

I apologize in advance for the length of this post. I have been very busy at work and have not been able to edit your submissions. Thank you for understanding.

In response to the Vatican's investigation of American women religious, Kate Childs Graham has initiated a letter-writing campaign to support sisters in the United States. I pass along to you an excerpt from a recent email message I received. You may direct any questions or comments to thankyousister@gmail.com

As many of you know, last January, the Vatican launched an **apostolic visitation** of institutes of women religious in the United States. Headed by Mother Mary Clare Millea, superior general of the Apostles of the Sacred Heart of Jesus, this study is meant to examine the "**quality of life**" of communities of women religious and look into ways in which women religious "**contribute to the welfare of the church and society.**"

Now is the time for those of us who have been served by or served with women religious to **stand in support** and **express our gratitude** for these women who have given us so much.

All are invited to write letters in support of women religious, which will be posted at www.thankyousister.com and sent to Mother Mary Clare Millea, Cardinal Franc Rode, Cardinal Francis George and Pope Benedict XVI as well as leadership teams of communities of women religious in the US. In these letters, you are invited to **share personal stories** about how women religious have impacted your "quality of life," **express** messages of **gratitude** and/or convey general messages of **support**.

As **November is the month of giving thanks**, the letters will be posted on the site throughout the month of November, but please start writing now.

Here are the steps to contribute your message of support and gratitude:

Go to <http://www.ipetitions.com/petition/thankyousister/> to make your commitment to write a letter. Write your letter in 700 words or less. Send your letter to thankyousister@gmail.com before November 1, 2009. Please include your name, city and state in the message or indicate if you would like your message to remain anonymous. Read your message and messages from others at www.thankyousister.com from November 1 through November 30, 2009.

The following article was written for the *National Catholic Reporter* by Fr. Richard McBrien. Please subscribe to the NCR if you have not yet done so.

Alternate thoughts for this Year for Priests

Pope Benedict XVI declared this a Year for Priests, beginning on June 19, the feast of the Sacred Heart, and ending next June with an international gathering of priests in Rome. The pope named St. Jean Vianney, the Curé d'Ars, as universal patron of priests to mark the 150th anniversary of his death.

As part of the year-long observance there will be an international priests' retreat in Ars, France, sponsored by the Vatican's Congregation for the Clergy, from September 27 to

October 3, and a symposium on the "faithfulness" of priests at The Catholic University of America Oct. 6-7.

Undoubtedly, the pious thing for most priests to do is to get fully into the spirit of this Year for Priests and for lay people to renew their appreciation for the good work that so many priests have done and continue to do in the life of the church.

But there is a more realistic dimension to this Year for Priests, and it is one that never sees the light of day in most of the diocesan papers in the United States and Canada because bishops will not permit any discordant opinions to be expressed.

One such voice, that of a priest ordained almost 40 years, has expressed the views of fellow priests -- not *all*, perhaps not even *most*, but definitely *many*.

Apart from this week's column, his views and theirs have heretofore not been heard, much less taken into serious account by the Vatican or by many bishops in this "Year for Priests."

My priest-correspondent has identified 10 issues that priests need help in facing -- help that will not be forthcoming at symposia on the "faithfulness" of priests, nor at international retreats in France.

1. The shortage of diocesan priests cannot be addressed by band-aid solutions, like inviting priests from foreign countries to engage in sacramental ministry in dioceses with sharply declining numbers of domestic vocations. There needs to be a public discussion, involving priests themselves, concerning obligatory celibacy and its pastoral ramifications.
2. Many priests do not perceive themselves to be close collaborators with their bishops, as Vatican II envisioned them to be (Decree on the Ministry and Life of Priests, n. 7). Too few bishops reach out to their priests to ask for their honest opinions about anything that seriously affects the life of the church and the priesthood.
3. Many diocesan priests still feel betrayed by their bishops with the passage in 2002 of the Dallas Charter. Priests who have been accused by anyone of any sexual impropriety whatever with minors have been summarily removed from the active ministry. At the same time, no bishop, other than one cardinal-archbishop, has been forced to resign because of his mishandling of the sexual-abuse scandal.
4. There is a growing rift between so-called "Vatican II priests" and so-called "John Paul II priests," which is painfully evident in some dioceses when priests gather for the Eucharist at retreats and other diocesan events.
5. There is a concomitant return to clericalism in the priesthood, involving not only a fascination with cassocks and birettas and a preference for antiquated vestments and devotions, but also a negative, censorious tone to preaching and a cavalier dismissal of consultative structures that are supposed to be in place in every parish.
6. At the same time, the Vatican and the bishops have failed to address concerns raised by the *disproportionate* number of gays in seminaries and the priesthood, including also the hierarchy. It is the elephant in the living room, as pointed out almost 10 years ago in

Fr. Donald Cozzens's *The Changing Face of the Priesthood*. Yet how many priests' retreats and clergy conferences have used that book as a basis for discussion?

7. There has been a substantial attrition of Catholics -- women, gays and lesbians, divorced people, critics of official teachings on sexuality and reproduction -- from active membership in the church, to the point where fully one-tenth of the U.S. population now consists of ex-Catholics. What is being done about it?

8. Resigned priests are treated like traitors. To be sure, some bishops welcome them back at clergy reunions, but others boycott such gatherings as a sign of their contempt.

9. Appointments to the hierarchy since the pontificate of Paul VI have been of a certain type. Those who do not fit the official profile are excluded from consideration or are harassed by Vatican officials if they are already bishops.

10. So many senior priests say to their friends, "I can't wait for retirement." Why this sense of discouragement over the present state of the Church, bordering sometimes on hopelessness?

What follows appeared recently on the [Whispers in the Loggia](#) blog. Please support Rocco Palma with your donations for the service he performs in providing information about the Catholic Church with precision and speed.

So it seems, Memphis Bishop Terry Steib's flag-raiser of "racism" in the church got some brows raised after appearing in last week's edition of the River City's beloved Thursday Visitor.

Given the hubbub -- and after getting told that the Tennessee prelate "doesn't talk to the media" -- *Religion News Service's* Dan Burke landed a transcript of Steib's original comments courtesy of hometown freelancer Lou Baldwin, who broke the story in the *Catholic Standard & Times*.

Ergo, via Burke, according to Baldwin, here's the relevant portion:

"I ... know there is a subtle racism that still exists within our Church that leads to a mistrust of the Church among our young African American men and women. (snip)

"Slowly we are moving away from that mistrust to trust in our Church and thereby trust in the Universal Church. You may ask, 'What do you mean by subtle racism?' Well, recently and particularly because of the awarding of a degree to President Obama at the University of Notre Dame, the question [of] racism among the bishops of the country has been raised. I am only raising it because [retired San Francisco] Archbishop [John] Quinn in an article in the *America Magazine* said that continuing confrontation with President Obama and his administration sends the message that the bishops are insensitive to the heritage and continued existence of racism in America. Archbishop Quinn said that.

"When President Obama was inaugurated four buses full of African Americans Catholics drove for more than 19 hours to be present for the historic moment. But they felt that their celebration was muted because they had heard that so many of our bishops did not seem to understand the significant moment. They seemed not to understand what the

whole world took to heart -- that President Obama's election was creating or beginning a whole new era that rejected racial stereotypes and it was opening the door to more embracing international relationships.

"But many of our Church did not share that jubilation. And this, people, I will admit to you too. Nothing was done during other administrations, nothing was said when other presidents who favored the war in Iraq with its constant killing, or who favored capital punishment were given awards in the name of the Church, even though those presidents were not adhering to Catholic Right to Life principles. Because of his clearly unacceptable stand on abortion many who are leaders in the church are willing to pillory President Obama with direct confrontation rather than with clear moral teaching about abortion and public law."

Pat Marrin is the editor of "Celebration," *NCR's* worship resource, and is a resigned priest.

Vatican II priests: fighting the good fight to the end

As the church marks The Year of the Priest from June 2009 to June 2010, it is worth noting that a whole generation of extraordinary priests is now passing from the scene into retirement or final rest.

The funerals of priests ordained in the years preceding or following the Second Vatican Council, between 1956 and 1968, are occurring more frequently, and they occasion eulogies that profile men who served the church during a period of dramatic transformation that was, in the decades following the end of the council in 1965, both sanctioned and sabotaged by official church leadership. Pope John XXIII's bold renewal met growing resistance during Pope Paul VI's implementation, then revision and reversal under Pope John Paul II.

The men on the ground, in parishes and diocesan offices, were told by their returning Vatican II bishops to embody and teach the renewal to millions of Catholics who may have felt that they had gone to bed in the 16th century under an ecclesial monarchy and were waking up in a 20th-century spiritual staging area poised to transform the modern world.

For young priests who saw many of their classmates and even mentors leave the seminaries and rectories in the wake of the council, the decision to stay and take up the challenges of implementing the renewal was fueled by an idealism that marked the larger culture during the 1960s.

The middle years of the reform (1970s and 80s) meant long hours, endless meetings for pastors and all church ministers, devising and implementing programs to evangelize and catechize both older Catholics and new generations of seekers to share the church's rich traditions in new ways that kept pace with modern media, rapidly changing social mores and consciousness-raising. From exhilaration to exhaustion, discouragement to renewed determination, priests faced their own life-stage issues as they served an evolving church through successive waves of crisis and change.

The diverse, complex work in progress we know today as the Catholic church is in large

measure the fruit of their labors.

Telling their stories is not easy. As many priests know, it is best not to leave a funeral eulogy to chance, lest one be buried under false pretenses, a saccharine glaze of clichés about holiness, heroism and heaven instead of an honest assessment of a real life lived.

Fr. Norm Rotert, retired after serving some 50 years in the Kansas City-St. Joseph, Mo., diocese, is a sought-after eulogist who has presided over and preached at the funerals for many of his brother priests. He offers unabashed praise for their status as Second Vatican Council priests, celebrates their collaboration with their bishops in implementing the council. In praising them, Rotert does not have to dwell on what everyone in the pews knows -- of their suffering and frustration under an institutional church they served so faithfully that now seems to regard them and their work as off the mark from a current emphasis on a more transcendent church served by a more ritually oriented priesthood. For Rotert and other conciliar veterans, their story should not be lost as the last witnesses to Vatican II depart.

For a tale of faithful service and official humiliation, the story of Raymond G. Hunthausen, retired archbishop of Seattle, comes to mind as emblematic of the experience of many activist priests.

Hunthausen, 88, is the last surviving U.S. bishop who attended Vatican II. He came home from the council in 1965 determined to invite full collegiality at every level within his archdiocese, to be a pastor first in approaching complex ethical questions, and a strong advocate for peace and justice. For this and for his challenge to the Reagan administration's nuclear arms buildup in the early 1980s, Hunthausen was subjected to a smear campaign by opponents inside and outside the church, which attracted a Vatican investigation, the appointment of a caretaker auxiliary bishop while he was still in office and then, after years of implied censure, exoneration.

The roll call of other high-profile Vatican II bishops and priests who fared no better is long. Chicago Cardinal Joseph Bernardin, Bishop Raymond Lucker of New Ulm, Minn., and Bishop Kenneth Untener of Saginaw, Mich., are among those pummeled in life and praised in death for their loyalty, hard work, holiness and humanity.

Funeral eulogies gave us glimpses of Bernardin, exhausted and falling asleep as he was driven from one parish event to another, of the humility that astonished journalists covering his ordeal under a sex-abuse accusation and subsequent exoneration, or his patient absorbing of attacks by fellow bishops for his Common Ground initiative, or of his final ministry among fellow cancer patients.

Eulogists gave us the down-to-earth Untener, who announced his role as bishop with the words, Hello, I am Ken and I am going to be your waiter. He was the bishop who lived out of his car, or in every rectory in the diocese in order to know his priests better.

In death, Lucker was praised for his respect for women, his openness to their leadership skills as pastoral administrators in his priest-strapped diocese. It was for this openness and other liberal tendencies that Lucker was passed over, some said, for bigger jobs in more prominent places under John Paul II.

In perhaps one of most moving tributes to a fallen Vatican II priest, Dr. John Page spoke at the 2005 funeral for Msgr. Fred McManus, who spent five decades serving liturgical renewal in the church as teacher, canonist and consultant, only to see much of his work dismantled and discarded in the twilight of his long career.

Fred was never one for self-pity, Page said. But he did experience hurt and suffered quietly from it; so often it came in unexpected and insensitive ways. But clearly these recent years were his time of greatest trial. He was disappointed, discouraged and dismayed by the restructuring, reordering, reconfiguration of so much that he, along with many others, under the direction of the bishops, had build through their selfless, faith-filled service. Yet through it all, Fred remained so deeply loyal, so faithful to his baptism, to his priesthood, to the council, easily the defining moment of his long life, and to the work of liturgical renewal.

The subtext of McManus's ordeal was the larger struggle between supporters and opponents of Vatican II that defined the charged atmosphere many priests served in after the council.

In his 2007 book *A Challenging Reform: Realizing the Vision of the Liturgical Renewal* (Liturgical Press), Archbishop Piero Marini, personal liturgist to Pope John Paul II and Vatican insider, wrote that efforts to halt the reform of the liturgy as the key to checking reforms overall, began even before the council ended in 1965. The result was an enervating decades-long struggle between opponents of the council and those celebrating Vatican II as a mandate for the long overdue renewal of the church.

Conciliar changes, such as regular synods to promote collegiality between world bishops and Rome on matters of church governance, autonomy for regional conferences of bishops charged with implementing liturgical renewal, vernacular translations, enculturation, and greater participation by the laity, were slowly eroded as Vatican bureaucrats again took control.

Under Popes John Paul II and Benedict XVI, claiming threats to the church's identity from secularism and relativism within and from Islamic fundamentalism in Europe and evangelical Protestantism without, Rome set a course hard right toward a more distinctive Catholic identity, purging theological creativity and pastoral innovation, reasserting centralized control, exclusive claims on truth, more discipline within the ranks and a more mystical, ritual priesthood highlighted by eucharistic devotion and Marian piety.

In a talk given at The Catholic University of America in 2005, a month before his death, Msgr. Philip Murnion, founder and longtime director of the National Pastoral Life Center, reflected on the challenges facing clergy to maintain a healthy balance between three essential aspects of their ordained roles as pastors, presbyters and priests.

Murnion noted how exhausted many pastors were under their administrative loads as the priest shortage deepened. He mourned the loss of supportive presbyteral communion -- diocesan clergy as the body of ministers sharing the responsibility of the bishop. He noted a new adversarial dimension to this relationship after the bishops' meeting in Dallas in 2002, when the hierarchy seemed to make problem priests the main focus of the clergy sex abuse crisis while insulating themselves from liability.

Finally, Murnion noted that spiritual development of priests to be guardians of the sacred was often undernourished, but that isolating them as unique (ontologically different) missed their need to ground their holiness and health in the community, in pastoral ministry and in relationships with others, including lay men and women.

Murnion was providing an overview on what has become a deepening crisis for today's priests, overworked, in conflict with their own leaders, divided among themselves into what one priest in a recent unpublished but widely circulated e-mail called the standoff between Vatican II priests and the John Paul II priests in every diocese.

We should not have to bury someone to recognize their value to the church. But those who have completed their journeys leave behind, in the eulogies preached over them, a list of characteristics we can treasure and apply to the clergy the church needs today. Ordinary parish priests, known in their own dioceses for fighting the good fight to the end, have always shown these qualities.

- * They were loyal to the church and obedient to their bishops, even under duress, but not blindly or without protest when they felt the pastoral good of the church was at stake.

- * They were good pastors, good listeners, down-to-earth preachers who didn't need to have all the answers and were eloquent by example if not always in words. They had a sense of humor.

- * They put people first, love before legalism, especially for anyone who was hurting or being treated unfairly. They respected and had collaborative relationships (and real friendships) with women.

- * They held liturgy and ministry, worship and life, the altar and the streets as inseparable, where the Incarnation is made visible and everything is sacramental.

- * They were imperfect human beings, and both their strengths and weaknesses defined the priesthood and the paschal mystery they served.

As time-tested and supported by a growing cloud of witnesses who walked the walk, such a profile might be useful to priests just starting out in this Year of the Priest, and for the church as a whole.

The following meditation recognizes a Daughter of Wisdom who was honored by family, friends and faculty colleagues last weekend. It is a reflection on Wisdom by Pope Benedict, and is taken from Rocco Palma's Whispers in the Loggia blog.

Today, for the customary Sunday reflection, I will take as my point of departure the passage from the Letter of James that is proposed to us by today's liturgy (3:16-4:3), and I will pause, in particular, on an expression that is striking for its beauty and contemporary relevance. It has to do with the description of true wisdom that the Apostle contrasts with false wisdom. While the latter is "worldly, material and diabolical, and is recognized by the fact that it provokes jealousies, arguments, disorder and every kind of evil deed" (cf. 3:16), on the contrary "[true] wisdom, which comes from above is first of all pure, then peaceful, meek, docile, full of mercy and good fruits, impartial and sincere" (3:17). A list of seven qualities, according to the biblical custom, from which perfection of authentic wisdom comes along with the positive effects that it produces. As first and principal quality, almost the premise for the others, St. James sets down "purity," that is, sanctity, the transparent reflection -- so to say -- of God in the human soul. And, like

God, from whom it comes, wisdom does not need to impose itself by force, because it has the invincible vigor of truth and love, that affirms itself. That is why it is peaceful, meek and docile; it does not need to be partial, nor does it need to lie; it is indulgent and generous, it is recognized by the good fruits that it bears in abundance.

Why not stop every once in a while to contemplate the beauty of this wisdom? Why not draw from this unpolluted source of God's love the wisdom of the heart, which cleanses us from the filth of lies and egoism? This holds true for everyone, but, in the first place, for those who are called to be promoters and "weavers" of peace in religious and civil communities, in social and political relations and in international relations. In our day -- perhaps also because of certain dynamics proper to mass society -- one often sees a lack of respect for truth and the word together with a widespread tendency to aggressiveness, hatred and vendettas. "The fruit of justice is sown in peace by those who make peace," St. James writes (3:18). But to "do" works of peace we need to "be" men of peace, entering the school of "the wisdom that comes from above," to assimilate its qualities and produce its effects. If everyone, in his own circle, succeeds in rejecting the lies and violence in intentions, in words and in actions, carefully cultivating sentiments of respect, understanding and esteem for others, perhaps it would not resolve every daily problem, but we could face them more serenely and effectively.

[Respect in human discourse. A wonderful goal.](#)

[Thomas C. Fox reports for the National Catholic Reporter on Michael Gillgannon who recently entered into respectful conversation with his bishop concerning his bishop's style of leadership. Don't know if there was a response!](#)

Father Michael J. Gillgannon, a widely respected missionary priest of the diocese of Kansas City-St. Joseph, has written an open letter to his bishop, Robert W. Finn, taking strong exception to his leadership.

"You appear to me and many priests of my generation who lived the Spirit filled days of Vatican II," wrote Gillgannon, "as one whose task is to reverse the changes of that great event. You have given the impression that your changes were for the sake of a narrow 'orthodoxy' which seems to imply that the bishops and priests and laity before you were not orthodox."

Ordained in 1958, Gillgannon began his career in campus ministry in 1962 at Western Missouri State University. In 1966, he served on the advisory committee of the U.S. Catholic Bishops' Conference for the post-Vatican II reorganization of Catholic Campus Ministry in the United States. Since 1974, he has worked as a missionary in La Paz, serving as pastor of San Antonio Parish, as episcopal vicar of the Eastern Deanery of La Paz, and as national chaplain for Bolivian Campus Ministry. He is the founder and director of campus ministry for the La Paz, Bolivia Archdiocese and an occasional writer for NCR.

September 11, 2009
Dear Bishop Finn,

Greetings from Bolivia. I am enjoying good health and, with no complications from the altitude, I am able to help in a variety of ways as I continue to serve the people here in the Archdiocese of La Paz, Bolivia. I was sorry we did not have an opportunity for conversation in Kansas City as you were quite busy and I was very low on energy after my cardiac operation.

I recently received the notice from Father Ernie Davis of the diocesan Priests' Retreat at the Lake of the Ozarks this September. Father said you will be a presenter and will share your Episcopal experience, "your vision, your leadership and your relationship with the priests". I wish that I could be there with you and my brother priests but that is not possible.

Bishop Finn, I would like to share some thoughts with you (and other priests and committed Catholic friends) on some common concerns. Of course, our most common concern is our love for Jesus and his Church as the People of God seeking the freedom and salvation of the entire human family in its search for human fulfillment in God.

My recent experience in Kansas City reading articles, watching television, and seeing visitors during my convalescence left me saddened about the deep divisions in our country and our Church. But denying or covering over our differences will not resolve them. Only frank and sincere dialogue with real changes will bring us to a new unity, the Eucharistic unity bequeathed us by Jesus.

So I speak my concerns to you Bishop in that spirit. You have made many changes in the diocese since you came with a particular agenda. You appear to me and many priests of my generation who lived the Spirit filled days of Vatican II as one whose task is to reverse the changes of that great event. You have given the impression that your changes were for the sake of a narrow "orthodoxy" which seems to imply that the bishops and priests and laity before you were not orthodox.

In the last few years you have totally changed the diocesan lay formation center (terminating its quite competent teaching team) which was a model for the country as begun by Bishop John Sullivan and continued by Bishop Boland. You have made Ave Maria University and its theological school the only source of lay formation in the diocese though there are many other national sources available on a theological continuum from conservative to liberal, all within Catholic orthodoxy (I know various priests have written to you with their doubts about that). You give the impression you are not working from a pastoral model of unity with respect for diversity, a more traditional Catholic practice, but from an ideological desire for a narrow uniformity and an even narrower spirituality.

More recently, however, I have been deeply concerned by your pastoral document, co-authored with Archbishop Naumann, on health care in the United States. Many priests and laypeople have wondered about your applications of the principles of Subsidiarity and Personal Responsibility. 47,000,000 citizens in the world's richest country are without health care. The national arguments for change have been going on for years. We cannot leave those poor without care. Your document seems to say the poor must fend for themselves and take better care of themselves. It seems to say "private" care is more responsible as opposed to "government bureaucracies". Would you be meaning government administered "Medicare" and "Medicaid"? Would you be counseling Catholics to leave those programs for private programs?

Traditional Catholic Social teaching has always praised the noble task of government and responsible political actors to protect and promote the “common good”. The government is not the enemy of the people. It is the servant or so I was always taught in Catholic schools and seminaries. Are you suggesting a change in that teaching? Are you presenting a debatable political application, your point of view, as the only practical application of Catholic Doctrine? Thoughtful Catholics can and will disagree privately and publicly and be in full communion with the Roman Catholic Church. Or have I missed something in the American Bishops several statements over years on the role of conscience and principles in public debate.

Is it not the case that every private insurance plan “limits” its providers and limits coverage if one takes another “option”, or has a costly sickness? So only the very rich are truly “free” to choose to pay for all treatment options with costly personal insurance policies provided by their employer or paid from their personal wealth. I was particularly conscious of all this since February as I had the most serious sickness of my life. I could never have paid for my care without Medicare and our diocesan priests’ insurance plan.

Living and working in the poverty of Bolivia for 35 years I constantly see the economics of health care and the public “common good” as basic to all debates and laws about universal health care coverage in any country and with any government. Without the economic solidarity of the common good written into law the poor and marginalized will always be left out.

Another problem of concern is the pastoral document on the 2008 elections you authored. You, Bishop, and many bishops of your generation, seem to be proposing a one-issue public dialogue on political candidates and platforms which deny the Catholic Tradition of social teaching on a wide range of issues expressed in the Seamless Garment social teachings of Cardinal Bernardin and his generation of prelates. And which I was taught in the seminary of the '50s and later in the documents of Vatican II.

Later when some 60 or so Catholic Bishops of your generation condemned the new president on pro-life issues you failed as teachers. Your style and your strategy finds resonance with only a small segment of the Church and the wider American public you would like to influence. You may think of yourself and the others as defending human life by speaking the “truth” to power but you seem to most of us as pushing your own political agenda and not the wisdom of Catholic teaching. And worse, you give the impression that those who disagree with you are opposed to the defense of life.

How pro-life have you been on Iraq and Afghanistan? Have you questioned the new American practice of hiring the poor and the marginalized without other job opportunities as mercenaries to fight and die in our wars? Meanwhile, ending the draft system (which I favored in the Vietnam conflict) has come to mean middle and upper-class families (mostly white) need not fear their children will have to interrupt their lives to die in an unwise and unjust war. Americans can forget patriotism or that we are even in a war as seemingly, by common professional and political agreement, our wars will no longer be presented in their bloody violence in our news medium. Have you formed Catholic consciences on war and armaments and national defense budgets?

What about national and personal wealth and its responsible uses? What about race and class and urban and suburban ghettos taken for granted in our society and in our educational systems? The list of American social problems continues to challenge the

richness and amplitude of Catholic Social Teachings for solid, reasonable, humane applications for the common good of all our citizens.

We have many wonderful values in our Church and in our country. But our civil and ecclesial divisions and the acerbic and accusatory tenor of our dialogues could end our acceptance of others and respect for difference. Particularly when ideologies replace reasoned pragmatic, but ethical, solutions. You do not have a coherent or compelling vision of Church teaching or of pastoral strategies that can convert people and change their attitudes and actions. That is why your leadership, and that of many other American Bishops, is questioned so deeply. Our church is more divided among leadership and faithful than at any time in my life of 76 years, and 51 years as a priest. We have to ask ourselves why so many Catholics are leaving the Church. Are they sinners? Or searchers? A search to which our in-house quarrels have not responded.

So let us continue to dialogue and reason together from our common values and principles looking for the best social and pastoral solutions to the problems of our country and our Church. And, as always, let us pray for one another, our Church, and our country. May God bless and guide you in your difficult role as pastor and teacher.

Sincerely yours in Christ,
Rev. Michael J. Gillgannon

[The times demand speakers of truth.](#)

Outrageous myths and heartfelt belief

By Michael McGough, *The Tablet*

In a broadcast address offering an inventory of the “outrageous myths” that threaten to bury his health-care reforms, President Barack Obama dissected one by one the suspicions that have welled up at raucous “town meetings” held by members of Congress.

No, the President said, Democratic proposals for near-universal health insurance would not provide benefits for illegal immigrants. Nor would they establish sinister “death panels” to vet the quality of life of elderly claimants on medical services. Nor would they mandate coverage for abortion. “When it comes to the current ban on using tax dollars for abortions,” Obama said, “nothing will change under reform.”

Death panels and free health care for illegal immigrants are clearly canards, figments of the fevered imaginations of radio ranters and a handful of conservative commentators. Not so the concerns about whether health-reform legislation – a moving target in the sense that proposals in Congress are continuing to evolve – will alter a status quo in which the people’s elected representatives, though powerless to outlaw most abortions, are determined not to subsidise them.

Obama’s assertion that “nothing would change” about that relationship is rejected not only by Republicans and television talking-heads, who are opposed to any health-reform programme. It is also being scorned by a group that in some ways wants a health-insurance programme more encompassing than Obama is willing to accept – the country’s Catholic bishops. The bishops of a country where one in six of the population

are not covered by health insurance have declared: "Health care is more than a commodity; it is a basic human right, an essential safeguard of human life and dignity. We believe our people's health care should not depend on where they work, how much their parents earn, or where they live. Our constant teaching that each human life must be protected and human dignity promoted leads us to insist that all people have a right to health care."

Pronouncements by the bishops on health legislation are in the tradition of a "consistent ethic of life" opposing abortion, the death penalty, unnecessary wars and poverty. And here it's hard to spot the seams. Catholic uneasiness about "Obamacare" isn't confined to belligerent bishops associated with the absolutist position that political support for legal abortion is morally equivalent to procuring one. Unlike the question of whether Catholics could vote for a presidential candidate who supported the Roe v. Wade decision (the Supreme Court ruling that made abortion legal in the United States), the reaction to even a symbolic embrace of abortion in health-care legislation hasn't been marked by an obvious cleavage between liberal and conservative prelates.

Consider the letter sent to Congress by Bishop William F. Murphy of Rockville Centre, NY, chairman of the bishops' committee on domestic justice and human development. Far from a rant, the letter reiterated the bishops' commitment to universal and affordable health care, which it described as "not a privilege but a right". But it also respectfully warned legislators that they shouldn't upend "longstanding and widely supported current policies on abortion funding, mandates and conscience protections".

The cornerstone of that policy is the Hyde Amendment, named after the late Congressman Henry Hyde of Illinois, a luminary of the pro-life movement. The amendment, first adopted by Congress in 1976 and later upheld by the Supreme Court, prohibits the federal government from paying for most abortions as part of a health programme for the poor. (Congress has allowed exceptions in cases of rape, incest and a threat to the life of the woman.)

Even many liberal Catholics support Congress's refusal to subsidise the exercise of what the Supreme Court says is a constitutional right (although they may differ with the bishops about what constitutes federal funding and whether its prohibition should be a non-negotiable demand). A spokesman for Catholics in Alliance for the Common Good said: "As legislative proposals move through the House and Senate, maintaining the current policy of not using federal taxpayer funds for abortions and retaining responsible conscience protections for health-care workers is critical to achieving the broad consensus necessary for reform."

President Obama insists that the health reform he seeks would not alter what he called a "tradition of ... not financing abortions as part of government-funded health care". In a legalistic sense he's right. Under an amendment adopted by an important committee of the House of Representatives, coverage for abortion would not be part of an essential benefits package that both private insurers and a new government "public option" would have to provide. In another concession to the pro-life movement, insurance plans that did offer abortion coverage would have to finance that coverage out of subscribers' premiums rather than from a government subsidy.

These gestures, however, have done little to blunt the Catholic Church's objections to the legislation. In a letter to Congress, Cardinal Justin Rigali, the Archbishop of

Philadelphia, ridiculed what he called “a legal fiction, a paper separation between federal funding and abortion” and noted that the additional coverage for abortion could be as cheap as \$1 a month. Critics, not just among Catholics, note that even though abortion coverage wouldn’t be part of an “essential benefits package” it could still be part of a public option under the auspices of the federal government.

It’s a challenge to untangle the skein of legislative provisions and the objections that they have elicited. It’s not necessary to do so, however, to understand the essentially symbolic nature of the dispute between pro-life activists, including but not limited to Catholic bishops, and the advocates of “Obamacare”.

It may well be that even direct federal subsidies wouldn’t significantly increase the national abortion rate. As for private insurance, pro-choice groups point to research suggesting that almost 90 per cent of workplace-based insurance plans already cover abortions. (Pro-life groups dispute that figure, arguing that only half of such plans provide abortion coverage.)

But the bishops’ opposition isn’t about numbers, and can’t be refuted by financial flow charts. It’s instructive that Obama used the word “tradition” to describe Congress’s refusal over three decades to pay for abortion, a procedure that so many of their constituents find appalling. Traditions are more about values than they are about accounting, and the value enshrined in the Hyde Amendment is democratic resistance to the Supreme Court’s enshrinement of a right to abortion in the sacred text of the US Constitution. If Obama’s health-care reforms aren’t doomed by other, more eccentric, objections, they still might founder on a refusal to honour the health-care legacy of a legendary Catholic legislator – not Ted Kennedy but Henry Hyde.

Many oppose President Obama’s decisions for political, religious or economic reasons, and their voices deserve respect. The vehemence of some of the opposition, however, invites further consideration and explanation. Marc Lamont Hill writes for Foxnews.com.

Carter's Courage

By identifying the racial dimensions of the current political moment, President Carter has pointed out a huge elephant in the room. Until the rest of the Democratic Party musters the courage to do the same on a regular basis, President Obama will continue to take unnecessary hits.

In the past few days, former President Jimmy Carter has caused a national firestorm by remarking that much of the current opposition to President Obama is rooted in racism. As expected, the racist wing of the GOP quickly dismissed Carter’s comments as wrongheaded and divisive. In truth, however, President Carter was merely identifying a political reality that many of us have been unable or unwilling to recognize: much of the current anti-Obama sentiment has little to do with policy and much to do with race.

Since becoming the Democratic party’s nominee last May, President Obama has been the victim of the most racist smear campaign in American political history. From the xenophobic investigations into his religious background to the moonbatish birther controversy, the right-wing political machine has gone to extravagant lengths to paint

Obama as an uppity, untrustworthy, and unprincipled outsider whose very existence represents a threat to the American way of life.

Although the language of race has rarely been explicitly invoked, terms like "Marxist," "Nazi," "extremist," and "foreigner" have been used to smuggle racism and xenophobia into the public conversation without political consequence.

Of course, this is not to suggest that everyone who opposes President Obama is a racist. To the contrary, there have been numerous legitimate reasons to challenge the president's policies and plans since the beginning of his term. Unfortunately, even the most legitimate critiques have too often been cloaked in a deeply racialized veil that appeals to the most vulgar sensibilities within our country.

I have witnessed this firsthand at several of the health care town halls, where angry white citizens gathered not to talk about policy details, but to vent their anger that "this guy" was changing "their country" by trying to give health care to "those people." While strong opposition to health care reform existed during the presidency of Bill Clinton -- whose health care plan was far less moderate than the current proposals-- the 1993 protests were relatively devoid of personal animus and vile ad hominem attacks. In the case of Obama, however, many citizens are closing ranks around racial anger and fear rather than a principled and unified political vision.

Still, despite mounds of evidence, the left has refused to substantively address the racist dimensions of the current assaults on Obama. This is largely due to the Republican Party's masterful manipulation of our nation's racial anxieties. As soon as Obama became the Democratic nominee, Right-wingers began complaining that they could not critique President Obama without being labeled racist. Despite being completely unfounded-- both Obama and his liberal defenders have been loath to address issues of race except under extreme political duress-- such arguments have placed Democrats in an all-too-familiar defensive and reactionary posture. Instead of speaking out aggressively against racist tactics, they opt to say nothing to avoid being accused of exploiting race.

As a result of the right's preemptive strike on the racial front, liberals have remained dangerously silent in the face of the most egregious acts of racism against Obama to date. It is for this reason that Representative Joe Wilson could heckle Obama during his Congressional address and only be challenged for his rudeness rather than his racism. Although he has received a formal reprimand from the House of Representatives (the political equivalent of an after-school detention) such a punishment is nothing more than a badge of honor that enhances Wilson's street cred amongst those who were happy to see the nation's first black president "put in his place." This type of political cowardice from Democrats only emboldens the right to continue prosecuting its war of racial terror.

By identifying the racial dimensions of the current political moment, President Carter has pointed out a huge elephant in the room. Until the rest of the Democratic Party musters the courage to do the same on a regular basis, President Obama will continue to take unnecessary hits. And so will our national character.

[Evan Thomas addresses end-of-life care for Newsweek.](#)

Sep 12, 2009

My mother wanted to die, but the doctors wouldn't let her. At least that's the way it seemed to me as I stood by her bed in an intensive-care unit at a hospital in Hilton Head, S.C., five years ago. My mother was 79, a longtime smoker who was dying of emphysema. She knew that her quality of life was increasingly tethered to an oxygen tank, that she was losing her ability to get about, and that she was slowly drowning. The doctors at her bedside were recommending various tests and procedures to keep her alive, but my mother, with a certain firmness I recognized, said no. She seemed puzzled and a bit frustrated that she had to be so insistent on her own demise.

The hospital at my mother's assisted-living facility was sustained by Medicare, which pays by the procedure. I don't think the doctors were trying to be greedy by pushing more treatments on my mother. That's just the way the system works. The doctors were responding to the expectations of almost all patients. As a doctor friend of mine puts it, "Americans want the best, they want the latest, and they want it now." We expect doctors to make heroic efforts—especially to save our lives and the lives of our loved ones.

The idea that we might ration health care to seniors (or anyone else) is political anathema. Politicians do not dare breathe the R word, lest they be accused—however wrongly—of trying to pull the plug on Grandma. But the need to spend less money on the elderly at the end of life is the elephant in the room in the health-reform debate. Everyone sees it but no one wants to talk about it. At a more basic level, Americans are afraid not just of dying, but of talking and thinking about death. Until Americans learn to contemplate death as more than a scientific challenge to be overcome, our health-care system will remain unfixable.

Compared with other Western countries, the United States has more health care—but, generally speaking, not better health care. There is no way we can get control of costs, which have grown by nearly 50 percent in the past decade, without finding a way to stop overtreating patients. In his address to Congress, President Obama spoke airily about reducing inefficiency, but he slid past the hard choices that will have to be made to stop health care from devouring ever-larger slices of the economy and tax dollar. A significant portion of the savings will have to come from the money we spend on seniors at the end of life because, as Willie Sutton explained about why he robbed banks, that's where the money is.

As President Obama said, most of the uncontrolled growth in federal spending and the deficit comes from Medicare; nothing else comes close. Almost a third of the money spent by Medicare—about \$66.8 billion a year—goes to chronically ill patients in the last two years of life. This might seem obvious—of course the costs come at the end, when patients are the sickest. But that can't explain what researchers at Dartmouth have discovered: Medicare spends twice as much on similar patients in some parts of the country as in others. The average cost of a Medicare patient in Miami is \$16,351; the average in Honolulu is \$5,311. In the Bronx, N.Y., it's \$12,543. In Fargo, N.D., \$5,738. The average Medicare patient undergoing end-of-life treatment spends 21.9 days in a Manhattan hospital. In Mason City, Iowa, he or she spends only 6.1 days.

Maybe it's unsurprising that treatment in rural towns costs less than in big cities, with all their high prices, varied populations, and urban woes. But there are also significant disparities in towns that are otherwise very similar. How do you explain the fact, for

instance, that in Boulder, Colo., the average cost of Medicare treatment is \$9,103, whereas an hour away in Fort Collins, Colo., the cost is \$6,448?

The answer, the Dartmouth researchers found, is that in some places doctors are just more likely to order more tests and procedures. More specialists are involved. There is very little reason for them *not* to order more tests and treatments. By training and inclination, doctors want to do all they can to cure ailments. And since Medicare pays by procedure, test, and hospital stay—though less and less each year as the cost squeeze tightens—there is an incentive to do more and more. To make a good living, doctors must see more patients, and order more tests.

All this treatment does not necessarily buy better care. In fact, the Dartmouth studies have found worse outcomes in many states and cities where there is more health care. Why? Because just going into the hospital has risks—of infection, or error, or other unforeseen complications. Some studies estimate that Americans are overtreated by roughly 30 percent. "It's not about rationing care—that's always the bogeyman people use to block reform," says Dr. Elliott Fisher, a professor at Dartmouth Medical School. "The real problem is unnecessary and unwanted care."

But how do you decide which treatments to cut out? How do you choose between the necessary and the unnecessary? There has been talk among experts and lawmakers of giving more power to a panel of government experts to decide—Britain has one, called the National Institute for Health and Clinical Excellence (known by the somewhat ironic acronym NICE). But no one wants the horror stories of denied care and long waits that are said to plague state-run national health-care systems. (The criticism is unfair: patients wait longer to see primary-care physicians in the United States than in Britain.) After the summer of angry town halls, no politician is going to get anywhere near something that could be called a "death panel."

There's no question that reining in the lawyers would help cut costs. Fearing medical-malpractice suits, doctors engage in defensive medicine, ordering procedures that may not be strictly necessary—but why take the risk? According to various studies, defensive medicine adds perhaps 2 percent to the overall bill—a not-insignificant number when more than \$2 trillion is at stake. A number of states have managed to institute some kind of so-called tort reform, limiting the size of damage awards by juries in medical-malpractice cases. But the trial lawyers—big donors to the Democratic Party—have stopped Congress from even considering reforms. That's why it was significant that President Obama even raised the subject in his speech last week, even if he was vague about just what he'd do. (Best idea: create medical courts run by experts to rule on malpractice claims, with no punitive damages.)

But the biggest cost booster is the way doctors are paid under most insurance systems, including Medicare. It's called fee-for-service, and it means just that. So why not just put doctors on salary? Some medical groups that do, like the Mayo Clinic, have reduced costs while producing better results. Unfortunately, putting doctors on salary requires that they work for someone, and most American physicians are self-employed or work in small group practices. The alternative—paying them a flat rate for each patient they care for—turned out to be at least a partial bust. HMOs that paid doctors a flat fee in the 1990s faced a backlash as patients bridled at long waits and denied service.

Ever-rising health-care spending now consumes about 17 percent of the economy (versus about 10 percent in Europe). At the current rate of increase, it will devour a fifth of GDP by 2018. We cannot afford to sustain a productive economy with so much money going to health care. Over time, economic reality may force us to adopt a national health-care system like Britain's or Canada's. But before that day arrives, there are steps we can take to reduce costs without totally turning the system inside out.

One place to start is to consider the psychological aspect of health care. Most people are at least minor hypochondriacs (I know I am). They use doctors to make themselves feel better, even if the doctor is not doing much to physically heal what ails them. (In ancient times, doctors often made people sicker with quack cures like bleeding.) The desire to see a physician is often pronounced in assisted-living facilities. Old people, far from their families in our mobile, atomized society, depend on their doctors for care and reassurance. I noticed that in my mother's retirement home, the talk in the dining room was often about illness; people built their day around doctor's visits, partly, it seemed to me, to combat loneliness.

Physicians at Massachusetts General Hospital are experimenting with innovative approaches to care for their most ill patients without necessarily sending them to the doctor. Three years ago, Massachusetts enacted universal care—just as Congress and the Obama administration are attempting to do now. The state quickly found it could not afford to meet everyone's health-care demands, so it's scrambling for solutions. The Mass General program assigned nurses to the hospital's 2,600 sickest—and costliest—Medicare patients. These nurses provide basic care, making sure the patients take their medications and so forth, and act as gatekeepers—they decide if a visit to the doctor is really necessary. It's not a perfect system—people will still demand to see their doctors when it's unnecessary—but the Mass General program cut costs by 5 percent while providing the elderly what they want and need most: caring human contact.

Other initiatives ensure that the elderly get counseling about end-of-life issues. Although demagogued as a "death panel," a program in Wisconsin to get patients to talk to their doctors about how they want to deal with death was actually a resounding success. A study by the *Archives of Internal Medicine* shows that such conversations between doctors and patients can decrease costs by about 35 percent—while improving the quality of life at the end. Patients should be encouraged to draft living wills to make their end-of-life desires known. Unfortunately, such paper can be useless if there is a family member at the bedside demanding heroic measures. "A lot of the time guilt is playing a role," says Dr. David Torchiana, a surgeon and CEO of the Massachusetts General Physicians Organization. Doctors can feel guilty, too—about overtreating patients. Torchiana recalls his unease over operating to treat a severe heart infection in a woman with two forms of metastatic cancer who was already comatose. The family insisted. Studies show that about 70 percent of people want to die at home—but that about half die in hospitals. There has been an important increase in hospice or palliative care—keeping patients with incurable diseases as comfortable as possible while they live out the remainder of their lives. Hospice services are generally intended for the terminally ill in the last six months of life, but as a practical matter, many people receive hospice care for only a few weeks.

Our medical system does everything it can to encourage hope. And American health care has been near miraculous—the envy of the world—in its capacity to develop new lifesaving and life-enhancing treatments. But death can be delayed only so long, and

sometimes the wait is grim and degrading. The hospice ideal recognized that for many people, quiet and dignity—and loving care and good painkillers—are really what's called for.

That's what my mother wanted. After convincing the doctors that she meant it—that she really was ready to die—she was transferred from the ICU to a hospice, where, five days later, she passed away. In the ICU, as they removed all the monitors and pulled out all the tubes and wires, she made a fluttery motion with her hands. She seemed to be signaling goodbye to all that—I'm free to go in peace.

With Pat Wingert, Suzanne Smalley, and Claudia Kalb in Washington

[Michael Lind examines diversity and healthcare coverage.](#)

Sep. 15, 2009

Now and then a moment occurs that clarifies the nature of American politics like a flash of lightning over a prairie landscape. Such a moment occurred on Sept. 9 during President Obama's televised address to a joint session of Congress about healthcare. As the president explained that illegal immigrants would not be eligible for benefits under the plan he supported, Joe Wilson, a conservative Republican member of Congress from South Carolina, shocked the chamber and the television audience by shouting, "You lie!"

Set aside the rich symbolism of the fact that the nation's first black president was rudely challenged by a conservative politician from South Carolina, the most radical of the antebellum Southern slave states, the home of John C. Calhoun, theorist of states' rights and slavery, the place where the first shot of the Civil War was fired at Fort Sumter. In a blazing moment the incident illuminated the continuing entanglement of the politics of race and the welfare state in America.

The American social insurance system is minimal compared not only to the countries of Scandinavia and continental Europe but also to other English-speaking nations like Britain and Canada, both of which have universal healthcare programs. In 2008, the U.S. spent only 19 percent of GDP on social programs, compared to nearly 30 percent in both Sweden and France.

From the beginning, attempts to create a universal welfare state in the U.S. have been thwarted by the fears of voters that they will be taxed to subsidize other Americans who are unlike them in race or ethnicity or culture. The original Social Security Act passed only after domestic workers and farmworkers -- the majority of black Americans, in the 1930s -- were left out of its coverage, at the insistence of white Southern politicians. Aid to Families With Dependent Children, a New Deal antipoverty program that became identified in the public mind with nonwhite "welfare queens," was a target of popular resentment for half a century before it was finally abolished by the Republican Congress and President Bill Clinton in the 1990s.

Racial resentments undoubtedly explain the use of "redistribution" and "socialism" as code words by John McCain, Sarah Palin and Republican working-class mascot "Joe the Plumber" during the 2008 presidential campaign. Similar themes have surfaced during the healthcare debate. Among the many popular fears that conservative opponents of

healthcare reform play upon is the anxiety that elderly working Americans will have their Medicare benefits cut, or might even be encouraged to volunteer for euthanasia, to subsidize healthcare for the country's 12 million or so permanently resident illegal immigrants: "Kill Grandma to pay for Pedro."

The stereotype of the welfare-dependent Latino illegal immigrant appears to have replaced the black inner-city welfare recipient as the "other" in the imagination of many Americans suspicious of further expansion of the federal social insurance system. This explains Rep. Wilson's outburst that President Obama had to be lying when he said that illegal immigrants would not benefit from healthcare reform. Another conservative Republican named Wilson, former California Gov. Pete Wilson, prospered politically from the native white backlash against welfare for illegal immigrants in California in the early 1990s, although the Republican Party subsequently suffered from alienating the state's growing Latino electorate. The Austin Lounge Lizards said it best, in their song "Teenage Immigrant Welfare Mothers on Drugs":

All those teenage immigrant welfare mothers on drugs
(They're on the Dole)
Teenage immigrant welfare mothers on drugs
(They're speaking espanol)

Since the 1964 Civil Rights Act destroyed formal white supremacy in the U.S., every attempt to expand traditional social insurance in America has failed. Meanwhile, there has been a massive expansion in government-sponsored welfare going disproportionately to the white and affluent. What the political scientist Christopher Howard calls the hidden welfare state includes the tax-favored employer-provided health insurance that most working-age Americans depend on, as well as the home mortgage interest deduction and the childcare and child tax credits. Affluent and educated workers are more likely to work for employers who provide private health benefits than are low-skilled workers and employees of small businesses. Personal tax benefits like the home mortgage interest deduction are available only to the top half of households who pay federal income taxes, and are unavailable to lower-income workers who pay payroll taxes but no income taxes. In many cases, the benefits of this tax-credit welfare state increase with income.

There is even a nonrefundable "childcare tax credit" available only to the relatively affluent families who pay income taxes in addition to payroll taxes. There's no publicly provided or subsidized daycare to help out the nanny who takes care of the rich brat, but the taxpayers subsidize the rich brat's parents when they employ the nanny.

Is it a coincidence that following the Civil Rights Act white Americans stopped expanding the traditional welfare state and instead started building a private, income-based welfare state for themselves? Could it be pure coincidence that the most generous welfare states in the world have been those of ethnically homogeneous Nordic countries where, until recent immigration, nearly everyone was related to everyone else? Is the classic welfare state really a form of ethnic nepotism most likely to be adopted by a homogeneous, indeed tribal, nation-state?

Recent scholarship supports the hypothesis that ethnic diversity tends to be inversely correlated with generous, universal social insurance. In a 2001 paper titled "Why Doesn't the US Have a European-Style Welfare State?" Alberto Alesina, Edward Glaeser and

Bruce Sacerdote wrote that "race is critically important to understanding the US-Europe differences" and that "hostility to welfare comes in part from the fact that welfare spending in the US goes disproportionately to minorities."

Social Security and Medicare, the two major examples of universal social insurance in the U.S., were enacted during a half-century between World War I and the 1970s when the foreign-born percentage of the U.S. population was at an all-time low and ethnic differences were fading rapidly in a white majority that made up a secure nine-tenths of the population. Arguably a sense of post-ethnic, pan-white nationalism, combined with a small nonwhite majority consisting almost entirely of African-Americans, is one of the reasons, if not the major reason, that the U.S. came closer to European social democracy between 1932 and 1968 than in the periods of greater immigration and cultural heterogeneity that came before and afterward.

The tension between diversity and solidarity is a problem for both wings of the Democratic Party in the United States. In an increasingly diverse society with population growth driven by immigration, it will be even harder for the social democrats on the left wing of the Democratic Party to persuade the dwindling number of native white voters of the merits of universal policies that could benefit both them and the newcomers. But if immigration-driven diversity dooms ambitious plans for social democracy in America, it may be an even greater obstacle to the less expensive, targeted, means-tested programs favored by centrist Democratic neoliberals. After all, means-tested programs by design would exclude most of the white working and middle class, and benefit the nonwhite, increasingly foreign-born working poor even more visibly than universal programs, at even greater cost in their political viability.

Is there any way out of this trap for liberals who wish to preserve (as I do) a relatively generous legal immigration policy, even though the diversity that results continues to undermine support for redistributionist social insurance and safety net programs? Maybe. The solution may be corporatism or corporate paternalism -- by which I mean the mandatory universalization of private employer benefits. If the politics of ethnic diversity makes movement in a universalist, social democratic direction impossible in the U.S., then the alternative might be to mandate that all employers provide certain benefits to all employees, with no exceptions. The costs of such unfunded mandates might drive some small businesses out of existence. But small-business owners are the most vocal opponents of wage and benefit reform in the U.S. The replacement of Scrooge & Marley by a smaller number of bigger private and public employers who treat Bob Cratchit and Tiny Tim better would not necessarily be a tragedy.

What Winston Churchill said about democracy can be said about the welfare state as well. In a country as pluralistic as the U.S., liberal corporatism may be the worst kind of welfare system, except for all the rest.

[Rhonda Swan, writing for the *Palm Beach Post*, expresses her opinion on mandatory priestly celibacy.](#)

Isn't it time the Catholic Church seriously considered allowing priests to marry? Though it would do nothing to stop pedophile priests who enjoy the sexual company of little boys - grown women don't do it for them - it would give those who like women the opportunity for a normal romantic and family life.

And, perhaps, the Church could then avoid such scandals as the one involving Rev. David Dueppen, an associate priest at St. Maximilian Kolbe Church in Pembroke Pines who's on leave for allegedly impregnating his girlfriend, a former stripper.

Dueppen, 42, used to serve sacraments at the same Miami Beach parish as Rev. Alberto Cutie, the former Catholic priest who admitted fornicating with his girlfriend whom he later married. Cutie joined the Episcopal Church, which has the good sense to let its clerics enter holy matrimony.

The Archdiocese of Miami knew about Dueppen's relationship with Beatrice Hernandez, according to a report in the Miami Herald. Three years ago, church officials paid her a settlement stemming from the affair. Hernandez said Dueppen couldn't stay away and a year ago they rekindled their romance, which, she says, produced a baby girl - Marilyn Epiphany Hernandez.

Hernandez has a restraining order out on the priest and is suing him for child support. Meanwhile Father Duuppen isn't talking on the advice of his lawyer.

There's nothing in the Bible that prohibits priests from marrying. It's a man-made law that was designed to prevent them from leaving their worldly goods to their wives and children. Shouldn't their vow of poverty take care of that?

Plus, since the church pays out millions in settlements for unpriestly like sexual behavior - it probably could save lots of money by letting priests satisfy their urges in the marriage bed that is undefiled before God.

Another practical reason cited by several bishops for allowing married priests into the ministry is to address the priest shortage in the Catholic church, a problem that continues to worsen. In 1975, there were 36,005 diocesan priests in the United States, according to the Center for Applied Research in the Apostolate at Georgetown University. By 1995, the total had fallen to 32,300; in 2005 it dropped to 28,700 and the most recent count, from 2007, is 27,971.

Cardinal Edward Egan, the retired archbishop of New York, said the topic of married priests "is a perfectly legitimate discussion. I think it should be looked at." He pointed out that priests in Eastern Catholic churches are allowed to be married with "no problem at all."

A 2005 CNN/USA Today/Gallup Poll, found 63 percent of American Catholics think that priests should be allowed to marry.

In last month's issue of *U.S. Catholic*, Santiago Cortés-Sjöberg, pointed out that marriage was the norm for Christian clergy for centuries. "Celibacy is not a revealed truth but a church discipline," wrote Cortés-Sjöberg, supervising editor of parish life resources at Loyola Press in Chicago. "In the United States, for example, about 100 Episcopal and Lutheran married ministers who converted to Catholicism have been ordained as Roman Catholic priests. Their acceptance illustrates that the obligation of priestly celibacy is not essential to the priesthood. A more universal change in this discipline would require Catholics to rethink our understanding of the priesthood, though it could also offer new gifts to the church and the world."

One of those new gifts could be priests that have some of the same experiences as their parishioners. The Catholic Church, like many others, provides premarital counseling to its members. Wouldn't it be better to get advice from someone who's been down that road instead of someone who can only guess what it's like?

It's a pretty safe bet that Father Dueppen, who's been a priest for 10 years, has performed a marriage or two and likely counseled a would-be bride and groom. His ex-girlfriend and possible baby's mother - who says an argument over paternity and child support led to Dueppen "grabbing her by the throat and choking her," might question his qualifications.

Please send your comments and any articles you would like to share to tony@tonyercolano.com