

America

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THE JESUIT REVIEW OF FAITH AND CULTURE



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The real bubble protects elected officials

Matt Malone, S.J., is traveling.

I am writing this in midtown Manhattan, in the “bubble” where people were caught off-guard by Donald J. Trump’s election win and still struggle to understand the motives of his Rust Belt supporters. Far from being chastened, many New York residents counter that Trump voters are in their own bubble, unaware of the benefits of a global economy.

But the bubble mindset is not necessarily imposed by geography. In most of New York, one cannot walk more than a few blocks without seeing people left behind by the economic recovery, with panhandlers and homeless people literally crying out for help. Truly living in a bubble takes a perverse kind of fortitude that few people can learn.

Unfortunately, many of our political leaders are developing that knack.

A few weeks ago, the Republican candidate in a congressional election in Montana assaulted a reporter who had asked about his party’s health care reform bill. His explosive reaction to a legitimate question was in keeping with President Trump’s characterization of journalists as the “enemy of the people.” In Montana and in Washington, this “enemy” threatens to pierce the bubble that allows legislators to think of health care as a political football rather than as a matter of life and death for millions of Americans.

This bubble mentality was also evident this spring in Iowa. In a television interview, the Republican Representative Rod Blum admitted that he was allowing only voters from his district to attend a town hall meeting on health care and other issues. When the

reporter asked whether the congressman still took campaign contributions from outside his district, Mr. Blum walked out, saying of the reporter, “He’s just going to sit here and badger me.” The congressman has doubtless talked with his colleagues about the increasing demands of fundraising, but he felt no need to explain the matter to his constituents.

Another elected official who has tried to maintain a question-free zone is Matt Bevin, the Republican governor of Kentucky, who has been elusive about who owns the mansion he moved into this year and has called a newspaper reporter “a sick man” for trying to knock on his front door and ask who lived there. The Trump administration, of course, has been the most secretive in memory, barring American journalists from events open to journalists from Russia and Saudi Arabia, and saying nothing when West Virginia police arrested a reporter on the grounds of the state capitol for “yelling questions” at Tom Price, the federal secretary of health and human services. (Again, the Republicans’ health care bill was the topic that shut down debate.)

The most alarming examples of U.S. politicians trying to hunker down in a bubble—an opaque bubble at that—come from Republicans, but they control the White House, Congress and most state governments. The Democrats have already paid a heavy price for their insularity—such as failing to account for how six-digit speaking fees from Wall Street firms would look to voters—by losing most elections outside of places where high numbers of non-white and college-educated residents give them a

demographic advantage. Hillary Clinton’s presidential campaign last year was more of a bunker than a bubble, culminating in an attempt to hide the fact that she had pneumonia just a few weeks before the election. One of the Democrats’ leading voices during the Trump administration, Senator Elizabeth Warren of Massachusetts, is famous for ducking reporters seeking comment on public policy.

Reporters do not exactly reflect the concerns of voters, but they do help to hold elected officials accountable to someone other than campaign donors. The dismissal of the media as “the enemy” coincides with an increasingly bloodless debate about health care and safety-net programs, with people helped by the Affordable Care Act described as being “on the dole” and food stamp recipients erroneously characterized as unwilling to work. Political leaders frequently talk about the importance of stability in the tax code, in interest rates and in government regulations in order to ensure economic confidence and long-range investment planning, but fewer seem concerned about how the uncertain availability of health care is making it impossible for millions of families to plan their financial futures. There is a bubble in American politics, but it is not separating Democratic and Republican voters; it is keeping political leaders of both parties from hearing the voices outside Washington.

Robert David Sullivan, *associate editor.*

Thank you to Michael Rozier, S.J., who served as a guest editor for this special issue on health care.



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Canadian Prime Minister Justin Trudeau at Notre-Dame Basilica in Montreal for the city's 375th birthday celebrations on May 17

(CNS photo/Dario Ayala, Reuters)

(Cover: iStockphoto.com/JPLDesigns)

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My son's final gift gave five people a second chance at life

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In his body, Jesus healed, fed, forgave

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CAROL KEEHAN

Prayer helps both patients and caregivers face an uncertain future

How were your children received by your parish?

Children are vital to sustaining parish life. Seventy-two percent of our reader sample told **America** that, for good or ill, the way their children were welcomed had a critical effect on their own relationship with their parish.

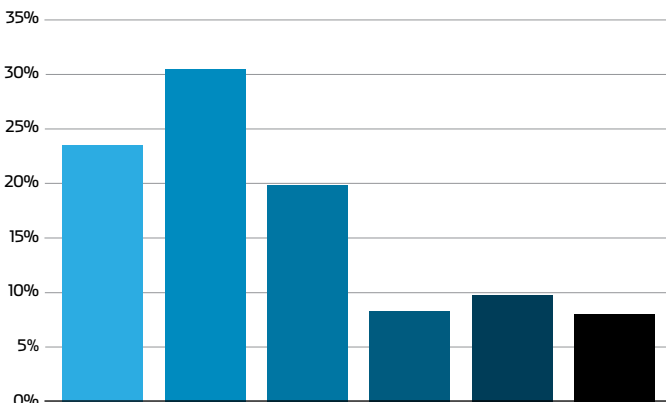
Fifty-eight percent of our readers told us that their experience of bringing children into their faith community was positive. Among these readers, 24 percent described how people had played with, engaged or included their children. Roberta Owen of Massachusetts expressed gratitude that her pastor “said not to worry about kids crying or wiggling during Mass” and described her support from a fellow parishioner, who encouraged her to breastfeed “and said what a gift it was to have babies at Mass.” Laura Fanucci of Minnesota explained how her parish’s positive response has been beneficial both to her own faith life and that of her children. “I know it is the loving welcome of our pastors and their willingness to literally take our kids up into their arms that has been formative for our sons,” said Ms. Fanucci. “Even on the Sundays that we think of as our ‘worst’ Masses—when kids have screamed, cried, had tantrums or had to be taken out of church—we’ve always

had older adults come up to us afterward and thank us for bringing them to Mass.”

The remaining 42 percent of readers were largely reluctant to characterize their children’s introduction to their parish as devoid of positive qualities, but many told us that negative interactions made bringing their children to Mass very stressful. “I have two children on the autism spectrum,” explained Megan Williams from North Carolina. “A parishioner ripped my son’s ear plug out of his ear and shook his head at us. They were plain, simple ear plugs because he can’t handle the bells at the consecration.” From Alabama, Paul Wiget reported his faith life is directly affected by how his children are received at Mass. “I hate going to church. I have to tell myself it’s about growing closer to Christ, but it just brings out the worst in me in child-policing.” For some parents, bad experiences led them to change parishes. This was true of Caprice Sauter of Washington State, who was grateful she made this decision. “It shouldn’t be so hard to take your kids to Mass,” said Ms. Sauter. “I’m glad we persevered—we’ve got wonderful devout teens.”

HOW WERE YOUR CHILDREN RECEIVED AT YOUR PARISH?

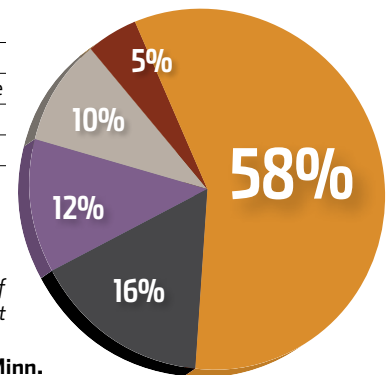
People engaged, played with or included your child	24%
People smiled at your child	31%
People helped you with your child	20%
People glared at your child	8%
People ignored or avoided your child	10%
People shushed or scolded your child	8%



These results are based on reader responses to a poll promoted on Facebook, Twitter and in our email newsletter.

HOW WOULD YOU CHARACTERIZE YOUR EXPERIENCE OVERALL?

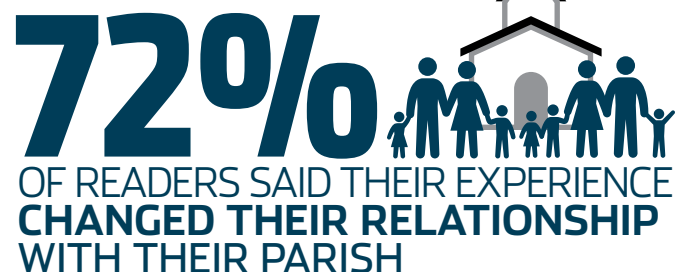
Positive	58%
Somewhat positive	12%
Neither positive nor negative	5%
Somewhat negative	16%
Negative	10%



“[My positive experience] makes me even more committed to become the kind of older generation that reaches out with intentional welcome.”

Laura Fanucci, St. Michael, Minn.

HOW SIGNIFICANT WAS THIS EXPERIENCE?



To Become Strong Again

Re “Litmus Tests Lead to Mediocre Politics and Voter Disengagement” (Our Take, 5/29): As a pro-life Democrat, I appreciate this editorial. I think the Democratic Party could become strong again if it would relent about abortion and not insist that all the people who call themselves Democrats be pro-choice without exception.

Carol Goodson

Online Comment

Learn to Listen

Re “The Strength of a Nation: Why Trump’s Budget is a Threat to Our National Security” by Leon E. Panetta (Last Take, 5/29): President Trump’s budget proposal is only a proposal. As we have seen, grassroots voters are now paying attention. Voices advocating for the common good are rising. We should learn from this crisis: Learn to listen to all voices; learn to acknowledge all pain; and learn to prioritize public spending based on the common good, not slogans and us-versus-them politics. Can we transcend bitter partisan politics and learn to listen, tolerate, and compromise with each other? Can we balance income for all without stopping economic growth? Can we promote liberty and trust people to develop their own consciences and manage their moral lives? Can we stop racism and nationalism and scapegoating? Can we learn how to grow past our own selfishness and greed to be concerned for one another and our communities?

John Bauer

Online Comment

Professional Help

Re “Did You Receive Support From Your Faith Community While You Were Experiencing Depression and/or Anxiety?” (Your Take, 5/29): Your article mentioned that people experiencing mental health problems should seek professional help from trained psychologists or psychiatrists. You were remiss in not including the professional work of clinical social workers. We are a vast group of trained therapists who are also in the field of mental health. I think it would be important to include our profession going forward.

Martha Otice

Online Comment

Pro-Life Prism

Re “The Church and the L.G.B.T. Person,” by James Martin, S.J. (5/29): This was a very thoughtful article, but perhaps not provocative enough. The complexity of this issue is easier to digest when looked at through a pro-life prism. It is still complex, but in recognizing that God created all of us—and I mean all of us, with all our differences—we know where the answer must lie. We have to somehow navigate our way across that bridge that Father Martin describes. And it’s not easy. And pretending it’s easy will make it harder to cross that bridge. We are all required to lead responsible lives, whether we are born to privilege or otherwise.

Nicholas Controneo

Online Comment

Extending Love

My congratulations to **America** and Father James Martin for extending Christ’s love to our gay brothers and sisters. Today’s young Catholics may be offering us the grace of acceptance of our gay disciples. We can follow their lead or we will lose them, to our eternal regret.

Edward J. Thompson

Gettysburg, Pa.

No Mercy

Re “The Problem of Violence in the Modern World” by J. J. Carney (5/29): It seems we do not help the problem of violence with our fascination with increasingly violent movies and games nor with the widespread distribution of automatic weapons and technical expertise (e.g., drones and cruise missiles) that kill indiscriminately and with devastating effect. We all learn to accept such proliferation of killing as just the numbing necessity of getting rid of those we have determined are the “bad guys.” In addition, the acceptance of collateral damages against women, children, the elderly and life-supporting infrastructure have become “necessary” to traumatize the surrounding civilization. There is now no mercy, no escape and utter annihilation as military and social strategy.

Mike Evans

Online Comment

The Federal Budget Should Be an Opportunity for Reconciliation

A president's first budget plan is one of the milestones in his or her transition from being the nominee of a political party to being the leader of the nation. Ideally, the federal budget is a blueprint for progress toward several shared goals, including fiscal responsibility, the safety and security of the United States and the alleviation of social ills, including poverty and unemployment. Unfortunately, the 2018 budget plan unveiled by the Trump administration on May 23 is out of balance on several accounts.

Rather than attempting to unify the country after a dispiriting election year, the \$4.1 trillion budget plan reflects a radical shift in priorities. In order to pay for a \$54 billion increase in defense spending of dubious value and without accounting for the costs of planned major tax cuts, the Trump administration proposes to slash spending on almost every other discretionary program (i.e., aside from Medicare and Social Security). There are severe cuts to arts programs, education, scientific research and foreign aid, but domestic antipoverty efforts are taking some of the biggest hits. The budget plan includes a 29 percent cut to the food stamp program, a 19 percent cut to the Children's Health Insurance Program and double-digit cuts to Medicaid, unemployment insurance and Temporary Assistance for Needy Families.

The Trump administration has dubbed this the "Taxpayer First Budget," which is reminiscent of the "makers versus takers" framing that House Speaker Paul Ryan wisely repudiated

a few years ago. The stigmatization of those who receive government assistance undermines the claim that the budget is concerned with the common good. It is true that, as White House Budget Director Mick Mulvaney said in defending the budget, "There's a dignity to work," but it is largely a myth that assistance programs discourage recipients from seeking employment. For example, most households with at least one working-age, nondisabled adult continue to have someone working while they receive food stamps; the assistance program largely keeps families from sliding further into poverty, especially when only low-wage jobs are available.

The Trump budget is not without worthy ideas, including the creation of a federally funded family leave program, a new fund to respond quickly to disease epidemics and the expansion of school-choice programs (albeit at a scale smaller than expected). Less welcome is the fiscal irresponsibility of a bookkeeping sleight-of-hand that projects an unrealistic growth rate in a national economy that is already near full employment and presumes that huge tax cuts will have no negative impact on government revenue.

From here the budget plan goes to Congress, and we trust that members from both parties will take seriously the task of reconciling the numbers with the public good and will make a serious effort to discern the efficacy of safety-net programs rather than cut them indiscriminately.

The U.S. bishops have raised some serious concerns about what this pro-

posal says about our national values, calling deep cuts to programs that assist the vulnerable "profoundly troubling." After the budget plan was released, Archbishop Joseph E. Kurtz of Louisville wrote in *The Louisville Courier-Journal*, "Our church has always said that we fulfill our responsibility to the poor not only through personal charity, but also through our support for just governmental policies." He added, "I urge Congress to reject these severe cuts to poverty-focused national and international assistance."

The church has not only the right but the duty to raise its voice during the long process of hammering out the budget. After all, if Washington guesses wrong about economic growth and the employment prospects of those currently receiving assistance, religious and other charities may face a nearly impossible burden in caring for the needy. As Speaker Ryan wrote in *America* in 2014, we must resist the "false choice" of private charity and public assistance. In addressing poverty, he wrote, "The question is not whether we should use the market or the government; it is how to use them both." In its wholesale cuts to almost all forms of public assistance, the Trump administration succumbs to the false choice that Mr. Ryan warned against.

Pastoral Accompaniment as Evangelization

Even though it is no longer a surprise, Pope Francis still makes news with his direct pastoral ministry, as he did in May, going door-to-door to bless

homes in a public housing complex in the Roman suburbs. He has made encounters like this a hallmark of his papacy and a tool for evangelization.

They should also be a model that inspires the church and other Catholic leaders to similar acts of witness and pastoral evangelization. Though local leaders may not command the universal media coverage that the pope does, moments of encounter and accompaniment can still capture attention and spark imagination. Recent examples include Cardinal Joseph Tobin, C.Ss.R., of Newark and other clergy leaders accompanying a man facing deportation to his hearing. Several years ago, Cardinal Sean O'Malley, O.F.M.Cap., of Boston, along with other priests and bishops, made news by celebrating Mass with a congregation on both sides of the border fence in Nogales, Ariz.

Pastoral accompaniment is nothing new for the church; and women and men on the front lines of ministry have been doing it for years, as leaders like Norma Pimentel, M.J., and Helen Prejean, C.S.J., have shown. Pope Francis' example demonstrates how the juxtaposition of authority with service can preach the Gospel more powerfully than any words, especially from someone in a high position. Church leaders should look for more opportunities to put this lesson into practice at the local level, and they deserve our wholehearted support as they do it.

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An anti-gay campaign turns deadly in Chechnya, and journalists are also in danger

Chechnya dominated international headlines more than 15 years ago when Russian forces were bombing the capital, Grozny, to stop the republic's bid for independence. Now Chechnya is in headlines again because of a brutal campaign of police abuse against men believed to be gay. Police have been detaining the men in secret locations, beating and humiliating them, and forcing them to hand over information about other men who might be gay.

The United Nations and many other international organizations and governments, including the Trump administration, have firmly condemned the campaign. Yet the Kremlin has been slow to respond.

Chechnya is a highly traditional Muslim society, and for many not only is homosexuality unacceptable but having a relative who might be gay represents an unspeakable “stain” on their family's honor and reputation. During the recent campaign, police have leveraged this social stigma by, in many cases, releasing men suspected to be gay to their families and “outing” them. They encourage families to “restore family honor,” which in Chechen terms usually means through a so-called honor killing. At least three men have died since the campaign started at the end of February.

Russia's fiercely independent newspaper, *Novaya Gazeta*, first exposed the campaign in early April and has published several follow-up stories. Human Rights Watch has confirmed their allegations, including in interviews with victims.

Chechen officials threatened *Novaya Gazeta* multiple times for the

articles. Chechnya's press and information minister, Jambulat Umarov, in an April 15 post to his Instagram account, demanded that the newspaper “apologize to the Chechen people” for suggesting there are gay men among Chechens. Mr. Umarov also demanded that *Novaya Gazeta* reveal its sources and warned that if the newspaper's journalists did not stop publishing “hysteria” about “non-existent threats,” then people who are “more annoyed by your newspaper than we are” would take care of them.

It was the second time in two weeks Chechen officials had threatened *Novaya Gazeta*. On April 3, Chechen television broadcast a gathering of Chechnya's religious leaders and public figures, together with what it said were 15,000 people in Grozny protesting the initial article. In a speech to the crowd, an adviser to Ramzan Kadyrov, the strongman leader of Chechnya, called the newspaper “enemies of our faith and of our motherland.” The crowd adopted a resolution that threatened retribution against the journalists “wherever they are and without any statute of limitations.”

Novaya Gazeta has good reason to take these threats seriously. Elena Milashina, the *Novaya Gazeta* reporter who first exposed the anti-gay purge, is well known for her hard-hitting reporting on egregious rights abuses in Chechnya that almost no other journalist in Russia dares to cover. Ms. Milashina effectively picked up the mantle from her colleague and mentor, Anna Politkovskaya, who was shot dead in a contract killing in Moscow 10 years ago. Ms. Milashina has received

numerous death threats in connection with her Chechnya work.

The anti-gay campaign and the threats against those who expose it are taking place in the context of the tyranny that Mr. Kadyrov has created in his decade-long rule, in which his control touches virtually all aspects of social life, including politics, religion, academic discourse and family matters.

Mr. Kadyrov created this tyranny with the Kremlin's tacit approval. At first, the Kremlin spokesperson merely stated that any victims should report abuse to the authorities. Yet they know exactly why that would never happen.

Russia's Investigative Committee has begun an investigation into the violence and the threats against *Novaya Gazeta*. Unsurprisingly, local officials in Chechnya have tried to undermine it by ignoring requests to speak with the investigator. Federal authorities will need to be persistent and patient. It may take a long time before former detainees and their families feel safe enough to provide information investigators need. To be effective, the investigation will need to provide security guarantees for people who come forward about their ordeal.

For too long, the Kremlin has allowed Mr. Kadyrov to get away with brutal abuse. This investigation will be a test of whether this *carte blanche* is finally coming to an end. Better late than never.

Rachel Denber is the deputy Europe and Central Asia director at Human Rights Watch.

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CHURCH LEADERS SCRUTINIZE BUDGET AND HEALTH CARE PRIORITIES

Two major moral challenges facing the nation—setting federal spending priorities and the latest Republican effort to repeal and replace the Affordable Care Act—came under scrutiny by church leaders in late May.

The U.S. Conference of Catholic Bishops described in detail the church's concerns with President Trump's budget proposal for 2018 in a letter to Congress signed by its commit-



BUDGET OF THE U. S. GOVERNMENT
A New Foundation For
American Greatness
Fiscal Year 2018

Budget Director Mick Mulvaney briefs the press on President Trump's proposed fiscal 2018 federal budget.



Photo: AP Photo/Andrew Hamik

tee chairs. The bishops described as “profoundly troubling” sharp increases in defense and immigration enforcement spending, “coupled with simultaneous and severe reductions to non-defense discretionary spending, particularly to many domestic and international programs that assist the most vulnerable” as proposed by the administration. The budget plan seeks a 10 percent, \$54 billion boost to the Pentagon budget.

“The [budget] reconciliation process,” the bishops said in a letter released on May 22, “should not be used to achieve savings through cutting health care, nutrition, income security, or other anti-poverty programs.” The budget’s moral measure will be assessed by “how well it promotes the common good of all,” the bishops wrote.

In an op-ed article published by The Louisville Courier-Journal on May 25, Archbishop Joseph E. Kurtz, leader of the Diocese of Louisville, Ky., and a former U.S.C.C.B. president, worried that many people here and abroad “would be devastated by this budget.”

Archbishop Kurtz wrote: “I fully understand and support debate on the best way to help the poor in the long term and to raise them out of poverty to lives of dignity as God intended for us all. But I am having trouble reconciling the cuts in this budget with a concern for the poor.”

On May 23 Catholic Relief Services added its institutional voice to a growing Catholic chorus challenging the administration’s proposals. The church’s relief and development agency called on Congress to reject what it termed “drastic cuts” to international assistance and to protect nearly \$60 billion in diplomacy and development funding “at a time of both unprecedented humanitarian need and real progress in the fight against extreme poverty.”

“The American people want our government to help hungry people in the midst of drought and conflict,” said Bill O’Keefe, C.R.S.’s vice president for advocacy. “This budget falls far short of their desire that our country contributes to a better, safer world.”

The president’s budget request includes a renewed effort to balance the federal budget within a decade. To get there, the Trump administration

seeks reductions to social safety-net programs like food stamps and Medicaid and deep cuts to the State Department, Department of Education and Environmental Protection Agency budgets, among others.

According to critics, the deficit reduction plan includes overly optimistic estimates of economic growth and tax revenues to reach a balanced budget. The top Senate Democrat, Charles Schumer of New York, said the only good news about the budget is that it is likely to be roundly rejected by senators of both parties.

Both Republicans and Democrats in Congress are in fact lining up to oppose the administration’s proposed reductions to domestic agencies and foreign aid, recoiling from a \$1.7 trillion cut over the coming decade from federal entitlement programs. A 10-year, \$193 billion reduction in food stamps, for example, promises to drive millions of people off the program.

In their letter to Congress, the U.S. bishops note the U.S.C.C.B.’s long support for “the goal of reducing future unsustainable deficits that would harm all citizens, especially those who are poor.” But they argue that “a just framework for sound fiscal policy cannot rely almost exclusively on disproportionate cuts in essential services to poor and vulnerable persons.”

Meanwhile, the American Health Care Act, which passed the House of Representatives on a close, party-line vote on May 4, is currently under review by a Senate committee. But this House effort to “repeal and replace” the Affordable Care Act needs to be tossed out, not reworked. That was the blunt assessment of Carol Keehan, D.C., the president and chief executive officer of the Catholic Health Association of the United States.

“The Senate cannot just dicker around with it a little bit and then say, ‘We fixed the worst parts of it,’” Sister Keehan told **America** on May 25. “It is really important to understand that this bill is so incredibly flawed, there is no fixing it.”

According to scoring by analysts at the non-partisan Congressional Budget Office, an estimated 51 million people under age 65 would be

uninsured by 2026 under this latest version of the House Republican health care plan. That is one million less than would have been uninsured under the original bill, but it is 23 million more than Obamacare would leave uninsured by 2026 (presuming Congress does nothing before then to improve the program).

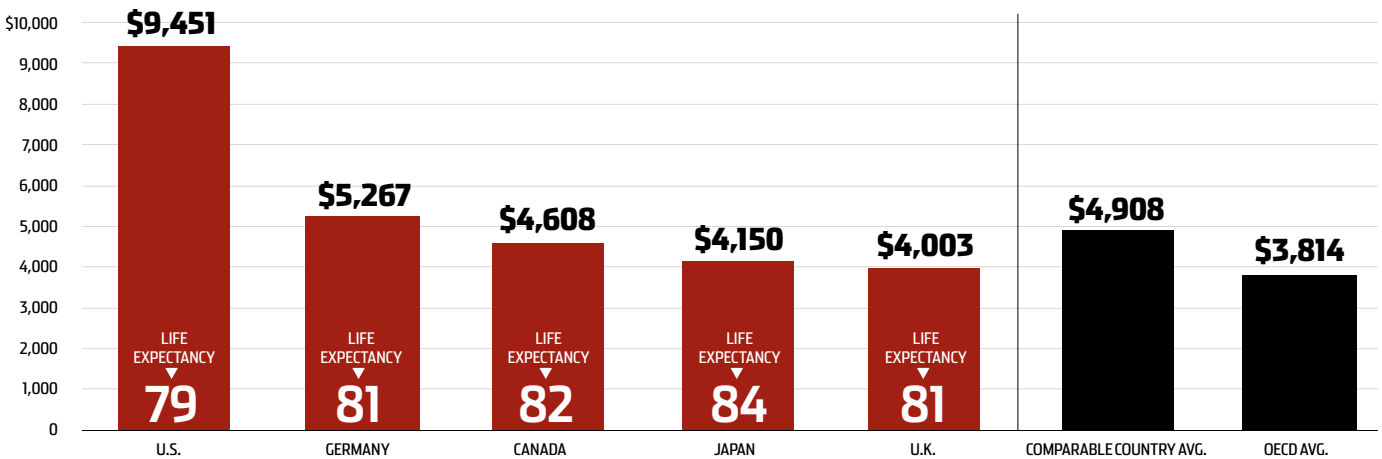
The proposed \$824 billion cut to Medicaid under the A.H.C.A. would be exacerbated by the \$600 billion more in reductions (both over 10 years) sought by the president's budget. The hits on health care, Sister Keehan argued, are "clearly for the purpose of finding the money to handle [G.O.P. proposed] tax cuts," pointing out that while 14 million people are dropped from Medicaid under A.H.C.A.,

the bill provides almost \$16 billion in annual tax cuts for people who make over \$1 million a year.

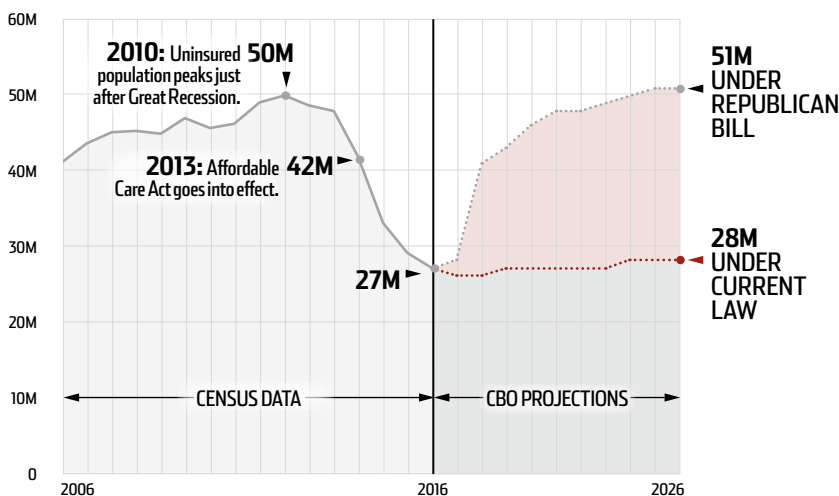
"You can't do a tax cut for corporate America and the nation's highest earning people on the backs of the poor," Sister Keehan said. "We cannot as a people tolerate that."

Kevin Clarke, *chief correspondent*. *Twitter: @clarkeatamerica*.

ANNUAL HEALTH CARE SPENDING PER CAPITA (2015) / LIFE EXPECTANCY (2014)



UNINSURED POPULATION PROJECTED TO 2026



HOUSEHOLD BURDEN

20% OF PEOPLE UNDER 65 WITH HEALTH INSURANCE REPORTED HAVING PROBLEMS PAYING THEIR MEDICAL BILLS OVER THE LAST YEAR

53% OF PEOPLE WITHOUT INSURANCE SAID THE SAME

Sources: Health care spending per capita from the Kaiser Family Foundation (2015), life expectancy from the World Bank (2014), "comparable countries" have similar median per-capita household incomes, OECD refers to the 35 member nations of the Organisation for Economic Co-operation and Development. Uninsured population historical data from U.S. Census Bureau, projections from Congressional Budget Office. Poll on paying medical bills from The New York Times and the Kaiser Family Foundation (2016).



Can statehood save Puerto Rico?

An especially loud alarm went off on May 3 when Puerto Rico, under the guidance of a financial oversight board set up by the U.S. Congress, officially declared a form of bankruptcy, the first time a U.S. state or territory has done so.

These days the “Island of Enchantment,” as Puerto Rico is popularly known, might be better described as the isle of woes, with new ones added weekly. On May 10 the Natural Resources Defense Council reported almost every drop of Puerto Rico’s drinking water tests below U.S. safety standards.

Puerto Rico’s crushing \$123 billion debt and pension crisis have already wrecked the U.S. commonwealth’s economy and sent unemployment and poverty through the roof. The financial crisis has devastated public services and fueled a murder rate four times that of the United States.

It is little wonder that a tenth of Puerto Rico’s 3.4 million people, all of whom are U.S. citizens, have bolted their Caribbean home for the U.S. mainland in recent years.

The fault lies with Puerto Rico’s shamelessly prodigal history of government spending but also with Washington’s equally shameless neglect of the U.S. territory. But Puerto Rico’s new governor, Ricardo Rosselló, feels certain he knows how to make Puerto Rico enchanting again: Declare it the 51st state.

“Puerto Rico’s problem is that it’s an island of U.S. citizens who don’t have citizens’ rights—to vote in U.S. elections or have voting representatives in Congress,” Mr. Rosselló said during a recent visit to Miami.

When he took office in January, Mr. Rosselló called for a referendum to choose between statehood and independence. The vote is scheduled for June 11.

The referendum is nonbinding. Should statehood win, nothing compels the United States to make Puerto Rico the next Hawaii, but Mr. Rosselló is confident the United States

would honor the island’s wishes. His optimism may be misplaced. The Republicans who control every square inch of Washington these days may not wish to create a new state with so many citizens who would lean Democratic. Achieving statehood may require political muscle Puerto Rico does not currently possess—unless you factor in Puerto Ricans living in the United States, who favor statehood.

Mainland Puerto Ricans outnumber their island compatriots, and they can vote in U.S. elections. They are doing so in greater numbers—especially in Florida, where a burgeoning and increasingly organized Puerto Rican population of more than a million seeks to rival the city’s Cubans for *palanca*—Latino political leverage.

Florida’s Puerto Ricans are a potentially effective statehood lobby because they may have a deeper emotional stake in Puerto Rico. Whereas only 30 percent of Puerto Ricans in the traditional enclave of New York are island-born, today 70 percent of Florida’s *boricuas* are.

“There is that connection to the island,” says Natascha Otero-Santiago, chair of the National Puerto Rican Agenda in South Florida. “When you have that, you want to be more of a watchdog.”

Like Mr. Rosselló, Ms. Otero-Santiago and other advocates of statehood are convinced the change in status will help Puerto Rico avoid future financial disasters, breaking its colonial status and giving it better access to the U.S. and global economies. It would also force Washington to pay more attention to the island.

President Trump recently tweeted he would not allow any U.S. taxpayer “bailout” for Puerto Rico. After June 11, he may have to deal with Puerto Rico’s demand for a new way out.

Tim Padgett, *Miami correspondent*. Twitter: @TimPadgett2.

After the Macron-Le Pen race, how will 'new Catholics' reshape French politics?

The melodrama of the French presidential election is over. Emmanuel Macron, the centrist technocrat, has resoundingly defeated the far-right leader Marine Le Pen. But another drama is only entering its first act: How will France's rejuvenated, newly assertive Catholicism affect French politics?

The Macron-Le Pen face-off posed a singular challenge to French Catholics trying to make a faith-informed vote. Each of the candidates seemed almost designed to act like nails on a chalkboard to different Catholic sensibilities. Mr. Macron was the candidate of technocracy, "liberated" free markets, free trade and "anything goes" on social issues; Ms. Le Pen was the candidate of scapegoating—of elites, of immigrants, of foreigners, of Muslims, take your pick.

Of course, to the political mainstream, Ms. Le Pen seemed especially unacceptable even as Mr. Macron, sitting as he does in the very center of that mainstream, seemed unremarkably conventional. The French Conference of Catholic Bishops all but explicitly endorsed him, and weekly Mass-going Catholics supported him at 71 percent, according to an I.F.O.P.-Pélerin/La Croix poll.

And yet, underneath the seeming near-unanimity, cracks are showing. When one looks not at weekly Mass-goers but the broader "practicing Catholics," those who go to Mass at least once a month, Ms. Le Pen outperformed Mr. Macron. Among those who "occasionally" go to Mass, Ms. Le Pen won almost half.

There is something that polls do not show: The church in France is a series of concentric circles. Weekly Mass-goers may be surveyed as a group, but within that group there are

those who do not just go to Mass every week but volunteer, staff offices, start movements and groups and charities and breathe life into them. This engaged group is perhaps too small to poll, but anecdotally it tends to be much more conservative and much more drawn to Ms. Le Pen.

Meanwhile, France as a whole has moved to the right because of many factors: an unpopular (and tax-hungry) Socialist government, mass migration and terrorism. There is much talk that the Macron-Le Pen runoff signifies an end of the traditional left-right divide in the country that invented that divide, since both of them claim to transcend it.

But there is a much more straightforward way to look at it, which is that the French two-round election system functions as an open primary and that the most right-wing candidate of each side won his or her primary. The *front républicain*, the tradition by which all mainstream political leaders and institutions quarantined the National Front, showed many weaknesses this time. Marine Le Pen was endorsed by another, more moderately conservative candidate, Nicolas Dupont-Aignan, and the far-left Jean-Luc Mélenchon refused to explicitly endorse Mr. Macron.

French Catholics' natural candidate, the proudly religious and conservative François Fillon, was booted off in the first round. Now Catholics have no obvious home in French politics. The new leader of the Republican Party, François Baroin, is a staunch defender of French-style secularism and agitated against manger scenes on public grounds as chairman of the French Mayors' Association.

How the "New Catholics" settle into French politics, therefore, re-

mains very much up for debate. Their laudable defense of France's "Christian roots" against a stultifying secularism could turn into an exclusivist defense of national identity. Already conservative, they may drift all the way to the far right.

If they evolve into an organized political faction, will they merely become a French version of the American Christian Right? The decidedly mixed record of politicized religion leading to President Trump's ascendance should act as a warning.

Pascal-Emmanuel Gobry, contributing writer. Twitter: @pegobry.



French President-elect Emmanuel Macron celebrates at his victory rally near the Louvre in Paris on May 7.

Cardinal Tobin calls on church leaders to 'put a face' on deportation crisis

Cardinal Joseph Tobin of Newark, urging solidarity with people facing deportation, called on President Trump and Congress to pass comprehensive immigration reform during a keynote address in Brooklyn. "You really have to believe in inflicting cruelty on innocent people to choose to support the policies we've seen in recent months while possessing the power to change the law," Cardinal Tobin said, speaking at the Diocese of Brooklyn's annual World Communications Day on May 17.

He said Republican control of the U.S. executive and legislative branches of government represented essentially one-party rule, putting Republican politicians in a unique position to pass immigration reform. "They could bring nearly 12 million people out of the shadows, if they wanted to," Cardinal Tobin said. "This isn't about border security. It's about being attentive to the reality of people who are already in our communities."

Cardinal Tobin in March joined several dozen New Jersey clergy members supporting Catalino Guerrero as he faced deportation. Mr. Guerrero, 59, had entered the United States illegally in 1991 and later applied for asylum. He was granted a one-year extension in April.

His decision to accompany Mr. Guerrero represented more than making a difference for one person, Cardinal Tobin said. The act put a face on the deportation debate in the United States today. "What if every cardinal accompanied a person who crossed our paths to a deportation hearing?" he asked. "Every bishop? Every mayor?"

"The service of communicating hope today begins with putting a face on apparently hopeless situations, situations like Catalino's, who without the solidarity of his brothers and sisters might well have been taken away from his wife and four children and their grandchildren," Cardinal Tobin said.

Wyatt Massey, *O'Hare fellow*. *Twitter: @News4Mass.*



Cardinal Joseph W. Tobin of Newark, N.J., spoke in Brooklyn on May 17.

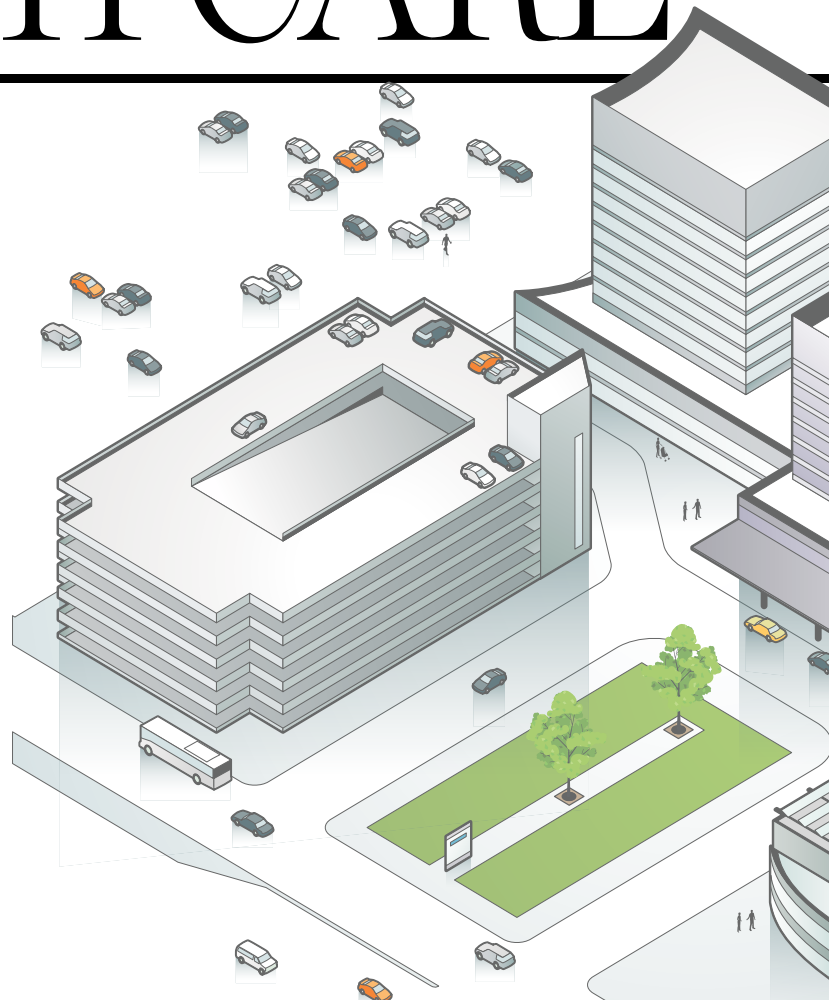
CNS photo/Gregory A. Shemitz

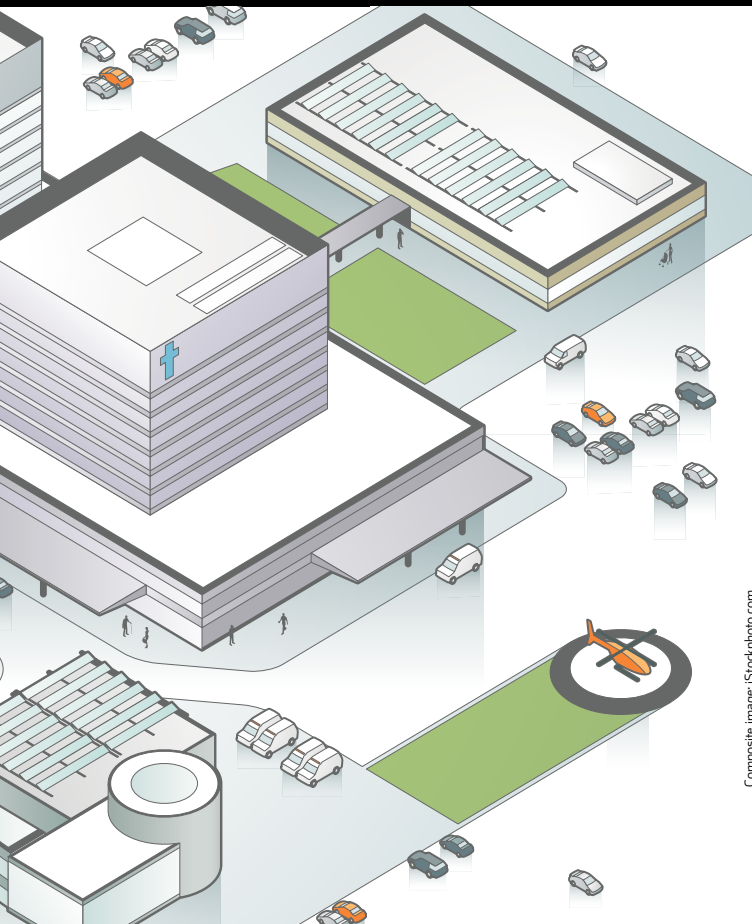
ACLU

CATHOLIC HEALTH CARE

Why is the civil liberties giant targeting Catholic hospitals?

By Stephanie Slade





Composite image: iStockphoto.com

Back in 2013, at a time of “unprecedented turmoil for the hospital industry,” some onlookers noticed that Catholic hospitals were an exception to an alarming trend.

“At a time when other types of nonprofit hospitals have been disappearing” in the United States, ProPublica reported, citing a study by the progressive group Merger-Watch, “the number of Catholic-sponsored hospitals has jumped 16 percent.”

Today, one in six patients receives medical care at a Catholic institution. According to the Catholic Health Association, there are 649 Catholic-sponsored hospitals in the United States employing nearly 750,000 people. For leaders in Catholic health care, the growth of these hospitals at a time of economic uncertainty is to be celebrated. It is a sign that these institutions, many of which were founded by women religious to serve the most needy, continue to thrive in the 21st century.

But for others, these developments are a cause for great concern.

Last year, MergerWatch put out another report, this one alerting the public about 46 Catholic hospitals. Each one, the report warned, represented the sole provider of hospital care to a given community. As a general rule, that meant the next closest source for comparable care was at least 35 miles away, or more than a 45-minute car ride.

The list included relatively large hospitals like Ministry St. Joseph’s in Marshfield, Wis. (470 beds), and tiny ones like St. Thomas More in Cañon City, Colo. (25 beds). In a few states—Alaska, Iowa and Washington among them—more than 40 percent of the acute care capacity was Catholic-owned or Catholic affiliated. All together, according to the report, those 46 Catholic “sole community hospitals” were responsible for more than 200,000 patient discharges and an estimated 1.07 million emergency department visits in 2016.

You might think these numbers bolster the argument that the church plays a critical role in the American health care system, especially in underserved communities. These are, after all, fully licensed facilities, which have met all state and federal requirements for providing medical care.

But this is not enough for the American Civil Liberties Union.

In 2015, that group filed a lawsuit alleging that hospitals in the Trinity Health system “use their religious identity to discriminate against, and harm, women.” The essence of the complaint was that these institutions

conform to a document put out by the U.S. Conference of Catholic Bishops called *Ethical and Religious Directives*.

The Trinity Health case was eventually dismissed by a judge after the A.C.L.U. failed to show that any harm to the plaintiffs had actually occurred. But it is just one in a series of recent legal assaults on Catholic hospitals, spearheaded by the civil libertarian group over “access” to elective sterilization and emergency abortion procedures.

The campaign against these health care institutions has high stakes not just for the church but also for underserved communities. If the A.C.L.U. is successful in pressing one or more of its suits, “it very may well drive Catholic hospitals out of providing medical care,” Kevin Theriot, senior counsel and vice president at the public interest law firm Alliance Defending Freedom, said.

Given that Catholic hospitals are the major source of care for people in at least those 46 communities cited by MergerWatch (and, in practice, for many more people than that), the results could be profound.

“One of the things about Catholic hospitals is they tend to have a mission to help the poor—the preferential option, so to speak—and it’s not an accident that a lot of urban hospitals happen to be Catholic,” Eric Rassbach, an attorney with the public interest firm Becket Law, said. “One of the main groups that would be impacted by having Catholic hospitals shoved out of health care in this country would be poor people.”

“The Catholic Church has done so much to care for men, women, and children of all ages, from all walks of life,” said Dr. Marguerite Duane, a family physician and adjunct associate professor at Georgetown University. “So this idea that we’re only there to care for the unborn is a misnomer. We’re there to care for every human being. And by proceeding with these lawsuits and trying to take down these hospitals—to basically sacrifice them to the god of abortion—there will be so many women that will suffer and children that will suffer, needlessly, because Catholic institutions are not there to serve them.”

• • •

For the A.C.L.U., the fact that faith-based hospitals are prevalent—providing the only source of hospital care in some locations—makes them more of a target for lawsuits. In its 2013 report “Miscarriage of Medicine,” the organization wrote that the “number of Catholic acute-care hospitals has been increasing rapidly” and that this is a problem:

“With the rise of Catholic hospitals has come the increasing danger that women’s reproductive health care will be compromised by religious restrictions.”

“Their stated objective is to make abortion available on demand,” Mr. Theriot said. “And anytime anyone doesn’t conform with that policy, they want to do their best to make them conform.”


Even the U.S. Conference of Catholic Bishops has been targeted. In 2013, the A.C.L.U. and a woman who had suffered a miscarriage, Tamesha Means, sued the bishops because she was not given the option of the particular treatment, in the form of an abortion, that the group would have preferred be available at Mercy Health Partners in Michigan. (She lost the baby, something that terminating the pregnancy would not have changed, but is otherwise now healthy.) Hospital chains like Dignity Health, the largest system in California, and Ascension, the largest nonprofit system in the country, have also come under fire for refusing to perform elective tubal ligations—the procedure commonly known as “getting your tubes tied.”

The popular press often sides against the Catholic Church on this issue, as when The New York Times wrote in an editorial that the bishops’ directives “inevitably collide with a hospital’s duty to provide care to pregnant women in medical distress.” Lori Freedman, writing in The New Republic, went even further, rejecting in toto what it called “the antiquated notion of faith-based care.”


In The Los Angeles Times, the columnist Michael Hiltzik said Catholic hospitals were “placing non-medical concerns ahead of those of patients and their doctors.” Commenting on one of the sterilization cases in particular, Mr. Hiltzik wrote: “As is often the case when a big institution tries to impose its religious doctrine on others who don’t share it, Dignity Health, a \$12.4-billion enterprise, is painting itself as the victim of a campaign by a 33-year-old mother of two to deprive it of its rights.”

In fact, the court agreed with Dignity. “Religious-based hospitals have an enshrined place in American history and its communities, and the religious beliefs reflected in their operation are not to be interfered with by courts at this moment in history,” Superior Court Judge Ernest Goldsmith ruled. Later he added that—contra to the A.C.L.U.’s claim that the case was purely about “women’s health”—“It’s about church and state. It’s about exercise of religion and to what extent it can be regulated by a court.”

Though it has not won in the courtroom so far, there is every indication these challenges will keep coming. The



The A.C.L.U. has suddenly made themselves standard-setters for maternity care. And that's not a role that they get. ●●



Carol Keehan, D.C., is committed to defending the historic place of Catholic hospitals in the U.S. health care community.



A.C.L.U. in May 2016 launched the project Health Care Denied, which includes a website inviting people to write in with stories of being “turned away” by a Catholic hospital.

One of the individuals identified by that project is Jennifer Norris, a woman who developed a serious medical condition while pregnant and had to be hospitalized. The team at Mercy Hospital Northwest Arkansas cared for her during her illness, the report concedes, eventually delivering her child by a scheduled cesarean section. Nonetheless, she and her husband were “outraged” and “horrified” by their treatment, according to the A.C.L.U. The hospital’s crime was informing Ms. Norris in advance that it could not perform a tubal ligation to prevent her from getting pregnant again, but that she could be transferred to another medical institution if having the procedure done right away was very important to her. (She declined.)

“If you’re an institution and you’re opening your doors to other people,” Louise Melling, the deputy legal director at the A.C.L.U., said, “then you basically have to abide by the rules and not hurt people by virtue of discrimination.”

That argument does not sit well with Sister Carol Keehan, a member of the Daughters of Charity and the president of the Catholic Health Association. “There are very few hospitals that provide every medical service out there.

So you can go to many hospitals that do not do open-heart surgery. You can go to hospitals that don’t do major neurosurgeries. You can go to hospitals that don’t have exotic, cutting-edge testing in various areas,” she said. “It strikes me that [the A.C.L.U.] has a sense that if you’re open for business, we can demand you do whatever we want. That’s just not true. You cannot come to a hospital and say, ‘I need neurosurgery, and I live in this community, and you call yourself a hospital with an operating room, and I demand that you do neurosurgery on me.’”

...

The Christian practice of opening hospitals goes back at least to the Middle Ages. Roy Porter writes in *The Greatest Benefit to Mankind: A Medical History of Humanity* that hundreds of years ago, “crusading orders such as...the Teutonic Knights built hospitals throughout the Mediterranean and German-speaking lands.” St Bartholomew’s, the oldest hospital in Britain, was founded in 1123. “Christianity made its mark through action,” Porter explains.

Catherine of Siena, a doctor of the church from the 14th century best known for her spiritual writings, also worked in the hospital of Santa Maria della Scala during a time of great

AP Photo/Mandel Ngan, Pool

◀ For the A.C.L.U., the fact that faith-based hospitals provide the only source of hospital care in some locations makes them more of a target for lawsuits.

plagues in Europe. Sigrud Undset's biography of the saint describes her caring for a woman "who suffered from a revolting sickness," taking it upon herself to wash and bandage her patient's "whole stinking body." The nurse's hands are said to have begun to show signs of leprosy, but she continued her work. After the woman died, Catherine buried her without help and was miraculously cured.

She was just one among many generations of Catholics who have committed themselves to giving medical care to those in need—at times even to the point of death. It is a vocation that was first modeled by Christ himself. Scholars note that Jesus performs 35 miracles of healing in the Bible.

"Catholic health care is a major way of living out the Gospel," Sister Keehan said.

In the 19th century, women religious began taking leadership roles in health care in larger numbers.

Crisis and conflict were very often the precipitating events. A small band of European nuns famously accompanied Florence Nightingale in her nursing efforts during the hostilities in Crimea in the 19th century, while more than 600 Catholic sisters nursed combatants on both sides of the U.S. Civil War.

In myriad ways the church, and Catholic women religious in particular, had a hand in bringing about American health care as we know it. Their ethos of selfless service was especially important in the wild lands of the New World.

In Canada, Mother Marie de Saint-Joseph and her Ursuline sisters took in Native American orphans, writes Jo Ann Kay McNamara in *Sisters in Arms: Catholic Nuns Through Two Millennia*, then "nursed their charges through smallpox and suffered hunger with them in times of famine." When the Sisters of the Third Order of Saint Francis sent 31 of their members to tend the victims of yellow fever in Memphis, Tenn., they all became infected, and five of them lost their lives. In *Say Little, Do Much: Nursing, Nuns, and Hospitals in the Nineteenth Century*, Sioban Nelson writes, "In the confusion and desperation that struck the cities in the midst of an epidemic, there was something extraordinary in the heroism and calm with which the sisters volunteered to nurse in the cholera, smallpox, yellow fever, typhoid, and diphtheria hospitals."

In the 19th century alone, Catholic sisters established more than 300 hospitals in the United States. The Mayo Clinic, considered by many to be the best hospital in America today, was founded by the physician W. W. Mayo at the urging of the Sisters of Saint Francis and in partnership with them. Different religious orders set up shop in dif-

ferent cities and dedicated themselves to serving different ethnic groups—the Missionary Sisters of the Sacred Heart, for example, caring for Italian immigrants in New York; the Holy Family of Nazareth caring for Polish immigrants in Chicago; and the Sisters of Mercy caring for Irish immigrants in Pittsburgh.

All the while, Catholic medicine "became increasingly institutionalized and professionalized," Professor McNamara reports: "Nursing sisters trained on the job in collaboration with doctors who appreciated their discipline, obedience, neatness, and above all their fearlessness in the face of contagious disease." The country's first academic program in hospital administration was started at Marquette University, a Jesuit school. "Building up their role as angels of mercy," Ms. McNamara continues, "congregations of nursing sisters took a lead in organizing training programs in their hospitals some decades before the rest of the profession initiated such programs."

The sisters became so effective at their jobs, they often were awarded government contracts to care for needy populations. In Buffalo, the Catholic hospital's mortality rate for cholera patients was 39 percent, versus 53 percent at the county hospital. In Baltimore, a religious order took charge of the public infirmary from the state.

Esther Pariseau, a.k.a. Mother Joseph of the Sisters of Providence, arrived in Washington territory in the 1850s. "There were no hospitals, few schools, and little in the way of charitable services for those suffering the misfortunes of life on the frontier," the Providence Health & Services website explains. A carpenter and architect by trade, Mother Joseph responded by using her own money to found dozens of such institutions, building many of them with her own two hands.

Her bronze likeness today graces the U.S. Capitol Visitor Center in Washington, D.C. An engraving recognizes her "monumental contributions to health care, education and social works throughout the Northwest." But what is actually remarkable about her story is how unremarkable it is in the larger history of Catholic medicine.

• • •

"Once the government has the power to violate one person's rights, it can use that power against everyone," reads the A.C.L.U. website. "We work to stop the erosion of civil liberties before it's too late."

The esteemed civil libertarian group has done much

over its 97-year history to protect individuals’ freedoms. It played a role in *Gideon v. Wainwright*, the case that determined that defendants are entitled to counsel, provided by the state if necessary, and in *Miranda v. Arizona*, the case that required police to inform suspects of their rights. It has long been an opponent of capital punishment and mass incarceration. In 2010 it brought a Freedom of Information Act lawsuit and won the release of information about the U.S. military’s treatment of prisoners at Bagram Air Base in Afghanistan.

Most famously, in 1977 the organization defended the American Nazi Party’s right under the First Amendment to hold a march through downtown Skokie, Ill. The A.C.L.U. website notes that thousands of its own members “resigned in outrage, and donations declined sharply.” Yet the A.C.L.U.’s full-throated defense of free expression for even the most unpopular views is today remembered by many as its finest hour.

The group has, at times, allied itself with the Catholic Church. On March 8 of this year, it signed a letter opposing new federal rules that make women and children vulnerable to deportation if they lodge a criminal complaint, a departure from the policy under President Obama. Among the other signatories to the petition were Catholic Charities of the Archdiocese of Washington, Catholic Charities of the East Bay, Catholic Charities of Boston and the Catholic Agency for Migration and Refugee Services.

But just the week before, on Feb. 27, the group had filed a motion against a Catholic hospital system in the Midwest. If successful, the order would force the Franciscan Alliance to provide patients with “necessary gender-confirming care”—that is, therapies or surgeries to help biologically male patients “transition” to being female and vice versa.

In the early 1990s, the A.C.L.U. was a vocal supporter of the Religious Freedom Restoration Act, a law that said federal legislation cannot “substantially burden a person’s exercise of religion” unless the legislation is the least restrictive means of furthering a “compelling government interest.” The group was, in other words, actively involved in the effort to strengthen protections for private parties to practice their faith freely as recently as 24 years ago. The A.C.L.U. website still says religious liberty is a “fundamental freedom” that “can’t be taken away, even by ‘majority rule.’” So how is it that the same organization is now in the business of repeatedly suing Catholic hospitals to force them to perform procedures to which the church is morally opposed?

“We have a position, which is that religious freedom gives you a right to your beliefs, but it doesn’t give you a right to hurt others,” Ms. Melling of the A.C.L.U. said. “So we have filed suits to draw attention to the ways in which religion sometimes appears to be put ahead of medicine, to the detriment of patients.”

The change seems to be part of a larger evolution in the group’s priorities that have taken place under the current executive director, Anthony Romero, who took over in 2001. Those changes sparked controversy about a decade ago, when a former head of the A.C.L.U., Ira Glasser, and a handful of other prominent affiliates went public with complaints about his leadership. These included accusations that employees and board members were being “gagged” from speaking to the press—hard to square with the identity of a group that claims to support free speech everywhere.

“The critics proclaim that Romero has made grave mistakes; that those mistakes amount to a firing offense; and that he has betrayed ‘fundamental ACLU values,’” *The Nation* reported in 2007.

The group has also been described as moving from broad-based civil libertarianism to an agenda more closely aligned with the Democratic Party. Mr. Glasser and the other dissenters “saw [the new executive director] transforming the organization that once defended the right of Nazis to march on Skokie into just another liberal interest group, money-hungry and cowed by political correctness,” Michelle Goldberg explained in *The American Prospect* in 2009.

The changes might be characterized as a shift in focus toward civil rights and away from civil liberties. “This conflict is pretty basic to our democracy,” says Wendy Kaminer, a former A.C.L.U. board member and now a prominent critic of the group. “Civil rights are entitlements to various forms of government protections, or in some cases, some people would argue government benefits. Civil liberties are simply the freedom from government interference in your life or in your business.”

“It would be great if A.C.L.U. were an organization that civil libertarians from various places on the political spectrum could embrace. I think it would be much more effective that way at protecting everyone’s civil liberties,” she said. But under Mr. Romero, “it is increasingly an organization of the left. I look it now as part of the progressive arm of the Democratic Party.”

Ms. Kaminer rejects the idea that the current A.C.L.U. campaign against Catholic hospitals is animated by prej-



American hospitals falls to the nonprofit Joint Commission, in partnership with state departments of health. “Catholic hospitals have to meet those standards, and they do,” she says. “Many of them are designated as high-risk maternity centers, which means the most challenging pregnancies—mothers who are having a hard time or who are at high risk—that’s where you want them cared for.”

An array of groups are busy holding the line. Becket Law and the Alliance Defending Freedom represent many of the Catholic hospitals that have been targeted. And in addition to fending off the A.C.L.U.’s lawsuits, the U.S.C.C.B. is supporting the federal Conscience Protection Act, which prohibits the government from discriminating against health care providers for being pro-life. “We are trying in every context to fight back against these attacks,” Ms. Byrnes said.

The Michigan-based Christ Medicus Foundation advocates for lawmakers at all levels to give Catholic medical institutions the space they need to care for those in need. “It’s important that this beautiful work of the church is respected and protected,” says Louis Brown, director of the foundation. “As a Catholic community that wishes to serve all people regardless of their faith background—we want to do that consistent with what we have always been as a people, which is a people who believe in life.”

The lawsuits and negative publicity can be jarring, but Catholic leaders are committed to defending their historic place in the U.S. health care community.

Speaking of efforts like the A.C.L.U. campaign, Sister Keehan said, “When some of the people who are making these statements have done as much for this country as Catholic health care has, then I think they might achieve some standing.” And she shows no sign of wearying in the fight: “Just because someone doesn’t like the church having a role—I gotta tell you, that doesn’t mean you get to wipe us off the face of the earth.”

Stephanie Slade, a contributing writer for America, is a managing editor at Reason magazine and a recipient of a Robert Novak Journalism Fellowship award for 2016-17.

udice, however. “I really, really don’t think there is an anti-Catholic bias at the A.C.L.U.,” she says. “I think there is a retreat from a really robust defense of civil liberties generally, when the civil liberties claims infringe upon the A.C.L.U.’s civil rights agenda.”

And at the top of that “civil rights agenda”—higher even than the First Amendment, evidently—is a woman’s ability to end a pregnancy or undergo a tubal ligation when and where she pleases.

“The A.C.L.U. is trying to enforce its own orthodoxy on moral issues as they see them,” Hillary Byrnes, assistant general counsel at the U.S.C.C.B., said. “It’s really unfortunate, but they’re trying to essentially force Catholic hospitals to not be Catholic anymore.”



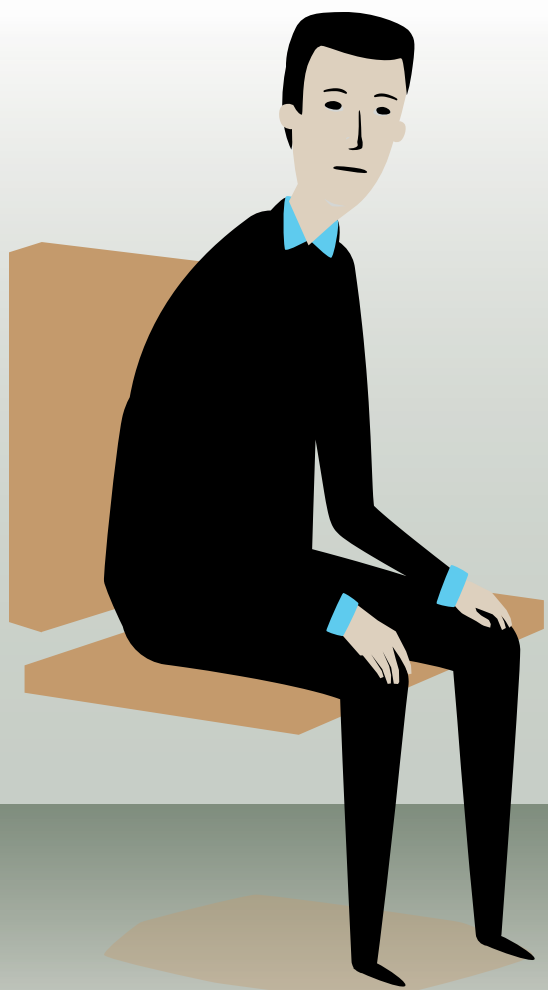
Despite the ongoing legal crusade, it is clear that neither the church nor the Catholic health care institutions intend to be cowed into obeisance. “The A.C.L.U. has suddenly made themselves standard-setters for maternity care,” Sister Carol Keehan said. “And that’s not a role that they get.”

She points out that responsibility for accrediting

WAITING ON HEALTH REFORM

*Why Democrats and
Republicans still
cannot agree on the role
of health care in our society*

By Michael Rozier





Composite image: iStockphoto.com/Mary Valery

On March 7, Congressman Paul Ryan, speaker of the House of Representatives, called repealing and replacing the Affordable Care Act an “act of mercy.” The next day Representative Joe Kennedy III of Massachusetts countered by calling it not mercy, but an “act of malice.” Delightful as such made-for-cable sound bites are, their true value lies not in their drama but their capacity to remind us that there are profound moral dimensions to how we structure health care in this country.

Petty politics can sometimes numb us to this fact, however; so can the complex nature of policy itself. But giving in to either means becoming numb to real people: to our uncle battling cancer, to our cousin with developmental disabilities, to our parents in need of skilled nursing care. We lose our way when we forget that it is the policy details that end up affecting real lives—and ultimately affect who we are as a people.

In order for this debate to move beyond who can score the most political points, we have to do some digging. And the first thing we will find when we start digging is that our current health care system is not just one system. It is many systems, conflicting and overlapping. And this means that—despite the clarity of words like *mercy* and *malice*—the real reason our debate about health care reform is so muddled is that we are actually debating the reform of several systems cobbled together over time and based on very different philosophies.

Reforming our health care system is like trying to fix a home where each room not only has a different architectural style but is built on a different foundation and has its own HVAC system. It is the kind of renovation that would make most contractors throw up their hands and walk away. But since we are all living in this house, we had better figure out how to renovate it.

TOO MANY PROGRAMS

Health has a great deal of uncertainty. While there is some predictability based on risk factors, we never know when we will be diagnosed with depression or diabetes; we do not know when we will be in a car accident. Pooling people together shares both the risks and the costs of health care. The people who are fortunate enough to stay healthy end up subsidizing those who get sick; and the ones who get sick do not have to bear the full cost of their care. Shared risk is how all insurance works—it is why we do not begrudge the

person whose home catches on fire a large payout.

Our current U.S. health care system pools people in many different ways. In addition to Medicare, there are over 50 separate Medicaid programs, thousands of employer plans, health co-ops, the Children’s Health Insurance Program, the Veterans Health Administration and the Indian Health Service. Some say the core problem is the administrative chaos that comes with running so many separate systems. I believe the core problem is that we do not have a shared understanding of the role of health and health care in our society. And all these separate programs are evidence of it.

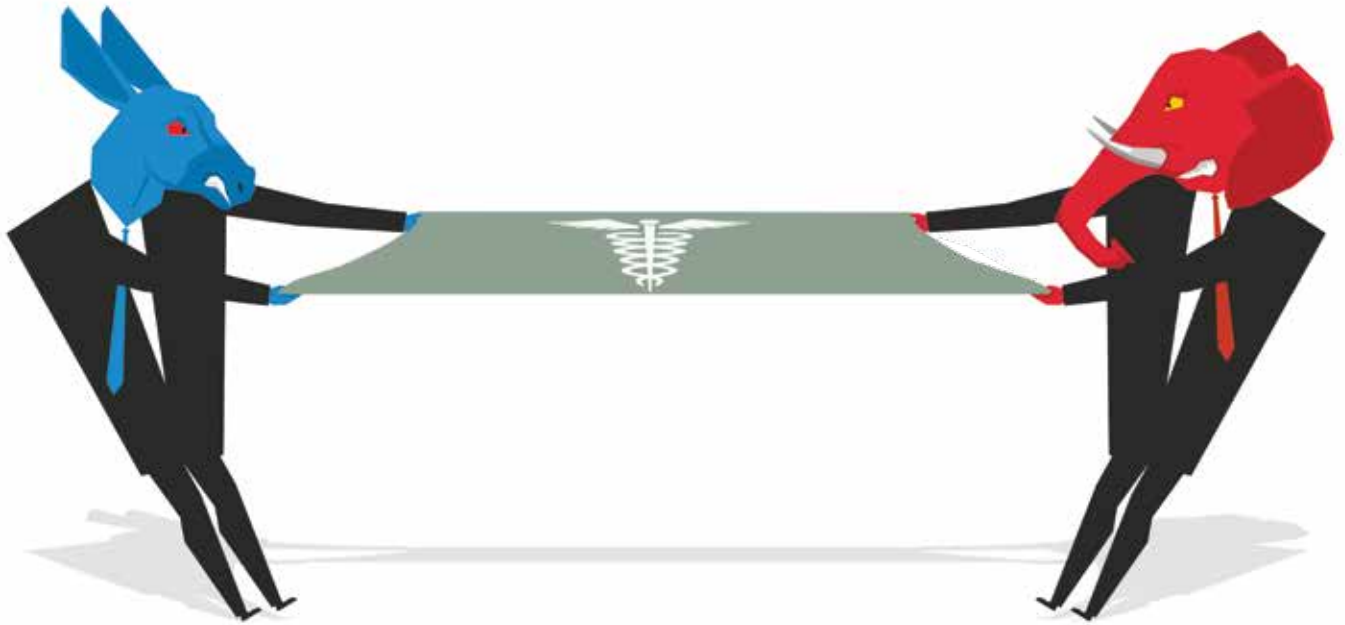
It is obvious why insurance companies would want to keep some people, like those with pre-existing conditions, from jumping into a risk pool. Such an approach might be good for business, but it means those most in need of care go without it. To prevent this, the A.C.A. mandated two things: No one can be denied access to a risk pool because of their health status, and those with serious disease cannot be charged more for their insurance.

Creating larger risk pools and guaranteeing more people access to them were not just technical changes to the system. They changed some of the basic assumptions we as Americans make about health and health care. They shifted the foundations upon which our systems are built. And now Republicans are trying to figure out how to renovate a house when we do not even know where the foundation is. So before we take any further action, perhaps we should step back and ask what we actually believe.

LEX CREDENDI, LEX VIVENDI

When we decide to act, we can either design a system that treats health care as a social good or as a market good. Whether we think of it as one or the other determines our answers to a whole series of questions. Should health care be guaranteed for everyone? Should the government have a role in ensuring access to care? Or should market forces decide how care is distributed? And should for-profit companies play a central role in care?

Those on the political left tend to push policy rooted in health care as a social good, while those on the political right tend to push policy rooted in health care as a market good. But that is not what we have with the A.C.A., which is what makes both the A.C.A. and today’s Republican efforts at repeal so terribly confusing.



In the A.C.A., we essentially have a progressive agenda on a conservative scaffold. A quick look at the modern history of efforts to reform health care shows us why this is true. The Health Security Act promoted by President Bill Clinton in 1993 relied heavily on government bureaucracy to achieve universal coverage—regional alliances to negotiate with insurance companies, a national health board and a strong mandate for employers and individuals. After the effort failed, Democratic strategy was to avoid accusations of government overreach and to adopt many of the ideas advocated by the conservative Heritage Foundation. Essentially, Democrats felt that their only way they could deliver health reform was with a Trojan horse.

Does this mean that Democrats suddenly believed health care was a market good? Hardly. It means that the Democrats were politicians. They endured private marketplaces while expanding Medicaid and regulating insurance companies. This tempered the critique that it was anti-market while delivering wins for health as a social good. And in short order, they have shifted the assumptions we Americans make about health care. Before the A.C.A., we had not lived in a country where people with pre-existing conditions had access to affordable insurance. We had not experienced what it meant for the sick to avoid lifetime benefit caps. And we had not seen that it was possible for the working poor to receive affordable care. But the A.C.A.

has changed our expectations. It shifted the way we live, which may be shifting what we believe.

This is why Republicans are faced with quite a conundrum in their efforts to repeal and replace the A.C.A. President Trump regularly promises universal access to high quality care with low premiums and low deductibles. But that is the rhetoric of someone who believes that health care is a social good. Many Congressional Republicans also suggest they wish to keep many guarantees of the A.C.A. that are made possible only by anti-market provisions or huge government subsidies. But conservative philosophy still holds that health care is a market good. So what is their way forward?

The Republican-controlled House passed a bill on May 4 that allows states to opt out of many regulations: pre-existing condition protections, lifetime and annual cap prohibitions and essential health benefits. This would allow states that want a more market-oriented approach to move in that direction. The bill also gives states more control over Medicaid but cuts federal contributions by \$880 billion. It lacks credibility to claim such cuts would not prove devastating to the poor, disabled and elderly. In fact, Speaker Paul Ryan also has his eyes on moving Medicare from a defined benefit to a defined contribution, although he could not include that in this legislation.

The Senate now takes up health care reform. They



There is no way to make health care more market-oriented and keep the protections people now enjoy. ●●

may find a way to thread the needle politically, but in the end, Republicans are trying to replace a health care system that is already built on a conservative framework. There is no way to make it more market-oriented and keep the protections people now enjoy. This is why it is so difficult for them to agree on why they should repeal it or on what they should replace it with.

John Kasich, the governor of Ohio, was one of many Republican governors to expand Medicaid as part of the A.C.A. Explaining his decision in February 2013, he said he was unwilling to turn his back on “those who live in the shadows of life...those who live with the least among us.” He urged lawmakers to put themselves in the shoes of a poor family who cannot afford health care or parents dealing with a mentally ill child: “Put it in your family. Put it on your doorstep.” It is easy to believe that health care is a market good until tragedy strikes someone we love. Then all of a sudden, market forces do not seem as reliable as we would like.

HEALTH AND HAZARDS

Catholic social tradition is aligned with the idea of sharing risk and ensuring that the sick have access to care. During the debate on the A.C.A., Bishop William Murphy, then the chair of the U.S. bishops’ Committee on Domestic Justice and Human Development, wrote, “Reform efforts must begin with the principle that decent health care is not a privilege, but a right and a requirement to protect the life and dignity of every person.... *The Bishops’ Conference believes health care reform should be truly universal and it should be genuinely affordable*” (italics in original). Unsurprisingly,

Pope Francis concurs that health care is a universal right and not a consumer good. This consensus among church leaders, however, does not mean that skeptics of universal health care do not have legitimate concerns.

One of the biggest such concerns is called “moral hazard.” This is the idea that people who are shielded from the consequences of their action are more likely to take inappropriate risks. In health care, the concern is that those who do not pay for health care will be less likely to stay healthy or will opt for unnecessary medical procedures. This worry leads many to ask, “Why should I be paying for someone who smokes, eats whatever they want and refuses to talk a walk?”

The concern for moral hazard is a real one; after all, our Catholic social tradition embraces not only universal care, but personal responsibility. Yet this critique must be held in tension with the notion that many of the behaviors we believe are “chosen” are determined strongly by our environment. We know it is wrong to punish children for unhealthy behaviors because we accept that children are shaped by forces outside their control. But for some reason we pretend adults are magically immune from these forces. Think of it like this: How many of us can say that we could eat in a healthy way while working two minimum-wage jobs and raising a child, all while having to ride two separate buses to get to the grocery store? How many of us would make it to all our medical appointments if we lived a 60-minute drive away, had to borrow a car to get there and had to miss work (paid by the hour) to do it? It may be true that adults have greater control over themselves and their environments than children do—but it is often far less control than we imagine.

I think most of us actually hold nuanced beliefs on these matters. We want to care for people, but we do not want to be taken for suckers. We recognize some people have disadvantages, but we want people to take responsibility for their health. There is no perfect solution to this dilemma. We will not get it exactly right. And it is because we will make mistakes here—mistakes that may cost people their lives—that we have to face an important question: Which way do we want to err? Do we risk being too merciful or too judgmental? Would we rather risk giving care to those who are sick even though they could have avoided illness, or risk denying care to those who are sick even though they could not escape it?

A RISKY COMBINATION

Some politicians continue to claim we can have the most popular provisions of the A.C.A. without having the unpopular ones. They are wrong. And if that belief comes from ignorance, it can be corrected. The more deadly deception is from those who claim they want a compassionate society while advancing a system that leaves the most vulnerable without the care they need. It is common political practice to promise we can have the upside without bearing any of the downside. But when we build a health system on that falsehood, people die.

A civil rights leader from Mississippi once said, “Don’t tell me what you believe. Show me what you do, and I will tell you what you believe.” If we want to claim the virtues of solidarity, generosity and compassion, we must live with both the benefits and the costs of designing a health care system that responds to those in greatest need. Otherwise, we will have to admit a brutal truth, that we do not really want to sacrifice for our neighbor, and we will live with a health care system that assesses whether someone is worthy to receive care.

Legislators who want to repair, replace or repeal the A.C.A. will have to reckon with the fact that a growing number of Americans want a system built on the foundation that health care is a social good. Many may hesitate to use that language, but the overwhelming support for anti-market provisions in the A.C.A. speaks for itself. If Democrats are interested in moving their own agenda forward, they will have to make an argument based on first-order principles rather than second-order policies. A Trojan horse only works once, so Democrats will ultimately have

to persuade the public on more fundamental ideas of sacrifice and solidarity.

Most ardent supporters of the A.C.A. admit it needs repairs. And many vocal critics admit the financial protections and guarantees to access provided by the A.C.A. make our system better than it was before. Given that health care makes up nearly a fifth of our economy, this debate will always be near the center of social policy. But we cannot keep pretending that fundamental beliefs about what we owe to one another do not matter. This conversation is, admittedly, a risky endeavor. But it is a risk we ought to share with one another.

Michael Rozier, S.J., is a doctoral candidate in the Department of Health Management and Policy at the University of Michigan School of Public Health.

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GOING TO THE MARGINS

Catholic providers are finding new ways of building personal and community health

By Kevin Clarke

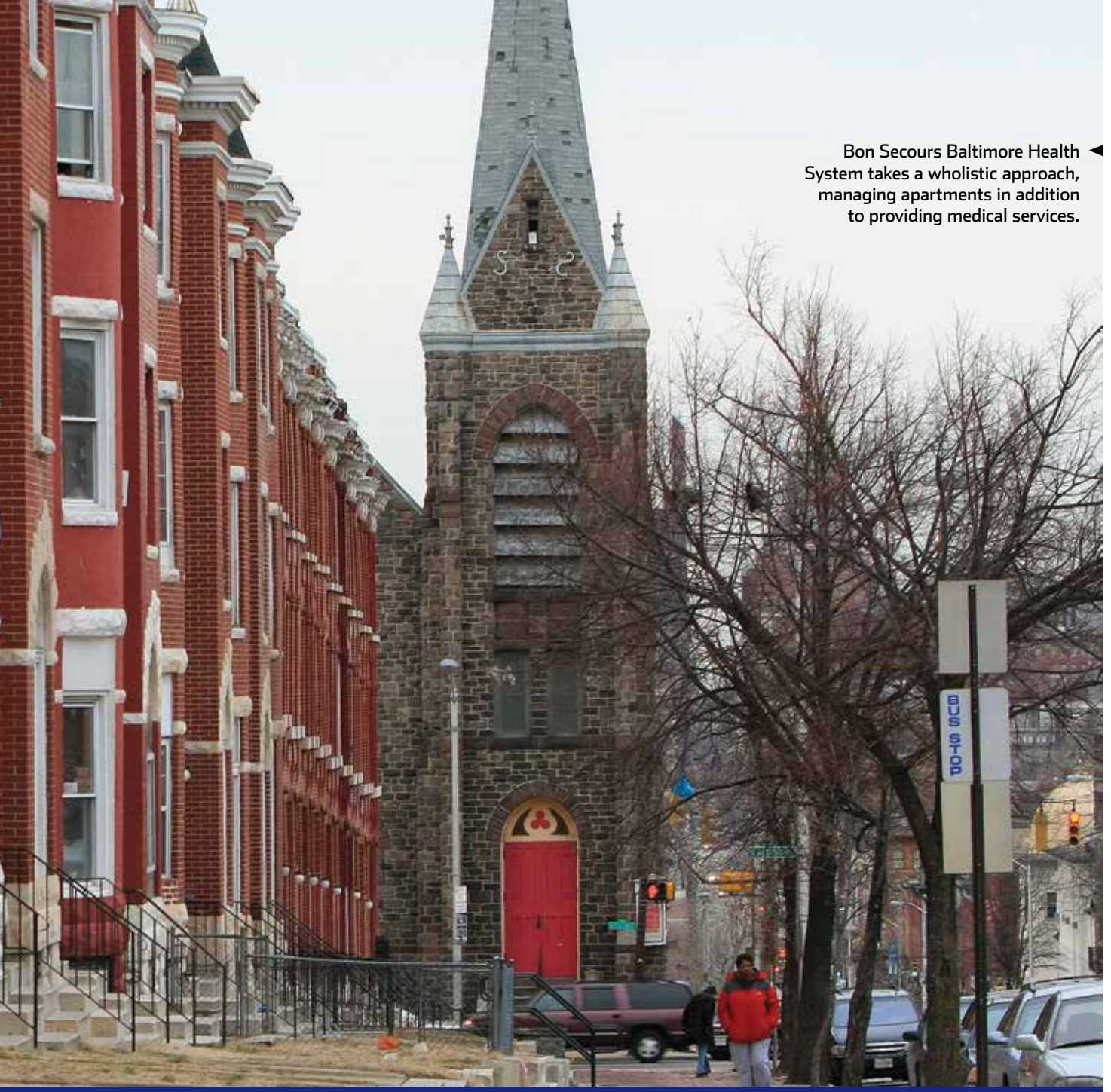
Pope Francis has urged the church to operate like a spiritual field hospital, reaching out to the peripheries where marginalized people struggle with their sorrows—ignored, forgotten and even resented by their more fortunate brothers and sisters. For many working in U.S. health care today, the pope’s field hospital is no metaphor; it is an everyday reality.

Even as the Affordable Care Act has reduced the number of people who go without health care because of a lack of insurance—progress now threatened by the Republicans’ “repeal and reform” effort—millions in the United States still endure suboptimal health services, cut off by geography, income or social isolation from the ser-

VICES they desperately need.

Longtime disparities persist along racial and income lines; rural residents can likewise expect to have fewer options for health care. But some marginalized communities arise out of the peculiar circumstances of American life. Undocumented people struggle to reach and afford care; some Native Americans avoid health services because they mistrust government or fear that they will not be treated with dignity; people returning to society from incarceration struggle to connect with the services they need.

Here are a few ways a number of Catholic health providers are going to the margins to help.



Bon Secours Baltimore Health System takes a holistic approach, managing apartments in addition to providing medical services. ◀

WEST BALTIMORE: TREATING THE COMMUNITY

Dire economic and social conditions in West Baltimore came into national focus after the death of 25-year-old Freddie Gray while in police custody led to days of street disturbances in February 2015. The media attention revealed the depths of the area's problems and inspired vows of community reinvestment from government and business leaders.

But surveying West Baltimore a few years later, Dr. Samuel Ross says, "Unfortunately, not a lot has changed." Mr. Ross is the chief executive officer of Bon Secours Baltimore Health System, a not-for-profit Catholic network

sponsored by Bon Secours Ministries. He still sees neighborhoods full of uninhabitable rowhouses and abandoned storefronts—in a city struggling to overcome decades of industrial and manufacturing job losses.

The traditional side of his job includes running an 88-bed acute care facility in the heart of West Baltimore, but Mr. Ross is also responsible for a surprisingly comprehensive network of community outreach programs. They include affordable housing, help with job skills and educational development, financial planning and parenting classes, and services for people who want help with behavioral and substance-abuse problems.

Photo: Susan Biddle 047

Bon Secours, he says, takes a “holistic approach” to community health care.

“What contributes to overall health, longevity, quality of life?” Mr. Ross asks. “Twenty percent of it is your parents, which you don’t control; 10 percent is access to health care; but 70 percent has to do with these social determinants.” By those standards, poverty, a lack of job skills and inadequate shelter are threats to individual health. Is it a coincidence that the Baltimore neighborhoods with the highest percentage of the city’s 16,000 vacant buildings also have the lowest life expectancy?

“Health care institutions have to begin addressing health in nontraditional ways,” Mr. Ross argues. Surveying the range of social and economic problems in West Baltimore, Bon Secours administrators decided it was pointless to address individual pathologies without simultaneously treating the illness of the community around them.

So new initiatives emerge from regular neighborhood check-ins with West Baltimore residents. As Mr. Ross puts it: “Instead of ‘What’s the matter with you?’ we ask, ‘What matters to you?’”

That is how Bon Secours administrators learned that the community’s primary concerns were not medical but instead had to do with “rats and trash and boarded-up houses.” Following up on those concerns, Bon Secours eventually developed and now manages more than 720 apartment units for low- and moderate-income seniors, families and people with disabilities.

Bon Secours also runs a reintegration program for “returning citizens,” the preferred term for men and women coming back to the community after incarceration. Combating recidivism is a tough challenge anywhere, but it is particularly difficult for predominately African-American communities like West Baltimore. Decades of get-tough-on-crime initiatives have wreaked disproportionate damage on the African-American community; its young men and women have been jailed more often and for longer durations for comparable offenses than white Americans.

The communities served by Bon Secours, says Mr. Ross, absorb the largest number of men and women returning to society from the Maryland corrections system. “We want to make sure that not just the [returning citizen], but the community itself has the best opportunity to grow and transform into a healthy environment for all individuals.” Without some kind of intervention as these men and women reintegrate into society, “what’s the likelihood of them succeeding?” Mr. Ross asks.



The program assists about 200 people as they re-enter society, each person receiving an individualized assistance program that may include behavioral adaptation, substance abuse intervention, job training and parenting classes. With the right private and public support, Mr. Ross says, Bon Secours could help even more returning community members.

KERN COUNTY: POVERTY AND PAPERWORK

Oil and agriculture are the driving industries in Kern County, Calif. And driving those industries are thousands of low-paid workers, including many who do not speak English and some who are in the United States without documentation. Poverty, language and never-ending paperwork can prove significant barriers to health care in the region.

The economy provides jobs, but these jobs add petroleum emissions and pesticide residue to the county’s dry, dusty air. The city of Bakersfield’s unfortunate geography does not help. It is hemmed in on three sides by mountains on the southern edge of California’s San Joaquin Valley. Air quality here is by some estimates the worst in the nation, and incidences of heart and lung problems are among America’s highest. Asthma is also a significant problem for both children and adults in the county.

Debbie Hull is the regional director of the Department of Special Needs for Dignity Health Mercy and Memori-



The Dignity Health network stretches the definition of health care to include a range of social service offerings, like this community outreach center in Bakersfield, Calif.

al Hospitals in Bakersfield. Beyond the Walls, a program sponsored by the Dignity network, expands the definition of health care to cover a range of social service offerings, including homemaker services for elderly residents, community wellness programs, insurance enrollment initiatives and job training for parolees and other hard-to-employ individuals.

“In the late ’80s we realized it was important for us not just to treat people who were in the hospital,” says Ms. Hull, “but to go out into the community and see what programs we could develop that would help people have a better quality of life.”

Childhood obesity, and even diabetes, is one significant concern here. Beyond the Walls has responded with outreach workers who visit Spanish-speaking homes to offer nutritional and exercise counseling to parents. And when a dad is deported and the family faces sudden economic distress? The program offers emergency housing, food assistance, job counseling for remaining spouses, and school supplies and Christmas presents for the children.

“We believe that health is for the whole person,” Ms. Hull says. “It’s not just [treating an illness]. If someone doesn’t have the basic things like clothes and food and shelter, then they’re not going to be healthy.”

Getting health care to people working and living in Kern County who entered the United States without docu-

mentation is especially a challenge, but many native-born residents, unable to afford private insurance and unaware of what they may be eligible for, have similarly inadequate access to health care. “Many of them don’t know [what] is available to them, and they will wait until it’s an emergency situation and then they will go to the hospital E.R.s,” she says. That delay often guarantees a poor health outcome.

With the implementation of the Affordable Care Act, “We have a program dedicated to reaching out and getting people signed up for insurance,” she says. “Many people in Kern County have never had health insurance. They don’t know how to apply for it and they don’t know how to use it.”

Slumping oil prices have hit Kern County hard; thousands have lost their jobs or been forced into lower-paying positions. Heidi Horton’s husband, Jonathan, a welder, has been able to find only sporadic and lower-skilled employment since the downturn, yet he still made too much money for the entire family to qualify for the California Medical Assistance Program, though Medi-Cal would cover their children. For themselves the adult Hortons opted to hold their breath and hope for the best.

In March their luck ran out. Mrs. Horton was diagnosed with a rare skin cancer.

“I came home and cried for two days,” she says. The fear spread quickly. Her children, two teenagers and a 12-year-old, offered to look for work if that somehow might

mean their mother could get treatment.

She made the rounds of government agencies and doctors' offices but with no luck. "Everything cost so much and no [private physicians] wanted to help because I was not insured," Mrs. Horton said. But at a wellness clinic where her children went for check-ups, she was directed to some paperwork wizards on hand from Beyond the Wall's Community Health Initiative. "I went over there thinking, 'I'm just lost,'" she said.

C.H.I.'s Cecilia Flores and co-workers went through her family and medical situation and quickly concluded that, contrary to past misunderstandings, the family was indeed eligible for Medi-Cal. Within a day Ms. Flores had expedited the insurance coverage, and that week Heidi Horton was signed up with an oncologist. She is now beginning a treatment program for her cancer.

Just days earlier Heidi Horton had been considering a desperate plan to leave her family and live on the streets long enough to apply for assistance as a homeless person. Without Ms. Flores's help, she says. "I don't know what I would have done," she says. "I'd probably be planning my funeral.

"Now I'm telling my kids, 'We got this; it's a walk in the park from here.'" She adds, "This cancer is treatable and it is curable; now that we know that, I can breathe."

Mrs. Horton can only wonder about other people in Kern County who may be in similar circumstances right now, confronting a serious illness and eligible for assistance but disconnected from the help they need to get it. It is terrible to contemplate that people could be foregoing treatment, even dying, because they could not wade through health insurance paperwork, she says.

"I am telling anybody and everybody, 'Oh, my God; you have to see these women. They are a godsend; they saved my life and I can't thank them enough for that.'"

PHOENIX: FINDING LIFE ON THE STREETS

People living on the streets of Phoenix face a myriad of daily challenges, but over decades working with homeless people, one need consistently troubled Sister Adele O'Sullivan, a family physician and a Sister of St. Joseph of Carondelet: they had no place for healing.

Homeless people recovering from illness or trauma were simply deposited in front of shelters, even "dropped off by taxi in their hospital gowns." Shelter staff were in no way prepared to help them recuperate, and abandonment often meant that fragile and elderly people with life-threatening injuries or diseases were left to fend for

themselves on the street—and even to die alone there.

"There was no hospice, no respite, no recuperative care," she remembers. "There was no place for the sickest to go."

In 2012 Circle the City, the program Sister O'Sullivan helped create, opened a 50-bed Medical Respite Center for homeless people. "Now the center is full, and there is a waiting list to get in," Sister O'Sullivan says. "If we had another center, we could fill it."

The respite care facility is one aspect of Circle the City's comprehensive outreach for Maricopa County's homeless residents. The program includes a number of different efforts not only to allow homeless people to access critically needed health services, but also to reconnect them with the community and its social service providers. For many homeless people, connecting with Circle the City can be the beginning of a transition from the streets to permanent housing.

Reaching the homeless in a city as sprawling as Phoenix requires getting out to the sometimes out-of-the-way places where homeless people congregate. Circle the City staff will do so on foot, but it also manages a clinic on wheels with two exam rooms, to bring health services to those without shelter.

Sister O'Sullivan hopes to piece together something approaching the continuity of care that people with shelter take for granted—that is, illnesses are diagnosed and treated with adequate recuperation periods and follow-up visits. This is no easy task under the circumstances, but she believes homeless people deserve the same quality of health care as anyone else.

Mental illness and substance abuse are larger problems among the people she serves than among the general population, but otherwise homeless people "have the same acute and common problems that everybody else does who has a house," says Sister O'Sullivan. "Sometimes it's harder to get care for them, so things don't get better, they get worse."

The work of Circle the City can be transformative, even lifesaving.

Greg McOsker had been living on the streets of Phoenix for nearly a decade. Addicted to methamphetamine, he was gravely ill with a thyroid condition, living outdoors with "open wounds on my legs." As his condition worsened, some friends took him to a local hospital, where he fell into a coma. His recollection of the next few days is spotty, but he remembers how Sister O'Sullivan "came out of nowhere" and transported him to Circle the City.

He was not only able to recover at Circle the City, but

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The work of Circle the City can be transformative, even lifesaving.

the staff there got him placed into the transitional living apartment where he still lives. After returning to drug use months later, he stopped by the center to visit with Sister O’Sullivan. He found himself confessing his relapse. “I cannot lie to that woman,” he says, sheepishly.

She persuaded him to return to Circle the City, where he was able to get signed up with health insurance that allowed him to take advantage of a drug rehabilitation program. “I’ve been clean for six months now,” Mr. McOsker says with pride. At 40 he is attempting to restart his life as a peer counselor for other people struggling to beat addiction. He is effusive about Circle the City and Sister O’Sullivan. “Without Circle the City, I would have died. Sister Adele, she saved my life,” he says with a flat certainty. “She is an amazing lady.”

Mr. McOsker says he knows quite a few former homeless people who have been moved into permanent housing through this health intervention program. “The hospitals would kick us out and we’d still be sick or need wound care, and we had nowhere to go and we would just end up back in the hospital again. You didn’t have people to take care of you,” he says.

“Between the hospitals and the streets, it’s Circle the City,” he concludes.

AFTER OBAMACARE?

The expansion of Medicaid sponsored by the Affordable Care Act has made a crucial difference in the progress Sister O’Sullivan has seen in patients like Mr. McOsker. She is horrified at the prospect of Obamacare being altered beyond recognition by the current Congress.

In Kern County, Ms. Hull shares that concern. “Many of the poor here, they just got health insurance and now there’s a possibility it will all be taken away,” she says. “The effect here would be catastrophic, I think.”

She believes that the uninsured would return to a previous M.O.—putting off seeing a doctor until a crisis sends them to a hospital emergency room. “Many times when they wait for the E.R., they’ve waited too long,” she says. Treatable illnesses result in permanent damage; undetected cancers metastasize; without nutritional guidance childhood diabetes and obesity go unchecked.

Because of the A.C.A., many of the homeless people Sister O’Sullivan works with now receive “specialty care, mental health care, diagnostic procedures and imaging—all of the things we have come to recognize” as standard care, she says.

Homeless people have just as much right to these things as the housed, she argues. If only more American Catholics came and met with the people she encounters on the streets of Phoenix, she thinks, surely they would not be so hardhearted about expanding health care to all?

“If only we could make the margins more permeable,” she says, certain that real solidarity is aching close.

“We have to drift out to the periphery,” Sister O’Sullivan says. “We have to be there on the margins with them.”

Kevin Clarke, *chief correspondent*. Twitter: @clarkeatamerica.



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My son's organ donation taught me death is not the last word

By Eric Gregory

Organ donation might be the only pro-life issue that most citizens can agree on. People from across the political spectrum have received the life-saving gift of a transplant. In a country marked by deep divisions, the selfless act of donating a loved one's organs to save the lives of total strangers can have its own redemptive power. I know this first hand.

In March 2008 my son Christopher died suddenly from a ruptured brain aneurysm. Chris was an otherwise strapping 19-year-old freshman at Loyola University New Orleans. He had his whole life ahead of him.

If you lose your parents, you are an orphan. Lose a spouse and you become a widow or widower. But the English language does not have a word for parents who lose a child; we seldom take the time to contemplate the devastation until it happens.

In the awful, bewildering hours after Christopher's death, my wife and I were asked to consider donating his organs. Thankfully, Chris had answered for us: Just the week before, he had innocently mentioned that he wished

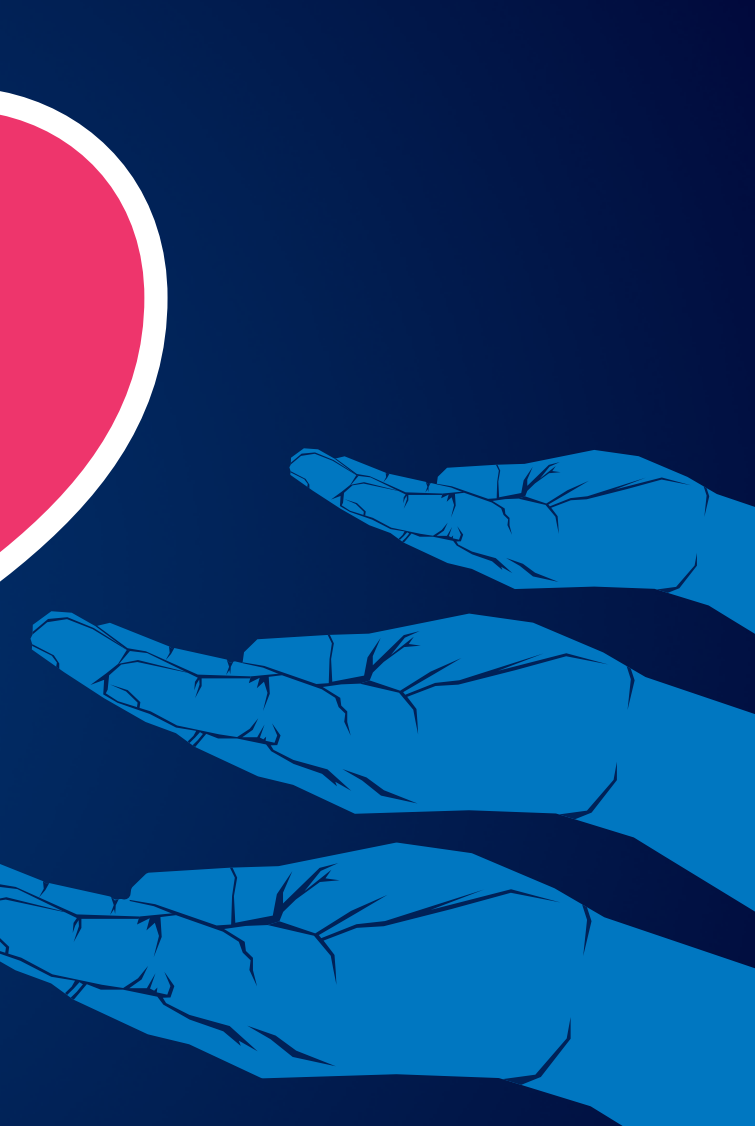
to be a donor. Our decision to donate was simply an affirmation of our son's generosity.

Three months later, still in agony over Christopher's death, we received a letter.

"I cannot possibly imagine the grief caused by your loss," it read. "Certainly there are no words anyone can say or write that could extinguish that pain. Nevertheless, you have shared with me the grandest gift I will ever receive—the gift of life."

The words in that letter carried with them the hope that first formed in our hearts while we looked at our son in his New Orleans hospital bed. Trying to come to grips with a future without him, we prayed that someday we would hear from one of Christopher's organ recipients and learn of their second chance at life.

A sense of relief and gratitude eventually replaced the anger, fear and sorrow that were overtaking our lives. Somehow, Chris's life had not really ended. It had only changed. The very first lesson I remember from religion class was that the body dies, but the soul lives forever. And in that let-



staffs, often working beyond the limits of human endurance, develop new techniques that turn what was once science fiction just decades ago into a near-routine procedure today. Researchers study new ways to make more organs available for transplant. Men and women of the 58 organ procurement organizations in the United States work tirelessly to build the database of registered organ donors and offer support and comfort to recipients, donors and donor families in the wake of an often life-changing event.

Think also of the living donors who so selflessly and quite literally give of themselves to offer the gift of life to another human being. Consider the families who say yes to donation—usually during the worst moments of their lives; families who pray, as we did, that their loved one’s gift will make a difference in the life of a complete stranger. These are people who pray that their loved one’s presence in this world will mean more than dates on a headstone. *Magis*, more.

I cannot speak for transplant recipients, and I do not presume to speak for all donor families. But I have known enough of them to understand that the sorrow we feel at the loss of our loved ones, especially our children, is accompanied by a deep sense of gratitude in knowing that their love remains in this world. It is, ultimately, an Easter story. First, we suffer the death of our own loved ones and the loneliness and sorrow that accompanies that experience. But then we learn of a successful transplant. And with that knowledge comes the hope that death never has the last word.

The experience of losing Christopher, but knowing his death meant life for five others, changed me in ways I never thought possible. I learned that it’s possible to see God in all things, even in tragedy. The more I learned about the science of organ transplantation, the more confident I have become in the existence of God. I learned that the butterfly effect is real, that something as seemingly inconsequential as checking a box while applying for a driver’s license can have a tremendous effect years later and miles away.

Most of all, in the face of all the division and distrust in the world today, I learned that how we treat each other matters. If the heart of a 19-year-old white boy beating inside the chest of a 65-year-old black man does not give us hope, then I do not know what hope is.

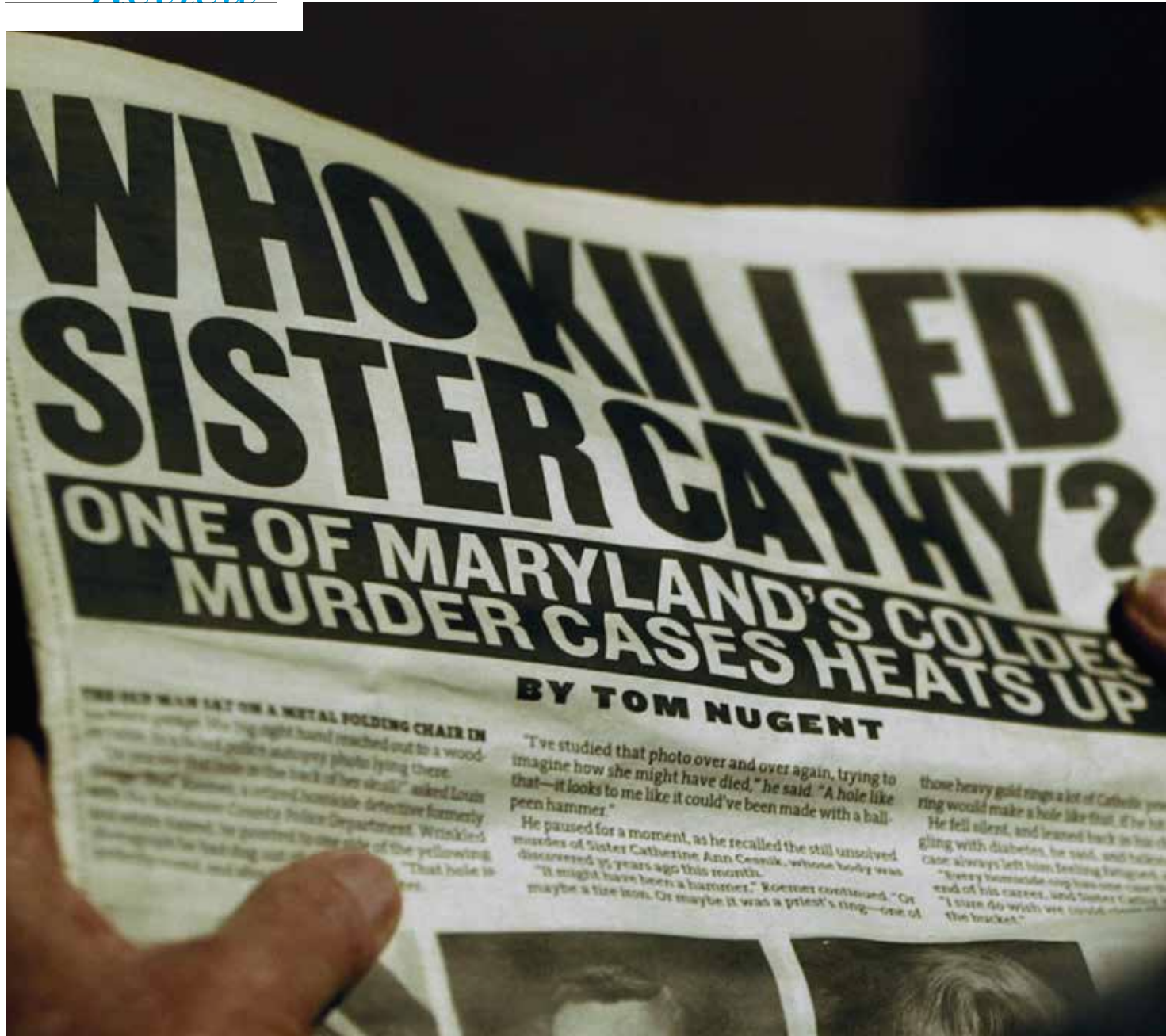
Eric Gregory is a speaker and volunteer for the Donor Network of Arizona. He is the author of the forthcoming book All My Tomorrows, which tells the story of Christopher’s generosity.

ter—in the life of its author—that lesson had become real.

Eventually we would meet the man who wrote to us. His name is Jorge, and he was very near death when he received the call that he was a match for Chris’s lungs. Our families have grown very close in the years since. We would go on to establish contact with all of Christopher’s organ recipients; each understood well the human cost of their transplant. Their joy was only possible because of our sorrow. Their life meant Christopher’s death.

But that does not mean it was a zero-sum game. Christopher’s gift offered a second chance to five people. The impact those five have had on others is impossible to quantify. Some of his recipients paid his gift forward with great generosity, some with the humble sharing of their love and guiding mentorship. Each in his or her small way helped to bring about the kingdom of heaven on earth.

Organ donation represents humanity at its very best, not just as a scientific achievement but as a sincere expression of human kindness. The Jesuits have a word for it: *magis*, or “more.” Transplant surgeons and operating room



In 'The Keepers,' the Hopes of Vatican II Crumble Amid Sexual Abuse and Murder

By Nick Ripatrazone

Sister Cathy Cesnik, one of the most beloved teachers at Archbishop Keough High School in Baltimore, went missing one night in 1969.

Founded in 1965, Archbishop Keough High School in Baltimore seemed like the ideal place for post-Vatican II optimism to blossom. The School Sisters of Notre Dame ran the all-girls school with a strict sense of order, but students were excited and proud to be there. It was a place of empowerment and hope, where the phrase “Women of a New Age” was not merely a line in the school song but a rallying cry.

“It was supposed to be women reaching their full potential,” one graduate says. “It was supposed to be a safe place.” Behind the campy black-and-white yearbook photos of laughing students carrying piles of books and racing up stairways brewed a campus scandal and a horrifying crime. Sister Cathy Cesnik, one of the most beloved teachers in the school, went missing one night in 1969. When her body was found two months later in a garbage dump, the students and community were torn apart. The case remains unsolved.

“The Keepers,” a new Netflix original series, is a masterful, methodical journey into the continuing mysteries of this heartbreaking case. Nearly 50 years later, the wounds remain fresh in Baltimore—and the director Ryan White’s method of slowly unfolding the complex, sometimes contradictory real-life tale makes for painfully suspenseful viewing. This is not an easy show to watch. But once started, it is difficult to look away.

The series begins with the longtime investigative journalist Tom Nugent stepping precariously

through an attic littered with boxes of files and published stories. He did not write about Sister Cathy until the mid-1990s, when the unsolved case was resurrected by the horrifying testimony of “Jane Doe,” a Keough graduate who claimed that she was shown Sister Cathy’s corpse as a morbid warning to keep quiet about the sexual abuse she says she suffered from a priest at the school, Father Joseph Maskell.

Nugent says there was an official story about what happened to Sister Cathy, and then there was “the world beneath that was actually being lived, and to get at that mystery, I think, is our greatest journalistic responsibility.” But “The Keepers” captures what happens when a tragic story is not fully told by professional journalists or the police. Gemma Hoskins and Abbie Schaub, two of Sister Cathy’s former students turned amateur muckrakers, emerge as the heroes of the series. The women are clever, determined and down-to-earth. They are, admittedly, a teacher and a nurse in over their heads as they try to navigate the decades of labyrinthine cover-ups, false leads, vanishing evidence and contradictory stories.

But they are dogged in their search. They cold-call people involved with the case who could hang-up in their ears—or far worse. They travel to interview abuse victims. They create intricate maps on kitchen tables that include the names of suspects written on coffee filters, a fitting symbol for how far Sister Cathy’s case has seeped into their domestic lives.

Yet “The Keepers” shows that it could be no other way. We all want to believe that the teachers we loved were special, but it appears that Sister Cathy truly was memorable. One former student said that the school had a handful of young nuns, but Sister Cathy was the “stand-out beauty of them all—physically beautiful, and her spirit was beautiful.” The student half-jokes, “It was like, why would you be a nun?”

“The Keepers” shows it was Sister Cathy’s calling to become a nun, a calling the series develops against the background of the “quintessentially Catholic city” of Baltimore, home to the first diocese in the United States. In the years leading up to Vatican II, Baltimore remained a uniquely Catholic place, where each neighborhood had its own parish. Families left their row houses and postage-stamp lawns on Sunday mornings and walked to church. Baltimore was not simply a place where Catholics lived and went to school together; it was a Catholic community, where private devotion and prayer were made public through ceremony and sacrament.

This was the world in which Sister Cathy entered the convent of the School Sisters of Notre Dame. Her fellow postulants described her as very spiritual and uniquely kind. One former nun describes the Great Silence of the nighttime hours, when they were not supposed to speak—except that the nun was ill. Sister Cathy knocked on her door, asked if she was O.K. and then sat on the edge of her bed. Sister Cathy held her hand and



▶ We all want to believe that the teachers we loved were special, but it appears that Sister Cathy truly was memorable.

said she was going to be all right.

Sister Cathy “had compassion for the earth, and that was one of the reasons we entered the convent,” says Cecelia Wambach, a friend and former nun. “The Keepers” captures how the Vatican II spirit traveled to American dioceses and orders. “This was the role of us as religious, to be a part of changing the world,” says Wambach. Sister Cathy was drawn to teaching. Students called her upbeat, happy and approach-

able. She loved poetry and playing the guitar. “Sometimes she would give you advice, and sometimes she would just listen...she had a way of soothing your soul,” says one former student.

Her opposite, then, would be Father Joseph Maskell, a priest whose name has long been associated with the case—a priest dogged by accusations of sexual abuse. Shuffled from parish to parish and later to various mental facilities, Father Maskell is portrayed in the

series as a heartless predator—a man who assaulted Jane Doe in his counseling office at Archbishop Keough and then rushed her back to class. Father Maskell’s history is not news to Baltimore residents—the Archdiocese of Baltimore has been paying settlements to his accusers since 2011—but reading a news report pales in comparison to hearing women describe the abuse in detail on screen.

“Detail” is an understatement. The

Photo courtesy of Netflix

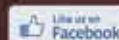
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women tell stomach-turning, anger-inducing stories of sexual assault, so much that viewers might wonder how this could be possible. Unfortunately, as “The Keepers” implies, the same elements of Catholic community that brought people together enabled secrets to remain. This was a world where children said the rosary during the Cuban Missile Crisis, where young men were told it was an “honor and a privilege” to be an altar boy. A world where the word of a priest was as good as the word of Scripture, and to disobey—no matter how uncomfortable the situation—was nearly an affront to God.

Early in “The Keepers,” Jane Doe is identified as Jean Hargadon Wehner. Her real name was known for years before the series, but her brave testimony on camera feels like a necessary step in the process of her heal-

ing. Amazingly, she remained a faithful Catholic—even becoming a eucharistic minister. All of the people depicted in this series—alums of the school, local reporters, family members and abuse victims—are consumed both by the trauma of these years and how that trauma rattled their faith.

Yet the faith, battered and nearly broken, remains—a testament to how “The Keepers” respects its subject matter. While the series unlocks the church’s sins in the abuse crisis, it also documents the faith of women in this community as a shining light, a faith guided by the memory of Sister Cathy. Her memory is best survived by seeking justice.

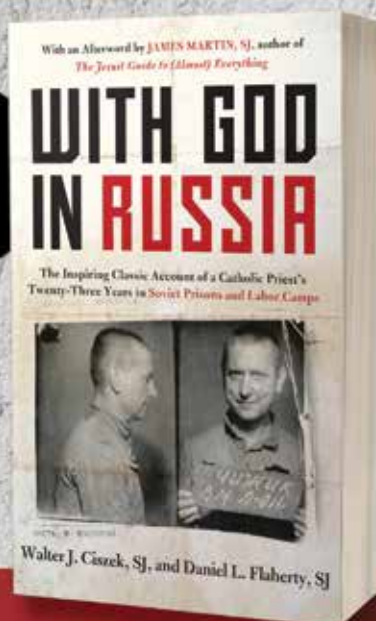
“The Keepers” has more than its share of surprises; the second half of the series has more shocks and turns than any fictional detective story could

successful employ. To its credit, “The Keepers” never feels convoluted or forced. The series stays honest to the decidedly Catholic world that influenced Sister Cathy to devote her life to others. In one scene, Tom Nugent says the working-class Catholics of Baltimore of that era “are living for that glorious moment when their little daughter puts on a veil and goes for her first Communion.” His words feel like a lament. Is that world gone? “The Keepers” is a story about a time when the sacred trust of faith was broken and how that rupture continues to reverberate years later, staining the soil of our communities and tainting our souls.

Nick Ripatrazone has written for *Rolling Stone*, *The Atlantic*, *The Paris Review* and *Esquire*. His newest book is *Ember Days*, a collection of stories.

THE CLASSIC MEMOIR OF A CATHOLIC PRIEST'S ENDURING FAITH DURING HIS 23 YEARS AS A SOVIET PRISONER

NEW AFTERWORD
by
Father James
Martin, SJ



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—JAMES MARTIN, SJ,
from the Afterword

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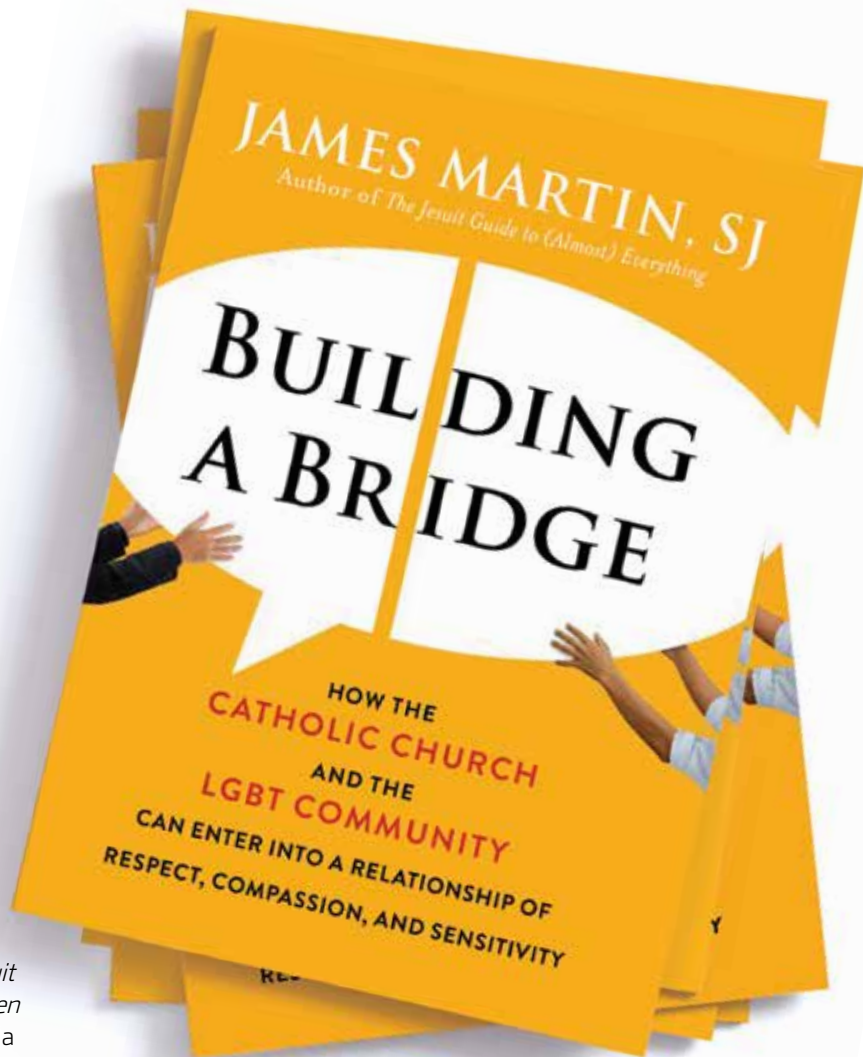
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REV. JAMES MARTIN, SJ, is a Jesuit priest, editor at large of *America* magazine, and bestselling author of *Seven Last Words*, *The Abbey*, *Jesus: A Pilgrimage*, *The Jesuit Guide to (Almost) Everything*, and *Between Heaven and Mirth*. In April Pope Francis appointed him as a Consultor to the Secretariat for Communication.



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‘Music Is Life and Life Is Poetry’

By Joe Hoover

Entries to this year’s Foley Poetry Contest came in from students, professors, prisoners, mothers, musicians, ex-farmers, biologists, Irishmen, doctors, a Pulitzer Prize nominee, several nuns and a dentist. They were sent from Montenegro, Pakistan, Zambia, Canada, India, Nigeria, Kenya, the Bronx, the United Kingdom, the Sultanate of Oman, Australia, Brazil, Romania, Morocco and Manitowoc, Wisconsin.

In all, about 850 poems were sent to **America** between Jan. 1 and March 31 (148 were mailed in, more than a few of those handwritten, for which I continue to be grateful). One was from a former student of Joseph Ratzinger’s at Tübingen. He wrote about sunlight. In “The Convert’s Heart is Good to Eat,” Melody Gee writes, with startling truth, “But a heart is ever on display,/ swollen with light, ripened to sweetest grief,/ ever thirst and appetite and answer.” Sister Diane Reed, with no attempt, I am certain, to dress up her poem and sway the editors, drew a purple and orange flower on her entry.

Some poems are compelling simply in the way the words run. “Theotokos,” by Kathleen Kilcup begins, “Ash-marked, she/ swallows salt and brightly yokes/ each cell/ to the burning/ one, the fawn,/ the furious he.” The poem is not easy to fathom, but you can feel it, and sometimes that is enough.

Similarly, Jennifer Key’s “Ghost Psalm”: “You will never come back/ though my blood sings your name,/ and the heart, ghost of a continent,/

sounds the syllables sewn to its own./ I will stand in the field clothed in silence./ Tell me, Father, where should I look/ when not even the rain can find you?”

Occasionally the authors’ cover letters or bios are as striking as what they are attempting in their actual poems. At the bottom of a devastating piece about a string of deaths in her life, one poet writes: “Been over 17 years and my baby brother doesn’t have a marker to his grave. Being poor, the rich look down on you. Music is Life and Life is Poetry.”

Another entrant tells us, elegantly, that she “is a gender non-conforming person, aglow in genders.” The poet goes on, “They grew up in an Ultra-Orthodox Community. A former Rabbi’s daughter and current queer outlaw, they write on their experience of gender isolationism in their Orthodox community to which they still belong.”

The vast majority of the poems were about spirituality and religion. The first lines of “Reality,” by Terry Marshall Campie, a prison inmate in Rochester, Minn., cut things down to the basic, frightening and hopeful truth: “My life is Christ’s/ He is in control and all-powerful.”

This year’s winner (recipient of the \$1,000 prize), selected with the aid of two other **America** staff member—Associate Editor Olga Segura and an O’Hare fellow, Teresa Donnellan—is the lovely poem “The Rio Grande (South),” by John Poch. The three runners-up, to be published in subsequent issues, are: “I would be

remiss if I didn’t consider the possibility of gratitude,” by William O’Leary, “Praise,” by Renny Golden and “Jerusalem Slim,” by Michael Topa. Go to our twitter feed, @americalliterary, for more on these and other poems.

Surprisingly few of the poems submitted this year were about politics. Maybe everyone is exhausted. One exception was “The Race,” by the ninth-grader Owen Pallenberg. It begins: “A man and a woman were running a race./ The man dressed in red with a very orange face./ And the woman dressed in blue with a pantsuit and a briefcase.”

The whole disaster is rendered as a kind of children’s book: simple declarative sentences, vivid primary colors, an actual rhyme scheme. Someday, all this will be distant, something we can comprehend, horrified or amused, read to a 6-year old in simple, breathy sentences under a Batman lamp.

It is what a poem uniquely does, what all the Foley entries did in one way or another. They let you see things in a new way. They maybe even help you deal with those things when you never thought you could. Thank you, Owen, and everyone who shared their truth with us.

Joe Hoover, S.J., is **America’s** poetry editor.

The editors of America are pleased to present the winner of the 2017 Foley Poetry Award, given in honor of William T. Foley, M.D.

The Rio Grande (South)

By John Poch

Cascabel of liquid days
weaving inaudible Zs
in your long slow passages
where your scales
weigh in the balances
the light and grays
reflecting quartz and dust,
how do you fuse
two visions into one tongue
forked now and then
with such thirst
wandering through
this long brown chasm?

With rain you might wake
and wash the foothills,
for heaven's sake
rolling over stones,
the ocotillo jealous
of your distance, the roots
of juniper and willow
reaching to touch
the ragged hem
of your garment.
Iridescent,
as if risen,
you leave behind
your holy ghost.

John Poch was born in Erie, Pa., and received a doctorate in English from the University of North Texas. His poems have appeared in Poetry, Yale Review, Image, America and other journals. His collections include Two Men Fighting With a Knife (2008), Dolls (2009) and Fix Quiet (2015). He teaches at Texas Tech University.

The Foley Poetry Award is underwritten by a generous grant from the William T. Foley Foundation.

Relationships between law enforcement and the communities they police have deteriorated significantly in minority neighborhoods.

Is 'democratic policing' the answer to law enforcement abuses?

By Michael P. O'Connor



Unwarranted
Policing Without
Permission
By Barry Friedman
Farrar, Straus & Giroux.
416p \$18

In *Unwarranted: Policing Without Permission*, Barry Friedman has taken on a monumental task—to fix the broken relationships between law enforcement agencies and the communities they serve. It may seem odd to describe a book about law enforcement in relational terms. Friedman's thesis, however, is that the community being policed must predetermine the proper use of police powers. The dysfunctions seen in the execution of policing are largely failures of the public to properly exercise their role in this relationship. *Unwarranted* is Friedman's powerful call for "democratic policing." It requires the public to take responsibility for policing *ex ante* (be-

fore the fact). Calling for democratic policing is simple in theory; achieving it is far more difficult.

Unwarranted is principally a collection of stories, carefully selected to illustrate important deficiencies in our current system of policing. Friedman uses compelling characters in true stories to describe the state of policing today. Though they are anecdotal, case studies must be used to paint a tapestry of police practices, in part because hard data is unavailable for many relevant police activities. *Unwarranted's* stories introduce relevant topics to the reader before each topic is tied together with discussions of history, civics and political science. Each highlights the failings of a particular police practice. Friedman exposes the frayed fabric weaving together mass surveillance in the name of anti-terrorism, more mundane warrantless searches and seizures of persons and property, and dramatic police shootings of unarmed suspects.

Friedman does not demonize the

police. Far from it. While abuses by individual officers and whole departments are not downplayed, Friedman places the blame for deficient policing practices on legislatures, courts and, more importantly, on the public.

Friedman's critiques the current system we use to determine appropriate police practices.

Deference to police agencies in establishing best practices is currently combined with post-hoc evaluations of these practices through citizen review boards, lawsuits and judicial decisions. This system has led to a host of horrors, including: body cavity searches of people during routine stops conducted without probable cause; swat team home invasions of innocent persons; concussion grenades thrown into the playpen of an infant; massive unwarranted electronic surveillance; the use of drones to spy on entire cities; and an epidemic of police shootings. *Unwarranted* is convincing when critiquing the current method of determining how law enforcement personnel police

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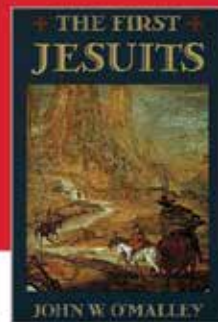
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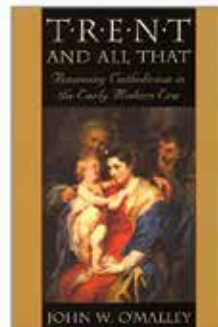
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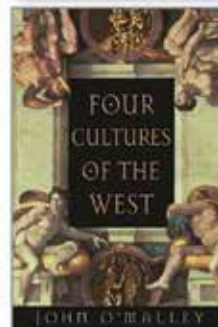
As the legacy continues, Harvard University Press is pleased to be publishing O'Malley's new history of the First Vatican Council in Spring 2018—the first book-length study in English in nearly 100 years.



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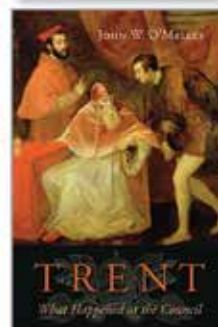
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their communities. Legislatures have shown little inclination to curb law enforcement misconduct. Courts have been too solicitous of specious justifications for grave misconduct. If we expect law enforcement personnel to do their jobs properly, radical change is necessary.

Relationships between law enforcement personnel and the communities they police have deteriorated significantly, particularly in minority communities. *Unwarranted* calls for a sea change in the form of democratic policing. In making his proposal, Friedman sounds more hopeful than convincing. There is little doubt that people should be concerned about the behavior of police and whether policies are sufficiently direct and clear so as to protect individual liberty, privacy and bodily integrity. Little, however, supports his proposition that involving the public in the articulation of police policies will result in greater protection of these interests. Having

spent the better part of two decades representing people on death row, I have witnessed some of the ugliest manifestations of majoritarian views concerning how police should treat criminal suspects.


Friedman recognizes that democratic control over policing has led to some of the greater abusive police practices. This should come as no surprise, as the “tyranny of the majority” was one of the great fears of the framers of the Constitution and one of the reasons our system is a constitutional republic and not a pure democracy. The Catholic reader will recognize the majority’s failure to protect individual and minority rights as a failure to embrace the principle of solidarity, which abhors injustice and inequality while demanding respect for the rights and dignity of each human being.

Lack of solidarity permits judges to uphold the power of the state when violating the dignity of the individual, who is usually poor and too frequently

a member of a minority. Neither the majority nor the current judiciary see themselves in the poor, minority targets of police oppression or surveillance. It is unlikely that we can change things that are inherent in a majoritarian viewpoint. Lack of solidarity, however, is not inherent to judging. If we change the process that leads to judicial selections, we may change judges’ abilities to respect the rights and dignity of the marginalized

Friedman challenges those who would criticize democratic policing to offer alternatives. One possible alternative is to revise the criteria used to assess judicial qualifications. The federal judiciary is overwhelmingly composed of former prosecutors or civil lawyers representing wealthy clients. They feel no solidarity with the poor because they do not know the poor. Lawyers, professors and the American Bar Association should demand that for each judicial position, at least one candidate be considered whose clientele was significantly or exclusively composed of poor people and minorities. Lawyers who have represented the poor and minorities against powerful opponents will find it easier to uphold the rights of those persons when they are before the courts. Many of the most highly intelligent, ethical and compassionate lawyers in this country have spent their careers representing the poor and marginalized. Yet these same people are rarely considered for judicial openings. Considering one such candidate for each position would increase their representation on the bench. While this would not eliminate the need for democratic policing, it might provide a more viable protection for the rights of the least powerful.

In the Epilogue, Friedman cites



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the aftermath of recent police shootings as a source of hope for changes in policing. Friedman poignantly identifies how events overtook his writing of *Unwarranted* and made the issue of controlling police practices more relevant and imperative to the majority of Americans. Friedman, of course, could not have known at that time that these same events would be used in the presidential campaign as political fodder, and that President Trump rejects any critique of police practices. Subsequently, Attorney General Jeff Sessions has stated that the Justice Department will stop monitoring “troubled “police agencies, will “pull back “from lawsuits against police departments accused of violating the rights of minorities, and will seek the

most serious charges available in every case.” Little criticism followed these announcements, for fear and prejudice often overcome the crowd’s better angels. This coda to *Unwarranted’s* epilogue highlights the problem of trusting democratic policing to protect the rights of the most vulnerable.

Unwarranted is a timely book that provides great insight into the problems of policing. The public has a vital role to play in determining solutions. However, perhaps the greatest role the majority can play is to recognize the importance of empowering judges who embrace solidarity with the poor.

Michael P. O’Connor is a professor of law at the University of La Verne College of Law in California.

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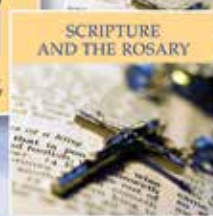
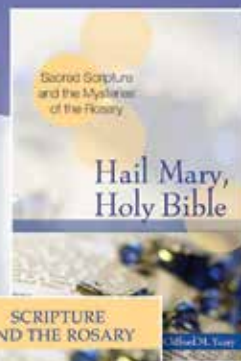
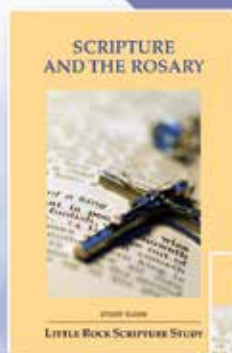
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An amoral enterprise

The American gun industry has succeeded in wiping its fingerprints off any firearms employed in incidents of gun violence. Media reports ignore what, if any, responsibility gun manufacturers have for the tragedies inflicted by their deadly products. When the families of those slain try to hold the industry to account in court for making combat-style weapons available to the public, the plaintiffs find themselves looking down the barrel of the Protection of Lawful Commerce in Arms Act, which provides broad immunity for manufacturers and sellers of guns used in crimes. That is what the dismayed parents of the murdered children in Newtown, Conn., found when a state judge dismissed their suit

against the Remington Outdoor Company, whose AR-15-style rifle was the killer's weapon of choice.

The Gunning of America points the problem of violence back on the gun industry. In her fascinating history of the origin and growth of American gun culture, Pamela Haag draws back the curtain that has rendered manufacturers invisible. She finds that "American gun violence emerged from the banality of the American gun business." With the advent of mass manufacturing in the 19th century, the public had to be seduced to buy guns so that gun factories could fully utilize capacity and maximize profits. Marketers had to convince the public that everyone needed a gun. A mystique was born: "Real men" needed to own guns; women were unsafe without

one; municipal governments needed them even more than they thought. In Haag's eye-opening account, the gun industry unfolds as a fundamentally amoral enterprise. Conscience plays no role in its decisions; manufacturers accept no responsibility, even indirectly, for the violent consequences of their work. It's just business, after all.

Frank R. Herrmann, S.J., teaches law at Boston College.



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A man of many commitments

The meaning of matter, the scope of philosophy and the life of embodied creatures like us are among the topics that Terry Eagleton, the literary theorist and public intellectual, explores in *Materialism*. While the first chapter categorizes the materialisms on offer in today's marketplace of ideas, somatic materialism garners most of Eagleton's attention, since it best describes the approaches of Marx, Nietzsche and Wittgenstein, who each receive a chapter in this short book. Somatic materialists uncover our shared human experience of embodiment as revealed in the reality of agency-cum-dependency that shapes our understanding of the world.

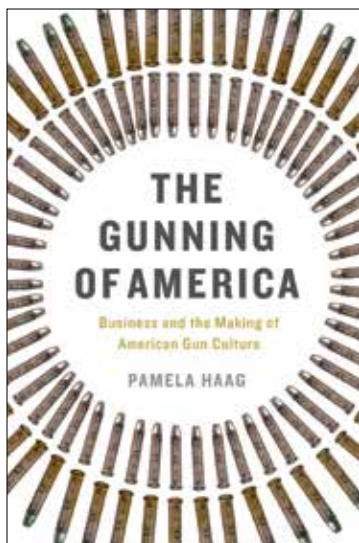
Eagleton calls out atheistic materialism, pokes fun at the contemporary tendency to claim that every

need is a natural one and wittily uses Donald J. Trump, Hillary Clinton, Lindsay Lohan and Michael Jackson as examples. Eagleton is at his provocative best when bringing Marx to bear on Nietzsche, amusing us with stories about the enigmatic life of Wittgenstein and deflating puffed-up continental versions of speculative materialism (a view that attempts to animate matter).

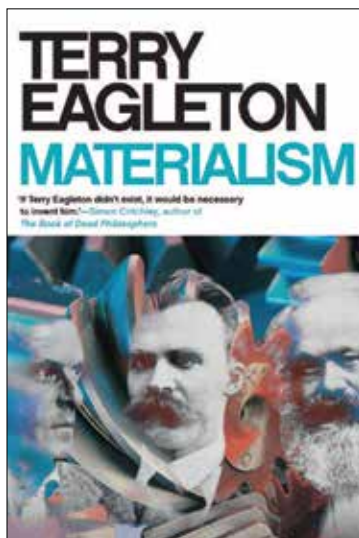
Absent, though, are important topics like the mind/body relationship, neuroscience, technology and our relationship to the nonhuman animal. Because Eagleton is concerned only with the universality of the human body (and not its differences), he also leaves the contentious question of gender identity unexamined. Yet, it is Eagleton's deeply held suspicion of speculative thinking that keeps him from engaging theological approaches

that would make his analysis of materialism more meaningful. While he adroitly applies spiritual ideas around the edges (St. Thomas on the soul and the incarnation, St. Paul on the *soma*, etc.), Eagleton seems only too ready to sideline explorers of dogma and doctrine as merchants of spiritual production, an approach that rules out whole spheres of *homo religiosus*—contemplation, prayer, thinking and revelation. Eagleton is a man of multiple commitments (only one of which is Christianity); nonetheless, after over 40 books his work is still provocative, learned and captivating.

M. Ross Romero, S.J., is assistant professor of philosophy at Creighton University in Omaha and the author of *Without the Least Tremor: The Sacrifice of Socrates in Plato's Phaedo*.



The Gunning of America
Business and the Making of
American Gun Culture
By Pamela Haag
Basic Books. 496p \$20



Materialism
By Terry Eagleton
Yale University Press. 176p \$22

A domestic whodunit

Fran Hall has managed to persuade herself that her spouse really is *The Loving Husband* she longs for. But as Christobel Kent's thriller unfolds, it is clear to everyone else that Nathan is manipulative, controlling and sinister. Plenty of potential enemies lurk in the bleak British marshland to which he has moved Fran and their two small children. By the end of the first chapter, Nathan lies dead in a ditch.

Two small-town cops, lacking imagination, figure that Fran did him in with her kitchen knife. She seems clueless or evasive about Nathan's routines. The weapon is right there, stuck in a pot of bulbs. All they need do is exclude concern until she shares enough information to incriminate herself.

Fran, still in shock, leaves out some very personal details, and these omissions will come back to haunt her. She does not have the presence of mind to call a lawyer or even to insist on more support from the village's family liaison officer. She figures it will be up to her to track down the killer.

Rashly, she tries to do that by interviewing shady characters on her own, without telling anyone where she is headed. That ratchets up the tension.

Meanwhile, Fran still must see to the needs of her nursing baby and a 4-year-old terrified by sightings of "the bad man." Could they be in danger as well?

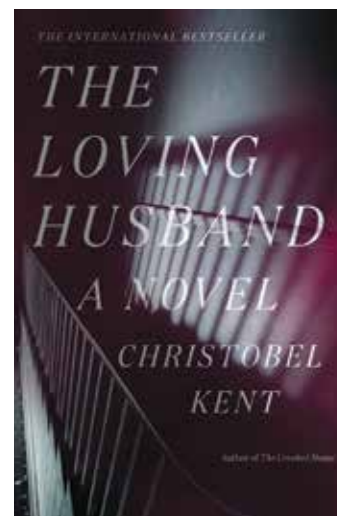
Fran's fierce protectiveness for her children is appealing, but the author does not give her much depth beyond that. We learn little about Fran's previous life at a magazine in London or why she seems bent on relationships with men she barely knows.

Two inanimate "characters" are better sketched. The Halls' drafty old farmhouse is replete with peril, from a rat-filled attic to unlocked doors. The surrounding district is Dickensian in its harshness; every field, ditch and tree line holds menace.

The author speeds up the action in the final chapters as if she has lost track of the clues and miscues she has planted. The novel ends in a patched-together way that leaves inconvenient details behind.

Fans of domestic thrillers will likely forgive this. Others will figure that real life offers more than enough tension of its own.

Barbara Curtin Miles is a retired journalist in Oregon.



The Loving Husband
By Christobel Kent
Farrar, Straus and Giroux. 416p \$27



In the new adaptation of *Anne of Green Gables*, hope is replaced by horror

Anne Shirley, an orphaned, bookish dreamer who brings new joy to the home of an elderly brother and sister, came alive in the *Anne of Green Gables* novels penned by L. M. Montgomery in the early 20th century. One of the most popular literary heroines of all time, Anne was most famously brought to the screen in the charming adaptation by Kevin Sullivan in 1985. After a disappointing film remake in 2016, the emergence of this new series has been eagerly awaited by Anne-lovers everywhere.

First released on CBC and now on Netflix, “Anne With an E” is a state-of-the-art production. The casting is stellar, and Amybeth McNulty certainly looks the part of our quirky heroine; but she is not Anne Shirley from the classic book. The failure is not due to McNulty’s acting; it happens because the writers have missed the entire point of *Anne*. “Anne With an E” turns the innocence and joy of a beloved chil-

dren’s book into a gothic nightmare.

This Anne is not the unconventional, determined schoolgirl envied for her confidence, power to enchant and unbreakable sense of self. McNulty’s Anne’s painful past has not taught her compassion. Instead, her desperate fear of being unloved makes her self-focused and sometimes even cruel.

“Anne With an E” presents a vicious, bullying and cruel Avonlea in place of the safe-haven town that welcomed Anne—a place of light and security. The show’s creators fall prey to the war on whimsy, the tired modern tactic of reworking the classics in order to make them “realistic.” We must trade in the innocent, beautiful and hopeful for the dark, broken and edgy. A world in which an orphan finds the beauty of home is sadly considered unworthy of our attention. But if you cannot enjoy the simple delight of Avonlea or the triumph of a fairy tale, then, in the words of Anne herself, “how much you miss.”

After a childhood of loneliness and neglect, would an orphan girl be the vivacious, open-hearted and confident young woman depicted in Montgomery’s books? It is unlikely. But what an impoverishment to remove every unlikely joy to make a story more believable. A story of an abused child and the trauma she would carry the rest of her life is a story that needs telling. But it is not Anne’s story.

L. M. Montgomery, a neglected child herself, knew that Anne’s perhaps foolishly hopeful story has great value. We all know the world is painful, that suffering and loneliness can be unbearable and can break us. We know there are evil people and communities that will victimize their most vulnerable members. But we often fail to remember that we can persevere and foolishly seek beauty and goodness in a dark world. And that by doing so we courageously make the world a brighter place. This is our

“Anne With an E” turns the innocence of a beloved children’s book into a gothic nightmare.



Photo: Netflix/Ken Woroner

Anne Shirley, who jaunts into a world of fairies and wood sprites not only to escape the pain of her past but out of sheer wonder and love for the true and the good. No matter what pain and brokenness we are suffering, we can follow her to Avonlea to remind ourselves why we keep fighting for a world of innocence and joy for our children, even when the quest seems impossible.

“Anne With an E” leaves behind that world of Avonlea and replaces it with a darkness in which belief in heroines and safe havens is merely foolish naïveté. This unfortunate adaptation reminds us that now more than ever we need unrealistic, ridiculous Anne Shirley, with all her whimsy and infectious joy.

Haley Stewart is a writer, speaker, podcaster, beekeeper’s wife and mother of three. She blogs at *Carrots for Michaelmas* and is currently working on a book for Ave Maria Press.

What ‘S-Town’ misses about life in rural America

Listening to “S-Town” makes me cringe.

The seven-episode look at one man’s life in rural Alabama is the most downloaded podcast in history. Phone calls mixed with interviews and reflections by the producer Brian Reed document a months-long saga in Woodstock, Ala., where Reed travels to investigate an alleged murder and instead winds up painting an intimate portrait of resident John B. McLemore.

The show’s success is due to its appeal to an urban, educated audience, and the story is presented through an urban, educated lens. Listeners who have no experience with rural life are fed sound bites that confirm tropes of Southern, rural living—specifically racism, “white trash” poverty and a “backward” way of thinking.

The poverty and racism that exist in rural areas do not exist in a vacuum. But instead of exploring the historical and socioeconomic forces that shape the “characters” of Woodstock, the show gives listeners racist epithets without context. The town of Woodstock is nearly 95 percent white, and its residents have long family lines in the area. Residents have little contact with people who look or think differently. Simply interacting with people of different races has been shown to change prejudiced white attitudes. People living in diverse cities take such interactions for granted.

None of this is to say racism should be excused or accepted. But before enlightened “S-Town” listeners cast off as irredeemable those

who express racist views, they should consider how they themselves might see the world if they lived their whole adult lives in Woodstock, Ala.

“S-Town” could have gone deeper into some of these rural complexities, instead of breezing past them for the next sensational sound bite. Instead, “S-Town” borders on being another American “poverty tour,” which rarely benefits those who are on display.

“S-Town” tells a single story of Woodstock and of rural American living. It is not the only story, and it is far from complete.

Wyatt Massey is an *O’Hare Fellow at America*.

Brian Reed is the producer of the podcast “S-Town.”



Photo: S-Town/Sandy Honig

Becoming the Body of Christ

Readings: Dt 8:2-16, Ps 147, 1 Cor 10:16-17, Jn 6:51-58

It was only about two months ago, on Holy Thursday, that the church celebrated the body and blood of Christ. It might seem odd to commemorate that gift again so soon, but today's celebration has a different character. Holy Thursday was solemn and focused our attention on Jesus' death. Today's solemnity is joyful and focuses us on the mission begun at Pentecost: to act as Christ did and share his love with the world.

Today's Gospel is one of many in which John compares Jesus to Moses. Through Moses, God gave the lamb of Passover, water in the desert, bread from heaven and God's own words in the law. These gifts gave vital but temporary support to Israel's life. Through Jesus, God also gives a lamb, a spring of living water, bread from heaven and a new commandment. These gifts sustain life eternal.

The Mosaic covenant was born from intimacy with God. "The Lord used to speak to Moses face to face, as a person speaks to a friend" (Ex 33:11). John believes the Son knows a deeper intimacy, "The Word became flesh and made his dwelling among us, and we saw his glory, the glory as of the Father's only Son, full of grace and truth" (Jn 1:14). Moses' face shone with a reflected glory; the Son bears divine glory of his own. Jesus came to bring to completion the project that Moses began on Sinai.

Jesus nearly subverts this elegant theology with his teaching to eat his flesh and drink his blood. They likely understood that he was speaking in symbols, but the symbols were disgusting. The Hebrew Scriptures outlaw cannibalism, and one of the strongest Levitical taboos forbids the drinking of blood from any being, living or dead. It was impossible to believe that such language could have fulfilled any part of God's plan through Moses.

Jesus chose such shocking words to make an even more shocking point. Just as the flesh of the paschal lamb nourished a people in flight and its blood protected Israel from death, so Jesus' body and blood would sustain and protect a people sent out.

John's account of the Last Supper lacks the eucharistic

'Whoever eats my flesh and drinks my blood remains in me and I in him' (Jn 6:56)

PRAYING WITH SCRIPTURE

How has Christ's eucharistic presence acted in your life?

How have you let Christ act and love through you?

institution narrative that we find in the other Gospels and Paul. Instead, it is in today's reading from his Gospel that he compares Jesus' body and blood to earthly food. This passage is located not long after the multiplication of the loaves and just before Peter's confession of faith. This passage connects Jesus the new Moses with Jesus the Christ, a source of life for those who believe.

Jesus' body was a place of action. In his body, Jesus healed, fed, forgave, called and taught. Through Jesus' body, humanity felt God's love. John teaches us today how we too can, like Jesus, give God a body from which to act and a heart from which to love.

The medieval sisters of Liège who instituted the feast of Corpus Christi coupled eucharistic adoration with a robust commitment to the works of mercy. Their love of Christ's body made of their own bodies a place from which God could act in love. So must we continue the mission of Christ.

Michael R. Simone, S.J., is an assistant professor of Scripture at Boston College School of Theology and Ministry.

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A Life of Boldness

Readings: Jer 20:10-13, Ps 69, Rom 5:12-15, Mt 10:26-33

This Sunday the church returns to the continuous reading of Matthew's Gospel. On the Sundays before Ash Wednesday, the church heard much of the Sermon on the Mount (Matthew 5-7). The Sundays of Lent and Easter have special readings all of their own, as do Pentecost and the two Sundays following it. With today's readings, the church returns to Matthew's narrative, having passed over two chapters that chronicle Jesus' early ministry in Galilee. In Chapter 8, the Evangelist relates several great wonders and healings, including the healing of the Gadarene demons and the calming of the storm. Matthew continues this theme in Chapter 9, but introduces a discordant note. With the healing of the paralytic, Jesus starts to encounter opposition. Matthew notes that when Jesus forgives the man's sins, some of the scribes accuse him of blasphemy. Similar hostility colors the other episodes of this chapter, as even the disciples of John the Baptist arrive to challenge Jesus (Mt 9:14-17). Undeterred, Jesus expands his ministry by preparing the Twelve for missions of their own. In the Gospel reading today, Jesus prepares them for the rejection and hostility they can expect.

Matthew often relates Jesus' teachings against fear. Sometimes Jesus addresses anxieties over natural or material things, like food or clothing, and enjoins his listeners to

trust in divine providence. Today Jesus addresses a different fear: fear of human opposition. Some rejected Jesus' message with great hostility, and the Twelve were understandably anxious about being sent out to preach on their own.

Jesus commands two simple things: fear no one and preach boldly. These themes appear throughout early Christian literature. Luke, for example, chooses to describe the way the early church spoke the Gospel with the word *parrhesia*, whose meanings include "bold speech," "risky speech" and "speech for the common good." Bold speakers may inspire fascination, but in an explosive environment like Roman-occupied Palestine, such fearless speech must have struck the Twelve as more imprudent than inspiring.

Jesus drew inspiration from another bold speaker, Jeremiah the prophet, the author of our first reading. His preaching aroused hostility; the king of Israel had his prophecies burned as they were read to him (Jer 36:20-26). The prophet, undeterred, simply sent him another scroll. His boast that "the Lord is with me like a mighty champion," was no idle claim. Jeremiah was imprisoned, tortured and left to die in a muddy well; he was delivered each time. He never stopped preaching, and history proved his words to be correct.

Matthew was writing for Christians of every age. The fearless, risky speech of Jeremiah and Jesus is both an example and a command to the church throughout time. Jesus trusted in his heavenly Father and had confidence in his own message. As our second reading reminds us, his gift was not like our transgression; his love was greater than the world's hate. We need to trust the same message. When Christians anywhere live the Gospel boldly and risk themselves for the good of humanity, they acknowledge Christ alive and at work in the world. These are the disciples on whom God relies to continue the Son's mission as history unfolds.

Michael R. Simone, S.J., is an assistant professor of Scripture at Boston College School of Theology and Ministry.

'Fear no one!'

(Mt 10:26)



PRAYING WITH SCRIPTURE

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How deep is your trust in God's care?

What bold word can you speak for Christ?

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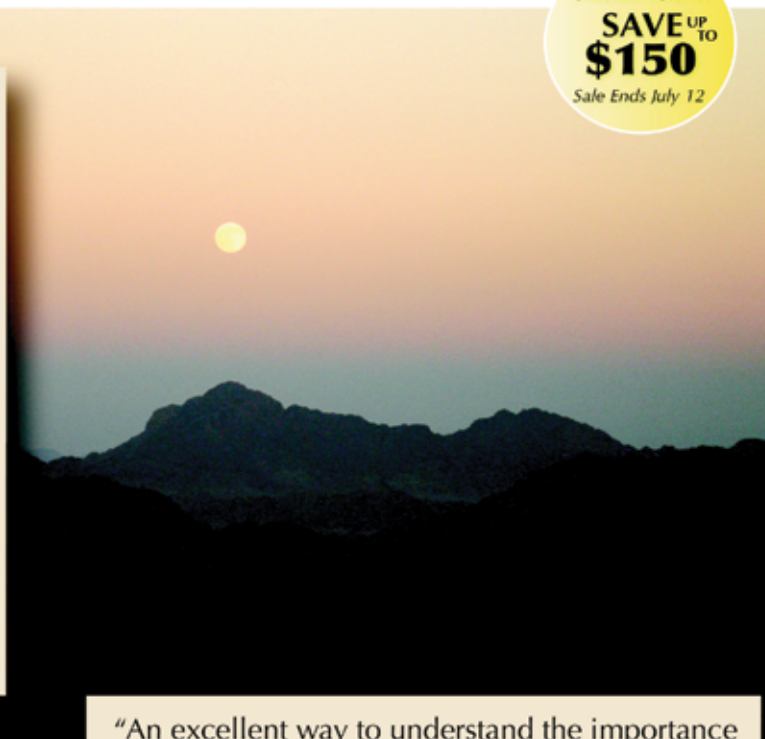


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Healing With God

Prayer helps both patients and caregivers face an uncertain future

By Carol Keehan



Serving over 35 years in health care has been a special grace in my life. I have had the opportunity to be with people in some of the happiest and toughest moments of their lives, often simultaneously. Many of these moments have required wrestling with challenges in accepting God's will and knowing that as much as we love someone dealing with an illness or tragedy, God loves them more—he is the ultimate “maker and keeper of our days.”

Prayer, in these moments, can take many forms. It can be thanksgiving for a benign diagnosis or a life saved after a horrible accident pleading for a cure or for someone to accept treatment; or it can be anguish and anger at a health system that leaves so many without the resources needed to even attempt to get treatment.

Prayer sustains and energizes caregivers. Knowing you can be the kindness and care of our God made visible is no small gift. Through prayer, we are able to talk over challenges and frustrations that are inherent in our health care environment while also understanding that knowing God is an incredible privilege.

It is always very inspiring to work with caregivers who so obviously live this daily, and so often it is the housekeeper, the technician or the person delivering the tray. Patients themselves are often our greatest inspiration. Their trust, their patience and

recourse to prayer make a real difference in their lives and in those of their caregivers. It is one reason that caring for patients who seem not to have had the joy of knowing God is often so painful. Not to know how much you are loved and cherished, not to know God walks with you, can make a tough illness so much more challenging and lonely. Often we can be the tenderness of God for them.

Many caregivers, myself included, anguish over patients who lack insurance and access to care. There is needless suffering, whether from treatment started too late to cure or chronic conditions that could be managed well if only treatments and meds were available.

This is why, after much prayer and assurances that federal funding for abortion was prohibited, many caregivers supported and worked to implement the Affordable Care Act. It is an imperfect law, to be sure, but one that brought health insurance to over 20 million Americans, many of them children and the elderly. It also improved insurance for those of us with employer-sponsored insurance or Medicare.

Now our prayers are focused on the possible repeal of the A.C.A. Under the bill passed in the U.S. House of Representatives, over \$800 billion allocated by Congress for health care for low-income working Americans would

be used instead to give large tax cuts to the wealthiest in our country. Fourteen million Americans will lose health insurance if the Senate passes anything close to the House's bill, and \$15.9 billion in tax cuts will be given to people making over one million dollars a year. This will be a painful step backward in our health care system, particularly for low-income Americans.

Whatever job you have in health care—or government—prayer is a wonderful companion. For some of us, it is an essential companion. Prayer allows us to walk with our God as we do the tasks he has assigned us in caring for his people, to draw on his guidance and, we hope, to be a sign of his love for those who are sick and their families. Together, we must pray and work to get a bipartisan effort in the Senate to fix, not destroy, the A.C.A.

Sister Carol Keehan, a member of the Daughters of Charity, has more than 35 years of experience in nursing, administration and governance of hospitals. She has been president and chief executive officer of the Catholic Health Association for over 11 years.



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Jesus sent out these twelve after instructing them." (Mt 10:5)

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