

THE CATHOLIC IDENTITY OF CATHOLIC INSTITUTIONS

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[Editor's Note: This first Note on Moral Theology discusses the Catholic identity of three types of Catholic institutions—health care, social service, and higher education—that today serve a pluralistic society with some support from tax moneys. Dramatic changes within the Church and society have occasioned the following questions: Can and should such Catholic institutions exist today? What does it mean for them to be Catholic? How can they retain a Catholic identity?]

MUCH HAS RECENTLY been written about Catholic institutions, especially health care, higher education, and social service. The discussion has raised significant contemporary questions about the Catholic identity of such institutions and about developing strategies for preserving Catholic identity in the future.¹ This note will consider first what is common to all three of these institutions and then the specific issues that arise in each of them.

These institutions share a similar historical development and the same general problem of identity today.² Each of them came into existence in the U.S. in the context of a very Catholic subculture, in which religious communities and dioceses founded institutions primarily staffed by committed religious and priests and serving a Catholic clientele. As all three developed, they gradually became more professional in terms of a relationship to a profession (e.g. academic or so-

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¹ Fordham University's Catholic Identity Project has sponsored two conferences discussing the Catholic identity of these three institutions. For the findings and papers of the first conference, see Charles J. Fahey and Mary Ann Lewis, ed., *The Future of Catholic Institutional Ministries: A Continuing Conversation* (New York: Third Age Center, Fordham University, 1992). The second conference was held in April 1996.

² For recent histories of two of these institutions, see Christopher J. Kauffman, *Ministry and Meaning: The Religious History of Catholic Health Care in the United States* (New York: Crossroad, 1995); Philip Gleason, *Contending with Modernity: Catholic Higher Education in the Twentieth Century* (New York: Oxford University, 1995). For the earlier development of Catholic Charities, see Donald P. Gavin, *National Conference of Catholic Charities 1910-1960* (Milwaukee: Catholic Light, 1962).

cial work) and came under the regulation of voluntary associations and/or state licensing agencies. All three experienced tremendous growth because of help from government funding, such as federally funded tuition for World War II veterans in Catholic higher education, government funds for the construction of hospitals, government-provided fee-for-service arrangements with Catholic Charities. At the same time, all these institutions experienced changes because of internal developments within Catholicism. The Catholic-immigrant subculture gradually disappeared, especially as Catholics entered the mainstream of American life after World War II. The leadership and staffing of these institutions changed dramatically in recent years in the light of the increasing growth of the institutions and the dwindling number of religious and priests. Furthermore, Vatican II called for a greater role for the laity. These institutions experienced the divisions of the postconciliar Church, including questions about the very nature of Catholic identity.

Today most of these Catholic institutions are separately incorporated, legal entities distinct from their sponsoring religious communities or dioceses; they are governed by independent boards of trustees including non-Catholics, with many lay people in leadership roles; they are staffed by many non-Catholics; they serve the general population and receive comparatively little if any funding from church sources as such. Without different forms of financial aid from the government (e.g. Medicare and Medicaid payments, student loans, grants) they would not exist as they do today. These institutions have multiple constituent relationships: to the Church, to their specific professions, to the general public, and to various levels of government. In such distinctly changed circumstances within the last 30 years, it is no wonder that the issue of Catholic identity arises.³

The discussion of Catholic identity logically involves three questions: Is it possible for such institutions to be Catholic today? Given existing priorities and parameters, should such Catholic structures exist? What does Catholic identity mean in these institutions today, and what means should be taken to insure their Catholic identity? We will address the first two questions in a general fashion, embracing all three institutions together. Then the third question will be discussed in the context of each of the three institutions individually.

POSSIBILITY OF CATHOLIC INSTITUTIONS TODAY

Is it possible to have Catholic institutions in current circumstances? The question is generally not even addressed today; the possibility is simply assumed.⁴ Since almost all the writing on the question comes

³ *The Future of Catholic Institutional Ministries* 1-33.

⁴ The Delphi data from the Fordham study shows the vast majority of respondents from all three institutions rejecting both the secular and sectarian models and arguing for a model in continuity with present practice: institutions associated in some way

from people and associations intimately involved with the work of these institutions (e.g. the Catholic Health Association, Catholic Charities USA, the Association of Catholic Colleges and Universities),⁵ the contemporary literature assumes the possibility and desirability of such Catholic institutions. Many outsiders would be amazed at the basic assumption that such institutions can be Catholic. How can one be a Catholic institution while at the same time serving the general public, having non-Catholics on staff and on one's board of trustees, and even receiving government aid of various types? Why do Catholics so readily assume that such institutions can be Catholic?

Catholic identity has never defined itself in sectarian terms as over against all other human or secular reality. Catholic always includes catholic with a small c. The catholic understanding involves and touches all reality. The Catholic theological tradition has always insisted on the basic goodness of the human and has seen the divine mediated in and through the human. At times the Catholic understanding has not given enough importance to the reality of sin affecting the human, but it has always stood for the fundamental goodness of the human. Two illustrations of this understanding are most apropos for the present discussion. In the Catholic tradition, moral theology has insisted on a natural-law methodology, maintaining that human reason, reflecting on human nature and all creation made by God, can arrive at how God wants us to act. Catholic moral teaching before Vatican II appealed primarily to natural law and claimed that Catholics were not called to act differently in this world from all others. Today many discussions exist about natural law, but the basic thrust of the traditional understanding is generally accepted.⁶ Thus what Catholics are obliged to do in this world is at the very least not that much different from what all others are called to do.

Secondly, Vatican II insisted on the rightful autonomy of all human and earthly affairs which enjoy their own laws and values. Christ gave the Church no proper mission in the political, economic, or social order. However, the Church's divine mission gives it a function, a light, and an energy to help the human community.⁷ "As a matter of fact, when circumstances of time and place create the need, [the Church] can and should initiate activities on behalf of all men."⁸ Thus

with the Catholic Church but performing public functions in a pluralistic society (*The Future of Catholic Institutional Ministries* 36).

⁵ Each of these umbrella groups has its own journal which frequently discusses questions of identity: *Health Progress*, *Charities USA*, and *Current Issues in Catholic Higher Education*.

⁶ See Charles E. Curran and Richard A. McCormick, ed., *Readings in Moral Theology No. 7: Natural Law and Theology* (New York: Paulist, 1991).

⁷ *Gaudium et spes* no. 36. The document recognizes some ambiguity in the word "autonomy" and cautions that it should not be understood in terms of the independence of temporal realities from God.

⁸ *Ibid.* no. 42.

it is possible for these institutions to be Catholic in the present circumstances. It is very helpful to distinguish the distinctive aspects of Catholic institutions and the unique aspects. It is distinctive of Catholic institutions in the temporal sphere to be inclusive. Catholic uniqueness refers to what is different from others and includes some aspects (e.g. a Catholic pastoral ministry) and especially the intentionality and motivation for what is done.⁹ However, at times there can be tensions between what Catholics and others think should be done, because human finitude and human sinfulness affect the world as well as the Church.

ARE CATHOLIC INSTITUTIONS DESIRABLE TODAY?

Again, recent discussions all assume that such institutions are desirable from the perspective of the Catholic Church today as continuing to bear witness to the word and work of Jesus and to serve people. Historically the Catholic Church in the world and in the U.S. has had a long institutional involvement in these three areas of health care, higher education, and social service. The Catholic tradition, with its insistence on organized structures, has seen its formal institutions as especially effective means to carry out its mission to teach the young, care for the sick, and serve the poor.

However, such institutions are not only good for the Church; they are good for society at large. The principle of subsidiarity, a staple of Catholic social ethics, argues for voluntary societies mediating between the government and the individual person. Such Catholic institutions make it possible for the characteristic Catholic values of the dignity of the individual, the importance of the common good, and special concern for the poor to become more present in our institutional structures and contemporary ethos.¹⁰

One question that never comes up in the recent literature is: Are these institutions the best way for the Church to carry out its mission? Priorities and costs are very important in any institution, including the Church. In all three institutions under study the Church as such expends little or no resources. Thus there is no need to establish priorities and weigh the costs of a particular institution in relation to other aspects and functions of the Church's mission. However, there is a downside to this, which again is not frequently recognized. The Church as such, as the people of God, does not have any real sense of ownership with regard to these institutions or functions.¹¹

⁹ For this distinction, see Thomas F. Schindler, "What Makes Catholic Managed Care Catholic?" *Health Progress* (June 1995) 52-54; Rose Wilson and Thomas F. Schindler, "Traditions in Transition: What Does it Mean to be a Catholic Health Care Facility Today?" *Health Progress* (October 1990) 26-31.

¹⁰ J. Bryan Hehir, "Identity and Institution," *Health Progress* (December 1995) 17-23.

¹¹ Catholic Charities is more conscious of this problem than the other institutions; see Thomas J. Harvey, "The Catholic Charities Movement: The Roots and the Flower-

INSTITUTIONAL IDENTITY AND MEANS TO INSURE IT

As mentioned earlier, both internal church factors and external social factors have brought to a head the question of Catholic identity of these institutions today. Since the external societal factors are significantly different in the three different institutions, in dealing with their Catholic identity and the means to insure it I will treat each of them separately.

Health Care

Both bishops and the leaders of Catholic health care see these institutions as directly connected with the Church and its ministry. The 1995 *Ethical and Religious Directives for Catholic Health Care Services* mention that Catholic health care expresses the healing ministry of Christ and the Church.¹² The Catholic Health Association, representing the Catholic systems and institutions which comprise the largest provider of not-for-profit health care under single sponsorship in the U.S. today, describes itself as "an ecclesial community participating in the mission of the Catholic Church through its members' ministry of healing."¹³ Health-care ministry is a sacrament.¹⁴ Both bishops and Catholic health-care leaders see a very close relationship between themselves in the light of their shared understanding of health care as an intimate part of church ministry. At the present time the relationship is primarily through the diocesan bishop in keeping with Catholic canon law.¹⁵

The recent literature, especially that coming from the Catholic Health Association, shows no tension or disagreement between bishops and the leadership of Catholic health care in the U.S. Both groups

ing of Catholic Social Teaching," in *The Future of Catholic Institutional Ministries* 111-21.

¹² National Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services* (Washington: United States Catholic Conference, 1995) no. 4.

¹³ Catholic Health Association, *The Dynamics of Catholic Identity in Health Care: A Working Document* (St. Louis: Catholic Health Association, 1987) inside front cover. This document was approved by the board of trustees of the Catholic Health Association. In my judgment this description goes too far in identifying the Catholic Health Association as an ecclesial or church community, but it indicates the tendency of the organization to see an intimate connection between its work and the Catholic Church.

¹⁴ John E. Curley, "Catholic Identity, Catholic Integrity," *Health Progress* (October 1991) 56-69, at 57.

¹⁵ "The Responsibility of the Diocesan Bishop for Strengthening the Health Ministry," an occasional supplement to National Coalition on Catholic Health Care Ministry, *Catholic Health Ministry in Transition: A Handbook for Responsible Leadership* (Silver Spring, Md.: National Coalition on Catholic Health Care Ministry, 1995). This National Coalition is an umbrella group embracing most Catholic organizations involved in health care, including the Catholic Health Association, Leadership Conference of Women Religious, and the National Conference of Catholic Bishops.

seem so anxious to work together that disagreements do not surface. However, in reality tensions do exist. Some years ago the leadership of the Sisters of Mercy of the Union in the U.S. expressed strong disagreement with official church teaching prohibiting direct sterilization in their hospitals. Under Vatican pressure the leadership decided for the good of the religious community and the good of the Church to back down.¹⁶ The 1992 Fordham study showed significant agreement between bishops and health-care leaders on most issues except in the area of some moral dilemmas.¹⁷

What are the values that constitute Catholic identity? General agreement exists about these values even though no canonical list exists. Note again that much of what is distinctive about Catholic identity can be accepted by others and is not necessarily unique. A 1994 working document of the Catholic Health Association on approaching Catholic identity in these changing times lists five values: (1) Health care is a service and never merely a commodity exchanged for profit. (2) Every person is the subject of human dignity with intrinsic spiritual worth at every stage of human development. (3) People are inherently social; their dignity is fully realized only in association with others. All must serve the common good; the self-interest of a few must not compromise the well-being of all. (4) Preferential option for the poor calls for the commitment to the health care of the poor and the disenfranchised. (5) Stewardship requires that we use natural and social resources prudently and in the service of all.¹⁸

In addition, the same document mentions a concern for good health care, the holistic understanding of health including a commitment to pastoral care, adherence to the ethical teaching of the Catholic Church as found in the *Ethical and Religious Directives for Catholic Health Care Services*, corporate ethical policies, the proper treatment of employees, and the importance of the culture or ethos incorporating these values.¹⁹ However, recent Catholic Health Association literature makes no mention of what has been the primary issue of justice in Catholic hospitals, namely the right of workers to organize and form unions. It is a grave understatement to say that Catholic hospitals have not supported and encouraged unions.²⁰

In the light of the generally accepted understanding of the values

¹⁶ Margaret A. Farley, "Power and Powerlessness: A Case in Point," *Catholic Theological Society of America, Proceedings* 37 (1982) 116-19; Richard A. McCormick, *Critical Calling: Reflections on Moral Dilemmas since Vatican II* (Washington: Georgetown University, 1989) 273-87; Anne E. Patrick, *Liberating Conscience: Feminist Explorations in Catholic Moral Theology* (New York: Continuum, 1996) 45-48.

¹⁷ *The Future of Catholic Institutional Ministries* 58-63.

¹⁸ Catholic Health Association, "How to Approach Catholic Identity in Changing Times," *Health Progress* (April 1994) 23-29, at 23.

¹⁹ *Ibid.* 24-28.

²⁰ George G. Higgins, *Organized Labor and the Church: Reflections of a "Labor Priest"* (New York: Paulist, 1993) 109-30.

that make up Catholic identity and allow the institution to be both Catholic and inclusive of others in so many ways, the question arises as to the structures and the means to ensure that such values exist in Catholic institutions. With regard to changes coming primarily from church-centered developments, Catholic health care has responded in a very creative way. Three strategies have emerged to protect and promote Catholic identity in these changing circumstances: sponsorship, concern about mission effectiveness, and training for lay leadership.

Sponsorship is a nontechnical term referring to the way in which especially religious congregations of women with their declining numbers tried to insure the continuing Catholic identity of their institutions. The health-care institutions have been separately incorporated as distinct from the religious community, but the religious community often through its leadership has reserved powers with regard to the corporation which give them some control and influence over the Catholic identity of these institutions. "Reserved powers" is a term in not-for-profit institutions that refers to the power not given to the governing board but maintained and exercised by the so-called corporate members. In Catholic hospitals these reserved powers generally include appointing the board of trustees, amending corporate statutes and bylaws, setting corporate philosophy and mission, deciding to merge, sell, or dissolve the corporation, approving budgets, and appointing the chief executive officer.²¹

Catholic health-care facilities with the help and encouragement of the Catholic Health Association have created a position of mission leader, or supervisor of mission effectiveness, in most Catholic health-care institutions. The actual job description varies from institution to institution, but a 1993 survey gives a good idea of their role and function. Their purpose is to integrate values and mission into the organization's daily operations. They see themselves as catalysts, tone and direction setters, facilitators, resource persons, and educators. Most institutional mission leaders report directly to the CEO and believe that the CEO is very supportive of their work. They serve as regular members of the executive management team or administrative councils. Mission leaders also relate to the board of trustees and are involved in education matters with various staff and employees about mission.²² The reality and experience of others in Catholic health care might be somewhat different from the perspective of those working as mission leaders.

Leadership development of the laity is a third essential way of promoting Catholic identity. The increasing role of the laity in leadership

²¹ John R. Amos et al., *The Search for Identity: Canonical Sponsorship of Catholic Health Care* (St. Louis: Catholic Health Association, 1993).

²² A. Teresa Stanley, "Mission in a Time of Transition," *Health Progress* (March 1994) 28-32.

positions makes this essential. Catholic health systems, the Catholic Health Association, and other groups strive to bring about this education in a broader national way. Within every institution the mission leader or mission-effectiveness person provides for the development of the lay leaders in that particular institution.²³ Especially through these means Catholic health care has creatively responded to the challenge of preserving and promoting Catholic identity in the light of the changes that first began to appear in the 1970s. Time will tell how effective these means are.

At present the leaders of Catholic health care recognize the challenge from the radical changes that are occurring in health-care delivery in the U.S. The acute-care hospital is no longer the center of health care, and many hospitals will close. Preventive health care is becoming much more important. Managed care and capitation with the financial risks assumed by the providers are replacing the fee-for-service approach backed by insurance. Integrated delivery networks have come into existence to provide a comprehensive system of community health services. As a result individual institutions or even hospital systems will not continue to exist with total independence but must join with others in integrated-delivery networks. The picture is further complicated by the growing role of for-profit institutions in health care. Traditionally health-care institutions were not-for-profit; they were seen as serving the needs of the community. Will for-profit institutions with an emphasis on the bottom line lower the quality of health care and destroy the physician-patient relationship?²⁴

Can and should Catholic health-care institutions continue to exist in this environment?²⁵ Richard A. McCormick argues that in light of this situation Catholic hospitals have an impossible mission. The mission statements of these institutions are beautiful and inspiring, but the culture of the Catholic hospital prevents the fulfillment of the stated mission in the present circumstances. McCormick deals explicitly only with hospitals, but many of his arguments could apply to any institutional Catholic health care. Depersonalization, secularization, erosion of the physician-patient relationship, and the bottom-line

²³ Consolidated Catholic Health Care, *Critical Choices: Catholic Health Care in the Midst of Transformation* (n.p.: Consolidated Catholic Health Care, 1993) 48–50. Consolidated Catholic Health Care, formed in 1985, is a national organization of Catholic health-care systems working collaboratively to strengthen each other and to insure the long-term presence and viability of the Catholic healing ministry.

²⁴ *Catholic Health Ministry in Transition* 7–9.

²⁵ Examples of recent statements from the perspective of bishops on Catholic health care in the present environment include: New Jersey Bishops, "The Rationale of Catholic Health Care," *Origins* 25 (December 21, 1995) 449–52; Cardinal John O'Connor, "The Temptation to Become Just Another Industry: Health Care," *Origins* 25 (December 21, 1995) 452–54; Cardinal Joseph Bernardin, "Managing Managed Care," *Origins* 26 (May 30, 1996) 21–26; Archbishop Thomas Murphy, "What is the Bottom Line in Catholic Health Care?" *Origins* 26 (June 13, 1996) 56–60.

mentality are all incompatible with a Catholic vision and culture.²⁶ Most of the recent literature maintains that the present circumstances make Catholic health care with its values and mission even more important today. However, hospitals as such will play a much smaller role in the delivery of health care, and many will close.²⁷

Most Catholic health-care institutions will enter into mergers of various types. "Strength will be found only through networks, partners, and delivery structures that respond to community need in a cost effective manner."²⁸ How can one preserve and promote Catholic identity in these new institutional arrangements? Community-based networks or integrated delivery systems will mean that Catholic institutions will form part of a larger reality, often in conjunction with non-Catholics and in many places with Catholics as a minority. In theory it would be better if Catholics could be part of an overall Catholic group. But that will often not be possible. The Catholic institution should make sure that all the essential and nonnegotiable values and aspects of Catholic identity are spelled out in appropriate legal documents so that the Catholic institution can maintain its Catholic identity while also trying to influence the whole delivery system and the broader public with its value system.²⁹

In this context two aspects of collaboration and cooperation come to the fore. First, working together with for-profit institutions. Recent literature stresses the basic difference and even incompatibility between Catholic institutions and for-profit health care,³⁰ but the differences between the two approaches are by no means total. Even today not-for-profit health-care institutions must be competitive; many Catholic systems have for-profit subsidiaries. The National Coalition on Catholic Health Care Ministry strongly opposes Catholic institutions becoming a part of "publicly traded, investor-owned hospital

²⁶ Richard A. McCormick, "The Catholic Hospital: Mission Impossible?" *Origins* 24 (March 16, 1995) 648–53.

²⁷ For the position of the Catholic Health Association, see "Catholic Health Ministry in a Changing Environment: Maintaining Ethical Integrity," in *Catholic Health Ministry in Transition*, Resource 10; and Catholic Health Association, "How to Approach Catholic Identity in Changing Times" (see n. 18 above) 23–29. For the position of Consolidated Catholic Health Care, see *Critical Claims* 41–50. For a direct attempt to refute McCormick, see Kevin D. O'Rourke, "Making Mission Possible," *Health Progress* (July–August 1995) 45–47.

²⁸ *Catholic Health Ministry in Transition* 12.

²⁹ *Ibid.* 25–41; and Eastern Mercy Health System, "Guidelines for Pursuing Collaborative Relationships," in *ibid.*, Resource 11.

³⁰ Cardinal Joseph Bernardin, *Making the Case for Not-for-Profit Health Care* (Chicago: Office of Communications, Archdiocese of Chicago, 1995)—originally an address delivered to the Harvard Business School Club of Chicago, January 12, 1995; John E. Curley, "For-Profit Chains Seeking to Buy Catholic Hospitals," *Origins* 25 (June 15, 1995) 78–79.

chains.”³¹ However, some collaboration or partnering with not-for-profits, while not becoming part of such institutions, already exists.³²

The second area of cooperation concerns actions which Catholic hierarchical teaching maintains are wrong. This is the classical concept of cooperation with the evil deed of another which has been discussed at length in Catholic moral theology.³³ The aspects of cooperation loom

³¹ Statement, National Coalition on Catholic Health Care Ministry, January 1996. The Catholic Health Association banned investor-owned providers from their membership. The organization no longer recognized the four hospitals of the Cleveland-based Sisters of Charity of St. Augustine Health System which had closed a 50-50 deal with a for-profit organization (“Religious Health Care: Catholic Leaders Vow to Stay the Course,” *New York Times*, June 17, 1966, 6).

³² “A Pushy Newcomer Shakes up Cancer Treatment in New York,” *New York Times*, September 8, 1996, 1.

³³ The Appendix of the 1995 *Ethical and Religious Directives for Catholic Health Care Services* follows the general Catholic approach by distinguishing between formal and material cooperation. Formal cooperation intends the evil deed of the other either explicitly by intention or implicitly when no other explanation can distinguish the cooperator’s object from the wrongdoer’s object. Otherwise the cooperation is material. Formal cooperation is always wrong. Material cooperation is immediate when the object of the cooperator is the same as the object of the wrongdoer. Immediate material cooperation is wrong except in some instances of duress. Duress distinguishes immediate material cooperation from implicit formal cooperation. Mediate material cooperation occurs when the cooperator’s action remains distinguishable from that of the wrongdoer and can be justified for a proportionate reason. The final directives on cooperation resulted from a comparatively long consultation marked by strong differences (James F. Keenan and Thomas R. Kopfensteiner, “The Principle of Cooperation,” *Health Progress* [April 1995] 23–27, at 27). Some disagreement exists about the meaning of cooperation in the manuals of Catholic moral theology. The bishops’ approach differs from the teaching found in the manual of Marcellinus Zalba (*Theologica moralis fundamentalis* [Madrid: Biblioteca de autores cristianos, 1952] 916–22). The primary difference concerns what constitutes immediate material cooperation. Zalba understands immediate material cooperation to involve the cooperator doing an act which is not wrong but which he or she foresees or knows that the primary agent will abuse for a sinful purpose. Thus the object of the cooperator is not the same as the object of the principal agent. The act of the cooperator cannot itself be wrong (e.g., the cooperator can light the torch which the principal agent uses to burn down the house of an enemy). The *Directives* call immediate material cooperation what Zalba calls formal cooperation. Zalba does not speak of duress as such but deals with the same reality in the case of formal cooperation. It is not formal cooperation if the cooperator under threat of death does a material action which in ordinary circumstances would be wrong because of defect of a right. Note that Zalba allows this cooperation only in the circumstances mentioned. What precisely does he mean by this defect of right? To determine what Zalba means and also to illustrate a different approach to the question of cooperation one can appeal to Hieronymus Noldin, the author of the most frequently used moral theology textbook in the U.S. before Vatican II (*Summa theologiae moralis 2: De praeceptis* [Innsbruck: Rauch, 1959] 107–12). Noldin accepts the understanding of immediate material cooperation proposed by the *Directives* but he restricts acceptable cooperation under duress only to certain cases involving justice. In matters of justice when the reason of the evil ceases to exist one can cooperate for a most grave reason, e.g., cooperate in doing harm to the material goods of another. In ordinary circumstances one has to respect the property of another. But in extreme necessity one can take the goods of a neighbor to save one’s own life. One has a right to do this in these circumstances, but there is no right to do so in ordinary circumstances. Notice that the *Directives* go beyond both Zalba and Noldin by putting no explicit restrictions on the types of cases when duress can justify what they

large for Catholic institutions in the present circumstances in the U.S., but the problems can be solved in a number of different ways. The bishops' *Directives* explicitly state that "Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation."³⁴ In practice, however, institutional arrangements can be made so that a Catholic health facility itself does not do abortions. The application of accepted principles can find ways to handle cooperation in the case of direct sterilization, or other institutional arrangements can be made.³⁵

Catholic Charities

Catholic Charities (sometimes under the name of Catholic Social Services) exists in virtually every diocese in the U.S. This umbrella includes many different programs, such as foster care, adoptions, group homes, housing for the elderly and the needy, shelters, counseling, and programs providing different types of care. Catholic Charities USA is the national trade organization of diocesan agencies, but it is much smaller than the Catholic Health Association. Catholic Charities USA has been struggling with the role and identity of Catholic social services for the last thirty years. In 1993 the organization began a strategic-planning process entitled "Vision 2000," which established a "Catholic Identity Project Committee" to produce a resource manual to help local agencies in their strategic planning around issues relating to Catholic mission and identity which could then be used to develop programs for boards of directors, staff, and volunteers.³⁶

call immediate material cooperation. A white paper from the staff of the Catholic Health Association goes even further ("Catholic Health Ministry in a Changing Environment: Maintaining Ethical Integrity," in *Catholic Health Ministry in Transition*, Resource 10). The requirement in the *Directives* of duress to allow immediate material cooperation is now expanded to a proportionate reason, the same criterion that is called for in justifying mediate material cooperation. My own position on cooperation reformulates the very understanding of cooperation (*Ongoing Revision in Moral Theology* [Notre Dame: Fides, 1975] 210–28). One does not cooperate with an act which is wrong but with a person who freely chooses the act. Respect for the person could justify some immediate material cooperation if the rights of others and the common good were not unduly eroded.

³⁴ *Ethical and Religious Directives* no. 45.

³⁵ Keenan and Kopfensteiner, "The Principle of Cooperation" 23–27; M. Cathleen Kaveny and James F. Keenan, "Ethical Issues in Health-Care Restructuring," *TS* 56 (1995) 136–50, especially 145–50. For a position proposing ways to deal with the question of sterilization but maintaining that the duress which justifies cooperation can only be episodic and rare and not systemic, see Russell Smith, "The Principles of Cooperation and Their Application to the Present State of Health Care Evolution," in *Catholic Health Ministry in Transition*, Resource 9.

³⁶ In 1972 Catholic Charities dealt with the question of its identity in National Conference of Catholic Charities, *Toward a Renewed Catholic Charities Movement: A Study of the National Conference of Catholic Charities* (Washington: National Conference of Catholic Charities, 1972). This study is popularly known as the Cadre Study from the cadre or working group that produced it. For the document itself and two essays as-

Catholic Charities has traditionally seen itself as a very important and intimate part of the mission of the Church, as a servant of the poor, and as a sacrament or sign of the Church's care and concern for the needy in our world. Catholic Charities forms an integral part of the ministry of the local diocesan church. The organization also wants to strengthen its identity with and relationship to the broader Church and witness to its social mission. Catholic Charities recognizes the danger of becoming merely a bureaucratic organization and therefore wants to insert itself ever more deeply into the life of the Church. Some diocesan funds ought to support its efforts, so that its work truly expresses the commitment of the Catholic people; parish-based Catholic Charities should give the local church a sense of ownership; numerous Catholic volunteers working in such agencies can give the Church a greater sense of involvement. In addition, Catholic Charities wants to facilitate a comprehensive faith-based program of education on Catholic social teaching throughout the Church and in this way to help the total Church become aware of its important social mission. Catholic Charities can help an affluent Church in the U.S. to be faithful to its commitment to the poor.³⁷

Of the three institutions we are studying, Catholic Charities is the most closely identified with the institutional Church and its mission. Yet Catholic Charities, as the largest private human-service network in the U.S., receives almost two-thirds of its budget from tax money. Since 1959, through "purchase of service," the government has purchased services from voluntary agencies such as Catholic Charities to meet local community and public needs. Further government funding comes from a combination of federal and state programs, as in Medicaid or Child Protective Services.³⁸ Court challenges have been raised to the constitutionality of so-called sectarian agencies receiving government funding to provide these secular services, but the basic approach remains standing.³⁹

sessing its influence twenty years later by Edward J. Ryle and Thomas J. Harvey, see *Cadre Study: Toward a Renewed Catholic Charities Movement* (Arlington, Virg.: Catholic Charities USA, 1992). For the background and work of "Vision 2000," see Alexandra Peelar, "A New and Different Catholic Charities USA," *Catholic Charities USA* 23 no. 1 (1996) 10-11; the working "Vision Statement" of the project is found in *ibid.* 11. For the discussion of the report and recommendations of the "Vision 2000" committee at the September 1996 annual meeting of Catholic Charities USA, see *Catholic Charities USA, 1996 Annual Meeting: Vision 2000 Workbook* (Alexandria, Virg.: Catholic Charities USA, 1996). The *Resource Manual* is forthcoming: Catholic Identity Project Committee, *Resource Manual on Catholic Identity for Catholic Charities Agencies* (Arlington, Virg.: Catholic Charities USA, 1997).

³⁷ Thomas J. Harvey, "The Catholic Charities Movement" 111-21; Edward J. Ryle, "Catholic Charities and Catholic Identity: Some Approaches for Catholic Charities," forthcoming in *Resource Manual on Catholic Identity*.

³⁸ William J. Hutchison, "Catholic Charities in Transition: Challenges and Opportunities for the Twenty-First Century" 3, a paper presented at the April 1996 Fordham conference on Catholic identity, forthcoming in *Resource Manual on Catholic Identity*.

³⁹ Fred Kammer, "The Pluralism Diamond," *Social Thought* 14 (Spring 1988) 23-36, at 30-31.

Catholic Charities sees no basic incompatibility between being Catholic and serving the "secular" needs of all Americans with boards of directors and staff that include many non-Catholics. Many non-Catholics can be committed to the mission of the agency and act according to its basic values and principles.⁴⁰ For example, its 1988 *Code of Ethics* understands Catholic Charities' primary values to be truth, justice, love, and freedom. These values are developed from a theological and faith perspective, but they are then embodied in concrete norms and values in a manner that can win assent and acceptance from persons outside the Catholic tradition, so long as their value systems include a deep respect for the intrinsic human dignity of each person and for social and work relationships that make for communities and societies that support and enrich human life.⁴¹

To further its Catholic identity the organization sees the need to train leaders with a Catholic vision and to share this vision with staff through workshops and spirituality.⁴² Many dioceses provide retreats, workshops, and spirituality programs for those involved in Catholic Charities. Some Charities agencies hold liturgical or paraliturgical services to celebrate the appointment of boards and officers.⁴³

As with Catholic health care, significant tensions exist today. Questions of cooperation arise with regard to abortion and the sexual teachings of the Church. Some challenges have been made, but basically without success, to the "purchase of service" by tax money. Restrictions imposed by government funding might inhibit the advocacy function of Catholic Charities.⁴⁴ The major problem facing Catholic Charities at the present time is the same as that facing Catholic health care, a dramatic shift in funding away from a fee-for-service provision by government or third party payers. The shift to block-grant major welfare programs such as Aid for Families with Dependent Children and to push more decision making from the federal to the state level, along with reductions in federal funds for both income maintenance and social-service programs, will put increasing pressure on Catholic Charities and other social agencies. As additional services are funded through block grants, intense competition will exist at both state and local levels to determine which agencies will receive the funds available. And to complicate matters further, more for-profit corporations will apparently be vying for a share of these

⁴⁰ Catholic Charities USA, *A Code of Ethics* (Arlington, Virg.: Catholic Charities USA, 1989) 19.

⁴¹ *Ibid.* 15. See also Charles J. Fahey, "The 'Catholic' in Catholic Charities," forthcoming in *Resource Manual on Catholic Identity*.

⁴² Jack Balinsky, "Preserving Catholic Identity in Catholic Charities: Recruiting and Nurturing Competent Committed Leadership," paper presented at the April 1996 Fordham conference.

⁴³ "Prayer and Spirituality in the Workplace," forthcoming in *Resource Manual on Catholic Identity*.

⁴⁴ Kammer, 30-35.

funds. Without doubt some existing programs in Catholic Charities will be cut or even eliminated.⁴⁵

Catholic Higher Education

Much has been written about the identity of Catholic higher education, and readers of this journal are generally familiar with the developments that have occurred in the last three decades in Catholic higher education.⁴⁶ The mainstream of Catholic higher education has a very different understanding of Catholic identity from that found in health care and Catholic Charities, for it does not see itself as directly involved in the pastoral mission of the Church under the direction of the church hierarchy. Church leadership cannot control or even directly intervene in the life of the Catholic academy.⁴⁷ This fundamental difference arises from the demands of professionalism in higher education, government funding, and historical circumstances.

Professionalism in American higher education has emphasized the importance of academic freedom and institutional autonomy.⁴⁸ This understanding was enshrined in the Land O'Lakes statement signed by 26 leaders of Catholic higher education in 1967, which became the foundational document for this new understanding of Catholic higher education: "To perform its teaching and research functions effectively the Catholic university must have a true autonomy and academic freedom in the face of authority of whatever kind, lay or clerical, external to the academic community itself."⁴⁹

⁴⁵ Archbishop Rembert Weakland, "Catholic Social Services: Future Directions," *Origins* 25 (May 18, 1995) 14–16.

⁴⁶ The best available book giving all sides in the contemporary debate is Theodore M. Hesburgh, ed., *The Challenge and Promise of a Catholic University* (Notre Dame: University of Notre Dame, 1994); see also John P. Langan, ed., *Catholic Universities in Church and Society: A Dialogue on Ex Corde Ecclesiae* (Washington: Georgetown University, 1993).

⁴⁷ Joseph A. O'Hare, "Catholic Institutional Identity in Higher Education," in *The Future of Catholic Institutional Ministries* 85–98; Sally Furay, "Catholic Higher Education," in *ibid.* 123–40. The Delphi data of the Fordham Catholic Identity Project shows such an understanding of Catholic higher education (*ibid.* 52–63).

⁴⁸ For the development of the Catholic approach to academic freedom and the defense of academic freedom based on its being for the good of the Church, see my *Catholic Higher Education, Theology, and Academic Freedom* (Notre Dame: University of Notre Dame, 1990). In my judgment Catholic theology is a unique discipline with its own distinctive method. Someone who does not follow the methodology of Catholic theology could in accord with acceptable academic norms be judged incompetent by academic peers and be dismissed on that account. Others maintain that Catholic theology does not have such a distinctive methodology and should accept what is called the secular model of academic freedom (James John Annarelli, *Academic Freedom and Catholic Higher Education* [New York: Greenwood, 1987] 198–205; Lonnie D. Kliever, "Academic Freedom and Church-Affiliated Universities," *Texas Law Review* 66 [1988] 1477–80).

⁴⁹ "Land O'Lakes Statement," in *American Catholic Higher Education: Essential Documents, 1967–1990*, ed. Alice Gallin (Notre Dame: University of Notre Dame, 1992) 7; Alice Gallin, who served as Executive Director of the Association of Catholic Colleges and Universities from 1981 to 1993, presents here the most important documents dealing with higher education in the U.S., especially in its relationship to the Vatican.

Government funding and First Amendment concerns also influenced the changed understanding of Catholic higher education and its mission. Taxpayer funding for education has been guided by different principles than in the case of social services. In 1971, the U.S. Supreme Court ruled in a narrow 5-4 decision in the *Tilton* case that four Catholic colleges in Connecticut could receive federal construction grants in accord with Title 1 of the Higher Education Facilities Act of 1963. At the same time the Court rejected as unconstitutional government aid to parochial elementary and high schools. Two of the reasons for granting aid to Catholic higher education but not to lower education were the absence of proselytism and the acceptance of academic freedom. After that time Catholic institutions strove to protect their government aid in the light of this ruling.⁵⁰

Furthermore, historical reasons have influenced the understanding of Catholic identity found in Catholic higher education. A dramatic change took place in the late 1960s and early 1970s with the acceptance of institutional autonomy. Proponents of the new identity often pointed out the problems associated with the earlier understanding of Catholic identity. The older approach led to accusations of ghetto Catholicism, authoritarianism, clericalism, moralism, defensiveness, and the lack of a true educational life. Rupture instead of development characterized the earlier understanding of Catholic identity.⁵¹

The leaders of Catholic higher education were generally successful in selling the new approach to Catholic higher education to bishops in the U.S., but authorities in Rome were not convinced. Since the late 1960s, the Congregation for Catholic Education (as the curial congregation in Rome is now called) has been involved with international discussions about the identity of Catholic higher education with a view to proposing guidelines and norms for the universal Church. Finally in September 1990 Pope John Paul II's Apostolic Constitution *Ex corde ecclesiae* proposed norms for Catholic higher education that limited institutional autonomy and academic freedom, while calling for national conferences of bishops to draw up regulations for their own area based on these universal norms and local conditions and traditions. The leaders of Catholic higher education resolutely challenged earlier drafts because of restrictions on autonomy and academic freedom, but since then have been working with the U.S. bishops in coming up with norms for their coun-

⁵⁰ Charles H. Wilson, Jr., *Tilton v. Richardson: The Search for Sectarianism in Education* (Washington: Association of Catholic Colleges, 1971); Joseph Richard Preville, "Catholic Colleges, the Courts, and the Constitution: A Tale of Two Cases," *Church History* 58 (1989) 197-210; and Preville, "Catholic Colleges and the Supreme Court: The Case of *Tilton v. Richardson*," *Journal of Church and State* 30 (1988) 291-307. For a negative critique of the response of Catholic higher education in general to the fear of losing government funding, see Kenneth D. Whitehead, *Catholic Colleges and Federal Funding* (San Francisco: Ignatius, 1988).

⁵¹ Philip Gleason, "What Makes Catholic Identity a Problem?" in *Challenge and Promise of a Catholic University* 91-101.

try.⁵² The major bone of contention has been the requirement of a canonical mandate from ecclesiastical superiors for teachers of theology in Catholic higher education which would give church authority direct control over professors in the academy. The bishops' committee proposing the norms originally called for a modified mandate but the final text does not require the legal mandate but calls for existing processes to moderate disputes between bishops and theologians in the forum of the Church.⁵³ These proposed norms that reflect the position of the leaders of Catholic colleges and universities were approved by the U.S. bishops on November 13, 1996, and now await approval by the Vatican. Final approval of these norms would mean that the Catholic Church has officially accepted the approach to institutional Catholic identity taken by the leaders of Catholic higher education in the U.S. The long historical dialogue with Rome over the nature of Catholic higher education has underscored the understanding of these institutions in the minds of Catholic academics as not directly involved in the pastoral mission of the Church under the authority of the local bishop.

However, in practice and in theory some have opposed this approach as a loss of Catholic identity through assimilation to a secularizing culture. Institutions such as the Franciscan University of Steubenville, Christendom College in Front Royal, Virginia, Thomas Aquinas College in Santa Paula, California, Magdalen College near Manchester, New Hampshire, and Thomas More College of Liberal Arts in Southern New Hampshire have opted for a sectarian Catholic institutional identity.⁵⁴ The Fellowship of Catholic Scholars strongly supports the Catholic character of Catholic colleges and universities under the authority of the pope and bishops.⁵⁵ In theory Philip Gleason of Notre Dame has viewed the developments since the late 1960s as the slippery slope toward secularization.⁵⁶ James Burtchaell, the

⁵² For the documentary history of this period, see Gallin, "Point and Counterpoint: *Ex Corde Ecclesiae*," in *American Catholic Higher Education* 189–437. For her history of the move in Catholic higher education to independent boards of trustees, see Alice Gallin, *Independence and a New Partnership in Catholic Higher Education* (Notre Dame: University of Notre Dame, 1996).

⁵³ Bishop John J. Leibrecht, "The Bishops, the University, and *Ex Corde Ecclesiae*," *Origins* 23 (February 17, 1994) 605–608; Leibrecht, "Dialogue Themes: Bishops and University Presidents," *Origins* 24 (February 16, 1995) 577–80. The last draft of proposed ordinances was sent in a "Memorandum" to concerned parties from Bishop John J. Leibrecht, August 25, 1995. Bishop Leibrecht is the chair of the bishops' committee. The text approved by the U.S. Bishops is published in *Origins* 26 (November 28, 1996) 381–84.

⁵⁴ Mary Jo Weaver, "Self-Consciously Countercultural: Alternative Catholic Colleges," in *Being Right: Conservative Catholics in America*, ed. Mary Jo Weaver and R. Scott Appleby (Bloomington: Indiana University, 1995) 300–24.

⁵⁵ James Hitchcock, "The Fellowship of Catholic Scholars: Bowing Out of the New Class," in *Being Right* 186–210, at 193–94.

⁵⁶ Philip Gleason, "The American Background of *Ex Corde Ecclesiae*: A Historical Perspective," in *Catholic Universities in Church and Society* 1–19. Gleason has written many articles on the history of Catholic higher education and published his primary

former provost of the University of Notre Dame, maintains that Catholic colleges and universities today are moving in the same direction as Protestant universities as illustrated in the historical move of Vanderbilt University away from its Methodist ties.⁵⁷

The negative criticisms together with the discussion occasioned in the last five years by *Ex corde ecclesiae* (the document itself does little to illuminate the understanding of Catholic identity since its primary concern is the relationship to the hierarchical Church) have occasioned an ongoing deeper discussion on Catholic campuses and in writing about the meaning of Catholic identity for colleges and universities.

In a 1976 document the College and University Department of the National Catholic Educational Association (now called the Association of Catholic Colleges and Universities) proposed the following aspects of Catholic identity: service to society and the Church, a strong program in theological studies, a leadership role in ecumenical questions, pastoral ministry on campus, theological and ethical reflection on social disciplines, the existence of a worshipping community on campus, and providing a forum for dialogue in the Church. Today there is a growing recognition that such an approach is not enough.

The whole institution has to be Catholic. Michael Buckley has called for a recognition of the intimate connection between the intellectual and the religious, so that the religious cannot be just an isolated part of the institution.⁵⁸ Peter Steinfels speaks of an emerging consensus in this general direction.⁵⁹ David O'Brien illustrates this emerging consensus in his understanding of Catholic education. The mission statement adopted by Holy Cross College after extensive work by O'Brien and his committee calls for all faculty to participate

work covering the 20th century until after Vatican II in *Contending with Modernity: Catholic Higher Education in the Twentieth Century*.

⁵⁷ James Tunstead Burtchaell, "The Decline and Fall of the Christian College," *First Things*, no. 12 (April 1991) 16–29; no. 13 (May 1991) 30–38. Those who fear the slippery slope toward secularization in Catholic higher education frequently cite the experience of many originally Protestant institutions that became secularized over time (George M. Marsden, *The Soul of the American University: From Protestant Establishment to Established Nonbelief* [New York: Oxford University, 1994]; George M. Marsden and Bradley J. Longfield, ed., *The Secularization of the Academy* [New York: Oxford University, 1992]). Marsden recognizes the massive forces in the academy pushing for homogeneity and marginalizing Christianity and calls for Catholic education to make a major commitment to Christian scholars willing to explore the implications of faith today. Some distinctive factors of Catholic institutions such as a close connection to the religious communities of the founders and their often having been outside the mainstream in America might help Catholic institutions in their quest to be truly Catholic (George M. Marsden, "What Can Catholic Universities Learn from Protestant Examples?" in *Challenge and Promise of a Catholic University* 187–98, at 194–97).

⁵⁸ Michael J. Buckley, "The Catholic University and the Promise Inherent in Its Identity," in *Catholic Universities in Church and Society* 74–89.

⁵⁹ Peter Steinfels, "Catholic Identity: Emerging Consensus," *Origins* 25 (August 24, 1995) 173–77.

in a conversation about three essential questions: how people find meaning in life and history; the moral dimension of learning and teaching (the liberal-arts question); and obligations to others, especially the poor. The whole intellectual community is open to the question of meaning and values, but within this framework Holy Cross has a special responsibility to enable students who wish to encounter the intellectual heritage of the Church and to engage in the life and work of the contemporary Catholic Church.⁶⁰

I concur with the judgment that the whole institution must be Catholic in the light of the distinctively Catholic vision with its incorporation of catholic with a small c. Thus every academic discipline has a place in an institution which is Catholic. Since the Catholic tradition emphasizes contemplation and the goodness of the intellect in itself, the liberal arts are closely allied with such a perspective. In addition the intellect raises ultimate questions of meaning and significance that have to be recognized by all. The uniquely Catholic (with a capital C) calls for the opportunity for students to engage the Catholic intellectual tradition and Catholic theology in its historical and contemporary developments, as well as to participate in a vital liturgical and serving community with a special concern for the poor. Note that there is no call for a common philosophy uniting the institution (in my judgment such does not exist today) but for conversations about questions of meaning and ultimacy.⁶¹

If Steinfels is correct about an emerging consensus somewhat along the lines mentioned above, the next question concerns implementation. How can such a vision become a reality in Catholic institutions of higher education? Many obstacles stand in the way. By definition the catholicity of higher education is more indirect and indistinct than the catholicity of the other two institutions. All the more reason why it cannot be taken for granted. In addition, higher education in the U.S. today is undergoing its own identity crisis. No agreement exists about its role and mission.⁶² In the context of postmodernism and radical divisions among educators, it will be all the harder to implement a Catholic vision of Catholic institutions.

A great difference exists between implementing the vision of Catholic identity in health care and social services on the one hand and in higher education on the other. In the first two institutions trained leadership can create the ethos and the culture to bring about Catholic identity. The many non-Catholics associated with these institu-

⁶⁰ David J. O'Brien, *From the Heart of the American Church: Catholic Higher Education in American Culture* (Maryknoll, N.Y.: Orbis, 1994) 131–32; for a shorter statement of O'Brien's position, see David O'Brien, "Catholic Higher Education at the Crossroads: Prospects and Projects," *The Santa Clara Lectures* 2, no. 1, 1995.

⁶¹ See my *History and Contemporary Issues: Studies in Moral Theology* (New York: Continuum, 1996) 201–15.

⁶² See, e.g., Michael Bérubé and Cary Nelson, ed., *Higher Education Under Fire: Politics, Economics, and the Crisis of the Humanities* (New York: Routledge, 1995).

tions can readily identify with the substantive concerns and values involved even if they do not accept the Catholic grounding and motivation. But Catholic higher education is very different. Some Catholic institutions of higher learning are often reluctant even to call themselves Catholic.⁶³

An important difference concerns the faculty and its role. Faculty are not employees. Faculty have primary responsibility for curriculum and the internal governance of the institution. The question of identity or mission has to be addressed at the level of faculty.⁶⁴ But four obstacles exist in the way of achieving and implementing a vision of Catholic identity on the part of the faculty.

First, many faculty are non-Catholics who have often felt like second-class citizens on a Catholic campus. Discussions of Catholic identity often seem to be attempts to become sectarian, so that non-Catholic faculty are very wary of such conversations.

Second, many Catholic faculty members have great problems with the institutional Catholic Church today. The struggle with the Vatican over church relationship to higher education has made the Church seem authoritarian and controlling. The more restorationist moves in the contemporary Catholic Church have especially upset many Catholic faculty who are committed to conversation and dialogue.

Third, in the contemporary American scene faculty members often see their commitment primarily in terms of their discipline and not their institutions. This is especially true in larger and more research-oriented institutions, so that many are not concerned about the institutional identity of their own college or university.

Fourth, the makeup of the faculty is a very critical and controversial issue. Every faculty member should be able to buy into the meaning of the Catholic institution as described in general terms. But there will also be need for a committed critical mass of Catholic faculty members.⁶⁵

The theoretical agreement on Catholic identity and its practical implementation on Catholic campuses will not be simple or easy. One cannot just assume that these colleges and universities will remain Catholic. Perhaps the most hopeful sign today comes from the willingness on most Catholic campuses to address the question of Catholic identity.

⁶³ Steinfelds, "Catholic Identity" 176.

⁶⁴ O'Brien, "Catholic Higher Education at the Crossroads" 9–10. Physicians also are not employees of the health-care facility, but they do not exercise as important a role as faculty on the ethos of their institutions.

⁶⁵ Wilson D. Miscamble, "Meeting the Challenge and Fulfilling the Promise: Mission and Method in Constructing a Great Catholic University," in *Challenge and Promise of a Catholic University* 209–23, at 217–20; see also Thomas M. Maloney, "Job Wanted: Catholic Colleges and the Hiring Dilemma," *Commonweal* 123 (April 5, 1996) 15–17.



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