

TIDINGS!

Newsletter of the Catholic Health Association of Minnesota

April 2011

Challenges in Legislation: Managing Change

The only constant in life is change. At the State Capitol we have seen changes in leadership in all of the bodies - House, Senate and Governor. We have seen change in the budget forecast that unfortunately continues to show significant deficits. Finally (and gratefully), we see change in our Minnesota weather, with the many signs of spring around us. One thing that has not changed, is the continuing dedication of our Catholic Health Care facilities to give the highest quality care, and our ongoing concern for the most vulnerable individuals and families within our community. This is why the Catholic Health Association continues to press forward with important issues on both the national and local levels. Our voice must be raised to look after the poor and defenseless, to provide health care services, and to protect the conscience of our providers. We have been working with many different legislators and partnering organizations in various efforts to continue and further our respective missions.

ON THE STATE LEVEL

Our State is facing the monumental task of balancing a \$5 billion budget deficit. The Governor, House, and the Senate have each proposed different solutions. Of most recent, the House budget bill would cut projected spending on health care and social services by a staggering \$1.7 billion over the next two years, while bringing sweeping change to the state's public health care programs.

Efforts of CHA-MN have focused on working with the members of the Health and Human Services committees to protect the poor and vulnerable and ensure coverage for Minnesotans. We have also cooperated in efforts with our partners in the Hospital and Long-term Care arena, as well as others who refuse to see people lose their health care.

The Catholic Health Association's voice is being heard with current House and Senate proposals including: fighting against the repeal of the early enrollment of Medicaid, an effort that would strip tens of thousands of Minnesotans of their health insurance; the drastic changes to Minnesota Care and the subsequent raiding of the Health Care Access Fund,

As I See It

Toby Pearson
CHA-MN Executive
Director

that would force Minnesota Care out of balance as well as leave many Minnesotans with unaffordable insurance options; proposals to cut MA inpatient hospital fee for services rates by over 7% (in the House proposal); efforts to raid the Medical Education and Research Costs (MERC); and finally the efforts directed at prohibiting the state spending on federal health reform implementation. It has been a busy legislative session for CHA-MN.

FOR OLDER ADULT SERVICES

We continue to work on the broad spectrum of delivery of service options for Older Adults including: House and Senate efforts to cut Non-Rate payments such as bed-hold, planned closure rate adjustments, and single bed incentive payments; efforts to redistribute payments from

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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.

Mark Your Calendar

April 14, 2011

Edward Ehlinger, MD
Health Care Reform
Church of St. Patrick, Edina
FFI: 952.941.3164

May 26, 2011

CHA-MN Board Meeting
Carondelet Center, St. Paul
FFI: 651.503.2163

June 5-7, 2011

2011 Catholic Health Assembly
The Opportunity Now:
How Reform Will Advance the
Healing Mission
Hyatt Regency Atlanta
FFI: www.chausa.org

"And the most telling measure of how well we care for each other is to consider how we treat those who are most vulnerable among us. We believe there exists in the people of this state the will to respond to the human needs among the poor with compassion, generosity and resolve. We challenge you to remember all Minnesotans as you make decisions that affect the people, the economy, and the character of this state."

**New Minnesota
Catholic Conference Director:
Eager to Further the
Mission of CHA-MN**

The State’s Roman Catholic bishops have appointed attorney Jason Adkins to lead the Minnesota Catholic Conference (MCC) as its executive director. The MCC is the public policy voice of the Catholic Church in Minnesota. It advocates for policies and programs that support the life and dignity of every human person from conception through natural death.

“I am humbled by the trust the bishops have placed in me; it is a privilege to serve,” said Adkins. “As Catholics, we believe that every human being is created in God’s image and, without exception, possesses dignity and value. The MCC will continue to vigorously defend the sanctity of life, lift up the poor and vulnerable, and work for the common good. I will reach out to Catholics and all people of good will to advance these goals.”

Prior to joining the MCC, Adkins served as a civil rights attorney with the Institute for Justice Minnesota Chapter, a national public interest law firm. Among other areas, the firm is the nation’s leading legal advocate for school choice pro-

grams. Adkins is also a recognized contributor to many local and national publications on an array of issues. He is impassioned about and knowledgeable of Catholic Social Teaching and has spoken at many parishes and Catholic organizations over the years

“On behalf of the Board of the Minnesota Catholic Conference, I am pleased to welcome Jason Adkins as our new executive director,” said Most

Rev. John C. Nienstedt, Archbishop of St. Paul and Minneapolis. “My brother bishops and I believe that the combination of Jason’s theological training, knowledge of public



ADKINS

policy, and legal experience will serve us well as he advocates on behalf of the Church and for the common good of all Minnesotans. Jason brings a freshness and dynamic energy to this work, and we look forward to his service.”

As the Executive Director of the Minnesota Catholic Conference he will serve ex-officio on the Board of Directors for the Catholic Health Association of Minnesota (CHA-MN). Adkins is eager to support and further the important mission of Catholic healthcare.

“Healthcare is a genuine human need. Society has a moral duty to provide adequate and affordable healthcare for the most weak and vulnerable among us. And government can and should play a subsidiary role in giving people access to healthcare when appropriate and necessary. At the same time, it is absolutely essential that any and all bills that expand healthcare coverage also explicitly ensure the protection of the conscience of both provider and patient. There should be no coverage for procedures that are contrary to the natural law and to human dignity.”

Adkins took up his new responsibilities at the end of March, succeeding Rev. David McCauley, who completed his service as interim executive director. ■

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Local Catholic Physicians Guild seeks to be moral guide

By Dave Hrbacek, *Catholic Spirit*

Dr. Peter Daly of Lumen Christi in St. Paul wasn’t looking for another professional organization to join. So, what did he do?

He became the president of one.

Two years ago, the St. Paul and Minneapolis Catholic Physicians Guild was formed. It’s a local affiliate of the national Catholic Medical Association. Despite a full schedule as an orthopedic surgeon, Daly felt called to help launch and lead the guild, which now has about 90 members.

“I know that we’re all busy and we don’t need another meeting to go to,” he said. “But the gatherings with the Catholic Medical Association are meant to feed us from a spiritual and educational standpoint. That’s

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Reflecting Catholic Identity

By Archbishop Jerome ListECKI, Archdiocese of Milwaukee

Chances are either you or a loved one has been in the hospital at sometime during the last 10 years. It truly is a humbling experience. About three years ago I was admitted to the hospital in need of a corrective procedure. Illness makes one feel helpless.

You place yourself in the hands of those who are trained in the art of healing. There is a unique mixture of science and faith that creates the healing environment.

Along with teaching, the ministry of healing is often associated with Jesus: "Jesus went throughout Galilee teaching in the synagogues, preaching the good news of the kingdom, and healing every disease and sickness among the people. News about him spread all over Syria and people brought to him all who were ill with various diseases, those suffering severe pain, the demon possessed, those having seizures, and the paralyzed and he healed them" (Mt 4:23-24).

The power of God is involved in the art of healing. We look to the Lord to make us whole. It is little wonder that those in need of healing would seek out Jesus.

We are blessed ... to have access to great health care. The hospitals, clinics, rehab and senior care facilities provide care and comfort to those in need. It is important to realize just how health care has grown – from little community hospitals to systems of health care. The technology and standard

of care has increased to such an extent that what would have been fatal 100 or even 50 years ago is now manageable.

I have often publicly stated my gratitude for the religious communities of women and men who so generously educated our children, giving us the educated masses in our civil society. I also

add my gratitude to the religious communities that built our hospitals and health care centers, providing affordable and accessible medical care to many of our immigrant populations and rural areas.

Catholic health care has changed dramatically over the last few decades. ... Health care organizations are confronted

We live in an age where we must articulate our Catholic Identity. What is it that makes us Catholic?

with a number of pressures: increasing costs, rapidly developing technologies and competitive markets which have forced our Catholic hospitals to examine and initiate changes to their structures in order to maximize their resources to give quality care in a religious, value-based environment. Concern for the poor and the disenfranchised continues to be a part of the mission of the Catholic hospital. It speaks to the

very heart of the founding of the Catholic hospital and continues to be the motivation in the formation of its leadership, despite the organizational changes in the structures.

Even something as essential as the Catholic identity in Catholic health care must be consciously addressed. Years ago, we lived in communities that were identifiably Catholic. Religious sisters or brothers ran the hospitals. The formational life of the hospital was formed around the founder of their religious order. This was evident in everything that was embraced by the organization. It definitely had an objectively Catholic mark.

The leadership has changed. The religious sisters and brothers have been replaced by many lay men and women. What was taken for granted now must be articulated. Many of the Catholic health care systems and Catholic hospitals have addressed this shift in leadership through Catholic formation programs that introduce and direct the leadership in the spirit and mission of the founders.

However, this is the challenge for all of us. We live in an age where we must articulate our Catholic identity. What is it that makes us Catholic? This question must be answered for Catholic schools, Catholic organizations and even the individual Catholic.

There are some areas which help to define the health care organization as Catholic. They abide by the Ethical and Religious Directives, the ethical norms that reflect the Catholic ethical teachings and the Catholic social principles of the Gospel. Pastoral care is emphasized as essential in healing the whole person. The mission statement of the hospital adheres to the Catholic spirit reflected in the thought of the religious founder, especially with its outreach to the needs of the community. The bishop himself plays an important role in recognizing the institution or the organization as Catholic.

As Catholics, we should get to know the history of our Catholic hospitals and health care facilities. We should be proud of the contributions of our Catholic hospitals and health care facilities. Let us pray that God continues to bless our Catholic hospitals and health care facilities in their healing ministry and for the good works they perform for those in need. ■

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Vatican to draft guidelines for Catholic hospitals

By Francis X. Rocca, Religion News Service

Controversies over bioethical standards at U.S. Catholic hospitals show the need for greater Catholic education for health care workers, Vatican officials said Thursday (Feb. 3).

Church leaders said a new set of biomedical guidelines will be published later this year, as well as a separate document on AIDS prevention after last year's controversial remarks by Pope Benedict XVI on the morality of condom use.

The announcement, at a press conference to publicize educational initiatives of the Vatican's Pontifical Council for Health Care Workers, did not include a publication date for the AIDS document.

Bishop Jose L. Redrado, secretary of the council, said Catholic facilities are confronting a "culture of death" following disputes over a 2009 abortion at a Catholic hospital in Arizona that doctors said was necessary to save the mother's life. Phoenix Bishop Thomas Olmsted stripped the hospital of its Catholic affiliation and excommunicated its chief ethicist.

Such disputes show the need to translate church teaching into the terms of "modern society," Redrado said.

"The language should be clear," he said, "explaining what the church says, where the frontiers are, where there is a risk of crossing the line."

A forthcoming charter for health care workers, which would update a guide issued in 1995, will be a major part of the educational effort, said Monsignor Jean-Marie Musivi, undersecretary of the council.

The charter will reflect the latest church teaching in such fast-changing fields as stem cell research and assisted reproduction technology.

"We have some good nurses, even including our religious sisters, but they don't have specific preparation on these questions, so this charter could play a role," Musivi said.

The document on HIV/AIDS will reflect the work of a May 28 Vatican conference on the subject, and include notes on Benedict's comments on the morality of using condoms to help stem the spread of the disease.

In a book-length interview last year, Benedict said condoms are not a "real or moral solution" to the AIDS epidemic, but that their use by someone intending to prevent infection could "be a first step in the direction of a moralization" of sexuality.

A December statement by the Vatican's Congregation for the Doctrine of the Faith—which Musivi called an "authoritative explanation"—insisted that the pope's words did not mark a change in Catholic moral teaching or "pastoral practice" against the use of condoms for AIDS prevention or contraception. ■

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some facilities determined "high rate" and redistribute to others "low rate"; and cuts to elderly waiver customized living rates, and eligibility.

\$5 billion dollars is a huge budget problem to solve, and for this reason we have been coordinating our efforts with our Faith Partners in emphasizing the moral implications of budget solutions. Our work has included supporting and advocating for the recent statement from the Bishops of the Roman Catholic Church and the Evangelical Lutheran Church in America on the morality of the budget with members of the House and Senate. This poignant message appeals to the conscience of our legislators to remember all Minnesotans as they make decisions that affect the people, the economy, and the character of this state.

ON THE NATIONAL LEVEL

In our efforts on the National level we have echoed the voice of CHA-USA by communicating with our national dele-

gation raising concerns about the proposed cuts to Medicaid funding. We have urged our delegation to stand in defense of the poor, most vulnerable and middle class in our nation by rejecting the massive \$771 billion in proposed cuts to Medicaid in the FY2012 budget resolution, as well as billions of dollars in cuts to other programs that serve these populations.

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what we need. And, we're not getting it in any other way."

LEARNING OPPORTUNITIES

On Jan. 29, the guild held one of four events it conducts annually. Father Michael Keating from the University of St. Thomas came to celebrate Mass and give a talk on science and the sacramental, which focused on how physicians can see the humanity of their patients rather than focus on the business component of health care delivery.

In April, the guild will offer a morning of reflection, followed by a pilgrimage in August. Then, in October comes the White Mass celebrated by Archbishop John Nienstedt. The Mass honoring medical professionals takes place on or near the feast day of St. Luke, the patron saint of physicians who was one himself.

Daly is hoping events like these, plus the upcoming national meeting of the Catholic Medical Association, will bring more physicians into the guild here in the Twin Cities.

"The number of Catholic physicians in the Twin Cities is huge," he said. "I've got to believe that we have less than 5 percent of [the total number of Catholic] physicians in our membership.

"Our goal is to really try to grow the members and use the upcoming 2012 national Catholic Medical Association meeting here in St. Paul as a way to get the word out. There will be some great speakers and some great discussions."

Daly said he is concerned the medical field "has gotten so secularized that we forget that the healing arts have been part of religion and spirituality for centuries."

He is hoping the organization can help guide and shape the medical profession and, ultimately, U.S. culture when it comes to ethics and morals in medicine.

"I think that's where the Catholic Medical Association needs to have an impact," he said. "We have to familiarize

FAST FACTS ON CARE PROVIDED BY CATHOLIC HOSPITALS

	COMMUNITY	CATHOLIC	% CATHOLIC
Hospitals	5,008	636*	12.7%
Beds	805,593	121,821	15.1%
Admissions	35,527,377	5,606,510	15.8%
Inpatient days	192,656,804	28,152,248	14.6%
Outpatient days	641,953,442	102,201,495	15.9%
Expenses	\$656.2 billion	\$95.75 billion	14.6%
Full-time equivalent staff	4,584,624	643,359	14.0%
Medicare discharges	14,964,804	2,506,138	16.7%
Medicaid discharges	7,074,220	951,554	13.5%

Note: Community hospitals are defined as all nonfederal, short-term, general and other specific hospitals. Other specialty hospitals include obstetrics and gynecology; eye, ear, nose and throat; rehabilitation; orthopedic; and other individual described specialty services. Community hospitals include academic medical centers or other teaching hospitals if they are nonfederal, short-term hospitals. Excluded are hospitals not accessible by the general public, such as prison hospitals or college infirmaries.

Source: 2009 American Hospital Association Annual Survey

* The 2009 American Hospital Association (AHA) Annual Survey has been used for the majority of statistic references in this chart. These references do not reflect information for all community or all Catholic hospitals in the United States but only those that reported through the AHA annual survey process. The 2009 annual survey included data for 594 Catholic community hospitals of 636 in the United States. ■

DR. PETER AND LULU DALY, HONOREES AT THE HEALTHEAST 2010 GALA OF TREES, AN EVENT SPONSORED BY THE HEALTHEAST FOUNDATION IN SUPPORT OF THE MANY FINE PROGRAMS OF THE HEALTHEAST SYSTEM.



ourselves, as physicians, with Catholic moral teachings and Catholic bioethical principles....That's what I want the Catholic Medical Association guild locally to be able to do — [be] a vehicle to remind us that we can't get lulled into just accepting what's going on in our nation." ■

**CATHOLIC MEDICAL ASSOCIATION
2012 ANNUAL NATIONAL CONFERENCE**

**SEPTEMBER 25 - 30, 2012
CROWNE PLAZA ST. PAUL RIVERFRONT
ST. PAUL, MN**

By now, you are immersed in the challenges of providing legislative and executive leadership for all Minnesotans. As citizens, we take seriously the need for change in addressing the Herculean task that lies before us. The responsibilities you face as you lead us and consider the future of our state present opportunities to uphold the dignity and worth of all Minnesotans.

You are already deeply into erasing a large budget deficit, an enormous challenge that suggests both dollar savings and increased income to achieve a balanced budget that avoids devastating cuts in services to vulnerable people. In many of the political campaigns of last fall, we heard politicians speak of “fairness” and “equality” as they spoke of the task ahead. We ask you today to consider “justice” as you engage in your work. Justice means that the common good of all citizens serves as the hallmark of a strong society and a vital economy.

We expect that, as you seek to balance the budget, you will engage in civil and respectful dialog rather than partisanship and posturing. We trust that you will seek to govern the people of the state of Minnesota so that all citizens—particularly those who are poor and live on the margins of our communities—have access to housing, education, health care, and other human services. We suggest

An Open Letter to Governor Mark Dayton and Members of the Minnesota Senate and Minnesota House of Representatives

From the Bishops of the Roman Catholic Church and the Evangelical Lutheran Church in America



Evangelical Lutheran Church in America

that the most effective means of eliminating poverty resides in policies that lift people out of a safety net to a level of sustainability.

Minnesota has a history of caring for all its citizens, and all of us are heirs of those who shaped that legacy. Catholics and Lutherans—representing some two million Minnesotans—have partnered

in that legacy as the largest providers of health care, human services, and non-public education. Being a state that cares for its people has been the hallmark of Minnesota. And the most telling measure of how well we care for each other is to consider how we treat those who are most vulnerable among us. We believe there exists in the people of this state the will to respond to the human needs among the poor with compassion, generosity, and resolve. We challenge you to remember all Minnesotans as you make decisions that affect the people, the economy, and the character of this state. We pledge our support, our prayer, and our best effort to these same ends as we each seek to be faithful stewards of the common good in this state.

Roman Catholic Bishops of Minnesota

Archbishop John Nienstedt

Archdiocese of Saint Paul and Minneapolis

Bishop Michael Hoeppner, Diocese of Crookston

Bishop John Kinney, Diocese of Saint Cloud

Bishop John LeVoir, Diocese of New Ulm

Bishop Lee Piché, Archdiocese of Saint Paul and Minneapolis

Bishop John Quinn, Diocese of Winona

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Bishop Thomas Aitken, Northeastern Minnesota Synod

Bishop Craig Johnson, Minneapolis Area Synod

Bishop Peter Rogness, Saint Paul Area Synod

Bishop Harold Usgaard, Southeastern Minnesota Synod

Bishop Lawrence Wohlrabe, Northwestern Minnesota Synod ■

Cardinal DiNardo Urges Support for 'Respect for Rights of Conscience Act'

"Federal law, until now, has never prevented the issuers and purchasers of health coverage from negotiating a health plan that is consistent with their moral and religious convictions," Cardinal DiNardo, chairman of the Committee on Pro-Life Activities of the USCCB. "This could change, however, with implementation of the Patient Protection and Affordable Care Act (PPACA) as now written." He noted that the law "establishes a new list of 'essential health benefits' that will be mandatory for most health plans throughout the United States," and also "requires all group and individual plans to cover general 'preventive services,' as well as additional preventive services specifically for women." Cardinal DiNardo is urging Congress' support for the Respect for Rights of Conscience Act of 2011, a bipartisan bill that protects conscience rights in health insurance. ■

News & Notes

- **Ty Erickson** became the CEO at **Regina Medical Center**, Hastings, in February. He brings more than 16 years of experience from a successful career in health care administration. Mr. Erickson most recently was CEO of

the Columbia Gorge Service Area (a hospital, clinics, senior care facilities) in Hood River, Oregon, which is part of the Catholic health care system, Providence Health & Services.

- *U.S. News & World Report* again named Mayo Eugenio Litta Children’s Hospital among the best in its annual “Best Children’s Hospitals” issue. Mayo Eugenio Litta is a child friendly hospital with 85 beds located within **Saint Marys Hospital, Rochester**. Recognizing exceptional expertise and experience in children’s health care, Mayo Eugenio Litta Children’s Hospital ranks in more pediatric specialties than any other hospital in Minnesota and surrounding states.
- Keynote speakers for the **2011 Catholic Health Assembly** in Atlanta: Atul Gawande, MD, Research Director for Brigham and Women’s Hospital Center for Surgery and Public Health and Peter R. Orszag, Ph.D., vice chairman for Institutional Clients Group at Citigroup, former director of the Office of Management and Budget in the Obama Administration.
- **CentraCare Health System** is a winner of the 2011 Gallup Great Workplace Award, which recognizes the best-performing workplaces in the world. A panel of experts evaluates organizations’ employee survey results to select the winners from a research database of millions of work teams in more than 150 countries.
- **St. Benedict’s Senior Community** of St. Cloud and Monticello is the 2011 recipient of the Aging Services of Minnesota Living Our Mission Award. The highly competitive award is given to an older adult services organization that holds true to its mission in its day-to-day operations, demonstrates the foresight and passion of its founders and reflects unique community

needs of tenets of faith. St. Benedict’s received the award at the Aging Services Institute annual conference, held in Minneapolis Feb. 9-11.

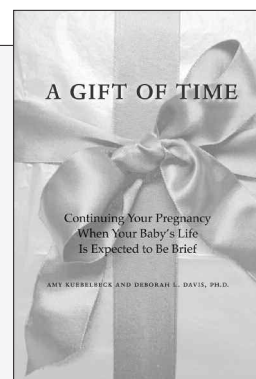
- **Saint Elizabeth’s Medical Center** has earned a Minnesota Hospital Association (MHA) Patient Safety Excellence Award for its work on preventing patients from falling during hospital stays.
- Of all 38 hospitals in the Minneapolis-St. Paul, Minnesota metropolitan area, US News and World Report ranks **St. Joseph’s Hospital** within the top 12 within the Twin Cities.
- **Graceville Health Center** is now part of Essentia Health, an integrated health system serving patients in four states. Essentia consists of 17 hospitals (including **SMDC Health System, Duluth**), 62 clinics and 750 physicians united with one common purpose – to revolutionize the process of delivering high-quality, high-value health care in rural communities. Under its new name, Essentia Health – Graceville will maintain its Catholic sponsorship though the **Benedictine Sisters of Duluth**, who also sponsor the **Benedictine Health System**. ■

A Gift of Time: Continuing Your Pregnancy When Your Baby’s Life Is Expected to Be Brief

“**A** Gift of Time: Continuing Your Pregnancy When Your Baby’s Life Is Expected to Be Brief” has just been released by Johns Hopkins University Press. This book is written for parents who learn through prenatal diagnosis that their baby likely will not survive and, rather than opting for abortion, choose to continue the pregnancy and embrace the baby’s life from conception through natural death.

Based on material from more than 100 parents from across the U.S., Canada, Europe, and Australia, “A Gift of Time” draws extensively from parent experiences and includes many direct quotes that tell powerful stories of their own. It also promotes the relatively new concept of perinatal hospice and palliative care, which is a beautiful, practical, and life-affirming way of walking with these families.

As a former reporter and editor for The Associated Press, author Amy Kuebelbeck brings her journalism background to the book as well as deep personal experience. Within “Waiting with Gabriel: A Story of Cherishing a Baby’s Brief Life” (Loyola Press), Kuebelbeck tells her own story. She edits the website www.perinatalhospice.org, a clearinghouse of information for parents and caregivers, and manages a listserv of more than 270 caregivers in several countries who are passionate about the topic. Kuebelbeck has given conference presentations to thousands of medical professionals across the U.S. and Canada, and has been interviewed by media including the New York Times and MSNBC. ■



**Updates from our
membership...**

■ ■ ■ **W**hat'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. ■

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We continue to work on the National Conscience Clause protections and the efforts to codify protections for individuals and institutional health care providers' conscience rights communicating with our National Delegation urging support of The Abortion Non-Discrimination Act of 2011 (H.R. 361), which would permanently codify protections for individual and institutional health care providers' conscience rights. These efforts would codify the provider conscience protections that have been known as "the Weldon Amendment" which is essential for the continuation of both the Catholic Health Ministry, and a commitment to freedom of conscience.

Today, as in 1727, the Catholic health care ministry welcomes and serves persons of all ages, races and religious faiths. Our deeply held religious and moral convictions are the source of both the work we do and the limits on what we will do.

Change is the constant – be it good, or be it detrimental to society. As an association of Catholic health organizations, it is critical that we remain an active and unified voice for our common missions on both the state and federal levels. Working with our various partners, we will defend the poor and vulnerable, as well as the rights of Catholic Healthcare Providers in the state of Minnesota - protecting our institutions from both financial cuts and religious encroachments. Change will occur whether we take action or not. Lawmakers and Dayton have until May 23 to agree on a budget during the regular legislative session. It is our responsibility to influence this change for the good. ■

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