## EDITOR'S NOTE

wo paintings hang on either side of the sanctuary of my parish church. The one on the left is a beautiful Madonna and Child. The rich, dark palette would set the scene for a predictably serene Virgin and infant were it not for the toddler squirming to get off his mother's lap and out of her arms. Her face is lovely, but there is a trace of the consternation parents feel when the beloved child dispenses with comfort and security for action and adventure.



The painting on the right is a vivid rendering of Abraham ready to sacrifice his son Isaac on Mount Moriah. It's the moment before divine intervention, so Abraham's determined face and muscular body are poised to carry out God's unfathomable command. Isaac's expression is frozen at what he has just figured out, his body limp with terror.

As a mother and grandmother, I've sat hours in that church's hard wood pews, wondering about the extremes of those two pictures. The child who can't get away fast enough to check out what's on the other side of the room or the other side of the world. Will they come back wiser or wounded, will they come back at all? Or the child in mortal danger from the one person they never expected to harm them, much less be the agent of execution.

What resides in the chasm between the risky behaviors young people confront each day and the individuals who intend them harm? There is chronic disease aggravated by poor housing or compromised climate, addiction and mental illness, trafficking for sex work or forced labor, the perils of abuse for migrant children and unaccompanied minors, health care that can't heal itself, much less the children who don't have access to the services they truly need and deserve. Suffer the little children, indeed.

Young People at Risk is the special topic for this issue of *Health Progress*. Our subjects include very young children who suffer from multiple medical conditions or poor prognoses due to poor or negative social determinants of health, as well as youth transitioning to adulthood when vulnerabilities to mental illness, substance use disorders, gender dysphoria and social pressures are heightened and especially dangerous. The magazine also points to promising advances in prevention, early diagnosis and new models of care for young people with chronic and behavioral health conditions. We are very grateful to each of the

authors who took on these challenging subjects. Thanks especially to Fred Rottnek, MD; he wrote a provocative article on the possibilities of harm reduction in an opioid crisis and served as guest co-editor for the entire magazine.

To continue the celebration of *Health Progress*' 100th anniversary year, we asked Julie Trocchio, CHA's senior director of community benefit, to tell the story of how tremendous support of and opposition to the tax-exempt status of nonprofit health care organizations led to the development of community benefit standards for hospitals and health systems. Trocchio's article, which begins on page 64, details important moments in the development of community benefit and highlights seminal issues of *Health Progress* that helped clarify and promote the important work being done.

Your magazine opens with a farewell message from Sr. Carol Keehan, DC, whose tenure as the Catholic Health Association's president and chief executive officer ends June 30. Those are not happy words for me to write or you to read. And I was even less happy when I realized that Sr. Carol's beautiful letter was landing in one of the toughest issues of Health Progress we've put out in a while. But no one knows the tough subjects of childhood or realistic hopes for families more than Sr. Carol. She started her health care career as a maternal and child health nurse and continues to work for children and families here and in Bethlehem and Rome. Her leadership in protecting the Children's Health Insurance Program (CHIP) and Medicaid to provide health coverage for more children has been long-standing and vigorous. No one speaks truth to the falsifiers and compromisers or brings solutions to complex circumstances for children and their families better than she. That means her letter is, of course, right where it belongs.

Thanks and Godspeed, Sr. Carol. You always are right where you belong.

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## HEALTH PROGRESS

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