

MISSION:  
BELIEVING IN THE WORTH AND DIGNITY OF THE HUMAN PERSON MADE IN THE IMAGE AND LIKENESS OF GOD, THE CATHOLIC HEALTH ASSOCIATION-MINNESOTA ASSISTS ITS MEMBERS TO FULFILL THE HEALING MISSION OF THE CHURCH.



Catholic Health Association of Minnesota  
P.O. Box 65217  
St. Paul, MN 55165-0217

**INQUIRING MINDS**  
*want to know...*

...what's happening in your organization. Please send your news to Toby Pearson, CHA-MN executive director. Telephone: (651) 503-2163; e-mail: tpearson@chamn.org. Ask your public relations or communications director to put us on the news release list: CHA-MN, P.O. Box 65217, St. Paul, MN 55165. ■

**News** cont. from page 7

- Thompson said BHS, which owns or manages about 40 long-term care facilities in seven states, is trying to rethink elder care by providing private rooms in its long-term care facilities, new independent-style.
- Brainerd Lakes Health (BLH), is collaborating with two other health care organizations to develop a comprehensive cardiovascular program at St. Joseph's Medical Center. Brainerd Lakes Health, the integrated health care system that encompasses St. Joseph's Medical Center and Brainerd Medical Center is collaborating with **CentraCare Health System**, based in St. Cloud, and **St. Mary's Duluth Clinic Heart Center** (SMDC).
- SMDC Cancer Center** has received an "Outstanding Achievement Award" from the Commission on Cancer recognizing excellence in cancer care. SMDC is one of only 95 accredited cancer programs across the country to receive this prestigious distinction in 2008.
- Colleen Scanlon**, RN, JD, senior vice president, Advocacy, Catholic Health Initiatives, Denver, has been installed as chairperson of the Board of Trustees of the Catholic Health Association of the United States (CHA) for fiscal year 2009-10. ■



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**MARK YOUR CALENDAR**

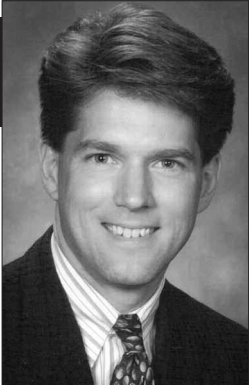
- September 16-18, 2009**  
MHA Annual Meeting  
Madden's, Gull Lake  
FFI: www.mnhospitals.org
- October 1, 2009**  
Healthy Kids, Healthy Future  
Day 2009
- February 4, 2010**  
Start of the 2010 Minnesota  
Legislative Session
- February 10, 2010**  
World Day of the Sick
- June 13, 2010**  
2010 Catholic Health Assembly  
Denver, CO  
FFI: www.chausa.org

**tidings!**

July, 2009

**Legislative Overview:  
A Challenging Session**

**As I See It**



Toby Pearson,  
CHA-MN  
Executive Director

In a legislative year when the wide-spread prediction was a drawn out battle with additional sessions, the conclusion caught many by surprise. The 2009 legislative session ended without agreement on how to close the \$6.4 billion budget shortfall. The stalemate centered on Governor Pawlenty's firm stand on no new taxes and the legislature's attempt to mitigate cuts and provide a structurally sound state budget, while offering a nearly 1 billion dollar tax increase to the equation.

MinnesotaCare as a result of provisions that reduce cost and administrative barriers. The newly enacted provisions are paid for out of existing resources in the Health Care Access Fund, which pays for MinnesotaCare. These changes were a strong step toward the Minnesota Health Security Act legislation that would ensure all Minnesotans have

In the end, as we all know by now, the governor said there would be no special session and he would use his executive powers to balance the budget. With these 'unallocated' now announced, the lines in the sand are beginning to lay out - though the nature of the cuts and impact on Minnesota children, families and communities remain somewhat unknown.

*As the situation becomes darker on state levels throughout the country, it continues to push the need for health care reform nationally.*

From the Catholic Health Association perspective, there were clearly mixed results in this year's session. On the positive side, an untold story of this legislative session was the 22,000 more children who will have access to

access to affordable health care coverage, starting with children. In other legislative activity, the Omnibus Tax Policy Bill was passed by both the House and Senate on May 12. Among its provisions, this bill made Minnesota's tax laws conform to recent federal changes, creating administrative updates. Article 2 codified certain property tax changes and clarified exemptions for institutions of purely public charity. Section 7 of this article included language specifically for nursing homes. On the Hospital side, there were unfortunately many cuts that passed this year. One of the most drastic was the

**Pearson** cont. on page 7



**MEMBER  
PROFILE:  
Minnesota  
Catholic  
Conference**

**F**ounded in 1968, under the direction of Archbishop Leo Binz, the Minnesota Catholic Conference (MCC) was established to be a public policy voice for the Catholic Church in Minnesota. The MCC's structure

faith are consistent and unchanging."

Central to the mission of the MCC is the principle that all life is sacred. The MCC advocates for public policies that promote and support life from conception through natural death. The MCC actively identifies, formulates and seeks to



*Christopher Leifeld,  
MCC Executive Director*

implement public policy objectives that advance the principles of Catholic social teaching and promote the common good - yet in a distinctly nonpartisan manner. Issues of interest include health care, life, education, crime, poverty, economic justice and marriage. Practically speaking the bishops and staff of the Minnesota Catholic Conference seek opportunities to speak on behalf of the Church to legislators, in addition to partnering with other organizations such as the Catholic Health Association in their common missions.

Chris Leifeld serves as an ex-officio member on the board of directors for the Catholic Health Association.

"The Conference of Bishops have been consistently supportive and grateful for the important work of the Catholic Health Association. It is through our collaborative efforts and unified voices that our work is lasting and effective," stated Chris Leifeld. ■



*Recently appointed  
Auxiliary Bishop Lee A.  
Piche, Archdiocese of St.  
Paul and Minneapolis*



*Bishops meeting with Senate Majority Leader, Larry Pogemiller. (l. to r., Bishop Richard Pates, Bishop Bernard Harrington, Bishop Victor Balk, Archbishop Harry Flynn, Archbishop John C. Nienstedt, Bishop John Kinney)*

Leifeld for the past seven years, the Conference has seen many changes at the State Capitol, and has undergone many internal transitions of bishops throughout the six Catholic dioceses of Minnesota. "Having worked with many different bishops over the past years, I am inspired by the stability of our mission and work, as the principles of our

**The Minnesota  
Catholic Conference**

- Archbishop John C. Nienstedt  
Archdiocese of St. Paul and Minneapolis
- Auxiliary Bishop Lee A. Piche  
Archdiocese of St. Paul and Minneapolis
- Archbishop Emeritus Harry S. Flynn  
Archdiocese of St. Paul and Minneapolis
- Bishop Michael J. Hoeppner  
Diocese of Crookston
- Bishop Emeritus Victor H. Balke  
Diocese of Crookston
- Father James B. Bissonette  
Diocese of Duluth
- Bishop John M. Levoir  
Diocese of New Ulm
- Bishop John F. Kinney  
Diocese of St. Cloud
- Bishop Emeritus Bernard J. Harrington  
Diocese of Winona
- Bishop John M. Quinn  
Diocese of Winona

**Without Love,  
We Perish  
Gospel-Centered  
Health Care Is a  
Radical Approach in  
Today's Secular World**

*By Br. Daniel P. Sulmasy, OFM, MD, Ph.D.*

*Br. Sulmasy is the Clinton-Kilbride Professor of Medicine and Medical Ethics, schools of Medicine and Divinity, University of Chicago.*

*This article is a*

*partial text of the keynote speech Br. Sulmasy prepared for the 2009 Catholic Health Assembly.*

**N**ew York Times theater critic Ben Brantley's review of the recent Broadway revival of *A Man for All Seasons* can serve as an illustration of these problems (i.e., problems within health care: money, bureaucracy, indifference, burnout). In his pointedly negative review, Brantley faulted not the production, nor the acting, nor even the play, but the subject, Thomas More, as being outdated. He found More "a bit of a bore," since he was actually too good. This review can be contrasted with Brantley's fawning review of a recent revival of David Mamet's *Speed the Plow*, in which a secretary, who seems to be the play's one good person, able to turn a hardened Hollywood producer toward love, and even toward God, turns out in the end to be nothing but a cunning, ruthless and ambitious scoundrel, feigning virtue in order to make the big bucks. According to Brantley, that's good theater. It shows us what he believes is the real truth about human beings.

Now there are those, even in Rome, who are convinced that Christianity still supports the basic architecture of the Western soul, holding it together like the flying buttresses of a cathedral, even though the altar has been removed, the statues and the paintings placed in a museum, and the sanctuary turned into a theater of the absurd. On this account, all we need to do is to remind people of their Christian heritage and all will be well again.

But Brantley's reviews suggest a more sober reading of the culture at large. Charles Taylor illustrates in his masterful work *A Secular Age* how the secular has become the default mode of thinking in society. But I am not sure, how-

ever, that even Taylor appreciates how far we have come. It is not just that the general Western culture is indifferent in its views towards religion, such that if God exists, God does not matter. I believe the reality is that our culture's fundamental views of beauty, truth and goodness have been dramatically transformed. Christian values no longer lurk beneath the surface, subliminally directing all we think, do and say. At this historical juncture, I do not think it is an exaggeration to say that Nietzsche's transvaluation of the values has taken hold of popular culture. The utter rejection of Christian values is no longer a phenomenon limited to a few members of the intellectual elite. Transvaluation of the values is the norm. We no longer believe, as the Catholic faith holds, that human beings are essentially good even if tragically flawed. We have all become closet Hobbesians. We believe human beings to be essentially self-interested rational maximizers who agree to moral rules only out of the ultimately selfish motive of survival. Morality is just a set of rules that keep us from killing each other in the war of all against all that is our true nature.



*Br. Daniel P. Sulmasy*

Am I not right? Don't our hospitals operate this way? We are beholden to a completely secular ideology — sometimes even when we think we are acting as Christians. Everyone we encounter is now regarded as a customer — someone we serve ultimately only because it is in our self-interest to serve her. Patients are our customers. Doctors, too, are our customers. They are customers of the hospital, because treating doctors well inclines them to admit patients to the hospital — they are the ones who really bring the business.

Alexander Solzhenitsyn once described ideology as a lie that blocks our ability to see reality for what it is. And as Solzhenitsyn also told us once he arrived in the United States, the former Soviet Union had no monopoly on ideology. This surprises us. We have become so steeped in the ideology of the market that we cannot even stand outside of it long enough to see it for what it is. We are compelled to look for measurable business outcomes in everything we do. This is the reality we have been conditioned to see. Everything must be measurable. Only measurable outcomes are real. Medicine is a business — and a tough one at that.

Just a century ago, William Osler, the most famous physician since Hippocrates, said, "The practice of medicine is an art, not a trade; a calling, not a business; a call-

**Sulmasy** *cont. on page 4*



**Sulmasy** *cont. from page 3*

ing in which your heart will be exercised equally with your head." What would we say about Osler if he spoke those words today? Naïve old man. Actually a bit boring. Maybe a socialist.

Love is not a measurable outcome. Love is not an ideology. It is, in fact, the only way to see reality as it truly is. Love is not indifferent about outcomes. We want the best for our patients. But the vision of love is far more comprehensive than outcomes. Love encompasses motive and intention and affect and process as well.

In his first encyclical, using the identical words for his title, albeit translated into the Latin, *Deus Caritas Est*, Pope Benedict XVI begins by reminding us that the religion we profess, which is the foundation and the rationale for Catholic health care, is not an ideology. Nor is it a philosophy of life nor even a moral code. It is, in the first instance, an encounter — an encounter with a Person — an encounter that changes everything.

We are frequently guilty, I think, of turning the Catholicity of our hospitals into a moral code. More conservative institutions will boast of a code which lists the things they will not do. More liberal institutions will boast of a code of social justice. The most Catholic institutions among us will boast of both. But none of these codes can serve as replacements for the ever-new and ever-renewing encounter with the person who is love. That encounter must be the foundation of our health care systems and our institutions.

We have so thoroughly domesticated the 13th chapter of St. Paul's First Letter to the Corinthians that it has lost much of its power. We have turned it into a bit of wedding kitsch, along with the synthetic fog of dry ice from which the newlyweds emerge, illuminated by stroboscopic lights, to the deafening sound of the band playing their theme song. But Paul's words are radical, dangerous and counter-cultural. In a world in which Christian values have been transvalued, we no longer even know what love means. MTV has turned love into a fleeting few moments of more or less simultaneous mutual self-gratification. Our culture

regards itself as too sophisticated to believe in the other-regarding love that the New Testament calls agape.

But St. Paul is telling us something different — in words ever ancient and ever new. What Paul is saying, if you can hear it, is that you may have crucifixes in every patient's room; you may not have a single employee who would ever even think of performing an abortion; you may have excellent services for the poor and the undocumented;

but if you do not have love, you are nothing. You are Zero. Zippo. Nada.

Practicing the healing arts as acts of love is not impossible. Christians have been doing it for centuries — following upon their conviction that the One whom they have met, the Mystery, the One who washes feet and proclaims that God is love, is the foundation of the universe and the only true healer.

And Christians are still doing it today, in your hospitals, quietly, under the radar.

I am privileged to know quite a few such persons, and I suspect you are as well. For the last six years I have been meeting monthly with a group of fellow health care professionals — a mixed group of physicians, nurses, medical students and psychologists. We are mostly, but not exclu-

sively, Catholic Christians. Sometimes I think of us as a base Christian Community in health care. Sometimes I let my imagination run a little wild and muse that we are in the catacombs, hiding from the bureaucrats who are ready to feed us to the lions. But when I reflect on why I attend these meetings, I think it is, quite simply, to be supported in my faith as a Christian physician. This support comes mostly from hearing other members of the group share with the rest of us what it means for them to find God in their work.

One among them is a young nurse named Veronica. Her nickname is Vero, which means "True." She has a heart so huge that it can only be the case that it is someone else's heart that she is sharing with her patients. She has a fierce passion for people, for nursing, and for Christ. She is Italian-born, was educated in the United States, and works in a secular university hospital. I hear her tell regularly of

*You may have crucifixes in every patient's room; you may not have a single employee who would ever even think of performing an abortion; you may have excellent services for the poor and the undocumented; but if you do not have love, you are nothing.*

her struggles with her nursing supervisor who is constantly telling her to stop spending so much time with patients because they can't afford to pay her overtime, and how she says she doesn't care about overtime, she cares about her patients, and how her supervisor retorts that union rules preclude her from working overtime and not being paid for it. I hear her tell regularly of the tragic indifference of some of her nursing colleagues. But my own heart feels bigger when I hear her tell stories like the one she told our group not long ago about an elderly man with Alzheimer's disease admitted for a urinary tract infection. He had had no visitors during his three days in the hospital. She told us, in her odd linguistic mixture of an Italian accent and Valley Girl grammar, "I was, like, you know, really feeling bad for him. I mean, like, he seemed so lonely, you know, and, like, nobody else, like, seemed to care about him, you know, like, as a person and all that. And when I came on the shift he had, like, wet the bed and, like, smelled of urine and stuff. And it must have been that way for a really long time because the sheets were already, like dry, you know, and he had dried food all over his face and, like, no one else really seemed to give a s\_ \_ \_ . But I couldn't be like that, you know. I mean I know he's like a real human being and he needs to be loved and so I, like, figured I could be a few minutes late with the meds on the other patients and I, like, changed his sheets and stuff and got a wash cloth and washed his face so he'd look, like, decent and stuff. And well, I don't know, like, isn't this what it's about, I mean, like, nursing? Like I know he can't make sense when he talks but that's no reason to let him sit there all dirty and stuff. And, like, I know he can't thank me but, like, that's not why I became a nurse, right, like, to have people thank me? I mean, like, at least he smiled a little when I wiped his face. But, like, you know, I just get so frustrated sometimes because no one else seems to see it this way."

I could not help wondering, hearing her talk, whose face Veronica saw on that washcloth after she removed the dried remains of lunch from that patient's face.

Veronica's nickname is Vero. What Vero sees is the truth. We need her vision everywhere today. I am persuaded that her experience must be very close to the experiences of Elizabeth Seton and Louise de Marrillac, and Vincent de Paul, and Catherine McAuley, and the Beguines who gave rise to the Alexian Brothers, and Francis of Assisi, and Mother Alfred Moes, and so many countless others in whose shoes we stand today when we enter our Catholic hospitals and nursing homes to work.

We should, after all, be measuring our programs by the light of the Gospel, not interpreting the Gospel in light of the latest business school fad.

Speaking with a reporter for a Catholic publication about what I was going to say in this talk was very illuminating. She kept trying to get me to say what sort of education program I would be recommending; what she should write about how ethics committees in Catholic hospitals should change their practices in light of my talk; whether this would have implications for servant leadership programs underway at many Catholic health care institutions. I said to her, this talk has more to do with a call for us to return to a fundamentally Christian orientation toward the world, with seeing Jesus' washing of the feet of the disciples as normative, with understanding that if we name a hospital after the Good Samaritan that we ought to start behaving as if we believed that these stories about the meaning of love were the true meaning of all ethics.

The secular has become the default mode. The idea of Christian love itself has become a quaint relic of the past. In its place we now have management.

Fundamentally, management is the science of figuring out how to make people change their behaviors in conformity with your goals, while making them think that it was their idea in the first place. As Bellah et al., point out in *Habits of the Heart*, we have become a culture of managers and therapists. The managers manipulate us, and the therapists build us up again from the stresses induced both by managing and by being managed. We even dare to try to manage care, as if the kind of care of which Veronica spoke so eloquently were something amenable to management. The word 'manage' actually comes from the Italian *maneggiare* (not *mangiare*, the verb to eat, but *maneggiare*), which is the term for horse-handling. We are so immersed in the culture of management that we think we can manage our way into the future of Catholic health care. What's the right program? Who's the right consultant? This is ideology — the lie that blinds.

This ideology is far more pervasive than health care. Health care did not create this culture, and the solution is not to be found in a new management program in our hos-

*Christian health care must be based on love, and love is not an abstraction.*

**Sulasy** *cont. on page 6*



**Sulmasy** *cont. from page 5*

pitals and other health care facilities, to help us manage management. That is why Gospel-centered health care is such a radical idea. It is monumentally counter-cultural. It threatens the dominant ideology.

Gospel-centered health care begins where the Gospel begins — in an encounter with a Person. We meet that person in each patient that we serve — one at a time. Gospel faith tells us that God is love. Love is ultimately an act of surrender — surrender to our heart's deepest desire, which

*We are frequently guilty, I think, of turning the Catholicity of our hospitals into a moral code.*

is both of God and for God. The Gospel impels us to serve our patients with love, full of the faith that the infinite God is incarnate in our world, especially in the sick.

Now I am sure that there are plenty of you who have deep doubts about everything I have been saying. You may think this is all vague, pious, abstract and irrelevant to the work we must undertake — which is not only assuring the survival of Catholic health care, but providing for its flourishing in the 21st century. Some of you may even think that what I have said is plainly untrue.

But if what I have been saying is irrelevant at best, or a distracting fairy tale at worst, then the Gospel itself is either irrelevant or a fairy tale. And we might as well all go home, dissolve this organization, and merge with the American Hospital Association. But before we do that, I would invite all of you, in all of your doubt, to go down to your hospital's emergency room when you return from this meeting and visit the trauma section. Don't just visit and observe like an outsider. Don't go there with any preconceptions. Try for a few seconds actually to cast aside your ideologies. Don't divorce yourself from the experience by abstract observation. Put on a gown and a pair of gloves and stick your hands into the bloody wounds of one of the patients being treated there. Feel the warm blood of life. Experience the pulse of the beating heart of a fellow human being. I can guarantee you that the Wounded One is there. Touch him. Really touch him. Touch his reality and see that

He is no ghost. Touch Him that you might believe. It is only by His stripes that you can be healed.

Quite obviously, a spirituality of health care that is only about our experiences of the Divine in the work we do will not be sufficient. I am a physician. That means I am a practical person. We cannot jettison a commitment to competence nor abandon our reach for excellence. All I am trying to say here today is that technical excellence, commendable outcomes, and satisfied patients are not enough either. Even the Pharisees strive for as much.

Christian health care must be based on love, and love is not an abstraction. Love is concrete. We will need programs. We will need skilled administration. We will need extraordinary physicians and nurses and chaplains and social workers and patient transporters and lab technicians. But unless all of this is pursued in love, it will come to nothing...

Precisely when the going is toughest and we are frantically busy putting out so many fires that we think we have no time for spirituality in the workplace is exactly the time in which we must return to fundamentals. Management can't do this. The kind of health care workers we want in our corridors will not be persuaded by slogans adapted from Henry Ford. Only through grace and our openness to the gifts of the Holy Spirit can we do this. We must return to a conception of the whole health care project as an enterprise based squarely upon love. We must start our ethics there. We must start our administration there. We must start every operation performed in our hospitals there. We must start each spoonful of medicine we administer, crushed and mixed with applesauce, right there. If we do not, whatever else we might be doing, we will not be doing Catholic health care.

America desperately needs faith-based health care. But such counter-cultural health care will not be an easy sell. It is a common human tragedy that we avoid the things we most deeply need and want. And so faith-based health care will also have to be hope-based care — care based on the hope that we can actually pull this off even in the 21st century. Because what we all desperately need and want is loved-based care. Of the three things that last, we must never forget that the greatest of these is love.

May the Lord give you peace. ■

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**Pearson** *cont. from page 1*

line-item veto of funds in fiscal year 2011 for General Assistance Medical Care (GAMC) which provides health insurance to our poorest and most vulnerable people, including many with mental illness and disability. This is a distressing turning away from our commitment to move toward coverage for every person in Minnesota — and this will be a huge financial loss for hospitals, medical clinics, and mental health centers. As examples, Hennepin County Medical Center will lose over \$100M annually; Regions Hospital over \$46M; St. Cloud Hospital, \$12M; St. Joseph's in St. Paul, \$4.4M; St. Mary's in Rochester, \$19.3M; St. Mary's in Duluth, \$9.3M, and so forth across the state.

In Older Adult Services, there were many cuts and delays as well. A couple of the lowlights include:

- Rebasing of care center rates continues, but the phase-in of the rebased portion of the rate is frozen for four years. For the October 1, 2013 rate year, the phased-in rate will go to 65 percent of fully rebased rate.
- The October 1, 2008 1% temporary nursing facility rate increase was not funded and will expire on September 20, 2009. As a result, nursing facility operating rates will decrease by 1%.
- Provider Rates were cut by 2.58% for all long-term care providers, including Elderly Waiver and Alternative Care (but excluding Nursing Facilities).

All in all, the session was a great disappointment to many groups. The subsequent announced unallotments will only further hurt families and facilities. In the future, barring an economic turnaround, the forecasted deficit for

the next biennium approaches another five billion dollars.

As our member organizations face the challenges of today, we take hope that on the state level there is still time for the legislature to help solve the long term deficit situation going into next year's session. Perhaps more encouraging, though, is what may come from the National Action on Health Care Reform. As the situation becomes darker on state levels throughout the country, it continues to push the need for health care reform nationally. It is clearly a hot topic in many circles. We have already started coordinating efforts with CHA-USA to make sure that the Catholic Voice is heard on National Health Care reform. There are frequent CHA-USA updates on the proposals that I will continue to

*It has been critical that Catholic Health has had a unified voice in the public discussion.*

pass along with updated information.

In a time that can be very discouraging, it has been critical that Catholic Health has had a unified voice in the public discussion. As we have continued to work cooperatively with other organizations representing the interests of health care, we remain committed to fighting for what we believe is right — promoting health and well-being for all persons and communities, respecting the dignity and sacredness of every human life. ■

**NEWS AND NOTES**

- Congratulations to the **Mayo Clinic, St. Mary's Duluth and HealthPartners** for recently being recognized as leaders in health care reform and efficiencies by Senator Amy Klobuchar in an article for the Star Tribune
- The U.S. News & World Report has published their annual list for the top children's hospitals. The **Mayo Clinic** was recognized under six specialty rankings, amidst three other Minnesota children's hospitals.
- Eighteen Minnesota hospital representatives and programs were honored at the 25th-annual Minnesota Hospital Association (MHA) Awards banquet, including: Volunteer of the Year, **Corene Kain of St. Cloud Hospital**; Spirit of Advocacy Award, **Mary Klimp, CEO of Queen of Peace Hospital** in New

Prague; Innovation of the Year in Patient Care Award Large Hospital Category, **HealthEast** Perinatal Safety Collaborative; Health Care Career Promotion Award - Large Hospital Category, **St. Cloud Hospital's** high school student internship program and educational scholarships; and Best Minnesota Hospital Workplace - Large Hospital Category, **St. Cloud Hospital.**

- **Benedictine Health System** has recently launched a care-at-home design team as part of its future vision and mission to care for Catholic elders, said **Dale Thompson**, chief executive officer for the Minnesota-based organization that will mark its 25th anniversary in 2010.

*News cont. on page 8*