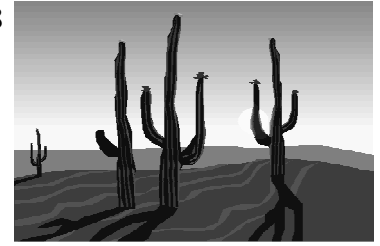


The theme for this issue is **HEALTHCARE**  
 "For I was...ill and you cared for me."

November/December 2008  
 Volume 5, Issue 4



# Voice in the Wilderness

## Spending Too Much on Prescriptions? Here's What You're Paying for!

**By Joan Albano**

Who *are* those attractive, suit wearing 30-somethings wheeling black boxes around medical buildings these days?

As I recently languished 15 minutes past my appointed time in my doctor's waiting room, I noticed my doctor gabbing with one of those "suits" (a drug sales representative) as if he had all the time in the world. I was perturbed. The thin, designer-clad beauty distributed drug samples and goodies to eager office staff. It all seemed a little too congenial to me. I thought I was just being cranky. But then, while doing research for this article, I realized that I was reacting to something deeper.

The pharmaceutical business is thriving. US spending on prescriptions

rose from \$40.3 billion in 1990 to \$200.7 billion in 2005 and the number of prescriptions purchased jumped 71%. The average prescription cost increase outpaced the inflation rate by almost threefold. In 2005 and 2006 pharmaceutical manufacturers ranked as the 2<sup>nd</sup> most profitable businesses with profits of 19.6%, compared to an average 6.3 % for all Fortune 500 firms during the same time.

Drug giants maintain dominance through drug design patents, and say their profits go to designing better life-saving drugs. However, pharmaceutical companies spend over \$6 billion per year (80% of their advertising budgets), marketing to physicians. That's \$9,000 per practicing physician each year. For every 11 doctors there is 1 of those

"suits" who, according to research, often supply doctors with inaccurate information. Research also shows that physicians change their prescribing patterns after receiving perks like free trips, free meals, drug representative visits and company-sponsored symposia (lectures hosted by experts who are often paid by pharmaceutical companies themselves). An egregious example: the San Francisco Medical Society (SFMS) reports that drug-makers have offered injectable medication to physicians at a discount, telling them to keep the overage between the discounted price and Medicare's reimbursement. Sales of those medications "skyrocketed" as a result.

The SFMS also states, "It is now hard to find an

*Cont. on Pg. 5*

## HEALTHCARE REFORM By Msgr. Norm Priebe

This issue of *Voice in the Wilderness* focuses on healthcare and the need for healthcare reform in the United States. As Catholics, we have a great concern for the provision of adequate healthcare for those living in our Nation.

There are many areas of concern. We believe that reform of the healthcare system which is truly fundamental and enduring, must be rooted in values which preserve and enhance the *sanctity and dignity of human life* from conception to natural death. Neither the violence of abortion and euthanasia nor the growing advocacy for assisted

suicide is consistent with respect for human life and appropriate healthcare. We have concern that every person living in the United States have *access to healthcare*. We consider healthcare reform from the bottom up, how it touches the unserved and underserved. Genuine healthcare reform must especially focus on the basic health needs of the poor, i.e. those who are unable through private resources, employer support, or public aid to provide payment for healthcare services, or those unable to gain access to healthcare because of limited

resources, inadequate education, or discrimination.

We believe that healthcare should be *comprehensive*, providing benefits sufficient to maintain and promote good health; to provide preventive care; to treat disease, injury, and disability appropriately; and to care for persons who are chronically ill or dying. We have concern for *pluralism*, whether our healthcare system allows and encourages the involvement of the public and private sectors, including the voluntary, religious, and nonprofit sectors, in the delivery of care and

*Cont. on Pg. 2*

### Inside this Issue:

|                              |   |
|------------------------------|---|
| Letter from the Editor       | 2 |
| Bringing Christ to the Sick  | 3 |
| WHO by Former Employee       | 3 |
| What's up at NETWORK.org     | 4 |
| GMO Crops; Is Your Food Safe | 4 |
| World AIDS Day Anniversary   | 6 |
| Healthcare - Fix It          | 7 |
| Environmental Corner         | 8 |



Would you be there?

**St. Jerome**

**Peace and Justice Ministry Magazine**

5550 Thornburn St., Los Angeles, CA 90045-2141

Email: [Voice.Wilderness@yahoo.com](mailto:Voice.Wilderness@yahoo.com)

Fax: 310-415-3577

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# Voice in the Wilderness: *Healthcare...*

## Letter from the Editor

As I write, elections have taken place and a new administration is poised to take charge in Washington. The task confronting the new administration is not an enviable one. The intractable problems our nation faces at this time have never before been as daunting as at present, what with the planet-threatening global warming, the economic meltdown, worldwide unemployment, and local job loss due to outsourcing abroad. An unexpected side effect of these calamitous problems might well be that other major concerns, such as ending the wars in Iraq and Afghanistan, poverty and homelessness, healthcare, and immigration reform are pushed to the side. At this point in time, then, it is good to remember that we live in a democracy, which means that the burden of new directions cannot be left to our newly elected leaders alone. We must stay involved to let our leaders know that they represent us, the people, and the promises they made during the campaign must be earnestly pursued.

We now find ourselves saddled with a several trillion-dollar debt and a very sick economy. This disastrous situation does not admit of easy solutions. However, it is important that we understand that it is not the result of some fatalistic happening, but is of our own making. So the time has come for us as Catholics to become engaged as never before. We,

as people of faith, have a major contribution to make in deciding what kind of government we want. What we bring to the table are the ethical concerns of our Catholic tradition, which is based on the teachings of Jesus and Catholic social teaching, and which points us in the general direction of what our democratic society should look like. All that is lacking is the love-filled gumption of Catholics to apply this profound wisdom to the problems we face as a nation in these troubled times. Our faith-tradition teaches us that we must not settle for a nation of haves and have-nots. Our Catholic bishops have consistently taught us that **“the economy should serve people, not the other way around.”** Unfortunately over the past thirty years, this principle has been turned on its head, in effect having the people serve the economy. The basic principle that we must fight for can be found in Jesus’ mission statement to bring good news to the poor. Likewise, in the Declaration of Independence, it is affirmed that all men are created equal and, as such, enjoy the same inalienable, human rights

The time has come for us, as an enlightened electorate, to take a hard look at how we got here, where we are at present and where we must go to begin to approximate to some human degree the kingdom that Jesus came to proclaim. A famous philosopher once

said, “The unexamined life is not worth living.” Well, then, let’s examine.

In this issue of the Voice in the Wilderness, we are going to tackle the controversial issue of universal healthcare. Up front, we affirm that it is Catholic teaching that universal healthcare is a fundamental human right closely associated with the right to life. We must never forget that Jesus based his invitation to people to take possession of the place prepared for them in the kingdom based on the way they treated “the least of these.” In particular, Jesus said, “...I was ill and you cared for me.” During his lifetime, vast crowds of people flocked to him because of his renowned healing powers. He turned no one away, even when he was exhausted at the end of a long day’s labor. Yes, many of his miracles were directed towards the sick in mind and soul, but he cured their bodies as well: the lame, the lepers [who might be compared to those afflicted with AIDS today]; he healed the woman who had hemorrhaged for twelve years; he took pity upon all the poor, fed the hungry and worked miracles on their behalf. It is worth noting that Jesus included healing as an essential part of his instructions to the Twelve: “Make this proclamation: The kingdom of God is at hand. Cure the sick, raise the dead, cleanse the lepers, drive out demons” (Mt 10:8).

*Cont. on Pg. 6*

## **Pastor’s Message** *Cont. from Pg. 1*

services; and whether it ensures respect for religious and ethical values in the delivery of healthcare for consumers and for individual and institutional providers.

We are concerned for *cost containment and controls*. Healthcare reform must create effective measures that reduce waste, inefficiency, and unnecessary care; measures that control rising costs of competition, commercialism, and administration; and measures that provide incentives to individuals and providers for effective and economical use of limited resources. And lastly, we are concerned for *equitable financing*: society’s obligation to finance universal access to comprehensive healthcare in

an equitable fashion, based on ability to pay; and cost-sharing arrangements designed to avoid creating barriers to effective care for the poor and vulnerable.

Every member of the human family has the right to life and to the means that are suitable for the full development of life. Pope John XXIII, in his encyclical *Peace on Earth*, listed healthcare among those basic rights which flow from the sanctity and dignity of human life. This is why the Church insists that every human being has the right to quality health services, regardless of age, income, illness, or condition of life.

In Catholic teaching, the entity of government, as an instrument of our common purpose, called to pursue the common good, has an essential role to

play in assuring that the rights of all people to adequate healthcare are respected. Those newly elected to office in our Nation and each State cannot ignore this basic goal of healthcare which is lacking to millions of adults and children throughout our country.

We exercise our right as religious believers to speak on this important issue because of the human and religious moral principles involved, and because our Catholic healthcare facilities are the largest network of non-profit hospitals and nursing homes in the United States. We have a history and record of active support for healthcare reform that goes back decades; active ministry in inner-city, suburban, and rural communities; and an institutional presence in every state and congressional district. ♦

## **Bringing Christ to the Sick and Homebound** By Juanita (Annie) Rivera-Wiemken

Being a Eucharistic Minister to the Sick and Homebound has truly become a blessing for me. I often get stopped at church and asked something like “What is it you get from the priest at the end of mass?” It is with great pleasure that I respond “It is the Holy Eucharist that I will take to a sick or homebound person so that they can receive the Body of Christ, the Lord’s words and his blessing since they are unable to make it to mass.” Once they know what it is, I find people respond positively and encourage me to continue with this wonderful ministry. When some show interest, I encourage them learn more about the ministry and consider joining it.

There are many reasons for wanting to join such a rewarding ministry. Looking back now, I firmly believe that the seed was planted in me in October of 2004 when my mother-in-law, Patricia, who had been sick on and off, asked my husband and me to move in with her to help her with the house and to look after her as she recovered. By early 2005 she was unable to make it to mass and it was one of her biggest regrets. I was reminded that communion could be brought to her so I spoke with Father Peter Burns, gathered information and took a class. I finally received what I needed to begin, but sadly it was too late to benefit Pat as she passed away in June of that year.

I didn’t give much thought to the ministry after that since the reason I

joined was to help Pat. I wasn’t sure what to do next. At that time, I had forgotten that the good Lord always has a plan for me. Later that year I received a call from the rectory inquiring as to whether I was available to give communion to an elderly lady who could no longer get to church. Her name was



**PYX**  
From Greek pyxos, box

Eileen and I felt such a delight in going to see her every Sunday after mass. She was a wonderful person and though I know she has died and gone to her eternal reward, I still miss our weekly visits very much. I have had several people, whom I’ve visited in the 3 years since, and I have enjoyed spending time with each and every one of them.

These visits have become more than bringing communion and the word of God. I get to spend time with a friend. What started out as a fifteen minute routine turned out to be a half hour or an hour visit. We talk about anything and everything concerning our lives, the

church, or just life in general. I’ve sat with their families and/or friends, I’ve played with their pets, and most importantly I’ve gotten to know fellow parishioners that I would otherwise never have met.

The process to become a Eucharistic Minister to the sick involves taking a class that explains the requirements. Then after a short time you will receive the Administration of Communion pamphlet and the Liturgy book with weekly readings. Next, you purchase a pyx, a gold-plated vessel used to carry the Blessed Sacrament to the sick or homebound. Shortly thereafter you will receive a special card authorizing you to act as a Eucharistic Minister to the sick and homebound. This card is valid throughout the country so that you can use it when you travel.

It truly is a wonderful ministry and I would encourage all who may be interested to consider joining us. I can guarantee that you’ll get much more out of it than you could ever expect. As a bonus, you will help build St. Jerome into a parish community that helps its members continue to be a part of the church when they are unable to make it to mass or parish gatherings. I have never regretted my decision to become a Minister to the sick and homebound and I will continue until the Lord decides he has other plans for me. Thank you for letting me share this experience with you. ♦

## **Observations of a Former World Health Organization Employee: Napoleon Gatmaytan**

Around the globe, for the most part, healthcare is available to those who can afford it. But most often the problem is that people are unable to pay for it. The issue, therefore, is affordability. In the United States private insurance is available for many through employer-sponsored programs for employees and their retirees. Some medical care (Medicare, Medicaid, State Child Health Insurance Program) is provided by the government. Still in 2007, according to a report by the National Center for Health Statistics, about 15.3% of the U.S. population, or 45.7 million people are without health insurance, which is a scandal of major scale.

I worked for the World Health Organization (WHO) for 18 years in the 1970’s and 1980’s traveling to Central America and Surinam. I know that healthcare is a global issue, because I saw firsthand, people dying because they cannot afford it. In addition to affordability, WHO reports other problems associated with the delivery of healthcare, such as a “black market” in healthcare, widespread corruption, bribery and failure to enforce the very regulations that governments themselves have created. In Central America the problem was aggravated by internal chaos and disorder rendering access to health

providers not only difficult but often extremely dangerous. During this time the Sandinistas in Nicaragua were causing havoc; there was the civil war in El Salvador where we could hear machine gun fire and exploding grenades just outside the local WHO office; and there were rebels fighting as well as kidnappings in certain regions of Guatemala. It was not safe to travel in Paramaribo, Surinam. Elsewhere, WHO reports: “In India, families typically pay 80 percent of their healthcare costs as “out-of-pocket” expenses...” In many other poor countries, the families’ costs for

*Cont. on Pg. 5*

# Voice in the Wilderness: *Healthcare...*

## WHAT'S UP AT NETWORKLOBBY.ORG?

By Theresa Marcello

It's been a busy time as usual for NETWORK, a Catholic leader in the global movement for justice and peace. Founded in 1971 by 47 Catholic religious sisters, NETWORK educates, organizes and lobbies for economic and social transformation.

The theme at hand for this issue of the *Voice in the Wilderness* as affirmed by the United States Conference of Catholic Bishops is: "Affordable and accessible healthcare is an essential safeguard of human life and a fundamental human right."

From NETWORK offices in Washington, DC, the following are healthcare updates on current legislative issues:

### **Improvements to Medicare HR6331**

In July of this year, The Medicare Improvement for Patients and Providers Act was passed into law. According to earlier legislation, payment to doctors who treat Medicare patients was scheduled to decrease by 10.6%. Instead these fees will rise on average 10.1%. In addition to this critical assistance, the bill includes a number of provisions assisting low-income individuals.

### **Children's Healthcare HR3963**

On January 23, 2008, the House failed to override President Bush's

second veto of the children's health insurance bill, HR3963. The House leadership has promised to continue working to pass a reauthorization in 2008 that would provide coverage for 10 million children and NETWORK will continue to advocate for a policy that provides healthcare, a basic human right, to all uninsured children.



### **Healthy Families Act, S910/HR1542**

This Act guarantees fulltime workers seven paid sick days a year and part-time workers a pro-rata amount. Currently, no state or federal law guarantees paid sick days. Nearly half (48%) of private sector workers do not have a single paid sick day to care for themselves or family members in illness. More than half of the private workforce does not qualify for unpaid leave under the Family Medical Leave Act and a vast majority of all workers have no paid family leave. This Act addresses a labor and public health problem which saves businesses money by reducing turnover

and illness in the workplace—our national economy would save about \$8.1 billion a year. This legislation would promote the goal of equal employment opportunity for women and men and enhance the economic security of working families.

### **Citizens Healthcare Working Group**

The Medicare Modernization Act, passed in 2003, included the creation of a commission called the Citizens' Healthcare Working Group. The group is charged with leading a nationwide discussion about creating a healthcare system that would "provide every American with the ability to obtain quality, affordable, healthcare."

During the first half of 2006, the group held meetings across the country and distributed surveys to find out ordinary Americans' concerns about healthcare. Thousands participated – including NETWORK members. The interim recommendations are available for viewing online. You can read the report for yourselves and contribute your own comments and experiences with healthcare. Visit:

[NetworkLobby.org/Issues](http://NetworkLobby.org/Issues)



## GMO Crops – Ever Heard of Them? Is Your Food Safe to Eat?

(Drawn from the Guide of the Institute of Responsible Technology, 2008)

No, GMO does not stand Gulf Mobile and Ohio, or General Motors or General Mills for that matter! Rather, GMO stands for Genetically Modified Organisms that have been introduced into seeds manipulated by scientists to circumvent the laws of nature. Seed modification comes to us as the result of genetic engineering to produce fruit that is insect-resistant and with longer shelf life. This technology has been used in the food we eat for about ten years now. The genes genetic engineers use are taken from other organisms (human, animal, plant, bacteria or virus) and are introduced into the DNA of plants to develop traits that are resistant to herbicides that would normally kill the crop and are impervious to the use of insecticides that kill the parasites and insects.

You may think, "Isn't that wonderful, plants without insect damage?" However, the dangers to health are too numerous to mention, but food allergies, toxins and resistance to antibiotics are but a few attendant threats to health. Unfortunately, because of lobbying by the giant food producers, the FDA has resisted laws requiring the labeling of GMO foods. Approximately 91% of the U.S. soybean crop, 80% of the corn crop and 83% of canola oil have GMO's. Chocolates use soy lecithin; candy, cereals and sodas use fructose corn syrup; and canola oil is used in baking and cooking. This is only the tip of the iceberg.

An interesting sidelight to this story takes place in India. India has been used as a testing ground for genetically modified crops. But, an estimated

125,000 farmers have taken their own lives because many GMO harvests have failed, and the farmers concerned were unable to pay back the heavy loans they had taken out to finance their efforts.

Prince Charles of England created a great brouhaha among politicians and bio-tech leaders when he condemned the 'GM Genocide' among Indian farmers stemming from the failure of Genetically Modified crop varieties. GM lobbyists claim that their crops have transformed Indian agriculture. However, figures from the Indian Ministry of Agriculture confirm a huge humanitarian crisis in that over a thousand farmers kill themselves each month because they cannot pay the money-lenders when their crops fail. Drought and the high cost of fertilizers are listed as causes of crop failure. ♦

# Voice in the Wilderness: *Healthcare...*

## **Prescription Costs** *Cont. from Pg. 1*

academician who is not, in one way or the other, supported by the pharmaceutical industry." The problem of objectivity in studies published by individuals connected to the pharmaceutical industry is mentioned throughout medical literature.

Marcia Angell, former editor-in-chief of *The New England Journal of Medicine*, called the pharmaceutical industry "a marketing machine to sell drugs of dubious benefit."

More "direct to consumer" advertising dollars have been spent on Claritin than Coca Cola. When patients ask for an advertised drug, research demonstrates that 80% of the time they'll get it, even if they don't need it. The SFMS says 94% of patients using Celebrex (\$900 per year) would have the same results with less expensive Ibuprofen. *The New Yorker* reports "Nexium is little more than a repackaged version of an old medicine." That medicine, Prilosec, is now available over the counter for \$20 a month vs. \$120 a month for Nexium. The pharmaceutical company's patent for Prilosec expired. They slightly reengineered Prilosec, patented it as Nexium, and spent half a billion dollars on its pre-release marketing.

The Washington drug lobby strongly affects the design and administration of

the Medicare prescription drug program, and the government's ability to negotiate lower prices with pharmaceutical companies. Drug companies spent \$900 million lobbying between 1998 and 2005, according to the nonpartisan Center for Responsive Politics. That is more than any other industry. The drug giant lobby is reportedly "one of the strongest, most well-connected and most effective lobbies in Washington." Lobbyists offer campaign contributions, use of personal jets, catering, dinners, parties and access to exclusive VIP events. But it's not all fun and games. *USA Today* reported drug lobbyists attempted to discredit David Graham, an FDA drug-safety official appearing at a Senate hearing on Vioxx, which has been removed from the market for safety reasons in part due to his research. They suggested his "scientific conclusions were influenced by his devout Catholicism."

While doctors and politicians enjoy their free lunches, drug companies accumulate proprietary intellectual property for profit with apparently little regard for the impact this has on the lives of others. I often see commercials for drugs that promise a glowing butterfly in my bedroom or to make my husband and me very, very happy together. There is a steep price for all this "happiness" and

"well-being" they sell. We would do well for ourselves and the less fortunate to encourage our well-meaning but impressionable doctors to behave more mindfully. We would help our society by discouraging the greed demonstrated by this industry, and encouraging a stronger sense of service to the sick, suffering and dying.

## **What can we do?**

- Go to [Nofreelunch.org](http://Nofreelunch.org), a website by healthcare providers to inform consumers and healthcare professionals about the deleterious results of drug company marketing tactics.
- Mention your concern about this matter to your doctor. Take this article in and hand it to him or her. Research your medicines and if appropriate request generics or over the counter medications.
- Seniors should periodically review all their prescriptions with their doctors to ensure they are all appropriate and cost effective.
- Get some of those free samples from your doctor.
- Remember, the real purpose of drug commercials is to market, not inform.
- Some drugstores are offering discounts for switching prescriptions. Some even offer 90-day supplies of some generic prescriptions for as little as \$10. ♦

## **"Observations"** *Cont. from Pg. 3*

healthcare exceed their annual income, and the poor are forced to beg or borrow to obtain healthcare or, what is worse, to forego altogether the healthcare they so desperately need. Often unattended illness is the norm for many impoverished families.

As a Filipino-American with a deep attachment to the Church, I cannot but ponder the role of the Church in providing healthcare. The words of Christ, "I was ill and you cared for me," have provided inspiration for people in the Catholic healthcare field over the centuries. The United States Catholic Conference of Bishops (USCCB) calls for 'those at the margins of our society: the poor; the uninsured and the underinsured; children and the unborn; single parents; the

elderly; those with incurable diseases and chemical dependencies; racial minorities; immigrants and refugees and in particular, the person with mental or physical disabilities..." to receive healthcare. These are the kinds of



people Jesus healed. The USCCB noted that the "right to life entails a right to the means such as adequate healthcare for the proper development of life."

[As information, WHO ranks the U.S. healthcare system 37<sup>th</sup> in its listing of 190 countries. France provides the best overall healthcare, followed by Italy, Spain, Oman, Austria and Japan.

(Taken from the World Health Report 2000 - Health Systems: Improving Performance, June 2008)] ♦

## **They're All in Shock** (Anonymous)

I was shocked, confused, bewildered  
As I entered Heaven's door,  
Not by the beauty of it all,  
Nor the lights or its decor.  
But it was the folks in Heaven  
Who made me sputter and gasp---  
The thieves, the liars, the sinners,  
The alcoholics and the trash.

There stood the kid from seventh grade  
Who swiped my lunch money twice.  
Next to him was my old neighbor  
Who never said anything nice.

Herb, who I always thought  
Was rotting away in hell,  
Was sitting pretty on cloud nine,  
Looking incredibly well.

I nudged Jesus, 'What's the deal?  
I would love to hear your take.  
How'd all these sinners get up here?  
God must've made a mistake.

'And why's everyone so quiet,  
So somber - give me a clue.'  
'Hush, child,' He said, 'they're all in shock.  
No one thought they'd be seeing you.'

# Voice in the Wilderness: *Healthcare...*

## Editor's Letter *Cont. from Pg. 2*

We say that we are Christians. We say that we love our neighbors. But many of us are unmoved when we hear the statistics that more than 47 million Americans have no health insurance. We seem to assume that there is nothing we can do about it. If we listen to commentators on the issue of healthcare, we come away with the impression that universal healthcare is a pipedream of those who walk around with their heads in the clouds. Prevailing political wisdom has it that this will impose impossible financial burdens on an already overtaxed economy. While this may be true under present conditions, in which insurance companies and the pharmaceutical industry together with privately run HMO's write the rules, we must understand that there are other less costly options.

In a Los Angeles Times article of Oct. 23, the question was posed: "Who owed Centinela [Hospital] that elusive \$25 million?" Centinela hospital officials replied: it was the health insurance companies. "Insurers have found a very creative way of denying, delaying or

slowing payments in a way that is having a real impact on patient care and our survival," said Von Crockett, Centinela's chief executive. Doctors and hospital executives say collecting payments from insurers has become an expensive headache that does nothing but drive up the nation's healthcare costs. Billing disputes and protracted payment delays are one consequence of a massive consolidation among health insurers that has created de facto monopolies in much of the country, the Los Angeles Times found.

Somehow we have allowed our priorities to be scrambled. For some reason, as yet unclear to me, when it comes up as an election issue, we seem to accept without further question that universal healthcare makes unreasonable demands upon the economy. They say it is simply too much for our economy to bear. And so we end up accepting a measure lobbied for, written by and promoted by the major insurance companies and the pharmaceutical industry.

One wonders why the U.S. healthcare system is the most expensive in the

world in comparison with the other major industrial countries. Why can prescription medicines be purchased much more cheaply in Canada than in the U.S.? It doesn't take a rocket scientist to come up with answers to those questions. The automobile industry, which is in deep economic trouble partially because of the cost of healthcare, has moved factories to Canada to escape the exorbitant costs of pro-profit healthcare here at home and to take advantage of their single-payer system. It is the obvious answer!

In conclusion, we may appear, in the eyes of some, to be dreamers who are oblivious of the real world. While we don't profess to be experts in the field, we insist that our present healthcare system has placed the cart before the horse, namely the system before people. If, indeed, healthcare is a human right, then we are compelled ethically to bite the bullet and make it available to all. While it is clear that we will have to accept some limitations to the kind of care we have come to expect, basic healthcare should and must be available to all. ♦

## 20<sup>th</sup> Anniversary of World AIDS Day (12/1/2008) By Alice Logrip

Why should we have an AIDS Ministry here at St. Jerome? In the parable of the good Samaritan (Lk 10:29-37), Jesus challenges us to **see** our brothers/sisters in need and to respond to that need with truly selfless and **non-judgmental** caring, binding up the wounds and giving whatever we are able to make that person healthy again. The pandemic of HIV/AIDS infection throughout our own country and worldwide provides a modern application of the "Good Samaritan Story;" we are each called to minister to and pray for individuals infected with HIV or having full blown AIDS. The St. Jerome AIDS Ministry was established to "offer acceptance and support to all persons affected by HIV/AIDS...and to overcome ignorance, taboos, and misunderstandings related to this disease." Although we have not been called on to minister to any individuals with AIDS directly, we feel that our role is to pray for the affected people via prayer vigils and special Masses and to make all of us

aware of the extent of this disease and its ramifications in families and cultures.

World AIDS Day began in 1988 when health ministers from around the world met and agreed to designate a special day as an opportunity for all people to become more aware of the scourge of AIDS and to show solidarity for the cause. In 2008 this underlying principle of solidarity and awareness remains the same. World AIDS Day is observed annually on December 1, this year being the 20<sup>th</sup> anniversary of the observance. This year's theme is "Leadership" which is being promoted with the slogan "**Stop AIDS. Keep the promise,**" the "promise" being that there would be **universal** access to comprehensive prevention programs, treatment, care and support by 2010. The reality is that people are still contracting and dying from AIDS, and in

low to middle income countries only 31% of those who need treatment have received it. There continues to be a stigma toward and discrimination against those afflicted with HIV/AIDS. But the reality is that it is a treatable illness, not a punishment from God.

According to Linda Hartke, Coordinator for the Ecumenical Advocacy Alliance, "By taking on the global theme of leadership for World AIDS Day, faith leaders, and the communities they are part of, can help articulate a vision, build relationships and take concrete action in solidarity with all people committed to reaching universal access for HIV prevention, treatment and care."

We can and must make a difference, leading by action and example. As followers of Jesus, we are called to be our brothers' and sisters' keepers. ♦



World AIDS Day Logo

## Turning our Nightmare Healthcare System into Healthcare Services for All

**By Hugh Leonard**

Let's agree at the very outset that our healthcare system is an expensive, inefficient mess that derives its motivation from profit at the expense of services provided to the ailing amongst us.

On Election Day, when people were polled, 7 out of 10 voters said that they were worried that they would not be able to afford healthcare. The facts are that 47 million Americans, or 16 percent of the population, were without health insurance in 2007. Even worse, ten million children are without coverage. Many families are one medical emergency away from bankruptcy. A large segment of our elderly and infirm has to choose between buying medicine and putting food on the table. Those who suffer most from poor healthcare are those that are either the very young or the very old; racial or ethnic minorities; and the working poor.

According to the recent Los Angeles Times 3-part series on healthcare, citizen consumers are facing a nightmare of options in their efforts to get basic healthcare. Dr. John A. Glaspy, a UCLA oncologist, said that nurses who used to care for patients full-time "now spend 40% of their 60 to 70-hour work-weeks filling out forms and phoning for authorizations."

Some go to the extent of blaming the uninsured for closing the nation's emergency rooms. But, President Bush told the people: "People have access to healthcare in America. After all, you just go to any emergency room." In fact, new studies have shown that many uninsured patients are simply going without needed care until they become so sick that they can't stay away. Now let us see what we can do to resolve this situation.

### **Systems-Oriented Solutions**

We must first of all solve the problem of Social Security to remove this contentious problem from the President-elect's crowded agenda. There are plans now in place that make the system viable for the next 75 years.

Secondly, we have to agree that healthcare spending as a percentage of the Gross Domestic Product will

continue to rise because people are living longer and more expensive health maintenance technologies are coming into use - and, let's not forget, there is also inflation.

Then, we must acknowledge that a government-funded (not managed) healthcare system is a national requirement to provide basic care to all.

Next, it is inevitable that tax increases will be necessary to pay for the expanded coverage. It helps to know that we already enjoy some of the lowest tax rates of any nation in the world.

Furthermore, reining in costs will allow only limited additional medical options.



A coordinated national data base of patient medical records and records of doctors, hospitals and clinics would help immensely in cost control. This medical records system would focus on the care services extended, the costs involved, how successful they were and any egregious errors that may have occurred. Problems will be handled by professional patient-plaintiff compensation boards. The focus here is on the need for an error-tracking system of healthcare for the improvement of quality, of accountability for all medical practitioners and patient-beneficiaries and the constant improvement of all elements in the system.

We need a national electronic medical document-management system that is uniform. The model suggested is the system used by Medicare. The initial purpose is to avoid the colossal waste of nurses' time filling out documentation and requesting permissions. The second purpose is to remove the 15% surcharge that presently goes to private insurers. Additionally,

Medicare should be given the power to negotiate with drug companies the prices of drugs to save subscribers substantial amounts in payments.

### **Solutions based on Personal Behavior**

It is essential that we assume *personal responsibility* for our health by changing our consumption patterns and goods-oriented lifestyle to one that is based on simplicity of wants and fulfillment of basic needs. We may be forced to do this anyway because of the economic meltdown. That said, before we can achieve this goal of a simplified lifestyle, there are certain basic realities we must accept:

Understand that our faith-based healthcare puts the emphasis on the whole person. Health in this sense includes all aspects of one's life integrated as one living and whole person. The spiritual is the core of who a person is; all other parts of life integrate with that—the physical, the environmental, the financial, the emotional, the mental, and the relational.

People of faith must accept that, even though many types of medical treatment are available, we do not have to use every medical option at our disposal. Human life is a gift that is limited and it is our responsibility to manage all the resources for living in a way that is consonant with our faith. This reminds us that besides our earthly existence there is the great mystery of God's providence within which we make our decisions about what are appropriate measures for maintaining our health and the health of the community.

For people of faith, taking care of one's health is a primary responsibility. We rely upon our faith as the basis of healing as Jesus healed, from the inside out. Healing takes many forms such as the healing of bodily illness, healing of memories and personal relationships. Healing also extends to the necessary healing of our planet. ♦

*"All things work together for good"*  
(Rom 8: 28).

*"If one member suffers, all suffer together with it."*  
1 Cor 12: 26

# Voice in the Wilderness: *Healthcare...*

## Environmental Corner

By Jacqueline Welsh

*“To forget how to dig the earth and tend the soil is to forget ourselves.”*

Mohandas Gandhi

In the fall of 2007, Fr. Peter Rood, pastor of Holy Nativity Episcopal Church in Westchester, and Joanne Poyourow, together with several community members and with expert coaching from Urban Farming people, decided to uproot the church lawn and plant a community garden in its place. Their declared purpose was to grow food to give to the hungry through Food Pantry, LAX and similar distribution organizations. But this isn't the only purpose it has served. We have made a connection with our neighbors and friends as well. I say “we” because I am also a part of this project.

The community garden project is a network of people who have the know-how: Guy, the contractor, Sister Marilyn, the master gardener and Bob, the irrigation designer. We bring that knowledge into our neighborhood and learn how to design a raised-bed garden plot or the difference between compost and mulch, and so on.

As a result, we have become a community of tight-knit friends whose talents we would never have known existed, not only among our neighbors,

but in ourselves as well. It has been an opportunity to get to know one another at a much deeper level, something our society frequently forgets. We have become a true neighborhood while also contributing to feeding the poor and homeless.

It's unfortunate that everything I plant in my backyard seems to die, but when my children and I tend to the community garden, they see seeds grow into plants and get a chance to get their hands into the soil. They wouldn't otherwise enjoy this experience. My children now have a better understanding of where food comes from and a deeper appreciation of the earth and what it produces.

Barbara Kingsolver asks, “Isn't ignorance of our food sources causing problems as diverse as overdependence on petroleum, and an epidemic of diet-related diseases?” What if we started teaching agriculture in our schools instead of just planting a bean in a cup as Kindergartners? How about teaching our children how to grow vegetables so they can better understand how to care for their families, care for the soil, and appreciate where their food comes from. What about reaching out to the poor of our city? Have any of you given any thought to starting your own backyard garden and growing vegetables to donate to food banks, or better yet, teaching lower-income people how to grow

healthy fresh food?

This may be another reason why community gardening is so important in today's world. Consider these startling facts: in a petrochemical-addicted world, “The average grocery store's produce travels nearly 1,500 miles between the farm where it was grown and your refrigerator” cf. [www.sustainabletable.org/issues/by/local](http://www.sustainabletable.org/issues/by/local) This means a radical increase in greenhouse gas emissions, which contribute to global warming. This also hurts our local farms and their impoverished farm laborers. Other attendant problems stem from genetic engineering of crops and a lack of bio-diversity in crop varieties, cf. <http://organicconsumers.org/organlink.cfm>

What does it take to start a community garden? Connect with friends or neighbors, church members, gardeners, designers, etc. [www.urbanfarming.org](http://www.urbanfarming.org) It may be worth noting that many of the people who are involved in Holy Nativity's community garden are non-parishioners who came together to form a partnership in their need to help the poor in their midst. I conclude with another meaningful quote from

Mohandas Gandhi:

*“Poverty was created not by God, but by you and me, because we have not learned to love our neighbors as ourselves.”* ◆

## Jesus in the Street Excerpted from a Song by S. D. Silva

You looked at me, but I couldn't see you.  
You reached out to me,  
but I wouldn't touch you.  
Your eyes burned right through me,  
still I turned away.  
All I could think is I've got to get home;  
I couldn't face you alone.  
You were too ragged, too desperate,  
too poor.  
Huddled for shelter outside the  
church door,  
I brushed right past you,  
left you far behind,  
Didn't look back,  
still you stayed on my mind.  
How could I be so blind?  
How could I be so blind?  
Are you Jesus homeless in the street?  
Jesus lying at my feet?  
Jesus in the pouring rain?  
Jesus hidden in human pain?

Thought you'd come back as a king,  
not a beggar  
Hidden in shame  
from the wise and the clever,  
Warming your hands  
at a fire you've made.  
I watch from afar.  
Why am I so afraid?  
Why am I so afraid?  
Do I see Jesus homeless in the street?  
Jesus lying at my feet?  
Jesus in the pouring rain?  
Jesus in human pain?  
You tell me your story;  
It could have been mine.  
I give you a sandwich;  
You sip some noon wine.  
You give me your blessing,  
then you slip away  
Into the darkness, so much left to say.

Yes, you are Jesus,  
homeless in the street!  
Jesus lying at my feet;  
Jesus in the pouring rain;  
Jesus hidden in human pain.

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