

tidings!

April, 2008

MARK YOUR CALENDAR

April 27-May 3, 2008

Cover the Uninsured Week
www.covertheuninsured.org

April 27-May 3, 2008

National Volunteer Week
FFI: 404-979-2941

May 11-17, 2008

National Hospitals Week
FFI: 800-822-1923

May 13-14, 2008

CHA Conference
Holding in Trust: Catholic
Health Care Governance
Sheraton Gateway, Chicago
www.chausa.org

June 22-24, 2008

2008 Catholic Health
Assembly
"The Future of Compassion"
Manchester Grand Hyatt,
San Diego, CA
FFI: 202-296-3993

Catholic Identity in Health Care

This past February, the CHA-MN Board of Directors were provided an opportunity to dialogue with the Catholic bishops of Minnesota on the current issues facing Catholic health care. This meeting was in response to a recent commitment by the bishops to make ongoing communication with the local leaders in Catholic health care a priority. As a platform for the discussion, Fr.

Tom Knoblach, pastor and ethicist from the Diocese of St. Cloud, gave an overview on Catholic identity within health care.

Fr. Knoblach began his presentation by reviewing the many determinants for identifying a health facility or clinic as "Catholic". Though Canon Law might be clear that an association is called Catholic only when the appropriate ecclesiastical authority recognizes it as Catholic (Can. 300) – the reality is that most rely on more practical points of reference.

For some, Catholic identity might be found in things like the presence of vowed

religious or clergy; visible symbols and structures like the chapel with the reserved Blessed Sacrament, or crucifixes in the rooms, or statues of Mary and patron saints. For others, Catholic identity is reflected primarily in the commitment to a set of moral teachings, particularly, prohibitions and mandates according to the ERD. For some, Catholic identity is mani-

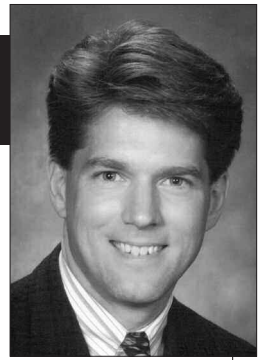


Archbishop Flynn, Sr. Mary Heinen, Toby Pearson and Bishop Pates

fest in the preferential option for the poor – providing measurable levels of charity care, giving consistent witness to Christ's acceptance and outreach to all persons. For others, Catholic identity is rooted in canonical structures and juridical linkages

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As I See It



Toby Pearson,
CHA-MN
Executive Director

The week of the uninsured is April 27th-May 3rd 2008. Nationally, over 47 million Americans, including more than 9 million children, are living without health care. In Minnesota, it was estimated that out of a total population of 5,127,971 people, 8.2% do not have health insurance coverage which is approximately 421,000 people.

The injustice of millions lacking access to health care must be remedied. Catholic values that are echoed in the beliefs of many faith communities make the moral case for reform. The Board of the Catholic Health Association of Minnesota adopted the following core values to guide our input and discussion with the Governor and the legislature.

HUMAN DIGNITY

Because each person is created in the image of God, each life is sacred and possesses inalienable worth. Health care is essential to promoting and protecting the inherent dignity of every individual from conception to natural death.

CONCERN FOR THE POOR & VULNERABLE

The moral measure of society is how it treats the poor and vulnerable, who are particularly marginalized by a lack of access to health care.

JUSTICE

Health care is a basic human right alongside food and shelter, all of which are necessary for individuals to participate fully in society.

COMMON GOOD

The health and well-being of each person is intertwined with the health and well-being of the broader community. Access to health care is an essential element contributing to the common good alongside others such as education, employment and a safe environment.

STEWARDSHIP

Our societal resources are finite, and we must make wise choices for how they are allocated. Health care resources

should focus on the well-being of the community and be structured to deliver the care that is most medically beneficial and promotes public health.

PLURALISM

The health care system should allow and encourage involvement of the public and private sectors including voluntary, religious and not-for-profit organizations, and it should respect the religious and ethical values of patients and health care providers alike.

In the final weeks of the legislature, the state of Minnesota has a chance to begin addressing the problem of the uninsured. Our legislators will debate the budget balancing bills and the health care reform bills. We need to continue to voice our core values, and communicate those values to the legislature and the Governor.

Our message has been consistent: Health care is a right. As a right, health care is not the area to cut within the budget. We need to use the health care access fund to increase coverage for those who cannot afford health care. We need to adequately reimburse our facilities for the services rendered. We need to adequately fund our long-term care facilities that take care of some of the most vulnerable adults in our state.

Information on Our Vision for U.S. Health Care, the document from CHA-USA, can be accessed through our website at www.chamn.org

...Whatever you did for one of these least brothers of mine, you did for me. (Mt 25:40)

News and Notes

- The Minnesota State Trauma Advisory Committee has recently approved **Queen of Peace Hospital, New Prague** to become a Level III Trauma Center, the first hospital to earn this designation in Scott County.
- The **Benedictine Health System, Duluth and Immanuel St. Joseph's - Mayo Health System**, are among two of nine recipients of a Minnesota Quality Award. The honors, from the Minnesota Council for Quality, will be celebrated at April 16 events in St. Paul.
- **National Hospital Week** this year is May 11-17. The designation signals a time to celebrate and thank the men and women who contribute to the important work our nation's hospitals accomplish every day. Suggested events include health fairs, seminars and fun runs. Sample news releases and other information can be found at http://www.imprintmall.com/hospitalweek/hw08_planning.pdf

Identity. cont. from page 1

to Church authority in some way, often in reserved powers of corporate boards.

Similarly, CHA has proposed various lists of criteria for Catholic identity in health care; these specific marks of identity have changed as the field of health care evolves. In the U.S. bishops' 1981 pastoral letter, *Health and Health Care*, the USCC cited CHA's "Evaluative Criteria for Catholic Health Care Facilities" and highlighted four elements of special focus: (1) personalized and holistic patient care (including spiritual care); (2) conscientious adherence to objective ethical truth and its limits; (3) fulfilling a prophetic role through comprehensive service and advocacy for those who are poor and marginalized; and (4) creating a Christian community in the workplace, united in an apostolate of service, safeguarding rights and responsibilities of all in a collaborative manner.

Much of the literature on this theme of Catholic identity has focused on discussions of creating a particular culture within the facility and, through the facility, in the community that is served ... a set of values and priorities, rooted in a sense of mission, that consistently and predictably guide both long-range planning and day to day operations. Many of these values have more recently been articulated in CHA's recent document, "Our Vision for Catholic Health Care."

Fr. Knoblach went on to say that though all of these are relevant benchmarks and elements of Catholic identity, for himself as a pastor, ethicist, believer there is something more. "I think the overarching point of reference in Catholic health care is the sacramental manifestation of the mystery of Christ – that we are faithful in our prayer and work and community to the mission of Christ from the Father – that people would look to us for the fulfillment of the promises of the Gospel – to experience through Catholic healthcare the love of God."



Fr. Tom Knoblach presenting to the Bishops and CHA-MN Board

as persons made in the image of God, of infinite value, and called to eternal life.

"The Church is called to be a leaven in the world, and this mission is being fulfilled at the moment in the midst of postmodern culture." Fr. Knoblach tried to paint out the challenges Catholic health care faces in the current society we live within – a pluralistic society with no consensus on key values, an insistence on individual rights and demands in a consumer-driven market. In addition, claims to moral absolutes are rejected as divisive, exclusionary, discriminatory, unfair, and an imposition of morality on the unwilling. These challenges are then crystallized very practically with reproductive issues, the rights of conscience, end-of-life decisions, dealing with the tension of mission vs. margin.

Though Fr. Knoblach's presentation painted out a challenging picture – with challenges that are real for Catholic health care – he didn't want to leave simply a negative portrait or make it seem impossible. "In the end, Catholic identity is a positive proclamation and commitment to the sacramental presence of Christ and the seeds of the Kingdom, not a set of negative prohibitions and restrictions."

"Catholic identity is thus both/and - somehow, we must proclaim both the boundaries and the heart of Catholic healthcare ... that is, attention is often focused on the limit questions that test the borders of Catholic identity, and we must inform consciences and draw clear lines in the sand when necessary. But we must also communicate clearly the 'heart' or substance of the underlying commitments so that the No's we must say are the consequence of greater, larger Yes's that come from the mystery of Christ."

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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.



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Identity. *cont. from page 3*

And ultimately, Catholic identity is the assurance that “God so loved the world ...”

The CHA-MN Board of Directors remain committed to ongoing dialogue and communication with the Catholic bishops in cooperation with the Minnesota Catholic Conference.

...Somehow, we must proclaim both the boundaries and the heart of Catholic healthcare... so that the No's we must say are the consequence of greater, larger Yes's that come from the mystery of Christ.”

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**National Volunteer Week
April 27 – May 3, 2008**

A service of the Points of Light & Hands On Network and again sponsored by Target, the 2008 National Volunteer Week is fast approaching. From April 27 to May 3, this special week offers opportunities to recognize some of Catholic Health Care's most valuable assets — our volunteers — and to recognize the myriad of ways they improve our communities.

National Volunteer Week reflects the power that volunteers have to “inspire by example” — volunteers both encourage those they help and motivate others to serve! This year's theme is “**Volunteer to Change the World.**”

To download the Volunteer Week resource guide, or to nominate volunteers for awards, including the President's Volunteer Award, visit <http://www.pointsoflight.org/programs/seasons/nvw/>