

tidings!

October, 2007

MARK YOUR CALENDAR

October 10-12, 2007

Foundations of Catholic Health
Care Leadership
Chase Park Plaza, St. Louis MO
FFI: 314-427-2500

November 7, 2007

CHA-MN Annual Membership
Meeting
Church of St. Patrick, Edina
FFI: 651-503-2163

June 22-24, 2008

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

Sisters of St. Benedict Celebrate 150 Years

Six religious sisters from Saint Walburg
Abbey in Bavaria emigrated to St.
Cloud in 1857, moving to St. Joseph short-

ly thereafter in 1863. After 150 years, the
monastery looks back on a history of
notable accomplishments in the areas of
education and health-

care.

A commitment to
education led the Sisters
to open and staff schools
in Central Minnesota and
abroad. Since 1857,
1,653 Sisters have taught
in 163 elementary and
secondary schools locat-
ed primarily in the
Diocese of St. Cloud.
Recognizing the need for
higher education, they
founded Saint Benedict's
Academy in 1878, which
evolved into the College
of Saint Benedict in
1913. In 1961, the Sisters
transferred ownership to
the College, creating a
separately incorporated
institution. As two fiscal-
ly independent corpora-
tions, the College and
the Monastery share
adjacent, overlapping

Sisters *cont. on page 2*

ACHIEVEMENTS IN HEALTHCARE

Sisters of St. Benedict have established or staffed the fol-
lowing healthcare organizations:

- St. Cloud Hospital, 1886
- St. Cloud School of Nursing, 1908
- St. Cloud School of X-ray Technology
- St. Cloud School of Anesthesiology
- St. Cloud School of Laboratory Technicians
- St. Benedict's Center (Division of St. Cloud Hospital,
now St. Benedict's Senior Community), 1978
- St. Alexius Hospital in Bismarck, ND, 1885
- Mauston Hospital in Mauston, WI, 1934
- St. Benedict's Hospital in Ogden, UT, 1946
- School of Nursing in Ogden, UT
- Queen of Peace Hospital in New Prague, MN, 1952
- St. Michael's Hospital in Richfield, UT, 1960
- St. Joseph's Home for the Aged in St. Cloud, MN,
1900
- St. Raphael's Rest Home in St. Cloud, MN, 1928
- St. Ann's Home in Dickinson, ND, 1944
- St. Benedict's Home in Dickinson, ND, 1944
- Mary Rondorf Home in Staples, MN, 1953
- St. Mary's Home in Long Prairie, MN, 1957
- Mother of Mercy Nursing Home in Albany, MN,
1959
- Assumption Nursing Home in Cold Spring, MN,
1964



*Chapel at the St. Benedict's
Photograph by Nancy Bauer, OSB*

service to the community including the direction of the Art and Heritage Place in St. Joseph where the nuns exhibit their work, in addition to the Haehn Museum which is home to almost 4,000 artifacts which document the lives and ministries of the Sisters of St. Benedict. The monastery also includes its Spirituality Center, which offers individual or group retreats, spiritual direction and a variety of faith and educational presentations, workshops and seminars for all faiths.

Eleven daughter monasteries have been founded as a result of Sisters, including those in the Bahamas, Japan, Taiwan and Puerto Rico, whose core Benedictine values include “awareness of God,” “community,” “prayer and work,” “listening,” “hospitality,” “stewardship” and “peace” - all core values that are foundational to the ministry of Catholic healthcare. CHA-MN Director Toby Pearson expressing his gratitude to the Sisters, “The Catholic Health Association congratulates the Sister’s for their tremendous contributions to Catholic healthcare, and 150 years of service to our local community.”

Sisters *cont. from page 1*

campuses but are governed by two separate Boards (the Monastic Council governs the Sisters).

In response to the Gospel and the Rule of St. Benedict, the Sisters’ devotion to caring for the sick and elderly began at the same time as their work in education. They established homes for the elderly and six hospitals, including the St. Cloud Hospital. In 1962, the St. Cloud Hospital was separately incorporated, making it fiscally independent. In 1964, the Sisters transferred all of the Hospital’s assets to the new corporation. Some of the sisters still serve on the Board of Directors for the Hospital.

The religious community is currently made up of almost 300 women, about 170 of whom live at or close to the monastery. “We have fewer sisters working away from the monastery than we did in previous years when we had a much higher membership, but our focus now is a ministry of hospitality,” Bauer said. The sisters continue to provide a rich

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*Heritage Day Celebration
Photographer Andra VanKempen*

By Cinda Becker
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Modern Healthcare

Healthcare has found religion.

It's a church of reform, and a devout congregation can be found at practically any association, hospital, union, health plan, governor's mansion or legislature where healthcare is on the agenda—in short, everywhere. People from all walks of the industry are coming together to pray, meditate and ponder on it. Healthcare may be widely regarded as inefficient, fragmented, inequitable and dysfunctional, but its dissonant disciples are nearly unanimous in the conviction that something has to be done.

The anticipation for substantive reform has been palpable during a year in which a mounting number of initiatives proposing to solve the related problems of access, cost and quality have surged into statehouses, dominated the debate among presidential hopefuls and brought together strange bedfellows of union, corporate and consumer interests.

This is the context in which Sister Carol Keehan, president and chief executive officer of the St. Louis-based Catholic Health Association, tops Modern

Religious Experience

Catholic Health Association's Sister Keehan lands top spot on our annual 100 Most Powerful ranking, underscoring her devotion to achieving a long-elusive goal: access to healthcare for everyone.

Healthcare's sixth annual listing of the 100 Most Powerful People in Healthcare. In her capacity as a devoted consensus builder working with an eclectic group of organizations to resolve the seemingly intractable problem, Keehan, who came in at No. 26 a year ago, has somehow managed to connect with all the disparate interest groups without alienating any of them.

"Quite frankly, I think we won't have healthcare reform worthy of this country until the American people demand it," Keehan says. "I'm not sure that any one person or association has enough power to move our healthcare system to where it needs to be for the good of this nation. Until we have that critical mass of

American people saying, 'We want it,' loud enough and dominant enough, we won't have the coordinated responsiveness from the powers that need to come together to build a health system worthy of this nation."

Since taking the reins as head of the 2,000-member association in October 2005, Keehan, 63, the first

woman, former bedside nurse and former hospital CEO to top the list, has been a model of diplomacy on an emotional, divisive subject—proselytizing not a specific reform plan but rather



Sister Carol Keehan

a set of principles for reform.

"We believe first and foremost that this nation is smart enough to figure this out. We are the richest nation in the world, and we can get the job done when we want to get the job done," Keehan says. "A good (healthcare) system is not necessarily only one way. ... On the balance we are not looking for the perfect reform system, we're looking for something very good. So we're saying as opposed to advocating your plan

vs. my plan, we have been working to develop principles so we can say any healthcare reform plan should be measured by these principles.”

The CHA’s relentless stumping for reform, and in particular universal healthcare, has put Keehan in the center of a host of related issues and connected her with a wide swath of unrelated organizations bound together by the one still elusive goal. “The most important thing on my agenda is access to care for everyone,” she says. “We are joining with coalitions that talk about the dignity of everyone and the right of everyone for quality healthcare, and there are a lot of pieces that work into that.”

Most recently since the voting closed, the CHA and its 615 member hospitals have been at the center of the nationwide debate on renewal of the State Children’s Health Insurance Program, working with an eclectic coalition of 20 other organizations that includes the AFL-CIO, the American Medical Association, the National Association of Public Hospitals and Health Systems, the Islamic Society of North America, and hospital alliances Premier and VHA. In 2006, under Keehan’s guidance, the CHA teamed up with the American Hospital Association and the Healthcare Financial Management Association to standardize accounting of the community benefits tax-exempt hospitals provide, a hot-

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button issue as charities, including not-for-profit hospitals, came under the critical scrutiny of Congress, federal regulators, state attorneys general and the public.

That issue put Keehan in front of the powerful Senate Finance Committee last fall, speaking on behalf of the hospital industry and its efforts to justify its tax-exempt status. “The problems of our healthcare system demand a dynamic response, and Sister Carol Keehan is certainly a dynamic leader,” Sen. Max Baucus (D-Mont.), chairman of the Finance Committee, said in an e-mail. “Her work with the Catholic Health Association is simply exemplary in terms of making healthcare more responsive to communities and to individuals, and trying to look at the big picture for solutions that do the most good.” Baucus dropped to No. 29 on this year’s list after ranking No. 12 last year.

“I think from the standpoint of issues especially related to the valuation of uncompensated care and providing coverage for the uninsured, Sister Carol has been very much out there,” says Richard Clarke, president and CEO of the HFMA.

Mark Your Calendar

November 7, 2007

**CHA-MN Annual
Membership Meeting
Featured Speaker -
Sr. Carol Keehan**

**Modern Healthcare’s 2007 Most
Powerful Person in Healthcare**

The recent news that an additional 2.2 million people in the U.S. lost health insurance coverage in 2006 is a reminder of the continued need for advocacy on healthcare issues. Each year the release of new figures by the U.S. Census Bureau highlights the scope and severity of this healthcare problem, and yet the situation changes very little. Last year, in Minnesota we made steps to improve and expand MNCare, to expand coverage of kids, and to help simplify the process for application. Still there is work to be done.

As a statement from CHA-USA highlights, "According to the U.S. Census Bureau, since 2000 the number of people without health insurance has increased from 38.4 million to 47 million. Meanwhile, 36.5 million people lived in poverty in 2006, nearly 10 percent of the nation's families. "In a supposedly strong economy, millions of people are still struggling for life's basic necessities, including health care," said Sr. Carol Keehan, DC, president and CEO of the Catholic Health Association of the United States. "Behind each of those millions is a human face and a personal story, often a tragic story of health care neglect that could have been prevented with basic health insurance coverage."

The report from the Census Bureau, *Income, Poverty, and Health Insurance Coverage in the United States: 2006*, indicates that among the 47 million uninsured are at least 8.7 million children, up from 8 million children in 2005," the statement says.

Against this backdrop, the federal government is

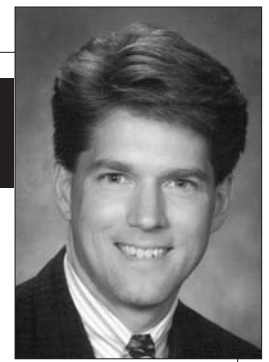
As I See It

working on the State Children's Health Insurance Program (SCHIP) reauthorization. SCHIP is a federal program that helps to make sure children have health insurance. Much of the funding

for the programs in Minnesota flow from the SCHIP program to our state level programs. There are big debates on SCHIP programs and failure to reauthorize the programs would threaten, if not eliminate, the availability of health care for more than 6 million children.

The state and nation are struggling to achieve universal healthcare. The debate seems to have moved from whether we should have universal healthcare to what balance of state and market forces can best achieve universal healthcare.

As increasing numbers of people go without we remind policy makers that according to Catholic Social teaching and the Health and Healthcare document, every person has a basic right to adequate health care, that protection of conscience in the delivery of care is vital, the benefits should be promoting good health as well as to treat disease and disability, consumers should be allowed a reasonable choice of providers, and that containing and controlling costs is essential.



Toby Pearson,
CHA-MN
Executive Director

More Work Ahead



Dale Thompson

Dale Thompson to chair Minnesota governor's commission

Governor Tim Pawlenty announced earlier this year his appointments to the newly formed Veterans Long Term Care Advisory Commission. Governor Pawlenty created the Commission via an executive order signed on February 28 in response to ongoing patient problems at the Minneapolis Veterans Home. The Commission is charged with identifying the best approach for the future operation, management, administration and governance of the Veterans Homes.

The Commission will review existing problems at the Veterans Homes, current standards and requirements for veterans long term care, survey successful methods and models of care, and identify practices, methods or other areas that Minnesota could adopt to improve the quality of care delivered to veterans.

The Governor also announced the appointment of Dale Thompson as chair of the Commission. Thompson, of Blaine, is President and CEO of the Benedictine Health System based in Duluth, which owns and/or manages 10 acute-care hospitals and more than 50 long-term care facilities including nursing homes, assisted living and independent senior housing options in eight states.

"Working to improve quality of life and care for our veterans is a high calling," said Thompson. "I'm honored to join this group in such an important effort."

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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Vatican Provides Clarification Concerning Nutrition and Hydration for Patients in a Persistent Vegetative State

On September 14, 2007, the Congregation for the Doctrine of the Faith issued a brief document, approved by Pope Benedict XVI, which addresses the provision of artificially administered nutrition and hydration to patients in a persistent vegetative state. The document is in response to two questions posed to the congregation by the United States Conference of Catholic Bishops. The questions were prompted by reactions to the allocution of Pope John Paul II in March, 2004, that dealt with the use of feeding tubes in patients in a persistent vegetative state.

First question: Is the administration of food and water (whether by natural or artificial means) to a patient in a “vegetative state” morally obligatory except when they cannot be assimilated by the patient’s body or cannot be administered to the patient without causing significant physical discomfort?

Response: Yes. The administration of food and water even by artificial means is, in principle, an ordinary and proportionate means of preserving life. It is therefore obligatory to the extent to which, and for as long as, it is shown to accomplish its proper finality, which is the hydration and nourishment of the patient. In this way suffering and death by starvation and dehydration are prevented.

Second question: When nutrition and hydration are being supplied by artificial means to a patient in a “permanent vegetative state”, may they be discontinued when competent physicians judge with moral certainty that the patient will never recover consciousness?

Response: No. A patient in a “permanent vegetative state” is a person with fundamental human dignity and must, therefore, receive ordinary and proportionate care which includes, in principle, the administration of water and food even by artificial means.

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