

# America



MAY 28, 2018

THE JESUIT REVIEW OF FAITH AND CULTURE

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## Now, Some Good News

The examination of conscience is a useful exercise, that short period of reflection and prayer when we ask God to reveal to us the lights and shadows, graces and sins in our lives. The prayer was a favorite of St. Ignatius Loyola, so much so that he is reputed to have said that even if a Jesuit misses every other prayer obligation on a given day, he should never skip the examination. I wish I could say I have never missed it, mainly because I find the examination, or Examen, as Ignatius called his version, incredibly valuable. This column, in fact, is one of its fruits.

I realized recently that I have been very critical in this space about the character and direction of the public discourse. Such criticism is not unwarranted, of course. The state of the public discourse is bad and getting worse. But I was also reminded of one of the 10 principles of the Catholic Social Media Compact, which I wrote about here earlier this year and to which **America** is committed: “We will, as far as possible, identify and celebrate the good, the true and the beautiful as much as we name and challenge what is immoral, unjust or evil.” So, this column is an attempt to atone for my not having done enough of that, at least in this space.

For the record, there are good things happening. Hundreds of organizations across the country are doing the hard work of bringing people together for civil debate and thoughtful reflection. In addition to our modest efforts at America Media, there are people like John Carr, who leads the Initiative on Catholic Social Thought and Public Life at Georgetown University. His team is helping to bridge divides in the capital of our national

divisions—not easily done, but they are trying and largely succeeding. I also think of the new PBS talk show “In Principle,” hosted by Amy Holmes and Michael Gerson, which includes guests from politics, the arts and the academy who occupy positions across the ideological spectrum.

But one recent effort to renew the civic dialogue stands out among the others. This summer, for the fifth year in a row, a diverse group of some of the brightest minds in the nation will convene in the town of Kent, an Arcadian hamlet in western Connecticut that is home to the prestigious Kent School. Billed as “a festival of ideas,” Kent Presents brings opinion leaders and public intellectuals to a place where the citizens are almost evenly divided between Republicans and Democrats, in order to have a dialogue that bridges our divisions, political and otherwise. It is the brainchild of Donna and Ben Rosen. Mr. Rosen is a former venture capitalist and chairman emeritus of Compaq Computer. Mrs. Rosen owns a gallery for contemporary art in New Orleans and is a board member of the Whitney Museum of American Art. A few years ago, the Rosens adopted Kent as a hometown of sorts and decided to put their hefty Rolodexes to work for the people there. And the benefit is a twofold: Attendees are treated to a smart, civil dialogue about major issues of our time, and Kent-area charities are the beneficiaries of the proceeds from the ticket sales.

In addition to a board of advisers that includes Stephen Sondheim and Henry Kissinger (I am guessing that this might be the first board they have served on together), previous

panelists and presenters include the former Bush advisor Nicholas Burns, the former Obama adviser Stephanie Cutter and cultural leaders like Jen Homans, the distinguished founder of the Center for Ballet and the Arts at New York University. Last year, Ambassador Burns interviewed Secretary Kissinger about the future of U.S. China policy, which was a tour de force, if equal parts scary and hopeful. But the highlight was a panel discussion about the future of American politics, which featured, among others, the liberal New York Times columnist Charles Blow and the conservative Trump administration economic advisor Larry Kudlow. Whatever one thinks about their views, there are not many places in the country where those two would be invited to share a stage.

And that’s the point. In the hyper-partisan, polarized world in which we live, it is a success just to have two people in a room who disagree with each other and do so civilly. Admittedly, there was a boo or two from the audience at the mention of the president’s name, but it stood out because the heckles struck a dissonant chord with the spirit of the event. As I have said before, I live in a pretty big glass house, so I am reluctant to throw stones. But perhaps those few boo-ers will make their own examinations of conscience and realize, as the saying goes, that it is “better to light a candle than to curse the darkness.”

Kent Presents is a small flame in a very dusky world, but I am grateful to them and to the many people throughout this country who are doing their part to light the way.

—  
Matt Malone, S.J. *Twitter: @americameditor.*



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Palestinian medics and protesters evacuate a wounded youth during a protest at the Gaza Strip's border with Israel on May 14, the day the new U.S. Embassy opened in Jerusalem.

Cover Image: Pope Francis embraces a boy during a visit to the Federico Gómez Children's Hospital of Mexico, Mexico City, Feb. 14, 2016. (CNS photo/Paul Haring)

AP Photo/Adel Hanna

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## What does a 'good death' mean to you?

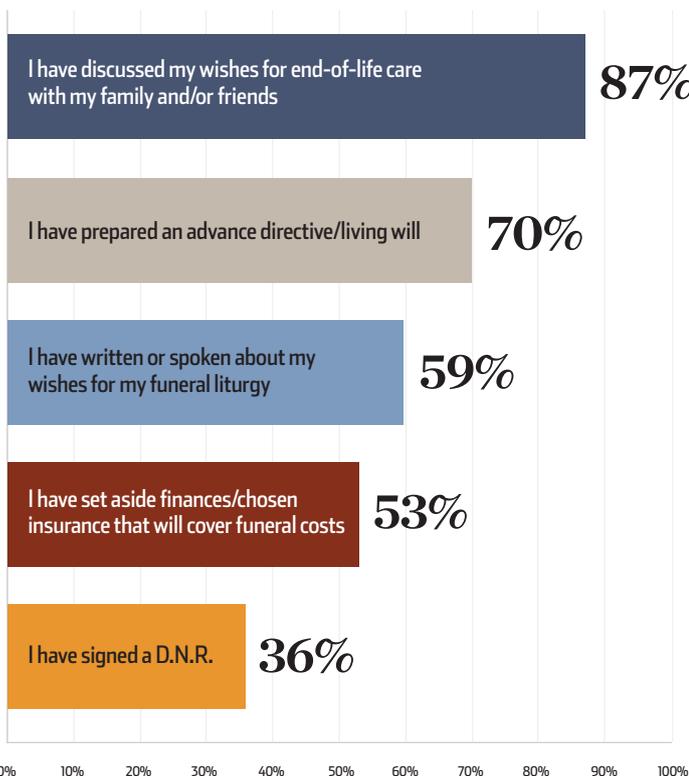
When **America** asked readers the above question on social media, it became clear that respondents had already given a great deal of thought to the concept of a good death. Seventy percent of respondents told us that they had prepared an advance directive or living will, which described their desires regarding medical treatment in case they could not express informed consent. An even higher number of respondents (87 percent) said that they had discussed their wishes for end-of-life care with family and/or friends. Fifty-nine percent told **America** they had written or spoken about their wishes for their funeral liturgy; 53 percent set aside finances or chose insurance that will cover funeral costs; and 36 percent signed a do not resuscitate (D.N.R.) order.

When asked to describe what a good death meant for them, many readers referred to surviving family friends in

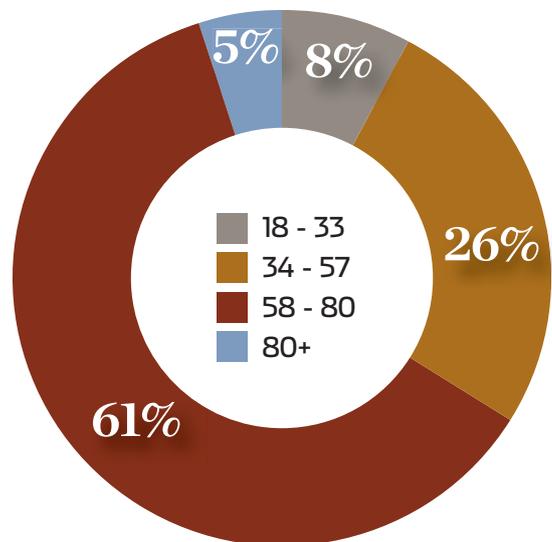
their answers. Kathleen O'Hagan of Naperville, Ill., told **America** that a good death "allows one to tie up loose ends with relationships and allows one to face the end of one's life confident that your loved ones will indeed go on with life without you. Preferably with little pain, but that's a little idealized."

Readers also included last rites in their description of a good death. Connie Walsh of St. Paul, Minn., wrote: "A good death for me means being with family and friends with pain managed in my own home.... Of course, my priority would be to have the Eucharist and if possible a liturgy in my home." Melody McGowan of Columbus, Neb., similarly wrote that a good death meant "to be at peace with God, to have the last sacraments if that is possible. To be at peace in my relationships, that my loved ones know how much I love them."

## What steps have you taken to prepare for your end-of-life care?



## What is your age?



*A good death is "knowing that my family knows that I love them and want them to move on quickly."*

—John Smith, Pearl River, N.Y.

*A good death "reflects the values, beliefs and wishes of the person dying. A chance to say goodbye and to be mourned in a way that feels meaningful."*

—Christine, Berkeley, Calif.

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

### Freedom From Fear

Re “Thank You, Senator,” by Matt Malone, S.J. (Of Many Things, 5/14): I agree with Father Malone about the importance of addressing others with the proper decorum. In fact, persons who have developed courtesy in their lives create an atmosphere of comfort and freedom from the fear of humiliation. This, in turn, enables people to be themselves without fear of rejection.

**Rhett Segall** ●

### No Perfect Christian

Re “Revisiting the Dictatorship of Relativism,” by Aaron Pidel, S.J. (5/14): This article reveals the author to be very reflective as he highlights some gems from the thought of Pope Benedict XVI. If I could summarize: Religion and reason go together; the “left” in U.S. politics could use a healthy dose of religion to gain a wider view of human dignity; the “right” in the U.S. political sphere could gain back some of its moral integrity by speaking louder against obvious violations of human dignity on the part of some of its members; both sides need to check their egos at the door and embrace reform and a reality check; there is no perfect political party, just as there is no perfect Christian.

**James Hickman** ●

### Real Reform

Re “California Has Over 700 People on Death Row; Executions Could Resume Soon,” by Jim McDermott, S.J. (5/14): As a pro-life, moderate Republican, I oppose capital punishment and support stringent gun control laws. For a number of years, I have been pen pals with a man who is serving a sentence of life imprisonment at a Philadelphia prison. He is a devout Jehovah’s Witness, and I believe that he has reformed his life. I certainly agree that solitary confinement is inhumane, and life without the possibility of parole is also inhumane. In my view, it does not take into account the fact that people can change their lives for the better. I do think a life sentence may be just, depending on the seriousness of the crime, but the prison environment must be humane.

**Tim Donovan** ●

### Prodigal Son

Re “Who Are the ‘Real’ Catholics?” by Kerry Weber (5/14): Thank you, Ms. Weber, for returning the focus to a positive and potentially fruitful perspective. The Catholic Church should indeed be a home where people can fully be themselves, oriented to God and blessed by communal life. Catholics are excluded when people align themselves with the eldest son in the story of the Prodigal Son—the “real” and “good” son who does as he should. The whole point is that we need to be merciful, as the Father is merciful.

**Elissa Roper** ●

### At the Heart

This is a thoughtful article that goes to the heart of much of the divisiveness in the church today. The charge that polling is flawed because it isn’t focused on ‘real’ Catholics is a cudgel in the culture wars.

**Vince Killoran** ●

### No Closure

Re “Life Without Parole Is No Moral Alternative to the Death Penalty,” by Katie Quandt (4/30): As a person whose family member was a victim of homicide, I have thought and rethought and reviewed the facts regarding the death penalty and how it is currently carried out in the United States. This issue calls forth a response that is informed by faith, based on Gospel values as well as research.

I agree that “locking people away and throwing away the key is not a moral solution,” if that is where efforts at restorative justice end. Ms. Quandt fails to offer any solution to an unjust criminal system and the need to form consciences that are informed by faith and fact. According to the Death Penalty Information Center, 61 percent of persons support alternatives to the death penalty.

And, as a family member of a victim of homicide, my sense of loss and pain would only be magnified by knowing another (possibly innocent) human was executed; there is no “closure.”

**Marge Mattice**

Green Bay, Wis.

● Comments drawn from our website, [americamagazine.org](http://americamagazine.org), and America Media’s social media platforms.

Letters to the editor can be sent to [letters@americamedia.org](mailto:letters@americamedia.org). Please include the article title, author and issue date, as well as your name and where you are writing from.

## The Art of the Nuclear Deal

During President Donald Trump's announcement that the United States would be leaving the Iran nuclear deal, he could not stop himself from mentioning that his secretary of state was on his way to North Korea. Mike Pompeo would be preparing for the president's upcoming meeting with the leader formerly labeled "Little Rocket Man."

The juxtaposition of the two countries was no accident. Mr. Trump seemed to say, "Trust me with Iran; I know what I'm doing." Indeed, two days later, Mr. Pompeo returned to the United States with three American prisoners from North Korea. Kim Jong-un had released the men into his custody.

Later that day, the president tweeted that the meeting with Mr. Kim would take place on June 12 in Singapore: "We will both try to make it a very special moment for World Peace!"

Mr. Trump deserves credit for bringing Mr. Kim to the table. Perhaps the bombastic exchanges between the two leaders will somehow lead to an unprecedented understanding between North Korea and the United States. And pulling out of the Iran nuclear agreement could, in theory, result in a better deal

with Iran somewhere down the line.

In both cases, it is early in the game. There is no deal yet with North Korea, and it remains to be seen if Iran will continue to honor the nuclear agreement with the remaining signatory states despite the imposition of U.S. economic sanctions. But beyond relations with Iran and North Korea, the way Mr. Trump is wielding economic and military power will come with collateral costs.

The United States left China, Britain, France, Germany and Russia in a very difficult position by stepping away from the Iran deal. Even if unpredictability and the willingness to walk away from commitments can break stalemates with North Korea and Iran, such actions tarnish U.S. credibility in future multilateral efforts.

Mr. Trump, who in his business endeavors often capitalized on short-term gains, may not be concerned with the status of the United States in 10 years. But U.S. citizens should be. Misguided foreign policy decisions can reverberate for decades.

President Ronald Reagan approved repeated interventions in Central

America. Thirty years later the region is mired in poverty and violence. President Clinton's insistence that Haiti drop rice tariffs devastated the Caribbean nation's agricultural sector. And the Middle East is still reeling from President George W. Bush's decision to invade Iraq and topple Saddam Hussein—an action that benefited Iran in the end.

Iran's ongoing support of Hezbollah and Hamas merits a change in course. Yet Mr. Trump could have heeded the advice of President Emmanuel Macron of France to negotiate with Iran without walking away from the existing agreement. Together with U.S. allies, Mr. Trump could have helped Iran develop a more stable economy, the surest path to peace.

Being unpredictable sometimes leads to a better deal in business, but walking away from international commitments foments mistrust among allies. U.S. foreign policy cannot become a showcase for one administration's presumed deal-making prowess. If things fall apart, the United States does not get to file for bankruptcy and start another country.

## When Parishes Must Close

Like many Catholics across the Northeast and Midwest, parishioners in Pittsburgh are adjusting to a difficult new reality. On April 28 Bishop David A. Zubik announced plans to reduce the diocese's 188 parishes to 57 by 2023. The parish closings follow years of falling Mass attendance—the diocese reports it is down by more than 40 percent since 2000—and decreased participation in the sacra-

ments. The number of priests in the diocese is also expected to fall from 200 today to 112 in 2025.

This situation is not unique to Pittsburgh. The Archdiocese of Hartford is in the process of merging dozens of parishes and expects its 212 parishes to be consolidated into 85 over the next decade. Last year, the Archdiocese of Chicago, where an estimated 240 priests will be available to serve as

pastors in 2030, launched "Renew My Church," a major consolidation and renewal initiative for its 351 parishes.

Parish closures and mergers are painful, as anyone knows who has seen the doors close on the church where they were married or were baptized as a child. Parishioners feel they have lost their spiritual homes. But too often, coverage of these plans fails to recognize the severe constraints

dioceses confront. Many of these churches were built at a time when seminaries were full or when it made sense to have clusters of ethnic parishes serving waves of new immigrants. Today, the church does not have the personnel to staff these parishes or the resources to maintain their properties. According to the Center for Applied Research in the Apostolate at Georgetown University, in 1965 there were 1,289 parishioners per priest; that ratio is now 2,600 to 1; 20 percent of parishes lack a resident pastor, compared with 5 percent 50 years ago. (The priest shortage is playing out rather differently in the South and West, where church construction can hardly keep up with growing Catholic populations.)

There is no way to meet the present challenge without a significant degree of real loss. But that does not mean these decisions have to be pitched as zero-sum battles. Any decisions to close or merge parishes should be preceded by an extensive period of consultation with parishioners. In Pittsburgh, for example, the diocese allowed a three-year period of discernment that included meetings with nearly 30,000 parishioners.

Parishioners, for their part, should make a good-faith effort to see the bigger picture beyond their parochial walls. Focusing on what can be gained through consolidation—resources for outreach to young people, services to the poor, better liturgies—places the understandably bitter loss of “my” parish in the proper context: the entire church. That church is not a collection of buildings but a living body that can experience loss but also rebirth.

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## Prescriptions are not to blame for today's opioid crisis

In April, the Centers for Disease Control and Prevention announced that prescriptions for opioid pain relievers, like Percocet, Vicodin and OxyContin, declined by 10 percent last year alone, part of a downward trend that has been happening since 2011. This good news, however, does not necessarily indicate an end to the years-long increase in opioid-related deaths.

How to explain the paradox? Isn't overprescribing behind the opioid epidemic?

Not today. In the late 1990s and into the 2000s, prescription opioids were indeed the main cause of overdose deaths (at least when those pills were combined with alcohol and Valium-type drugs), but today the drivers are heroin and, even more, fentanyl, a synthetic opioid that is 50 times as potent as heroin. Fentanyl or heroin (which itself is usually tainted to some extent with fentanyl) was present in more than two-thirds of the roughly 42,000 opioid-related deaths in 2016.

Pain relievers remain widely abused, and doctors and dentists need to prescribe them carefully. But caution will be effective only if we understand more precisely who is at risk for abusing these drugs and how they get access to them.

First, it is important to address the matter of addiction. Contrary to common belief, prescription opioids do not pose a significant risk of addiction to the average person who has had a tooth extraction or a surgical procedure.

According to a 2016 national survey conducted by the Substance Abuse and Mental Health Services Administration, 87.1 million U.S. adults had used a prescription opioid—whether prescribed directly by a physician or

obtained illegally—sometime during the previous year. Only 1.6 million of them, or about 2 percent, developed a “pain reliever use disorder,” which includes behaviors ranging from overuse to overt addiction.

People who are given a few days' worth of an opioid pain reliever like Percocet or Vicodin rarely develop an addiction. Yes, a subset is at risk; it includes people with histories of addiction and those struggling with psychiatric conditions, and caution is particularly important with young adults. It is wise to discuss if opioids are really needed, to prescribe as few pills as possible and to enlist a family member to manage them for a young adult.

Addiction in chronic pain patients is a somewhat different story. Estimates for new addictions resulting from opioids prescribed to manage chronic pain vary widely, but the C.D.C. guideline on prescribing opioids cites a range of 0.7 percent at a low dose to 6.1 percent at higher doses.

Still, just because opioids do not produce high rates of addiction in patients does not mean doctors are not overprescribing. Few patients need (or use) more than a week of pain relievers for a temporary problem. The problem is that excess pills remain in medicine chests around the country and fall into the wrong hands. According to the Substance Abuse and Mental Health Services Administration, among people who misused prescription pain relievers in 2013 and 2014, about half said that they obtained them from a friend or relative, while only 22 percent said they received the drugs from their doctor.

While physicians must be cautious about prescribing, they must also be sensitive to the needs of patients with

long-term and intense pain. Take the case of Anne Fuqua, a 37-year-old nurse from Birmingham, Ala. Previously, Ms. Fuqua worked in hospice care, but she has not been able to take care of patients for the past 14 years. In her late teens, she was diagnosed with primary generalized dystonia, a neurological disorder marked by painful muscle spasms. She was unable to tolerate the usual medications prescribed for dystonia, but Ms. Fuqua and her doctor found that opioids dramatically reduced the rigidity.

Ms. Fuqua is among millions suffering from afflictions like rheumatoid arthritis, neurological illness and inflammatory conditions who receive opioids, sometimes at high doses. Without these drugs, many of them cannot get out of bed or hold a job.

While a strong case can be made for carefully reducing doses in patients with their consent, no data support non-consensual or forcible dose reductions or curtailment in otherwise stable patients. There is also anecdotal evidence of harm (emotional trauma, medical or psychiatric deterioration and even suicide) from forced reductions or outright cessation of painkillers.

A compassionate approach to the opioid crisis is possible. Doctors need to be careful prescribers, and health systems and payers need to make more treatment available for those struggling with addiction. At the same time, we need to allow people crippled by pain to retain access to the medicine that enables them to lead as full a life as possible.

---

*Sally Satel is a psychiatrist who practices in a methadone clinic. She is a resident scholar at the American Enterprise Institute.*

# ST. PATRICK'S HISTORIC PEW NAMING OPPORTUNITIES

The pews at St. Patrick's Cathedral are true witnesses to history. Heads of state, royalty, politicians, and public figures are seated in them at Christmas, St. Patrick's Day, and Easter Masses, as well as for papal visits and archbishop installations. The oak pews date back to 1929, and the intricate carved pattern on each pew matches the beauty of the carvings on the gallery organ.

Pews are available on the center aisle, the north and south aisles, and the north and south chapel aisles.

**Be a part of our history.** Join us in preserving St. Patrick's Cathedral – a treasured landmark – for generations to come.

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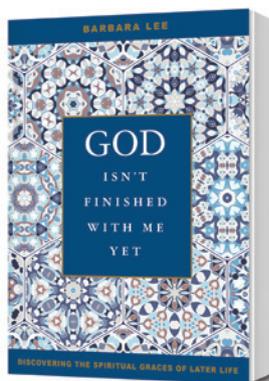
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## Where are the guideposts for the spiritual life of aging?



In *God Isn't Finished with Me Yet*, Barbara Lee shows readers how Ignatian prayer and discernment offer those in later life a path to discovering new vocations and ways of living and serving.

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A photograph showing a woman with long blonde hair in a ponytail, wearing a black top, holding a baby. She is smiling and looking down at the child. In the background, two male doctors in white lab coats are standing and talking. One doctor is holding a coffee cup. The setting appears to be a hospital or clinic with a glass partition and a red chair visible.

# Political tumult, polarization are among challenges facing Catholic health providers

The member institutions of the Catholic Health Association of the United States—654 hospitals and more than 1,600 continuing care facilities—face the same demands as their secular peers: among them containing the galloping costs of new technologies and drug therapies, retaining staff, and maintaining expertise.

But Catholic institutions confront some unique chal-

lenges too, said Carol Keehan, of the Daughters of Charity, president and chief executive officer of the Catholic Health Association. Catholic institutions can accept Pope Francis' call for a church that goes to the margins "like a field hospital" quite literally. "As you look at our footprint across the country," said Sister Keehan, "Catholic health care remains an integral part of the health care of this na-

Nine-month-old Conner Walkenhorst and his mother, Jennifer Walkenhorst, visit in July 2017 with Dr. Nadeem Parkar and Dr. Wilson King, physicians instrumental in the creation of a three-dimensional model of Conner's heart at SSM Health Cardinal Glennon Children's Hospital in St. Louis. The model allowed for detailed planning of the baby's successful heart transplant surgery.

tion. We've done it since the beginning of this nation and we continue to do it." In fact, each day in the United States one in six patients seeking medical attention is cared for at a Catholic hospital.

Going to the margins to open or maintain health services does not always earn C.H.A. members accolades; sometimes it provokes unfriendly scrutiny. Catholic institutions have come under fire when they turn out to be one of the few or even the only health care provider still standing in urban and rural communities that have been abandoned because of difficult logistics or economics.

The often vehement criticism focuses on services—contraception, sterilization, elective abortion, gender reassignment therapy or surgery, and acts of euthanasia—that Catholic institutions will not offer. "Being true to the mission of Catholic health, we want to be respectful and welcoming and caring for all patients in the context of still saying there are some things we are not going to do," said Sister Keehan.

In times past those limitations on specific services might have seemed reasonable to most people; in recent years, however, Catholic health services have frequently been attacked for purportedly improperly caring for women or transgender patients because of such restrictions, a charge Sister Keehan strongly denied. She pointed out that Catholic hospitals must follow the same accreditation regimen and offer the same standard of care as any other health care provider. They often provide the highest level of care, she said, for women facing problem pregnancies.

The attacks from the A.C.L.U. and a handful of other groups are part of a broader polarization Sister Keehan sees at work in contemporary U.S. society. "The vitriol, the lashing out at people, the diminished respect for each other and the atrocious way [disagreements are] often expressed in public" is something she said many Catholic health care administrators are still adjusting to. Sister Keehan cited recent comments about Senator John McCain of Arizona, who is approaching death but still objecting to torture revivalism in the Trump administration. "There just seems like there is no boundary that people won't cross anymore."

The polarized environment—"when you're dealing with people making accusations [about the mistreatment of women patients] that are outrageous or vicious"—makes

it "really very tough," she said, "sorting out the challenges affecting the Affordable Care Act and sorting out a reasonable respect for the conscience of each person."

And dealing with scurrilous attacks is a distraction from the more positive work hospital staff could be doing, she argues. Sister Keehan recalled a webinar offered by C.H.A. in December on meeting the spiritual needs of patients who were experiencing different levels of dementia. "We had 400 people on that webinar," despite the upcoming holidays, she recalled. "That is how sensitive people in Catholic health care are to the importance of total care of the patient.

"Now that was a really good use of our time, but getting into these polarized conversations and responding to deliberate misinformation," Sister Keehan said, can be draining for health care administrators and staff.

But asked about the greatest challenge confronting the national Catholic health network this year, Sister Keehan's response was instantaneous. "The absolute disruption of the health care delivery system by efforts to destroy the Affordable Care Act" in Congress and the White House, she said.

Before the 2016 elections, Sister Keehan said, C.H.A. member institutions had been considering how best to support the expansion and stabilization of what has become popularly known as Obamacare. Instead they have been consumed by a rear-guard effort to preserve the A.C.A.'s achievements.

She called the passage of the A.C.A. in 2010 the greatest step forward in U.S. health care since the creation of Medicare and Medicaid in 1965. "We saw 20 million people who did not have insurance get insurance," she said. Instead of building on that progress and addressing some of the major deficits of the A.C.A., she said, the Trump administration has exhausted itself on unsuccessful efforts to legislatively euthanize Obamacare before seeking its death "by a thousand cuts" through regulatory reversals and underfunding awareness-raising efforts.

"We are destabilizing not only the health care delivery for low-income people but for middle-income people," she added. Owing to the uncertainty created by Trump administration policy shifts like repealing the mandate that individuals acquire insurance coverage, she said that insurers

have been raising rates on all policyholders, not just those receiving government-subsidized insurance.

Those hikes have been accompanied by rising copays and coverage limitations reminiscent of the kinds of restrictions the A.C.A. was created to address. Those limits can deter even well-insured people from seeking medical care they may need, a return to pre-Obamacare form that will likely contribute to poorer health outcomes in the United States and lower revenue for some already hard-pressed C.H.A. member institutions.

Despite such challenges, Sister Keehan insists it remains a “wonderful time” to be working in Catholic health

care, giving no small part of the credit for that to the lift provided by Pope Francis and his many encouragements. He has been “laser focused,” she said, on the important role of health providers in relation to the church’s other priorities, including supporting the family and global migrants, and assisting people out of poverty. “You have such a sense that this holy father understands how important health care is and its importance to the credibility of the Gospel message,” she said.

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

CATHOLIC HEALTH CARE IN THE U.S. (2018)

**654 HOSPITALS**  
**12%** OF ALL U.S. REGISTERED HOSPITALS



**1,634 CONTINUING-CARE FACILITIES**



**530,599 FULL-TIME WORKERS**  
**225,433 PART-TIME WORKERS**  
**= 13% OF ALL U.S. HOSPITAL WORKERS**

IN ONE YEAR, CATHOLIC HOSPITALS ACCOUNT FOR:

Outpatient visits = **109 million**

Emergency room visits = **20 million**

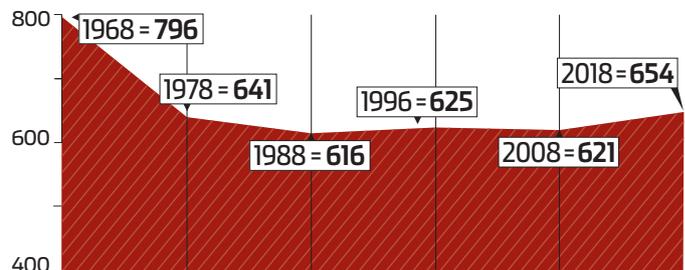
Hospital admissions = **5 million**

Births = **529,000**

Catholic hospital admissions = **46% Medicare patients and 21% Medicaid patients**

**ONE IN SIX PATIENTS SEEKING MEDICAL ATTENTION IS CARED FOR AT A CATHOLIC HOSPITAL.**

CATHOLIC HOSPITALS IN U.S.



LARGEST CATHOLIC HOSPITAL SYSTEMS

	Rank among all hospital systems	# of hospitals	# of states	Annual revenue
Providence St. Joseph Health	2	50	5	\$25.3 billion
Ascension Health	3	111	24	\$21.9 billion
Trinity Health	6	64	18	\$16.3 billion
Catholic Health Initiatives	7	103	21	\$15.9 billion
Dignity Health	9	36	21	\$12.6 billion

EMPLOYMENT AT CATHOLIC HOSPITALS

1. South Dakota: **9,420 = 38% of all hospital employment**
2. Alaska: **3,807 = 36%**
3. Washington: **40,031 = 35%**
4. Oklahoma: **19,242 = 34%**
5. Wisconsin: **33,856 = 30%**

**THE LARGEST WORKFORCE IN CATHOLIC HOSPITALS IS IN CALIFORNIA (73,047), BUT THAT IS ONLY 14% OF THE TOTAL HOSPITAL WORKFORCE.**

Sources: Catholic Health Association of the United States; American Hospital Association. Number of Catholic hospitals unavailable for 1998; chart instead notes number from 1996. According to the Healthcare Cost and Utilization Project, 39 percent of all U.S. hospital admissions in 2012 were Medicare patients and 21 percent were Medicaid patients.

## After a deadly van attack, looking for answers in Toronto



As Toronto's Yonge Street re-opens on April 25, visitors pay their respects at a memorial wall.

do not appear “normal.” Suggesting that people who struggle with mental health issues are prone to violence can further stigmatize them and is also inaccurate, Mr. Balint said; they are far more likely to be the victims of violence than perpetrators of it.

In comments to *The Toronto Star*, Margaret Spoelstra, executive director of Autism Ontario, agreed. “Autism is not the reason someone gets behind the wheel of a van and plows through a crowd of people,” she said, adding, “diagnostic criteria for autism do not include violent behavior.” According to the American Psychiatric Association’s latest *Diagnostic and Statistical Manual*, Asperger syndrome falls under the category of autism spectrum disorder. No link between autism and violence has been established in studies of the condition.

Mr. Balint said it is too early to determine all the factors that propelled Mr. Minassian to his terrible act in Toronto. He said it is clear that “there is hate” online and in the rest of society, “and people develop that over time, I think especially in toxic online communities like 4chan.” But, he added, “journalists the day after moved too quickly to causes like mental illness. The speed with which that happens doesn’t help us think through what’s going on.” Journalists should examine their prejudices, Mr. Balint said; otherwise they risk deeper marginalization of people already subjected to unwarranted fears and prejudices.

As more details about the motivations of Mr. Minassian surface, Mr. Balint said, Christians in particular should look for ways to welcome people with disabilities. That means everything from investing in more thoughtful architecture with accessible spaces to making sure people with disabilities are comfortable participating in visible roles in church services and communities.

“The basic thing is that people with disabilities are people, and disability is everywhere,” he said.

“Churches should keep trying to become communities, where people are actually friends with each other, care about each other beyond a handshake, passing the peace,” said Mr. Balint.

“If we really do think everybody belongs, many of us ought to have different friends than we currently do.”

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Dean Dettloff, *Toronto correspondent*. Twitter: @deandettloff.

Details are still emerging about Alek Minassian, the 25-year-old man charged with 10 counts of first-degree murder and 13 counts of attempted murder after driving a van into pedestrians on Toronto’s Yonge Street on April 23. As the city mourns, investigators and journalists are trying to make sense of the event.

Based on a Facebook post Mr. Minassian wrote before the attack, misogyny and sexual frustration may have been motivations. The post referred to the internet message board 4chan and to Elliot Rodger, who killed six people and injured 14 in 2014 after making a video raging against women and his status as what has become known as an “incel,” someone who is “involuntarily celibate.” Mr. Minassian referred to the “Incel Rebellion” in his post, and most of the victims in his attack were women, though police say it is unclear if these victims were intentionally targeted.

Reporters have interviewed peers, classmates and neighbors who described Mr. Minassian as “socially awkward.” According to an article in *The Richmond Hill Liberal* in 2009, Mr. Minassian’s mother said she had a son with Asperger syndrome, a form of autism, but she did not name the son.

Speculation about Mr. Minassian’s mental health has been included in much of the reporting about the incident. Mental health advocates say that can be misleading.

Jordan Balint, a doctoral student at Emmanuel College in Toronto who researches disability and theology, said he sees implicit biases against people with disabilities in the reporting on Mr. Minassian, reflecting and reinforcing wider tendencies in society to marginalize those who

# The dizzying pace of improved relations is a welcome surprise in South Korea

Recent developments on the Korean peninsula have inspired a degree of shock and awe in diplomatic circles from Washington to Beijing. South Koreans themselves have been mesmerized by the previously unimaginable spectacle of the smiling leaders of North and South Korea, Kim Jong-un and Moon Jae-in, and their hand-holding diplomacy in the Demilitarized Zone, or DMZ.

“It’s really astonishing for us to see what is happening these days,” Bishop Peter Kang U-il confirmed by e-mail. “We never imagined things would develop so fast.” Bishop Kang, a former president of the Catholic Bishops’ Conference of Korea, leads the Diocese of Cheju in South Korea.

Average Koreans may be gobsmacked by the pace of the improving relations, but they hope follow-up negotiations and a much-anticipated meeting between U.S. President Trump and Kim Jong-un will keep the diplomatic momentum going, he said.

“Many Korean people have an impression that Mr. Trump is an unpredictable person, but they are also ready to bet on his rationality and common sense,” Bishop Kang said.

As talks of a non-nuclear North and a trilateral peace treaty raise expectations, the skeptical in South Korea point out that Northern leaders have reneged before on promises of better behavior and the denuclearization of the peninsula.

“However, many people seem to feel this time there have been fairly different signs in Kim Jong-un’s behavior and his way of expression,” Bishop Kang said. He cited a recent public opinion poll in South Korea that tracks a significant change of heart in the South regarding Mr. Kim.

Immediately after the historic meeting in the DMZ “truce village” of Panmunjom, 65 percent of South Koreans said they trust the sincerity of the North Korean leader regarding his desire for peace; almost half of even self-described conservative Koreans say they accept Mr. Kim’s sincerity, according to the bishop. “It’s a radical change,” he said. “Most South Korean people don’t seem so suspicious



North Korean leader Kim Jong Un and South Korean President Moon Jae-in raise their hands after signing a joint statement at the border village of Panmunjom in the Demilitarized Zone, South Korea on April 27.

about the intention of Mr. Kim, listening and watching his sincere attitude” during meetings with Mr. Moon.

Mr. Kim’s decision to send “his own sister, his most trusted person,” to the Winter Olympic Games appears to have begun the warming trend among people in South Korea.

Bishop Kang said the church in the South will attempt to capitalize on the improving cross-border mood by continuing its outreach efforts to the North. It has been offering humanitarian assistance for more than two decades, he said.

What comes next for the Koreas? “The two leaders of the South and the North already pledged to work toward establishing a peace treaty to formally end the Korean War,” Bishop Kang said. Mr. Moon has even offered to include the North in a joint economic development program with the aim of accelerating trade with the European Union, Russia and China, taking advantage of a railway link between the



two Koreas that was completed in 2003. That possible integration “would certainly improve North Korea’s economy as well as the South’s and bring a lot of cultural exchange,” Bishop Kang said.

Is it all happening too fast? Bishop Kang does not think so. Most in the South “don’t seem nervous” about the sudden progress on peace. “They have waited so long for it,” he said. Even the skeptical young, who had been “generally rather negative” toward the idea of reunification with the North, are now talking about their growing expectations for change on the peninsula—not the least of which would be “the day when they would be free from [military] enlistment.”

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Kevin Clarke, *chief correspondent.*  
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## California bishops: The mental health care system is broken



The Catholic bishops of California on May 1 released “Hope and Healing,” a pastoral letter on the care of those who struggle with mental illness. “People who suffer from severe and persistent mental illnesses are among the most misunderstood, ignored and unjustly stigmatized members of our society,” the bishops wrote in the passionate and strongly worded statement. “For them, our communities and parishes should be places of refuge and healing, not places of rejection or judgment.”

According to the most recent statistics from the National Institute of Mental Health, almost 20 percent of American adults experienced a mental health issue of some kind over the course of 2016 alone. The Centers for Disease Control and Prevention reports a 24 percent increase in suicides between 1999 and 2014.

“There seems to be something going on in our society that’s causing more and more people to struggle with anxiety, depression and other mood disorders,” says Dr. Aaron Kheriaty, professor of psychiatry at the University of California Irvine and co-author of *The Catholic Guide to Depression*. At the same time, “there’s a lot of folks that don’t have what they need.”

So in Orange County, “a county with a lot of resources, we have no county hospital where unfunded patients with mental health problems can go,” said Dr. Kheriaty.

“We regularly have patients that are suicidal or acutely psychotic basically boarding in our emergency rooms for days, waiting for an in-patient bed to open somewhere.”

“The mental health care system in California is broken,” wrote the bishops. “Our jails and prisons—indeed, our city streets—are filled with individuals who suffer from mental illness.... This is unacceptable.”

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Jim McDermott, S.J., *Los Angeles correspondent.*  
Twitter: @PopCulturPriest.





# THE FRANCIS EFFECT ON HEALTH CARE

## *A consistent ethic of life in a throwaway culture*

By James F. Keenan

Throughout the first five years of his pontificate, Pope Francis has made it clear time and again that he will not change any doctrinal teachings of the church. He is inclined, however, to expand further our understanding of those teachings. One area where Pope Francis has begun to advance Catholic teaching rather remarkably is health care.

With 649 hospitals, 1,614 continuing-care facilities, 523,040 full-time employees and yearly totals of more than five million hospital admissions, 105 million outpatient visits, 20 million emergency room visits and 527,000 new births, Catholic health care comprises the largest group of not-for-profit health care providers in the United States. Every day, one in six patients is treated in a Catholic health care facility.

To guide those works both here in the United States and elsewhere, the Catholic Church provides teachings and directives for employees working in its own facilities as well as for Catholics working in other health care facilities. These teachings seek to affect not only the practices in Catholic hospitals around the world but also practices in other health care facilities.

In order to appreciate the Pope Francis effect, we need to examine the legacy of his two predecessors. John Paul II influenced health care in a number of ways during his papacy on three significant issues. First, he insisted on a sanctity-of-life argument that highlighted the inviolability of human life. From this teaching, best expressed in his encyclical “The Gospel of Life” (“*Evangelium Vitae*”), he underlined that unborn human life could not be

Pope Francis uses sign language during an audience with catechists and people with disabilities at the Vatican on Oct. 21.



# Access to health care risks being more dependent on individuals' economic resources than on their actual need for treatment.

directly compromised under any circumstances. Following from that same sanctity-of-life teaching, he similarly held that there could be no assistance in the direct ending of a patient's life. Though Catholic teaching had opposed both abortion and euthanasia for centuries, these two teachings were given lucidity, urgency, priority and political force by John Paul II in a way not found in previous papacies. Moreover, such was his form of leadership that his bishops followed with the same level of commitment and focus.

Third, during his papacy a major new teaching emerged on the unresolved matters of reproductive technology, ranging from artificial insemination to in vitro fertilization and surrogacy. This teaching was determined by then-Cardinal Joseph Ratzinger, the prefect for the Congregation of the Doctrine of the Faith, with the clear approval of John Paul II. These three teachings on abortion, euthanasia and reproductive technologies are central to appreciating the effect of Pope John Paul II and Pope Benedict XVI on health care.

The concerns and emphases that Pope Francis brings to health care extend beyond these matters. Yet before we enter into how he extends these teachings, we need to note his pastoral style with regard to matters related to health care, because this style provides an idea of the originality of his contribution.

In an interview just six months after his election in 2013, the pope made a remarkable statement about the church's pastoral ministry:

We cannot insist only on issues related to abortion, gay marriage and the use of contraceptive methods.... The church's pastoral ministry cannot be obsessed with the transmission of a disjointed multitude of doctrines to be imposed insistently. We have to find a

new balance; otherwise even the moral edifice of the church is likely to fall like a house of cards, losing the freshness and fragrance of the Gospel.

As opposed to the prioritization of challenges that his predecessors developed, Pope Francis suggests no sustained set of priorities. The challenges he recognizes are multitudinous: immigration, sustainability, throwaway cultures, refugees, unemployment and global inequities, to name a few. And these issues are "connected," as he reminds us repeatedly in "Laudato Si"; they cannot be addressed in isolated ways.

One area where this interconnection of issues can be clearly seen is on the matter of sanctity of life. Before Pope Francis, the late Cardinal Joseph Bernardin, archbishop of Chicago, insisted on the interconnectedness of the challenges presented in sanctity-of-life concerns. Last year the present archbishop of Chicago, Cardinal Blase Cupich, celebrated the "consistent ethic of life" formulation of his predecessor:

In reading the signs of his times, Bernardin was concerned about the futility of treating issues like abortion, capital punishment, nuclear proliferation, and the use of military force as discrete topics. He understood how these issues were divisive in themselves. But he was convinced that a comprehensive commitment to respecting life as a principle connecting these issues would benefit them all.

Recognizing the connection among these teachings prompts a fairly expansive pastoral style for Pope Francis, different from Pope John Paul II's clear, focused and repetitive critiques on abortion, euthanasia and reproductive issues that had the cadence of a drum roll. Still, in style Francis is as forthright as John Paul II. We can recall, for instance, his comments on President Donald Trump's ending of the DACA program that protects undocumented young people from deportation: "I have heard it said that the president of the United States presents himself as a man who is pro-life, and if he is a good pro-life [man] then he will understand that the family is the cradle of life, and that it must be defended as a unit." During the U.S. presidential election in 2016, he even seemed to question Mr. Trump's Christianity: "A person who thinks only about building walls...and not building bridges is not Christian."

For Pope Francis, sanctity of life must be protected wherever and whenever it is threatened. In this way we can say he becomes the strongest papal advocate for a consistent life ethic in the church.

### **The Throwaway Culture**

Having looked at his “interconnected” style, let us now begin to look closer at its content. While Pope John Paul II looked at contemporary society as a “culture of death,” Pope Francis identifies it as “a throwaway culture” that places humanity and the environment in danger. While the identification is a constant theme in his 2015 encyclical, “Laudato Si’,” it appears time and again from the beginning of his papacy. We can see it particularly when he gives us a glimpse of his broadly inclusive understanding of the sanctity of life. This is from an address in December 2013:

The victims of this [waste] culture are precisely the weakest and most fragile human beings—the unborn, the poorest, the sick and elderly, the seriously handicapped, et. al.—who are in danger of being “thrown away,” expelled from a system that must be efficient at all costs.

One month later we hear him again:

Unfortunately, what is thrown away is not only food and dispensable objects, but often human beings themselves, who are discarded as “unnecessary.” For example, it is frightful even to think there are children, victims of abortion, who will never see the light of day; children being used as soldiers, abused and killed in armed conflicts; and children being bought and sold in that terrible form of modern slavery which is human trafficking, which is a crime against humanity.

In both instances, we see that he bases his argument concerning the consistent life ethic on two of his most fundamental platforms: the Gospel and the social doctrine of the church. When he invokes the Gospel, he identifies it with mercy: “One cannot understand a true Christian who is not merciful, just as one cannot comprehend God without his mercy. This is the epitomizing word of the Gospel: mercy. It is the fundamental feature of the face of Christ.” For Pope Francis, mercy requires accompaniment. This

can be seen in the most important Gospel parable, the story of the good Samaritan, about a foreigner who responds to an injured person when others do not and accompanies the person both to an inn and then afterward.

When Pope Francis invokes the social doctrine of the church, he focuses on our understanding of human dignity and the common good. He calls us to be attentive to subsidiarity and solidarity, maintaining a priority on the preferential option for the poor. The social doctrine of the church, rooted in the Gospel and made manifest in the Catholic tradition, is that which makes for a consistent life ethic: Sanctity of life read through the Gospel of mercy and the social doctrine of the church gives us an all-embracing view of the needs of human life.

Pope Francis has a third source for his teachings, the Argentine “Theology of the People.” Though some think of this theology as akin to “liberation theology,” it is closer to the popular piety and lived faith of the common people. This theology is a considered respect for the way the People of God have received and expressed their faith: the *sensus fidelium*, as it is traditionally called, or the wisdom of the believers who receive the Gospel in the way they, in conscience, live out their lives. Appreciating this third foundation of his thought, we can understand why this pope is so remarkable in respecting the consciences of the laity. As he writes in “The Joy of Love,” “We are called to form consciences not to replace them” (37). This respect has brought him to address directly such issues as a gay man who understands himself to be called to priesthood, or a divorced and remarried Catholic couple seeking Communion.

The key insights of his teachings on health care are from a consistent understanding of the sanctity of life that stands in contradiction to a throwaway culture, that demands mercy and accompaniment as it champions human dignity and the common good, and that is always mindful of the option for the poor, while never disregarding the integrity of the personal conscience and the need to discern moral issues through that conscience.

### **A Developed and Consistent Application**

Several months ago Pope Francis delivered a major address to members of the World Medical Association. I close this essay with a close analysis of this significant but overlooked text, because I believe it gives us a clear view of his fundamental concerns about health care along with its own “interconnected” logic.



CNS photo/L'Espresso/Romano

After greeting his audience, he turns in the second paragraph to surgeries and other medical interventions that are not always beneficial, and other treatments that do not “serve the integral good of the person.” Then, in the third paragraph, he refers us to an important teaching by Pope Pius XII, later developed by Cardinal Ratzinger in the “Declaration on Euthanasia,” that “that there is no obligation to have recourse in all circumstances to every possible remedy and that, in some specific cases, it is permissible to refrain from their use.”

Here he proposes that we need to consider “the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources.” He concludes by saying, “It thus makes possible a decision that is morally qualified as withdrawal of ‘overzealous treatment.’” By using the term “overzealous,” he not only affirms that a decision to cease such treatment is permitted, but also implies that to continue it might not be right.

The fourth paragraph calls us “to responsibly [acknowledge] the limitations of our mortality” and suggests that when we do, we restore “humanity to the accompaniment of the dying, while not attempting to justify the suppression of the living.” He adds, “It is clear that not adopt-

ing, or else suspending, disproportionate measures, means avoiding overzealous treatment.” Palliative care that accompanies the dying is the model being proposed here.

In the fifth paragraph, Francis recognizes both the difficulty in appraising relevant factors in end-of-life health care and that “the mechanical application of a general rule is not sufficient.” He then turns to the primacy of the patient’s conscience: “The patient, first and foremost, has the right, obviously in dialogue with medical professionals, to evaluate a proposed treatment and to judge its actual proportionality in his or her concrete case, and necessarily refusing it if such proportionality is judged lacking.”

In the sixth paragraph, he brings in economic inequities, in particular “the growing gap in healthcare possibilities.” Here he introduces a fairly significant factor into our understanding of end-of life issues: “Increasingly sophisticated and costly treatments are available to ever more limited and privileged segments of the population, and this raises questions about the sustainability of healthcare delivery and about what might be called a systemic tendency toward growing inequality in health care.” In the international press, this was the most frequently cited sentence from the discourse. After it, the pope reiterates his con-



Pope Francis visits with the Chicco community, part of the L'Arche movement, in Ciampino, Italy, on May 13, 2016. The visit was one of the pope's monthly acts of charity during the Holy Year of Mercy.

cern about shifts in the delivery of care both nationally and worldwide, saying, “access to healthcare risks being more dependent on individuals’ economic resources than on their actual need for treatment.”

In the seventh paragraph, he turns to the good Samaritan parable and insists on solidarity, specifying that “the categorical imperative is to never abandon the sick.” He concludes with a nod toward “palliative care, which...opposes what makes death most terrifying and unwelcome—pain and loneliness.”

In the eighth paragraph, Francis summons democratic societies to find legal solutions for these matters respecting “differing world views, ethical convictions and religious affiliations, in a climate of openness and dialogue.” But then he turns to human dignity and asserts that “the state cannot renounce its duty to protect all those involved, defending the fundamental equality whereby everyone is recognized under law as a human being living with others in society. Particular attention must be paid to the most vulnerable, who need help in defending their own interests.” He argues that the “recognition of the other...is the condition for all dialogue” and concludes, “Legislation on health care also needs this broad vision and a comprehen-

sive view of what most effectively promotes the common good in each concrete situation.”

Convinced of the clarity of the church’s opposition to the “act” of euthanasia, the pope has called us beyond that stance so as to attend to the most vulnerable, who might be dying with inadequate care or without accompaniment. He pricks our consciences, asking us whether, in our disproportionate use of technology, we delude those who can afford it that “overzealous treatment” is the best means by which to show they are cared for—while at the same time, having expended those resources on technology, we become distracted from the needs of those with fewer resources.

Pope Francis also pricks our consciences on a larger spectrum of health care issues when he asks whether the health care industry furthers the economic divide that already makes a disproportionate number of resources available to those who can afford them without any mindfulness of those who cannot. In a word, he brings to health care an extraordinarily developed and consistent application of the sanctity of life argument.

James F. Keenan, S.J., a moral theologian, is the Canisius Professor at Boston College.

# A HOME OF ONE'S OWN

As parents age and people with cognitive disabilities live longer, group homes are in high demand.

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By John W. Miller

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In a steady staccato Bob Matesic tells you his dream: “I want to live in a two-storey group home, with three coworkers and four staff people.”

The 56-year-old is one of 5.1 million Americans with an intellectual or developmental disability. Like roughly 3.5 million of them, Mr. Matesic still lives with family—his older brother, David, and wife Bindy. The Matesics would like Bob to move into a local group home, with round-the-clock care funded by Medicaid. But there is no room for him. After four years on a state

All photos by John W. Miller





The Emmaus Community of Pittsburgh takes care of 37 people with disabilities, housing 22 of them.



# There are 5.1 million Americans with an intellectual or developmental disability. ●●

waiting list, he still cannot get a spot.

As states continue to close large state-run institutions designed to house large numbers of people with cognitive disabilities, the United States faces a new crisis: a shortage of new nonprofit group homes, which have replaced institutions as the country's preferred way of providing lodging and support for this population.

Activists and caregivers say they are also worried about rising costs and cuts to Medicaid in the proposed new federal budget. They also face a demographic crunch due to aging baby boomers, stagnant wages for caregivers and a workforce shortage exacerbated by curbs to immigration under the Trump administration.

As expectations for taking care of people with disabilities have risen, total government spending on housing and support for this population has ballooned to around \$65 billion a year from around \$25 billion in 2000, according to the Coleman Institute for Cognitive Disabilities at the University of Colorado.

The new federal budget could lead to cuts in that number. "The President's Budget would have a devastating impact on people with disabilities and their families with unprecedented cuts to Medicaid, Social Security, and many other programs that make community living possible for many people with disabilities," The Arc, an advocacy group, said in a statement.

Although each state has its particular problems, "across the nation, the big issues are similar," says Mary Lee Fay, executive director of the National Association of State Directors of Developmental Disabilities Services. Modern needs for the cognitively disabled "run the gamut, and the complexity of individuals and the desire for choice is ever increasing," says Robert Budd, the chief executive officer of a network of group homes in New York that takes care of over 1,000 people, with around 2,400 employees to take care of them. "In some ways that's a good problem, but

in other ways it makes things more stressed."

Indeed, higher, more expensive standards of care are a good problem to have for many people with disabilities and their families. When Jim Tanasse of Olympia, Wash., was a young man and his brother Joe was born with Down syndrome, "it was the '60s, when parents were learning to demand better conditions, and they got him a place in a group home, instead of an institution," he says. When Mr. Tanasse's own son, Ryan, was born with disabilities, Mr. Tanasse "knew what kind of life I wanted him to have."

Ryan lives in a supervised group home with two other men and a caregiver, and works two jobs, including one washing dishes at a local hockey arena. Every Thursday afternoon, he walks three or four dogs as a volunteer for the Humane Society. "He has independence and is able to impact the community," says Mr. Tanasse.

## IN SEARCH OF SAFE HAVENS

In the Middle Ages and, later, revolutionary-era America, the "feeble-minded" were cared for by families and wider communities. Simple Simon could meet the pie man going to the fair. Although they were sometimes treated with scorn, they were also romanticized. William Wordsworth's 1798 poem "The Idiot Boy" tells the story of an intellectually disabled young man who gets lost on an errand and communes with nature. The essence of human goodness could be found by looking to those "who lead the simplest lives," Wordsworth said.

As the Industrial Revolution introduced mass production and markets, governments built sprawling institutions to house the disabled, modeled on the asylums of medieval Europe. "For some, institutions were a safe haven if their families were highly involved and could monitor things," says Linda Plourde, who runs an agency in California that provides living support to 80 people with disabilities who live independently. "For others who were more isolated, it was a nightmare. People would be



One reason there is a shortage of beds for the cognitively disabled is that it is hard to find a sustainable business model. Marisa Niwa has her own room at the Emmaus Community.

dropped off and abandoned.”

The number of people housed in these institutions in the United States peaked at 194,650 in 1967 and declined to 21,103 in 2015, the last year for which data is available, according to the Coleman Institute. By comparison, 680,851 people lived in group homes in 2015.

In the 1960s and 1970s, newspaper and documentary film exposés of the horrible conditions in institutions—overcrowding, children kept in cages, men and women wandering around naked and dirty—and Ken Kesey’s book *One Flew Over the Cuckoo’s Nest* (1962), as well as the activism of Eunice Kennedy Shriver, helped turn public opinion against this approach to care. Class-action lawsuits and federal legislation, including the 1980 Civil Rights of Institutionalized Persons Act and the Americans with Disabilities Act of 1991, created standards for care that large-scale institutions could no longer meet.

Under these new regulations, Medicaid funding was tied to increased federal oversight. Significantly, the government agreed to pay group homes the same money they were paying institutions to take care of people. The amount depends on the severity of the person’s handicap and level of need, and can add up to anywhere from under \$250 to over \$700 a day. Cumulatively, that can add up to hundreds of thousands of dollars a year per person.

The shift was driven in part by Catholics, who ran some of the larger institutions. It was the Catholic thinker Jean Vanier who started communities where people with intellectual disabilities lived with people who did not. We all have the same heart, the same desire to be loved, Vanier preached, inspiring millions.

“The encounter with the individual person, like Jesus did, is very important,” says David Cloutier, a professor of moral theology at The Catholic Univer-



The Matesics would like their son Bob, left, to move into a local group home like Emmaus, where Erin Gannon and Marisa Niwa, below, now live.



sity of America. “And the group home model seems to support that, although Catholic social teaching doesn’t endorse specific policies.”

One reason there is a shortage of beds for the cognitively disabled is that it is hard to find a sustainable business model that can meet the need. “There’s just not a private market because of the expense of it,” says Dan Berland, director of federal policy for the National Association of State Directors of Developmental Disabilities Services. “Some people [with cognitive disabilities] might need 60 to 70 years of fairly intensive services, and that’s just not a lucrative situation, like it is for the aging.” It is a question of competing funding needs and political will, Mr. Berland says.

As group homes replaced institutions, medical advances extended the lives of people with disabilities, improving their lives and creating a need for more care. Roughly half of newborns with Down syndrome have congenital heart defects, a condition doctors have treated much more effectively since the 1980s. The life expectancy of people with Down syndrome has increased to 60 from 28 since 1984, says Dr. Brian Chicoine, co-author of *Mental Wellness in Adults With Down Syndrome*, and founder of a clinic that specializ-

es in treating people with the condition. “It used to be that our patients would never outlive their parents, and now it happens all the time,” he says.

There is hope that technology could help people with disabilities lead more independent lives, says John Maltby, a former Wall Street commodities trader who now campaigns for housing reform for people with disabilities. “There’s still much to be done to cut costs and still care for people,” says Mr. Maltby, who says he has been motivated by love for his son, Andrew, who was born with developmental disabilities.

Mr. Maltby advocates using technology to make care more affordable—for example to dispense medication, ferry people around with automated vehicles or monitor people. But technology, he adds, is just a tool and no substitute for what people with intellectual disabilities really need: “support that is truly person centered, with their having ability to make genuine choices and control their services and budget as much as they are able to.”

Only 17 percent of people with intellectual disabilities are employed, and activists fear automation will decrease this number. John D’Eri, a former corporate chief executive officer who started a company in Fort



# Medical advances have extended the lives of people with disabilities, improving their lives and creating a need for more care. ●●

Lauderdale, Fla., that employs 80 people with developmental disabilities, including his son Andrew, says he is not worried. “We’ve identified over 50 steps to washing a car, and a lot of them are repetitive tasks that machines can’t do and neurotypical people like us get bored doing,” says Mr. D’Eri. Employees make \$8.25 an hour, plus tips.

## THE JOURNEY OF EMMAUS

The place where Bob Matesic wants to live is the Emmaus Community of Pittsburgh, whose story underscores the crisis faced by group homes. It was founded in 1989 by Ken and Lorraine Wagner, a couple inspired by Mr. Vanier’s teachings. Emmaus is headquartered in a red brick building that used to belong to a church, along the Monongahela River, not far from where steel mills once pumped out metal.

Emmaus takes care of 37 people with disabilities, housing 22 of them, with a staff of 85, 70 of whom are low-wage direct caregivers, a ratio that is common in the sector. When they started the community to care for their daughter and others, “we were the first new provider in the area in 17 years,” says Lorraine. “We hired people who wanted to work with people with disabilities because it was a calling. It’s hard to find people like that these days.”

Ninety percent of Emmaus’s roughly \$4 million a year budget now comes from Medicaid, says the director, Karen Jacobsen, a career Catholic activist who worked with homeless children before coming to Emmaus. She welcomes the Medicaid funding but says that the regulations that come with it are burdensome.

Sharing your life with people with disabilities, says Ms. Jacobsen, is a calling and “an expression of love that we don’t have language for.” “Very few people are meant to live alone, with or without a disability.” Working with people with disabilities “teaches you love and openness and the capacity to live in the present.”

But Ms. Jacobsen says it is important not to be carried away with idealism. “You have to make things work,” she says, listing Emmaus’s difficulties.

It is common, she adds, “to get a phone call saying my mom is 80, she’s about to die, can you take care of my 60-year-old sister?” In that situation, she must tell them to apply through the state.

“In the old days, you had one room with 25 people in it,

and now you have 10 homes for those people, but that means 10 mortgages, and a lot of other costs,” she says.

And, always, there is a short supply of workers.

On a recent day at Emmaus, 70-year-old Gloria Vonda, a “direct support professional,” cut up a turkey sandwich from Subway for Gerry, a cheerful resident in her 70s, before entering the sandwich data into a logbook she keeps to meet state requirements. Ms. Vonda, who is African-American and has a master’s degree, works for the low pay because she has to support her teenage granddaughter. In the afternoon, she and Gerry will work on craft projects, fold laundry or watch TV, maybe “Judge Judy” or “The Young and the Restless.”

Because average pay is under \$12 an hour, it is hard to attract college graduates. Instead, the majority of people who care for people with disabilities are women seeking part-time work to support their families, and many of them are minorities. In cities, the percentage is heavily tilted toward immigrants. For example, “over 70 percent of direct support professionals in Miami are foreign-born,” says Gabrielle Sedor, chief operations officer for the American Network of Community Options and Resources, which represents 1,400 organizations that take care of over 600,000 people.

Turnover in the sector is over 45 percent, which is a problem because the work often requires uniquely personal assistance. Many people with intellectual disabilities need daily assistance to use the bathroom. Aides also help them eat, get dressed and cope with wild emotional swings and sexual impulses. “You have people dealing with the most intimate things, and if you have a different person coming to do that every week, that has an impact on your quality of life and creates more behavior issues,” she says.

Emmaus would like to offer more money to help retain staff, but it does not have the funds. “I used to say hell



# In the old days, you had one room with 25 people in it. Now you have 10 homes for those people, but that means 10 mortgages. ●●

would freeze over before we hired a temp agency,” says Ms. Jacobsen. “Well, I’ve hired a temp agency.” That means they worry less about finding enough workers. But temp agency workers can be unprepared. And for every worker, a background check and clearances must be obtained.

“Our employees are not doing as well as our residents,” says Ms. Jacobsen, the director. Indeed, if you make \$11.40 an hour as a caregiver, you can probably not afford the kind of house that the people with disabilities live in.

## THE WAY THEY ARE

On a rainy Thursday afternoon, in a standalone suburban house Emmaus owns a few miles south of the headquarters, Marisa Niwa, a resident, watches Olympic curling on television. Erin Gannon comes home from her shift at Giant Eagle.

Marisa and Erin hug each other and sit down. “I get confused by things and things get crazy, but I like staff who love you for who you are,” says Erin. “Sometimes my emotions go every which way.”

Marisa takes me to the basement. There is a stationary bicycle and weights. “I like to work out for an hour every morning,” she says. We go upstairs, where each woman has a bedroom, decorated in the style of a quiet, mature teenage girl. Erin’s bed isn’t made. “Look at Erin’s room,” says Marisa, giggling. “She is messy.”

That is the kind of life the Matesics want for Bob. They are a tight-knit Croatian Catholic clan, whose patriarch owned a bar on the banks of the Monongahela river where steelworkers would stop in for a pint after work.

Bob has eight siblings, and every one learned to look after Bob, who was diagnosed early on with infantile autism, mild mental retardation and epilepsy. “We all understood that there would be a responsibility to take care of him,” says David Matesic, a burly businessman who owns a construction company.

Bob’s dad died in 1999, and his mom took care of

him. In 2011, she developed Alzheimer’s and entered a nursing facility.

Bob moved in with David and his wife, Bindy. They hired a caregiver who helps Bob with his meals, washing and medication, which is necessary to prevent seizures and manic outbursts. It is important to keep careful track of meals. People with intellectual disabilities often overeat, says Danielle Risha, his current aide.

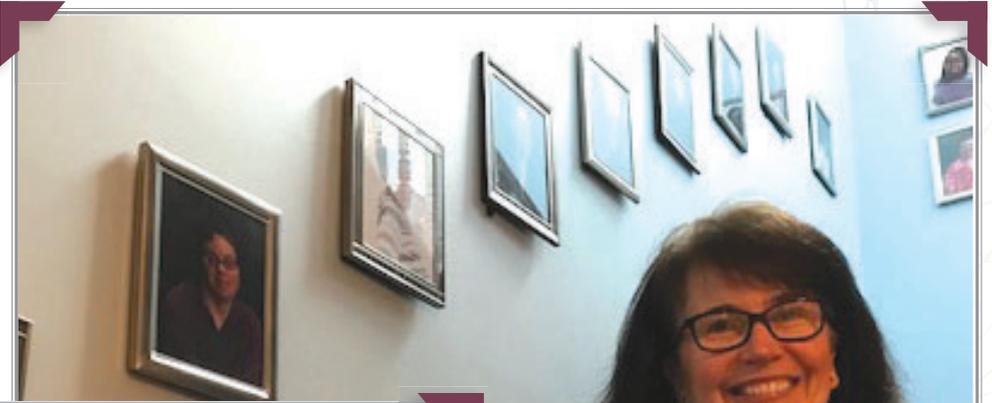
They are good friends. When he comes home and she is watching TV, he likes to grab the remote and turn everything off, proclaiming, “I’m tuning out the world.”

Bob receives a bit over \$1,000 a month in Social Security disability, and state money helps support his job and occasional short stays at Emmaus, but the family does not receive any direct government funding.

On a recent evening, Bob ate dinner with his sister Betsie, visiting from out of town, and his sister-in-law, Bindy. Bob had returned from his job with a nonprofit that subcontracts simple services to corporations. He had spent the day picking up cigarette butts and was not happy.

Bob speaks a bit like the autistic Dustin Hoffman character in the movie “Rain Man.” And he has some similar abilities. When he watches a football game, he remembers uniform numbers, but not play on the field. When Bindy challenges him to name the day of the week of a specific date, he answers immediately. He is attentive to his surroundings, asking visitors about their eye color and getting up to chase a cat off the kitchen counter. Bob enjoys going to Mass and once asked a priest what would happen if there were two true gods and two trinities, totaling six. “We’d be having a different conversation,” the priest replied.

He likes to talk about his imaginary girlfriends. He pulls out a picture of a blond woman his niece Cassie found on the internet. “That’s Wilhelmina,” he says, by



At one of the Emmaus group homes, Shekinah Peterson, left, eats a meal she has prepared with Richie Sunderlin.

Karen Jacobsen, the director of Emmaus, says sharing your life with people with disabilities is “an expression of love that we don’t have language for.”

way of introduction.

Four years ago, David put Bob on the state waiting list to enter a group home. “We’d like to manage things before they reach a boiling point,” says David, who sits on the board of Emmaus and has been trying to apply his business acumen to sorting out better solutions for taking care of people like his brother.

“I’m a tough conservative,” David told me. “But as a society, we need to take care of the most vulnerable. This is a segment of society that can’t be repaired, they’re always going to be with us, and they’re going to be taken care of.”

“For now, we can manage Bob’s day-to-day, but what happens if something happens to us?”

At the dinner table, Bob is being teased. “Dave and Bindy are going to come with you in the group home,” says Bindy.

“N. O.” says Bob. “No.”

“We’re joking,” says Bindy. “Would you miss us?”

“Yes,” says Bob. “But I want to move, I just need black plastic bags.”

Recently, David’s son Aaron moved out of their house. He packed some of his belongings in black plastic bags.

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*John W. Miller is a Pittsburgh-based writer and former staff reporter and foreign correspondent for The Wall Street Journal.*



Young women in front of the U.S. Supreme Court during the 45th annual March for Life in Washington, D.C., Jan. 19, 2018

# A New Pro-Life M

*The fight against abortion cannot ignore social justice*

On the first day of class, each of us seated in the medium-sized lecture hall shared why we had decided to pursue a master's in public health and what we intended to do with the degree. Most students talked about wanting to work for clinics in underserved communities or for humanitarian programs abroad. But one colleague's response stood out: "I want to work for Planned Parenthood, and someday, I want to be the president of Planned Parenthood."

I was stunned by the statement. But no one else was.

During my 16 years of Catholic schooling, I had never heard Planned Parenthood mentioned so casually—and so favorably—in a classroom setting. And in all my years living in the Midwest, where most people I knew were Christians of some stripe, it had never occurred to me that revealing my faith to someone might create tension. But now I found

myself on the East Coast, in public health school, and I was the only Catholic that I knew of in my cohort.

I kept my Catholic identity to myself for most of the first semester. I worried how I would be perceived if I discussed my faith openly. In a very pro-choice environment, I represented the other side of an issue and, I feared, all the stereotypes that come with it. To some of my classmates, being pro-life meant protesting and shaming women outside abortion clinics—the same clinics at which they volunteered as patient escorts.

Eventually it became difficult to hide my Catholicism. Any classmate I became friends with on Facebook knew I loved two things: babies (I am a doula, after all) and Pope Francis. But I decided that if I were to get along, make friends and not be seen as anti-woman or some sort of fa-



Young women at the University of Missouri Columbia protest the university's decision to sever ties with Planned Parenthood of Kansas and Mid-Missouri, Nov. 30, 2015.

Don Shrubshell/The Columbia Daily Tribune via AP

# ovement

By Christina Gebel

natic, I needed to avoid engaging in conversations about the morality of abortion—and I was happy to do just that.

I had long ago abandoned the pro-life movement of my high school and college years. The people I walked beside at the annual March for Life in Washington, D.C., trafficked in the extreme: graphic images of abortions or displays of faith that bordered on self-righteousness. And it was these voices that seemed to have the most funding, publicity and political clout. Groups like Feminists for Life or Pro-Life Democrats were also present at the march, but their witness seemed overshadowed.

About a year into my graduate coursework, I was approached by the professor of a reproductive health advocacy course, a woman of faith I deeply admired. Her request was surprising: Could I write up a brief summary of the

Catholic view on abortion for her class to read? She wanted students to be exposed to all sides of the issue, but most of all to understand “the other side” in the way they understood themselves.

I readily agreed and got to work. The most natural place to begin was St. John Paul II’s “The Gospel of Life.” I had not read the document in years, and upon revisiting it I realized: This encyclical is not just about being pro-life; it is also about social justice.

“Decisions that go against life,” the pope writes, “sometimes arise from difficult or even tragic situations of profound suffering, loneliness, a total lack of economic prospects, depression and anxiety about the future.” He later poses the question: “Should we not question the very economic models often adopted by States which...cause and aggravate situations of injustice and violence in which the life of whole peoples is degraded and trampled upon?”

Frequently, difficult situations are presented to justify abortion, and yet abortion falls woefully short as a solution to the problem. Take the example of a single mother living in poverty with multiple children who has an abortion because she lacks the economic means to care for another child. The fundamental issue for this family—the upstream cause, as practitioners in the public health world might



# **Ironically, by enrolling in a largely pro-choice program I was able to articulate a pro-life vision that I could truly believe in. 🍷🍷**

say—is not pregnancy but poverty. Should we as a society fight for the right of this woman to have an abortion? Or should we put that energy toward lifting her and her family out of poverty? According to “The Gospel of Life,” we do not need to choose between defending life and working to create the material conditions that can support that life.

Not long after the class read my summary of Catholic pro-life teaching, a friend who was the teaching assistant for the course approached me. She said that she knew I had written the piece, and I braced myself for her reaction. But instead of spewing the hatred and venom I had been told to expect from the other side, she expressed nothing but respect for my point of view. “I don’t agree with you,” she said. “You know that. But I will say, I had never heard it explained that way.”

Sadly, neither had I. For most of my life in the pro-life movement, the prominent messages focused exclusively on the morality of abortion. Social justice—the idea that we must advocate for circumstances favorable to raising a child and allowing him or her to thrive—was never mentioned. I believe a good number of my pro-choice classmates could find common ground with that position.

Nor, in all my years in the pro-life movement, had I been told that most pro-choice advocates want to keep abortion rare. Many of the pro-choice friends I made in my public health program fought for abortion rights but did not celebrate actual abortions themselves—a stereotype that has only served to further polarize the issue.

Ironically, by enrolling in a largely pro-choice program I was able to articulate a pro-life vision that I could truly believe in: a movement not dominated by the legality or morality of abortion but one continually advocating laws that are conducive to bringing life into the world. Just and equal wages, paid parental leave, universal health care as a human right, subsidized quality child care, a world free of racism, violence and sexism—for me these goals are in-

tertwined with my opposition to abortion. Those are policies that my classmates, the public health world, pro-life and pro-choice advocates alike, could get behind.

A pro-life movement built on social justice would be equipped to address one of the primary reasons women have abortions: socioeconomic circumstances. The public health world has now gotten behind what we call the social determinants of health, the idea that the conditions in which we live affect our health and well-being. Those same social determinants influence a woman’s decision to have an abortion.

Yet that rallying cry, that priceless common ground where so much progress could be made, is woefully overshadowed by charged rhetoric, alienating stereotypes, shame, blame and single-issue voting.

All of this stirs up within me a feeling, the familiar feeling I get every morning when I pass the Planned Parenthood clinic and see the same scene. There are women in bright neon vests near the door escorting women into the clinic—young volunteers who could easily be my classmates and friends. And mixed among them are protesters bent over in prayer or handing out pamphlets—older women who could easily sit beside me in the pew on Sunday.

There are thousands of young pro-life women like me who are not outside that clinic praying, passing out brochures or holding graphic signs. We have found ourselves outside of a movement we once identified with. Even as we become active in today’s struggle for women’s rights, we hold on to our foundational belief in the dignity of life at all stages.

We are sitting at the stoplight, observing this scene in a sort of unsettled sadness—knowing full well there is so much work we, as pro-life women, have left to do.

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*Christina Gebel is a public health professional in Boston, focusing on maternal and child health. She is a freelance writer, public speaker and author of the *Before Bethlehem* curriculum, a parish program to prepare parents for childbirth and beyond.*



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# *‘Star Wars’ Has a Problem With Its Past*

By Patrick Gilger and Eric Sundrup

In the most recent “Star Wars” films, Luke Skywalker refuses to take up his responsibility to form the next generation.

In the new movie “Solo,” the producers of “Star Wars” set out to explore the history of one of its most beloved characters. But while many fans will no doubt be thrilled by this nostalgic journey, “Star Wars,” as a franchise, does not quite know what to do with the history it has inherited. While the current producers want to reinvent the series, past traditions cannot be completely erased.

Let us explain. Disney bought the “Star Wars” franchise from George Lucas in 2012 for \$4 billion. Two years later, it announced that it would be “resetting” the “Star Wars” canon to free space for new storylines unencumbered by the previous 30 years of novels, comic books and video games that told us what had happened to Luke Skywalker, Princess Leia and Han Solo after “Return of the Jedi.” With a single swipe of Mickey’s newly acquired lightsaber, the franchise was untethered from its previous tradition. For those of you who did not grow up flying the Millennium Falcon around your living room, this generated a lot of fear among hard-core fans.

But the new “Star Wars” is struggling precisely with teaching new characters (and its audience as well) how to do what Luke was taught to do in the original trilogy: engage with the past not resentfully, but redemptively. Kylo Ren and Rey typify two approaches to tradition. Rey feels a deep need for the kind of formation that only rootedness in tradition can provide. But Kylo is angry at having been betrayed by these same traditions—angry enough at times to want to burn it all.

These new protagonists are exciting and charismatic, but thus far they have

mainly engaged with the past nostalgically: by rejecting, resisting or resenting it. This struggle is perhaps represented best in a line of dialogue from “The Last Jedi,” when Kylo Ren pleads with Rey saying, “Let the past die. Kill it if you have to.” But there is a problem with killing the past. Because it is only in knowing where we come from that we can begin to understand where we are going. The problem that the “Star Wars” reboots struggle with is not whether the characters can kill the past, but whether or not they can find something in the future worth dying for.

The heroes of the new trilogy (“The Force Awakens,” “The Last Jedi” and a concluding film due out next year), have inherited a world shaped by the failures of the previous generation. Despite saving the galaxy, Han and Leia—Kylo’s parents—were unable to rebuild a new republic out of the ashes of The Empire. Rey’s parents abandoned her for reasons the screenwriters have yet to explain.

Like the new “Star Wars” trilogy itself, these characters are struggling to forge identities in situations where they have been cut off from their pasts. And Luke, the mentor Kylo had and Rey needs—the very one who should have rooted them both in the traditions of the Jedi order—refuses to take up his responsibility to form the next generation, fearful that that he is not equal to the task.

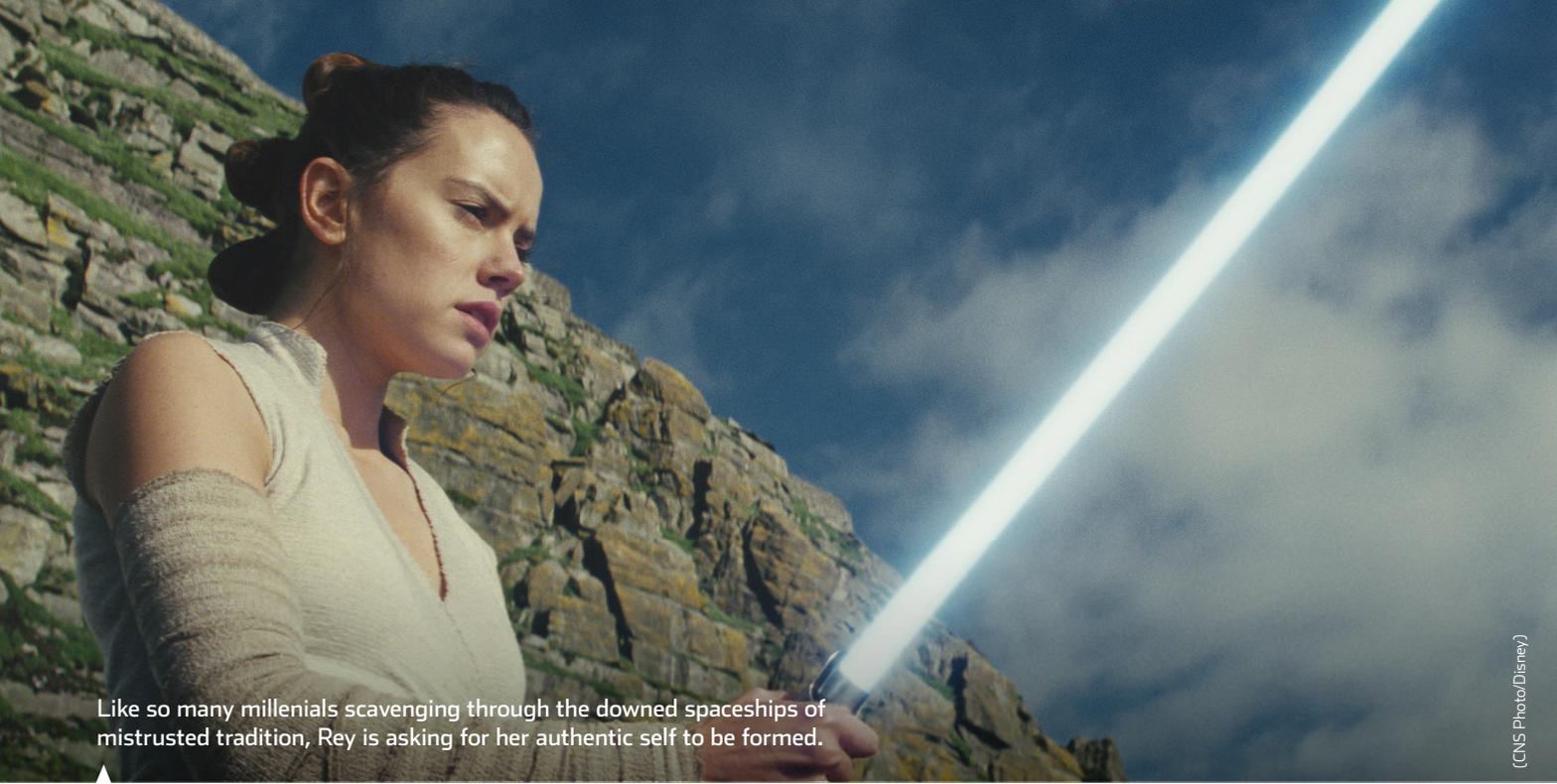
None of these tensions should be surprising. In the original trilogy, there was no lack of generational tension—as exemplified by Luke’s reac-

tion to discovering that Darth Vader is his father. But Luke had a number of mentors willing to form him in the traditions of the Jedi. Luke is only able to redeem his father because of the traditions in which Yoda, in particular, has formed him.

No such formation has been given to the protagonists of the new films. Failed by his uncle, Kylo Ren has embraced Darth Vader. It is only Rey, the heroine of the new trilogy as Luke was of the old, who seeks out tradition, even though it has not been offered to her.

It is in this failure of formation that we can see most clearly the problematic relationship the new “Star Wars” films have with the past—a failure most clearly visible in the character of Luke. No longer the young hero, Luke has seen how his own failures have led to a rebirth of the very thing he feared most about his own tradition: the Dark Side. In “The Last Jedi” we see that this failure has dominated him so fully that he cannot, at first, bring himself to train Rey. And even after he relents Luke finds himself so afraid that she will follow Kylo Ren to the Dark Side that he decides to end the tradition of Jedi altogether by burning the sacred tree that holds the ancient Jedi texts.

It is just then, when he is overcome by his loathing for the Jedi tradition and the failures it represents, that his own teacher, the wise Master Yoda, appears to him. “I’m ending all of this,” Luke screams at Yoda, “the tree, the text, the Jedi. I’m going to burn it down.” But as he approaches



(CNS Photo/Disney)

Like so many millennials scavenging through the downed spaceships of mistrusted tradition, Rey is asking for her authentic self to be formed.

the tree his nerve fails him and he falls back. It just when the viewer thinks the tree and the texts will be spared that Yoda—the Master Jedi himself—calls down lightning from the sky, burning the sacred tree and, so we are initially led to believe, the sacred Jedi texts it contains.

At first Luke takes this as confirmation that the tradition of the Jedi must indeed die, that he will be what the title of the movie suggests: the last Jedi. But when Yoda explains what he has done, the wisdom he imparts rings hollow. Inverted phrasing or not, this hardly seems to be the same Jedi Master who trained the young Luke on the planet Dagobah.

“Yes, wisdom they held,” this new Yoda says in flippant explanation, “but that library contained nothing that the girl Rey does not already possess.” In one ill-considered phrase the writers of the new trilogy seem to contradict the necessity of the training and tradition Yoda shared with Luke. After all, how could the same Jedi master who pled with Luke to stay at Dagobah

and complete his training suddenly dismiss the necessity of training, of formation? The wise Jedi master we knew would never have cast aside the importance of tradition. According to this strange new Yoda, there is no need to struggle to attain the collected wisdom of all the ages because “it’s already inside you.”

The most serious failure of past generations is to fail to pass down what they have been given. And yet it is precisely this failure that is placed into the mouth of the great teacher, the wisdom figure, and presented as wisdom. It is the transformation of Yoda from wisest of counselors to afternoon talk show host, from Thomas Merton to Dr. Phil.

To be fair, Yoda’s response does contain a kernel of truth: Our authentic selves do lie deep within us. But it is a lie to say that our authentic selves require no formation, no accompaniment from wise mentors, to be realized. As Rey herself—and virtually every millennial struggling to find their place within a larger tradition—

knows, authenticity is not enough. It is dangerously false to conclude that what is inside of Rey matters more than any training or tradition that might help her cultivate that authentic self. Recent scholarship in the sociology and anthropology of religion is increasingly critical of this version of religion, one in which authenticity and belief are untethered from a rooted tradition and from the need for training.

As one of those scholars, Talal Asad, has asked, “Is the concept of religious training entirely vacuous?” The answer that the original “Star Wars” trilogy gave in that important scene on Dagobah was a resounding no. Luke was explicitly warned by Yoda not to cut short his training. Yoda knew that he was not yet ready to redeem his fallen father and reconcile with a broken past.

This training is precisely what Rey came to Luke seeking. In the climactic scene of “The Force Awakens,” we see her stand before the once-hidden master, holding out to him his own

lightsaber in petition—wordlessly requesting the very training she knows she needs in order to become who she authentically is. In this scene Rey is an exemplar of an entire generation of young adults. Like so many millennials scavenging through the downed spaceships of mistrusted traditions, Rey is asking not that her authentic self be ignored, but that it be formed.

The Luke we want to celebrate is the Luke who was trained and attempted to train others even though he sometimes failed. And the screenwriters seem to understand their own failure. Because right after Yoda's seeming dismissal of the entire Jedi tradition, he once again reminds Luke what it is to truly pass on tradition: "Passed on what you have learned," Yoda whispers to Luke, "strength, power, mastery. But weakness, folly, failure. Yes, failure, most of all. The greatest teacher failure is." With these words the strange new Yoda is gone and the wise master returns.

As true masters of tradition have always known, failures are a critical part of our shared history. And it is the same for traditions as it is for persons; only in fidelity to our weaknesses are we truly strong. True authenticity recognizes our connection to past traditions and the need to be formed within them, flawed though they may be. "Star Wars" has survived in the public imagination for so long because it wrestles with tradition in ways that speak to basic human desires. We hope Disney finds a way to keep this spirit alive for the next generation of viewers.

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Patrick Gilger, S.J., founding editor of *The Jesuit Post* website, is *America's* contributing editor for culture. Eric Sundrup, S.J., is an associate editor at *America*.

## The Weaver's Song

By Amit Majmudar

I wove myself a boy of wicker.  
*Daddy, teach me what to fear.*  
Matches, ants, and the flail of the rain,  
But not while Daddy's here.

My kindergarten kindling boy,  
My whistle at the marrow.  
My rustle, my husk, my huggable scarecrow  
Who couldn't spook a sparrow.

I gave him a coat and acorn eyes.  
I set him in a chair.  
*Daddy, patch my wicker elbow*  
*And comb my wicker hair.*

Who coaxed him off my porch? The wind,  
Grayhaired and stooped and kind.  
I should have heard the leaves on the street,  
The shudder of the chimes.

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*Amit Majmudar is a diagnostic nuclear radiologist who lives in Westerville, Ohio. His work has appeared in The New York Times, The New Yorker and The Best American Poetry 2017. His newest book is a verse translation of the Bhagavad-Gita entitled Godsong.*

## Awaiting the transactional apocalypse

By Nathan Schneider

Here's a claim, which I am not sure is true: The most seismic upheavals in human civilization have come from relinquishing the urge to control.

This may not always seem to be so. Feats of domination like agriculture, animal husbandry, sweatshops, slavery and monarchies have appeared to introduce efficiencies despite their moral cost. Yet these eventually tend to become eclipsed by Ouija-board mechanics that work best when nobody is fully in charge: market economies and democratic politics, Wikipedia and Alibaba.com. Such invisible hands can integrate and process more precise information about supply, demand and trivial preferences than any philosopher-king possibly could. They are social computers, regardless of whether any digital device is involved.

The world's ascendant political impulses nowadays revolve around the desire to claw back some control—over globalized supply chains, over the flows of migration, over what other people do with their bodies. But what if we were instead to veer head-on into the invisible hands?

Eric A. Posner, the University of Chicago Law School iconoclast, and E. Glen Weyl, a wunderkind researcher at Microsoft, suggest how to do so in *Radical*

*Markets: Uprooting Capitalism and Democracy for a Just Society*. Their method: Identify a feature of society somehow exempt from maximally efficient social computation and remove the exemption. More precisely, they seek to replace entitlements with auctions.

The result is sure to horrify adherents of just about every familiar political persuasion. The first chapter, for instance, proposes nearly abolishing private property and instead regarding the things we once owned—from family farms to nail clippers—as perpetually for sale, with the bids starting at its present user's self-assessed price. Since this price is also the basis on which the user owes taxes, there is an incentive not to charge too much or to become too attached to anything. Part of that tax, in turn, goes back in equal portions to every citizen as a dividend, greasing the general machine, squirting liquidity into the circulation of goods toward their most profitable use. This kind of auction is how Facebook ads and Uber drivers are allocated today. Why not everything else?

Next come the book's ideas for democracy. Here, the problem is the one-person, one-vote logic that entitles citizens to more or less equal voice on

questions that they are unequally suited to decide. One way Posner and Weyl propose to fix this: Put money even more directly into politics. If voters could pay for more votes on candidates or issues that matter most to them, passionate minorities could protect their interests from passive majorities. Paying for influence, meanwhile, would incline voters to put more thought into their choices.

This market for policies comes packaged with a “quadratic voting” system—quadratic because  $x$  dollars would buy the square root of  $x$  votes, ensuring that higher spending produces diminishing returns. Unlike our present arrangement, in which political money flows to ad brokers and consultants, the benefits of political spending would flow back to everyone in the aforementioned universal dividend.

Such an auction, Posner and Weyl contend, is bent not toward the highest bidder but toward compromise. They go on to apply similar logic to immigration, antitrust policy and personal data online. Paraphrasing their favorite economist, William Vickrey, they seek markets in which “each individual must pay an amount equal to the cost that her actions impose on others.” The common

good arises not from philanthropy but from reciprocity. Eventually, the authors expect, these markets will become an ever more automated affair, curated for us by artificial intelligence.

At a time when U.S. politics chews relentlessly on stale ideologies left over from the Cold War, the originality and ambition of these ideas make for refreshing science fiction. Like good scientists, Posner and Weyl stress the need for testing and evaluation. Yet what makes their proposals seem especially fictional nowadays is the presumption of a functioning technocracy in search of evidence-based, win-win solutions to common problems. If nothing else, this book is a reminder of how far from sober rationality American government has come.

Then again, maybe enlightened government is no longer necessary.

The pseudonymous creator of Bitcoin, Satoshi Nakamoto, first announced the digital currency system in early 2009 by describing it as “completely decentralized with no server or central authority.” Currencies have nearly always depended on issuing authorities—typically, governments. With Bitcoin, networked users could create money of their own, and it could be worth something; the total value of the network last peaked in December at over \$300 billion.

Primavera De Filippi was among the first scholars to take seriously the social consequences of Bitcoin-like “blockchain” technology, starting with a lecture in April 2014 at Harvard, where she is a research fellow. In it she described Ethereum—then little more than a white paper, now a network worth tens of billions of dollars—which proposed to do for computation in general what Bitcoin had done for money; its virtual “smart contracts” could extend or replace existing legal regimes, enacting workflows and

even entire corporations with no official sanction other than their underlying code and the value in the accompanying currency system. In *Blockchain and the Law: The Rule of Code*, De Filippi and the Yeshiva University law professor Aaron Wright write that “technical rules could increasingly assume the same role and functionality as legal rules.”

The hundreds of blockchain-based systems presently gaining adoption propose to take over such tasks as social media networks, corporate governance, file storage, land titles and a variety of financial transactions. Typically, this means taking a service once provided through cumbersome human institutions and transferring it to self-executing code.

For instance, a blockchain-based land registry, combined with a blockchain-based auction platform, could approximate Posner and Weyl’s plan for private property. This would have to start on an opt-in basis rather than by legal fiat, but the lower real estate prices resulting from market dynamism could make it enticing to opt in. If quadratic voting on a blockchain were practiced alongside a corrupt regime’s sham elections, it could gain greater legitimacy than the official results and eventually replace them.

Many teenagers now split restaurant checks down to the cent with the payment app Venmo, dispensing with the perpetual, mutual indebtedness that came with the imprecision of cash. As blockchain contracts become ever easier to create and deploy, we may similarly find ourselves in a world where the imprecision of interpersonal trust seems obsolete compared to easy, ubiquitous digital transactions.

De Filippi and Wright offer neither a jeremiad nor a gospel; unlike the breathlessness that pervades much writing on

blockchain technology, they stick to sensibleness and sobriety. They outline the challenges that blockchains pose to law as we know it, pointing out some areas for adaptive policy reform. Yet the shift they augur is no less than a transfer of law’s behavior-shaping work from the domain of representative government to whatever software protocols happen to catch on.

Sometimes when we submit to forces beyond our control, it means we have less to worry about. Mechanized agriculture frees vast swaths of humanity for other kinds of productivity. Globalized markets furnish endless varieties of goods that no bureaucracy could plan for. Yet these same forces have also decimated ways of life and livelihoods, forcing people from subsistence-level existence in villages to slum poverty in cities. People suffer not because anyone wants them to but because the markets demand it. Radical markets run the risk of further conforming human life to the rote, cruel mechanics of calculation. As markets spread, they can obscure better means of determining value.

Yet it is possible that automated markets taking hold in ever more realms of our lives could distribute goods so efficiently that we would no longer notice scarcity. Aristotle regarded economics as a peripheral discipline of aristocratic estate management. Now it is the overriding political obsession. For how long? The economy, in principle, could just hum in the background for most people, like tap water and the polio vaccine, and we could turn our attention to other matters. Economics might become uninteresting again.

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Nathan Schneider, a contributing writer for *America*, is a reporter and professor of media studies at the University of Colorado, Boulder.

## Mission and vision

I had just stepped down after 12 years as president of Fairfield University when I read this book. Because it is so comprehensive in its presentation of best practices in academic leadership, it offered me the opportunity to do a bit of self-assessment—an examen, if you will, in Ignatian terminology. Although titled *Realizing the Distinctive University*, this book is really about how to be an effective administrator. Yes, I found myself saying, I did that part of the job pretty well; or, boy, I wish I had been as effective as the author clearly has been in this other part.

This is a book not so much about the Catholic university per se but about the practical advantage—indeed, the necessity—of cultivating a distinctive identity for any university, religious or secular. Because mission

is so central to institutional identity, Roche makes the point that vision is of primary importance for a university administrator. The greatest temptation and danger is to let the demands and satisfactions of day-to-day business take away from the time and effort needed to plan for, articulate and execute a vision for one's institution.

The section that I read with greatest interest had to do with faculty accountability and effectiveness. How does one reward and incentivize effective faculty members, and how does one hold low-performing people to account? This question usually centers on issues of merit pay. Roche started out a strong advocate of accountability in distributing pay increases but eventually moved to talking about a two-step merit pay system that gave most people “standard merit” for acceptable performance and “additional

merit” for superior performance.

I did wonder if Roche fully realizes how fortunate he was to be an administrator at the University of Notre Dame. Is there another institution in the country that has institutional distinctiveness down better than Notre Dame? Second, I am not sure Roche appreciates the qualitative difference between what an effective administrator can accomplish at a place with abundant resources versus institutions with lesser resources. As I read Roche's book and marvelled at all he was able to accomplish, I could not help but recall the baseball analogy about “being born on third base.”

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Jeffrey von Arx, S.J., is the superior of the LaFarge House in Cambridge, Mass., and president emeritus of Fairfield University in Connecticut.

## Anxieties and consolations

“The purpose of art is to console and amuse—myself, and I hope, others.” These words by Ludwig Bemelmans, the author of the French classic children's series *Madeline*, are an apt way to introduce Liam Callanan's novel *Paris by the Book*. Part mystery novel, part love story, part humorous travelogue of Americans in Paris, the book tells the tale of a Wisconsin couple brought together by a mutual love of all things French—and the trans-Atlantic journey their family takes to Paris when one of them goes missing.

Told in the amusing but candid voice of wife and mother Leah Eady, the novel traces clues about her missing husband, Robert, who has vanished from their home. When an airline re-

cord locator for a family trip to Paris is discovered soon after he is reported missing and presumed dead, Leah and her daughters fly to Paris, hoping that Robert has set them on an adventure and is awaiting them in the city of lights. Disappointed that he is nowhere to be found and yet still hesitant to give up their pursuit and admit defeat, the family settles into Paris life, living and working at an English-language bookstore, all the while searching for more clues that might suggest Robert is alive. They engage a lively cast of characters that reminds one that the Paris of the 21st century is both the city of Hemingway's *A Moveable Feast* and an international city of the tourist trade.

At its best, the novel surreptitiously explores the existential anxieties of the writer's life, as well as the consolations

that come from a life of reading. Two texts in particular shape the imaginative world of Paris for this family: Bemelmans's *Madeline* series and Albert Lamorisse's award-winning film “The Red Balloon.” Discussions of both works by Leah and her family abound throughout the novel, suggesting a profundity that is sometimes lost on the reader. Indeed, perhaps *Paris by the Book* suffers a bit in wanting to amuse and console at the same time. It satisfies best in the amusing and whimsical elements of a family drama, and only second best at offering the consolation for which I think the novel strives.

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Mark Bosco, S.J., is vice president for mission and ministry at Georgetown University, where he teaches in the English department.



## Realizing the Distinctive University

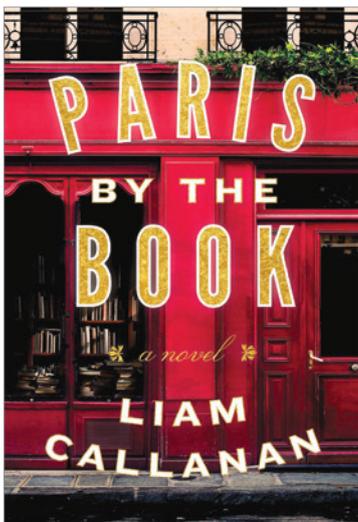
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By Liam Callanan  
Dutton. 368p \$26

## Up close and personal with Pat Conroy

Katherine Clark adds a unique and valuable piece to the portrait of one of the best-loved contemporary writers in the English language with *My Exaggerated Life*. In a televised interview, Clark defined this work (it is an oral biography, a polished transcript of over 200 hours of one-on-one conversations between Pat Conroy, who died in 2016, and Clark) as “a book that no one has written.” As opposed to a third-party work of scholarship or a carefully honed autobiography, *My Exaggerated Life* gives readers the opportunity to enter Conroy’s home as a guest and to hear his spoken story in written word. The words are Conroy’s; the pen is Clark’s.

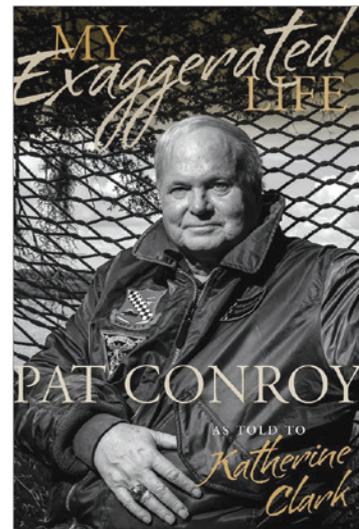
The book’s five chapters begin and end as Conroy moves between South Carolina, Georgia, Italy and California. Each holds a rich collection of stories of the characters, troubles and triumphs that he encountered in each place. In her introduction, Clark calls this book a vehicle for “the voice, the character, personality, and the humanity of Pat Conroy and the amber of his own spoken words.”

Conroy wrote a number of memoirs, and a scholarly biography has also recently been released to the public. But Clark’s work gives us something that others do not—indeed, cannot—as the spoken voice of Pat Conroy is so different from the written. With pen in hand, Conroy is lyrical, planned and polished; over the phone, he is matter-of-fact, unscripted and colorfully irreverent. In both places readers will find the same large-heartedness, depth, wisdom, resilience and humor that has

drawn them to Conroy for decades.

Throughout the book, Clark honors her commitment not to come between reader and subject. Aside from the introduction and postscript, her voice breaks the narrative on one brief and appropriate occasion. Her aim is to let the hero bare his soul instead of bur-nishing his image, as “the sharing of his inner self and its stark truths is his finest act of heroism.” With *My Exaggerated Life*, Conroy and Clark succeed in letting his soul be known. This book is a valuable asset for anyone curious to know the hero they already love in his fiction.

Jay Hooks, S.J., is director of campus ministry at Jesuit High School in Tampa, Fla.



### My Exaggerated Life

By Pat Conroy and Katherine Clark  
University of South Carolina Press.  
352p \$29.99



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[americamagazine.org/books](http://americamagazine.org/books)

## A radical portrait of the pope, from a director and fan

By John Anderson

“God sends us the pope we need for each stage of the earth,” says the smiling, elderly Sister Maria Eufemia Goycochea, who has known the former Jorge Mario Bergoglio since 1969 and about whom she knows a few things. Among them? “His life itself is a sermon.”

That sermon is the spine of “Pope Francis: A Man of His Word,” a gently delivered but radical portrait by the German director Wim Wenders (a venerated figure himself in the world of cinema), one that delivers the message and person of the pontiff through interviews, observation and a sometimes stinging portrait of the world against which Francis has poised himself. Using scenes of St. Francis of Assisi (played by Ignazio Oliva) as a way of introducing and contextualizing the pope’s “revolutionary”—and fundamentally Christian—position on power and poverty, Wenders asks the question: “What is it going to take to blow a Franciscan breeze into the world again, other than courage and humility?”

A Jesuit, it seems.

“A Man of His Word” is not a biography. Other than one remarkable flash-

back to 1999—of the then-archbishop of Buenos Aires delivering a sermon on love at the Plaza de Mayo—the movie lives in a present that begins on March 13, 2013, at the Vatican. “The conclave had to give a bishop to Rome,” the newly elected pope tells an oceanic horde in St. Peter’s Square. “And it seems my brother cardinals went almost to the end of the world to find one.”

The humor is ever-present and often rich in the pope’s public comments. (At the Festival of Families in Philadelphia, he addresses the criticism that an unmarried cleric cannot counsel on family life: “Sometimes plates can fly,” he observes, to laughs. “And children bring headaches. I won’t talk about mothers-in-law.”)

But when he addresses what might be called the tent poles of his papacy, Francis is sober, consoling, occasionally sad and always jesuitical: He quotes Fyodor Dostoyevsky (“Why do children suffer?”) and tries to answer the question: Because people are free. And free to love. And love requires choice. And only people who are free can choose.

His message is always simple but

sometimes deceptively so.

Wenders, who is Catholic and whose films include that cult favorite about angels, “Wings of Desire” (1987), had remarkable access to the pope, did multiple interviews in multiple locations and seems to have had time for Francis to relax and address the issues at hand with satisfying thoroughness and care. Fans of nonfiction film (Wenders’s documentaries include “The Buena Vista Social Club”) may be reminded by the director’s narration of his compatriot, Werner Herzog. The way Francis addresses the camera suggests the American documentarian Errol Morris and his Interrotron, which allows a director to make eye contact with a subject as the subject looks directly at the camera. The pope seems to be addressing the viewer directly, quite obviously the point.

Less obvious is the way Wenders creates a running commentary behind Pope Francis’ words through his editing and the silent reproof of his cuts. When the pope is seen addressing crowds of the poor in Brazil, the Central African Republic, the monsoon-ravaged Philippines or a deten-



In a new documentary from Wim Wenders, left, Francis is sober, consoling and always jesuitical.

tion center in Naples, the crowds are delirious and grateful. When he addresses the United Nations on climate change, the membership can barely pay attention; the delegation from China looks particularly bored. When Francis visits an American jail, the detainees are rapt; when he addresses the U.S. Congress, members are more than happy to leap to their feet at a mention of “the land of the free and the home of the brave.” When he insists on an end to the gun trade—“which we all know is simply for money...money drenched in blood”—the Republican membership stays pronouncedly put.

When Pope Francis says that the more power one has “the more you are called on to be humble,” Wenders gives us—what else?—glimpses of Vladimir Putin and Donald J. Trump. “Pope Francis: A Man of His Word” is a film made by a fan, and a fan in sync with his subject’s theology—but who has no delusions whatsoever about what both of them are up against.

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John Anderson is a television critic for *The Wall Street Journal* and a contributor to *The New York Times*.

## Growing in virtue

There is nothing worse than a film adaptation of a beloved book that loses the heart of the treasured story. That is why congratulations are due to Heidi Thomas, who has beautifully adapted a new “Little Women” series for the BBC and PBS. Thomas’s work avoids both of the blunders common to film adaptations: a heavy-handed modernized agenda (think the recent “Anne with an E” series) or a misunderstanding of the story and characters (think 2008’s “Brideshed Revisited”—or don’t if, like me, you would rather forget it exists). Happily, this new series captures the essence of Louisa May Alcott’s familiar coming-of-age story and revitalizes it for a new generation.

Meg, Jo, Beth and Amy, the March sisters, are “wings waiting to take flight” as they transition from girlhood to womanhood during the Civil War. With a father serving as chaplain to the Union army and a capable mother maintaining the home fires, the March sisters may not be in uniform, but they are indeed fighting battles. The eldest sister, Meg, must fight her vanity, boyish Jo must conquer her temper, gentle Beth must war with her painful shyness and the youngest, Amy, must overcome her selfishness.

Though the series emphasizes the innervirtue of Alcott’s characters, “Little Women” never becomes preachy.

Emily Watson’s excellent portrayal of “Marmee,” as the March sisters call their mother, is key. Watson shows us a side of Marmee not represented in the book and other adaptations. Rather than an always confident, comforting mother dripping with goodness and ready with a virtue-building lecture, Watson’s Marmee is not as sure of herself. We see moments of uncertainty and hesitation as she seeks to guide her family. She has wisdom to share and charity to model for her daughters, but the difficulties of life and the anxieties she faces as a parent bring vulnerable moments that resonate. None of us face the daily demands of raising children without worry behind our eyes.

“Little Women” shows that the journey of growing in virtue need be neither boring nor sentimental but can be ever fresh and unexpected. It reveals that the ever-present battle of conquering ourselves is often won through adversity and the refining fire of suffering and loss. As Marmee tells Beth, “Sometimes we simply have to do the bravest thing.” And sometimes that means facing our own flaws and, with the help of those who love us, emerging victorious.

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Haley Stewart, a writer, speaker and podcaster, blogs at *Carrots for Michaelmas*.  
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A new adaptation of “Little Women” never becomes preachy.

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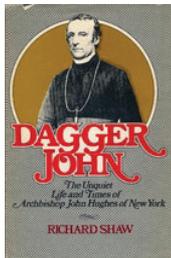
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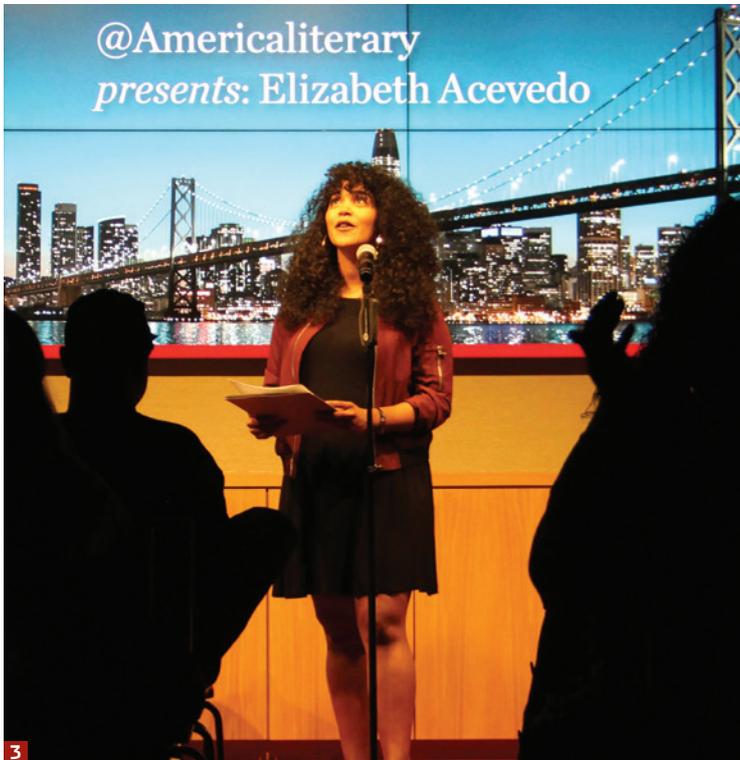
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# Do This in Memory of Me

Readings: Ex 24:3-8, Ps 116, Heb 9:11-15, Mk 14:12-26

“All the Lord has said, we will heed and do.” The first Israelites who lived under the Sinai covenant recognized the importance of applying God’s word to human action. God had freed them from slavery and was bringing them to a new life in a land of their own. It is easier to lose freedom than to win it, and the temptation was strong to exchange the security of God’s gifts for the apparent safety of human fabrications. In the Sinai revelation, God taught Israel how to stay free and to act in accord with the divine plan. Only by acting on this instruction could Israel retain the gifts God had given.

The Eucharist has a similar quality. The gift of this sacrament is so important that the church celebrates it twice, once on Holy Thursday and again on today’s solemnity. On Holy Thursday, the focus is Jesus, and the permanent change his sacrifice effected in humanity’s relationship with God. Today, the focus is participation in that sacrifice and the way it brings each individual’s life into harmony with God.

In Mark’s Gospel, that dream receives its clearest expression in Jesus’ act of self-giving. “This is the blood of the covenant, which will be shed for many.” Just as Moses foreshadowed Israel’s freedom with the unleavened bread of the first Passover and secured Israel’s inheritance with the blood of a sacrificial offering, so Christ offers his own body and blood to symbolize the freedom and eternal life he shares with God. Through his self-giving, Jesus restored concord between humanity and God and gives an example for any disciple who wishes to share in the same relationship.

“All that the Lord has said, we will heed and do.” This relationship requires action. In the blood of the first covenant, Israel offered itself to God in return for its freedom and inheritance. In the blood of the new covenant, Jesus offered himself completely to God in return for the freedom and sanctification of all humanity. We cooperate with these ancient offerings when we offer our own body and blood in service of Christ’s mission.

“Then he took a cup, gave thanks, and gave it to them,

*‘Then he took a cup, gave thanks, and gave it to them, and they all drank from it.’*

*(Mk 14:23)*



## PRAYING WITH SCRIPTURE

What is your memory of God setting you free?

How has serving Christ’s mission allowed you to bring freedom to others?

and they all drank from it.” Throughout his Last Supper narrative, Mark emphasizes the acts of self-giving involved in the institution of the Eucharist. By accepting the same cup, the disciples took on themselves the burden of Jesus’ mission and fate. Very soon, in the very same chapter in fact, Mark relates how completely they failed: “They all left him and fled” (Mk 14:50).

God’s dreams do not suffer defeats; they just become more circuitous in their fulfillment. Strengthened by the cup they all shared, those same disciples came to believe not only that Jesus rose from the dead, but that he loved them in spite of their failure and wanted them to continue his mission.

We celebrate our own participation in this mission today. Loved by God in spite of our sins, we share the cup the disciples drank. With Christ as our body, and with his blood in our veins, we go forth to continue his saving work.

Michael Simone, S.J., teaches Scripture at Boston College School of Theology and Ministry.

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JESUS OF NAZARETH

What He Wanted, Who He Was

# Pillaging the House of Beelzebul

Readings: Gn 3:9-15, Ps 130, 2 Cor 4:13-5:1, Mk 3:20-35

Where did Jesus get his power? This was not a trivial question. Those who benefited from his actions needed to know the origin of the power that transformed their lives. This question troubled the scribes in this week's Gospel passage, who confronted Jesus with an accusation of sorcery. In the understanding of the day, a human agent who entered into league with dark powers would receive from them impressive magical abilities. The agent might employ these powers in seemingly benign ways, but what the beneficiaries of these powers would not immediately understand is that their lives were now entangled with demonic forces. In short, the scribes accused Jesus of laying snares for souls on Beelzebul's behalf.

All three synoptic writers, Matthew, Mark and Luke, pass along this narrative, which suggests that even decades later people still expressed concern over the power that Christians displayed. Mark transmits this tradition as an episode in the wider "rescue mission" that he believes Jesus undertook. Dark powers were at work on earth, twisting God's creation in ways that rendered it "unclean." God was planning a final defeat of these powers, but before this

event, God sent the Son to gather up any who remained faithful or returned to belief. In Mark's mind, Jesus was the "strong man" who had incapacitated the prince of demons and was freely plundering his house.

In this context, the unforgivable blasphemy of the scribes was their attribution of this divine liberation to demonic powers. (Later theologians, less motivated by concerns over magic, came to understand blasphemy against the Spirit as an active and complete resistance to divine grace, which remains the teaching today. This deeper understanding draws on elements beyond Mark's interests here.) Mark understood Jesus to be the all-powerful savior whose power exceeded that of even his strongest opponents, and who therefore could rescue any human, no matter how horrifying the situation that held them bound.

Mark uses this Christological insight to highlight a wider discussion of discipleship. Jesus' disciples are those who believe in his power and follow his teachings. This did not include his relatives, at least at first. The passages immediately before and after this rebuke of the scribes speak of his relatives coming to fetch him because they thought he had lost his mind. Jesus uses their appearance to highlight an aspect of discipleship. His true family are the people who join him in fulfilling the divine will and liberating humanity from the grip of death.

Christ is stronger than our greatest fears and stronger than anything that holds us bound. The Son of God shares this divine strength with anyone who believes in him and takes on his mission, no matter what their initial condition might be. This is the strength that allowed Jesus to overcome his own will in Gethsemane and thereby free those bound by Eden's sin.

As we undertake this mission, many might find us insane as well. Those who share this task will recognize us as family, and together our labor will rescue many from the power of death.

*Michael Simone, S.J., teaches Scripture at Boston College School of Theology and Ministry.*

*'No one can enter a strong man's house to plunder his property unless he first ties up the strong man.'*

*(Mk 3:27)*



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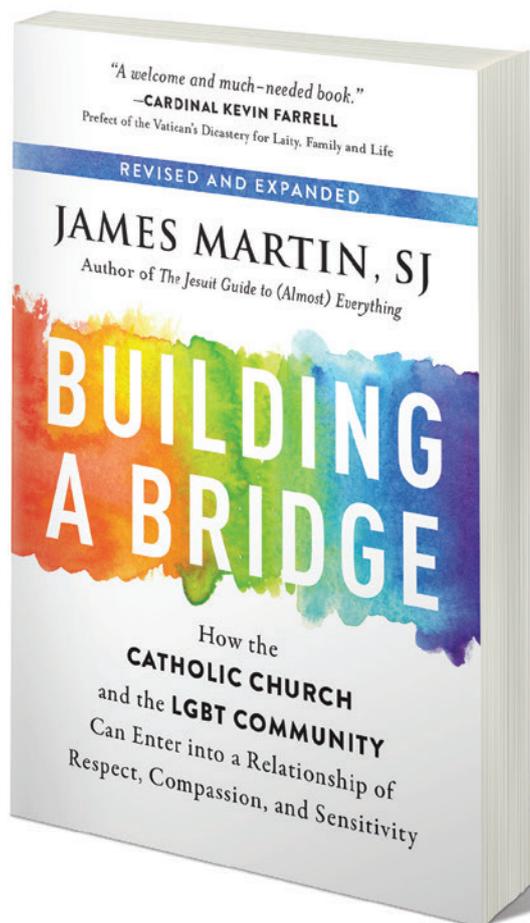


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# Treating 'Diseases of Despair'

## Not every health condition has a medical solution

By Michael Rozier



A couple of years ago, I was grading final exams for a class on global health when I came upon a very fine essay, but it did not answer the question I had asked. I invited the student to my office so I could understand why he had written what he had. After some hedging, he said that he did not have any clue how to answer the question and figured his best shot was to compose a solid essay on a related topic that he knew well. I secretly admired his ingenuity.

Today, something similar is happening in health care, but I fear it is less intentional than my student's behavior—and the consequences are much more serious.

The suicide rate in the United States jumped by more than 20 percent in one decade, from 10.9 deaths per 100,000 people in 2005 to 13.3 deaths in 2015. Alcohol-related deaths have recently reached a 35-year high. And drug overdose deaths continue to climb at alarming rates despite national attention to the opioid crisis.

In general, we see these tragedies as matters of medicine and public health. But that is only part of the story. A small but growing segment of the health care world has started to describe these and similar conditions as “diseases of despair,” which suggests that some of the major drivers of substance abuse, suicide and even certain chronic physical conditions are hopelessness, an absence of opportunity

and unrealized desires for belonging.

It is understandable that many actors in the health care system do not consider despair to be behind these medical conditions. Much like my student, who knew he could not accurately answer the exam question, practitioners are not always well equipped to deal with matters of hope and belonging. So they respond to what they do know: the medical aspects of the disease. There is nothing inherently wrong with this. It only becomes a problem if the institutions that can help to ask and answer existential questions are sidelined or fail to contribute their expertise.

As a priest, I often face the flip side of this coin. When students and parishioners seek counsel, I must determine whether I can provide adequate care or must refer them to another kind of professional. I fail them if I pretend a psychological or medical issue can be solved with spiritual direction or pastoral care. The same is true when we accept systems that suggest there are medical solutions for existential and social crises.

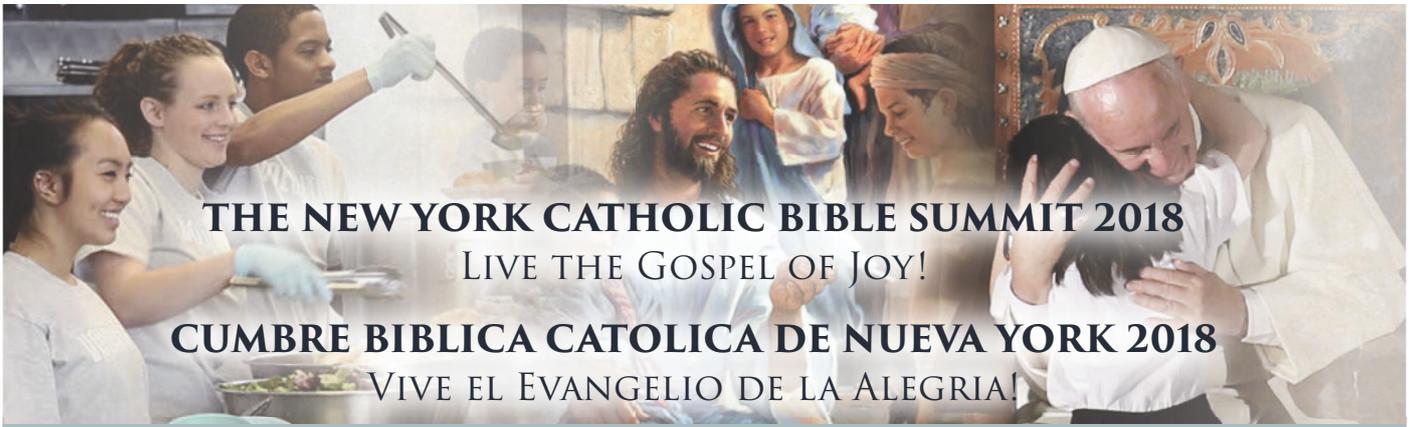
Diseases of despair can affect anyone, but we must pay particular attention to the marginalized groups most affected. People with a disability are at least twice as likely to have a substance abuse disorder as the non-disabled. L.G.B.T. youth and military veterans commit suicide at higher rates than their heterosexual and ci-

vilian counterparts. Native Americans have the highest rate of heavy alcohol use of any ethnic group in the United States. The litany of those who suffer the most is sadly predictable, and one of the primary reasons is that they are given fewer reasons to hope, see less opportunity and are denied a sense of belonging.

Effective medical and public health interventions are necessary to solve diseases of despair. We must promote medication-assisted treatment and change physicians' prescribing behaviors for opioids. We must properly fund mental health care and reduce access to means used for suicide, especially guns. But not every health condition has a medical solution.

In order to effectively fight these diseases and help people lead flourishing lives, we must also begin asking better questions: questions about why opportunity is not distributed equally across our society questions about what form community and belonging take in the modern world, questions about how to communicate hope in a way that is believable. If we take these questions seriously, the diseases will not disappear entirely, but they will no longer be driven by despair.

**Michael Rozier, S.J., is an assistant professor of health management and policy and health care ethics at Saint Louis University.**



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## UPCOMING HOMILIES

The homilies will be posted two weeks prior to these scheduled Sundays:

### JULY 1

13th Sunday Ordinary Time

Mark 5:21-43

*Healing of the Daughter of  
Jairus and the Woman with a  
Hemorrhage*

### JULY 15

15th Sunday Ordinary Time

Mark 6:7-13

*Commissioning of the Twelve*

### SEPTEMBER 9

23rd Sunday Ordinary Time

Mark 7:31-37

*Cure of the Deaf Man*

### OCTOBER 28

30th Sunday Ordinary Time

Mark 10:46-52

*The Healing of Bartimaeus*

### NOVEMBER 4

31st Sunday Ordinary Time

Mark 12:28b-34

*The Greatest Commandment*



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*For more information*

Contact Carrie Meyer McGrath, CHA director, mission services,  
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