



# NETWORK CONNECTION

SECOND QUARTER 2017

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The Ten Commandments of Healthcare... p. 8

# HEALING the GAP

*Advocating for Justice  
in Healthcare Policy*

AMERICA  
EVERYONE  
DESERVES  
HEALTH  
CARE

EVERYONE  
DESERVES  
HEALTHCARE

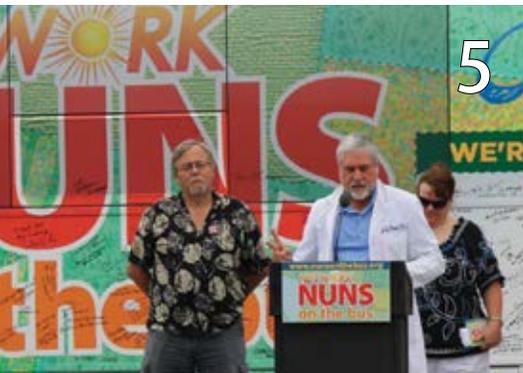




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## ON THE COVER

A rally for healthcare in Washington, D.C. in October 2009.  
Photo Credit: Ryan Rodrick Beiler / Shutterstock.com

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Second Quarter—Vol. 45, No. 2, NETWORK Connection ISSN 0199-5723. Published quarterly by NETWORK, phone: 202-347-9797, fax: 202-347-9864, email: [connection@networklobby.org](mailto:connection@networklobby.org), [www.networklobby.org](http://www.networklobby.org). Annual dues: \$50/\$60 international.

POSTMASTER: Send address changes to NETWORK, 25 E Street NW, Suite 200, Washington, DC 20001.

# We Come Alive Together

## Embracing Community Leads to Transfiguration and Healing

BY SISTER SIMONE CAMPBELL

As I write this, a few weeks ago Speaker Paul Ryan stated with righteous indignation that “well people shouldn’t have to pay for sick people.” This is one of his “principles” as he works to repeal the Affordable Care Act (ACA). I found this shocking because the whole principle of insurance is that you pay into it so that when you need to use it you can. Some have lower costs and some have higher costs, but all get the care they need when they need it. Costs average out over time. That is the whole theory of insurance and I thought Speaker Ryan would understand this “business model”. But apparently he does not.

The longer I pondered this misunderstanding of how insurance works, I came to see that there is even a deeper blindness. In the Republican commitment to individualism, they have lost sight of community and the common good. The biggest problem with the Republican effort at healthcare legislation is that it lacks the awareness that it is community which makes healthcare effective. It is not just about the individual. Healthcare is a communal good. This is why Pope Francis and his predecessors have clearly stated that healthcare is a human right.

Our nation’s hyper individualism is sucking the life out of our nation. Just focusing on myself is contrary to my Catholic faith and contrary to our Constitution. As I was pondering the Lenten readings, I was struck that all of the scriptures involve some aspect of community. No one is acting alone. This led me to an insight about Speaker Ryan’s flawed faith analysis.

The gospel reading on the second Sunday of Lent was the story of the Transfiguration of Jesus before the apostles. I love this story! Simon Peter both gets it wrong and gets it right. First, the truth of Jesus and the presence of Moses and Elijah are revealed to this small community. Peter and presumably the others are awed and surprised. Peter in his enthusiasm blurts out how good it is to be there and offers to “build a tent” as an altar for the three. But a bright cloud surrounds them and a voice



Sister Richelle Friedman, PBVM, and members of the Integrity House community in Newark, New Jersey.

says “This is my beloved...listen to him.” (Matthew 17:5) After a bit, Jesus helps the apostles stand up and tells them not to be afraid.

Reflecting on this scripture led me to know that we are called to see Jesus and the elders transfigured in our midst. In community we see the dazzling truth of the Divine’s presence and are urged to act. It made me think of our bus stop this past summer at Integrity House in Newark, New Jersey. It is a therapeutic community for people with substance use disorders. With guided interventions, staff and residents work together toward sobriety. We met with about 25 of their community members and heard about their struggles and hopes. Many residents previously had brushes with the law and had done jail time. They discovered that they could not do this work alone. Only in community could they be transformed. One woman said “It takes so much to fight addiction and depression! I can’t get rid of my demons by myself. I have to do my part, but alone I’m not enough.” She said by working in this community, however, she and others are being transformed.

While this was one woman’s story, I think it is also the story of our society that Speaker Ryan missed. It is not effective for us to be alone in our caring for our families, ourselves, or our communities. We are not made to be isolated. In fact, there is a lot of evidence that when I feel alone is when fear and division rise. We can only be “transfigured” in a group. Together we can be made new. This is the basis for sound, inclusive healthcare policy.

So in this Lenten journey, let us call on Speaker Ryan and his Republican colleagues to return to the basics of the Catholic faith. Loving our neighbors; caring for those in need. Let us remind our elected officials that we are our sisters’ and brothers’ keepers. If we embrace this truth and act in community, then we will have a healthcare system that works for all of us, not just the wealthy. Then we will be the people that we aspire to be—transformed and alive. ☀️

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# Notable Quotables

What justice-seekers have been saying this quarter

"Parents shouldn't have to worry about who will take care of their children. We need to fix broken immigration system, not separate families."

Tweet from Senator Catherine Cortez Masto (D-NV) (@SenCortezMasto)

"Los inmigrantes y los refugiados somos el alma y la promesa de este país." (Immigrants and refugees are the heart and soul, and the promise of this country.)

Astrid Silva, Immigration Activist, Spanish-Language Response to President Trump's Address to the Joint Session of Congress

"Like so many other challenges to justice, global climate change disproportionately impacts people in poverty and others who are vulnerable and marginalized members of our society."

Mackenzie Harris, NETWORK Communications Associate, writing about the future of the environment in a NETWORK blog

"The difference between compassion and empathy is that compassion brings you to action."

Scilla Elworthy, global peace builder, speaking at Voices of Faith in the Vatican on International Women's Day

"Every human being deserves basic care, to be treated with respect and dignity. Care should not be based only on ability to pay."

Sister Jackie Moreau, RSM's Letter to the Editor in the Portland Herald Press

"Let us imitate the attitude of Jesus toward the sick: He takes care of everyone, He shares their suffering and opens their hearts to hope."

Tweet from Pope Francis (@Pontifex)

"Our daily lives as ordinary citizens, neighbors, and consumers are filled with individual choices that hold potential for collective power."

Sister Susan Rose Francois, CSJP, in a NETWORK guest blog titled "An Ethic of Resistance"

"There is no mercy in a system that makes health care a luxury."

Rep. Joseph Kennedy, III (MA-04) during a House Energy and Commerce Committee markup of the American Health Care Act (AHCA)

"By banning refugees and travel from Syria, Somalia, and Yemen, we are turning our backs on suffering people during their most difficult hours."

Bill O'Keefe, Catholic Relief Services Vice President for Advocacy and Government Relations, on President Trump's second executive order banning refugees and immigrants from six Muslim-majority countries

"More Americans have health insurance than at any point in our nation's history, and now is not the time to go backward."

Lucas Allen, NETWORK Government Relations Associate, in a blog on the American Health Care Act (AHCA)

"We are all neighbors to each other, and that is the deep truth that our nation was founded upon."

Sister Simone Campbell, SSS speaking at the Women's March in Washington, D.C.

# Can We Have Life Abundant in the United States?

## *The Uncertain Path of Health Policy in the United States*

BY LUCAS ALLEN, NETWORK GOVERNMENT RELATIONS ASSOCIATE

Is healthcare a right that must be guaranteed for all, or is it a commodity that should be bought and sold? For people inspired by Catholic Social Justice, the answer is clear. As Pope Francis said, “health is not a consumer good, but rather a universal right, and therefore access to healthcare services cannot be a privilege.” Over the past century, however, the healthcare system in the United States has left out those without the ability to pay, making quality healthcare a privilege, not a right.

At the same time, there has been growing support for healthcare as a right and for the federal government to have a role in ensuring this right is enjoyed by all. Resistance, rooted in various ideologies, to the idea of health as a right has always been strong, and remains so today. Looking back at the past century of U.S. health policy, however, shows that federal policy has a critical role to play in mending the gaps in access to healthcare. By understanding how our healthcare system has shifted over the years, we can one day make healthcare a human right in our nation.

### 1917–1964: Health Insurance Emerges

In the early twentieth century, healthcare was a privilege for those who could afford it. Rapid advances in medical capability and technology drove the cost of healthcare beyond what many could pay. By the time of the Great Depression, most Americans could not afford to pay for treatment of a serious illness. One week in a hospital cost more than most people earned in a month, and it was clear that something had to be done to make healthcare more accessible.<sup>1</sup>

Hospitals responded by selling health insurance, spreading the cost of treating serious illness among a pool of people who shared the financial risk and burden of healthcare costs. At the same time, other industrializing countries were starting to make healthcare a right by providing insurance to every citizen. This proposal faced stiff resistance in the U.S. from large corporations, physicians, and a new group of private insurers who worried about government interference in their sector. After campaigning on universal health insurance, President Franklin Delano Roosevelt decided to take federal healthcare assistance out of the Social Security Act of 1935 fearing that these powerful interests would undermine the entire act.<sup>2</sup>



NETWORK members, Catholic sisters, and local home care workers gather at a 2015 Nuns on the Bus rally in Kansas City, Missouri.

Private insurers expanded beyond single hospitals and offered coverage to people through their workplaces in order to spread the risk of illness among larger pools of people. Federal policy made these health benefits exempt from income taxes and World War Two-era wage controls, incentivizing businesses to offer health insurance to their employees. This further entrenched the link between employment and health insurance through the 1940s and 1950s.<sup>3</sup> President Truman called for a role for the federal government in healthcare, but his plan was thwarted by organized doctors and private insurers.<sup>4</sup>

### 1965: Medicaid and Medicare Begin

Linking healthcare to employers was convenient, but it left out those who did not have steady employment. The individuals and families who were uninsured faced the steep cost of paying for medical expenses out of pocket if illness struck. This particularly affected people experiencing poverty and the elderly, who did not fit into an employer-based model and had difficulty affording insurance. By the 1960s, there was a growing sentiment that the federal government should provide health insurance to these populations so they would not go without needed healthcare. President Kennedy ran on the promise to

## Healthcare Advocacy Fueled by Personal Experience

Seanta Danica Clark, NETWORK Member

I am a Catholic, African-American woman from Charlotte, North Carolina. My innate yearning to bridge advocacy and education began in high school with a mentor in the medical field, whose practice met the needs of the underserved. During my collegiate years in Washington, DC, I continued my commitment to advocacy, legislation and activism at Howard University and through graduate school. Ironically, since then, I have always advocated for accessible, affordable, and high quality healthcare for people within our communities, but I would have never imagined, that I would become an ovarian cancer patient before the inception of the Affordable Care Act (ACA).

My healthcare treatment had numerous challenges, but the most arduous was health insurance, battling ovarian cancer before the ACA. The most devastating was reaching medical insurance caps with two insurance companies, being denied for insurance be-

cause of pre-existing condition, alarming prescription costs, medical bankruptcy, and access to clinical trials and treatment. My saving grace came from a loving and supportive mother, who liquidated her savings and retirement for my healthcare, a supportive circle of friends, outstanding medical care from Duke Medical Center, the ACA, and God. President Obama signed the ACA into law on March 23, 2010, and I am forever grateful to the efforts of progressive and forward thinking individuals who stepped out to ensure that healthcare is a human right for all. After consistent and accessible healthcare coverage, I am cancer-free and continue to have annual follow-up appointments.

As a healthcare professional and a cancer survivor, I know the gross need for essential and high quality healthcare. In my capacity as North Carolina and South Carolina state director for Doctors for America, I have participated as speaker for Congress on the first



day of marketplace healthcare access and was present for amicus brief discussions with the Supreme Court for the landmark *King vs. Burwell* case in 2015. I will continue to lobby and advocate for accessible, affordable, and high quality healthcare for all people with every ounce of my being.

I urge you to think of me as you participate in healthcare advocacy, educating the community on healthcare as a human right and ensuring that our legislators understand their constituents' healthcare needs.

provide this assistance, but fierce opposition prevented him from passing it. President Johnson finally succeeded in expanding the role of the federal government in healthcare, signing the Medicare and Medicaid programs into law in 1965.

Medicare is the federal health insurance program for people who are 65 years or older, and Medicaid is the joint federal and state program offering health insurance to individuals and families struggling to make ends meet, children, and people with disabilities based on state eligibility requirements. Since states can set eligibility parameters, the level of care available to someone experiencing poverty varies state-by-state. Despite that limitation, from 1965 on, these programs carved out a substantial role for the federal government in extending health insurance to all.

### 1970–2008: Attempts at Expanding Coverage

While Medicaid and Medicare expanded coverage to many outside of the employer-sponsored insurance sector, around 31 million Americans were still uninsured by the year 1972.<sup>5</sup> Future

attempts to expand coverage further would be defeated, just as attempts by Presidents Roosevelt, Truman, and Kennedy were.

In the early 1970s, Senator Ted Kennedy pushed for a universal single-payer plan that provided health insurance for all, like many of the national health systems in Western Europe. President Nixon countered with his own plan to increase access to insurance through mandates and incentives to expand employer-based coverage and federal health insurance. This era had the greatest potential for bipartisan cooperation on a national health insurance program, but Nixon's resignation and economic troubles ended the momentum for any major healthcare reform.<sup>6</sup>

As the postwar economic prosperity came to an end, businesses scaled back their health benefits to cut costs. Premiums for health insurance were rising, and employers were not as willing to cover employees as they had been previously.<sup>7</sup> Throughout the 1980s, President Reagan cut federal spending on healthcare and made changes to Medicaid and Medicare.<sup>8</sup> Consistent with President Reagan's emphasis on individualism, the free

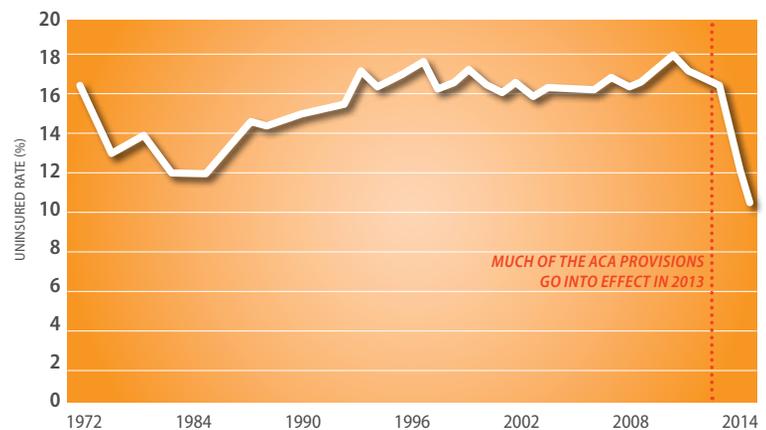
market, and limited government, health was treated more as a consumer good and less as a right all are entitled to, during this time. People who were self-employed or whose employer did not provide health insurance were left on their own to purchase health insurance. Under President Reagan and President George H.W. Bush, the number of uninsured Americans rose from 28 million to 37.1 million in just ten years.<sup>9</sup> Public opinion polls showed more Americans than ever were worried about losing their health benefits and not being able to pay their medical bills.<sup>10</sup>

President Clinton hoped to achieve universal coverage with the Health Security Act, which First Lady Hillary Clinton helped to craft with bipartisan support. Drawing on President Nixon's policy ideas, the plan would have used government regulation, individual and employer mandates to buy insurance, and competition between private insurers to achieve the goal of universal coverage. Once again, this plan was blocked by the influence of private insurance companies, who ran ads to generate public anxiety about what the sweeping reforms might mean for their health plans.<sup>11</sup>

While comprehensive reform was obstructed once again, President Clinton was able to establish a new federal health initiative to expand coverage for a vulnerable population. The State Children's Health Insurance Program (or CHIP), provided coverage to millions of children in families with incomes too high for Medicaid eligibility but often too low to purchase insurance.<sup>12</sup> Then in the 2000s, President George W. Bush sought a more conservative approach that limited the scope of government by attempting to cut Medicaid and allowing states more leeway to limit eligibility and benefits in the program.<sup>13</sup>

### Uninsured Rate of Persons under 65 Years of Age Over Time

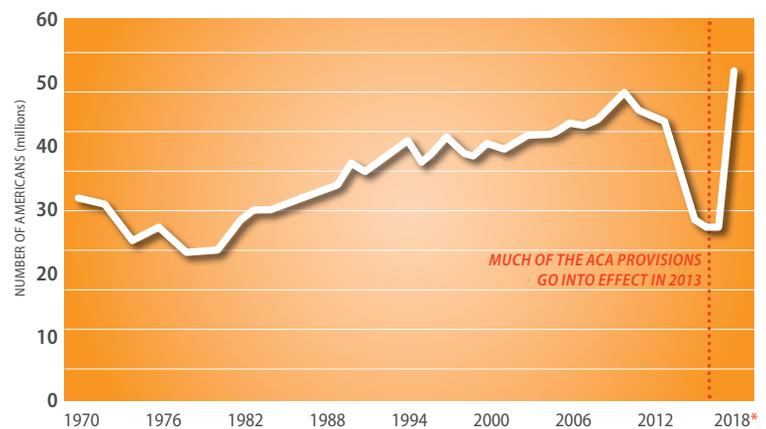
Source: CDC/NCHS, National Health Interview Survey, reported in [https://www.cdc.gov/nchs/health\\_policy/healthcare\\_coverage\\_table1.htm](https://www.cdc.gov/nchs/health_policy/healthcare_coverage_table1.htm)



### Number of Americans without Health Insurance Over Time

Source: CDC/NCHS, National Health Interview Survey, reported in [https://www.cdc.gov/nchs/health\\_policy/healthcare\\_coverage\\_table2.htm](https://www.cdc.gov/nchs/health_policy/healthcare_coverage_table2.htm)

\*2018 numbers are based on projections of the nonpartisan Congressional Budget Office (CBO) if the Affordable Care Act is repealed



Sister Patricia Chapell, SNDdeN, listens to the healthcare services provided at St. Joseph's Neighborhood Center in Rochester, NY.

### 2009–2017: Long-Awaited Coverage Expansion

With the passage of the Patient Protection and Affordable Care Act (ACA) in 2010, President Obama achieved the comprehensive healthcare reform and coverage expansion that so many other administrations had attempted and failed. The law established minimum standards for health insurance policies, placed mandates for individual and employer coverage, regulated private insurers to protect people with pre-existing conditions and complex medical needs, created marketplaces where consumers could purchase insurance, provided federal subsidies to help people afford premiums, and much more.



## The McGrath Family's Story

NETWORK members Joe and Rita McGrath of Lafayette Hill, Pennsylvania know firsthand why Medicaid is important. It has been critical in keeping their daughter alive and the family from bankruptcy. When preparing for the arrival of their first child, Joe and Rita received the news their daughter would be born with Down syndrome. Some people asked Joe and Rita if they were going to terminate the pregnancy, but for the McGraths, it was never a question. The first few months of Maura's life were difficult, but the McGraths pushed through the dark days with the support of friends and family. A little more than a year later Joe and Rita welcomed their second daughter, Michelle.

Now 17 years old, Maura continues to be the blessing her parents have always known her to be. In addition to Down syndrome, Maura is also nonverbal and has been diagnosed with autism and behavioral issues. As a minor living with disabilities, Maura qualifies for Medicaid benefits. Even though Joe and Rita both work, the cost of Maura's healthcare is too expensive for their family to afford on their own.

An integral part of Maura's wellbeing is the care Maura receives from her home health aide, Williamina. Taking care of Maura is a full time job and looking after her became more difficult for her mother, Rita, after she fought cancer. Additionally, Joe has Parkinson's disease. Medicaid provided the necessary funds for the McGraths to hire assistance, and in the past seven years Williamina has become like a family member.

In addition to a home health aide, Maura needs eight different medications, medical equipment and supplies, and frequent doctor appointments. Medicaid covers these costs. Without Medicaid the McGrath family would be in financial ruin. The cost of Maura's medicine alone would be several hundred dollars every month. These are expenses the McGraths, and many families in similar situations, would be unable to afford without the help of Medicaid.

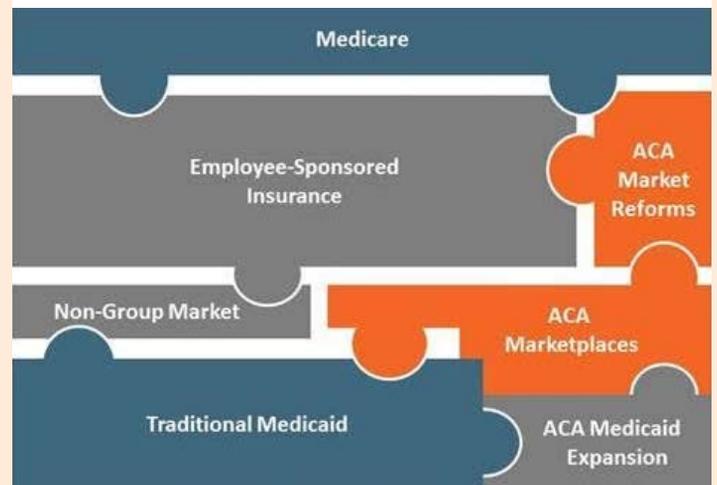
Joe and Rita have experienced the life-changing impact of affordable healthcare, and there are millions of families like the McGraths that need Medicaid. Each of these human lives is more valuable than cutting costs or turning a profit. We are one another's keeper and the care Medicaid recipients are entitled to is our shared responsibility.

One important provision of the ACA would have expanded Medicaid to all Americans under age 65 whose family income is at or below 133% of the federal poverty line. A 2012 Supreme Court decision upheld the ACA, but gave states the option of whether to expand Medicaid.

As of March 2017, 31 states and D.C. have expanded Medicaid while 19 states have refused to meet the ACA eligibility requirements. Medicaid expansion was crucial for expanding access to healthcare, but its partial implementation shows the role of government in healthcare and the idea of healthcare as a right are still contested.

### The ACA Fills in the Gaps in a Piecemeal Insurance System

Source: <http://files.kff.org/attachment/Report-The-Uninsured-A%20Primer-Key-Facts-about-Health-Insurance-and-the-Uninsured-in-America-in-the-Era-of-Health-Reform>



## The Ten Commandments

*NETWORK Lobby is concerned about healthcare because of our commitment to the dignity of all people. We are called to care for those who suffer, and we are challenged to support all of our neighbors so they can realize their full potential. As part of this mandate, we have an obligation to protect populations who have historically been discriminated against because of their race, gender, or socioeconomic status. To that end, we seek a society where all have access to quality, affordable, equitable healthcare, and state these Ten Commandments of Healthcare that must be met in new healthcare legislation.*

Since its passage, the ACA has expanded coverage to over 22 million Americans and brought the nation's uninsured rate to its lowest point in history. For many who were left out of the U.S. healthcare system and could not afford private insurance, the ACA finally provided them access to healthcare. These coverage expansions have become part of the fabric of our society, but we are still far short of being united to endorse the ideal of health as a right.

### Future Concern and Hope

As it has in the past, the pendulum may swing back toward health as a consumer good rather than a right during the Trump administration. Proposed policies stand to take us backwards, but public opinion continues to move toward the simple truth that all humans should have access to the healthcare they need to flourish. If we and others continue to advocate together for healthcare as a right, then perhaps a future of universal healthcare and life abundant for everyone is not far off.

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- Ibid.*, 134.



Dr. John Ross of the Single-Payer Action Network Ohio speaks about the importance of healthcare for all at a Nuns on the Bus rally in Toledo, Ohio.

## of Healthcare

- 1 Thou shalt provide affordable insurance and the same benefits to all currently covered under the Affordable Care Act.
- 2 Thou shalt continue to allow children under the age of 26 to be covered by their parents' insurance.
- 3 Thou shalt ensure that insurance premiums and cost sharing are truly affordable to all.
- 4 Thou shalt expand Medicaid to better serve vulnerable people in our nation.
- 5 Thou shalt not undercut the structure or undermine the purpose of Medicaid, Children's Health Insurance Program (CHIP), and Medicare funding.
- 6 Thou shalt create effective mechanisms of accountability for insurance companies and not allow them to have annual or lifetime caps on expenditures.
- 7 Thou shalt not allow insurance companies to discriminate against those with pre-existing conditions.
- 8 Thou shalt not allow insurance companies to discriminate against women, the elderly, and people in poverty.
- 9 Thou shalt provide adequate assistance for people enrolling and using their health coverage.
- 10 Thou shalt continue to ensure reasonable revenue is in the federal budget to pay for life-sustaining healthcare for all.

# Protecting America's Healthcare

## *Lives Depend on the Legislation Congress Passes*

BY U.S. REPRESENTATIVE BETTY MCCOLLUM

In February, I hosted a town hall on a cold morning in St. Paul. Our target audience was seniors and the topic was health care. But the hundreds of people who began to arrive thirty minutes early were of all ages. Soon a few hundred chairs were filled, a half dozen others sat in wheelchairs, and dozens more were standing.

The crowd was friendly, but there was a sense of anxiety, fear, and anger. Why was the President of the United States and the men and women in control of Congress determined to take health care coverage away from people who worked hard but earned little?

Seniors were feeling vulnerable and afraid. A brilliant young woman with remarkable academic achievements told the crowd from her wheelchair, and using an electronic communication device, that her independence and quality of life will be at risk if Medicaid is rationed.

Toward the end of the meeting a well-dressed man in his forties approached the microphone. He spoke strongly, but his voice was filled with emotion. He said he was a Republican and that he had never voted for me. Some months earlier his wife had been diagnosed with cancer —



Rep. McCollum speaks to constituents in Minnesota's Fourth District

stage four. As she was fighting for her life, the Affordable Care Act gave her access to affordable, quality health care. The entire room sat in silence.

He then asked me what I was going to do to save the Affordable Care Act, because his wife's health care had depended on it.

It was a powerful moment. It was a question rooted in love, pain, and fear, while desperately searching for a glimmer of hope.

We put our faith in a loving God and pray for strength, wisdom, and healing. Yet, as we debate the future of health care in America, we hear the voices of the sick, the vulnerable, the parents, and the partners — all good, loving people — seeking comfort from elected leaders and concerned citizens. They are our neighbors, our friends, our family members, and, sometimes, they are strangers.

As a Catholic, I have a fundamental belief that limiting suffering is a moral obligation. As an American, I believe healthcare

should be a right. As a member of Congress, I know we can improve and strengthen the Affordable Care Act to ensure everyone has comprehensive coverage, reduce costs, and provide higher quality care.

Millions of lives depend on the Affordable Care Act. So, I pray for my constituent's wife and all my constituents who depend on the Affordable Care Act, Medicare and Medicaid — and now fear the future. And, I pray that my colleagues in Congress and I can find the wisdom, compassion, and grace to rise above politics.

May the Lord grant us the mercy to end the suffering and find the moral strength to vote to heal the sick, protect the vulnerable, and give hope to our fellow Americans.

---

*Representative Betty McCollum represents Minnesota's Fourth Congressional District. Representative McCollum works for excellence in education, protecting the environment, expanding health care access, fiscal responsibility, and robust international engagement.*



Rep. McCollum attends a 2014 Nuns on the Bus event



# NETWORK Members Take Action

Over the past several weeks, NETWORK members have attended town halls, lobby visits, and dropped off information with their elected officials. Read what they had to say:

*A six person faith-based group met Monday with Representative Tom MacArthur's Legislative Aide in his Marlton office. He was one of only a few Republicans who voted against the Repeal and Replace bill (S.Con.Res 3). He has an insurance agency and knows repeal would be catastrophic. He is working on an alternative approach."*

**Claire Dale**

Moorestown, New Jersey

*It was a very positive experience for all of us — four Sisters and two allies. We were all on the same page about immigration, and we feel comfortable contacting his district aides for assistance. I gave the Congressman a small statue of the Holy Family fleeing to Egypt. He is holding it in our picture."*

**Sr. Virginia Wilkerson**

Newburgh, New York



Sister Virginia's lobby visit with Representative Sean Patrick Maloney (NY-18) in Newburgh, New York on February 24, 2017. From left to right: Sister Norma Carney, PBVM; Sister Pat Reills, PBVM; Ms. Karen Eberle-McCarthy; Representative Sean Patrick Maloney; Sister Eleanor Joyce, PBVM; Ms. Pilar McDermott; Sister Virginia Wilkerson, PBVM.

*We had a meeting with Representative Jackie Walorski's office on February 28. Jan Jenkins, Mike Hebler, and I represented NETWORK, and Bob Puhr represented Bread for the World. Brian Spaulding, the district director, was very professional, polite, and positive. It seemed like the BRIDGE Act was new to him, and he promised to relay this to Walorski."*

**Dan Graff**

NETWORK Indiana Advocates team member, South Bend



Sister Doreen Glynn, CSJ, visited Representative Paul Tonko's Albany office. She dropped off position papers on healthcare, immigration, and the environment with his Staff assistant, Biana Hotte.

*We visited for 45 minutes with Lauren Dronen, the Field Representative for Senator Heidi Heitkamp. She was very supportive and knowledgeable on the issues we discussed: Healthcare, Refugees/Immigrants and International Aid to Reduce Poverty."*

**Cathy Schwinden**

Fargo, North Dakota

*We were able to leave knowing you allowed our voices to be heard. You also confirmed that if we do our research on the issues, respectfully state our position, and 'ask' specifically what we would like the Congressman to do, he will very often be fighting for us."*

**Bruce Segall**

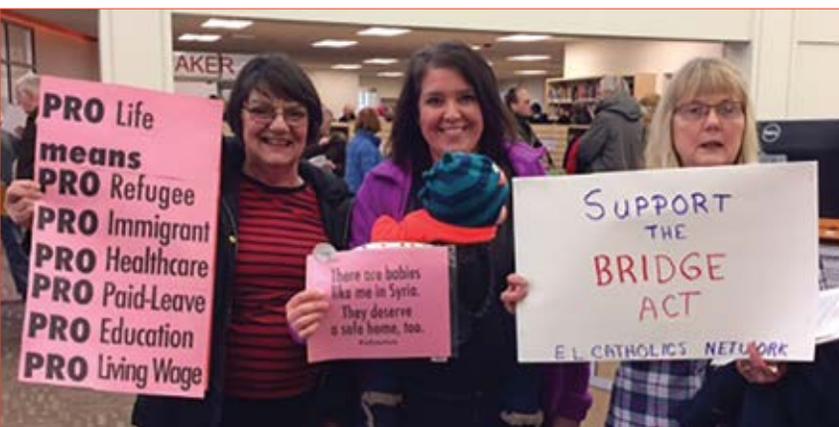
Bronx, New York

Excerpt from a thank you letter to Rep. Eliot Engel's office

*My life is worth fighting for, and I expect you to find a way to work with Republicans to ensure that the preexisting condition clause and lifetime maximum clause remain and that you work to get healthcare for everyone."*

**Chelsea Baker**

Testimony at Rep. Charlie Crist's public forum in St. Petersburg, Florida



East Lansing Advocates team members at a town hall meeting with Representative Mike Bishop (MI-08) on February 16, 2017 in East Lansing, Michigan.



Photo Courtesy of James McTaggart

# When Healthcare Costs Bur

By Sheila Gilbert

*“... we must do what our Lord Jesus Christ did when preaching the gospel. Let us go to the poor!”*

the form of housing assistance, disaster relief, education and mentoring, food pantries, dining halls, clothing, assistance with transportation, prescription medication, and rent and utility costs.

Every day, Vincentians across the country answer the calls of our poor and vulnerable brothers and sisters in their homes. All too often, health issues are forcing them to make impossible decisions: medications for a sick child or making sure the rent is paid; calling out of work sick or risk getting fired; care for a bedridden parent or going to night school to try finding a better job.

Vincentians cannot tolerate this. No one can lift themselves out of poverty without access to affordable health care, and certainly no one should be forced to choose between health and economic security. Health care is a human right, and that is why the Society and its Voice of the Poor Committee (VoP) have been demanding that any effort to change the health care system protect poor and vulnerable people. St. Vincent de Paul, in reflecting on the importance of health care, said, “If a needy person requires medicines or other help during prayer time, do whatever has to be done with peace of mind. Offer the deed to God as your prayer.”

**A**bout 175 years ago, a French law school student, Frédéric Ozanam, set out with six friends to minister to their poor and vulnerable in the neighborhoods of Paris. With these words—originally a rallying cry to respond to the challenge of a skeptical classmate—Frédéric founded a ministry rooted in encountering those at the margins where they feel most secure, their homes.

Today, the Society of St. Vincent de Paul is one of the largest charitable organizations in the world, serving those struggling to survive in 150 countries across five continents. Here in the United States, about 100,000 Vincentians in 4,400 communities provide person-to-person service in

## Did You Make Healthcare Calls During Lent?

During Lent, NETWORK members were invited to participate in our Lenten Series: A Time to Pray, A Time to Act, reflecting on a different principle of Catholic Social Justice, using readings, quotes, and reflection questions. Then they took action, making one call each day to Catholic members of Congress. They shared the message that healthcare is a human right and asked them not to repeal the Affordable Care Act without a suitable replacement.

**Lent 2017:**  
**A Time to Act, A Time to Pray**  
*Mending the Gaps in Access to Healthcare*

WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MARCH 1 <small>Ash Wednesday</small> 	2 	3 	4
MONDAY	TUESDAY	8 	9 
6 	7 	10 	11 



# den Those in Need

The Voice of the Poor Committee brings the lived experiences of marginalized people to policy debates at every level of government, from national health care to municipal ordinances that protect neighbors from predatory lending. VoP follows in the footsteps of Frédéric, who himself spoke out against systemic injustice.

Indeed, this ethic of charity and justice is integral to the Society’s understanding of lived faith. As Vincentians minister in charity, “where injustice, inequality, poverty or exclusion are due to unjust economic, political or social structures or to inadequate or unjust legislation, the Society should speak out clearly against the situation” (from The Rule of the Society of St. Vincent de Paul).

The Society’s ministry to those are sick and suffering, as well as the fight for life-affirming health care for all will continue, offered to God as prayer. Lord, hear our prayer!

*Sheila Gilbert is the President of the National Council of the United States Society of St. Vincent de Paul. Learn more about the Society of St. Vincent de Paul at [www.svdpusa.org](http://www.svdpusa.org).*



**In our Catholic Social Justice Reflection Guide, you can still read reflections on the principles of Catholic Social Justice from guest writers including: Catholic sisters, NETWORK members, former associates, advocacy partners, and even a senator! Read excerpts from Scripture, quotes from justice-seekers, and consider the suggested reflection questions to deepen your understanding of these principles anytime of the year.**

**Over 3,000 members of the NETWORK community joined us to reflect and act during Lent, and you can still access these resources. Visit [www.networklobby.org/Lent](http://www.networklobby.org/Lent).**

## Welcoming New Board Members

The NETWORK Lobby and NETWORK Advocates Boards of Directors are pleased to introduce our newest Board members, Anne S. Li and Sister Erin Zubal, OSU.

Anne and Erin’s names were brought forward in the “name-raising” process that the Boards introduced last summer, inviting our members to discern the gifts and talents of people who might best match the qualities needed now on the NETWORK Boards. Here’s more about Anne and Sister Erin...



Anne S. Li holds an MBA from Wharton School, worked in business in the private sector and has extensive experience as executive director, chief financial officer, and development director in social justice non-profits as well as extensive board experience. She is a long-time NETWORK member, has formation in Catholic Social Teaching and collaborated with Women Religious in the founding of a Center for Social Concern in Tulsa. Anne currently lives part of the year in D.C. and part in Florida and has lived for extensive periods of time in the Northeast and the Midwest.



Sister Erin Zubal, OSU is an Ursuline Sister of Cleveland who has a background in social work and education. She presently serves as Principal of St. Leo the Great Catholic elementary school in Cleveland, Ohio, and was a “Nun on the Bus” in NETWORK’s 2016 “Mend the Gaps” bus tour. Sister Erin brings fundraising and financial experience to the NETWORK Board through her administrative roles at St. Leo’s. As a young Woman Religious, Sister Erin will help to ensure that NETWORK’s unique “Sister Spirit” remains a vibrant part of the Board’s identity and culture.

We thank all of those whose prayerful discernment brought forward such an impressive and plentiful list of candidates with an abundance of gifts and skills through our name-raising. We especially thank all of those whose names were raised who were willing to share their gifts and skills to further the mission of NETWORK. You will hear more about name-raising process in the next issue of the Connection as we begin preparation for filling next year’s Board vacancies.

# Immigration Shifts Require Legislative Action, Census Funding Deadlines Approach

*An Update from D.C. on key developments during the past quarter, and social justice issues on the horizon*



## Key Legislation: Immigration

During the 2016 Presidential campaign then-candidate Donald Trump committed to rescinding Deferred Action for Childhood Arrivals (DACA) on his first day in office. His commitment to ending a program that allowed over 741,000 individuals to live without fear of deportation created panic and fear in our communities and among the young undocumented community who benefited from DACA.

In January, Senators Dick Durbin (D-IL) and Lindsey Graham (R-SC) and Representative Mike Coffman (CO-06) introduced their bipartisan legislation to protect the individuals who qualify for DACA known as the Bar Removal of Individuals who Dream and Grow our Economy (BRIDGE) Act. The BRIDGE Act would provide temporary relief from deportation and work authorization to young undocumented individuals who were brought to the United States as children. The BRIDGE Act is proposed as a temporary stopgap measure giving Congress a three year timeframe to work on legislation to fix the broken immigration system and would not offer a renewal option for its recipients nor would it protect the parents of DACA recipients.

While the BRIDGE Act is a step in the right direction, we are dedicated to a permanent solution that modernizes our current broken immigration system and offers a pathway to citizenship. In light of President Trump's Executive Orders and Secretary Kelly's implementation memos which have allowed DACA recipients to be detained and put into deportation proceedings, we are urgently asking Congress to support and pass the BRIDGE Act.



## On the Horizon: Census

NETWORK is working to ensure that the Census Bureau receives adequate funding to prepare for a modern, accurate, and equitable 2020 census. The population numbers counted in the 2020 census will determine how Congressional districts are reapportioned, how \$450 billion in federal funding is distributed each year, and how well our government responds to the needs of the people. Poorly-funded censuses undercount people, particularly communities of color, people experiencing poverty, immigrants, young children, and rural residents. This undercount leaves these communities with less representation and less funding for important programs such as job training, health care, housing, and nutrition services.

Years of underfunding have left the Census Bureau underfunded and inadequately prepared, causing the Government Accountability Office to name the census a "high risk" program. Due to uncertain funding, the Bureau canceled important tests this year that were meant to improve accuracy in hard-to-count, Spanish-speaking and American Indian populations. This cancellation showed us how underfunding the census can directly lead to an undercount, disproportionately affecting communities that already face injustice.

Going forward, it is imperative to increase funding for the Census Bureau so that preparations for 2020 can continue on track. We are urging Congress to meet the Bureau's funding request of \$1.63 billion for the remainder of Fiscal Year 2017 and to increase funding further in Fiscal Year 2018. A fully-funded and well-executed 2020 census is crucial for mending the gap in access to democracy.

NETWORK—a Catholic leader in the global movement for justice and peace—educates, organizes, and lobbies for economic and social transformation.

**NETWORK LOBBY FOR CATHOLIC SOCIAL JUSTICE**

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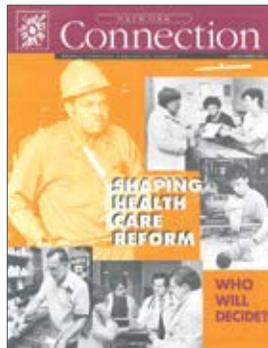
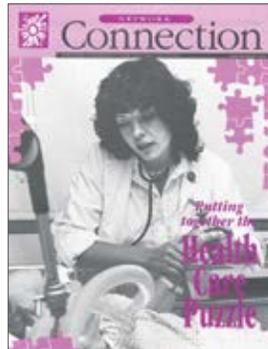
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- Nancy Groth, Barbara Hazelett,
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# Connecting NETWORK Members to Important Stories



Connection magazines from 1993, 1994, 2013, and 2015.

For more than 40 years, NETWORK has been pleased to offer you — our members — access to legislative information and spiritual reflection through our *Connection* magazine.

Our desire is to provide our spirit-filled network with relevant and useful information on issues, legislative updates, voting records, and reflections on faith and justice. A few years ago in a *Connection* survey, one of our members shared, “NETWORK gives information on issues I care about to get me thinking — and acting”.

Now more than ever, with the harmful policies of President Trump and Speaker Ryan, we will continue to fight for healthcare! We will continue to advocate for immigrant rights, income inequality, living wages, family-friendly workplaces, access to safe affordable housing and voting rights. And we will continue to provide facts (not “fake news”) so that you will be informed and can take action on holding our elected officials accountable.

**For an investment of \$20, you can make sure that a family member, friend, or colleague receives *Connection* magazine!** Help us inspire others to become engaged in educating, organizing, and lobbying efforts to build a stronger, healthier nation.

You can do this online at [www.networklobby.org/member](http://www.networklobby.org/member) or by using the envelope inside this issue.



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## *NETWORK Continues to Advocate...*

Ten years ago, during the spring of 2007, Senator Ted Kennedy visited the NETWORK office to discuss policy solutions for affordable healthcare. We remember Senator Ted Kennedy's dedication to this issue and appreciate the many other elected officials inspired by their principles to work for healthcare for all.

