



GUIDELINES FOR THE PASTORAL CARE OF THE SICK BY AN EXTRAORDINARY MINISTER OF HOLY COMMUNION

INTRODUCTION

1. These guidelines are designed, first, to assist and encourage pastors and ministry personnel to develop their pastoral care of the sick outreach within their communities of faith, and second, to offer concrete guidance to Catholic volunteers involved in the pastoral care of the sick.
2. To serve as an Extraordinary Minister of Holy Communion (EMHC) is a special privilege and ministry to which someone has been called. Not only do EMHC perform a service to their community by assisting at Mass but they also participate in the Church's ministry of healing and caring when they bring Holy Communion to those who are sick and homebound or to hospitals and nursing facilities. This is a sacred opportunity to bring Christ in the Eucharist to those in our community who have been separated from us by illness or infirmity and to be Christ for these brothers and sisters by extending the compassionate care of the Church through our own hands and hearts.
3. The situations and environments are many and varied when bringing Holy Communion to those who are sick. But the one constant is the abiding presence of Christ in the Eucharist. These guidelines have been prepared specifically for those EMHCs who bring the Eucharist to those who are sick, homebound and hospitalized. They are intended to serve as an aid and a reference to assist all these ministers in performing their roles in a prayerful, reverent and consistent way. Because the rites will vary depending on the particular circumstances, these guidelines have been broken down to address several main settings which include visiting the homebound; ministry in hospitals, nursing homes or other institutions; and ministering to sick children.
4. These guidelines are not intended to represent an exhaustive list of cases and assume that the EMHC has received basic formation and training at the parish or through the Pastoral Care Department at the hospital or institution where they are serving. Questions about any aspect of serving as an EMHC should be directed to pastors, parish administrators, parish directors, team moderators and/or pastoral staff for clarification. The Catholic Chaplain or Pastoral Care Office at the institution can also be a resource to assist with particular questions or circumstances that may arise.

I. THE EXTRAORDINARY MINISTER OF HOLY COMMUNION

5. The Ordinary Minister of Holy Communion is a bishop, priest, or deacon (c. 910, §1).

However, other members of the faithful, known as Extraordinary Ministers of Holy Communion (EMHC), may be commissioned to assist – as needed – with the distribution of the Sacrament.

That is, when the needs of the Church require it, and when (ordinary) ministers are lacking (c. 230, §3. c. 910, §2).¹ Within Mass, the EMHC may distribute Holy Communion when there are insufficient ordained ministers capable of administering the Sacrament, in order to provide a timely and reverent distribution of Holy Communion. Outside of Mass, the EMHC may also assist parish priests and deacons in the distribution of Holy Communion to the sick and homebound.

6. Pastors, parish administrators, parish directors and team moderators (hereafter, pastors or pastor) have the responsibility to properly choose and train EMHCs. Catholic healthcare institutions and Catholic chaplains may also have a group of properly trained EMHCs to assist in their Pastoral Care of the Sick.

7. These are the expectations and criteria for the selection of an EMHC:

- a) Lay men or women members of a parish community of the Archdiocese of Milwaukee.²
- b) Fully initiated Catholics who live in harmony with the Church teachings and able to receive the Eucharist.
- c) Lay men or women of sufficient age and maturity to perform the duties of an EMHC at Mass or to the sick and homebound in various locations (i.e. private homes, nursing homes, hospitals).
- d) Lay men or women with the necessary human skills and qualities for the compassionate care of the sick and homebound and their families.
- e) Lay men or women capable and willing to receive training as an EMHC.
- f) Lay men or women “who have been duly deputed for this purpose”³ by the Archbishop. In the Archdiocese of Milwaukee, pastors have received delegation from the Archbishop to depute and commission EMHC. Although an EMHC is commissioned to distribute Holy Communion to the faithful, the permission is granted only for the parish in which the minister is registered and active.

¹ See *Redemptionis Sacramentum* (RS) (2004), the Congregation for Divine Worship and the Discipline of the Sacraments’ instruction on certain matters to be observed or avoided concerning the Most Holy Eucharist: “the extraordinary minister of Holy Communion may administer Communion only: when the Priest and Deacon are lacking; when the Priest is prevented by weakness or advanced age; or some other genuine reason; or when the number of faithful coming to Communion is so great that the very celebration of Mass would be unduly prolonged” (n. 158).

² Qualified individuals from other dioceses may minister in the Archdiocese of Milwaukee by requesting permission from the Chancery.

³ USCCB, *Norms for the Distribution and Reception of Holy Communion under Both Kinds in the Dioceses of the United States of America*. Washington, D.C. 2002, 28.

g) Lay men or women willing to work in union with the Archbishop, pastors and deacons of the Archdiocese to assist in providing Holy Communion for the sick and dying.

h) Lay men or women willing to cultivate a personal prayer life that includes devotion to the Blessed Sacrament and daily prayer.

8. All EMHCs should show the greatest reverence for the Most Holy Eucharist by their demeanor, their attire, their knowledge of the Rite, and the manner in which they handle the consecrated bread. In the Archdiocese of Milwaukee, EMHCs do not wear albs or any other special liturgical garb; however, they may at the discretion of the pastor wear Crosses.

9. “EMHC should receive sufficient spiritual, theological, and practical preparation to fulfill their role with knowledge and reverence.”⁴ The training of EMHCs must include the following aspects:

- a) Understanding of the Theology of the Eucharist.
- b) Understanding of the meaning and spirituality of ministry.
- c) Meet all safe environment requirements.
- d) Understanding of the liturgy and rites for the Pastoral Care of the Sick.
- e) Understanding of the United States Conference of Catholic Bishops’ “Norms for the Distribution and Reception of Holy Communion under Both Kinds for the Dioceses of the United States of America.”
- f) Understanding of the “Guidelines for the Pastoral Care of the Sick by an Extraordinary Minister of Holy Communion in the Archdiocese of Milwaukee.”

10. It is recommended that EMHCs participate in ongoing formation opportunities, as well as periodical meetings with their pastors, chaplain or the pastoral staff delegate for the Pastoral Care of the Sick.

11. It is recommended that pastors celebrate a formal commissioning of EMHCs after their preparation is completed; this commissioning takes place normally at a Sunday Eucharist. An “Order for the Commissioning of Extraordinary Ministers of Holy Communion” can be found in the Book of Blessings, Chapter 63.

12. A EMHC is a privilege, not a right; therefore, the service of an EMHC could be terminated at any time as follows:

- a) By the voluntary request of the EMHC to the pastor or chaplain.
- b) By the request of the pastor or chaplain to the EMHC. In this case, the EMHC should receive an explanation by the pastor or chaplain.
- c) By the request of the Archbishop.

⁴ *Ibid.*

II. RECEPTION OF CONSECRATED HOSTS

13. The reception of Consecrated Hosts by the EMHC could be done in a parish or in a healthcare institution with a properly installed tabernacle. Catholic healthcare institutions normally have a properly installed tabernacle. In the case of non-Catholic healthcare institutions without a tabernacle, EMHCs should receive the Consecrated Hosts from a parish or another Catholic institution with a properly installed tabernacle. Non-Catholic healthcare institutions may request the installation of a tabernacle by following the guidelines presented in Appendix 1.

14. Parishes may have their own procedure for providing the Consecrated Hosts to the EMHCs who will bring Communion to the sick. The procedure may vary depending on whether it is a weekday or Sunday. In any case, this procedure should reflect the following principles:

a) A suggested and preferred approach, especially on Sundays, is to have the hosts to be taken to the sick consecrated at Mass with the community. As a visible sign of the connection of our absent members to the Eucharistic celebration, the EMHC is dismissed from Mass as a public witness to bring the healing presence of Christ and the community to the sick members.

b) If the previous approach is not available, EMHCs may receive the Consecrated Hosts from the parish tabernacle according to the particular arrangements of the parish. Normally, only the priest or deacon may access the tabernacle; this is why in these cases the EMHC should notify the pastor in advance, and coordinate a time for the priest or deacon to open the tabernacle for this purpose. In extraordinary circumstances, the Archbishop or pastors may delegate appropriately trained lay ministers to access the tabernacle for this purpose.

c) EMHCs must receive the Consecrated Hosts in a proper pyx or ciborium. Purificators or cloths are not to be used.

d) EMHCs should communicate to the pastor or a delegated pastoral staff the number or approximate number of Consecrated Hosts needed. An excessive, unnecessary number of Consecrated Hosts is to be avoided.

e) Great care should be taken in carrying the pyx or ciborium. It is preferable that it be placed in a carrying case, kept on the EMHC's person or in a safe place.

f) The EMHC should go directly from church to the communicant(s) without stops. It is not appropriate to stop at home or anywhere else after receiving the Consecrated Hosts.

15. When healthcare institutions have a properly installed tabernacle in their chapel, EMHCs receive the Consecrated Hosts as follow:

a) A suggested and preferred approach is to have the hosts to be taken to the sick consecrated at Mass. As a visible sign of the connection of our absent members to the Eucharistic celebration, the EMHC is dismissed from Mass as a public witness to bring the healing presence of Christ and the community to the sick members.

b) If the previous approach is not available, EMHCs may receive the Consecrated Hosts from the tabernacle according to the particular arrangements of the healthcare institution. However,

only a Catholic chaplain, a priest or a deacon may access the tabernacle; this is why in these cases the EMHC should notify the Catholic chaplain in advance, and coordinate a time for the Catholic chaplain, a priest or a deacon to open the tabernacle for this purpose.

- c) EMHCs must receive the Consecrated Hosts in a proper pyx or ciborium.
- d) Normally, the Catholic chaplain coordinates the quantity of Consecrated Hosts an EMHC may receive. An excessive, unnecessary number of Consecrated Hosts is to be avoided.
- e) Great care should be taken in carrying the pyx or ciborium. It is preferable that it be placed in a carrying case, kept on the EMHC's person or in a safe place.
- f) The EMHC should go directly from chapel to the communicant(s) without stops.

16. In the case of healthcare institutions without an installed tabernacle, EMHCs must receive the Consecrated Hosts from the parish and follow the indications of paragraph number 14.

III. VISITATION GUIDELINES FOR VARIOUS CIRCUMSTANCES

17. EMHCs may be called upon to make home visits, make rounds in a Catholic or non-Catholic hospital or institutional setting or to conduct a Communion service in a chapel or other designated area in such a facility.

18. In whatever setting, the EMHC should be mindful of the importance of praying with the person who is ill; the EMHC is called upon to be a leader of prayer. "Those who visit the sick should help them to pray, sharing with them the word of God proclaimed in the assembly from which their sickness has separated them."⁵ The EMHC should be familiar with the psalms, scripture passages or other prayers that would be appropriate.

19. EMHCs should not bring oils or holy water in their Communion visits to the sick. In addition to the pyx or ciborium with Consecrated Hosts, EMHCs should bring a copy of the ritual book or booklet (see Appendix 3: Resources) which provide the rites, prayers, readings and intercessions that can be used and adapted as appropriate (the various rites will be referenced in this section but not reproduced here). The EMHC may also bring a Bible.

20. EMHCs should not include an imposition of hands in the rite of Holy Communion; such a gesture is reserved to the priest.⁶

21. EMHCs should not include a blessing in the rite of Holy Communion; they, however, invoke "God's blessing and makes the sign of the cross on himself or herself" while using the prescribed formula.⁷

22. In order to receive Holy Communion, the sick person must be a Catholic properly prepared to receive Holy Communion.

⁵ *Pastoral Care of the Sick: Rites of Anointing and viaticum*, Collegeville, MN: Liturgical Press, 1983, # 46

⁶ See *Ibid.* # 65.

⁷ *Ibid.* # 91, p. 64.

23. If the time is not convenient for visiting the sick or homebound, then the EMHC may leave a parish or office number where someone can be reached to visit at another time.

24. Accurate reporting of visits should be made upon returning to the parish or to the chaplain's office. This would include visits made to hospitals, nursing homes, care facilities and private homes.

25. The EMHC should notify the pastor, chaplain, or delegate in the event:

- a) When an individual or family requests a priest, or desires Confession and/or Anointing of the Sick.
- b) If there is any uncertainty of an individual's ability to receive Holy Communion (e.g. has not received 1st Communion, in an irregular marriage, etc.)
- c) An individual is transferred from his/her private home to a care facility. An individual is discharged from a facility and they have requested a visit from the parish at his/her private home.
- d) An individual is now receiving services from hospice.
- e) An individual no longer needs to have visits made to the facility or the home.
- f) An individual dies.

26. The EMHC **must not**:

- a) Visit a sick person if the EMHC is not feeling well.
- b) Stay too long or take the role of a counselor or confidant.
- c) Compete with a television or radio. The EMHC should politely ask if these can be turned off during the service.
- d) Leave the Consecrated Host with someone else if the sick person cannot receive it. Instead, the EMHC should return at a later date/time to see the sick person.

A. Communion to the Sick at Home

27. In preparation to the visit, the EMHC should:

- a) When possible, make an appointment to visit, and ask about the sick person's health conditions and willingness to receive Holy Communion.
- b) Arrive at the scheduled time of the visit to respect the routine or needs of the person who is ill or recovering.
- b) If possible, ask the family or sick person to have some things ready for the visit:
 - A table prepared with a linen cloth to put the pyx or ciborium on.
 - A candle may be lit during the service if this does not pose any danger or risk to the sick person (use of an oxygen tank, allergies, etc.)

- A small crucifix.
- A cup of water (in case the communicant may have difficulty swallowing the host). In some cases, the EMHC may give the sick person a smaller fragment of the Body of Christ.

In case these items are not available in the home, the EMHC might want to carry these things with him or her.

c) Create links to the parish; e.g. bring a bulletin from the parish, share news from the parish, etc.

28. Generally, for a home visit, it would be appropriate to use the rite for “Communion in Ordinary Circumstances;”⁸ this includes:

- a) The Introductory Rites
- b) The Liturgy of the Word
- c) The Liturgy of Communion
- d) The Concluding Rite

29. Depending on the severity of the sick person’s condition, the EMHC may need to use his or her judgment as to whether a shortened version of this rite is needed.

30. In greeting and engaging the sick person, the family and other people present during the visit, the EMHC must be mindful of his or her public persona as a representative of the parish and the Catholic Church. Family members and/or friends of the sick person may be present during the service, and may also request to receive Holy Communion. In this case and if the EMHC has enough Consecrated Hosts, Holy Communion could be distributed to Catholics who are properly prepared⁹.

31. The EMHC should be aware of specific requests the sick person may present, especially in regard to receiving the sacraments of Anointing of the Sick and Reconciliation. Such a request should be communicated to the priest.

B. Communion to the Sick at a Healthcare Institution

32. An EMHC may bring Communion to a sick person in a hospital, nursing home, assisted living, and/or hospice care facility.

33. “There will be situations, particularly in large institutions with many communicants, when the minister should consider alternative means so that the rite of communion of the sick is not diminished to the absolute minimum. In such cases the following alternatives should be

⁸ *Ibid.* # 81-91.

⁹ “Anyone who desires to receive Christ in Eucharistic communion must be in the state of grace. Anyone aware of having sinned mortally must not receive communion without having received absolution in the sacrament of penance” (CCC 1415).

considered: (a) where possible, the residents or patients may be gathered in groups in one or more areas; (b) additional ministers of communion may assist.”¹⁰

34. “When it is not possible to celebrate the full rite, the rite for communion in a hospital or institution may be used. If it is convenient, however, the minister may add elements from the rite for ordinary circumstances, for example, a Scripture reading.”¹¹

35. “The rite begins with the recitation of the Eucharistic antiphon in the church, the hospital chapel, or the first room visited. Then the minister gives communion to the sick in their individual rooms.”¹²

36. “The concluding prayer may be said in the church, the hospital chapel, or the last room visited. No blessing is given.”¹³

37. The rite for Communion in a Hospital or Institution includes¹⁴:

- a) The Introductory Rites
- b) The Liturgy of Communion
- c) The Concluding Rite

38. In greeting and engaging the sick person, the family and other people present during the visit, the EMHC must be mindful of his or her public persona as a representative of the parish and the Catholic Church. Family members and/or friends of the sick person may be present during the service, and may also request to receive Holy Communion. In this case and if the EMHC has enough Consecrated Hosts, Holy Communion could be distributed to Catholics who are properly prepared¹⁵.

39. The EMHC should be aware of specific requests the sick person may present, especially in regard to receiving the sacraments of Anointing of the Sick and Reconciliation. Such a request should be communicated to the priest.

C. Communion to a Sick Child

40. EMHCs may bring Holy Communion to properly prepared sick children at home or at a healthcare institution. Though the EMHC should follow the rite accordingly (Ordinary Circumstances and at a Healthcare Institution), he or she must be aware of the specific readings and prayers to be used when bringing Holy Communion to a sick child.¹⁶

¹⁰ Pastoral Care of the Sick: Rites of Anointing and viaticum, Collegeville, MN: Liturgical Press, 1983, # 78.

¹¹ *Ibid.* # 78.

¹² *Ibid.* # 79.

¹³ *Ibid.* # 80.

¹⁴ *Ibid.* # 92-96.

¹⁵ “Anyone who desires to receive Christ in Eucharistic communion must be in the state of grace. Anyone aware of having sinned mortally must not receive communion without having received absolution in the sacrament of penance” (CCC 1415).

¹⁶ Pastoral Care of the Sick: Rites of Anointing and viaticum, Collegeville, MN: Liturgical Press, 1983, # 66-70.

41. The EMHC “may wish to invite those present to prepare for the reading from Scripture, perhaps by a brief introduction or through a moment of silence.”¹⁷
42. If the child does not already know the EMHC, “the latter should seek to establish a friendly and easy relationship with the child. Therefore, the greeting which begins the visit should be an informal one.”¹⁸
43. The EMHC “should help sick children to understand that the sick are very special in the eyes of God because they are suffering as Christ suffered and because they can offer their sufferings for the salvation of the world.”¹⁹
44. “In praying with the sick child the minister chooses, together with the child and the family if possible, suitable elements of common prayer in the form of a brief liturgy of the word. This may consist in a reading from Scripture, simple one-line prayers taken from Scripture which can be repeated by the child, other familiar prayers such as the Lord’s Prayer, the Hail Mary, litanies, or a simple form of the general intercessions.”²⁰

D. Some Specific Cases

45. EMHCs may encounter unique cases that challenge his or her knowledge about the distribution of Holy Communion. In principle, the EMHC must consult with a priest or chaplain when he or she has a doubt regarding the distribution of Holy Communion to a specific patient. In some cases, such consultation may include the Chancery or even the Archbishop.
46. When appropriate and in consultation with the priest or chaplain, EMHCs could make preparations to distribute the Body of Christ with a low-gluten Consecrated Host (see Appendix 2).
47. In cases of Communicants with severe swallowing difficulties, the EMHC should consider the following options:
- a) Reception of Holy Communion through a few drops of the Most Precious Blood. “The Precious Blood should be carried to the sick in a vessel that is closed in such a way as to eliminate all danger of spilling. If some of the Precious Blood remains after the sick person has received Communion, it should be consumed by the minister, who should also see to it that the vessel is properly purified.”²¹ These “vessels that are intended to serve as receptacles for the Blood of the Lord... are to have a bowl of material that does not absorb liquids. The base, on the other hand, may be made of other solid and worthy materials.”²² In this case, it is permitted to use a special spoon instead of drinking from the Chalice. That spoon, however,

¹⁷ *Ibid.* # 62.

¹⁸ *Ibid.* #63.

¹⁹ *Ibid.* # 64.

²⁰ *Ibid.* # 65.

²¹ USCCB, *Norms for the Distribution and Reception of Holy Communion under both kinds in the Dioceses of the United States of America*, Washington, DC, 2002, # 54.

²² *General Instruction of the Roman Missal*. # 330.

may not be used for any other purpose; it should have the same purification as other Communion vessels.

b) Reception of Holy Communion through a small fragment of the Consecrated Host.

48. It is not permitted to pour consecrated elements down a feeding tube or I.V.

49. It is absolutely forbidden to put the Body and Blood of Our Lord into a blender.

50. The communicant must be conscious, prepared, and willing to receive Holy Communion at the time of its reception.

51. The distribution of Holy Communion to isolated patients with highly communicable diseases must follow the proper protocol of the healthcare institution and Federal regulations. For these special cases, EMHCs must be properly trained.

E. Accidents during Distribution

52. If a Consecrated Host falls to the ground during distribution of Holy Communion, the EMHC should pick it up immediately and consume it then, or after distribution is over. It should never be put back in the vessel to be given to another communicant.

53. If the EMHC concludes that a Consecrated Host is inconsumable because it has been seriously soiled, he or she should place it in a purificator, and at an appropriate time dissolve it into a glass of water. Once the host is dissolved, the water may be poured directly upon the earth or into the sacrarium.

54. “If any of the Precious Blood is spilled, the area where the spill occurred should be washed with water, and this water should then be poured into the sacrarium in the sacristy.”²³

IV. REPOSE OF CONSECRATED HOSTS

55. It is recommended that EMHCs calculate and carry the exact or approximate number of Consecrated Hosts before visiting the sick in order to avoid the reposition of remaining hosts. However, when this is not possible, EMHCs should return the Consecrated Hosts back to be reposed in a tabernacle.

56. EMHCs should return the remaining Consecrated Hosts to the parish or healthcare institution with a properly installed tabernacle. The parish or healthcare institution is responsible for coordinating the reposition of the remaining Consecrated Hosts in the tabernacle. Normally, only the priest or deacon may access the tabernacle; this is why the EMHC should notify the priest or deacon in advance, and coordinate a time for the priest or deacon to receive the Consecrated Hosts from the EMHC and repose them in the tabernacle.²⁴ In extraordinary circumstances, the

²³ *Ibid.* # 280.

²⁴ See GIRM, # 162: “(If) ... there is a very large number of communicants, the priest may call upon extraordinary ministers to assist him, e.g., duly instituted acolytes or even other faithful who have been deputed for this purpose. ... These ministers should not approach the altar before the priest has received Communion, and they are always to

Archbishop or pastors may delegate appropriately trained lay ministers to access the tabernacle for this purpose. EMHCs without such delegation should not access the tabernacle for the reposition of Consecrated Hosts. The person in charge of a church or chapel is to see to it that the key to the tabernacle in which the blessed Eucharist is reserved, is in maximum safe keeping (c. 938, §5). Therefore, only a limited number of people should be designated for access to the tabernacle.

57. When distributing Holy Communion to patients of a healthcare institution without a properly installed tabernacle, the EMHC should make arrangements with a priest, deacon or chaplain of a healthcare institution with a properly installed tabernacle or with a priest, deacon or pastoral delegate of a nearby parish for the reposition of the remaining Consecrated Hosts.

58. EMHCs should always stay with the Blessed Sacrament until they can be properly reposed. The EMHC should not bring Consecrated Hosts to his or her home, the chaplain's office, or any location other than a properly installed tabernacle. The EMHC should not leave Consecrated Hosts in the sacristy, parish office, or rectory under the assumption that the priest will eventually care for them.

59. When the reposition of the remaining Consecrated Hosts in a tabernacle is not possible, the EMHC may consume them.

receive from the hands of the priest celebrant the vessel containing either species of the Most Holy Eucharist for distribution to the faithful.”

APPENDIX 1

THE RESERVATION OF THE MOST HOLY EUCHARIST IN NON-CATHOLIC HEALTHCARE INSTITUTIONS

Guidelines

The reservation of the Most Holy Eucharist in non-Catholic Healthcare Institutions may be considered for temporary approval by the Archbishop when these guidelines are followed:

1. “The Eucharist is to be kept in a solid, unbreakable tabernacle” (GIRM 277). “The tabernacle in which the Eucharist is regularly reserved is to be immovable, made of solid and opaque material, and locked so that the danger of profanation may be entirely avoided” (Can. 938 §3).
2. “Consecrated hosts, in a quantity sufficient for the needs of the faithful, are to be kept in a pyx or ciborium, and are to be renewed frequently, the older hosts having been duly consumed” (c. 939).
3. “A special lamp is to burn continuously before the tabernacle in which the blessed Eucharist is reserved, to indicate and to honor the presence of Christ” (c. 940).
4. A full-time Catholic ordained chaplain must be designated by the non-Catholic Healthcare Institution and approved by the Archbishop as the person responsible for the tabernacle and the care of the Most Holy Eucharist (see c. 934 §2). The chaplain is to make sure “that the key of the tabernacle in which the Most Holy Eucharist is reserved is safeguarded most diligently” (c. 938 §5).
5. “It is not lawful for anyone to keep the blessed Eucharist in personal custody or to carry it around, unless there is an urgent pastoral need and the prescriptions of the diocesan Bishop are observed” (c. 935). In the Archdiocese of Milwaukee, only designated extraordinary ministers of Holy Communion are allowed to bring the Body of Christ to those who need it.

This is the procedure for requesting the temporary installation of a tabernacle in a church or oratory of a non-Catholic Healthcare Institution:

1. A letter requesting the installation of a tabernacle should be submitted to the Office of the Archbishop of Milwaukee. This letter must contain:
 - The pastoral reasons for the request.
 - The name of the full-time Catholic ordained chaplain who has received approval by the Archbishop.
 - An acknowledgement of having read and complied with the Archdiocesan Guidelines for the reservation of the Most Holy Eucharist in a Non-Catholic Healthcare Institution.
2. A delegate of the Archbishop contacts the designated person of the petitioning non-Catholic Healthcare Institution in order to schedule a visit to the institution to inspect the location and appropriateness of the tabernacle.
3. The delegate submits a report to the Archbishop on the designated location and the tabernacle of the petitioning non-Catholic Healthcare Institution. If needed, the Archbishop or his delegate may

request a personal interview with the chaplain and/or the designated person of the petitioning non-Catholic Healthcare Institution.

4. The Archbishop makes a decision by sending a letter to the petitioning non-Catholic Healthcare Institution.

The Archbishop can remove the permission to reserve the Most Holy Eucharist in a tabernacle of a non-Catholic Healthcare Institution at any time. In doing so, the Archbishop has the right to remove and relocate any consecrated Hosts from that tabernacle.

APPENDIX 2

CONGREGATION FOR THE DOCTRINE OF THE FAITH

Circular Letter to all Presidents of the Episcopal Conferences concerning the use of low-gluten altar breads and mustum as matter for the celebration of the Eucharist

24 July 2003

To their Eminences / Excellencies, Presidents of the Episcopal Conferences

Your Eminence / Excellency:

The Congregation for the Doctrine of the Faith has been for many years studying how to resolve the difficulties that some of the faithful encounter in receiving Holy Communion when for various serious reasons they are unable to consume normal bread or wine.

A number of documents on this question have been issued in the past in the interest of offering Pastors uniform and sure direction (Congregation for the Doctrine of the Faith, *Rescriptum*, 15 December 1980, in *Leges Ecclesiae*, 6/4819, 8095-8096; *De celebrantis communione*, 29 October 1982, in AAS 74, 1982, 1298-1299; *Lettera ai Presidenti delle Conferenze Episcopali*, 19 June 1995, in *Notitiae* 31, 1995, 608-610).

In light of the experience of recent years, it has been deemed necessary at this time to return to the topic, taking up the above-mentioned documents and clarifying them wherever necessary.

A. The use of gluten-free hosts and mustum

1. Hosts that are *completely* gluten-free are invalid matter for the celebration of the Eucharist.
2. Low-gluten hosts (*partially* gluten-free) are valid matter, provided they contain a sufficient amount of gluten to obtain the confection of bread without the addition of foreign materials and without the use of procedures that would alter the nature of bread.
3. *Mustum*, which is grape juice that is either fresh or preserved by methods that suspend its fermentation without altering its nature (for example, freezing), is valid matter for the celebration of the Eucharist.

B. Communion under one species or with a minimal amount of wine

1. A layperson affected by celiac disease, who is not able to receive Communion under the species of bread, including low-gluten hosts, may receive Communion under the species of wine only.
2. A priest unable to receive Communion under the species of bread, including low-gluten hosts, when taking part in a concelebration, may with the permission of the Ordinary receive Communion under the species of wine only.

3. A priest unable to ingest even a minimal amount of wine, who finds himself in a situation where it is difficult to obtain or store mustum, when taking part in a concelebration, may with the permission of the Ordinary receive Communion under the species of bread only.

4. If a priest is able to take wine, but only a very small amount, when he is the sole celebrant, the remaining species of wine may be consumed by a layperson participating in that celebration of the Eucharist.

C. Common Norms

1. The Ordinary is competent to give permission for an individual priest or layperson to use low-gluten hosts or mustum for the celebration of the Eucharist. Permission can be granted habitually, for as long as the situation continues which occasioned the granting of permission.

2. When the principal celebrant at a concelebration has permission to use mustum, a chalice of normal wine is to be prepared for the concelebrants. In like manner, when he has permission to use low-gluten hosts, normal hosts are to be provided for the concelebrants.

3. A priest unable to receive Communion under the species of bread, including low-gluten hosts, may not celebrate the Eucharist individually, nor may he preside at a concelebration.

4. Given the centrality of the celebration of the Eucharist in the life of a priest, one must proceed with great caution before admitting to Holy Orders those candidates unable to ingest gluten or alcohol without serious harm.

5. Attention should be paid to medical advances in the area of celiac disease and alcoholism, and encouragement given to the production of hosts with a minimal amount of gluten and of unaltered mustum.

6. The Congregation for the Doctrine of the Faith enjoys competence over the doctrinal aspects of this question, while disciplinary matters are the competence of the Congregation for Divine Worship and the Discipline of the Sacraments.

7. Concerned Episcopal Conferences shall report to the Congregation for Divine Worship and the Discipline of the Sacraments, at the time of their *ad Limina* visit, regarding the application of these norms as well as any new developments in this area.

Asking you to kindly communicate the contents of this letter to the members of your Episcopal Conference, with fraternal regards and prayerful best wishes, I am

Sincerely yours in Christ,

Joseph Card. Ratzinger
Prefect

APPENDIX 3:

RESOURCES

- CERVANTES, José del Carmen, *Para llevar la Comunión a los Enfermos*, Arquidiócesis de Morelia, The Liturgical Press, 2007.
- Communion to the Sick*, The Liturgical Press, 2012.
- FREESTONE, William H., *The Sacrament Reserved: a Survey of the Practice of Reserving the Eucharist, With Special Reference to the Communion of the Sick, During the First Twelve Centuries*, Hard Press, 2012.
- GAILLARDETZ, Richard. *Broken and Poured Out: A Spirituality for Eucharistic Ministers*. Ligouri 2002.
- GLEN, Genevieve; KOFLER, Marilyn; and O'CONNOR, Kevin E. *Handbook for Ministers of Care*, Second Edition, LTP, 1997.
- HUCK, Gabe. *Liturgy with Style and Grace*. (English and Spanish) LTP, rev. 1998.
- HUGHES, Kathleen. *Saying Amen: A Mystagogy of Sacrament*. LTP, 1999.
- INTERNATIONAL COMMISSION ON ENGLISH IN THE LITURGY, *Pastoral Care of the Sick: Rites of Anointing and Viaticum*, The Liturgical Press, 1983.
- JOHNSON, Lawrence J. *The Mystery of Faith*. FDLC, rev. 2003.
- KWATERA, Michael. *The Ministry of Communion*. Liturgical Press, 2004.
- LTP and MACC, *Los Ministros de la Comunión a los Enfermos*. LTP, 2002.
- LTP/ARCHDIOCESE OF CHICAGO, *Pastoral Care of the Sick: Revised Abridged Edition (Bilingual)/ Cuidado Pastoral de los Enfermos*, LTP, 2004
- LTP, *Oraciones para el ministro extraordinario de la sagrada comunión* [Pack of 25], LTP.
- LTP, *Prayers for an Extraordinary Minister of Holy Communion* [Pack of 25], LTP.
- LAVERDIERE, Eugene. *Comer en el Reino de Dios*. LTP
- PHILIPPART, David, *Prayers of the Sick*, LTP, 1995.
- PHILIPPART, David (editor), *Rites of the Sick*, LTP, 1995.
- TURNER, Paul and RILEY, Kenneth A. *Guide for Extraordinary Ministers of Holy Communion*, LTP, 2007.
- USCCB, *Norms for the Distribution and Reception of Holy Communion under both kinds in the Dioceses of the United States of America*, USCCB, 2002.
- ZIMMERMAN, Joyce; HARMON, Kathleen; and TONKIN, John, *Living Liturgy for Extraordinary Ministers of Holy Communion*, The Liturgical Press, 2014.