NETWORK Connection

Healthcare For All—Finally?!

dear members

In the steamy heat of this DC summer, amidst actual thunderstorms, we are working on the Hill to try to "tame" the thunderstorm of healthcare reform. What a challenge it is to channel the lightning of partisan politics and the thunder of media-fueled conflict. We are hanging in there, trying to actually accomplish something this time around.

It is difficult to predict the outcome of the light and noise, but at least it appears that everyone is still engaged in the process. We know that one "flashpoint" is the idea of a "public plan." We are working to make sure that those who are on current public plans (e.g. Medicare and Medicaid) are protected and that these programs are expanded and adequately funded.

Which brings me to your work…

We realize over and over that unless "We the People" are engaged in this reform in a way that protects the most vulnerable, we will never be successful. You, our members, are the key to seeing that something is really accomplished this time. Don't let your representatives hide from the difficult decisions and compromises. Now is the time to weigh in and make sure that the representatives of the people do what is needed for the people! We need you to help make this change! The time is now to act! Thank you for this effective teamwork that makes change possible.

Simone Campbell SSS

NETWORK Authors

Eugenia Kim's (graphic designer who works with NETWORK) debut novel, ***The Calligrapher's Daughter,*** is due out in August. Inspired by her mother's life, it's a story of perseverance in early twentieth century Japan-occupied Korea. We recommend it highly! *http://us.macmillan.com/thecalligraphersdaughter*

Former NETWORK editor Beth Baker's book, ***Old Age in a New Age—The Promise of Transformative Nursing Homes***, continues to inspire people to look at new ways to transform long-term care. See her article on page 12. *www.bethbaker.net*

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NETWORK
A National Catholic Social Justice Lobby

NETWORK—a Catholic leader in the global movement for justice and peace—educates, organizes and lobbies for economic and social transformation.

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Comments on this issue? Ideas for future issues of *Connection?* Let us hear from you!
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Healthcare Reform–Can We Build on the Momentum?

By Simone Campbell, SSS

It is difficult to realize that just a year ago we were engaged in the creation of the *Platform for the Common Good* and the Convention in Philadelphia that ratified it. What change has occurred in a relatively short time! "Common good" has become a common phrase. Issues we raised are receiving attention from our new government:

- **Peacebuilding in Iraq:** Iraq has an exit strategy that is being implemented.
- **The Economy:** The economy has taken on a meaning we never expected a year ago. It is the center of much of the work being done. While we do not agree with some of the administration's initial trade proposals, at least they are being discussed.
- **Ecology:** Ecological concerns are well integrated into economic stimulus and energy policy. There is general acceptance that we need to change our behavior to avert calamity.
- **Immigration Reform:** Momentum is building for comprehensive immigration reform. It appears to be more than lip service this time.
- **Healthcare Reform:** This issue is front and center this summer and fall as everyone tries to deliver on overdue reform.

How stunning to see that all five of our top agenda items, chosen by "We the People" before the Convention, are now being seriously engaged in the political sphere! Our elected leaders are responding to the demands of the people—this is how the Constitution is supposed to work. It is tempting to claim victory and rest on our laurels. But there is so much more to do! To realize change in any of these areas, we must stay engaged in the political process and insist that our leaders make the compromises necessary to effectively address these serious issues.

Healthcare is a good example of the challenges ahead as we search for the common good. It is tempting for many to insist on a "single payer" approach to reform. This means that government would be the "single payer" for the costs of healthcare, which is the Medicare Part A model. But countervailing business interests are concerned about controlling costs through competition, creating incentives for good performance, and minimizing bureaucracy. They call for market competition to achieve something better.

The common good calls me to limit my "non-negotiables." In my hierarchy of priorities, what matters most is that all people have access to quality, affordable healthcare. This is more important than the funding mechanism. I worry about realistic funding methods, but I won't pull out of the struggle for something new if Congress does not use my preferred model. To me this is a real-life example of working for the common good.

Thousands of similar choices will come. We need to tell our representatives that any change should protect those who are most vulnerable, including people who rely on public plans (Medicare, Medicaid, SCHIP, etc.) and those who have no coverage. It also means making sure that those who have insurance coverage have access to actual care. And it means helping small businesses offer employee health plans at affordable rates.

This should be the test of any change that we make for the common good: Will the most vulnerable members of our society be better off?

Success (along with the devil) is in the details. The Scripture-based common good call to look out for the orphan, widow and each other demands a mature political spirituality. A spirituality rooted in deep listening to the needs around us and a willingness to engage in practical ways to respond. This leads us to challenging compromises that we might not prefer, but are required to make as a democracy for the common good. It is not easy, but it is where we are sent to live the Gospel mandates in the midst of our world. Let us rejoice in the blessing of this moment of opportunity and be faithful to the difficult tasks ahead.

Simone Campbell, SSS, is NETWORK Executive Director. The Platform for the Common Good *can be viewed at www.networklobby.org/PlatformfortheCommonGood.pdf.*

ANDREA L.

Toward a Better Healthcare Future—for ALL

By Rev. Linda Hanna Walling

Indeed, we've experienced the best healthcare in the world! My son is living proof.

It was mono at first, but two weeks later my 15-year-old son was in surgery to remove an abscess that was displacing his trachea and pressing on an artery to his brain. With good insurance and a pediatrician who took our calls, we knew we were among the lucky ones. Aware that another 24 hours could have resulted in a very different outcome, we were grateful that we hadn't had to wait for a paycheck to cover the doctor's appointment. And when we were sent to the ER, we could focus on our son, not on the impact on our finances. Yes, we had the benefits of the best healthcare in the world—at least for some.

IRINA SHOYHET

But truth is witness to the whole, and the truth is that some people who live in the shadows of that hospital cannot walk in the doors when their loved ones are ill. As I held my son's hand through that night after surgery, I couldn't help but think that no one should have to hold a loved one knowing that needed healthcare is out of reach. And I knew in those moments that a health system is really only as good as what it provides for those who are most vulnerable.

This year, we have the opportunity to make progress toward a better healthcare future that really does include everyone and that works well for all of us.

What makes us hopeful?

If we have failed for over a hundred years to enact healthcare for all, what makes us think we can do it this time? Three reasons come to mind—a renewed sense of our moral vision, our political will, and our economic realities.

A moral vision: We stand alone as an industrialized democracy in not guaranteeing healthcare for everyone. Now, unlike any time before, there is a growing consensus that we must make a moral commitment to address this injustice.

- The financial crisis has allowed us to name the greed of an unregulated free market for what it is. As one-sixth of our economy, our health system can be similarly judged. With profits prevailing over the needs of people, we have the opportunity to denounce an unregulated market and the harm it inflicts on the health of our nation.
- There's a lot that can be said about the 2008 elections. For people of faith, one of those things is that a moral vision for our nation's future captured our hearts and minds. People of all faiths are raising a renewed commitment to values that call us to work for the common good, and we are connecting those values to healthcare.
- We know we can and must do better. We are the richest nation in all of human history, endowed by God with the talents, wisdom and abundant resources necessary to meet the needs of one another.

Acting on our moral vision: Over the past year, an interfaith coalition that includes NETWORK created "A Faith-Inspired Vision of Health Care." This statement envisions a society in which every person is afforded health, wholeness and human dignity. It commits to a healthcare future that is grounded in the sacred bonds of our common humanity; defined by compassion, especially for those who are most vulnerable; and reflective of faithful stewardship of our abundant healthcare resources. Most importantly, it describes a moral foundation for our public discourse about healthcare reform, out of which guidelines for measuring legislative progress arise. Its values lead us to ask whether a proposal is:

- Inclusive, offering a guarantee of healthcare for every person regardless of individual circumstances
- Accessible, eliminating all barriers to care, thus contributing to our health and wholeness as individuals and as a society
- Affordable, ensuring that we use our abundant healthcare resources effectively, efficiently and equitably
- Accountable, calling for shared individual and institutional responsibility

in a system of timely, quality and safe care that treats body, mind and spirit.

It is such a vision that will empower people of faith to engage in the legislative process to make comprehensive and compassionate reform a reality. It is this vision that will help frame public discourse in such a way that our hearts and minds may be transformed and the door

TOMASZ MARKOWSKI

may be opened to dialogue that transcends the political deadlock that has derailed past reform efforts.

The political will: Until political leaders want to enact social change, it will not happen. And it does not happen until we as a people demand such change. Indeed, making social change—seeking justice—is a process that builds over a number of years, even decades in the case of healthcare. Progress is made as our public conscience is transformed and embraces the greater good. As some have suggested, the political stars are now aligned to make system change possible.

- The president and the five committees of jurisdiction in Congress agree that healthcare reform must happen this year. Unlike in previous efforts, they actually are working together to achieve success!
- The 2010 Senate and House budget resolutions include a "budget reconciliation" provision, which is more aptly called a partisan "nuclear option." Both chambers have agreed that if they do not have bipartisan support by mid-fall, they may pass a bill with a simple majority. To build broad bipartisan support overall, this option should be avoided.
- Numerous previous opponents of healthcare reform are now allies. Instead of blocking any discussion of comprehensive reform, they acknowledge the need for something to be done—even while there is no consensus among them about the path to reform.
- Grassroots supporters are mobilizing as never before on this issue to ensure that healthcare reform is enacted this year, and people of faith are playing a critical role.

The economic realities: There's nothing like an empty wallet to get our priorities straight. One thing is clear—the economy may be the tipping point on this issue. Without fixing healthcare, the economy cannot be fixed.

- Families are increasingly at risk of financial ruin due to medical expenses; businesses are downsizing and reducing benefits and wages because of healthcare costs; our institutions are burdened by escalating healthcare costs at the detriment of pursuing their missions; growing unemployment is increasing the number of uninsured; and governments are struggling with how to pay for healthcare for persons with limited financial resources. We all know we cannot wait.
- What was once seen as an issue for other people now impacts all of us. We are experiencing firsthand the cost of system waste, healthcare for the uninsured, medical errors, poor management of our abundant healthcare resources, and excess profits in healthcare. We all know that delaying reform is not an option.

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It's not about "May the best plan win"

The legislative timetable: Healthcare reform is being fast-tracked through 2009. Although some delays along the way can be anticipated, the following timetable is generally expected by key players:

- **June:** As this article is being written, bills are emerging from the five committees of jurisdiction.
- **July:** The two Senate bills will be merged into one and will pass on the floor. Three House bills will be merged into one and will pass on the floor. It is expected that the Senate and House versions will be very different.
- **August through mid-October:** A conference committee with members from the House and Senate will draft a bill that both can approve. Amendments must be approved by both House and Senate, and the bill will return to the conference committee as often as necessary to resolve differences.
- **By the end of 2009:** Once an identical bill passes both houses of Congress, it

will be sent to President Obama for his signature.

Legislative considerations: Until now, most proposals were "pure form" models in which the authors proposed the elimination of either the public or private insurance model. We now are moving in the direction of hybrid models that maintain and improve both public and private roles, and knit them together more effectively to eliminate gaps. In addition, we are recognizing that healthcare reform must be more than just a way to finance insurance. There are several legislative considerations on the table.

1. Public health insurance:

Improvement and expansion of public health insurance could include improving and expanding Medicare, the program for older adults and some persons with disabilities. There could be an option of buying into Medicare at a younger age. Another option could include raising the income eligibility for participation in Medicaid, the program for persons with low incomes, permitting a sliding-scale buy-in for the program. While not considered to be politically viable, single-payer or "Canadian style" healthcare is the option promoted by those who prefer a "pure" public non-hybrid system of financing our healthcare.

A new consideration is the "public option," a government plan that individuals or employers could choose instead of existing for-profit private insurance options. **Supporters** believe that more people will have affordable insurance available to them, and that lower premium costs could drive down the costs for private insurance. **Opponents** believe that private insurers would be at an unfair disadvantage in the marketplace because of the government's ability to maintain low administrative overhead (as in Medicare). Insurers are concerned about the probable subsidies that would help sustain the public option. (We should note that for-profit private insurance has been heavily subsidized by our tax dollars for decades!)

Challenges to justice to be considered in publicly-funded insurance: While publicly-funded insurance often offers more comprehensive benefits than private insurance, is the scope of coverage and benefits consistent across state lines? Are enrollment barriers eliminated, such as limited enrollment sites, limited enrollment hours, hostile attitudes of eligibility workers, and misunderstandings about changing regulations? Is quality, comprehensive medical care sufficiently accessible for all enrollees? Is healthcare for everyone really possible without public insurance?

JERRY KOCH

ROHIT SETH

2. Expansion and improvement of the employer-based system:

Most people with health insurance in the U.S. are insured through their employers; expanding coverage could build on a system we already have in place with little disruption. An "employer mandate" could require all employers with a certain number of workers to provide healthcare benefits for their workers or pay into a government fund that could provide the coverage.

Supporters believe that such an approach would provide coverage for low-income workers, and level the competitive edge among comparably-sized companies, some of which currently provide insurance while others do not. Further, such a mandate would likely reduce the burden on state Medicaid programs. **Opponents** argue that making businesses shoulder most of the burden of insuring almost everybody under 65 would hurt their ability to compete in the global marketplace. From an individual's perspective, health insurance linked to employment does not necessarily ensure safeguards for those who are unemployed or for those whose life circumstances alter their enrollment in employment-based insurance (such as divorce, death of a spouse, etc.).

Challenges to justice to be considered with expanding the employer-based system:

Without significant improvements in the system, the challenges to justice are multifold. Are the availability of health insurance and the cost to employees equitable across employment sectors and income levels? Are high-income workers who are more able to pay given more benefits than lower- income workers? Are barriers eliminated so that employers cannot discriminate against workers with pre-existing conditions? Does employment-based insurance receive tax benefits not available to persons who have

EDUARDO JOSE BERNARDINO

to purchase individual private insurance? Are persons who are between jobs protected with affordable insurance options?

3. Instituting an individual mandate:

An "individual mandate," prominent in discussions of hybrid approaches, would require individuals who do not qualify for any kind of insurance to purchase an individual policy through an organized market, sometimes known as insurance exchanges or connectors. For persons with low incomes, these policies would be subsidized based on a sliding scale.

Supporters believe that no system can be truly universal if anyone is allowed to opt out. Those who would opt out would include the healthy and the wealthy, people who should be in the risk pool to reduce costs for everyone. **Opponents** argue that no reform measures have been truly affordable and fair for persons with low incomes.

Challenges to justice to be considered with the individual mandate: Thinking about the individual mandate must move beyond the reasoning that health insurance is just like auto insurance. (After all, we can choose not to drive a car but we cannot choose or predict our need for healthcare.) Do the sliding-scale subsidies create affordable options for those who are most vulnerable? Does paying for the required insurance mean too little money for necessities like food and shelter? What percentage of family income is needed to purchase mandated insurance? Is it proportional across income levels? Do available policies offer comprehensive and affordable coverage for quality care? Should anyone able to pay be allowed to opt out of sharing responsibility? Who pays for the care for persons who opt out, get sick, and cannot cover their costs?

4. Tackling escalating costs:

No financing plan(s) will be sustainable if we do not find ways to control the escalating costs of healthcare. This includes the need to improve quality, reduce errors, coordinate care, increase value, trim waste, eliminate disparities, promote prevention and healthy lifestyles, decrease excess profits, rearrange incentives, and improve governance. Without addressing all of these issues, our healthcare costs will continue to compromise the ability to achieve our vision of a better healthcare future.

Challenges to justice to be considered with tackling cost-drivers: The broad-reaching need to control costs is laden with justice issues. Who's accountable? Do the responsibilities to control costs become a burden for particular segments of our health system, or are they shared by all parties—patients, providers, institutions, insurers, government, etc.? Are patients or profits the focus of decision-making in reducing costs? Are we practicing faithful stewardship in the use of our healthcare resources?

Making Our Vision a Reality

As public discourse moves forward and these options are debated, public opinion will be heard from all perspectives. And, in the end, a healthcare reform bill will be passed. Whether that reform "bends toward justice," in the words of Dr. Martin Luther King, Jr., will depend on whose voices are heard most often and loudest. If we want a healthcare future that reflects values of community, human dignity, compassion, special concern for those who are vulnerable, shared responsibility, and faithful stewardship of our abundant healthcare resources, then people of faith must take the lead in promoting those values.

Yes, time is short in measured moments. But we are being offered a *kairos* moment to reclaim the heart of our nation. How we respond to the call for healthcare for all will shape us as individuals and as a nation, both for now and for future generations. And we know that when we are at our best, as people of faith we are at the center of such transformation.

Rev. Linda Hanna Walling is the founding Executive Director of Faithful Reform in Health Care. She previously served for seven years as the Faith Project Director of the Universal Health Care Action Network (UHCAN) and is the co-author and editor of Seeking Justice in Health Care: A Guide for Advocates in Faith Communities.

"A Faith-Inspired Vision of Health Care" was developed by Faithful Reform in Health Care. The full Vision Statement may be found online at www.faithfulreform.org.

Faithful Reform IN HEALTH CARE

Movement to Address Our Country's Greatest Needs

By Marge Clark, BVM, Catherine Pinkerton, CSJ, Simone Campbell, SSS, Kelly Trout and Katrine Herrick

In recent years, NETWORK often lamented the lack of energy on the Hill as important initiatives stalled due to partisan infighting or inattention. The current Congress is remarkably different, having quickly acted on an impressive list of significant legislation. Already passed: the American Recovery and Reinvestment Act (economic stimulus); reauthorization of the State Children's Health Insurance Program (CHIP); the Lilly Ledbetter Fair Pay Act; Omnibus Appropriations for the fiscal year ending September 30; the Helping Families Save Their Homes Act; and the Serve America Act, which reauthorizes and expands programs such as AmeriCorps.

And now, Congress has begun to tackle one of the most pressing issues of our time—healthcare reform. NETWORK will be there every step of the way.

Still needed: a strong push on comprehensive immigration reform.

It has never been more important that NETWORK members be informed and active on these vital issues!

Healthcare

Again, NETWORK finds itself engaged in the legislative search for answers to one of the nation's greatest needs: guaranteed access to quality, affordable healthcare—a basic human right and social good. That close to 50 million Americans lack access in a $2.3 trillion health system is a travesty of justice. Universal access is needed, along with reform of the delivery system.

Senator Edward Kennedy (D-MA) released "The Affordable Health Choices Act" on June 9. He is working with Senator Max Baucus (D-MT), Chair of the Finance Committee, who has already conducted hearings and plans to produce complementary legislation by July. Meanwhile, three House committees—Education and Labor, Ways and Means, and Energy and Commerce—have introduced their version of health reform legislation.

Several legislators have introduced healthcare plans, but the focus currently centers on White House proposals, Senator Kennedy's and Senator Baucus's plans, and the House committees. The president has called for passage of legislation before the August recess, with conference action in September, and enactment into law in October. How realistic that timeline may prove is a question.

Initially, President Obama's involvement was mostly limited to articulating strong principles for reform, including the need for a public plan, and his bringing together of doctors, insurers and others for dialogue. Now, we are witnessing more intensive involvement. His aspirations to extend coverage to the uninsured while lowering costs and preserving consumer choice raise critical questions: Will reform guarantee everyone a basic level of care? Will it emphasize wellness and prevention? Will it shift doctors from unneeded care and unproved treatments toward coordinated care and fewer errors?

Those who have worked for healthcare reform have watched the current crisis develop because of previous legislative failures. The administration, Congress and healthcare industry must successfully address the need for comprehensive reform now.

Immigration

While there is no timeline for immigration reform, the issue is gaining momentum with the introduction of two good bills. The Dream Act (S. 729 and H.R. 1751), which enjoys bipartisan support, would provide a path to citizenship for young people brought here as children who have finished high school and completed some form of civil or military service.

Family reunification legislation (S. 1085 and H.R. 2709) would mandate the use of old, unused visa numbers in the quota system and define spouses and minor children of lawful permanent residents as immediate relatives, who are not subject to visa numerical caps. Differences exist between Senate and House bills, but most provisions are the same and represent real progress.

It is not clear whether these bills will move forward separately or as part of a comprehensive immigration reform package. The administration has signaled its preference for a comprehensive approach. NETWORK agrees. Let's create a just, workable system that meets our 21st century needs!

Trade

NETWORK is relieved that the Obama administration has slowed its efforts toward approval of a free trade agreement with Panama negotiated by the Bush administration. Strong resistance from fair trade advocates gave the administration pause. Assistant U.S. Trade Representative Everett Eissenstat told Congress, "The President believes that the United States needs a new framework for trade... [He] looks forward to outlining this framework in the near future."

NETWORK rejoiced in the introduction of the 2009 Trade Reform, Account-

Need up-to-date information about legislation in Congress? Check out NETWORK's Legislative Action Center at http://capwiz.com/networklobby/issues/bills/. ★ To learn what happened to legislation you followed in the past, go to http://capwiz.com/networklobby/issues/votes/ and enter your zip code in the "Key Votes" field.

ability, Development and Employment (TRADE) Act on June 24th, with more than 100 cosponsors. It establishes a framework for what must and must not be included in fair trade agreements and creates a process to review and repair existing pacts like NAFTA and CAFTA. It is a vehicle for fostering trade policies that put people first and further genuine social and economic development around the world while preserving and creating good jobs here at home.

Ex-Offenders


DENIS RAEV

Every year, millions of people are released from prisons and face many challenges reintegrating into society. The failure of prisons to reform offenders and the lack of support people receive once released cause high rates of recidivism. NETWORK supports Senator Jim Webb's (D-VA) call for reform. Recognizing that the U.S. has the most incarcerated people in the world, he has introduced the National Criminal Justice Commission Act (S. 714), which creates a 12-member commission to comprehensively review the U.S. criminal justice system. NETWORK believes that challenges faced by ex-offenders—especially women with children—need more attention.

Budget

Appropriations allotments, which include $1.086 billion in discretionary funding, were released on June 9. Total discretionary spending, although below the president's request, provides some increase in each major area over last year.

NETWORK is currently focused on adequate funding for nutrition programs, enforcement of wage laws, and affordable housing.

Nutrition programs, particularly for children, become more critical as families lose jobs. Applications for federal food assistance programs increased dramatically over the past year and we are working for more funding to help families and vulnerable elderly persons. [In support of child nutrition, NETWORK will also work on Child Nutrition Reauthorization—an umbrella for school, afterschool and summer meal programs.]

We support additional funding for the Department of Labor's Wage and Hour Division to hire and train investigators to address wage theft, which mostly affects low-wage workers. Between 1975 and 2004, the number of division investigators dropped by 14% and actions to bring companies into compliance declined by 36%.

Housing

We are encouraged by increased support for affordable and accessible housing for low- to extremely low-income households. Currently, nine million extremely low-income renter households compete for only 6.2 million affordable rental homes. The Department of Housing and Urban Development has requested 150,000 additional housing vouchers—a good start. NETWORK has called for 200,000 more each year for ten years.


GLENDA POWERS

In the months ahead, NETWORK will work for adequate funding for programs needed to help families and individuals live in dignity.

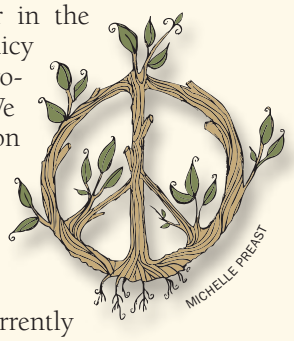
NETWORK will also continue our work to secure ongoing sources of funding for the Housing Trust Fund and to protect renters from evictions. The FY2010 budget promises a capital investment of $1 billion for the Housing Trust Fund. Sources of ongoing funding are on the horizon.


CHRISTY THOMPSON

On May 20, President Obama signed a foreclosure prevention bill that includes protections for tenants in foreclosed properties, ensuring a 90-day notice prior to eviction. This will help keep innocent families from landing on the street. Approximately 40% of foreclosed properties have been rental units.

Peacebuilding

What a difference three years make! The issue of peacebuilding in Iraq through economic development, conflict resolution, and aid to refugees is front and center in the administration's policy and Congress's appropriations process. We must keep our eyes on the appropriations process to ensure that key priorities do not get lost in political bartering.


MICHELLE PREAST

NETWORK is currently reviewing the situation in Afghanistan based on a realistic assessment of what the United States can accomplish in the region. We agree with the president and the Secretaries of State and Defense that there is no long-term military solution. A road to sustainable peace is less clear and we are working to gain clarity. In the meantime, go to our Web site for a brief review of Afghanistan history that sets the current conflict in context, and more information.

Marge Clark, BVM, and Catherine Pinkerton, CSJ, are NETWORK lobbyists. Simone Campbell, SSS, is NETWORK Executive Director. Kelly Trout and Katrine Herrick are NETWORK Associates.

Want timely information about key issues in Congress? NETWORK members can sign up for our weekly email legislative hotline. Send your name, zip code and email address to jsammon@networklobby.org.

Innovative Training for Student Nurses in Mexico

Mexico has more than 100 million inhabitants divided into 32 states and the Federal District. Many indigenous groups live in the country, including the Purepecha community in the state of Michoacan, which means "the place of fisherman" in the Nahuatl language.

The indigenous Purepecha communities live in small pueblos (towns), where they farm and fish as they have done for hundreds of years. They speak their own language, which is linguistically distinct from other indigenous languages in Mexico. Most children learn Spanish in school, but they do not speak it in their homes. The Purepecha are historically noted for never having been conquered by the Aztecs or Spaniards, which has kept their culture together over the centuries. Now their survival is threatened by economic pressures. With the collapse of agricultural prices, many are forced to look for employment in the cities of Mexico and "to the North" in the U.S. This is causing the erosion of the indigenous communities.

In this context, the Sisters of Social Service in Mexico looked for a way to be supportive of the development of the Purepecha communities and of their capacity to maintain their culture. One Sister started a nursing school in the town of Zacapu to provide three-year training for the broader population in the area. Later, it was decided to open the program specifically to members of the Purepecha communities with special attention to their language and cultural needs. To this end, the Sisters provide a place for the young women to live while they attend classes at the school a few blocks away.

The residential program includes education about computers, city living, etc., along with groups on human development, group relations, conflict resolution skills, and spiritual development. The women are also able to integrate their culture into what they are learning.

Nurses in their indigenous dress and uniforms. All photos courtesy of the author.

Programa de Estudiantes

Por Olga Chávez Bernal, HSS, Zacapu, Michoacan, Mexico

La población indígena y campesina de las diferentes regiones de nuestro Estado de Michoacán, Mexico, tiene gran número de mujeres jóvenes quienes están buscando la superación como profesionales y para ello tienen que salir de sus comunidades y pueblos, ya que ahí no hay acceso a escuelas universitarias.

Michoacán es un estado en donde muchas de las familias viven en Áreas rurales, las comunidades purépechas y campesinas han sido comunidades con pocas oportunidades de desarrollo. Las familias en el campo no cuentan con la estructura ni con los medios económicos para superarse, es por esta razón que la mayoría de los estudiantes no tienen la oportunidad de terminar sus estudios profesionales.

Las Hermanas del Servicio Social han sido pioneras en buscar alternativas que den oportunidad a la juventud para que hagan realidad sus sueños y sus esperanzas de superarse terminando una carrera universitaria, este es un reto que para muchas están fuera de su alcance.

Nuestro programa, tiene como objetivo proporcionara el hospedaje, alimentación y becas en las escuelas para un desarrollo humano y profesional a jóvenes de escasos recursos, ellas son portadoras de valores, y con un espíritu de servicio a la sociedad en sus comunidades para que así tanto ella como sus familias logren una mejor calidad de vida, esta es parte de la misión de las Hermanas del Servicio Social proporcionar una vida más digna. Las estudiantes son portadoras de conocimientos profesionales en el área de la Enfermería que ayuda a los pueblos purépecha y campesinos a mejorar su salud

Author with nurses.

Program for Students

By Olga Chávez Bernal, HSS, Zacapu, Michoacan, Mexico

The indigenous and rural population of the different regions of our state of Michoacan, Mexico, has many young women who are looking to develop professional skills and enter into the bigger society. For this reason, many leave their communities and towns in order to gain access to schools and universities.

Michoacan is a state in which many of the families live in rural areas. The Purepecha indigenous communities and other rural inhabitants have been communities with few opportunities for development. The families in the countryside cannot count on the economic structures for assistance to improve their situation. For this reason, the majority of the students do not have the opportunity to complete their professional studies.

The Sisters of Social Service have been pioneers in looking for alternatives to give opportunities to the youth in order to help them realize their dreams and hopes while overcoming all of the forces that often cause them to end a university career. This is a goal that is usually outside the reach of so many in the rural countryside.

Our program's objective is to provide food, housing and scholarships for young women from impoverished families to attend school for their human and professional development. These young women bring their values and a spirit of serving society within their home communities. Because of this commitment to future service, their families benefit from a better quality of life. It is part of the mission of the Sisters of Social Service to work to create a life with greater dignity for all people. The students become knowledgeable professionals in the area of healthcare and nursing. After study, they return to their Purepecha communities and other rural towns and work as healthcare providers. This improves the health of the community and prevents illnesses caused by lack of awareness and sanitation. They serve as the health professionals in their small towns and are the first point of healthcare contact for many people. The students also bring these skills to their families and community. This is quality healthcare for people who would not otherwise have access to any service.

The nursing program for the youth is a three-year program at the nursing school of Stella Maris in our city of Zacapu, Michoacan. Afterwards, the women must give at least one year of service in the clinics and hospitals near their home communities. When they finish their year of service, they receive their degrees and can begin to look for other employment as a licensed nurse. As such, they work to improve the quality of life of their families and their communities.

In order to participate in the program, the students make the commitment to return to their local communities and offer services to their families and towns. But, it is also very important that they find work in which they can make a just salary in order to help their families economically.

Most students at the end of their studies find work in the clinics and hospitals that are closest to their hometowns. This is best for them, in part because most people speak the Purepecha language. Both the new nurses and their patients are more comfortable and have more confidence if they can be served in their hometowns in their native language.

In this way, the program is able to help the students and the Purepecha communities.

Olga Chavez Bernal, HSS, is a Sister of Social Service and the Director of Casa Quiroga, a community center in Zacapu, Michoacan, Mexico. She works with her Sisters to create economic opportunity for the most vulnerable people in the town and countryside. The program with the Purepecha women grew out of long-term collaboration with the indigenous communities.

y prevenir enfermedades por falta de orientación y servicio profesional en la salud, las estudiantes llevan a su familia y a su comunidad y un servicio de calidad en la Salud.

El programa con cada una de las jóvenes termina después de 3 años que es cuando ellas terminan sus estudios en la escuela de enfermería Stella Maris, después ellas tienen que dar un año de servicio en las clínicas y hospitales que están cercas de sus comunidades, cuando terminan su año de servicio ellas obtienen su titulo y así pueden comenzar un proceso para

buscar trabajo y así mejorar la calidad de vida de ellas mismas de sus familias y de sus comunidades.

Las estudiantes tienen el compromiso de regresar a sus comunidades y brindar un servicio de calidad a su fami-lia y a su pueblo pero también es muy importante el que ellas consigan un trabajo en donde puedan también percibir un salario justo y así puedan ayudar mas a su familia.

La mayoría de las estudiantes que terminan su carrera consiguen trabajo en las clínicas y hospitales que están más cerca de su pueblo ya que es mejor para ellas porque la mayoría de las personas hablan el purépecha y así ella se sientes más cómodas y con más confianza de atender a su comunidad y poderlos comprender mejor.

Así es como concluye el programa de estudiantes de la comunidad purépecha.

New Visions for Long-term Care

By Beth Baker

In 2002, while on an assignment for the *Washington Post*, I stumbled on an intriguing story. I learned that around our country, visionary people were re-creating nursing homes. From Bigfork, Minnesota to Tupelo, Mississippi, from Rochester, New York to Seattle, Washington, reformers were changing the institutional culture that plagues traditional nursing homes. While they call their approaches by various names—resident-directed, person-centered, Eden Alternative, GreenHouse—they share a common philosophy and values. Fundamentally, they believe in the dignity and worth of those who live and work in long-term care.

As a journalist, I am drawn to stories that demonstrate how creative individuals can solve seemingly intractable problems. In this case, the problem is that most of us dread and fear living in a nursing home. Yet 1.6 million of us do, with many more spending at least some time in one. From my research, I've learned that our elders do not have to feel marginalized, but instead can live in vibrant communities, surrounded by people who care about them. I found this vision so compelling I decided to write a book, *Old Age in a New Age,* to tell their story. I spent four years visiting remarkable places, staffed by amazing people.

A few common themes emerged:

- The richer the physical environment—with art, pets, plants, the aromas of food, the sounds of laughter—the more contented residents feel, including those with dementia.
- Most aides want to do a good job—but whether their good intentions flourish or die depends on the organizational culture. Transformative homes challenge aides to make each resident's day as pleasant and meaningful as possible. Conversation and hugs are at least as important as bathing and blood pressures.
- Residents want as much normalcy and purpose as possible. No matter our age or frailty, we long for a reason to wake up in the morning. Residents, including those with dementia, enjoy meaningful activities—painting for the first time, helping with household chores, caring for a cat, assisting another resident, organizing contributions for a local food bank, forming close friendships with employees, to name a few.

ROSS WELLS

Resident at a county-owned home in Bigfork, Minnesota.

JEFF CHAPMAN

Ladies help prepare food, and Ruth Reid (above right) sews, at Meadowlark Hills in Manhattan, Kansas.

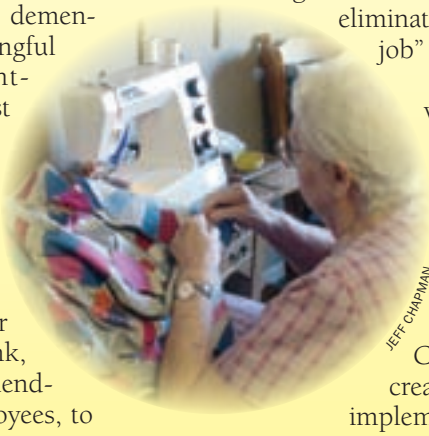
One of my favorite places was Providence Mount St. Vincent ("The Mount"), a Catholic nursing home and assisted living center in Seattle. From the outside, the huge brick edifice, constructed in 1924 for the Sisters of Providence (who now live in an adjacent building), looks imposing. But inside is a loving community, full of life. One hundred children come to daycare centers inside the building. Residents and kids often spend time together, sharing a meal or working side by side in the art studio. Staff, residents, and families mingle at an espresso café. The old hospital wings have been replaced with households with small dining areas and kitchens. Cats and dogs wander throughout the building.

One resident, George Garris, told me, "I didn't come here to die—I came here to contribute something to somebody."

Another, Cathy Butler, said, "And parties! Do we know how to party! We'll open a bottle of champagne at the drop of a hat."

The staff was equally enthusiastic. An aide, Hipp Tiniacos, one of many immigrants who work there, said The Mount was special. "You always have answers when you need [them]. You never feel lost. The people you work with have a good heart. They make you feel this is your home. Everybody works like a family."

Surprisingly, places like The Mount do not have to cost more to operate. They solve costly problems such as high staff turnover and food waste. They pull together as a team, cross-train staff, and eliminate the words "it's not my job" from their vocabulary.



JEFF CHAPMAN

While we still have a long way to go, the nation's nursing homes are getting the message. The Pioneer Network (www.pioneernetwork.net) is taking the lead in organizing deep transformation of long-term care. Cutting-edge homes have created tools to help others implement fundamental change. Now is the time for consumers to lend their voices and to demand a better quality of life for all, no matter our age or disability.

ROSS WELLS

Beth Baker, former editor of Connection, *is a freelance journalist and author. To learn more about her book,* Old Age in a New Age—The Promise of Transformative Nursing Homes *(Vanderbilt University Press, 2007) and to link to organizations working on transforming long-term care, visit her Web site, www.bethbaker.net.*

Healthcare For All— And Why It Matters to All of Us

"Our nation continues to spend more on healthcare than other countries, but millions of people receive inadequate or no care. People in low-income communities and communities of color have a much lower quality of care."

— Platform for the Common Good

As we work to ensure that everyone has access to quality, affordable healthcare, we often think first of the problems of people who are uninsured or who live in underserved communities. But the definition of who is vulnerable within our healthcare system is expanding. Mounting crises of cost, quality and access mean that even insured people tell stories of being denied needed care, of struggling to pay co-pays or premiums, and of delaying doctor visits they cannot afford.

Mending cracks in our healthcare system will make all of us more secure. How?

- Many of us are one job loss, divorce, birthday or graduation away from joining the ranks of the uninsured. According to the U.S. Census Bureau, one of every three people under the age of 65 was uninsured for some period of time during 2007-2008.
- Many people with insurance are not financially protected against serious illness or injury. Medical bills and debt contribute to about half of personal bankruptcies and home foreclosures in the U.S. More than three in four people whose illnesses led to bankruptcy had insurance.
- Healthcare costs eat into wage gains. The average worker's share of family health insurance premiums nearly doubled between 2000 and 2007.
- Our healthcare system doesn't maximize quality of care and prevention. According to a Dartmouth study, our entire healthcare system spends roughly $700 billion a year that doesn't improve our health. In 2005, only half of adults in the U.S. received all recommended preventive care.
- Our nation cannot afford the status quo. Healthcare spending now accounts for about one-sixth of our national economy. The rapid rise of healthcare costs is a major reason we face unsustainable budget deficits in the near future.

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We Deserve Healthcare for the Common Good

While certain people and communities are especially disadvantaged in our current health system, it is clear that we all have a stake—and a role to play—in its reform. Any systemwide reform of healthcare will affect us all, whether through the details of our health plans, the way we access care, its quality, or the taxes we pay. As Congress debates the details of healthcare reform proposals, we must ask ourselves and our legislators, "Does this policy best contribute to the common good?"

Here are some questions to help you analyze healthcare reform proposals through the lens of Catholic Social Teaching:

1. Does this plan provide **access** to healthcare for everyone, while paying special attention to the needs of people who are poor and vulnerable? Who is excluded? Are all immigrants given access?
2. Does this proposal ensure that healthcare is truly **affordable** for everyone? Can people with lower incomes obtain coverage that is equal in quality to the coverage available to wealthier people?
3. Will this plan **address disparities** in services based on race, ethnicity or other factors? (Think beyond whether or not everyone can gain insurance to whether people can actually access the services they need.) Can people in rural and low-income communities reach healthcare providers? How will people learn about and apply for health coverage across differences of language and culture?
4. Does this proposal encourage **wise use of our resources** and make our communities as healthy as possible through preventive care, health education, and rewarding quality care?
5. Does this plan pay for **reform** and distribute its benefits fairly? Who pays the most compared to their income? Who profits and who benefits from the changes proposed?

For more information, go to NETWORK's Web site: www.networklobby.org

Additional resources:

- Faithful Reform in Health Care: www.faithfulreform.org
- Robert Wood Johnson Foundation, Cover the Uninsured Faith Planning Center http://covertheuninsured.org/files/u4/InterfaithChristianPrayerStudy.pdf
- Cover All Families, a project of the PICO national network: www.coverallfamilies.org
- Henry J. Kaiser Family Foundation: www.kff.org
- Families USA: www.familiesusa.org

Written by NETWORK Associates Katrine Herrick and Kelly Trout

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Last Year: Convention for the Common Good
This Year: Healthcare for the Common Good

By Jean Sammon

One year after the Convention for the Common Good, we asked convention delegates how their communities are moving toward healthcare for the common good. Or are they?

The Need

Many delegates reported what Jessica Jenkins described as "a heightened, and more widespread, sense of urgency around the need for real health care reform." Jessica gave us the perspective of a student living in New York: "Many of my friends in their 20s are uninsured and (literally) limp along without medical care because they can't pay to see a doctor . . . More and more people are feeling the pain from our dysfunctional health care system regardless of their status in society. Hopefully this shared sense of urgency will compel us to collectively agree on a need for universal coverage."

Mary Keenan volunteers at a free clinic in South Carolina that serves low-income uninsured people. Currently, appointments are so far out in the future that they can no longer screen potential new patients for eligibility.

Sister Lorraine Ryan, a Medical Mission Sister in the low-income area of Boynton Beach, Florida, also sees an urgent need—over 20% of the population is uninsured. They have struggled since 2000 to set up a community health center for people lacking transportation to the nearest clinic.

Responses to the Need

Kristin Casey described "a little place on the west side of Buffalo that has taught me again and again about what it means to give of one's self and to provide for the common good." That place is Jericho Road Family Practice, which offers care to anyone who walks through its doors, including thousands of immigrants and refugees. JRFP created Jericho Road Ministries, a nonprofit that helps meet non-medical needs of JRFP patients and community members. Kristin volunteers with JRM and is mentoring a refugee woman who is expecting a new baby.

Sr. Claire Regan sees several local initiatives in the Bronx and Harlem. The American Cancer Society is reaching out through churches in minority communities on prevention, diagnosis and referral services. A large local hospital promotes healthy eating and farmers' markets.

ANNE DE HAAS

Common Wealth = Common Good?

Four U.S states still call themselves commonwealths. I heard from people in three of those states, prompting me to think that commonwealths must infuse their residents with a spirit of activism for the common good.

"Common Good, Common Wealth Pennsylvania" was formed in 2008 by people of faith "to infuse the public policy of Pennsylvania with shared values for the common good." A Pittsburgh group coordinated by Helen Ortmann has met monthly with representatives from both of their senators' offices about common good issues, including healthcare, telling stories about families struggling with healthcare costs and coverage. These regular meetings are developing relationships that will ensure that they are known by Senators Casey and Specter.

In Philadelphia, Medical Mission Sisters Aquinas and Teresita Hinnegan, R.N., participate in healthcare education, demonstrations, and lobbying of state legislators.

"Kentuckians for the Commonwealth" raises pubic awareness about the benefits of single-payer healthcare, which Mary Alice Pratt believes, "inches us toward a future possibility." She also works with a faith-based group that identifies local needs and sets up community meetings with responsible authorities. They have managed to get commitments to expand healthcare services and primary care for uninsured people by working with health agencies and the county health department.

In the Commonwealth of Virginia, Marilyn Lieber and Margaret McCabe are Daughters of Wisdom who are retired nurses. They are active members of Tidewater Sowers of Justice, which collaborates with organizations like the Virginia Interfaith Center for Public Policy, the Virginia Organizing Project, and NETWORK. These organizations are exploring ways to advocate for better healthcare policies at state and national levels.

And Still More . . .

I received more responses than I could include in this one-page article. A longer version can be accessed at www.networklobby.org/connection/index.html.

Jean Sammon is NETWORK's Field Coordinator. Information about last year's Convention for the Common Good appeared in the September-October 2008 issue of Connection, *www.networklobby.org/connection/Cnnctn%20SepOct08%20WEB.pdf.*

NETWORK recommends

Uncommon Faithfulness; The Black Catholic Experience, M. Shawn Copeland, editor, with LaReine-Marie Mosely, S.N.D., and Albert J. Raboteau, Orbis, www.maryknollsocietymall.org/description.cfm?ISBN=978-1-57075-819-5

Henri Nouwen; His Life and Vision by Michael O'Laughlin, Orbis, www.maryknollsocietymall.org/description.cfm?ISBN=978-1-57075-822-5

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Don't be fooled! Our goal is not a building. NETWORK's campaign is about ***We the People working together for the common good.*** Join us by giving generously, and strengthen our voice on Capitol Hill on behalf of the movement for global peace and justice.

"Where your treasure is, there your heart will be also."
—Jesus of Nazareth

"The bottom line is always the same for me: NETWORK is the Catholic heart in the public arena: honest about the U.S., open to the needs of the whole world, and non-violent in its attitude toward both."
—Sister Joan Chittister, OSB

"NETWORK's witness is a beacon. Always on the cutting edge of the issues facing society today, NETWORK continues to contribute their wisdom and advocacy in ways that transform both church and society."
—Bishop Walter F. Sullivan, Bishop Emeritus of Richmond

How can you be part of our work for justice?

- Go to NETWORK's Web site (www.networklobby.org) and click on *NETWORK Capitol Campaign 2009* at the top of our homepage. Follow the links from there.
- Pull out the envelope in the middle of this magazine and send us a contribution. (Note: Please mark "Capitol Campaign" on the front of the envelope.)
- Spread the word to people you know that they, too, can invest in our mission of justice!

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