

tidings!

October, 2009

MARK YOUR CALENDAR

October 22, 2009

Bryan Hehir – Health Care Reform
Carondelet Center, St. Paul
FFI: 651-503-2163

October 28, 2009

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

December 2, 2009

CHAMN/MCC Joint Board Meeting
The Chancery, St Paul
FFI: 651-503-2163

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

Sister Mary Heinen: Honored for a Lifetime of Dedicated Service

“I hope I’ve made a difference,” Sister Mary Heinen said reflecting upon her lifetime of service in Catholic health care.

Growing up across the street from Loretta Hospital in New Ulm, Sister Mary Heinen early on in life felt a connection to this ‘healing mission of Jesus’ – volunteering in high school with the Poor Handmaids of Chicago washing dishes and surgical instruments.

Now in her late 70’s, she has earned her doctorate in health education, opened two associate nursing degree programs, held administrative positions for her congregation’s Catholic health care organization, and helped start nine clinic sites for low-income families in the Twin Cities. And still today, she is director of advocacy at St. Mary’s Health Clinics and sits on several boards, including that of the College of St. Catherine’s School of Health. Spending a short amount of time with Sister Mary Heinen, you realize what a passion for Catholic health care she has and how she hasn’t slowed down a step.

This past February she was honored by the Jewish Religious Legislative Coalition awarding her with the Lawrence D. Gibson Interfaith Social Justice Award at



their Day on the Hill. The award highlighted her health care advocacy work through St. Mary’s Clinics.

Sister Mary Heinen in the hallways of the Carondelet Center in St. Paul.

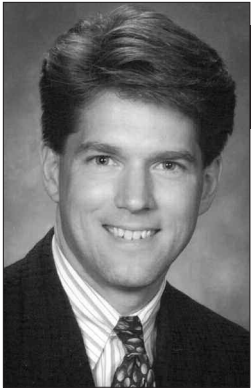
Her involvement with the Catholic Health Association of Minnesota cannot be understated. She continually has made the case for the necessity of having ‘one voice’ representing Catholic health care at the State Capitol; be it acute, long term, or homecare. “Who is going to represent

Catholic health care in the absence of the Catholic Health Association? Nobody is capable of it,” states Sister Mary.

Sister Mary Heinen sees the necessity of fostering a collaborative relationship between advocacy, charity and higher

My work in health care has not been done in vain.

Heinen *cont. on page 2*



As I See It

A Time For Respectful Principled Dialog

Déjà vu all over again? It seems only a couple of years ago we were going through health care reform on the state level. Minnesota was holding months of meetings and long hours of analysis regarding ways to

reform the health care delivery system to provide better outcomes, save money, and insure more people. Fast forward to today, and several Minnesota legislators are providing information to the White House about the lessons we learned in Minnesota. As a result, much of what is being talked about nationally, was discussed a couple of years ago in Minnesota.

On the national stage, there are other dynamics at play. For example, Minnesota has one of the lowest rates of uninsured; nationally there are over 47 million uninsured. The current U.S. health care system is failing.

Nationally, there are several amendments necessary to protect all stages of life, as well as conscience clauses for providers. Nationally, there are huge funding decisions for Medicare and Medicaid.

With all of the proposals, issues and changes, we at CHA Minnesota and our membership are committed to creating a health care system that ensures everyone will get the health care they need, when they need it. During the elections, CHA Minnesota worked with CHA USA on its "Vision for U.S. Health Care" in laying out the Catholic health ministry's principles for reforming the health care system. Central

to our vision, we believe that health care should be:

- Available and accessible to everyone, paying special attention to the poor and vulnerable.
- Health and prevention oriented, with the goal of enhancing the health status of communities.
- Sufficiently and fairly financed.
- Transparent and consensus-driven, in allocation of resources, and organized for cost-effective care and administration.
- Patient-centered, and designed to address health needs at all stages of life, from conception to natural death.
- Safe, effective and designed to deliver the greatest possible quality.

It is clear that fundamental, comprehensive reform of the health care system is not merely a financial or political issue, but a moral imperative as well. Perhaps at no other time in our nation's history has health reform been so necessary and so possible to achieve. Now is the time for respectful dialogue and constructive changes around true principles and their application to the situation, not shouting matches.

In September I took part in a state director's conference, followed by the legislative advocacy days. We delivered the message of CHA to the Minnesota Delegation. For the most part, we had a warm welcome and reception. We found common ground with many of our Senators and Congress persons. We reinforced the messages being carried by the USCCB and the Catholic Health Association USA. Most importantly, we were engaged in respectful, principled dialog about a true vision for Health Care.

This principled engagement will continue as the various Senate and House proposals move forward in the legislative process. Now is the time to call your Congressperson and our Senators and reinforce our vision for principled health care reform. ■

Heinen *cont. from page 1*

education; CHA-MN plays the critical advocacy role and a clear connection to the bishops throughout the State.

As she reflects on current health care reform, she says, "It has to happen, we cannot sustain the number of uninsured any longer." As she has said for many years, there is a "moral imperative" to address the uninsured and underserved.

The key to success with addressing our current situation in her mind is keeping the conversation going. Her

posture to addressing issues has been consistent throughout her life... "Get the facts straight, educate yourself – even when positions are disagreeable, Ask the right questions, and engage folks on the issue. This is how we get things done."

Her commitment to Catholic health care is pervasive in all of her words and convictions.

"All of the people that come through our doors have had an experience that is not unlike the life, suffering, and death of Jesus," says Sister Mary. There has to be something dif-

ferent about the ambiance and care given within a Catholic health care facility. Though being attentive to the whole person can be very difficult it is a critical component of Catholic health care.

"Within a Catholic facility, when people are given bad news, there needs to be a message of hope." This was Cardinal Bernadin's legacy – a message of hope.

Reflecting upon her years of giving direct service as a bedside nurse, a recognized teacher of nurses and now

Heinen *cont. on page 6*

By Patrick Menke, Tidings Editor

During the summer of 2008, my wife's extended family was faced with the extremely difficult decision of moving their father into a long-term care facility. Suffering from both dementia and a crippling arthritic condition for many years, even with external assistance it became simply unmanageable and unsafe for his wife and family members to care for him within the home. Forced to rely on Medical Assistance for his care, options were quite limited with the facility search and the immediacy of the need.

A decision was made to move 'Buzz' into a long-term care facility that was close to his home, allowing convenient access for his wife and other family members. Though, challenging to see their father now in a wheelchair sharing a small room with another elderly man, there was some comfort in the fact that he was now 'safe'. Over the next months, it became a sobering reality check for my wife and I on the state of long-term care within our country.

The facility was gravely understaffed; and as time played out, it was clear that the staff was equally underpaid – all of which must be the harsh reality of health facilities relying on government assistance to operate within a balanced budget. There were clearly a few employees within the facility that valued what they were doing, and I would never wish to reflect poorly on their charity. But what was so disheartening was the number of employees who were visibly beaten down by the work conditions, and had clearly little sense of the importance and vocation of their service.

As the months played out, the depressing images became more real....a large room filled with heavily medicated residents, unattended cries for help, a disengaged staff that was continually changing, a certain resentment amidst some staff as we became more familiar with the residents, a dark sadness over the building as residents would pass away and were removed...it became increasingly more difficult to leave after a visit, or to even return.

On one particular evening, Buzz rolled out of his bed in the middle of the night and was physically unable get up off the floor. As his frightened roommate watched the entire incident, and was unable to get assistance from anybody, he eventually called 911 on his phone and the fire department came to Buzz's aid.

An Experience of Long Term Care: Recognizing the Dignity of the Person

Soon after this incident, Buzz's health was clearly faltering. Despite repeated pleas to the staff, we were unable to get him appropriate medical attention. That afternoon we literally drove him to the emergency room ourselves where he was diagnosed with pneumonia and a serious urinary tract infection. After spending the majority of the next week in the hospital, we moved him into a different long term care facility...a

faith-based facility with a reputation for outstanding care.

From moment one, there was clearly something different with the type of care Buzz was receiving. It had nothing to do with the quality of the facility, which faced the same limitations as his previous residence. The level of staffing had little impact on the quality of care as well; since they were facing the same budget restrictions as others within long term care. There was something profoundly different, though.

It did not take long to identify the primary difference in care at this facility. As the bishops so beautifully state in the first principle of Catholic Social Thought, We believe that every person is precious, that people are more important than things, and that the measure of every institution is whether it threatens or enhances the life and dignity of the human person. In this simple and under-resourced facility, Buzz was no longer a client, or a job, or even a burden.... he was a person – and the end result was dramatic.

After a full year of residency, I am still in awe at the quality of care Buzz receives. He is thriving and healthy. Fundamentally, I see a staff that recognizes the dignity of the people they are caring for, and as a result the culture is so radically different. Pleas for help are heard and responded to in patience and love, despite similar limitations. There is a partnership with families in the care of the elderly and sick, as my wife who assists her father with his lunches has become very close to many of the staff. Be it the touch of a

“We believe that every person is precious, that people are more important than things...”

Long Term Care *cont. on page 4*

Long Term Care *cont. from page 3*

hand, a laugh with someone in the hallway, or an opportunity for Friday morning Mass, these are 'people' that are being served...precious in God's sight...and perhaps even more poignant, precious in the eyes of the staff. This is not simply a job, but a beautiful vocation for these care providers. This is what sets apart faith-based healthcare, built upon a vision of hospitality, stewardship, respect and justice.

Having worked behind the scenes with the Catholic Health Association for the past several years, it has been a tremendous blessing to see healthcare in a new light. I want to personally commend the countless men and women that are selflessly fulfilling the healing mission of Jesus through their work in long term care facilities, and in other faith-based hospitals and clinics. What a tremendous



apostolate in a society that is increasingly losing a respect for life.

"That you do to the least of my brothers and sisters, you do unto me." ■

Buzz enjoying time with his granddaughter

The Moral Case for Insuring the Uninsured

The Consortium of Jesuit Bioethics Programs recently issued a statement on case for insuring the uninsured. Excerpts follow:

As health care ethicists, we believe providing universal access to health care is the right thing to do, and now is the right time to do it. Much like our commitment to providing universal access to K-12 education, the reasons for doing so are both pragmatic and moral. And these reasons are so compelling that they require us to do what it takes to overcome obstacles.

Stating that 18,000 American die prematurely because they lack health insurance, the Consortium when to identify how Americans are not responding to this 'national emergency'. "In national emergencies, we require our representatives to determine what needs to be done to alleviate the threat and to appropriate the resources to do it. In such situations we would be very surprised to hear our representatives or members of the media talking about whether this was the right time for action, arguing to slow down the momentum toward action, or debating whether we can afford to act. But, of course, people dying prematurely in hospital from lack of timely and proper management does not capture the moral imagination of the public the way a terrorist attack or hurricane might. Such suffering is easily out of sight and mind."

Moreover, because most Americans have health insurance, it is easy to assume the uninsured must somehow be different from ourselves or to blame for their predicament.

However, while there are some in our society who willfully fail to purchase health insurance that they could afford, lack of health insurance is usually caused by unfair or profoundly unfortunate circumstances.

Addressing misconceptions of who is uninsured, the Consortium stated, "Most of the uninsured live in households in which the head of the household works full time often for a small business. Not only is it difficult for a small firm to finance health insurance, but such firms are typically charged much higher prices for their coverage. Similarly, many persons lose their insurance when they involuntarily lose their job for a period of time."

Though recognizing the affordability issue, they argue that the total amount required to achieve this goal is approximately 3 -5% of the total spending on health care in the United States. In other words, the increase required is significantly less than the rate of one year's medical inflation. Many credible policy analysts believe we need to control health care costs in the long run in our nation. However, it is clear that insuring the uninsured is not a major part of that issue. In other words, insuring the uninsured is not a significant part of the problem of rising health care costs in the United States.

"A just and compassionate society is obligated to try to meet the basic needs of all members of the community—not every imaginable desire, but our most basic needs such as food, a foundational education, and basic health care. Political leadership, if it is to be true moral leadership, must have the courage and will to push forward legislation that may not please everyone, but will give all persons access to an acceptable level of health care services." ■

For a complete copy of this statement visit www.chamn.org.

Bishops Express Concerns on National Health Care Reform

The United States Conference of Catholic Bishops (USCCB) recently wrote the Members of Congress to express their disappointment in addressing their priority concerns regarding health care reform.

The three main concerns expressed in their letter read:

1. Exclude mandated coverage for abortion, and incorporate longstanding policies against abortion funding and in favor of conscience rights. No one should be required to pay for or participate in abortion. It is essential that the legislation clearly apply to this new program longstanding and widely supported federal restrictions on abortion funding and mandates, and protections for rights of conscience. No current bill meets this test.
2. Adopt measures that protect and improve people's health care. Reform should make quality health care affordable and accessible to everyone, particularly those who are vulnerable and those who live at or near the poverty level.
3. Include effective measures to safeguard the health of immigrants, their children and all of society. Ensure that legal immigrants and their family members have comprehensive, affordable, and timely access to health care coverage. Maintain an adequate safety net for those who remain uncovered.

The Bishops further expressed their apprehension in current proposals since amendments protecting freedom of conscience and ensuring no taxpayer

money for abortion have been defeated in committee votes. They concluded that if acceptable language in these areas cannot be found, they will have to oppose the health care bill vigorously:

“Catholic moral tradition teaches that health care is a basic human right, essential to protecting human life and dignity. Much-needed reform of our health care system must be pursued in ways that serve the life and dignity of all, never in ways that undermine or violate these fundamental values. We will work tirelessly to remedy these central problems and help pass real reform that clearly protects the life, dignity and health of all. ■



NEWS AND NOTES

- **St. Gertrude's Health & Rehabilitation Center, Shakopee and Madonna Living Communities, Rochester** have recently been recognized as Step III recipients, the highest National Quality Award presented by the American Health Care Association and National Center for Assisted Living
- **St. Benedict's Senior Community and Cerenity Senior Care - Humboldt** were recognized as 2009 recipients of the Step I National Quality Award presented by the American Health Association and National Center for Assisted Living.
- AHCA/NCAL recognized the **Benedictine Health System** with the Friend of Quality award. The award is given to individuals and organizations that have made a special contribution to the quality efforts of the association. BHS is one of the largest Catholic long term care organizations in the United States, sponsoring or managing 80 health care facilities in 40 communities in seven states.
- **The Sisters of St. Joseph of Carondelet of St. Louis and the Benedictine Health System (BHS) of Duluth**, entered into a co-sponsorship agreement of Nazareth Living Center, an 11 acre, 272 bed long term care campus offering skilled nursing and assisted living in south St. Louis County.
- **Heidi Hoffman** has been named the new Executive Administrator for **Cerenity Senior Care - Humboldt**. A graduate of University of Eau Claire, she completed her internship under Peter Schuna, former administrator at Cerenity.
- The Intensive Care Unit at **St. Cloud Hospital** was the 2009 recipient of the Beacon Award for Critical Care Excellence. The award is given to recognize units that exhibit high quality and provide exceptional care. ■

“If acceptable language in these areas cannot be found, we will have to oppose the health care bill vigorously.”

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

2009 Annual Membership Meeting

Wednesday, October 28, 2009

St. Patrick's Catholic Church • 6820 St. Patrick's Lane, Edina, MN



Rationing Scarce Resources in a Severe Pandemic:

A Minnesota Project Report

-Karen G. Gervais, Ph.D.

National Healthcare Reform

-Kathleen A. Curran

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Heinen *cont. from page 2*

more recently actively involved in setting policy at a Board level and being an advocate for the under and uninsured. "I think I've spent enough time in these facets of Catholic health care that I've made a difference... my work in health care has not been done in vain.... It has been a lifetime of service to Catholic healthcare."

At the 2009 CHA-MN Annual Meeting on October 28th, Sr. Mary Heinen will be leaving the Board of Directors as her term as past-president comes to an end. We honor and thank her for her immense contributions to the work of Catholic Health Association. ■

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. ■