

# America

JUNE 8, 2020

THE JESUIT REVIEW OF FAITH AND CULTURE

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## Political Pole Vaulting

As of this morning, May 26, our British cousins are considering the fate of Dominic Cummings, Prime Minister Boris Johnson's surly advisor-enforcer and architect of last year's successful Brexit campaign. It is alleged that Mr. Cummings violated the government's social distancing rules by taking his wife and child to an unoccupied farmhouse on his family's estate in Durham, some two hours' drive outside of London. Mr. Cummings claims he did so out of concern for the health and safety of his family. Others claim that Mr. Cummings's actions placed his personal comfort before the public good.

Most commentators are arguing the case on its merits, but some think it is time for Mr. Cummings to go, if only because his story is sucking all the energy out of the room. This morning *The Times of London* reported that Douglas Ross, a junior minister in the Scotland Office, resigned from the government in protest over Mr. Johnson's support of Mr. Cummings, saying that the whole matter "has been a deeply unhelpful distraction we could do without."

One can hardly argue with that. Surely, during a time of a global pandemic and economic collapse, there are more pressing matters. And yet, during a time of political polarization, it is more often the serious business of governing that is a distraction—from the partisan combat that has become our all-consuming pastime. Indeed, polarization, which drives many of our public and private choices, is so pervasive that we often fail to see how it structures our whole worldview, even our perceptions of events and things that at first do not appear even to have a political dimension.

The polarization in British politics, for example, has determined the fault lines in the debate over Mr. Cummings's conduct. With some exceptions, we expect those who are opposed to Mr. Johnson to call for Mr. Cummings's resignation and those in favor of Mr. Johnson's premiership to favor his staying.

Similarly, here in the United States, we are currently engaged in rhetorical combat about the symbolism of wearing, or not wearing, face masks. President Trump has been inconsistent, to put it charitably, in his advocacy of masks as a public health necessity. The forces of polarization have fallen into line accordingly. With some exceptions, those who are opposed to Mr. Trump are championing the use of face masks as a sign of concern for the common good, while many of those who support Mr. Trump see the masks as a symbol of government overreach and liberal paranoia.

I do not know whether Mr. Cummings should go or stay, or whether it is necessary for everyone to wear a face mask everywhere (for the record, I wear one whenever I am outdoors in Manhattan) but what I do know is that we are not really arguing about either of those things. For the most part, both debates are mere extensions of our partisan ideological combat, which is not a distraction from governing but the activity that has displaced it.

A majority of people who favor President Trump are persuaded that the country, or large parts of it, should reopen now. A majority of people who oppose the president believe that the country, or large parts of it, should remain closed. Is it only a coincidence that our respective views of what is essentially a question of public health

policy should align so neatly with our partisan allegiances? Is it really possible that one side in this debate is wholly right and the other is wholly wrong? Or is it more likely the case that each side is somehow right and somehow wrong and that polarization prevents us from seeing how?

It does not necessarily follow from an affirmative response to that last question that each side is somehow right and somehow wrong in equal measure, something like a 50-50 split. Rather, it would simply mean that both sides have something meaningful to offer, something worth listening to. If we can acknowledge that, then true discourse becomes possible. Such a conversation, moreover, is likely to reveal that there is not only more than one side but, in all likelihood, there are more than two. Why? Because, as you surely know as well as I, life is complicated. Yet polarization is not. It imposes a two-dimensional worldview on a three-dimensional world. It forces us to act contrary to a basic human intuition, derived from our experience, that life is a multidimensional reality, one much greater than any single individual. Therefore, humility should be the point of departure for our questions, especially for those questions whose answers affect us all.

"How to expand health coverage while containing costs is one of the great unanswered questions in American politics," Carol Keehan writes in this issue. We need to answer that question. But if we are going to find the right answer, we must first be cured of the plague of polarization that is sweeping the West and sickening its body politic.

Matt Malone, S.J.  
Twitter: @americaeditor.



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AP Photo/Elizabeth Dalziel

Nyree O'Brien plays the flute as she directs a socially distanced concert on Victory in Europe Day in Berkhamsted, England, May 8.

Cover: Mario, 82, reads a note about his medical condition in the Covid-19 section of the Maggiore Hospital in Parma, Italy, April 8. He died on April 14.

(AP Photo/Domenico Stinellis)

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## What do you miss about church that surprises you?

The coronavirus pandemic has meant that people all over the United States have been unable to gather for worship for months. **America** asked its readers if they have found themselves surprised by what they missed about Mass or their faith community.

I miss coming into church right before Mass: the cool scented air, the quiet, the colors streaming in from the windows and the smiles of friends. This may be an odd thing to miss but it is a few minutes of changing from world time to God time, of feeling my muscles relax, my breath slow down and my mind open to Jesus.

**Mary Witucki**  
Easton, Pa.

Everything I took for granted. Daily Mass after I drop my daughter off at school. Lighting candles for the sick (and sometimes paying for them!). Hearing a favorite hymn, and trying to sing it. Hearing Fathers Vince, Junior or Adam nailing a homily. Seeing the same 99-year-old man, with cane, genuflecting until his right knee hits the floor—and seeing him painfully getting up. Going out of my way to shake a hand at the sign of peace. Seeing others at Mass, whether 20 or 300, and knowing that despite our doubts...we are part of a 2,000-year tradition. The taste of a Communion wafer. Criticizing, in my head, the dude who leaves after Communion...and then feeling like a jerk because I don't know his story.

**Thomas Brzozowski**  
Somerdale, N.J.

I really miss just being able to walk into church when I am feeling anxious or scared and sitting in silence during adoration or before Mass starts. I always feel Christ's reassuring presence in sacred space and I have been missing that.

**Ursula Newcomb**  
Toledo, Ohio

Community. Even though I attend an early-morning weekday Mass and we are a quiet bunch, I miss being in that community.

**Abbie Hunt**  
Lansing, Mich.

The being together...not only with my dear friends, but also with those I know only by sight, or recognize by where they sit or what they do.

**Jennifer Anderson**  
Astoria, N.Y.

We are music ministers, providing music for two or three Masses each weekend. We were unprepared for how much we miss gathering with our small community and sharing prayer in song. It has left us feeling a huge void.

**Christine and Peter Nathanson**  
Orient Point, N.Y.

It surprises me how much I miss all of it. Even trying to find a seat, crying babies, unexciting homilies.... Of course I miss the Mass and the Eucharist, but the others surprise me.

**Patty Amato**  
Claremont, Calif.

The Eucharist. I know it sounds obvious, but it hit me like a ton of bricks. I can hardly watch a streamed Mass without crying when the priest, and only the priest, is able to partake in the Eucharist. I don't care how many times I say that "spiritual Communion" prayer. It's not the same.

**Nicole LeBlanc**  
Dallas, Tex.

Having Sunday be a different experience than any other day. It has disrupted our lives in a way that feels something is terribly amiss. We had to do something about it. Even though we livestream Mass and keep Sunday holy, we had to change a routine in our family. We now bake homemade bread Saturday evening. We wake up to homemade bread, a different breakfast than every other day.

**Rose Kaser**  
Waukesha, Wis.



# *'Leave Nothing Undared for the Gospel.'*

- Saint Eugene de Mazenod



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## Vice President Biden Should Open His Personal Files

Tara Reade was interviewed by the journalist Megyn Kelly on May 8 regarding Ms. Reade's allegations of sexual harassment and assault by Joseph R. Biden Jr., the presumptive Democratic nominee for president. Ms. Reade alleges that Mr. Biden assaulted her in 1993, when he was serving as a U.S. senator and Ms. Reade was a member of his staff.

As Doreen St. Felix wrote in *The New Yorker*, "the interview yielded little new information, offering viewers a chance to put a face to a name and to decide for themselves, based on not much more than a feeling in the gut, whether they would grant Reade their sympathy."

As with similar cases in the #Me-Too era, Ms. Reade's allegations have proven difficult to adjudicate. In the absence of irrefutable evidence, the public response has fallen, as with so much else in this era of polarization, along partisan lines. Laura McGann, the editorial director of *Vox.com*, recently wrote about the burden of proof that this places on an accuser in the court of public opinion. "It is not fair to an individual survivor," Ms. McGann wrote, "that their claims require an extraordinary level of confirmation, but it's what reporters have found is necessary for their stories to hold up to public scrutiny and successfully hold powerful men accountable."

Yet even if American voters do not have sufficient evidence to determine what Mr. Biden did or did not do in the past, there are standards by which the public can judge his present conduct. One such standard is whether Mr. Biden has made every effort to be transparent and to provide access to potentially relevant

archival materials. Unlike in the hearings for Justice Brett M. Kavanaugh's nomination to the U.S. Supreme Court, when Senate Republicans chose to press ahead to a vote as close as possible to their original schedule, there is still sufficient time to resolve the question of whether any documents relevant to the present case exist and to do so well in advance of the election.

The former vice president has asked the National Archives to search for any relevant documents or other evidence, and he has made a similar request of the U.S. Senate. But he has thus far not allowed access to his personal papers at the University of Delaware, saying that those archives do not contain personnel records.

That may be true, but Mr. Biden should open those archives anyway. He could commission an impartial, professional archivist or archival firm to conduct a narrow search for any material related to Ms. Reade's allegations. This would go a long way toward proving to a wary electorate that he is taking every possible step to be transparent.

The history of the sexual abuse crisis and cover-up in the Catholic Church furnishes a relevant lesson. When serious allegations of abuse are leveled, full and immediate disclosure is the only way for individuals and institutions to establish credibility and trust. Church officials often failed to provide such leadership, and the results were disastrous. To overcome the public's deep distrust of public figures and institutions, moreover, it is often necessary to go above and beyond the letter of the law and to embrace its spirit with visible and meaningful gestures.

Mr. Biden should apply that lesson to his own case. Even if no definitive document is uncovered, the public could at least be satisfied that he has allowed a full and independent assessment of his account of the facts.

## The Nation Needs Time to Mourn

As we write, nearly 100,000 Americans have died from Covid-19. Millions more have joined the ranks of the unemployed. Not one of us has escaped this pandemic without having our lives radically changed. Across the country there is profound grief, whether for a lost loved one or a loss of the way things were.

As the country begins to decide how to most prudently restart life after months of stay-at-home orders, we should not forget to mourn. We need to set aside a time to grieve collectively. That will require ritual.

How and when to develop these rituals is not obvious. It is difficult to begin the process of grieving when the beginning, middle and end are never clear and are changing daily. And while parts of the country have begun to reopen, we are a long way from being able to gather en masse in public spaces for more traditional vigils.

The president of the United States should be well positioned to lead a nation through a grieving process. Thus far, however, he has shown neither the aptitude nor the empathy that is needed for such leadership. Nevertheless, there are still many outlets and institutions available to guide the country in col-

lective mourning.

We have a few examples of what a national day of mourning might look like. On May 14, Pope Francis called for a world day of interreligious prayer and fasting to ask God to stop the pandemic. The U.S. bishops and other religious leaders could pursue a similar day of collective prayer.

Given that high school seniors across the country will be missing proms and graduations—valuable rituals themselves—LeBron James, former president Barack Obama and a number of celebrities put together a national broadcast, “#GraduateTogether,” to mark that milestone. As important as commencement addresses are, we also need eulogies.

But it will not be enough to mourn separately. Mourning is a time when community is most needed, and video conferences and livestreams more often than not remind us of our isolation instead of bringing us together.

When this is all over, we will need to gather—together—in churches, stadiums and concert halls. And whether the presider is a priest, politician or point guard, we will need public prayers and moments of silence to mourn and honor everything and everyone who has been lost.

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## ‘It will all work out’: How a parish in Sweden responds to the coronavirus

Americans may be aware of the distinctively Swedish approach to the Covid-19 pandemic. As of late May, no gatherings of more than 50 people have been allowed, but otherwise there have been no real restraints on activity, just suggestions about hand washing, social distancing and self-isolation for people in high-risk groups. Many shops, restaurants, hair salons and gyms have remained open. There is scarcely a face mask in sight. In other words, we are free to move about the cabin.

Sweden has already experienced more than 3,600 deaths to date—several times the mortality rates of our Nordic neighbors who have imposed much stricter controls. The country’s top epidemiologist, Anders Tegnell, has consistently advocated the model of limited state intervention. He is still popular and widely trusted, comparable to the standing of Dr. Anthony Fauci in the United States. But he is not without critics in the Swedish scientific community, who by and large argue for more stringent measures.

Swedes seem to take everything in stride, perhaps in part because the country has not experienced major international conflict for nearly 200 years. Frequently, they will say with a laconic shrug: “*Det årdnar sig*” (pronounced *day ORDner say*), which means, “It will all work out.” In a televised address about the pandemic, Prime Minister Stefan Löfven said, “We who are adults need to be exactly that: adults. Not spread panic or rumors.”

I moved from the San Francisco area to Sweden last October to serve as the pastor of a small but thriving parish on the island of Gotland in the Baltic Sea. We have been comparatively

lucky so far. There have been some 66 diagnosed cases and three deaths in a population of about 50,000 on the island. One hundred miles long and 30 miles wide, Gotland can see its population quadruple during the summer. (This year, we are urging vacationers to “please visit but not just now.”) Six months of the year, we experience that form of self-isolation known as winter.

Gotland is also home to traditional farming (potatoes, beets, carrots, cabbage) and a flourishing wind farm industry. Ours is Sweden’s smallest Catholic community—Kristi Lekamens (Corpus Christi) parish in the town of Visby. Its 170 registered souls reflect the Catholic community in Sweden at large—a combination of ethnic Swedes and immigrants from elsewhere in Europe and around the world. Roman Catholics are about 2 percent of Sweden’s total population of 10 million. The church is small but vibrant.

Like many other parishes around the globe, ours flipped in a few short weeks from a regular schedule of Mass, devotions, religious education and the obligatory *kyrkkaffe* (church coffee hour) to the complete suspension of in-person activities. We moved quickly to YouTube transmission of Masses, and a pastoral letter sent by snail mail helps us reach parishioners without internet access.

Holy Week and Easter were very difficult. Most parishioners complied with the new guidelines. Still, a few diehards sneaked into church during “recording sessions” while the pastor thought it best to look the other way. There is, people tell me, no substitute for the “real thing” of face-to-face worship. I agree.

Since Easter Sunday, things have shifted again. Our bishop, Cardinal

Anders Arborelius, has called for pastors to adopt strategies that balance health and safety with the need and longing for sacramental life. At Kristi Lekamens, this has meant that Mass is again available, but maximum occupancy is 20 people, in compliance with the recommendations of local authorities.

Religious education, confirmation classes and parish advisory meetings are all moving to Zoom and Skype. Parishioners keep in touch with members of at-risk groups and help out with needs like grocery shopping. Sadly, our outreach to seasonal farmworkers—mostly from Romania—has been drastically curtailed. Nearly all of them have returned to their homeland to wait out the epidemic.

Truth be known, here on Gotland we continue to live in a bubble of quasi-normality that provides us with a level of movement and interaction that people outside of Sweden would find unfathomable. All that could change quickly, of course. But the Swedish model of relying mostly upon voluntary social distancing, appropriate hygiene and self-isolation by members of high-risk groups just might work in the long run.

There is no perfect solution, of course; I certainly hope that the Swedish model will work, but I still have my doubts. That said, our church will try to embrace whatever can help us sustain a sense of community and provide for the most vulnerable among us. We trust that the Spirit is somehow at work. Or, as Gotlanders say, *Det årdnar sig*.

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Charles Talley, O.F.M., is a Franciscan friar from California (Province of St. Barbara) and the pastor of Kristi Lekamens Church, in Visby, Sweden.

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# Head of Brazil bishops' conference urges leadership and solidarity to confront Covid-19

By Filipe Domingues

While Covid-19 deaths in Brazil are rising rapidly, national and local governments so far have not been able to create a collective response against the pandemic. Noting this “disunity,” the president of the National Conference of Bishops of Brazil, Archbishop Walmor Oliveira de Azevedo, said, “Many authorities trivialize the effects of the pandemic and ignore that many hospitals are overburdened.”

In an exclusive interview by email with **America**, Archbishop Azevedo criticized Brazilian politicians “in different positions of power” who have “minimized the effects of the pandemic.” The archbishop of Belo Horizonte has been one of the church’s most outspoken voices during the pandemic.

Without explicitly mentioning Brazil’s president, Jair Bolsonaro, Archbishop Azevedo said that “there is a mismatch between the guidelines that come from health authorities, based on science, and the behavior of those who have the greatest responsibility to lead the country.”

These government authorities “seem to ignore the situation of hospitals, of people who, most likely, will die without dignified medical care,” he said. Although access to the public health system is free in Brazil, systemic inequalities persist. The lack of resources can be especially severe in poorer and rural areas.

“Brazil is shamefully on its way to becoming the new epicenter of the pandemic,” the archbishop said. The first Covid-19 case was recorded in Brazil on Feb. 25. A few days later Mr. Bolsonaro called the disease a “little flu.”

“Statistics show that Brazil, unfortunately, is not managing to slow the spread of Covid-19, with some regions experiencing a more serious situation than others,” Archbishop Azevedo said, adding that he is concerned about the attitude of many citizens who do not recognize the severity of the disease.

“Some people think they are immune; they do not consider themselves responsible for the health of their neighbor, who is a brother or sister. They go to the streets without a mask; they crowd. Citizens’ behavior will tell us how fast and under what conditions we will emerge from this pandemic,” he said.

The richest Brazilian states of São Paulo and Rio de Janeiro have the most Covid-19 cases so far, but the poorest regions in the north and northeast have fewer hospital beds and intensive care units and overall a more precarious health system. In isolated communities in the Amazonian region, for example, corpses are piling up, and thousands of new graves have had to be dug.

Mr. Bolsonaro is determined to keep the country’s



Cemetery workers in protective clothing bury a Covid-19 victim at the Vila Formosa cemetery in Sao Paulo, Brazil, on May 20.

economy running, and critics say he is undermining the effectiveness of social isolation measures. The president has removed two health ministers during the pandemic, Luiz Henrique Mandetta, an orthopedist, and Nelson Teich, an oncologist.

Dr. Mandetta was fired after relying on World Health Organization guidelines, promoting social distancing and engaging in dialogue with state governors from opposition parties. Dr. Mandetta, the president said, was “only on the side of life, while I am on the side of the economy as well.”

The second health minister, Nelson Teich, promoted flexibility on quarantines based on the number of cases in each region. Yet as the Covid-19 deaths went up, Dr. Teich signaled that social isolation was still necessary.

Despite this counsel, on May 11 President Bolsonaro issued an executive order allowing gyms and hairdressers to open as “essential services.” On May 15, Dr. Teich was forced to resign.

According to *The Lancet*, Brazil now has the most Covid-19 cases and deaths in Latin America and has been substantially underestimating the disease’s impact. Practical decisions about combating the pandemic have been relegated to state governors and mayors, who complain about a lack of national dialogue on the crisis. Some are asking for international help to buy medicines and respirators. In at least five states (Brazil has 27), more than 80 percent of the intensive care units are occupied.

According to Archbishop Azevedo, the role of the Catholic Church in this complex political context is to urge a commitment to solidarity and special attention to the poor, the homeless and the groups most vulnerable to the virus, like the elderly.

“This often requires us to be more demanding in appeals to those who define and decide public policies, so that their attitudes are marked by deep social sensitivity,” he said. “The church does not encourage clashes but harmony, based on a principle that must guide the world going forward, as there is no other possible way. This principle is

that of solidarity.”

He also sees social isolation during this emergency as a gesture of charity, aiming to protect the weaker members of society.

“Social isolation today is a citizenship attitude, as it aims at a greater good,” the Brazilian archbishop said. “It is a gesture of love for the community. Staying at home is a decisive attitude. It is not about passivity. On the contrary, it is a daily struggle against legitimate human needs—leisure, living with family and friends, more intense participation in the faith community.”

When the pandemic arrived in Brazil, its bishops hesitated to suspend public Masses, but as the situation grew worse most agreed to close down churches until conditions improved, and they have stuck by that decision. For Archbishop Azevedo, it is painful not to celebrate Mass, but he believes it is the right thing to do now.

“It is in these difficult times that we are challenged to give genuine witness to our faith,” he said. “I recall that in the past, Christians in Japan, because of religious persecution, were prevented for 250 years from celebrating Masses. Even so, they resisted. They kept the flame of faith alive,” he said. “It is a challenging time, but it also allows us to take care of a vocation in our homes that is essential: being house churches. I am convinced that the Eucharist will be celebrated with an even more mature faith.”

His archdiocese covers the region of Brumadinho, where in January 2019 a dam at a mining operation collapsed, killing 259 people. Asked about the similarities between that tragedy, which he saw up close, and the current pandemic, he said that in both cases there are vulnerable people who suffer, whom the church visits and accompanies even before government authorities do.

Also, in both cases he sees the consequences of human predatory behavior toward the planet. “We cannot simply say that these tragedies are the work of chance or a punishment from God—which would be an even greater mistake. It is the human being, in his freedom, who follows crooked directions and unleashes these tragedies,” Archbishop Azevedo said. “Pope Francis reminds us: It is wrong to think that we will have a humanity that is always healthy when the world is sick.”

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## Covid-19 has thrived on economic inequality—and may make it even worse

As the coronavirus pandemic spread around the country early this year, it became apparent that low-income individuals were at the greatest risk. Many in this group live in crowded households, have pre-existing conditions like hypertension and obesity (often exacerbated by a lack of access to health care) or must continue to work in jobs where social distancing is not always possible. In New York City, the center of the worst outbreak of Covid-19 in the United States, the death rate from Covid-19 has been twice as high in the poorest neighborhoods than in the most affluent areas, and black and Latino residents are dying at twice the rate of non-Hispanic whites.

In May, researchers at the London School of Economics found that Covid-19 death rates were generally higher in states with high economic inequality as measured by the Gini Index—a score that ranges from zero (each individual has an equal share of a state’s total wealth) to 1.0 (one individual has all of the wealth). New York, famous for its extremes of poverty and wealth, ranks highest among the states in the Gini Index, though Puerto Rico and the District of Columbia are even higher. States with higher Gini Indexes generally also have

higher population densities, which makes them especially vulnerable to quick-moving contagions.

And the adverse effects on places with high inequality may not end when the pandemic does. According to a study from the London-based Centre for Economic Policy Research, recent pandemics, including SARS in 2003 and Ebola in 2014, have worsened economic inequality in the nations where they hit the hardest. Possible reasons include long-term unemployment for lower-skilled workers and government assistance programs where “the rich are the major beneficiaries.”

Listed below are the U.S. states with the highest and lowest Gini Indexes, along with the nations they most closely match on this score, at least according to the latest available data from the World Bank. While only seven countries had worse Gini Indexes than any U.S. state, over 100 nations (including all in Europe) had better Gini Indexes than any state.

### Gini Index by State (2018)

- Gini Index <.46 - lower inequality
- Gini Index = .46-.48 - close to overall U.S. inequality
- Gini Index >.48 - higher inequality

### Highest inequality by Gini score

- .542 - Puerto Rico, comparable to the level of inequality in Mozambique
- .524 - District of Columbia, comparable to Honduras
- .513 - New York, comparable to Angola
- .501 - Connecticut, comparable to Colombia
- .494 - Louisiana, comparable to Panama

### Lower inequality

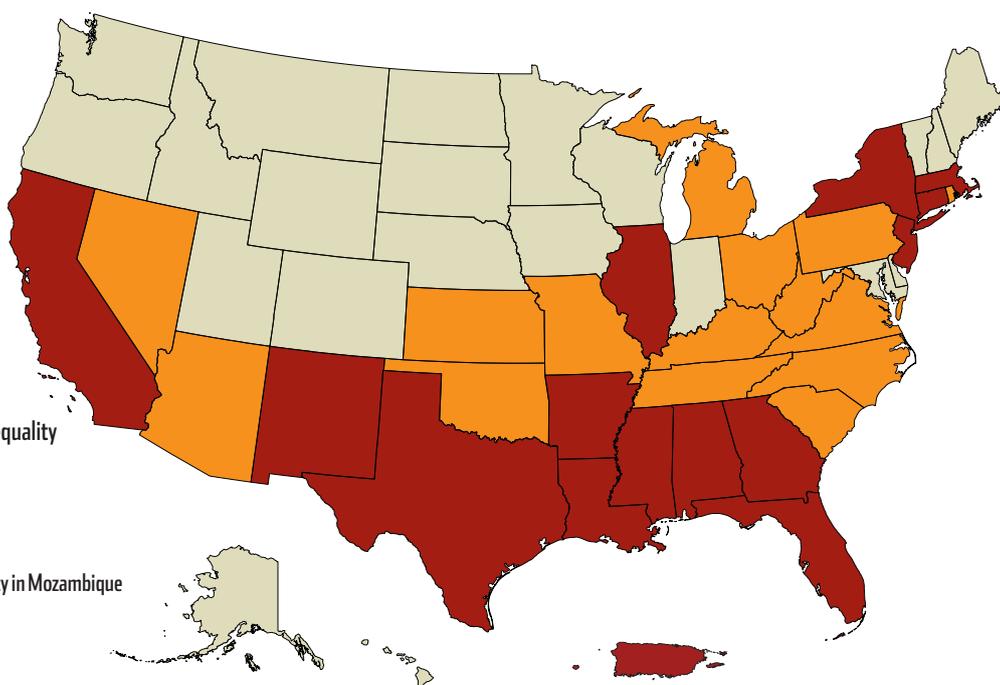
- .427 - Utah, comparable to the level of inequality in Peru
- .432 - Alaska, comparable to Chad
- .441 - Iowa, comparable to Zimbabwe
- .443 - North Dakota, comparable to Zimbabwe
- .445 - South Dakota, comparable to the Philippines

### Higher inequality than any U.S. state (7 in total)

- .630 - South Africa
- .591 - Namibia
- .576 - Suriname
- .571 - Zambia
- .563 - Sao Tome and Principe

### Lower inequality than any U.S. state (119 in total)

- .242 - Slovenia
- .249 - Czech Republic
- .252 - Belarus
- .252 - Slovak Republic
- .257 - Moldova



Sources: GINI Index of Income Inequality, American Community Survey (2018), U.S. Census Bureau; GINI Index, World Bank. Gini Indexes for countries are from the latest available year.



## GOODNEWS: Less pizza, more phone calls as youth ministry adapts to quarantine

The Rev. Scott Valentyn, pastor at Sacred Heart Parish in Shawano, Wis., records an episode of "Staycation 2020" on April 1 with Deacon Jim Lonik.

Helping parishes learn how to livestream. Writing letters. Phone calls to parents. Youth ministry has changed during the coronavirus pandemic, according to Christina Lamas, the executive director of the National Federation for Catholic Youth Ministry.

"What I've heard and seen across the nation are innovative ways youth ministers have stepped up their work to a different level," she said.

These efforts are meant to facilitate a feeling of belonging among young Catholics, Ms. Lamas said, noting a study by the Springtide Research Institute of young adults ages 18 to 25. Nearly 60 percent of respondents said they felt scared and uncertain during this time of social distancing. Yet 35 percent said they experienced an increase in their faith, and 46 percent had started new religious practices.

"Young people are engaged," Ms. Lamas said. "When they connect to their faith in God, they find hope."

About 75 youth ministers from across the United States joined a Zoom call in May, hosted by the National Federation of Catholic Youth Ministry. Several trends emerged, including the need to delay confirmations and find new ways to connect, especially during the summer and with lower-income families.

Youth gatherings often have food, like pizza and cookies, in an effort to attract young participants, a feature that is no longer possible in digital gatherings. But food is still a topic of conversation, according to Liza Roach, a youth minister in the Diocese of Norwich, Conn. During an online activity in her area, youth ministers asked young people to share what snack they would choose if they had to eat the same snack forever.

One of the girls said, "We can't have snacks right now. My mom isn't making any money."

According to Vicky Hathaway, of the Diocese of Gary, Ind., many parishes in her area count on volunteer youth

ministers. Many of these are teachers managing the change to online education. It has been a lot to juggle. "In Gary, a lot of youth ministers had to take care of their needs first," she said. Given the economic impact of the pandemic, she is expecting many families will not be able to afford to send their kids to more expensive events, like overnight retreats, once stay-at-home measures are lifted.

"Young people are stepping up in households, especially when their parents are essential workers," said Katie Ziegler, a youth minister with the Archdiocese of Los Angeles. "They're taking care of their younger siblings while their parents are at work, preparing meals, keeping things in order."

Screen fatigue is an ongoing concern since young Catholics have been attending school through online classes, according to Abbey Schumann, from the Diocese of Jackson, Miss. She said youth ministers have to find the right way to connect. WhatsApp, for example, has been a more effective form of outreach in the Spanish-speaking community. But she, like many others, said youth ministry is relying heavily on the involvement of parents.

"We're empowering the domestic church, sharing resources with the family on the homefront," she said.

John DeLaporte, director of youth ministry and religious education in the Diocese of Jefferson City, Mo., commenting in a Zoom chat box, said that "many ministry leaders are rediscovering the power of simple pastoral care strategies and outreach to their kids and families (hand-written cards, phone calls, texts, etc)." He also suggested ways to connect with kids and families on the margins, like livestreamed Mass, meals available for pickup, outside tables for holy water and "Catholic freebies, like holy cards and rosaries."

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## As Covid-19 crisis grows, Latin America's basic ecclesial communities step up to help

The impact of the coronavirus pandemic in Latin America has been devastating for the poor. Not only are many suffering because of the collapse of health care systems in several countries, but many also have to face the most drastic effects of the economic crisis that has accompanied the pandemic. But in many countries members of basic ecclesial communities—known as C.E.B.s, from the abbreviation in Spanish and Portuguese—are stepping up to assist the most vulnerable.

Once a massive movement in the Latin American church, base ecclesial communities were a direct fruit of the transformations engendered by the Second Vatican Council and accompanied the development of liberation theology. C.E.B.s “have two characteristics that can help to fight coronavirus and protect the poor,” said the Brazilian theologian Leonardo Boff, a major promoter of the movement since its inception. “They’re very well-organized and can make contacts, provide information and alert the people on precautionary measures.”

In addition, “they have a great sense of solidarity and collaboration,” he said. “Their members are generous to the point of putting their own lives in danger.”

Indeed, the C.E.B.s have been assisting the most vul-

nerable victims of the pandemic throughout the region. In Mexico, the C.E.B. network has been functioning as a dependable system of mutual aid, organizing food distribution and facilitating access to state assistance, said Nathalia Carrillo, a member of a C.E.B. in Mexicali. “There’s a growing need for food among many families, caused by the forced confinement of households,” she said.

In El Salvador, C.E.B.s have been gathering food and money in order to prepare for a possible hunger crisis. “The official church gave insufficient responses to the crisis, limiting itself to canceling [Masses] and telling the people to respect the government’s orders,” said Andreas Hugentobler, a Swiss-born theologian and a member of the C.E.B. movement in El Salvador.

He adds that the Salvadoran government has done little better, other than to deploy security forces to prevent people from leaving their houses. He reported that two C.E.B.s near San Salvador “have been resisting militarization and taking food to homeless people on the street.”

“In the countryside, people still have beans and maize. But in the city, food prices are up and the people have ceased to work. Most of the poor earn a living with informal activities and now don’t have any money,” Mr. Hugentobler said.



AP Photo/Luis Perez

A traffic jam of people seeking to bury loved ones outside Jardines de la Esperanza Cemetery in Guayaquil, Ecuador, on April 6.

In Guayaquil, C.E.B.s are similarly dealing with hunger and police repression. The city is the epicenter of the pandemic in Ecuador. The collapse of Guayaquil's funerary system led the government to create a new cemetery in a poor, distant neighborhood called Monte Sinaí, where 30,000 families live in precarious conditions.

"People say it's a mass grave," the Rev. Luis Enríquez said, "but the government denies it.

"The fact is this neighborhood has always been treated as a dump," he said, noting that the local government apparently intended to continue to treat it that way—this time with corpses instead of garbage.

Father Enríquez has been organizing C.E.B.s in Monte Sinaí for four years. They have typically fought against evictions and struggled against extreme poverty. Now they are desperately trying to ameliorate the effects of the social crisis caused by the pandemic.

"The water here is the most expensive in town. How are people supposed to wash their hands if there's no water?" Father Enríquez asked.

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Eduardo Campos Lima contributes from São Paulo, Brazil.



CNS photo/courtesy Regis High School

A visit to Regis High School with President Daniel Lahart, S.J., in 2019.

## Calling Dr. Fauci: Words of hope for 2020 Jesuit grads

In a video message in mid-May, Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health and a leading figure in the struggle to contain the coronavirus pandemic, addressed the graduating classes of 2020 at Jesuit secondary schools around the country.

"Currently our lives have been upended by a truly historic global pandemic. I am profoundly aware that graduating during this time—and virtually, without your friends, classmates and teachers close by—is extremely difficult," Dr. Fauci said. "However, please hang in there. We need you to be smart, strong and resilient. With discipline and empathy, we will all get through this together."

The video originated with a request from Daniel Lahart, S.J., president of Regis High School in New York, for a short address to the school's graduating class.

Dr. Fauci, born in the Bensonhurst section of Brooklyn in 1940, graduated from Regis in 1958. "I often say it was the best educational experience I could have imagined," Dr. Fauci said.

Dr. Fauci graduated from The College of the Holy Cross in 1962 and received his medical doctorate from the Weill Medical College of Cornell University in 1966. He has served under six U.S. presidents.

Dr. Fauci credited his education at Regis with teaching him both "precision of thought and economy of expression," commenting that those two habits "inform how I think, how I write and how I communicate with the public every day, especially during the present unsettling times. Just as important, however, is the Jesuit emphasis on social justice and service to others. And now is the time, if ever there was one, for us to care selflessly about one another."

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# IN SEARCH OF A SAFETY NET

*Most Americans favor universal health care. But many health care experts say it is unlikely to happen.*

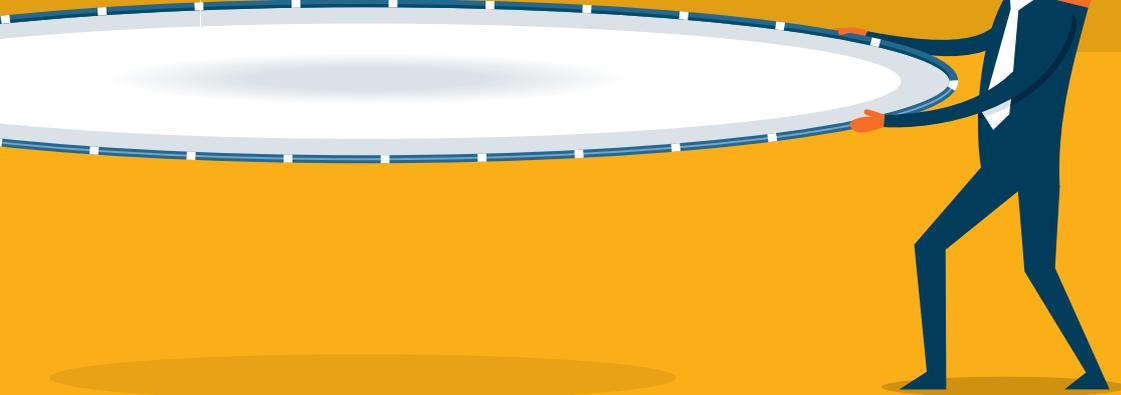
By John W. Miller

The United States spends \$4 trillion each year on health care, a bigger industry than Hollywood, professional sports and automotive combined, and equivalent to the gross domestic product of Germany. But as a deadly global pandemic killed over 320,000 people, the richest country on earth could not insure tens of millions of people like Anne Winslow, 57, of Lancaster, Pa.

Ms. Winslow earned a college degree and worked her whole life, mostly in early childhood education, and reared six children of her own after escaping an abusive marriage. She does not have major medical issues; she needs inhalers and EpiPens for her asthma, which makes her vulnerable to the new coronavirus, which causes Covid-19.

Before she was laid off in March, a month short of qualifying for employer-funded health care, Ms. Winslow worked up to 50 hours per week at a suburban craft store for \$9.44 an hour. Like millions of other Americans working low-wage service jobs with paltry benefits and no union, she was earning too much, \$1,200 a month, for Medicaid, and not enough to pay for private insurance. Ironically, losing her job may sink her income enough to qualify for Medicaid, for which she has applied, along with unemployment. “I’m used to it; I’ve been struggling my whole life,” she said. “But I am hoping for something better.” The data shows that Ms. Winslow is not alone. In 2018, U.S. Census Bureau data showed that 27.5 million Americans lacked health coverage at some point during the year.







# Both the U.S. Catholic bishops and the *Catechism of the Catholic Church* have described basic health care as a human right.

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Insurance coverage is only half the problem in the United States. The other is the cost of medical care, even with insurance. Anna Koenig, 32, a financial executive for a tech start-up in San Francisco, said she went to get an M.R.I. for headaches and was shocked to get a post-insurance bill for \$1,200. “I’m lucky because I have insurance,” she said. “But I have a lot of friends who are in medical debt.” One third of Americans say they are likely to delay or skip medical care because of cost, far more than any other country, according to Petersen-KFF’s Health System Tracker.

The United States spends almost one-fifth of its gross domestic product on health care, the most in the world, and yet its residents have a lower life expectancy, 78.6 years, and a higher chronic disease burden, 28 percent, than those of any other Western democracy, according to the Commonwealth Fund.

How to expand health coverage while containing costs is one of the great unanswered questions in American politics. And the search for answers has not been made easier by the current pandemic, pouring oil on the fire of an election season in which health care already was a major issue. The crisis may mean that as many as 35 million people who have lost their jobs will also lose their health care plans, increasing the total number of uninsured Americans to over 60 million.

The coronavirus has exposed shortages of beds, gowns, face masks, ventilators and other essential medical supplies. Some emergency workers do not have health insurance. Hospitals that can no longer accept as many profitable patients for elective procedures as they used to are, paradoxically, losing money during a health crisis, and

have laid off doctors and nurses. The pandemic could cost hospitals and insurers over \$500 billion, and the federal government has already made over \$100 billion in bailout money available to hospitals.

Bernie Sanders urged the Democratic Party leftward, toward the creation of universal public insurance, in strong 2016 and 2020 campaigns. In his Medicare-for-all plan, he essentially proposed nationalizing American health care and wiping out the private insurance industry.

Former Vice President Joe Biden, the party’s likely nominee in this November’s election, has recommended instead maintaining the current system but including “a public health insurance option like Medicare” that would help bring down costs by competing with private insurers.

President Trump still wants to repeal the 2010 Affordable Care Act and has argued that the fix will be found in inviting the free market to work its magic within the current system in the United States, which is based largely on private insurers. Last year, the Trump administration also enacted a rule forcing hospitals to be more transparent about prices.

Both the U.S. Catholic bishops and the *Catechism of the Catholic Church* have described basic health care as a human right, but Americans remain divided about the best way to provide it. Public opinion in the United States has shifted toward nationalized health insurance. Last year, over 60 percent of Americans polled by the Kaiser Family Foundation backed a Medicare-for-all style plan. The idea has enjoyed majority support since 2016, Kaiser said. “And there’s nothing like a pandemic to amplify the weaknesses in our health care system that already exist,” said Caitlin Donovan, spokeswoman for the National Patient Advocate Foundation. “We have the most confusing and overpriced health care system in the world.” The pandemic, she said, “has taken the stigma out of the safety net.”

But one thing the majority of health care experts agree on is that the political and economic reality of the current U.S. health care system precludes a reform like Medicare-for-all, deeming it too expensive and politically unfeasible. “If we think we can go back to the way things were, we’re tone deaf and blind,” said Mary Haddad, R.S.M., the chief executive officer of the Catholic Health Association, which represents 600 hospitals and 1,600 long-term care and other health facilities in all 50 states. “This is a transformative moment, but we have to be politically realistic. We



The Rev. Charles Bouchardeau, a director for the Catholic Health Association, said that the American health care system is too often "oriented toward reaction, not prevention."



need universal coverage, but I don't see us dismantling [the current system]."

Unfortunately for Mr. Sanders and his supporters, canceling a uniquely American system that privately insures 150 million people and sustains a Germany-sized economy of hospitals, doctors and drug companies is impossible to imagine. The scale of necessary destruction and rebuilding is why Senator Sanders's plan was estimated to cost over \$30 trillion and why it failed to garner support from most other Democratic leaders.

**Is a Public Option Possible?**

What is realistic is some kind public option plan for people like Ms. Winslow, who cannot afford A.C.A. coverage and who do not qualify for Medicaid or Medicare. Ideally, such a plan would also force insurers, hospitals and drug companies to offer competitive services and costs.

If Joe Biden is elected, health care experts and managers say a realistic outcome might be something like Medicare Extra, a plan published in 2018 by the think tank Center for American Progress, which would offer a public option based on the principles of Medicare. The C.A.P. points out that "health systems in developed countries use a mix of public and private payers and are financed by a mix of tax revenue and out-of-pocket spending."

At the center of the U.S. health care's tangled web is

the fact that Americans have come to expect their employers to subsidize their health insurance. But this model excludes the millions of people like Ms. Winslow, who work low-wage service jobs that do not offer health benefits, and forces others to hang on to unproductive, unhappy work. Roughly half of all Americans depend on their employers for coverage, while 20 percent depend on Medicaid and 14 percent on Medicare.

As Steven Brill lays out in his book *Bitter Pill*, during the Second World War, as wages stagnated, employers recruited workers by offering health care benefits. Around that time, a ruling by the I.R.S. that these benefits would not be taxed as wages created another incentive for employers to pay for private health insurance. The number of Americans with employer-paid health insurance boomed. Basically content with their employer-paid private plans, a generation of Americans was happy to say no to European-style health care reform, even as costs exploded upward.

In the economic boom that followed World War II, Europe embraced the government's role in managing health care, but in the United States hospitals, doctors and insurers were running a business, not a public service. They charged high prices with good profit margins and peddled their services on billboards just like companies selling Buicks, Barbies and Budweiser. Among other things, the high prices locked in by private companies meant that



# How to expand health coverage while containing costs is one of the great unanswered questions in American politics.

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public reform efforts like Medicare, Medicaid and current initiatives proposed by Mr. Sanders and Mr. Biden are doomed to cost much more than they would in other countries.

In many ways, the United States has become a leader in health care, thanks in part to the large sums of money moving around the system, including the willingness of the richest members of society to pay astronomical sums for surgery. The country also has a network of strong research universities that foster the type of developments required to become the best in the world in areas like intricate cancer treatments and other complicated surgeries. The United States excels in high-quality advanced medical procedures and elective surgeries. It has the highest rates of hip replacements and breast cancer survival in the world.

The problem is that this kind of business-led health system does not do a good job treating everyday ailments that are far less profitable to treat but could one day turn into bigger problems. Among the consequences is a huge class of people, many from minority groups, with obesity, diabetes and other conditions who are dying from Covid-19 at higher rates than higher-income people with better health care.

The pandemic has challenged health care systems around the world in different ways, but in the United States, it has exposed four big problems.

As a rule, U.S. hospitals, both for-profit and non-profit, are sustained by expensive and complicated procedures that allow them to stay in business and pay their bills. “That’s a weakness, because it means our system is oriented toward reaction, not prevention,” said the Rev. Charles Bouchard, a director for the Catholic Health Association. That is why hospitals dependent on expensive elective sur-

geries that are not possible during the pandemic have been bleeding cash during this time. In Europe, said Dr. Jennifer Kates, the director of global health for the Kaiser Family Foundation, “primary care is more available so you can attend to preventive care. Things like diabetes and hypertension should be treated on a preventive basis.”

A second issue is that U.S. hospitals often want their doctors and nurses to churn through patients as quickly as possible, which they can no longer do during the pandemic because people with ordinary ailments are staying home. “Normally, you’re trying to see as many patients as possible so your clinic gets paid,” said Kristen Connelly, a 29-year-old traveling nurse practitioner currently based at a hospital in California. “It incentivizes you to see 10 patients an hour and bill for all of them.” On a good day, she said, “I saw three patients an hour. That left me five minutes to review charts and previous tests, then 10 minutes to see the patient, then five minutes to chart. And when somebody has something complicated, you want to be interested, but you don’t have time to be interested.”

Third, the free market, which is supposed to secure lower prices and better service for consumers, has a limited impact on health care. A few years ago, I crashed my bicycle and tore a hole above my lip. I called 911. My insurance company was billed \$1,100 for a 10-minute ambulance drive to the hospital and \$3,000 for nine stitches. With a busted-up face and no small level of panic and anxiety, I had no negotiating power to shop for prices and no choice but to submit to whatever form of monopolistic price-gouging was on offer. (They did do a nice job on my philtrum; no complaints.) Now, if you catch Covid-19 and call 911 because you have trouble breathing, you will have even less chance of negotiating a fair price.

And finally, hospitals invest and spend large sums on medical solutions to end-of-life care, which is profitable but often has limited human value and does not create the widespread health a nation needs to withstand a pandemic. The United States spends 10 percent of its total health care budget on end-of-life care. In essence, it spends as much money on the last month of a 90-year-old’s life as on the first 20 years of a young person’s life.

“We should make palliative care a national area of education,” said Kevin Sexton, former chief executive officer of the Maryland-based Holy Cross hospital network, and current board chairman of the Catholic Health Association. Sometimes, at the end of life, “we’re just torturing people.”



Mary Haddad, R.S.M., chief executive officer of the Catholic Health Association, said the United States is in the midst of a "transformative moment" regarding the future of health care reform.

This is an area “where religious and faith leaders could play a huge role in talking about dying with dignity.” The upshot is that even if the United States has improved coverage in the past decade, “nobody’s come up with a good way to bend the cost curve,” said Mr. Sexton. “And now we’re facing the hardest period for health care costs over the next 20 years as the baby boomers get older.”

### Counting the Costs

Because the United States is so big, with so many interlocking systems and interests, administration costs are high, five times those of Canada, for example. Doctors pay hefty bills for medical school and then need high salaries to practice while paying off their loans. Those factors help explain why the United States has among Western countries the highest number of hospital employees per 1,000 people, 20.1, but among the lowest number of doctors, 2.6, according to Kaiser.

Most of these costs are locked into the system and can only be reduced gradually, say health care leaders. “Do I believe we’re going to have a national insurance model?” said Dr. Richard Vath, president and chief executive officer of the Franciscan Missionaries of Our Lady hospital system in Louisiana. “I think it’s certainly possible, but I don’t think we’re going to have a governmental plan with insurance for all.”

To be sure, it is appealing for Americans to look at other countries and wonder: Hey, why can’t we have that? Lau-

ra Kaiser, president and chief executive officer of the St. Louis-based SSM Health, a Catholic nonprofit system, told me she likes to study health care models in other countries. “When I went to Cuba, what I saw was a country that’s economically poorer, but what it does well, it does better than us.” People are channeled to a primary care clinic, she said. “And there’s a physician, a nurse and a statistician assigned to every community, and they keep track of people, and if they haven’t seen you, they will come and find out [how you are doing].”

But, as Ms. Kaiser herself pointed out, the United States does not work in the same way as other countries. Reform “has to be bipartisan,” she said. “There has to be a conversation about how we can get basic care for everybody.”

We in the United States are not going to suddenly embrace Marxism or socialism as a society. We are the country that unleashes capitalism to build companies like Disney, McDonald’s and Facebook. That means that any reasonable solution likely has to work itself out through the world of business and its incentives.

Already, the coronavirus is focusing the industry on some hard truths that could save money, including spending more on preventive care, remote medicine managed online and the delicate issue of end-of-life care. Medicare is offering more telehealth services.

What hospitals can and should do, said Dr. Vath, is manage costs by investing in treating people before they



# The crux of U.S. health care's tangled web is that Americans have come to expect their employers to subsidize their health insurance.

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need expensive procedures. For example, hospitals could do surgeries in “ambulatory centers instead of at the hospital”; these are less expensive because they do not include a hospital’s costly infrastructure of beds, equipment and staff. The pandemic, said Dr. Vath, “is going to change health care forever.”

The best example for reform may be in private initiatives like that of Dr. Timothy Wong. After getting his medical degree in Pittsburgh, the Toronto native grew frustrated working in a regional hospital. “This was not what I went to med school for,” he said. “I was spending my time filling out paperwork and not helping anybody.” What health care is, he said, “is just a conversation between a patient and a doctor, so I thought, why not just strip out” the administrative costs of running a hospital or insurance company.

In 2019, he set up a clinic on the east side of Pittsburgh, a historically minority neighborhood, where he offers consultations for \$35. He does not accept insurance and employs only himself. It is a for-profit venture, because he wants the model to be attractive and replicable elsewhere. “Most patients don’t have insurance, so there are no forms to fill out,” he told me. Instead of ordering expensive tests, he tries to treat the underlying disorder, which is often anxiety or post-traumatic stress syndrome. The big flaw in the U.S. health care system, he said, is that it does not admit that “doctors rarely cure anything. We put things in remission. The only thing we really cure is infections, with antibiotics.”

Dr. Wong does not think that Medicare for All can work in the United States because it would be too complicated, expensive and disruptive, throwing millions of insurers and administrators out of jobs. “What you can do is innovate and slowly improve,” he said. Dr. Wong grew up

in Toronto, and his wife is from the Philippines. They are both familiar with the small neighborhood clinics where “it doesn’t cost \$150 to manage your cold medications.” The pandemic has shrunk his business 80 percent. “People are afraid to come in, but we’ve shown there’s demand [prior to the pandemic],” he said. In the first nine months, his clinic saw 1,900 people.

## **A New Plan?**

Even in better times, it remains unlikely that a clinic like Dr. Wong’s will show up in every neighborhood. And the health care situation in the United States demands change now. The current system clashes with American public opinion, the culture of Western democracies and Catholic social teaching.

In a 2018 speech to the World Health Organization in Geneva, Archbishop Ivan Jurkovic, permanent observer of the Holy See to the United Nations, called for “stronger and sustainable primary health care toward achieving universal health coverage.” In the United States, it was groups of Catholic women religious that set up some of the first health care facilities. Small government that does not include decent health care management “is antithetical to Catholic social teaching,” said the Rev. Charlie Bouchard, the C.H.A.’s ethicist.

Now, as the national elections approach, Democratic strategists are planning on ways to tinker with Mr. Biden’s plan. Already, the former vice president has proposed lowering the qualifying age for Medicare to 60. Whatever they propose, the reality of Washington in 2020 is that any reform effort will face pushback from one of the world’s most powerful lobbying coalitions, skilled at combat in crushing health care reform efforts.

I contacted representatives of the lobbies for doctors, hospitals, insurers and drug companies for this story. Only the lobby representing health insurers, America’s Health Insurance Plans, got back to me. “Crises always produce opportunities for change,” said Bill Pierce, a director at APCO, one of the world’s biggest public relations firms, which represents AHIP. “But it’s not always good change.” One change the insurance industry might support, he said, is paying for more online health meetings, so-called telehealth.

“In an environment where health care providers are doing heroic things, it may be harder to say hospitals are getting paid too much, even if they are getting paid too



much,” said Matthew Fiedler, who studies health care for the Brookings Institute.

But here is the hope: Often a crisis, like the current pandemic, can result in new pathways for big policy changes. The Great Depression in the 1930s gave the United States Social Security and the New Deal. In Britain, World War II begat the National Health Service. The 2008 recession paved the way for the Affordable Care Act. The depth of pain caused by such widespread events forces societies to look at things differently, to reconsider their political and cultural assumptions.

There are signs that this is happening now in the United States. The pandemic is changing our collective attitude toward government and the notion of public service. Washington, with bipartisan support, is bailing out small businesses and sending cash to citizens. Landlords are waiving rents, and utility companies are waiving bills. Nonviolent prisoners, locked up for drugs or prostitution, are being released.

Trying to reform health care has long been a ritual for modern presidencies. Franklin Roosevelt and Harry Truman tried to offer national health care, but fears about slipping into communism and opposition from doctors’ lobbies undermined these and even earlier efforts by unions.

President Lyndon Johnson managed to create Medicare for people over 65 and Medicaid for the poor, and Barack Obama the Affordable Care Act, which, among other things, guaranteed health care to people with pre-ex-

isting conditions and subsidized the purchase of private insurance. The A.C.A. managed to shrink the number of uninsured Americans from 46.5 million in 2010 to under 30 million.

One almost-certain outcome of the pandemic is more power for the federal government to manage public health, if it is willing to do so. Unlike other countries, the United States does not have a national ministry of health that can coordinate a national response plan. “We’ve got public health on a starvation diet at a moment when we need something more robust,” said Mr. Sexton, the C.H.A. board chairman. A key question for future planning is how to coordinate a federal response to health emergencies: “How do you build surge capacity,” said Dr. Kates of Kaiser. “What is the proper way to make it so you’re not scrambling and having to ship things from one part of the country to the other.”

Patient advocates say they are cautiously optimistic that the pandemic will refocus attention on what matters, the health of human beings. “We shouldn’t be trying to change our patients to satisfy our system,” said Ms. Donovan, the patient advocate. “We should be trying to change our system to satisfy our patients.”

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*John W. Miller is a former Wall Street Journal reporter and the director of the film “Moundsville,” coming to PBS this year.*

A healthcare worker wearing a blue protective gown, a white surgical mask, and clear face shields is holding the hand of an elderly patient lying in a hospital bed. The patient is wearing a patterned hospital gown and a yellow identification band. The background shows a blurred hospital room with a blue flower arrangement on a shelf.

# THE CALL OF THE CRISIS

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*We need to transform our  
health system into one worthy  
of our great nation*



Chaplain Bill Simpson of Shawnee, Okla., prays with a patient undergoing testing for coronavirus at SSM Health St. Anthony Hospital on April 23. The U.S. hospital system will continue to face financial challenges during and following the pandemic.

By Carol Keehan

It is clear that the spread of the new coronavirus and its impact on the world have been a real and unprecedented game changer. In the United States, we have faced the vulnerability of our physical health, economy, lifestyle and status as a nation on the world stage. We have seen with profound clarity how invaluable and irreplaceable hospitals are. Even as many services formerly associated only with hospitals are now carried out in so many other settings, it has become clear that there are critical services, like caring for the seriously ill on a large scale, that only hospitals can provide.

As the president and chief executive officer of the Catholic Health Association for 14 years, I advocated for just health care policy and reform. And my years as a nurse and in hospital management allowed me to see up close how important it is to have well-run hospitals with competent and dedicated staff. Today, all of us have seen the real vulnerabilities in our current system.

We have seen the impact that the health of the entire nation has on our individual health in very clear and urgent ways. We have seen the increased vulnerability of those who are poor and of people of color. We have seen heightened vulnerability among workers in our medical facilities and in other essential services like grocery stores, pharmacies and meatpacking plants. We have seen the vulnerability of the health of our fellow shoppers. The well-being of each of these groups is important to them and should be important to all of us simply because we are called to care for one another as brothers and sisters in Christ. But we also now better understand the ways in which the health of each person around us can affect our own lives.

We have seen again the lunacy of our health care financing system, so piecemeal, so dependent on employment. Over 30 million Americans lost their jobs in six weeks, which means their health care coverage was most fragile when they needed it the most. Losing one's job is stressful enough, as families struggle to cover housing and food expenses on an unemployment check. But in a crisis of this scale, no unemployment office, Medicaid office or Affordable Care Act enrollment program can effectively respond in a timely manner, leaving people waiting for payments and stuck in a stressful sort of limbo.

We have seen the importance of establishing and appropriately funding national agencies like the Centers for



# Over 30 million Americans lost their jobs in six weeks, which means their health care coverage was most fragile when they needed it the most.

Disease Control and Prevention, the Federal Emergency Management Agency and the U.S. Food and Drug Administration—all so important to effectively managing our response to public health emergencies. This is especially true when it comes to preparing for needs like widespread testing, stockpiling of essential equipment and supplies and providing public health guidance on a national scale.

We have seen how important collaboration is between the public and private sectors, between the states and the federal government and among nations. We have seen how critical communication is and the importance of sharing accurate information in a timely manner. The need for transparency in communicating has been highlighted compellingly during these days of pandemic. Failures in these areas and the resulting catastrophic consequences have been on painful display.

We have also seen things that left us awestruck. The heroism of hospital staffs, first responders and other essential workers cannot be exaggerated. There is no question that they daily put their lives at risk to help save us from a disease we do not understand, for which do not have a cure and from which we do not have foolproof ways of protecting ourselves. Many struggled to balance their responsibility to do their jobs and their responsibility to protect their families. It was also painfully clear that we as a nation put these workers' health at risk by failing to provide the necessary equipment and resources for caring for patients and protecting themselves.

We have seen so many genuine heroes, and we have been thrilled with the creativity and commitment demonstrated by our fellow citizens. We have seen millions of

Americans try to protect those most vulnerable to the virus by staying home, supporting one another in this time of isolation and uncertainty, and expressing gratitude for health care and essential workers in new ways.

## **What Must Change**

We have also become aware that we must come together as a nation to build a better health care financing system. The profound damage this pandemic has done in every area of our lives cannot be exaggerated. Its potential for continued damage—to the health of individuals, to the economy, to the health care system—causes panic in even the most sanguine among us. It demands that we be proactive in creating the “new normal.”

Our faith compels us to use our most cherished values as the touchstone for our decisions. Jesus Christ was clear: The two great commandments are to love God and to love our neighbor as ourselves. Fortunately, the founding documents of our country echo this: “All are created equal by our creator and have a right to life, liberty and the pursuit of happiness.”

There are so many areas in our world that need attention: our economy, our health care system, our struggling families, our standing in the international community and the cherished areas in the life of our country like beaches, parks, sports and entertainment. We must not use the “good old days” to set the bar for the future. The coronavirus crisis has made it even clearer that there are many areas in the provision of health care that need critical improvements in quality, cost-effectiveness, equity and justice. The era we are entering will certainly have frightening and challenging moments, but it can also be a time of innovation, greater compassion and hope.

As someone who has spent a lifetime in health care, I hope we can make good use of this opportunity. To ensure a healthy future for all Americans, we must deal with the area of health care financing and insurance. Today, it is unnecessarily complex and wasteful in many ways. It has a surprisingly wide variation in reimbursement amounts for health care providers, and these amounts are constantly changing.

Patients and providers are not well served by the current system; neither are employers or the nation's economy. So many of our health care dollars do not go to health care. A bizarre mix of programs finances our health services. For

example, Medicare provides health security for seniors in a complex and often inefficient way. The program can dictate its reimbursement to some providers, but with others it cannot even negotiate for pricing. For still others it creates negative incentives, like limiting the number of days it will pay a hospital to care for a patient with a particular condition while putting no limit on the number of days a doctor may visit the patient. Thus the doctor, who is responsible for discharging the patient, may be incentivized to continue treatment, while the hospital may be incentivized to move a patient along. Another example: Medicaid pays providers significantly less than the cost of care for patients, who are often the most needy. Insurance companies, which may pay providers real costs or more, pass those costs on to employers and employees and have developed such complex and ever-changing rules that many patients find that even with supposedly “good insurance” they incur significant personal expenses.

For decades, hospitals tried to keep open programs that were not sufficiently reimbursed by charging more for other services, especially outpatient testing, surgery and other treatments. This has allowed hospitals to keep needed community services like trauma centers, psychiatric services, maternity wards and burn centers available to their communities. It has also allowed them to care for patients who have no insurance or are enrolled in insurance programs like Medicaid that pay significantly below the cost of care. But in the post-Covid-19 world, this long outdated and utterly inadequate use of cross-subsidizing to balance the budget will no longer be enough to enable hospitals to provide high-quality care as well as just wages and benefits for their employees.

This practice reached a breaking point even before the pandemic, as other groups took more of the high-revenue products out of the hospital. Lab, radiology, cardiology, surgeries, gastroenterology and many other services that were essential to the hospital’s financial survival left in large numbers for other facilities. The pandemic increased the fragility of hospitals when they were most needed, and when the services only they could provide were needed in record numbers.

In an election year it will be imperative that those who are elected to state and federal offices be committed to dealing effectively and transparently with the issue of the provision of health care in this country. We can no longer

tolerate the serious problems that result from a broken and fragmented health care financing system. We also need a renewed commitment to the public health infrastructure and methods to assure its readiness.

I am not trying to make the case for Medicare for All or taking away employer-sponsored insurance options or doing away with reasonable choices in health care insurance programs. But I am calling for innovation and for change. We are a great nation with smart and dedicated citizens. We can design a health care financing system that is uniquely ours, that focuses on the common good, on equity, and that allows a special sensitivity to the most vulnerable among us.

We cannot approach health care as we have in the past. We cannot make the necessary changes without transparency and good will and some protection against an inappropriate coercion of legislators by groups with financial interests that are at odds with public and individual health outcomes. This will take a change from the current polarized environment in Congress and the administration, and it will need the cooperation and input of all parties.

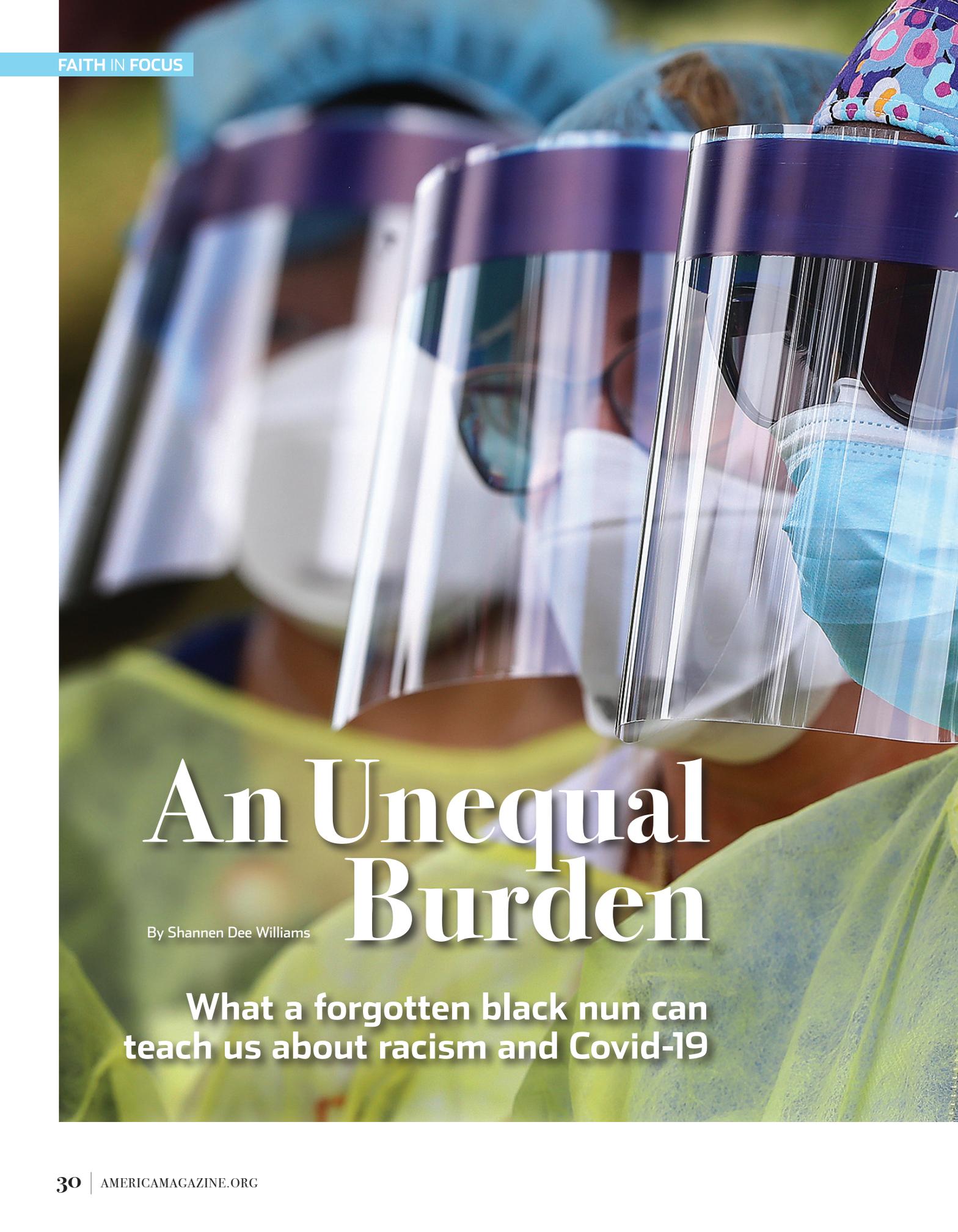
I personally believe the Affordable Care Act is a good place to start. It was always intended to be a start, to inspire further transformation. In spite of the persistent assaults on it, the A.C.A. has done much good. But much more needs to be done. Repairing the damage that has been done to this program and using it to build a more functional health care financing system that is understandable, transparent, accountable and uniquely ours is essential to our nation’s health and financial future.

Our hospitals and other providers have taken a body blow from this pandemic. Simply reopening the economy is not going to restore the fiscal health of hospitals—and fiscal health is essential to being a good health care provider. Hospitals will need well-managed fiscal assistance from the government in the short term and a national effort to improve our health care financing system in the long term.

It will take providers, employers, unions, insurers, governments and consumers working together to transform our health system into one that is worthy of our great nation. And the time to start is now.

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*Carol Keehan, a member of the Daughters of Charity of Saint Vincent de Paul, is the former president and chief executive officer of the Catholic Health Association of the United States.*



# An Unequal Burden

By Shannen Dee Williams

What a forgotten black nun can teach us about racism and Covid-19



Curtis Compton/Atlanta Journal-Constitution via AP, File

Free tests for the Covid-19 disease at a pop-up site at the House of Hope in Decatur, Ga.

In 1832, a cholera epidemic swept across Europe and the major cities of North America, killing more than 100,000 people and sickening many thousands more. When Archbishop James Whitfield of Baltimore fell ill with the disease, a member of his staff immediately sought the assistance of a local nun to aid in the battle for the prelate's life. Curiously, though, Archbishop Whitfield's subordinate did not call on the favored and all-white Sisters of Charity, who had a formal nursing ministry in the city. Instead, the assistant requested the care of Sister Mary Anthony Duchemin, an early member of the all-black Oblate Sisters of Providence who had worked as a private nurse for one of Baltimore's wealthiest families before entering religious life.

An Afro-Creole native of Saint Domingue who immigrated to the United States during the Haitian Revolution, Sister Mary Anthony Duchemin is best known today as the

mother of Sister Theresa Maxis Duchemin, one of the four original members of the Oblate Sisters of Providence and the long unacknowledged African-American foundress of the Sisters, Servants of the Immaculate Heart of Mary. But 13 years before her daughter made history as an early American Catholic foundress, Sister Anthony Duchemin became a legend in her own right for her valiant service to Baltimore's black and white communities during the 1832 epidemic.

At the beginning of the outbreak, Sister Duchemin, the only member of her order trained as a nurse, volunteered her services to the poorest and most vulnerable Baltimore residents at the city's almshouse, where she and three other oblates labored, though separately because of segregation, with the Sisters of Charity.

Upon receiving the call to aid Archbishop Whitfield, Sister Duchemin, like any dutiful Catholic and nun, quickly

obliged. She spent two weeks nursing the archbishop back to health and then returned to her duties at the almshouse. Sister Duchemin, however, was soon called back to the archbishop's residence to nurse his housekeeper, who had also contracted cholera. Within 24 hours of being recalled, Sister Duchemin herself succumbed to the disease, becoming, as the Oblate foundresses put it, "a victim of her zeal" and "martyr to her charity."

Since the outbreak of Covid-19 in the United States, I have thought often about Sister Mary Anthony Duchemin and the extraordinary sacrifice that she made to the church and community at large in 1832. In recent weeks, Catholic writers have looked to the Black Death of the Middle Ages and the Spanish flu epidemic of 1918 for examples of selflessness and hope in the midst of pandemic and despair. But the Catholic experience during the 1832 cholera epidemic in Baltimore offers some of the best parallels to our contemporary crisis. This is especially true in the wake of increasing reports that black Americans are suffering disproportionate rates of infection and fatality. The Associated Press has estimated that black Americans constitute as many as one-third of the nation's reported deaths from Covid-19, although they make up only 13 percent of the population.

During the 1832 cholera epidemic, Baltimore's free and enslaved black population—relegated to substandard housing conditions and subjected to daily discrimination—also experienced disproportionate rates of infection and morbidity. At times, African-Americans constituted as many as half of the port city's weekly deaths from the disease. By the time the epidemic subsided, free African-Americans, who were only 14 percent of Baltimore's population, made up 28 percent of the city's deaths from cholera.

During our current crisis, most black and brown Americans have been unable to exercise the most basic precaution of staying at home because they have jobs that do not permit them to telecommute or are deemed "essential." Today, many of these workers are being lauded as heroes. But Sister Duchemin's story also serves as a cautionary tale for anyone who thinks that our nation will continue to honor the lives of all those serving on the front lines of the Covid-19 pandemic when the disease is finally contained—or will work to change the unjust structures that put so many of those lives at risk in the first place.

Following Sister Duchemin's death, the three Oblate Sisters of Providence (all teachers by training) remained stationed at the almshouse and continued their life-saving nursing work until the cholera epidemic subsided. In the weeks and years that followed, however, church leaders and all but one city official systematically erased the Oblates and their courageous service to Baltimore's black and white communities during the crisis from local memory,

instead only citing and championing the Sisters of Charity. While one Catholic directory published in 1833 included an obituary for Sister Duchemin and noted that she died "a victim of charity during the cholera [epidemic]," her religious name was misspelled and her surname was altogether omitted—unlike that of her white counterparts.

Even Archbishop Whitfield, who owed his life to Sister Duchemin, maintained his commitment to white supremacy and segregation until his death in 1834. As the historian Diane Batts Morrow revealed in her book *Persons of Color and Religious at the Same Time*, the archbishop made no mention of Sister Duchemin or her service to his household during the cholera epidemic in his last will and testament. Although his will did include the Oblates, Whitfield relegated them to a separate page from the city's white sisterhoods and left the black sisterhood the smallest bequest of all included beneficiaries. The slaveholding Carmelites received \$1,000 and the slaveholding Sisters of Charity \$500. He left the Oblates only \$100. Whitfield's successor, Samuel Eccleston, a slaver, also actively worked to suppress the Oblates in the archdiocese during his time as archbishop.

The Oblates' experience during and after the 1832 cholera epidemic was by no means anomalous. The history of black nuns and black Catholics generally is littered with gut-wrenching experiences of anti-black racism and discrimination within the church, including its health care system.

Although it is unclear when the worst effects of Covid-19 will be behind us, what is certain is that the nation's black and brown communities will be uniquely traumatized and in need of true solidarity, mercy and long-overdue justice.

The coronavirus pandemic has not only magnified longstanding racial inequities in access to health care, housing, food security, income and jobs but also exposed a truth that many scholars, health care professionals and activists of color have forcefully professed in the face of strident denial for decades: Racism literally kills people.

If the Catholic Church is truly invested in the flourishing of the entire human family, then it must finally make racial justice a leading priority. It must also begin to understand what African-Americans, especially women, more than any other group foresaw and fundamentally understood in 2016: The violence of white supremacy is never exclusively reserved for black people but always imperils all. If this is not understood, history has already made clear that we will be here again or somewhere much worse.

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Shannen Dee Williams is the Albert Lepage assistant professor of history at Villanova University. She is completing her first book, *Subversive Habits: Black Catholic Nuns in the Long African-American Freedom Struggle*, to be published by Duke University Press.

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# Just How Catholic Was Beethoven?

By Benjamin Ivry

As the music-loving world celebrates this year the 250th birthday of Ludwig van Beethoven (1770-1827), every detail of his life has been scoured and studied. But there is one question that has yet to be answered: To what degree was Beethoven inspired by Catholicism?

Early biographers confirm that Beethoven was baptized and brought up in a German Catholic family originally from Flanders. Yet they also assert that he became a deist, who rejected revelation as a source of religious knowledge, believing that reason and observation of the natural world were enough to establish the existence of a Supreme Being or creator of the universe.

However, he wrote two Masses, an early “Mass in C” (1807) and the imposing “Missa Solemnis” (1824), as well as an oratorio, “Christ on the Mount of Olives” (1803), about the Agony in the Garden, when Jesus prayed late at night in the Garden of Gethsemane before his arrest, as three disciples whom he had asked to pray with him slept nearby.

Musicologists also look to six songs by Beethoven, set to poems by the German moral philosopher Christian Gellert, as indicators of the composer’s piety. Yet the biographical facts appear to contradict some of these assumptions.



Baptized and brought up in a German Catholic family, Beethoven became a deist who rejected revelation, biographers say.



Memorial of Ludwig van Beethoven in Vienna/Stock



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# Beethoven's bright, vigorously inspiring 'Mass in C' retains its verve, possibly due to what The Musical Times called its 'strangeness and eccentricity.'

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## Reading for Evidence

Although much of the 1840 account of Beethoven's life by his former secretary, Anton Schindler, has been disputed, certain passages ring true. Noting that his employer was "brought up in the Catholic religion," Schindler adds the comment: "It was one of [Beethoven's] peculiarities that he never spoke on religious topics or concerning the dogmas of the various Christian churches in order to give his opinion about them. It may be said with considerable certainty, however, that his religious views rested less upon the creed of the church, than that they had their origin in deism."

Alexander Thayer, the American author of the first scholarly biography of Beethoven, noted that readers who dissent from Schindler's view because Beethoven wrote religious works might consider whether the "words of the Mass were simply a text on which he could lavish all the resources of his art in the expression of his religious feelings."

Thayer added that he agreed with Schindler if what the earlier writer meant by deism was that Beethoven

"rejected the Trinitarian dogma; that the Deity of his faith is a personal God, a universal Father, to whom his human children may hopefully appeal for mercy in time of temptation, for aid in time of need, for consolation in time of sorrow."

No one ever claimed that Beethoven attended church services, and if he denied the Holy Trinity, how Catholic could he have been? Some musicologists have been anxious to paint a more positive portrait, underlining that Beethoven was adamant that his nephew, Karl, get a traditional Catholic education, although recommending for others what one is loath to do oneself is a familiar human habit.

Undeniably, some people close to Beethoven exchanged religious ideas with him, such as the Bavarian Catholic theologian Johann Michael Sailer (1751-1832), a leading figure of the German Catholic Enlightenment. The composer's patron, Archduke Rudolf of Austria (1788-1831), a clergyman and noble, would be consecrated archbishop of Olomouc in 1819 and became a cardinal the same year.

Beethoven lived with Catholicism around him, but what about his inner inspiration and beliefs? Such personal matters, as everyone knows, are an evolving issue in each person, and difficult enough to pinpoint in people we know personally, let alone in someone born 250 years ago.

For a solution, it is best to experience how Beethoven's works sound, and also look at what may occur if we overdo the natural desire to see Beethoven proven a believer.

## Listening for Evidence

"Christ on the Mount of Olives" (1803) is the only oratorio Beethoven composed. He claimed to have dashed it off in a mere two weeks. Beethoven was known for agonizing over compositions for years, so why would this one have been done so precipitously?

The musicologist Paul Henry Lang pointed out in *The Musical Quarterly* in October 1964 that "Christ on the Mount of Olives" is not really an oratorio, after all, but more like an opera, the way they were written circa 1800. Beethoven's Jesus is

a tenor (cue all the tenor jokes that anyone who has sung in a choir must know); an angel or seraph is a soprano; and Saint Peter is a bass.

Traditionally, in Bach's oratorios and many others, the so-called *Vox Christi*, or setting of Jesus' words in a vocal work, is sung by a bass voice. That Beethoven chose a tenor, even a somewhat heroic tenor, may be one reason why "Christ on the Mount of Olives" has been classified by some listeners—alongside "Wellington's Victory," a bit of orchestral fustian written to commemorate the Duke of Wellington's victory over Joseph Bonaparte at the Battle of Vitoria in Spain in 1813—as one of the composer's rare duds.

Paul Henry Lang believed that "Christ on the Mount of Olives" was best presented as energetic, highly dramatic opera rather than lofty sacred music. A recording conducted by Nikolaus Harnoncourt contains the required percussive gusto.

Like "Christ on the Mount of Olives," the Gellert songs are relatively minor works by Beethoven that depend much on the quality of their interpretations. Some recordings are stern and lumbering in tone, which may have led Paul Carus, a German-American expert in comparative religion, to call them "Protestant in tone and Protestant in the austerity of their devotion." In "The Monist of January 1912," Carus offered a translation of one of the edifying songs, entitled "Love Thy Neighbor":

*If one shall say, "I love the  
Lord,"  
While yet his brother hating,  
With mockers he shall reap  
reward,  
God's truth abominating;*

*For God is love, and wishes me  
With all on loving terms to be.*

To experience spirituality beyond the overtly didactic message, it is best to hear intelligence and elegance emanating from the recorded voice of the baritone Dietrich Fischer-Dieskau, artfully accompanied by the pianist Hartmut Höll. Or to lighten the dour atmosphere, a higher, yet ecclesiastical-sounding voice on record, that of German countertenor Jochen Kowalski accompanied by Shelley Katz, is revelatory.

Beethoven's bright, vigorously inspiring "Mass in C" retains its verve, possibly because of what *The Musical Times* called in a March 1858 overview, "strangeness and eccentricity... many surprises of the ear, abrupt modulations and uncommon phrases."

Beethoven wrote the "Mass in C" on commission from Nikolaus II, Prince Esterházy, and it premiered in his private chapel. Unlike the listener in 1858, we are now fully accustomed to the Beethovenian style, and can relish dashing renditions led by a young Colin Davis (and Davis again in his later years). In another recording by George Guest with the Choir of St. John's College, Cambridge, boys' voices add a different sound texture. The Latvian conductor Mariss Jansons provides further insight into this work from the time after Beethoven's deafness began.

By 1801, Beethoven is reported to have lost much of his hearing. Of course, Beethoven's deafness is an emblematic fact about him, like Van Gogh's ear, known to millions who are aware of little else about the subject. It remains true that works written after 1816, when he was completely deaf, are of a psychological complexity that make them inexhaustible challenges

for the finest musicians, what the pianist Artur Schnabel called "music better than can be played."

This surely can be said of the powerful "Missa Solemnis," originally intended as a pontifical high Mass to celebrate the enthronement of Beethoven's patron Archduke Rudolph as archbishop of Olomouc in Moravia in 1819. Quite typically, Beethoven missed the deadline, having a translation made of the Latin text of the Mass for his painstaking personal study. The work was completed in 1823.

The resulting complex, sometimes contradictory work is stunning in its power. In *The Musical Times* of December 1970, Alec Robertson suggested: "From the liturgical and perhaps the aesthetic points of view, the eruption of the troubled world into the 'Dona nobis pacem' of the 'Agnus Dei' is, according to some critics, a disaster. The agitated recitatives of the alto and tenor soloists are purely operatic."

Robertson concludes: "If the 'Missa Solemnis' in a sense transcends the Catholic liturgy, it is nevertheless fundamentally Catholic and liturgical; its regular performance in St. Stephen's Cathedral, Vienna, shows that it is so recognized by ecclesiastical authority.... [T]he *Missa Solemnis*' is above all a personal and searching confession of faith, a wrestling as of a Jacob for the angel's blessing as well as a triumphant hymn to the power and might of a loving God."

To bring out such qualities of conflict and harmony, conductors of the modern era like Philippe Herreweghe, a trained psychiatrist, Bernard Haitink, a master of refined equilibrium, and the Russian Rudolf Barshai, a font of wisdom and emotion, are ideal. Among historic conductors, Arturo

Toscanini, Bruno Walter, Otto Klemperer and Erich Kleiber all captured the clash between turmoil and exaltation, the dramatic Beethovenian struggle that resolves itself in a humanistic message of worship.

### Frenetic French Boosters

Finally, let us address the question of what may happen if we impose upon Beethoven standard Catholic beliefs that may not have been his. This was already done by Neo-Catholicism, an intellectual movement born in the wake of the French Revolution.

The Provence-born musicologist Joseph d'Ortigue (1802-1866) was a specialist in liturgical music and an ultramontane, advocating supreme papal authority in matters of faith and discipline. D'Ortigue saw in Beethoven's late works the power of sacred revelation. He wrote, "Simultaneously poet, historian, and prophet, in his orchestral writing Beethoven makes us hear angels' choirs, the organ's register and sounds of nature."

Following the approach of Abbé de Lamennais (1782-1854), the French Catholic priest and philosopher, d'Ortigue emphasized the metaphysical aspects of even those Beethoven works that were not explicitly about religious subjects, such as the late quartets or "Ninth Symphony." This fervent sanctification of Beethoven reached its height in the 1835 novella *Beethoven's Vision* by Jeanette Lozaoui's.

In this fictional fantasia, St. Cecilia, the patroness of musicians, kidnaps Beethoven for three days before his death, taking him to the Berliner Singakademie, a choral society founded in Berlin in 1791 on the model of the London Academy of Ancient Music. Saint Cecilia's purpose is to have Beethoven listen to his "most brilliant symphony" in this setting. Conquering his longtime struggle with deaf-

ness, the composer is at first regaled by the chorus "For Unto Us a Child Is Born" from Handel's "Messiah," like-ly in Mozart's German-language arrangement of that work.

Typical of the exalted tone of the novella, the chorister's costumes are described as if prefiguring the stage sets of Busby Berkeley screen musicals of the 1930s, with male singers wearing white interspersed with female singers in black, looking like a piano keyboard. As the performance continues, Beethoven's chair becomes a throne and the chorus undergoes multiple costume changes, from biblical times to the present day.

Beethoven steps onto a balcony and sees a ladder reaching to heaven. St. Cecilia explains that the ladder signifies that unlike "mere mortals who arrogantly deny anything beyond their narrow sphere," after an apotheosis, Beethoven will become a celestial musician.

Who created this portrait of Beethoven as prophet of the Annunciation, staunchly contradicting those who dismissed him as a deist? Jeanette Lozaoui's was the pen name of Jeannette Goldsticker, a German woman born in Breslau (today's Wrocław, Poland), a Paris resident. It is possible that she was a Catholic convert from Judaism.

Lozaoui's account, although clearly over the top, is an indication of how far unfettered appropriation of the Catholic posterity of Ludwig van Beethoven can go. On his 250th birthday, it helps to remember the old maxim that creative geniuses are usually difficult to categorize neatly, as their originality prevents them from conforming with commonly held definitions and beliefs.

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Benjamin Ivry has written biographies of Francis Poulenc, Maurice Ravel and Arthur Rimbaud and has translated many books from French.

## Recommended listening:

*Christ on the Mount of Olives*  
Nikolaus Harnoncourt  
(conductor)

*Gellert Lieder*  
Jochen Kowalski (countertenor)  
Shelley Katz (piano)  
Dietrich Fischer-Dieskau  
(baritone)  
Hartmut Höll (piano)

*Beethoven Mass in C*  
Colin Davis (conductor)  
George Guest (conductor)  
Mariss Jansons (conductor)

*Missa Solemnis*  
Philippe Herreweghe (conductor)  
Bernard Haitink (conductor)  
Rudolf Barshai (conductor)  
Arturo Toscanini (conductor)  
Bruno Walter (conductor)  
Otto Klemperer (conductor)  
Erich Kleiber (conductor)

# The 2020 Foley Poetry Prize

Out of more than 900 entries to this year's contest, "with goats," by Brendan Walsh, has been selected as the winner of **America's** Foley Poetry prize, established in honor of Dr. William T. Foley. The three runners-up, to appear in subsequent issues of **America**, are "Hospital View," by Elena Croitoru, "SHAPESHIFTING," by Onyekwelu Chiwenite Kingsley, and "Mercy the Horse," by Willie Lin. Special thanks to Marjorie Maddox (the 2019 Foley winner) and the O'Hare fellow Isabelle Senechal for serving with me as contest judges.

– Joe Hoover, S.J., poetry editor.

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## with goats

By Brendan Walsh

*for mukethe*

though i'm only a visitor,  
to them i'm a salt-fingered shepherd  
in sweatpants and sneakers  
webbed with holes. white-bearded  
saanens and tea-coated nubians  
rub lumped heads into my thighs;  
the world is everywhere and nowhere

but here. i scratch their  
angular bones from peak to hoof.  
mukethe pulls down the sweet-leafed  
branch of a nameless tree.  
they stand hindhooved and devour.  
the pregnant does, cinnamon  
and monet, lie in private stalls,

receive their meals as reclining queens.  
they, too, ask for a head scratch. i forget  
that things are crashing down around us.  
today, i'm sure, some fresh contribution  
to armageddon, more casual theft  
of earth's goodness. there's so much strength  
in not knowing; in giving simple pleasure

the surrender it deserves; in living here, not  
hiding here, where sunlight  
flexes fully on the far fields.  
the bucks fill their beards  
with the stink of themselves.  
they bleat for our hands, our truest gifts,  
and we make way for their pasture.

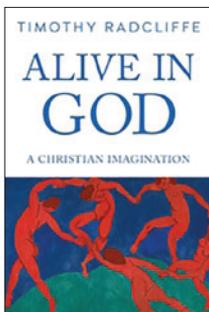
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Brendan Walsh is the author of five books, including *Go*, *Buddha vs. Bonobo* and *fort lauderdale*. His poems appear in *Rattle*, *Glass Poetry*, *The Baltimore Review*, *The American Literary Review* and other journals. He lives in Hollywood, Fla.

# Arguing with Timothy Radcliffe

By Kirsty Jane Falconer

CNS photo/Philippe Vaillancourt, Presence



**Alive in God**  
A Christian Imagination  
By Timothy Radcliffe  
Bloomsbury Continuum  
432p \$18

“As Jews have sometimes understood better than Christians, conversations with God can get heated,” the former superior general of the Dominicans, known as the master, Timothy Radcliffe, O.P., writes in Chapter 2 of his book *Alive in God: A Christian Imagination*. “If they touch the core of your life, it would be odd if they did not sometimes.... If we get angry with God we are engaged, and if we are engaged we may set off somewhere.”

When this book arrived, I wasn’t setting off anywhere. Not long before, Italy had gone into nationwide lock-

down in response to the coronavirus outbreak. The gallant, determined solidarity of the first days had begun to fade, the singing to die down. My Tuscan street, which sits in the shadow of a great medieval hill fortress, had changed from peaceful to eerie. My mind was dull and I felt numb. I could not write. And I certainly could not talk with God, much less argue with him.

So I did the next best thing: I argued with Timothy Radcliffe. St. Dominic’s prayer, Radcliffe tells us, was “athletic,” anchored in the body, in movement. So was my reading. I read the book a chapter at a time, pacing the marble-tiled floor of my bedroom, and I argued.

There was plenty to argue about. In the first page of his first chapter, Radcliffe writes: “In this book I want to explore how Christian faith can make sense to our contemporaries.” My heart sank at this point; this was

beginning to sound like an apologetics manual of the most simplistic kind. Happily, what followed was more complex, as one would expect from a spiritual writer of Radcliffe’s standing. *Alive in God* turns out to be all about confrontation, in every sense of the word. Partly between faith and the secular world, yes—but only partly.

The four sections of this book (“Imagination,” “Journeying,” “Teaching” and “The Risen Life”) address innumerable confrontations: within ourselves; between ourselves and God; between Jesus and his disciples; between solitude and community, routine and spontaneity, faith and doubt, innovation and tradition, courage and caution; the desire to live and the inevitability that, one day or another and without our say, we will die.

This is a lot to cover in a single volume, even a relatively fat one. A less imaginative writer might have produced something incoherent and

rushed, or at the other extreme, too neat and rigid. But this is Timothy Radcliffe, and his characteristic quicksilver touch—moving from question to question, from reference to reference, from Scripture to pop culture and back—prevents us from settling too comfortably on any one conclusion. The informality of the narrative, too, stops the whole thing from becoming relentless in its erudition.

“How can we recover that physical expression of our joy in the Lord?” he ponders, after quoting the Dominican Bruno Hussar’s beautiful description of a Hasidic celebration in dance. “I find charismatic hand-clapping and most liturgical dancing embarrassing.” He goes on to describe an episode in which, attempting to find that joy, he commissioned a piece of choreography in honor of St. Dominic. “Most of the brethren seemed delighted, but some gave the impression of wanting to disappear under the pews in embarrassment.”

Because this is really a very serious book—it presents the reader, over and over again, with doubt, injustice, sickness, suffering, abuse and death—vignettes such as this are themselves joyous. These were the moments when I laughed, when I broke off and lifted my eyes to the green hill outside my window.

At other times, through no fault of Radcliffe’s, the material was almost too much to bear. When you are inside and the coronavirus is outside, it rangles to be told that “Christians must dare to challenge our fearful, risk-averse society, with its stifling multiplication of health and safety regulations and its fear of life,” much less to read praise for those missionaries who went abroad to face death “without

any health or travel insurance.” This is already a provocative statement. In a few weeks or months, when churches reopen, it will be provocative again. Perhaps it will stimulate debate. For now, the argument is simply void.

There is much in Radcliffe’s analysis that is painful because it relates to a world in suspense. His insistence on the necessity of healthy touch, of accompaniment in death, his stories of travel and encounter: These were simultaneously my favorite passages and the ones that were hardest to read. Of the shadows that loom over this book, however, one in particular will persist after the restrictions are lifted: the figure of the late Jean Vanier, whom the Radcliffe of 2019 lifts up to us as a shining example of lived Christian values. We in 2020 know from the report produced by L’Arche that Vanier engaged in abusive relationships with six women. So tremendous was his influence and so outwardly stainless his character that countless books, articles, homilies, reflections, even careers and vocations now find themselves retroactively tainted by his involvement. *Alive in God* is very far from alone in this regard. The reckoning will be a long one.

But if *Alive in God* is marked by this unforeseen scandal, it also provides tools to help us to deal with the shock and the disillusionment and to decide where it is that we go next. In Chapter 11 (“Home”), Radcliffe asks the questions many have had to ask, on many occasions, in the face of revelations such as this: “Do we really want to be at home in the Church?... How can we think of the Church as home when it is shaken to its foundations

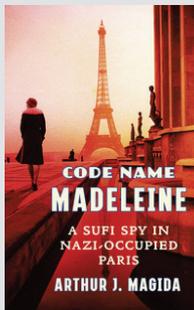
by such sin? Where are the signs that God is still here?” A friend of his has decided to leave the church; she can no longer justify staying. Radcliffe’s conclusion is another one: “I believe that because God has made his home with us, we must stay.”

The dwelling of God at the heart of the community of believers means that “we can still call the Church holy, despite everything.” Each reader will come to a conclusion of his or her own. But the argument Radcliffe goes on to make in favor of staying is capable both of fostering and of enduring robust engagement, because it is both passionate and compassionate, because he takes the opposite perspective seriously, even as he disputes it.

The basis of a book such as this, which both investigates and is founded in Christian faith, must inevitably boil down to the kind of statements that are unarguable in one way or another: transcendent and world-altering to some readers and, to others, merely unprovable. God loves us. Jesus died for us. We are saved. We have eternal life. Timothy Radcliffe’s distinctive voice, and the depth and breadth of his engagement with the sacred and the secular, make it possible to continue in conversation on this basis even when that conversation becomes heated, even when circumstances overtake the thrust of his argument. Perhaps that is apologetics.

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**Code Name Madeleine**  
A Sufi Spy in  
Nazi-Occupied Paris  
By Arthur J. Magida  
W. W. Norton &  
Company  
336p \$27.95

### Stranger than fiction

What a story *Code Name Madeleine* is. I had never heard of Noor Inayat Khan before this book. Noor, a captured spy, died at the age of 30 in the Nazi concentration camp at Dachau.

Thirty-four years earlier, Hazrat Inayat Khan, Noor's father, traveled from his native India to New York City. He was the first Sufi in the United States, which as a nation had become accustomed to mysticism since writers like Emerson and Whitman had used Eastern ideas to shake up the Puritan nature of American culture and life—but only if those ideas were separated from their religious trappings.

Hazrat created a new kind of Sufism in the United States. I was pleased that Magida delineated this difference between Sufism as a “mystical offshoot of Islam” and the universalized version Hazrat introduced a century ago. Throughout this book, Magida's religious understanding is spot on. Muslims, Jews, Christians and Hindus are portrayed with clarity and character.

Eventually Hazrat and his American wife left New York and settled in the suburbs of Paris, where Noor was raised in privilege and exoticism. When Noor was 12, Hazrat, exhausted from guru work and mes-

sianic expectations put upon him by wealthy benefactors, returned alone to India. There he died of pneumonia three months later.

For Noor, a marriage arranged by both families to a royal cousin in Nepal was rejected. She enrolled at the Sorbonne and took lessons at the École Normale de la Musique de Paris under Nadia Boulanger, who would later instruct Philip Glass, Quincy Jones and other luminaries. Noor became engaged to a Jewish pianist, who converted to Sufism and changed his name from Elie to Azeem.

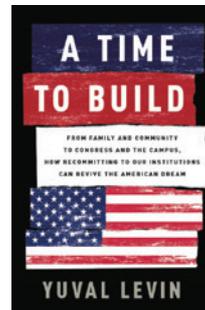
Then Hitler stormed in. While Noor was drawn to Gandhi's teachings on war and conflict, she could not countenance his advice to the people of Europe, even the Jews, to pray for Hitler and resist the Nazis only with nonviolence.

She fled to England with her family and, in early 1941, joined the British Women's Auxiliary Air Force, eavesdropping on German radio communications—until she began training for a Special Operations mission a few months later. In June 1943, Noor was flown under cover of night to northern France. She was quickly betrayed (by a fellow female agent who was jealous of her), captured by the Nazis and interrogated. Noor escaped but was captured again the same day, and was sent to Dachau to be executed.

I hope that one day a film will be made of this story.

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Jon M. Sweeney is the author of *James Martin, SJ: In the Company of Jesus and Jesus Wasn't Killed by the Jews: Reflections for Christians in Lent.*



**A Time to Build**  
From Family and  
Community to  
Congress and the  
Campus  
By Yuval Levin  
Basic Books  
256p \$17.99

### Restoring trust

An important divide in Western politics separates those who think institutions are fundamentally oppressive and those who think they are central to human flourishing. In his latest book, *A Time to Build*, Yuval Levin thinks both get something right: Institutions can be sources of injustice, but they are also essential to a just society.

So how can we build the kinds of institutions that promote justice? There are at least two interrelated answers to this question. First, institutional actors have to act justly within institutions. Second, we have to restore trust in institutions as credible forms of social life.

Levin sees the former effort as primary. For Levin, in U.S. society we no longer see ourselves as part of, and formed by, institutions. Instead, Americans, particularly the political, social and economic elites, use institutions as platforms for their own purposes: to build their brands, bolster their audience and cash in on celebrity.

But institutions at their best are not platforms but molds. They help shape who we are and ought to be, bind us to our community and teach us to be better human beings and citizens. Even bad institutions shape us in profound ways. Levin titles his

book *A Time to Build* precisely because U.S. politics seems awash in the convictions of the political left and right intent on tearing down the status quo.

Levin's argument is deeply conservative: Humans are fallen but capable of cultivating virtue. They do not exist as radically isolated individuals or as mere parts of a collective whole but are embedded in institutions, in Burke's "little platoons" or Tocqueville's "intermediate associations."

One of Levin's more intriguing discussions is on the role of institutions in the scandal in the church over sexual abuse and its cover-up. Here we return to the faultline question: Are institutions fundamentally a force for good or evil? Levin says they are both: Catholicism "has been undermined by its traditional strength, rather than an aggravation of its traditional weaknesses." In other words, Catholics need to resist the widespread impulse to tear down. What we should be doing is rebuilding.

Pope Francis gave echo to this in his recent Commonweal interview with Austen Ivereigh: "Less attached to institutions? I'd say less attached to certain ways of thinking. Because the church *is* institution. The temptation is to dream of a deinstitutionalized church, a gnostic church without institutions, or one that is subject to fixed institutions, which would be a Pelagian church."

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Bill McCormick, S.J., is a contributing editor at *America* and a visiting assistant professor at Saint Louis University in the departments of political science and philosophy.



**American Harvest**  
God, Country, and  
Farming in the  
Heartland  
By Marie Mutsuki  
Mockett  
Graywolf Press  
408p \$28

### East of Eden

At its core, Marie Mutsuki Mockett's *American Harvest* is a book about reconciliation: reconciling the dissonance between urban and rural communities; reconciling evangelical skepticism toward science with reliance on modern farming techniques and genetically modified crops; and—most important—reconciling faith and doubt.

Nine years after Mockett, an Asian-American author from San Francisco with little to no farming experience, inherited her family's 700-acre wheat farm in Nebraska, she decided it was finally time to answer a question that had nagged her for decades: "Why are our farmers and harvesters, who are conservative Christians, okay with GMOs, while people in the city, who believe in evolution, are obsessed with organic food?" Taking up an invitation from a family friend to accompany his crew on their annual harvesting route through "the flyover states," Mockett sets out to experience an American wheat harvest firsthand.

From bleeding sunsets in Texas to golden wheatfields in Oklahoma to the rolling plains of western Nebraska, Mockett documents every stop in the wheat harvesters' odyssey with striking lyricism and intricate detail. Her writing effortlessly summons these diverse landscapes into

the reader's imagination, revealing the overlooked yet enduring beauty of America's heartland. Take Mockett's magical description of the Grand Tetons emerging on the horizon during the Great American Eclipse:

Three triangular giants of granite puncture the ground. Their feet are invisible, but the tips of their raw teeth are illuminated in rose light. They are like objects behind a scrim, performers who were invisible until now, when the fragile time between day and non day is spread thinly enough over the horizon that we can see the jaws of the Grand Tetons yawn open.

These portraits, combined with Mockett's painstaking efforts to capture the harvesting crew's group dynamics and assorted Christian convictions, give *American Harvest* a uniquely literary journalistic quality—one that harkens back to the beautifully informative accounts of prairie life by Willa Cather or Laura Ingalls Wilder.

Keeping her heart attentive to every nuanced belief system she encounters allows Mockett to start seeing a more colorful world—one where national narratives about places do not tell the whole story; where doubt is a healthy fixture of faith; where "being like Christ is not about *making* people *think* like you, but loving people as they *are*, wherever they may be." And perhaps, it is a world that is capable of reconciliation.

Isabelle Senechal is a Joseph A. O'Hare, S.J., fellow at *America*.

# Gerhard Richter: A virtual visit

By Leo J. O'Donovan

Gerhard Richter is arguably the most famous living artist. "Betty," painted in 1977, is one of several portraits of his daughter.

Museums are closed now, everywhere. But something remarkable is also happening: They are making their collections available online as never before, with new websites, special programs on favorite artists and their works, and curators even taking you on a visit to a masterpiece with cocktail in hand.

And so I decided to make a virtual visit to what The New York Times called a "sublime farewell" that opened at The Met Breuer just before we all went private for protection. It's called "Gerhard Richter: Painting After All." Let's walk virtually through its two floors of some 100 paintings and glassworks, courtesy of the exhibition's curators, Sheena Wagstaff and Benjamin Buchloh.

Richter, born in 1932 in Dresden, in what after World War II became the German Democratic Republic, is arguably the most famous living artist. Among his German compatriots Sigmar Polke (1941-2010) may well

rank as the most iconoclastic innovator and Anselm Kiefer (b. 1945) as the monumental moralist. (He is my own personal favorite.) Georg Baselitz (b. 1938) has his advocates, as do the great photographers Andreas Gursky (b. 1955) and Thomas Struth (b. 1954). But for critical acclaim coupled with market dominance, Richter stands alone.

In 2002 the Museum of Modern Art mounted a major retrospective on Richter, "Forty Years of Painting," curated by Robert Storr, with 188 canvases. The exhibition cemented Richter's reputation as the artist of his time. Now The Met Breuer's exhibition is presented not only as the culminating show in the Met's tenure at the Breuer but also most likely the artist's valedictory.

As a young man Richter cast about for a direction in his life—"waking up to reality," he said in Corinna Belz's fine documentary from 2009, "Gerhard Richter Painting"—"is terri-

fying." At 16 he realized he wanted to be an artist and after a failed first attempt entered the Dresden Academy of Fine Art in 1952, where he studied for five years. Social Realism was strictly enforced, but mural painting was allowed as mere "decorative art," and Richter became adept at it, earning enough to travel to the West. In 1959, during his second trip there, he saw the exhibition Documenta 2, which began in 1955 by showing modernist art that had been repressed by the Nazis and then became devoted to contemporary art. Richter was bowled over by artists like Jackson Pollock and Lucio Fontana and experienced what Storr called "the turning point of [his] artistic life."

Two years later, in 1961, with his wife, Marianne, he defected to the West. "Art requires freedom," he has said; "in dictatorships there is no art, not even bad art." Enrolling in the Academy of Art in Düsseldorf, he reveled in Abstract Expressionism, Art Informel, Neo-Dada and Fluxus and

became close to such other artists as Polke, Blinky Palermo and Konrad Lueg, who styled themselves German Pop artists, though they called the movement, with a critical slant, “Capitalist Realism.”

The Met Breuer show opens with two emblematic paintings—“Table” from 1962, the artist’s first in the West, and “September” from 2005—plus “11 Panes,” a glass installation from 2004. “Table,” a realist painting of a simple table furiously overpainted with thick gray strokes—and a provocation reminiscent of Robert Rauschenberg’s earlier erasure of

a Willem de Kooning drawing—was the beginning of his breakthrough “photo paintings.” Based on photographs of family and friends as well as buildings and city scenes, they were rendered in tones of gray but blurred in a way that obscured their origin and evoked a sense of distant, perhaps oneiric memory. His “Uncle Rudi,” grinning in a Nazi uniform; his family at the seashore; a crowd on a street; men carrying a coffin; an aerial view of Paris—all ordinary as can be but distanced, ambiguous, haunting. And at the same time the artist began to produce purely abstract paintings in gray as well.

Color entered his palette in such paintings as several of his daughter Betty, whom we see in a very faint frontal image from 1977 and then from the same year, lying on her side with her face toward us, in what seems like photo-realism but soon reveals itself as highly painterly. (The still more famous, later “Betty,” from 1988, in which she wears a red and white jack-

et over a pink blouse and turns away from the viewer—Peter Schjeldahl has called it “the single most beautiful painting made by anyone in the last half century”—is not in the show.)

Since the mid-60s Richter had been assembling a compendium of images torn from magazines or based on his own photographs. From this “Atlas” he later drew inspiration for ravishing, faint but realistic landscapes such as “Iceberg in Mist” (1982) that continued but also revised the German Romantic landscape tradition. But he did not want to be pegged as a painter of photographs only and in the late ’70s turned dramatically to full-fledged, brilliantly colored abstractions—not to replace representation but to accompany it in visualizing reality. These range from gestural abstractions such as “Abstract Painting” in 1983 to Minimalist experiments with the grid in “4,900 Colors,” five immense color chart paintings from 2007, the year in which Richter’s large window in that format was unveiled in Cologne Cathedral. (He had moved his studio to Cologne in 1983.)

Few galleries in the exhibition are as absorbing as the one labeled “Figuration-Abstraction,” which spans more than three decades of his work, exploring the Romantic seascape, the modernist monochrome and his treatment of the mother and child motif, with five paintings of “S. with Child,” S. being his third wife, Sabine Moritz. (Richter’s gorgeous portrait of her, “Lesende (Reader),” from 1994, is not in the show.) “September,” a delayed meditation on 9/11, might well have been hung here also.

Principally abstract as well, though with clear evocations of its subject, is the cycle of 12 paintings called simply “Forest,” from 2005. To

no other nation I know does “the forest,” “the woods” (*der Wald*) mean as much as to the Germans. “Helplessness is the great theme in painting, or rather the strongest motivation for and doing painting,” Richter said in a 2014 interview. “And the forest in general has special significance. You can lose your way in forests, feel deserted, but also secure, held fast in the bosom of the undergrowth.” In the grand gallery where The Met Breuer shows his 2005 cycle, the artist not only returns to his early practice of painting in series but invites us to lose—and find—ourselves in this mythic realm: dark, immense, soaring, a place of embrace and release, with the final painting a mesmerizing gray and white grid with a single flash of red.

Even more important, and shown for the first time in the United States, is “Cage,” a suite of four large paintings (9 feet, 6-3/16 inches square) conceived as a tribute to the American musician John Cage and his aleatory aesthetics. Since the mid-1980s and then decisively in the 1990s, Richter’s process in his major abstracts had been to use broad brushes to paint bold colors on a canvas and then to scrape the support, both horizontally and vertically, revealing a generally grid-like new image—“given” by chance. (In some interviews with him, the German word *Zufall* is translated “coincidence.” “Chance” is better, and certainly truer to Cage’s usage.) The intentions and dispositions that Abstract Expressionist artists had sought to reveal are replaced here by repeated cancellation and even destruction of a painted ground that is nevertheless creative on its own terms. And with increasing constraint on the artist, Richter says, he must follow what is appearing—until he sees that it is “done.” The



“Cathedral Corner,” 1987

Collection of Samuel and Ronnie Heyman/The Met Breuer

“Cage” series is a splendid celebration of the process.

The other revelation at The Met Breuer, and the final installation in the exhibition, is Richter’s “Birkenau” series from 2014, again shown now in the United States for the first time. Based on four photographs that had been smuggled out of the Auschwitz-Birkenau death camp in 1944 and that the artist had known since the 1950s and came upon again in the French art historian Georges Didi-Huberman’s “Images in Spite of All” (2008), there are four large canvases, each 8 feet 6-3/8 inches by 78-3/4 inches, hung together with four partitioned digital copies of each (as if to say: “See, it is true”) and the copies of the original photographs.

What begins, for example, as a photo of Nazi soldiers standing by piled corpses about to be burned and buried, has gone through an overpaint

of abstract black and pink dated Aug. 3 through five further stages until a final, dark, gridded painting in black and white (the colors of the original photograph) emerges on Aug. 25. The effect of the full ensemble is chilling, even stupefying. How could a painter dare? And yet I think it likely that the series will be ranked with Barnett Newman’s “Stations of the Cross” in the National Gallery of Art and the Mark Rothko Chapel in Houston as emblems of the age.

And then Richter went on in 2016, astonishingly, to paint 10 further large abstractions as colorful and even exultant as almost anything in his career. “Painting after all.” It was the title he himself chose for The Met Breuer show, with typical ambiguity. Applauding critics speak of his being deeply skeptical, “a master of doubt.” And indeed his experience of ideology,

whether fascist or communist or capitalist, has bred a deep wariness in the man. (Growing up in East Germany, he once said, you had to distrust even your parents.) But he is a painter—practicing “another form of thinking,” he has said—not a social critic. And he has lived in a rapidly changing—why not say it?—dangerous world. To keep one’s balance and remain who one is, seeking to visualize such a world, seems to me a profound human achievement.

He remains comfortable with the uncertain and with what he does not understand. In a large book of interviews in 2011 he commented: “We can’t exist without some form of belief in things. We need it. It’s our culture, Christian history, that’s what framed me. Even as an Atheist, I believe.” I interpret this to mean that he believes in the value of painting and beyond that, however aspirationally, in reality visualized whether through representation or abstraction but preferably both. “Art is the ideal medium,” he added in his 2011 comment, “for making contact with the transcendental, or at least for getting close to it.”

A skeptical master, to be sure, but still more one of open commitment. (Even as a professed atheist, he reportedly had Sabine’s and his three children baptized in the Cologne Cathedral.) Wouldn’t he probably repeat today what he said in a wonderful earlier interview from 1977: “The pleasure of painting proves the necessity of it—all children paint spontaneously. It has a brilliant future. Hasn’t it?”

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Leo J. O’Donovan, S.J., is president emeritus of Georgetown University and director of mission at Jesuit Refugee Service/USA.

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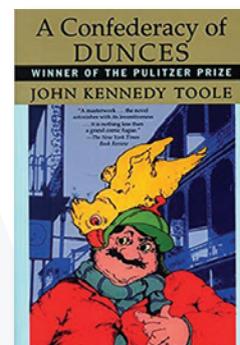
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# Divine Sustenance

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

Today is the solemnity of the Body and Blood of Christ. With many people still unable to physically receive Communion, we should seek alternative ways to honor this day while looking forward to receiving the sacrament in the future.

In Deuteronomy, Moses speaks to his community of God's saving acts that liberated them from slavery. Moses reminds the Israelites that God has provided nourishment and care for them along their journey, sending manna, quail and water to sustain them (Ex 16:1-17:7). Manna, the bread from heaven, emerges under a layer of dewfall; it is similar to flaky wafers with the taste of honey, highlighting the sweetness of God's gift. Manna from heaven has beautiful parallels to the Gospel of John, where Jesus calls himself the bread of life.

In John, Jesus alludes to manna when describing himself as living bread from heaven. John's Gospel does not contain a Last Supper story, with the institution of the Blessed Sacrament, as is found in the Synoptic Gospels (Mt 26:26-29; Mk 14:22-25; Lk 22:15-20). However, in today's reading, we hear John's language of sacramentality with Jesus identifying his body and blood as heavenly gifts that are true food leading to eternal life.

During this period of social distancing, most people have been physically unable to receive the body and blood of Christ. How, then, can we celebrate this feast that is so tangible in nature? Pope Francis has suggested a prayer for spiritual communion that acknowledges this challenge:

My Jesus, I believe that you are present in the Most Holy Sacrament. I love you above all things, and I desire to receive you into my soul. Since I cannot at this moment receive you sacramentally, come at least spiritually into my heart. I embrace you as if you were already there and unite myself wholly to you. Never permit me to be separated from you. Amen.

The psalms can also help us express this sense of loss and longing. The psalms of Korah (Ps 42-49, 84, 85, 87 and

*Remember how for forty years the Lord has directed all your journeying. (Dt 8:2)*

## PRAYING WITH SCRIPTURE

Can physical separation enhance your spirituality?

How do you express your longing for connection to God and community?

88), connected with a group of Temple personnel, are particularly apt. At times, the Korahites were isolated and separated from the Temple. Some of their psalms express desire to be near to God, and they emotionally and sometimes angrily request God's help during moments of crisis: "As a deer longs for streams of water, so my soul longs for you, O God" (Ps 42:2); "How lovely is your dwelling, O Lord of hosts! My soul yearns and pines for the courts of the Lord. My heart and flesh cry out for the living God" (Ps 84:2-3); "Awake! Why do you sleep, O Lord? Rise up! Do not reject us forever! Why do you hide your face; why forget our pain and misery?" (Ps 44:24-25). Reading the psalms can help us to reflect on our emotions and struggles while helping us draw nearer to God.

As we continue along this journey, Scripture provides us with a wealth of texts that can sustain us. Like the Israelites, we might need to be reminded of the blessings we have already received from God. Like the Korahites, we might need to vent our angst and frustration while expressing our desire to be physically reunited with God and one another. And, as we see in the Gospel and in Pope Francis' prayer, we should continue to look forward to receiving the body and blood of Christ again.

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# Trust in God

Readings: Jer 20:10-13; Ps 69:8-35; Rom 5:12-15; Mt 10:26-33

Today's readings have an ominous quality to them, with multiple references to attacks, sin and death. Yet we can glean important elements of hope from them.

There are many thought-provoking passages in Jeremiah that reflect the prophet's mental states and attitudes during his prophetic career. Today we hear about his haters. In the first reading, Jeremiah describes the attacks that he experiences because of his community's discontent with his prophetic message. People whisper about him, denounce him and even his friends watch as he stumbles. Although he faces negativity, Jeremiah frames these negative experiences as tests of his righteousness to see if he would remain faithful to God even during difficult moments. While struggling, Jeremiah expresses his faith in God as his defender. Likewise, he recognizes that God takes care of those who are most in need. As many people continue to struggle and may at times feel under attack, Jeremiah reminds us to seek refuge in the Lord.

In the second reading from Romans, we hear Paul's statements on the origin of sin and death. With his reference to the "pattern of the trespass of Adam," he interprets this mythic

account of the first human eating the forbidden fruit as an archetype of human behavior. Importantly, he highlights divine grace which overcomes human tendencies. Through faith and belief in Christ and his sacrifice, salvation is possible.

The Gospel reading contains some unsettling language but pairs it with clear affirmations of God's love and care for creation. The Gospel comes from the missionary discourse (Mt 10:1-11:1), in which Jesus summons the Twelve Apostles, gives them authority and highlights some of the challenges they will face while spreading the good news. In today's excerpt, Jesus tells his followers not to fear death but instead to be confident in God's power to overcome it.

Like Paul, Matthew asserts divine power to conquer negative human actions. Like Jeremiah, Matthew predicts that the apostles will face rejection. Jesus empowers his followers to be fearless and proclaim the Gospel for all to hear. This message would have been relevant to Matthew's audience, as he was writing about 50 years after Jesus' death. The missionary work of the early Christian community was already underway, and early Christians faced clear dangers of persecution. Jesus acknowledges the vulnerabilities inherent in missionary work early in his public ministry, but Jesus also inspires his followers to persevere, knowing that God is with them. While explaining the risks of being one of his followers and future leaders, Jesus also expresses the protection that comes from the Father in heaven.

Despite the tone of the readings, their messages are largely positive and encourage trust and belief in God. As we navigate a sometimes dangerous and chaotic world, we can look to today's readings for confirmation of God's protection. Obviously, we should not be reckless in our actions; throwing caution to the wind can have dangerous consequences. Nonetheless, the biblical readings can serve as reminders of God's active presence in our lives. They reiterate the importance of faith in God, especially during challenging times.

Jaime L. Waters teaches Scripture at DePaul University in Chicago. She is an associate professor of Catholic studies.

*Praise the Lord, for he has  
rescued the life of the poor  
from the power of the wicked!*  
(Jer 20:13)

## PRAYING WITH SCRIPTURE

How can God's love give you comfort and peace?

What can you do to overcome negativity in your life?

How can prayer foster your relationship with God?

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# Pollution and Covid-19

*If we improve our air quality, we can save lives*

By Maryann Cusimano Love



We cannot stay healthy in a world that is sick, Pope Francis reminded us in his “Urbi et Orbi” Easter address, echoing the themes of “Laudato Si’.” Released five years ago to international acclaim, that encyclical noted that we are all interdependent, forming one human family with a moral responsibility to care for each other and our “common home.”

The coronavirus pandemic bears out the connection between human health and environmental health. Air pollution is a cause of many of the preconditions that make Covid-19 more lethal, including lung and respiratory disease, cancer, heart disease and diabetes; in fact, air pollution kills an estimated seven million people every year, according to the World Health Organization. People who contract Covid-19 have much higher death rates if they have these preconditions.

Around the world, areas with worse air quality are more vulnerable to deaths from Covid-19. One analysis shows that nearly 80 percent of Covid-19 deaths in Italy, Spain, France and Germany were in areas with the worst air pollution. And according to a study from Harvard University, the worst Covid-19 outcomes in the United States so far are mostly in metro areas with high levels of air pollution, including New York. Areas with better air quality have seen fewer Covid-19 deaths, even adjusted for population size. On May 12, Attorney General

Maura Healey of Massachusetts released a report also linking air pollution to Covid-19 deaths, noting, “If we take care of our environment, we’re going to take care of public health.”

Social distancing policies, including workplace closures, improve air quality by decreasing the pollutants released by traffic and factories. Restrictions to protect against Covid-19 safeguard our lungs and the planet. Satellite photos show cleaner air over areas with restrictions on activity due to Covid-19.

Unfortunately, the United States is marking the fifth anniversary of “Laudato Si’” and the 50th anniversary of Earth Day by abandoning environmental protection. Rather than protecting our lungs and air quality, President Trump has stopped the enforcement of environmental laws when we need them most, making us more vulnerable to Covid-19.

Sweeping new Environmental Protection Agency guidelines allow companies to not comply with environmental laws, report on pollution or pay penalties for violations during the pandemic. Occupied with surviving the pandemic, few people are aware that our environmental protections have been stripped away, with no guarantees that they will return after the pandemic has passed.

As I discuss in my new book, *Global Issues Beyond Sovereignty*, disease and pollution cross borders without

passports. As governments around the world prepare economic stimulus policies to respond to the pandemic, they should also invest in clean air, scaling up the use of many available new technologies to heal our economy, our lungs and our planet.

While the economy is shut down, we can also clean our infrastructure. Small work crews, maintaining social distancing, could get it done, enabling people to return to cleaner, greener businesses and infrastructures that help the community, the planet and the economy.

Not polluting our air in the first place is the best way to safeguard public health. Coal-fired power plants are terrible for our lungs, producing particulates (smog) as well as lead, mercury, arsenic and a host of other harmful pollutants. Government investments can help convert these sites and provide renewable energy jobs.

“Laudato Si’” calls us to conversion, to heal sickness in ourselves and our planet. Protecting our common home can yield health benefits for years to come and help us all breathe a little easier in the battle against Covid-19.

*Maryann Cusimano Love is an associate professor of international relations at The Catholic University of America in Washington, D.C.*

# Campion Center



Responding to the spiritual needs of a COVID world  
**Offered at no cost to participants.**  
**Free registration [www.campioncenter.org/programs](http://www.campioncenter.org/programs)**  
**A high enough price has already been paid for this pandemic**

Sitting quietly, doing nothing,  
spring comes, & the grass grows.  
Matsuo Basho.

Spring has indeed returned,  
summer is on its way,  
but our world has changed.  
Still, the reality of the Resurrection  
breaks through.  
We are God's people,  
giving and loving,  
however we can,  
for as long as it takes,  
wherever we are called.  
We are an Alleluia people!

#### **ONLINE EVENINGS OF PRAYER**

- ▶ Creativity & Inspiration  
in the COVID New Normal  
**JOHN PREDMORE, SJ**  
Wednesdays, June 10, 17, 24

#### **WEEKEND RETREAT**

- ▶ COVID Emptied Our Lives:  
How Will We Choose Life Now?  
**NANCY SHERIDAN, SASV**  
**CLARE WALSH, MSHS**  
November 20 - 22

Designed as an in-person  
Weekend Retreat with online  
participation

#### **ONLINE DAYS OF PRAYER**

- ▶ Experiencing God  
in the Ordinary  
**WILLIAM BARRY, SJ**  
Sunday, July 19
- ▶ Listening for  
the Heartbeat of God  
in the Season of Pandemic  
**KATHRYN CLEARY**  
Saturday, August 8
- ▶ Finding God in a Pandemic:  
Navigating the Storm at Sea  
**ROBERT WEBER, PHD**  
Saturday, September 12

**VISIT: OUR SPIRITUAL LIFE IN A COVID WORLD [WWW.CAMPIONCENTER.ORG/SPIRITUAL-RESOURCES](http://WWW.CAMPIONCENTER.ORG/SPIRITUAL-RESOURCES)**

Content that can help us navigate the spiritual waters of this pandemic tempest



# WE ARE GRATEFUL

**FOR THE WOMEN AND MEN OF CATHOLIC HEALTH CARE  
WHO HAVE BEEN CALLED TO CARE**

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We stand in awe of your grace under pressure, your dedication to serve, and your commitment to the needs of others. We remain in prayerful support of the work you do for the good of all. As we continue to weather this storm together, please take the time to care for yourself as you care for others.

*Our God goes before you and will be with you; God will never leave you nor forsake you. Do not be afraid; do not be discouraged.*

**DEUTERONOMY 31:8**



**[WWW.CHAUSA.ORG](http://WWW.CHAUSA.ORG)**