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Grasping the Reality

Forty-four million people uninsured. You hear the figure, you try to grasp what it means. But, like a kindergartner who has just been told he has at least 12 more years left of school, the reality remains out of intellectual reach.

At this year's Catholic Health Assembly, a number of general session speakers tried to bring that reality home. They looked at the systemic causes for this national tragedy and, moreover, at the potential for Catholic healthcare to lead us out of the quagmire. In this issue *Health Progress* reports on these eminent assembly speakers—including Rev. Martin Marty, Coretta Scott King, Sr. Doris Gottemoeller, RSM, and Robert Kuttner. We also reprint the thought-provoking speech of ethicist Lisa Sowle Cahill, who points out both strengths and weaknesses of the Catholic social tradition as a foundation in our search for a more just healthcare system.

A national consensus on the need for healthcare reform is essential, according to Rev. Michael Place. He lays out CHA's activities for the coming year in pursuit of affordable and accessible healthcare for all. We hope you'll read his article and then take the time to fill out the petition on the insert at page 64, stating your commitment to healthcare reform as a national priority.

In addition to healthcare reform, the assembly sessions covered such issues as justice in the workplace, Catholic identity, and leadership. *Health Progress* draws out some of the highlights; more information, including handouts and some speeches, can be found on CHA's Web site, www.chausa.org.

GLOBAL RESPONSIBILITY

In her look at the Catholic social justice tradition, one of the challenges Lisa Sowle Cahill levels is its failure to develop a strong global, multicultural vision. Four articles in this issue touch on various aspects of our responsibility to the poor and vulnerable of other nations.

On this side of the border, Catholic healthcare providers are hailing the government's announcement that legal immigrants can apply for federal benefits without jeopardizing their chances of obtaining citizenship (see page 16). Eugene Smith, on page 62, explores why U.S. Catholic healthcare needs to "extend our care and resources to other parts of the world." And articles on pages 60 and 64 focus on two such efforts.

NURSING LEADERSHIP

This issue's special section looks at another aspect of leadership—nursing leadership—and highlights three innovative approaches to improving patient care: first, a nursing care delivery model to delay functional declines in older patients; second, a framework for governance that draws participants from throughout a complex, geographically dispersed system; and finally, a system's vision for bringing nursing into the community in partnership with churches and educational facilities. We hope this section will provide some inspiration for others seeking to improve the health of their patients and communities.

HEALTH PROGRESS IN TRANSITION

In the wake of Judy Cassidy's departure last May after 18 years on *Health Progress*, I will be striving to fill her shoes while searching for a replacement (no easy feat). In the meantime, *Health Progress* staff will work as hard as ever to maintain the journal's high standards for quality and timeliness. Please feel free to contact me—by phone at 314-253-3451 or by e-mail at shume@chausa.org—if you have any kudos, critiques, or contributions for *Health Progress*.