

Facts and FAQs

A glimpse of history:

- Between 1890 and 1920, great waves of immigration increased the (registered) Catholic population in the U.S. from 7,855,000 to 17,735,553. Catholic religious institutes grew to meet many social needs. By 1965, religious were educating more than 12 percent of U.S. students.
- Hospitals established by religious institutes responded to many health care crises in the nation's history. They served immigrants in urban areas as well as remote frontier outposts. Today, Catholic health care systems make up the largest group of not-for-profit hospitals in the nation.
- There have been more than 500 religious orders in the U.S., each with independent missions.
- Today, more than 40 orders of women and men religious continue to serve in the Diocese of Buffalo.

Why do retired religious need financial help now?

- Traditionally, religious worked for modest stipends or maintenance that did not include pension benefits.
- The average Social Security benefit for religious today is \$3,749; for other Americans, the average benefit is \$10,740.

How much has been donated to the Retirement Fund for Religious and how are monies distributed?

- Since 1988, Catholics have donated more than **\$500 million** to the Fund, including **\$19.2 million** in the Diocese of Buffalo.
- More than 96 percent of donations has been distributed to religious institutes for retirement needs.

Isn't the aging of religious a temporary, isolated issue in our Church and society?

Actually, the aging of religious and the escalating cost of their health care foreshadow a crisis in health care and aging in America.

- While the majority of religious women and men are past age 60, the population of the United States itself is aging: The number of people in the United States past age 65 (37 million) is greater than the population of Canada (32 million).
- While 17 percent of men religious and 11 percent of women religious receive no Social Security benefits, the U.S. population also encompasses 41 million people with no health insurance.
- While the cost of skilled care last year for 5,956 religious men and women was more than \$258 million, the amount will be dwarfed in 2040, when 85-year olds in the general population outnumber five-year olds.

How can the experience of aging among religious provide a model for health care and aging in our society?

For decades, religious women and men have strived to develop and document strategies to enhance life as they age

- **They continue working.** Publication this year by the Commission on Religious Life and Ministries of the "Best Practices" study by the Center for Applied Research in the Apostolate (CARA) at Georgetown University, documents how religious institutes address the retirement needs of elderly members while they also carry out their mission to serve others.

- **They network with each other and pool resources.** In 2003, the National Religious Retirement Office sponsored for the first time a gathering of all intercongregational retirement projects in the United States. Participants from New York, California, Iowa, Illinois, Louisiana, Missouri, Ohio, Maryland, Pennsylvania, Florida, and Washington, DC documented successes, identified resources, and designed strategies for broader communication and effective advocacy that would help other religious and lay groups collaborate effectively on aging issues.
- **They help develop an authentic spirituality of aging.** The current wave of aging as 76 million baby boomers approach age 60 is historically unprecedented. "Nothing in our store of received wisdom tells us how to deal with this," says Matilda White Riley, founding associate director for behavioral and social research at the National Institute on Aging, about the fact that 76 million baby boomers are approaching age 60. Religious are in the forefront, grappling with the appropriate faith response to the dependence that accompanies aging.