry, which trains lay volunteers in 14 parishes to serve as liaisons between the Latino/Latina immigrant community, churches and health care providers.

In Anchorage, Alaska, Providence Alaska Medical Center partners with Catholic Social

Services' refugee assistance and immigration services to teach refugees to work in the health care field and to place them in paid trainee positions. In Iowa, Mercy College of Health Services, the Iowa Bureau of Refugee Services and the Iowa Department of Workforce Development have collaborated to offer health sciences education, tutoring and job placement services for refugees. These programs also respond to the growing need of the health system to serve non-English-speaking populations.

FACTS OF CATHOLIC SOCIAL INSTITUTIONS

- According to the Catholic Health Association, Catholic hospitals serve 1 in 6 patients in the United States, including a disproportionate share of Medicaid, Medicare and uninsured patients.
 - Catholic Charities agencies assist 10 million persons each year, roughly 1 in every 10 persons in poverty.¹
 - In the 2012-2013 academic year, more than 1.4 million students attended Catholic elementary and middle schools, and an additional 586,000 attended Catholic high schools.²
 - In 2011-2012, the 262 Catholic institutions of higher education in this country served 940,000 students.³
 - Catholic refugee programs have helped to resettle more than 1 million refugees since 1975, a particular challenge since the United States admits refugees based on need or on priority set by the President and Congress and does not consider integration potential (language skills, education, training, etc.).
- Catholic legal immigration programs represent hundreds of thousands of low-wage and vulnerable immigrants each year and provide extensive integration services in the form of assistance with citizenship applications, English as a Second Language classes and civics instruction. Nearly 60 percent of U.S. parishes provide social services.⁴

NOTES

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2. Dale McDonald and Margaret M. Schultz, *United States Catholic Elementary and Secondary Schools 2012-2013* (Arlington, Va.: National Catholic Educational Association, 2013).
3. Association of Catholic Colleges and Universities, "FAQs: Catholic Higher Education," www.accunet.org/i4a/pages/index.cfm?pageid=3797#Enrolled.
4. Mark M. Gray, Mary L. Gautier and Melissa A. Cidade, *The Changing Face of U.S. Catholic Parishes* (Washington D.C.: Center for Applied Research in the Apostolate, 2011), 48.

Sr. Sally Duffy, SC, president and executive director of the SC Ministry Foundation, argues that the medical home model presents Catholic health care providers with "opportunities to work with Catholic Charities agencies, the St. Vincent de Paul Society, Catholic schools and parishes and other Catholic human services providers to address the needs of immigrant communities in a holistic way."

Several advisory group members have expressed their belief that the community benefit standard — the requirement that tax-exempt hospitals offer programs and activities that promote community health based on needs assessments — may be a source of even greater engagement by Catholic hospitals with immigrant communities.

A MORE JUST SOCIETY

Rev. J. Bryan Hehir, MDiv, ThD, has characterized the Catholic Church in the United States as a "center-edge" church, composed of mainstream Americans and newcomers who typically earn less than natives and, in many other ways, resemble earlier generations of immigrants. The church does not insist that immigrants assimilate into all characteristics of U.S. culture. Rather, it seeks to evangelize cultures, recognizing that neither native nor immigrant cultures are "permanent or perfect."¹¹ At the same time, it calls upon natives and newcomers to work together to build communities based on the universal values found, in part and imperfectly, in their diverse cultures.

In his "Message on the World Day for Migrants and Refugees," Pope Francis said:

[M]igrants and refugees ... are an occasion that Providence gives us to help build a more just society, a more perfect democracy, a more united country, a more fraternal world and a more open and evangelical Christian community. Migration can offer possibilities for a new evangelization, open vistas for the growth of a new humanity foreshadowed in the paschal mystery: a humanity for which every foreign country is a homeland and every homeland is a foreign country.¹²

In the words of Sr. Duffy, "the healing ministry of Jesus Christ will need to continue to play an important role in the integration of immigrants." Integration allows the church to "gather together God's scattered children" (John 11:52). It allows church institutions to touch and to heal people —



physically, mentally and spiritually — at the deepest level of their existence.

Pope Francis referred to migrants as people who “share a legitimate desire for knowing and having, but above all for being more.”¹³ Integration allows all Catholics — natives and newcomers — to know, to have and, above all, to be more.

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NOTES

1. Elizabeth M. Grieco et al., *The Foreign-Born Population in the United States: 2010* <https://www.census.gov/prod/2012pubs/acs-19.pdf>.
2. Mark M. Gray, Mary L. Gautier and Melissa A. Cidade, *The Changing Face of U.S. Catholic Parishes* (Washington, D.C.: Center for Applied Research in the Apostolate, 2011), 4-5. <http://cara.georgetown.edu/staff/web-pages/Parishes%20Phase%20One.pdf>.
3. Center for Migration Studies, <http://cmsny.org/>.
4. Catholic Legal Immigration Network, <https://cliniclegal.org/>.
5. Seth Motel and Eileen Patten, *Statistical Portrait of the Foreign-Born Population in the United States, 2011* (Washington, D.C.: Pew Hispanic Center, 2013) www.pewhispanic.org/2013/01/29/statistical-portrait-of-the-foreign-born-population-in-the-united-states-2011/.
6. Robert Warren and John Robert Warren, “Unauthorized Immigration to the United States: Annual Estimates and Components of Change, by State, 1990 to 2010,” *International Migration Review* 47, vol. 2 (2013): 296-329. Also see Elizabeth M. Grieco et al., *The Foreign-Born Population in the United States: 2010*.
7. Robert D. Putnam and David E. Campbell, *American Grace: How Religion Divides and Unites Us* (New York: Simon & Schuster, 2010), 299-300.
8. Immigration Policy Center, *Critical Care: The Role of Immigrant Workers in U.S. Health Care* (Washington, D.C.: American Immigration Council, 2009), 2.
9. John XXIII, *Populorum Progressio*, 14, www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_26031967_populorum_en.html.
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11. NCCB/USCC, *Welcoming the Stranger among Us: Unity in Diversity* (Washington, D.C.: USCCB, 2000) www.usccb.org/issues-and-action/cultural-diversity/pastoral-care-of-migrants-refugees-and-travelers/resources/welcoming-the-stranger-among-us-unity-in-diversity.cfm.
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JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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HEALTH PROGRESS®

Reprinted from *Health Progress*, March-April 2014

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