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CATHOLIC PRESS ASSOCIATION GENERAL EXCELLENCE AWARD

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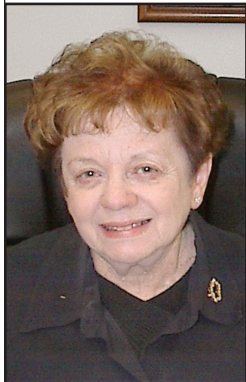
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Prayer sustains brave survivor of genocide

Immaculee Ilibagiza tells her story of faith, courage to a large audience at Caldwell College.

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An opportunity for students to say 'thank you'

A dinner in Edison on June 14 will honor the teaching career of Dorothy Szot.

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The Living Church

Liturgy: source, summit of the Church's mission

BY MSGR. GERARD MCCARREN
Special to *The Catholic Advocate*

In the liturgy Jesus Christ meets His people. The Church holds this form of prayer, with its special power, to be most effective and dares to call liturgy, and in particular the Holy Eucharist, "the source and summit of Christian faith" (Vatican Council II, Dogmatic Constitution on the Church, *Lumen gentium*, No. 11; see *Sacrosanctum Concilium*, Nos. 7 and 10).

The dynamic terms "source" and "summit" show the Holy Eucharist not merely as the greatest gift, but as a gift that stands in relationship to the whole of Christian life. The liturgy invites us to bring our entire lives to it as the goal, which bestows fullness of life and meaning; the liturgy in turn flows into all of life and transforms it.

All of life is sanctified by the grace of the Holy Spirit flowing from the dying and rising of Jesus Christ and the love of the Father. We bring our life to the eucharistic sacrifice, which the Introductory Rites of Mass help us to do. This life is illuminated and transformed through word and sacrament (the Liturgy of the Word and the Liturgy of the Eucharist), and the communion with the Lord, which is brought to bear on our lives as the Concluding Rite of Mass bids us do as it sends us forth. Such a life, filled with the grace of Christ, wells up to eternal life in the communion of the Holy Trinity.

Nothing less than this must be the goal of our liturgical celebrations. We seek to celebrate the liturgy in a way that opens us up to new life in Christ: "If then you were raised with Christ, seek what is above, where Christ is seated at the right hand of God. Think of what is above, not of what is on earth. For you have died and your life is hidden with Christ in God. When Christ our life appears, then you too will appear with Him in glory" (Colossians 3:1-3).

From this vantage point we determine our priorities. Participation in the Paschal Mystery of Jesus Christ is what matters. This is behind the Second Vatican Council's goal for its liturgical work: "In the restoration and promotion of the sacred liturgy, this full and active participation of all the people must be the aim to be considered before all else" (*Sacrosanctum Concilium*, No. 14).

This active participation must run deep, as Pope Benedict XVI reminds us in his new Apostolic Exhortation on the Eucharist (see *The Catholic Advocate*, April 4) as the source and summit of the Church's life and mission. This followed upon the synod on the Eucharist that Pope John Paul II called and over which Pope Benedict XVI presided: "It should be made clear that the word 'participation' does not refer to mere external activity during the celebration. In fact, the active participation called for by the council must be understood in more substantial terms, on the basis of a greater awareness of the mystery being celebrated and its relationship to daily life." (*Sacramentum caritatis*, Feb. 22, 2007, No. 52).

Does our liturgy impress upon our hearts the majesty of the triune God and lead us to stand in awe before Him? What can be done to assist this? How can we be more reverent? Can we maintain a fitting attitude toward the Lord in His transcendence and at the same time rejoice that in the Incarnation He has become our brother and feel at home with Him? What about the way we comport ourselves as we gather for liturgy? Everything matters, from attentiveness to dress to a welcoming spirit toward those around us.

In recent years the importance of silence in liturgy has come to the fore, something which Pope John Paul II underlined as he reflected on the 40th anniversary of Vatican II's

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Advocate photo—Melissa McNally

IN SUPPORT OF LIFE—Exuberant area high school students gather onstage to lead the audience in song at the fourth annual Pro-Life Youth Rally held April 19 at Seton Hall University in South Orange. See page 5 for a story on the all-day event.

Opera at Cathedral to offer a 'dialogue' on Carmelite saints

BY CHRISTY GUERRA
Special to *The Catholic Advocate*

NEWARK — The Cathedral Concert Series and the New York Opera Society will present the first opera ever performed at the Cathedral Basilica of the Sacred Heart on Thursday, May 24, at 7:30 p.m.

The production will feature Metropolitan Opera mezzo-soprano Barbara Dever along with the Cathedral Choir and Symphony Orchestra, conducted by John J. Miller and under the stage direction

of Will Bryan. The performance has been made possible in part by a grant from The Valparaiso Project, an organization that develops resources to help others live their faith with vitality and integrity in changing times.

Tickets are available at \$40, \$30, and \$20 for adults and \$10 for children; group rates are also available for parties of 10 or more. Call (973) 484-2400 or go online (www.cathedralbasilica.org) for ticket information. The Cathedral Basilica of the Sacred Heart is located at 89 Ridge Street.

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Laypeople share talents, support pastoral councils

Every day in this great archdiocese, literally thousands of Catholic men and women work closely with parish pastors through pastoral and financial councils and committees. In today's world, the operation of a parish is a very complex undertaking.

Pastors are fortunate when they can rely upon the advice and support of experienced laypeople who bring to the service of the Church the skills they use in the world within which Jesus has called us to minister.

As outlined in canons 536 and 537 of Canon Law (the law of the Church), the role of such councils is consultative. When Catholics accept an appointment to a council, they are asked to bring to the table their expertise in a particular area to assist the pastor in his responsibility to run the parish and its ministries, and thus further the mission of Christ through that particular parish.

I learned the value of councils and committees—and of the expert advice of the people who serve on them—very early in my priestly life in my very first parish assignments in the Illinois towns of Peoria and Champaign. Not only were these faithful parishioners who served in these roles instrumental in helping the priests run the parishes and meet the spiritual and physical needs of the people, they brought with them ideas and concerns that I often used for homilies or as springboards for parish programs and initiatives.

I have also learned that it is important to make sure that parish priests should use the talents of parishioners in appropriate ways that can best benefit the parish. People with financial backgrounds, for example, always have been the obvious choice for serving on finance councils. People with education backgrounds and knowledge of religious education provide power to the parish or co-sponsored school's advisory council.

Such "specialization" allows both the priests and the people to channel their efforts more efficiently and effectively. It also allows parish councils, and the people who

Sincerely
in the Lord

By Archbishop John J. Myers



serve on them, to convene to work on issues when there is a need, rather than meet just for the sake of meeting.

My one insistence and expectation has only and always been that those who seek to participate in the life of the Church in this way be earnest in living their own lives of

faith, in communion with the Church. Love for Jesus Christ and His Church is not lived out in anger or disrespect for our traditions and teachings.

When I first became a bishop, I examined the role of the diocesan pastoral council within the context of my experiences with local parish councils and committees. Through the years, I have expanded on the model of pastoral council from that

of a single, generic group into a model that relies upon a number of different, specific groups addressing single issues with more scope, depth, and completeness. I sometimes call it a "big umbrella" model: people come under the big umbrella when it rains (when there is a problem or issue to address). They go back out into the sun after the rain is over.

Today in the Archdiocese of Newark for example (above and beyond the thousands assisting at the parish level), several hundred people are involved in advisory capacities on numerous archdiocesan councils and commissions, advising and assisting me in fulfilling my mission as shepherd of

this local Church. They work on specific issues: meeting the needs of women in the Church; charting a course for our Catholic schools; reaching out to our diverse populations; examining how parishes can work together in partnership through the New Energies Initiative; developing and conducting forums for adult catechesis; fostering and strengthening the stewardship way of life in parishes; charting long-term financial stability for the archdiocese; and even fleshing out with me ideas for pastoral letters and initiatives.

My pastoral letters ("If God Is For Us, Who Can Be Against Us?"; "A Time for Honesty"; "Whether in Life or Death, We are the Lord's") as well as the role that I and this archdiocese have taken in the national effort to stop the illegal trafficking of humans into this country, have all been shaped by small groups of experts gathered together specifically to consult on these issues.

I have learned much from these faithful and dedicated men and women in my years as Archbishop of Newark. They are making my mission an easier and more productive one because of their efforts. I am grateful for their contributions. Their example has shown me very plainly the depth of faith and commitment that the people of Newark have for the Church and Her teachings.

They have also shown me very plainly that there are many, many more people in this archdiocese just like them, who stand ready to bring their expertise to the Church on specific projects. For example, we notified pastors recently that we are accepting nominations for the Archdiocesan School Council—the advisory group that works with our Schools Office to shape our education ministry.

I urge you to participate in those particular areas of need that may arise at either the parish or archdiocesan level in which you have a specific background, talent, and expertise. Your assistance is needed and valued. We want to make good use of your talents while appreciating and respecting your time and other commitments. This creatively different, more numerous, more specific, model of advisory councils provides the best opportunity to accomplish that, while giving greater numbers of faithful people the opportunity to serve the Lord through this local Church in Newark.

I look forward to continuing to rely on faithful Catholic men and women to serve on future such councils under this "big umbrella" model. After all, there is always a chance of rain. Thank you for being a part of the sunshine!

Vatican seminar adds a faith perspective to the heated debate on global warming

BY CAROL GLATZ
Catholic News Service

VATICAN CITY (CNS)—The rifts and tensions still dividing the international debate on the causes of and remedies for drastic climatic shifts were gently simmering in the small microcosm of a two-day Vatican-sponsored seminar on global warming.

The seminar, held April 26 and 27 and sponsored by the Pontifical Council for Justice and Peace, gathered some 80 experts representing the scientific, political, economic and spiritual sides of the climate-change debate at the Vatican to discuss "Climate Change and Development."

Disagreements spilled out into the corridor during the closed-door seminar's first morning

break when a Vatican official had to use his pastoral prowess to calm one participant.

The scientific community has been so divided and so bitter over the climate-change debate that experts who disagree with each other don't talk to each other, Lucia Silecchia, a professor of environmental law at The Catholic University of America in Washington, said. By bringing the opposing sides together under the neutral roof of the Vatican, she said, the Church is helping give a fresh approach to an issue mired in conflict, confusion and, often, inaction.

The Vatican is reminding people that the environment and development cannot be helped by economics, science or politics alone, "that there are moral,

ethical considerations" to take into account, Silecchia explained. She said policymakers have to avoid falling into the extremes that either see "the human almost as evil and destroying a beautiful planet" or consider development and technology as saviors of the world.

John Carr, the U.S. Conference of Catholic Bishops' secretary for social development and world peace, said Christian values seen in "the virtue of prudence, the pursuit of the common good and the protection of the poor" are important contributions to the climate-change debate and should be at the heart of policies aimed at addressing global warming.

Because real consensus among politicians and scientists is not around the corner, the Church

can still band divergent groups together under its universal umbrella of Christian values.

The Catholic Church is "not the Sierra Club at prayer," Carr said, noting that it embodies centuries of tradition of calling for "sacrifice, restraint, moderation," promoting the common good and the option for the poor.

Cardinal Renato Martino, head of the justice and peace council, said the Church's concern for the environment and creation goes all the way back to the Book of Genesis. In the two stories of creation, God gave humankind the mandate to subdue and have dominion over the earth, but he also expected humanity "to cultivate and care for it."

Humanity's dominion over creation "does not have to be despotic," nor should it be used for purely selfish and economic needs, he said. Hurting the environment is a sin, he told reporters, as it "is an offense not only against

yourself, but against all others" whose lives depend on its resources. Nonetheless, he said, the Vatican is cautious about what sort of pronouncements it makes about global warming.

Church leaders are aware scientific findings can sometimes be skewed by special-interest groups or overblown by an audience-hungry media. The Church, therefore, "seeks to draw fully from the treasury" of all scientific knowledge and experience and looks for "a true and balanced response" based on Church teaching, Cardinal Martino said.

The Church does not want to curb sustainable development, especially in impoverished nations, nor does it see population control as a way to conserve dwindling resources. Many Church leaders say there is a middle ground that sees sustainable economic growth—the environment and human development as partners, not enemies.

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FREQUENCY FOR THE YEAR
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Trapped inside a nightmare, prayer sustains Rwandan Genocide survivor

BY MICHAEL C. GABRIELE
Editor

CALDWELL—Immaculee Ilibagiza stood before 600 people on the stage of the Caldwell College student center auditorium and discussed how the power of prayer saved her life 13 years ago.

It was, she admitted, a simple message, but one that was born out of living through a complex nightmare of mayhem and death.

With literally nothing other than rosary beads and prayer to sustain her, Ilibagiza survived the 1994 Rwandan Genocide. Hiding in a small room with seven other women for more than 90 days, she lived through the insanity of a systematic slaughter, when an estimated 1 million people—including most members of her family—were brutally murdered in the central African nation.

Unexpectedly, her story of survival created an eerie parallel to recent headlines in this country. Ilibagiza's lecture was held here on April 18—just two days after the massacre at Virginia Polytechnic Institute and State University, Blacksburg, VA, where a lone gunman killed 32 people. The madness of that deadly episode became a disturbing backdrop to Ilibagiza's presentation.

"Many people cry out: why is there so much evil in the world?" she said when asked to compare her experience with Virginia Tech during the question-and-answer segment of the program. "Don't hate back. People must pray for each other.

"Prayer is the practice of love," she continued. "It can change the world. It sounds so simple, but it is true. Hold onto hope and find peace in your heart. Put your trust in God."

Ilibagiza's account of survival is chronicled in her book: "Left to Tell: Discovering God Amidst the Rwandan Holocaust," which was published last year. At the time of the genocide she had been a university student. The daughter of a devout Catholic family and member of the Tutsi ethnic group of Rwanda, Ilibagiza—while surrounded by killers—embarked on an inward, spiritual journey. Throughout the ordeal she clung to her father's rosary beads, which he had given her just before she went into hiding.

Confronting dread on a daily basis, her soul searching was a wrenching quest, she recalled. "I had a fight within my heart. I had to find my strength. The killers were outside my door. How do you forgive killers? There were days that I was sweating because of my anger. I thought to myself: 'this is what it feels like to hate.' I started to say the rosary and felt the love of God. I for-



Immaculee Ilibagiza's presentation at Caldwell College on the Rwandan Genocide touched raw nerves as it was held two days after the massacre at Virginia Polytechnic Institute. Members of the audience praised her courage and urged her to keep speaking out. People were especially moved by her thoughts on prayer and forgiveness. "You've touched my heart and changed my life," one student declared during the question-and-answer portion of the program.

gave the killers and I started to pray for them. I know it's wrong what they did, but in my heart I wish them to change and find the truth."

I had a fight within my heart. I had to find my strength. The killers were outside my door. How do you forgive killers? There were days that I was sweating because of my anger. I thought to myself: this is what it feels like to hate.'
—Immaculee Ilibagiza

When order was re-established in Rwanda in July 1994, Ilibagiza emerged from three months of seclusion as a skeleton. She regained her health and found employment at a local United Nations office. She later married and today has two children. One of her broth-

ers also survived the genocide and today is a doctor in Senegal.

Ilibagiza acknowledged there is a spiritually therapeutic quality to the presentations—for audiences as well as for her. "I survived a genocide 13 years ago, but you must keep surviving. I'm a witness. If I can do this, then so be it," she said, referring to her mission as a public speaker.

Prior to the start of the killings, Ilibagiza recalled a period in early 1994 when the Rwandan state radio station, controlled by Hutu extremists, broadcasted inflammatory, hate-filled messages, referring to Tutsi adults and their children as "snakes."

According to various Internet sources, the Rwandan Genocide was a 100-day rampage that began on April 6, 1994. The violence, for the most part, involved Tutsis being killed by Hutu militias. Clubs, machetes and handguns were the crude weapons of mass destruction.

The April 6 flashpoint corresponds with the date when Rwandan President Juvenal Habyarimana was killed; his private jet was shot down in a missile attack. Cyprien Ntaryamira, the Hutu president of Bu-rundi, also died in the crash.

Ethnic tensions had been festering in the country for many years. The seeds of the genocide, according to Internet sources, can be traced to the days Rwanda was under the colonial rule of Belgium, when bitter rivalries existed between Tutsis and Hutus. Rwanda became an independent country on July 1, 1962.

Bishop critiques immigration bill

WASHINGTON (CNS)—A White House proposal for immigration reform is “a step in the wrong direction,” though a House bill comes closer to offering what’s needed, said the chairman of the U.S. bishops’ migration committee. In a letter to Congress released April 23, Bishop Gerald R. Barnes of San Bernardino, CA, reiterated the bishops’ support for legislation that includes what he called a viable path to permanent residency for people in the country illegally, a visiting worker program, a plan to address backlogs in family reunification immigration, restoration of due process rights and policies that address the root causes of migration. Bishop Barnes said H.R. 1645, the Security Through Regularized Immigration and a Vibrant Economy Act, or STRIVE Act, so far comes closest to a just and humane reform bill. A separate proposal floated by the White House, which has not been formally released, raises serious concerns, Bishop Barnes said.

Conference cites impact of toxins

WASHINGTON (CNS)—

America is using “children as our test rodents” for thousands of new chemicals that have never been tested for toxicity to human life in the womb, according to Dr. Philip J. Landrigan, director of the Center for Children’s Health and the Environment at Mount Sinai School of Medicine in New York. At a daylong conference held April 30 at the headquarters of the U.S. Conference of Catholic Bishops in Washington, Landrigan and other experts highlighted the scientific, ethical and moral links between effective clean environment policies and the life and health of the nation’s children. As an example of the impact of a tested toxin in the environment, Landrigan said an estimated 300,000 to 600,000 children born in the United States each year suffer a loss of 0.2 to 24.4 IQ points because of methylmercury that passed through the placenta when they were in the womb. That does not include more than 1,500 American children born each year who are clinically classified as mentally retarded because of methylmercury exposure in the womb, he said. Coal-burning electrical plants, waste incinerators and plants producing chlorine gas are responsible for most of the methylmercury found in the food chain worldwide.

US leads tally for Youth Day

SYDNEY, Australia (CNS) — The United States had the largest number of groups registered for World Youth Day 2008 in the first 50 days of online group bookings. Organizers said they were delighted with the response, which indicates that 65,000 pilgrims—including 23,000 from the United States—are planning to attend the World Youth Day event, which will be held here July 15-20, 2008. Registrations for individuals open in July.

Appeals address extreme poverty

LONDON (CNS)—Catholic bishops from four continents are appealing to leaders of the world’s richest countries to honor their commitments to combat extreme poverty. The eight Church leaders met with British Prime Minister Tony Blair April 30 and were scheduled to meet with government leaders in Germany and Italy before meeting with Pope Benedict XVI. Cardinal Cormac Murphy-O’Connor of Westminster, England, told Blair that Great Britain could “set an example” to the Group of Eight (G-8) industrialized nations meeting in



CNS photo

IMMIGRATION RALLY—Protestors carrying American flags marched during a May 1 immigration rally in downtown Los Angeles. Demonstrators marched in a number of cities across the United States to demand rights for illegal immigrants, but the demonstrations were much smaller than last year’s massive rallies, according to news reports. In recent months, there have been several proposals on immigration reform in Washington. See related story on this page.

Germany June 6-8 by honoring the pledges to more than double development aid to Africa by 2010. G-8 nations made those pledges in Gleneagles, Scotland, two years ago.

Pope says love leads to justice

VATICAN CITY (CNS)—Love for neighbor and respect for

human life must lead to protection of the environment, promotion of social justice and greater access to education for all, Pope Benedict XVI said. “Only charity can encourage us to place the human person once more at the center of life in society and at the center of a globalized world governed by justice,” the pope said in a message to the Pontifical Academy of Social Sciences. The academy held its annual plenary session April 27-May 1, discussing charity and justice on an international level as part of its long-term investigation into globalization. In his message, the pope said building a just society is first of all a responsibility for those involved in political leadership, but it also requires the use of reason and resolve on the part of all people, to promote the common good and the dignity of each individual.

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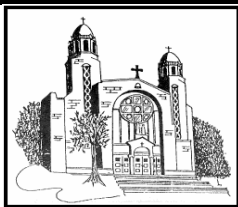
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A ‘solo’ faith journey helps rewrite songs of life

BY MELISSA MCNALLY
Staff Writer

SOUTH ORANGE — Over bright lights, pounding guitars and screaming fans, an animated bald man in heavy makeup and black leather sings to an adoring crowd in a music video filmed in the 1980s.

A few years later, the same man sings—this time, with an acoustic guitar in hand, wearing plain jeans and a T-shirt and surrounded by a belting choir.

“What happened to you?” interviewers asked Sal Solo, a musician and national speaker.

“I found God,” he answered.

Solo, former lead singer of the 1980s British rock band Classix Nouveaux, was the keynote speaker at the fourth-annual New Jersey Pro-Life Youth Rally, which was held on April 19 at Seton Hall University. Solo showed the crowd two music videos as an illustration of his profound musical and spiritual evolution.

Over 31 high schools throughout the state and 12 organizations attended the pro-life rally that was sponsored by the Salesians of Don Bosco and organized by Father Steve Ryan, director of youth and vocations for the Eastern Province. An estimated 1,000 people attended the event.

The issues young people face in modern society everyday can prove to be obstacles in the pro-life mission, Solo acknowledged. However, religious figures had similar pressures in their day. “We wouldn’t even be Christians or

Catholics if a young, 15-year-old girl (Mary), 2,000 years ago, didn’t say ‘yes’ to the Lord. She could have aborted Our Savior. Jesus was a teenager once and, like you, had the same hormones. Jesus died for every life, even those that have not yet been born.”

Solo, in his career, toured 30 countries, played to audiences of up to 25,000, achieved number-one records and has had gold and silver discs. After years of the glamour and fame of a “rock star lifestyle,” Solo changed his tune. “I thought that if what all the world has to offer is not enough, maybe something outside this world would make me happy.”

He attended Catholic school as

a boy in England, but for years was not a practicing Catholic. After saying a prayer to lead him in the right direction, Solo went on



Sal Solo

a pilgrimage to an Italian shrine. During that time, he opened his heart to the Lord and found new purpose in his life.

“I had this ‘Catholic guilt,’” he confessed. “I thought that because I had lived a rock and roll lifestyle, I couldn’t be saved. Then someone on that trip said that young people listen to music and I should use

music to tell them about the Lord. That is why I go around the world and spread the truth.”

To celebrate his renewed faith, Solo recorded a pro-life record about an unborn baby singing to a mother who did not want it. “I thought I was being crafty and stealthy by making it sound like a

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Adorno Fathers

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May 11

Notre Dame Parish, North Caldwell, Liturgy for Those Whose Children Have Died, 7:30 p.m., (973) 497-4327.

May 12

Our Lady of Lourdes Parish, West Orange, Preparation for the Final Journey, 8:30-11:30 a.m., (973) 325-0110.

The Community of God's Love, Rutherford, Sacrament of Anointing the Sick and Healing Prayers, 6 p.m. (201) 935-0344.

Lumen Center, Caldwell, "The Mother Principle: Who is Your Mother?," 9:30- noon, cost: \$20, (973) 403-3331 ext. 25.

St. Phil's Singles, Livingston, games night, 7:30 p.m., cost: \$3

with a game/ \$5 without, call Frank at (973) 340-4001.

Heath Village Retirement Community, Washington Township, open house, 1-4 p.m., call Hope Graziani at (908) 684-5006.

May 14

St. Philip's Holy Name Society, golf-outing fundraiser, Sky View Golf Club, Sparta, 7:30 a.m., cost: \$125, call Jerry Taylor at (201) 522-3790.

May 15

Lumen Center, Caldwell, "Women's Magnificat," 10 a.m.-noon, cost: \$10, (973) 403-3331 ext. 25.

Trinitas Hospital, Elizabeth, "Prostate Awareness- Ask an

Expert," 5:30- 7 p.m., RSVP at (908) 994-5138.

May 16

St. John the Apostle Parish, Linden, Healing Mass, 8 p.m., (908) 486-6363.

St. Lucy Parish, Newark, candlelight procession in honor of Our Lady of Fatima, 7:30 p.m., (973) 482-6663.

May 17

Our Lady of Peace Parish, New Providence, carnival, 6-11 p.m., through May 19, (908) 464-7600.

May 18

Archdiocesan Retreat Center, Kearny, tricky tray, 6 p.m., cost: \$25, call Jillian White at (201) 407-6449.

May 19

Lumen Center, Caldwell, "Musing on Nature: Henry David Thoreau, John Muir, Thomas Merton," 10 a.m. - 3 p.m., cost: \$25, (973) 403-3331 ext. 25.

St. Phil's Singles, Livingston, Spring Romance Dance, 7:30 a.m. - 12 a.m., cost: \$14, call Frank at (973) 340-4001.

Our Lady of Lourdes Parish, West Orange, Luau Dinner Dance, 7-11:30 p.m., cost: \$25 adults, \$10 children, (973) 325-0110.

May 20

Lumen Center, Caldwell, "El Aspecto Profetico de Maria,"

(Spanish), 1-3 p.m., cost: \$15, (973) 403-3331 ext. 25.

Holy Rosary Parish, Jersey City, Schola Cantorum on Hudson performance, 4 p.m., cost: \$20, \$15 for seniors and students, (201) 918-3011.

Our Lady of Mount Carmel Parish, Ridgewood, career resources ministry workshop, noon, call Carol Shea at (201) 445-1864.

Immaculate Conception Parish, Montclair, Hymn Festival,

7 p.m., (973) 744-5650.

St. Valentine Parish, Bloomfield, spring concert, 3:30 p.m., cost: \$12 for adults, \$10 for seniors and children, call Leslee at (973) 338-1605.



Immaculate Conception Chapel, Lodi, Evening of Praise, Worship and Song before the Blessed Sacrament, 7-8:30 p.m., call Sister Marilyn Minter at (973) 473-7447.

Official Appointments



Archbishop John J. Myers has announced the following appointments:

PASTOR

Reverend Monsignor Joseph J. Granato, pastor of St. Lucy Parish, Newark, has had his pastorate extended for one year ending April 9, 2008.

RESIDENCE

Very Reverend Albert J. Berner, V.F., has been appointed to residence at Our Lady of the Lake Parish, Verona, effective July 1.

CHAPLAIN

Mr. James J. Puliatte, Deacon at St. Joseph Parish, Demarest, was appointed chaplain of the Norwood Police Department, effective May 1.

RETIREMENT

Reverend John R. Doherty, pastor of St. Andrew Parish, Bayonne, has been granted retirement effective July 1.

Gala to honor Cardinal McCarrick

CONVENT STATION—The Sisters of Charity of Saint Elizabeth will honor Theodore Cardinal McCarrick, former Archbishop of Newark, at their Star of the Sea Gala on May 23 at the Short Hills Hilton.

Noted author Mary Higgins Clark will be the special guest. Music will be provided by jazz musician Thaddeus Expose. Cardinal McCarrick is also Archbishop Emeritus of Washington, D.C. from where he retired.

Proceeds of the gala will benefit the Maris Stella Retreat and Conference Center in Harvey Cedars.

For ticket information contact Sister Thomas Mary Salerno, director of the conference center, at (609) 494-1182.

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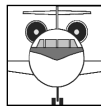
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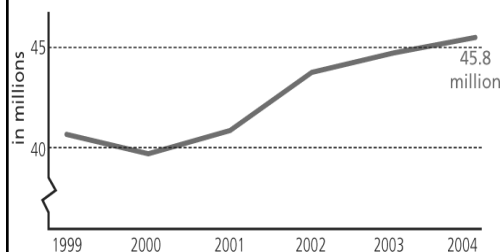
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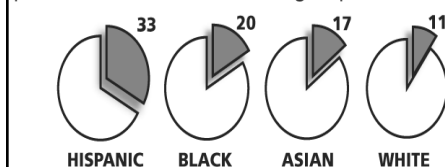
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Uninsured in America

The number of people without health insurance has been increasing since 2000.



percent of uninsured in these groups



Sources: U.S. Census Bureau, 1998 to 2005 Annual Social and Economic Supplements

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CNS graphic

About 16 percent those living in the United States do not have health insurance. That amounts to more than 45 million Americans with little or no access to affordable healthcare.

A troubling prognosis for New Jersey

In its annual healthcare supplement published in this edition, *The Catholic Advocate* takes an unflinching look at what is fast becoming a crisis in New Jersey. Sooner or later, everyone has to deal with healthcare issues. Whether it involves yourself or a family member, a doctor's office visit or hospital stay is inevitable.

Just what can be expected when illness or injury strikes? It depends.

Many residents of the Garden State, including those who call the Archdiocese of Newark home, are fortunate enough to have either private or employer-provided health insurance. With insurance there is access to quality physicians, abundant services and cutting-edge technology. Through preventative medical care, one can feel confident of a healthy life.

For the uninsured and underinsured, predominately concentrated in the inner city, it is a different story. Forced to make the local emergency room their primary-care option, they often show up when a normally treatable disease is well advanced. By that time, tragically, the medical odds can be stacked against them.

It is in the inner city where most Catholic hospitals operate, including the three facilities of the Cathedral Healthcare System.

Following the biblical mandate to care for the poor, Catholic hospitals are doing just that on a 24/7 basis. A real threat—and it is a threat—is the fiscal bureaucracy at the state and national level, which routinely results in crippling shortfalls in funds for Medicare, Medicaid and charity care programs. Enough is enough.

Catholic hospitals will always be there for the marginalized who, as God's children, deserve proper medical care. But the government must fairly respond to its responsibility.

'Therapeutic society' ponders tragedy and wickedness

At Mass on the morning of April 17, hours after a shooting spree at Virginia Tech had left dozens dead (including the shooter), the homilist spoke of the "tragedy" that had unfolded in Blacksburg the day before.

I had no sooner gotten home from church and checked the e-mail than I found a communication from the Parent and Family Affairs Office at the University of Maryland (where my son is a student) deploring the "tragic incident that transpired at Virginia Tech" and listing "resources available to the University of Maryland community during this time of immense tragedy."

But what, I wondered, was the "tragedy" here?

Terminal cancer in a five-year-old is "tragic." Macbeth is a "tragedy," in that the subject's flaws are ultimately the cause of the unraveling of his life. What happened at Virginia Tech, however, was not a "tragedy." It was a manifestation of what theologians once called the *mysterium iniquitatis*: the "mystery of evil."

The murders in Blacksburg were acts of wickedness, not the "tragic" unfolding of an unavoidable fate.

These things have to be called by their real names—as do suicide-homicide bombings in the Middle East; as do the acts of terrorists who plant "improvised explosive devices" (IEDs) along Iraq's roadsides in order to maim young Americans.

Evil is real and evil can take hold of minds and souls. How can any serious Christian look at the evil at work in Blacksburg and not be reminded of the warning we read every Tuesday night in Compline: "Stay sober and alert. Your opponent the devil is prowling like a roaring lion, looking for someone to devour..." (1 Peter 5:8-9a)? Like original sin, the reality of the Evil One is one of the doctrines of the faith for which there is ample empirical evidence.

The instinctive reach for the language of "tragedy" in the wake of a slaughter like Blacksburg—an instinct evident at Boston College and Catholic University as well as at state schools like Maryland—further confirms that the late Philip Rieff was spot-on when he described ours as a "therapeutic society." The language of psychology has dis-

The Catholic Difference

by George Weigel



placed the language of theology, as psychological categories of understanding have displaced theological explanations for what seems otherwise inexplicable.

On the day after the Virginia Tech shootings, when little was known (or at least reported)

about the shooter, *The Washington Post* nonetheless assured its readers that "deep frustration" was the likely cause of 32 murders. Spree killers, a researcher told *The Post*, are "very, very frustrated people who are so self-centered they feel the whole world is against them..."

"Frustrated," "self-centered," and "feel" are words

and expressions redolent of the therapeutic society. A different vocabulary is required here. Hell has sometimes been explained as the condition in which one is so utterly self-centered that, incapable of relationships or love, one's personality disintegrates into oblivion.

"Hellish," in this very specific sense, strikes me as a better adjective with which to describe the Blacksburg shooter than "frustrated." "Frustration" is a description of a psychological state. "Hellish" (or "wicked") is the far more accurate description of the moral condition—the state of soul—of someone who can shoot 32 innocent people in cold blood.

Police departments are neither theology departments nor confessionals and astute psychological profiling of potential spree killers obviously has its place. My point is a broader, cultural one: that the vocabulary of the therapeutic

society is a distraction from the real meaning of situations like the Virginia Tech shootings, which engages the most profound questions of good and evil.

The vocabulary of "tragedy," like the therapeutic vocabulary that is its first cousin, can also lead to an abrogation of responsibility: when your number's up, your number's up, so why live responsibly here and now?

No one wants a repetition of those "witchcraft" hysterics in which innocents were unjustly executed on spurious grounds of being demonically possessed. Unless we recover the vocabulary of good and evil, however, we will really not come to grips with what possesses a Hitler, a Stalin, a Pol Pot, a Khalid Sheikh Mohammed—or a spree killer on a Virginia campus.

(George Weigel is a senior fellow of the Ethics and Public Policy Center in Washington, D.C.)



Virginia Tech students hold up candles last month during an on-campus vigil in Blacksburg, VA. Cho Swung-Hui, a South Korean student from northern Virginia, has been identified as the gunman who killed 32 people April 16 at the university before taking his own life.

CNS photo

Lamb's suffering, victory transforms the universe

Readings: Acts 15:1-2, 22-29; Ps 67; Rv 21:10-14, 22-23; Jn 14:23-29.

How do we perceive and describe the Church? The outsider sees an enormous international organization, larger than General Motors or any major corporation yet having a very simple structure. It is a reality to be admired, but also to be feared by many in government and big business because it stands for principles and values quite alien to most modern societies.

In faith, of course, we recognize that the Church is an organism—the Body of Christ. It is a people that extends God's embrace to every corner of the world and invites the poor, the weak and the hungry to partake of gifts that fulfill all hopes yet are never exhausted or expended.

Moreover, "the Church, which is called 'that Jerusalem which is above' and 'our Mother' (Gal 4:26), is described as the spotless Spouse of the spotless Lamb" (Rev 19:7; 21:2, 9; 22:17). It is she whom "Christ loved and for whom he delivered himself up so that he might sanctify her" (Eph 5:26).

This statement, excerpted from the Second Vatican Council's Constitution on the Church (No. 6), draws upon the vision offered in the fourth Gospel and the Johannine Apocalypse, portraying the Church as Spouse/Mother and the Holy City of Peace.

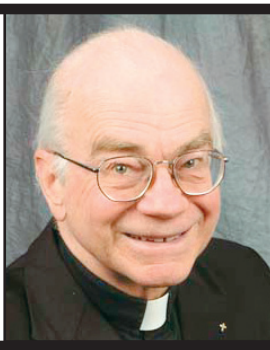
The last chapters of the apocalypse, associated in the liturgy with the triumph of Christ's resurrection being celebrated in the Paschal season, show how the suffering and victory of the Lamb transform the universe. The perennial tensions between nature and art, between countryside and city, are not inherent to creation, but result from sin. In the new age, Eden and the new Jerusalem will be one.

The Church, already personified as Mother of God's children (Rev 12:17) is, paradoxically, "the Bride" being prepared for the wedding feast of the Lamb. The New

Sunday Readings

6th Sunday
of Easter
(May 13, 2007)

By Father Lawrence Frizzell



Jerusalem is described as coming down from heaven yet shows continuity with the long history of God's people. Thus, the gates to the city are named after the Twelve Tribes of Israel; the foundation stones are inscribed with the names of the Twelve Apostles of the Lamb.

Does our experience of the Church, of our local parish, provide us with hints of this marvelous heavenly city and the wedding feast of the Lamb? Just as the earthly city of Jerusalem at times seems far from the peace ("shalom") that is integral to

its name, so the Church of any age or place can be caught in dissension and controversy.

The text from the Acts of the Apostles read this Sunday describes the tensions between Christians coming from different backgrounds. The burning question focused on the obligations of gentiles who were received into the Church. Should the men be circumcised and should the other laws of Judaism be observed? A distinction between moral laws (as contained in the Decalogue) and other practices was not clear to many. When a dispute cannot be satisfied locally,

the community should send delegates to seek the wisdom of higher authority.

The Apostles and elders in Jerusalem laid down a principle that was developed by St. Augustine: "In necessities, unity; in other matters, liberty; in everything, charity." To preserve harmony in the community they exhorted the Christians of gentile background "to abstain from meat sacrificed to idols (see 1 Cor 10:23-30), from blood, from the meat of strangled animals, and from illicit sexual union" (see 1 Cor 5:1-5). Common table fellowship is essential to a community, so non-Jews should make an effort to refrain from dietary practices unacceptable to Jewish Christians. They should also follow the laws of Leviticus 18 regarding marriage; later the Church would legislate on these questions relating to the family.

Are tensions in our day approached with such openness to the guidance of the Church's leaders, with such deference to our neighbor? Or are we rather remote from the peace, which is Christ's final gift to the Church (John 14:27)? The Lord's peace is not merely a call for toleration, much less an invitation to compromise moral principles. Rather, it is a creative dimension of love, which was acquired through the sacrifice that unites peoples by removing obstacles and barriers that isolate them (see Eph 2:14).

This peace of Christ after the resurrection is associated with the gift of the Holy Spirit for the forgiveness of sin (Jn 20:19-23).

This Spirit is the Paraclete (the Advocate, Counsellor, Consoler and Admonisher), sent to instruct the community of faith in every age and to remind Christians of all that Jesus taught the Church. Undoubtedly the Church in our time needs inner peace to provide the vision of God's truth effectively to the confused world in which we live.

May the prayer of the faithful for the gifts of the Holy Spirit intensify our response to be peacemakers in Christ's name.

(Father Lawrence Frizzell is the director of the Institute of Judaean-Christian Studies at Seton Hall University.)

Easter season: a time to savor the faith journey

This Easter season is considered by the Church as the period of "mystagogia," a time when we recall the "signs and wonders" that were revealed by God to the early Church communities as recorded in the Gospels and the Acts of the Apostles.

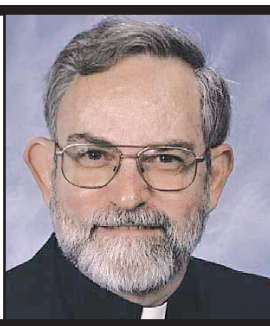
For those "elect" who were initiated into the Church at the Easter Vigil, it is now a time to celebrate the wonders God has done and is doing in their new life as "neophytes" in the faith. For those entering into the full communion of the Catholic Church or who will be completing their initiation through Confirmation and/or Eucharist, it is a time of recommitment to God and the Church.

For the rest of us, this Easter season is a time to renew our appreciation of this marvelous Catholic faith we have and to put it better into practice by our sharing it with others. For parishes, which did not conduct their own retreat for their RCIA (Rite of Christian Initiation of Adults) catechumens and candidates, the Archdiocesan Office of Divine Worship provided their annual day of recollection at Annunciation Parish in Paramus before Holy Week began.

In some of the spontaneous sharings of those about to be sacramentalized, it was clear that their journeys of faith, through many twists and turns, starts and stops, had begun to bear fruit as they engaged wholeheartedly in the RCIA process. Much like the seeds and roots of plants and trees, which lie seemingly dormant in the winter soil only to burst forth with new life in the warmth of springtime, so you could see and hear the spiritual progress they

Seeing & Believing

By Rev. Msgr.
Richard J. Arnholz



were making from individuality to community, from disconnectedness to dedication, from doubt to faith.

Ideally, this is a process that goes on inside each of us—nourished in parish settings through liturgies, prayer and faith sharing groups, and special devotions.

On an archdiocesan level, a variety of organizations and apostolates serve the cause of deepening holiness, such as the Filipino Bukas-Loob Sa Diyos ("open in spirit to God"), Charismatic Renewal, Community of God's Love, Couples for Christ, Cursillo, Daisy Ministry,

Engaged and Marriage Encounter, Families of Nazareth, Focolare Movement, Holy Name Federation, Knights of Columbus, Legion of Mary, Magnificat Ministry to Catholic Women, Matrimonios Unidos en Cristo, Men's Apostolate, Our Lady of Fatima First Saturday Family for the Disabled, Renew, and Retrouvaille, among others. Campus ministers engage students in meaningful spiritual dialogue and experiences at our colleges and universities.

Furthermore, we are blessed with three locations that provide a broad range of opportunities for spiritual growth and renewal: the Archdiocesan Youth Retreat Center in Kearny, Centro Guadalupe in Union City, and the Retreat Center La Casa del Padre in Maplewood.

When you think of it, God is indeed working many signs and wonders right in our midst, through these and so

many other ministries, and through clergy, religious, and laity who call our attention to God's wonderful presence and action among us.

As we let the risen Christ touch our minds and hearts, may our openness to God's mighty works of strengthening, conversion and repentance help us all to more fully see and believe.

(Rev. Msgr. Richard J. Arnholz is pastor of St. John the Evangelist Parish in Bergenfield and Archdiocesan Vicar for Pastoral Life.)

This is a process that goes on inside each of us—nourished in parish settings through liturgies, prayer and faith sharing groups, and special devotions.

Vatican commission rethinks limbo, reflects on the theology of salvation

VATICAN CITY (CNS)—After several years of study, the Vatican’s International Theological Commission said there are good reasons to hope that babies who die without being baptized go to heaven.

In a document published last month, the commission said the traditional concept of limbo—as a place where unbaptized infants spend eternity but without communion with God—seemed to reflect an “unduly restrictive view of salvation.”

The Church continues to teach that, because of original sin, baptism is the ordinary way of salvation for all people and urges parents to baptize infants, the according to the document.

But there is greater theological awareness today that God is merciful and “wants all human beings to be saved,” it said. Grace has priority over sin, and the exclusion of innocent babies from heaven does not seem to reflect Christ’s special love for “the little ones,” the commission document states.

“Our conclusion is that the many factors that we have considered...give serious theological and liturgical grounds for hope that unbaptized infants who die will be saved and enjoy the beatific vision,” the document noted.

“We emphasize that these are reasons for prayerful hope, rather than grounds for sure knowledge,” it added.

The 41-page document, titled “The Hope of Salvation for Infants Who Die Without Being Baptized,” was published in Origins, the documentary service of Catholic News Service. Pope Benedict XVI authorized its publication earlier this year.

The 30-member International Theological Commission acts as an advisory panel to the Vatican, in particular to the Congregation for the Doctrine of the Faith. Its documents are not considered expressions of authoritative Church teaching.

The commission’s document said salvation for unbaptized babies who die was becoming an urgent pastoral question, in part because their number is greatly increasing. Many infants today are born to parents who are not practicing Catholics, and many others are the unborn victims of abortion, it said.

Limbo has never been defined as Church dogma and is not mentioned in the current Catechism of the Catholic Church, which states simply that unbaptized infants are entrusted to God’s mercy. But limbo has long been regarded as the common teaching of the Church.

In the modern age “people find it increasingly difficult to accept that God is just and merciful if He excludes infants, who have no personal sins, from eternal happiness,” the new document said.

The Church’s hope for these

infants’ salvation reflects a growing awareness of God’s mercy, the commission said. But the issue is not simple, because appreciation for divine mercy must be reconciled with fundamental Church teachings about original sin and about the necessity of baptism for salvation, it said.

The document traced the development of church thinking about the fate of unbaptized children, noting that there is “no explicit answer” from Scripture or tradition.

The document outlined several ways by which unbaptized babies might be united to Christ:

- A “saving conformity to Christ in his own death” by infants who themselves suffer and die.
 - A solidarity with Christ among infant victims of violence, born and unborn, who like the holy innocents killed by King Herod are endangered by the “fear or selfishness of others.”
 - God may simply give the gift of salvation to unbaptized infants, corresponding to His sacramental gift of salvation to the baptized.
- The document said the standard teaching that there is “no salvation outside the Church” calls for similar interpretation.
- Cardinal Joseph Ratzinger, now Pope Benedict, was president of the commission and head of the doctrinal congregation when the commission began studying the question of limbo in a systematic way in 2004.

The Pope Speaks

Pope Benedict XVI



Dear Brothers and Sisters,

Last week we looked at the life and writings of Origen of Alexandria. Today, I would like to consider two significant themes in his work. Origen’s teaching on scripture greatly influenced the Church’s rich tradition of *lectio divina*.

Through the prayerful and faith-filled reading of the scriptures, we are drawn in love to mystical union with God. Just as a man and a woman become “one flesh” in marriage, so—in prayer—the Church and each of her members become one in the Spirit with the divine Bridegroom.

Regarding the Church, Origen teaches us the importance of the priesthood of all the faithful. As a member of this common priesthood, every believer is called to put on “priestly attire” by living a pure and virtuous life. Loving intimacy with God through prayer and the offering of an upright and moral life—these are two of Origen’s most important lessons for us; these are the ways we keep the “gaze of our hearts” fixed on the “Wisdom and Truth who is Jesus Christ.” God bless you all!

Sal Solo changes his tunes

Continued from page 5

love song. When radio stations found out what the song was about, they blacklisted it. The radio stations said that it wouldn’t be suitable for a family audience,” Solo explained.

Dismayed by the hypocrisy, Solo left the secular music industry. “Fans were shocked when I recorded the (Christian) song,” he said. “Everything goes (in music) except the right to life. You can talk about rape, murder and degrade women, but a child’s right to life cannot be heard,” he lamented.

A dynamic speaker, Solo used multimedia images, including original songs and film projections, to involve young people with his presentation. He opened his speech at the pro-life rally by shouting out to the crowd: “We are here to change the world!” The audience responded in agreement with joyous shouts that echoed throughout the auditorium.



Advocate photos – M. Gabriele

HISPANIC STEWARDSHIP—The Archdiocese of Newark hosted the third-annual Hispanic Stewardship Day on March 24 at the Archdiocesan Center. Sponsored by the archdiocesan Stewardship Office, the event attracted over 220 people and provided information to help Hispanic parishes to grow, increase spiritually and boost the participation of parishioners in parish programs. Featured speakers at the event included (left to right) Father Juan Luis Calderon, O.A.R., from Centro Guadalupe, Union City; Liliana Soto, the archdiocesan coordinator of evangelization; and Father John J. Galeano, the parochial vicar of Our Lady of Mount Carmel Parish, Jersey City. Carla Gonzalez, who opened the program, serves as the archdiocesan executive director of development. Call Gesenhia Lopez at (973) 497-4091 for more information on archdiocesan stewardship programs.



INTERFAITH GATHERING—Most Rev. John W. Flesey (right), regional bishop of the Archdiocese of Newark for Bergen County and the pastor of Most Blessed Sacrament, Franklin Lakes, was the keynote speaker at the 21st annual Interfaith Brotherhood/Sisterhood Brunch. The event, sponsored by the Bergen County interfaith group, was held March 25 at the Marriott Glenpoint, Teaneck, and was composed of leaders from the Roman Catholic, Baha’I, Hindu, Jain, Jewish, Islam, Protestant and Sikh faith communities. Pictured with Bishop Flesey at the dais are (left to right) Amrik Singh Sikand, a longtime member of the Sri Guru Singh Sabha (Gurdwara) Temple, Glen Rock, and Imam Saeed U. Qureshi of the Darul Islah Muslim Community of Bergen County. Bishop Flesey, in his keynote remarks, praised the vast diversity and spiritual outreach of those gathered at the brunch. “We realize our interconnectedness with one another as people of faith,” he declared. “Faith welcomes all but also challenges all.”

Celebrating a rich heritage that honors diversity

BY MELISSA MCNALLY
Staff Writer

Incorporated as an Italian National Parish on May 9, 1917, Saint Joseph Parish maintains its heritage while welcoming a growing Filipino and Latino population.

Spearheaded by the St. Joseph Society, the first Mass was celebrated on May 30, 1917.

Archbishop of Newark, John J. O'Connor, visited St. Joseph Parish in its first year to administer confirmation to 278 children.

Father Anthony Falzone was the first pastor. As an eloquent and active preacher, he led the Italian congregation with a firm hand and had an authoritative presence in the community.

To help with the English-speaking, first-generation children, he enlisted the help of the Children of Mary Sodality. Father Falzone saw a need to expand the parish and bought property where the former St. Joseph School is located, enlarged the rectory and began widening the building.

The parish had grown to

over 800 families by 1935. The following year, before the renovation was completed, Father Falzone died. The Filippini Sisters came to St. Joseph Parish in 1939 and were instructors at St. Joseph School, which opened in 1951.

After the death of Father Falzone, Archbishop Thomas J. Walsh appointed Father Michael DeAngelis, C.R.M., as pastor. Through today, the Clerics Regular Minor (Adorno Fathers and Brothers) group continues to operate the parish. Father Hector DiNardo, C.R.M., the current pastor, was appointed in 1973.

Since the 1950s, several parish masses had to be con-

parishioners, the parish incorporates its traditions and celebrations including the annual novena of Misa de Gallo, a monthly Tagalog Mass and devotion to Our Lady of Perpetual Help.

For 35 years, Father DiNardo has been pastor of St. Joseph Parish and has witnessed its evolution, including changing demographics and the New Energies Program throughout the archdiocese. "We have a close-knit community and the religious community of the Adorno Fathers have been here since 1936. We keep our traditions close to us. There is a family spirit in the parish," he said.

Although well adored and a key figure in revitalizing in the parish, Father DiNardo remains humble. "I am an ordinary, simple priest and I try to do my duty," he said. "I feel as though I am well respected in the parish. There us a great involvement of people in the life of the parish."

Stephen LoIacono, a lifetime parishioner, believes that Father DiNardo is a great leader who propelled the parish into the future. "Under (Father DiNardo's) leadership, I have seen a transformation including the new rectory and the church building. He has also changed how the parish functions and gave laity more of a voice in the parish. Prior to Father Hector, the parish was more conservative and old-fashioned. He brought us into the 21st century," LoIacono added.

After the closing of St. Joseph School, the pastor rented the space to Bergen County. "Father DiNardo is a keen businessman. He reached out to businesses and he was able to salvage income for the church. Father DiNardo is a great leader on the secular level as well as on a spiritual level. The door to his office is always open. He leaves people to do their job without micromanaging," LoIacono added.

LoIacono has been involved in the Saint Joseph Festival for 35 years and has been chairman of the committee for the past two decades. He believes the Adorno Fathers create a unique parish family that celebrates Italian heritage. "When I was a young boy, there were more Italian-American members. There was always a cul-

Saint Joseph Parish, Lodi

ducted in the school auditorium due to lack of space in the church. Archbishop Boland granted formal permission to construct a new church in 1974. The groundbreaking was held on the Feast of St. Joseph, March 19, 1975. The new church was consecrated a year later. Father DiNardo was instrumental in getting parishioners involved in the building of the current church.

Today, there are 1,685 families at St. Joseph Parish. Along with Italian-Americans, there has been an increase in the number of Filipino and Hispanic parishioners. Religious groups, such as Saint Joseph Society, La societa' della Immacolata concezione, the Catholic Daughters, and the Filipino-American apostolate of Saint Joseph, Lodi, continue their respective missions at the parish.

The parish continues to celebrate its patron saint at the Saint Joseph Table, which took place on March 19. For the event, which is held during Lent, parishioners bring meatless foods, including the traditional pasta di San Giuseppe, and other Italian specialties to thank God for His blessings.

The Saint Joseph Festival on Labor Day weekend draws thousands of people from Lodi and other surrounding communities. Food, games and a procession led by the Saint Joseph Society are highlights of the weekend. With a rise in Filipino



Submitted photos

Founded in 1917, St. Joseph Parish is steeped in Italian tradition. Pictured here is the original church, which was torn down in 1975. The annual Saint Joseph Festival draws the town together in celebration during Labor Day Weekend with food, games and a religious procession.



The new church building was constructed in 1976 under the leadership of Father Hector DiNardo, C.R.M., who has been pastor for 35 years.

tural bond between the priests and the community. The bond still remains after all these years and we still feel close to each other."

The four-day festival celebrating the parish's patron saint has two functions, LoIacono believes. The Saint Joseph Society still oversees the religious aspects including the procession and Mass on the final day of the event. There is also a secular contribution to the festival that unites the entire town.

"The streets are lined with food and rides and it draws throngs of people. Any politician worth their salt is here campaigning and everyone in Lodi finds himself or herself at

the festival. Everyone participates and there are a lot of people and families that volunteer. The Saint Joseph Festival has always been a part of my life," LoIacono declared.

St. Joseph Parish has had a profound impact on LoIacono's life and his fondest memories revolve around the parish. "The Filippini Sisters did a great job educating us at St. Joseph School. My own wedding, my children's baptism; they have all taken place at St. Joseph's and its is a very special place for me. My wife and I moved to Mahwah and we still come to Mass here. I wouldn't think of leaving."

(St. Joseph Parish is located at 40 Spring St., Lodi.)

Meet the Pastor



Reverend
Hector DiNardo, C.R.M.

Date of Birth: February 2, 1931

Hometown: Rocca Montepia, Italy

High School: Adorno Fathers and Brothers, Italy

Undergraduate: Gregorian University, Rome

Ordination: February 25, 1956

Hero: Pope John Paul II

Favorite Saint: St. Therese of the Little Flower

Favorite Sport: Walking

Favorite Food: Pasta

Favorite Subject in School: History

Favorite Movie: The Ten Commandments

Last Book Read: The Memory and Identity of Pope John Paul II

Occupation if I Weren't a Priest: Teacher

Cathedral opera to feature the voice of Barbara Dever

Continued from page 1

The three-act opera (“Dialogues of the Carmelites”) written by Francis Poulenc will feature singers from the Cathedral Music Ministry accompanied by the Cathedral Symphony Orchestra, in co-production with the New York Opera Society. Dever will perform the lead role of the Old Prioress in the production.

Dever made her Metropolitan Opera debut in 1994 as Amneris in “Aida.” During her career she has appeared with opera lumi-

naries such as Luciano Pavarotti, Placido Domingo, Zubin Mehta, Nello Santi and James Levine. Her other roles at the Met include Azucena in “Il Trovatore,” Eboli in “Don Carlo” and Fricka in “Die Walküre.”

“Dialogues” is being performed to mark the deaths of three saints who served in the Carmelite order: Saint Mary Magdalene DePazzi, who died 400 years ago; Saint Raphael Kalinowski, who died 100 years ago; and most recently, Edith Stein, who died 65 years ago.

The opera, which debuted in 1957 at the world-famous La Scala Opera House in Milan, tells a true story of martyrdom and redemption.

During the final days of the French Revolution, the Committee of Public Safety was created to preserve the reforms of the revolution. Their aim was to eliminate all counter-revolutionary elements, including individuals whose primary devotion was to their faith. This resulted in the “Reign of Terror,” a dark period in French history characterized by a wave of executions.

Sixteen nuns from the Monastery of the Incarnation in Compiègne were arrested on June 24, 1794, and thrown into prison for failing to obey orders to stop



Barbara Dever

practicing their faith. While singing hymns, the courageous nuns were guillotined in Paris on July 17, 1794. They were beatified by Pope Pius X in 1906.



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Liturgy committees inspire adult faith formation

BY MARY BETH WALSH AND
DUGAN MCGINLEY

Special to *The Catholic Advocate*

The liturgy committee at Saint Joseph's Parish in Maplewood takes its direction from Vatican II's

Sacrosanctum Concilium (SC) on the sacred liturgy. We work to make clear that the liturgy is "the summit toward which all activity of the Church is directed, and the source from which all its power flows," (SC, 10) and we aim for the "full, conscious and active par-

ticipation in liturgical celebrations" of all the baptized (SC, 14).

Recognizing that our work together as a liturgy committee is a ministry of service to the parish, we strive to embrace certain "best practices" in liturgical planning and preparation.

These practices include: the collaboration of laity and clergy on the committee; fully involving ourselves in our liturgies, such as serving as lectors, extraordinary ministers of the Eucharist, musicians and hospitality; holding ourselves accountable for the community's experience of liturgy; and planning our liturgies so that they reflect both our community's diversity as well as our unity in faith.

Our aim is to move beyond nostalgia for how things were done in the past and move toward taking responsibility for the whole community's full liturgical life as a critical dimension of our ongoing adult faith formation.

Because we take seriously our responsibility to our community, we are committed to the ongoing formation of our parish's liturgy committee. We read books and articles on liturgy and do our best to educate ourselves on the whole of liturgical theology. We are in the process of actively recruiting younger members of the parish to the liturgy committee and aim to one day have the liturgy committee better reflect the ethnic and racial diversity of the entire parish.

Grateful for our community's diversity, we take seriously the need for our liturgies to display the uniqueness of our parish. This past Advent, the liturgy committee planned an evening of "Lessons and Carols on Mary," where we put into practice many of our values and goals. The lessons were drawn primarily from contemporary theological reflection on Mary, much of it written by Catholic women theologians from around the globe.

The carols were a mix of favorite Marian hymns as well as new, theologically rich, sacred music about the Blessed Mother. The format allowed us to include old and new music as well as ancient and contemporary spiritual writers reflecting on Mary's role in salvation history. We recruited a diverse group of younger women from the parish, many who had not taken on public roles in liturgy before, to read the lessons. The carols were accompanied by varied projected images of Mary on a screen set up on the side of the altar.

By engaging people with these visual, musical and theological reimaginings of Mary, while including some traditional favorites, we provided an evening of spiritual reflection for the parish, which highlighted our diversity while moving us all forward in the faith we share.

This evening of reflection afforded us the perfect opportunity to fully pursue and practice our goals and theological formation outside the context of a regular Sunday liturgy. Doing these kinds of creative "experiments" gives us a deeper insight into what works well for our parish and how best to incorporate these "best practices" into our Sunday celebrations.

We hope in our continued work together to provide for our parish liturgies that inspire and transform us every week of the year.

(Editor's note: Mary Beth Walsh, Ph.D., teaches in the pastoral ministry program at Caldwell College and serves on the liturgy committee of Saint Joseph's Parish in Maplewood. Dugan McGinley, Ph.D., is the director of music and liturgy at the parish.)

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Submitted photo

Brother William Mann poses with members of the Hudson Catholic Peer Ministry Program, left to right, seniors Mohammad Asjad, George Du, Calvin Liming and Paul Le. Speaking at the annual Human Rights Assembly at Hudson Catholic, Brother Mann told students they belong to "something bigger in life" and that they are "citizens of the world."

Brother William Mann attends HCHS human rights assembly

JERSEY CITY—Brother William Mann, F.S.C., Vicar General of the Brothers of the Christian Schools, spoke at the annual Human Rights Assembly at Hudson Catholic Regional High School (HCHS).

Brother Mann, whose offices are located in Rome, is the second-highest-ranking member in the Christian Brothers organization.

Arriving after a 16-hour flight, Brother Mann related personal stories and those of Christian Brothers around the world. He challenged the students to continue to be aware of "the poverty and strife that exists in the world." He reminded them that they belong to "something bigger in life" and that they are "citizens of the world."

The young men of HCHS, along with young people all over the world "have an obligation to serve others, to use your God-given gifts for others," he explained. Brother Mann told the students "the education that is given to the young men of Hudson Catholic is not for them, but rather it is to be used by them for the betterment of others." He challenged them by asking: "When Jesus knocks on the door of your heart, do you answer the door?" He asked them to look inside themselves and ask: "What are you willing to give your life for?"

Each year students at HCHS raise money and collect food and clothing to be donated to those in need. In fact, the HCHS students raise more money per capita than any other Lasallian high school in the Baltimore District.

Visit the school Web site (www.hudsoncatholic.org) or call (201) 332-3429 for more information about HCHS.

June 14 dinner in Edison to pay tribute to the teaching career of Dorothy Szot

BY TRISH FITZPATRICK
Special to The Catholic Advocate

WESTFIELD — A dinner honoring Dorothy Szot, the principal of Holy Trinity Interparochial School, will be held Thursday, June 14, at The Pines Manor in Edison.

Szot, who will be leaving her post as principal at the end of this school year, has been associated with Holy Trinity for 39 years. The theme of the dinner is "Celebrating Five Decades in Catholic Education."

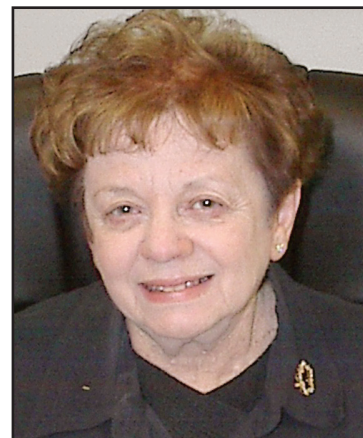
A native of Jersey City, Szot is a graduate of Fordham University, New York. She taught at St. Peter's Elementary School in Jersey City, and earned a tenured position in the Scotch Plains public system. She joined the staff of Holy Trinity as an eighth grade teacher in 1968.

She was instrumental in the planning and implementation of the co-sponsorship of Holy Trinity Interparochial by the parishes of Holy Trinity, St. Helen and Our Lady of Lourdes. Szot also obtained the prestigious Middle States ac-

creditation for Holy Trinity and established a second campus for the school in Mountainside.

Three years ago she was awarded the archdiocesan Sesquicentennial Cathedral Golden Jubilee Medal by Archbishop John J. Myers. This medal was given to her in recognition of her dedication to Holy Trinity Interparochial School as well as her contributions to Catholic education both in the Archdiocese of Newark and neighboring dioceses.

Joseph Cecala, a former Holy Trinity parent and bene-



Dorothy Szot

Any success I have achieved is due in large part to my Catholic education and Mrs. Szot is a big part of that for me. I am thrilled to be part of a dinner honoring this wonderful woman.'

— Holy Trinity graduate Joe Nolan of "Eyewitness News," "Good Morning America" and FM radio station WPLJ

factor of the school, will serve as co-chair for the testimonial dinner. The emcee will be Joe Nolan of "Eyewitness News," "Good Morning America,"

and FM radio station WPLJ. Nolan is a graduate of Holy Trinity whom Szot taught in the 7th and 8th grades.

"Any success I have achieved is due in large part to my Catholic education and Mrs. Szot is a big part of that for me," Nolan said. "I am thrilled to be part of a dinner honoring this wonderful woman."

Tim McLoone and his band will provide entertainment at the dinner. The Pines Manor is located at 2085 Route 27. Call the school at (908) 233-0484 for details on the event.

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Brian Feliciano essay wins national award

FAIRVIEW — Brian Feliciano, an eighth grade student at Our Lady of Grace School, was selected as the third-place winner in "Try Prayer! It Works!," the 12th annual nation-

al competition sponsored by Holy Cross Family Ministries, North Easton, MA.

Feliciano submitted an essay about hearing the knock at the door by Jesus and answering the

call. Father John Phalen, C.S.C., president of Holy Cross Family Ministries, said the contest enables children to "express creatively the importance of Jesus and Mary in their daily lives."

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Submitted photo

The Pre-K computer lab at Transfiguration Academy's Bergenfield campus was dedicated in March. Father Kevin Hanbury, the archdiocesan superintendent of schools (pictured above), attended the dedication event and observed students using their computers. Sal Tralongo is the principal of Transfiguration Academy.

Transfiguration computer lab provides online connection, downloads data to Pre-K kids

BERGENFIELD—Father Kevin Hanbury, Ed.D., vicar for education and superintendent of schools for the Archdiocese of Newark, officiated at the opening of Transfiguration Academy's third computer lab. The event was held March 16.

The new computer laboratory is specifically designed for Pre-K students in the school's Early Childhood Center. The lab includes 26 computers, allowing students one-on-one instruction by an experienced technology teacher. Children will learn fundamental computer skills and utilize age-appropriate software and programs.

Academy officials said that implementing a Pre-K-focused computer curriculum allows young children to familiarize themselves with technology concepts that will better prepare them for kindergarten and helps them develop stronger eye-hand coordination.

Joining Father Hanbury at the opening of the computer lab were Sister Joan Amelia, archdiocesan assistant superintendent of schools, Msgr. Richard Arnolds, Father Bob Laferrera, Sal Tralongo, the principal of Transfiguration Academy and Sister Madeline Hansen, director of the academy's Early Childhood Learning Center.

The new computer lab takes Transfiguration Academy a step closer to reaching one of its major goals of becoming a leader in educational technology. The academy now has dedicated computer laboratories in each of its three learning centers—early childhood, elementary and middle school.

The school also has installed seven "Smart Boards" on its campuses. Smart Board technology allows teachers and students to integrate a variety of interactive learning tools, including the Internet, into daily classroom instruction.

Contact Transfiguration Academy's New Milford campus at (201) 836-7074 or the Early Childhood Learning Center campus at (201) 384-3627 for more information about its technology curriculum.

Senate mulls death penalty

TRENTON—The N.J. Senate Judiciary Committee will hold a hearing May 10 on Bill 171—legislation that would repeal the death penalty in the Garden State.

Patrick R. Brannigan, execu-

tive director of the N.J. Catholic Conference (NJCC), said the bill is a humane alternative to the death penalty and enforces life imprisonment without eligibility for parole. N.J. bishops strongly favor repeal-

ing the death penalty, he noted. Archbishop John J. Myers is the president of the NJCC.

The bishops, in a statement, said they “recognize the continued need for improvement of our criminal justice system and for a greater societal commitment to crime prevention and victim assistance.”

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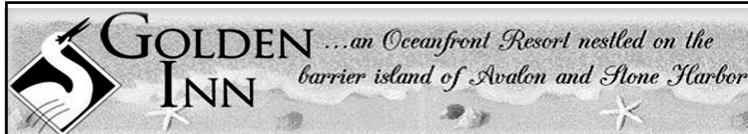
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Liturgy

Continued from page 1

Constitution on the Sacred Liturgy (*Apostolic Letter Spiritus et sponsa*, Dec. 4, 2003, No. 13). The liturgy provides opportunities for silence within its very structure. Do we use this silence well? Can we cultivate an atmosphere of silence without compromising our reverence for Christ present in the members of His body, the Church gathered in prayer? Do we spend time in quiet prayer so that when we come to the liturgy we can enter into it with all our hearts?

What about our commitment to the Lord and His commandment of love in the fabric of our lives? Is the Word of God proclaimed in the liturgy inscribed in our hearts? Are we committed to justice? Without serious efforts at ongoing conversion of life, our participation in the liturgy will be superficial.

Sunday is not only a day for the Eucharist, but a day set apart—a day for the Lord, a day for family, a day for charity. Pope John Paul II deemed it important that Sunday not be merely a second weekend day (*Apostolic Letter on Keeping the Lord’s Day Holy, Dies Domini*, No. 4; see *Spiritus et sponsa*, No. 9).

Please see related article discussing liturgy on page 12 of this edition

Important for us in the Archdiocese of Newark is the ability to provide worship in the many languages represented in our area. Worship in one’s own language enables not only understanding, but participation in the fuller sense, which is better able to touch the heart and to change lives. Similarly important is the incorporation of cultural idioms in the liturgy—something that Vatican II and subsequent liturgical documents encourage even as they set clear guidelines on the scope and nature of such inculturation. Within devotional life there is wider latitude for adaptation according to the customs and manners of expression of various cultures.

The ethnic and cultural backgrounds that people bring to the liturgy have much bearing on the musical dimension of the liturgy. Music enables deeper and fuller expression, indeed greater participation, than the mere spoken word.

Some parishes consciously prepare liturgies for different Sunday masses each week with different genres of music, while other parishes incorporate different forms of music in the same liturgy.

Rich variety serves ultimately to enable people to encounter Jesus Christ more profoundly and to allow the grace of the eucharistic sacrifice to incorporate them into the dying and rising of Jesus.

Pope John Paul II, evaluating the state of the liturgy 25 years after Vatican II’s Constitution on the Sacred Liturgy, underlined the need for balance and we do well to receive guidance from his words. “In the work of liturgical renewal, desired by the council, it is necessary to keep in mind ‘with great balance the part of God and the part of man, the hierarchy and the faithful, tradition and progress, the law and adaptation, the individual and the community, silence and choral praise’” (John Paul II, Address to the Congress of Presidents and Secretaries of National Liturgical Commissions, Nov. 27 1984, quoted in *Apostolic Letter Vicesimus quintus annus*,

Dec. 4, 1988, No. 23).

Balance enables us to hold onto and to rediscover the gifts of the Church’s long liturgical tradition, the gift of the liturgical renewal, and to go ever deeper. Indeed, John Paul II entitled a section of his 40th anniversary reflection on Vatican II’s constitution “From Renewal to Deepening” (*Spiritus et sponsa*, No. 6). May we heed this advice for our approach to the liturgy, really an application of his

advice for setting out into the third millennium, the words of Jesus to Peter: “Put out into the deep!” (Luke 5:4, quoted in *Apostolic Letter at the Close of the Great Jubilee of the Year 2000, Novo millennio ineunte*, No. 1).

(*Msgr. Gerard McCarren, based at Immaculate Conception Seminary, Seton Hall University, South Orange, is the chairman of the archdiocesan Liturgical Commission.*)



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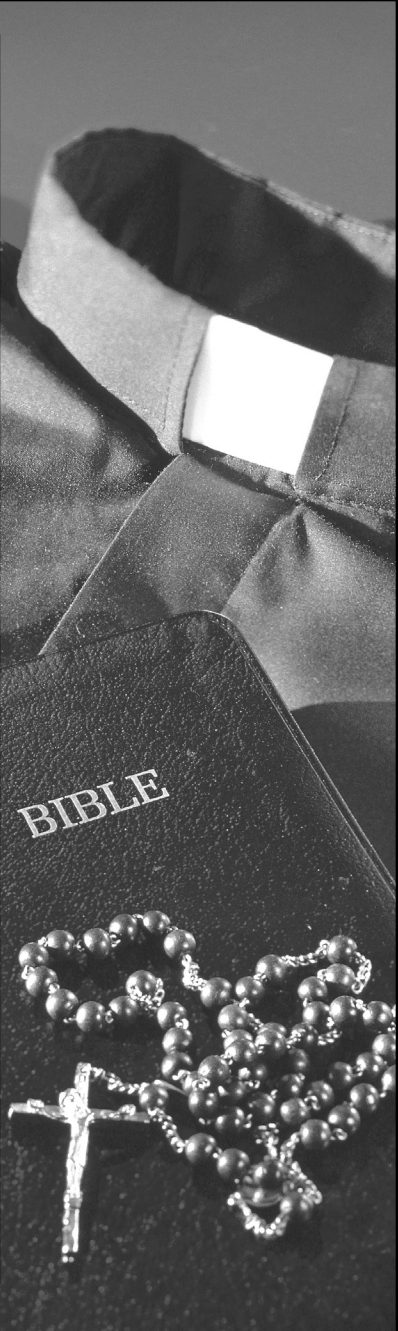
“Come and see,”
He answered.

John 1:38-39

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NOVENAS

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Oh Glorious Saint Theresa, whom almighty God has raised up to aid and counsel mankind. I invite your miraculous intercession. So powerful are you obtaining every need of body and soul, our Holy Mother Church proclaims you a "Prodigy of Miracles." Now fervent beseech you to answer my petition (mention here) and carry out your promise of doing good upon earth of letting fall from heaven a shower of roses. Henceforth, Dear little flower, I will fulfill your plea to be made known everywhere and I will never cease to lead others to Jesus through you. Amen.

(Say prayer everyday for 9 days. By 4th day, ask for a sign. If prayers are to be answer. Between 4th and 9th day, you will see arose in magazine, TV picture or receive roses. You can also get a strong scent of roses in home even if no roses present. Must promise publication. Thank you.)

B.B.

PRAYER TO ST. CLAIRE

Ask St. Claire for three favors; one Business and two impossible. Say nine Hail Mary's for nine days with a lighted candle. Published the ninth day "May the Sacred Heart of Jesus be praised, adored, and glorified today and every day. Requests will be granted no matter how impossible they seem. Publication must be promised.

L.L.

PRAYER TO ST. CLAIRE

Ask St. Claire for three favors; one Business and two impossible. Say nine Hail Mary's for nine days with a lighted candle. Published the ninth day "May the Sacred Heart of Jesus be praised, adored, and glorified today and every day. Requests will be granted no matter how impossible they seem. Publication must be promised.

J.C.

PRAYER TO THE
BLESSED VIRGIN

Oh most beautiful flower of Mount Carmel, fruitful vine, splendor of Heaven, Blessed Mother of the Son of God, Immaculate Virgin, assist me in my necessity. Oh, Star of the Sea, help me and show me that you are my mother. Oh Holy Mother of God, Queen of Heaven and Earth, I humbly beseech you from the bottom of my heart to secure me in my necessity (make request). There are none that can withstand your power. Oh Mary, conceived without sin, pray for us who have recourse to thee. I place this cause in your hands. Amen. Say this prayer for 3 consecutive days. Novena is published in gratitude. Thank you.

J.W.

PRAYER TO ST. CLAIRE

Ask St. Claire for three favors; one Business and two impossible. Say nine Hail Mary's for nine days with a lighted candle. Published the ninth day "May the Sacred Heart of Jesus be praised, adored, and glorified today and every day. Requests will be granted no matter how impossible they seem. Publication must be promised.

E.M.

ST. THERESA

Oh Glorious Saint Theresa, whom almighty God has raised up to aid and counsel mankind. I invite your miraculous intercession. So powerful are you obtaining every need of body and soul, our Holy Mother Church proclaims you a "Prodigy of Miracles." Now fervent beseech you to answer my petition (mention here) and carry out your promise of doing good upon earth of letting fall from heaven a shower of roses. Henceforth, Dear little flower, I will fulfill your plea to be made known everywhere and I will never cease to lead others to Jesus through you. Amen.

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J.C.

NOVENA TO ST. JUDE

May the Sacred Heart of Jesus be adored, glorified, loved and preserved throughout the world now and forever. Sacred Heart of Jesus, pray for us. St. Jude, worker of miracles, pray for us. St. Jude, helper of the hopeless, pray for us. Amen. Say this prayer nine times a day for nine days. Published in gratitude. Thank you, St. Jude.

J.C.

PRAYER TO ST. JUDE

Oh, Holy St. Jude, Apostle and Martyr, great in virtue and rich in miracles, near Kinsman of Jesus Christ, faithful intercessor of all who invoke your special patronage in time of need, to you I have recourse from the depth of my heart and humbly beg to whom God has given such great power to come to my assistance. Help me in my present and urgent petition (make request). In return I promise to make your name known and cause you to be invoked. Say three Our Fathers, three Hail Marys and Glorias. St. Jude, pray for us all who invoke your aid. Amen. This Novena must be said for 9 consecutive days. Thank you for answering my prayer. Novena is published in gratitude.

J.R.G.C.

NOVENA TO ST. JUDE

May the Sacred Heart of Jesus be adored, glorified, loved and preserved throughout the world now and forever. Sacred Heart of Jesus, pray for us. St. Jude, worker of miracles, pray for us. St. Jude, helper of the hopeless, pray for us. Amen. Say this prayer nine times a day for nine days. Published in gratitude. Thank you, St. Jude.

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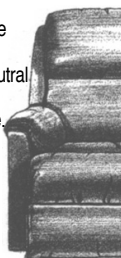
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Wednesday, May 9, 2007



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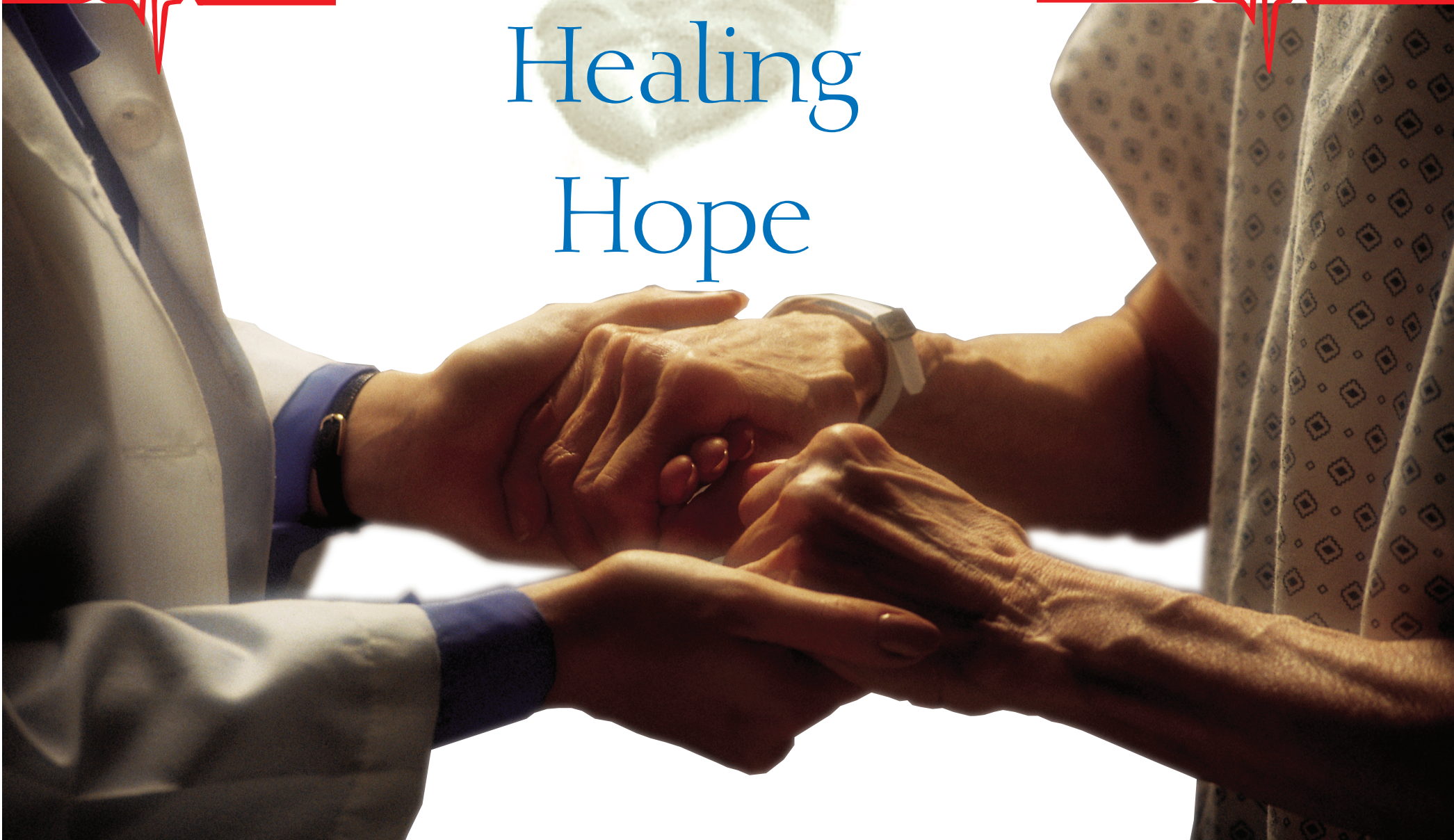
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BY MOST REVEREND JOHN J. MYERS
ARCHBISHOP OF NEWARK

The subject of healthcare has been on my mind much throughout this past year or more. I suspect that this may be true for many people my age.

Sadly, too many of us fail to think enough about our health or about healthcare—doctors, hospitals, insurance, and such—until illness or injury strikes. As many of you know, I had surgery on my back in December 2005 that required some period of recovery. While the procedure was successful, and the condition that necessitated the surgery no longer exists, I have forgotten neither my pre-surgery fear and pain, nor my immense appreciation for the talent, compassion, and healing touch of those who cared for me.

I was fortunate—I received the best in care, covered by a comprehensive health plan. But what of those who are not so fortunate? Who is responsible for the care of the poor and most vulnerable among us?

In the *Ethical and Religious Directives for Catholic Health Care Services*, the National Conference of Catholic Bishops provides clear guidance on this issue: “The biblical mandate to care for the poor requires us to express this in concrete action at all levels of Catholic healthcare. This mandate prompts us to work to ensure that our country’s healthcare delivery system provides adequate healthcare for the poor. In Catholic institutions, particular attention should be given to the healthcare needs of the poor, the uninsured, and the underinsured.”

Of course, most of us think of healthcare in terms of the personal, not the societal. We take for granted that the facilities, services, and experts will be there, when and where we need

them. Thankfully, private or employer-provided insurance enables the majority of archdiocesan residents to enjoy access to good hospitals and good care. But this is not the case for a growing number of people, particularly in our inner-city communities.

Far too many people in this state and country simply cannot afford adequate health insurance. Rather than being able to visit a primary care doctor for preventative care, they must rely on overcrowded emergency rooms to receive treatment.

The U.S. Conference of Catholic Bishops continues to advocate for better access to insurance and healthcare, most recently through a National Call-in Day for Children’s Healthcare in March. In addition, the Catholic Hospital Association, supported by the Robert Wood Johnson Foundation, has sponsored Cover the Insured Week. The goal of this effort is to seek reauthorization and full funding for the State Children’s Health Insurance Program, which keeps the door to quality healthcare open for millions of American children. Such efforts are essential if Catholic hospitals are to remain faithful to their mission of healing and hope.

Last summer, I wrote that the governor and state legislature had come through a difficult budget period and made some tough decisions concerning what programs and initiatives the state needed to support financially during this current year. They faced fairly typical “guns or butter” choices in trying to fulfill government’s obligations to meet the needs of New Jerseyans under tough budgetary constraints. I cautioned that healthcare in this state would be forcing many urban hospitals to prepare for difficult choices of their own.

We are now going through another budget cycle and the situation has not improved. Quite simply, the prognosis for healthcare in New Jersey—in particular, Catholic healthcare—is bleak indeed.

A recent *New York Times* editorial characterized New Jersey as a “financially troubled state with more fiscal responsibilities than it can possibly meet.” The editorial quite accurately explained that “while much of New Jersey has too many hospital facilities,

Sincerely in the Lord



Archbishop John J. Myers

some urban areas do not have enough, and the state does not come close to reimbursing hospitals for the full costs of treating uninsured patients.” Here in the Archdiocese of Newark, we know how true that is.

Our archdiocesan-sponsored hospital system—Cathedral Healthcare System—operates three hospitals in Newark: Saint Michael’s Medical Center, St. James Hospital, and Columbus Hospital. All too often they represent the only source of healthcare for the residents they serve—many of whom are uninsured or underinsured.

Our hospitals, which boast world-class physicians and cutting-edge technology, have a long and proud tradition of compassionate service to some of our most vulnerable brothers and sisters. Committed to healing both the body and

spirit, their trained, dedicated staff work in one of the most challenging environments for healthcare today—a situation faced by other Catholic institutions serving the poor and the working poor across the state. Like St. Joseph’s in Paterson, St. Francis in Trenton, Our Lady of Lourdes in Camden, St. Clare’s in Denville, St. Peter’s in New Brunswick and Holy Name in Teaneck, the hospitals of the Cathedral Healthcare System must rely upon government to be a responsible partner in the delivery of vital services to those in need.

Healthcare delivery is expensive and getting more so every day. To remain viable healthcare providers, our hospitals must be able to count on appropriately funded Medicare, Medicaid, and charity care programs. In recent years, the Archdiocese of Newark has done what it could to help bridge the gap between rising costs and decreasing government funding. But we can only do so much.

Thanks to the generosity of people across the Archdiocese of Newark, the Church engages in important Gospel-based work. But schools, parishes, social service outreach, and other programs and ministries are competing for their share of limited funding. As a result, we are finding it increasingly difficult to maintain the level of support we provide to our hospitals. Today, I ask for your help.

First, please pray for the thousands of healthcare professionals who serve in our Catholic hospitals and facilities. May they continue to benefit from Our Lord’s blessings and strength as they do His work.

Second, make the future of healthcare your personal concern. Let your voice be heard by our elected representatives in Trenton and Washington. Make sure they understand that you expect government to be a full partner in the delivery of healthcare for those in greatest need. Urge them to fund Medicare, Medicaid, and charity care at levels that will enable urban hospitals to continue the pursuit of their vital mission.

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Quality, compassionate healthcare confronts looming financial pain in the Garden State

BY FATHER JOSEPH KUKURA
Special to *The Catholic Advocate*

The healthcare industry has experienced remarkable and challenging changes in the last 145 years, but one thing remains the same: the Catholic health ministry's desire to care for the whole person: body, mind and spirit.

Catholic healthcare is a system that combines compassionate care with leading-edge technology, state-of-the-art services and facilities, and dedicated world-class, award-winning physicians and technicians. It offers quality healthcare that defends the dignity of life and is faithful to the total needs of patients as well as the ethical imperatives of the Catholic moral tradition.

But given turbulent financial, operational and regulatory times for all New Jersey hospitals, Catholic facilities currently face a looming crisis that threatens their existence and ability to provide their unique caring mission. In fact, financial pressures already have taken their toll. Just three years ago, there were 18 Catholic hospitals in the Garden State; today there are 15 and those that remain now confront a painfully uncertain future.

Today's pressures shape tomorrow's outlook

Much like the 17 million patients they treat each year, New Jersey's 82 not-for-profit hospitals are ailing. Their condition, marked by falling operating margins, diminished cash reserves, increased debt, and for many the uncertainty of even keeping their doors open, is characterized by numerous troubling symptoms.

Half our state's hospitals are now operating in the red. For the rest, ongoing flat financial performance keeps them mired just above break-even. All this plays out at a time when hospitals elsewhere in the nation appear to be regaining their health.

Many of New Jersey's Catholic hospitals are located in financially stressed urban centers where the poor and unin-

sured find a home and need medical services. Ongoing cuts to the Medicare and Medicaid programs; the rise of managed care's delays and denials of healthcare reimbursement; competition from freestanding ambulatory care centers; and a growing gap in charity care funding combined with an uninsured number that has grown to 1.4 million are factors that have placed many of Catholic healthcare facilities on the critical list.

Catholic hospitals are not immune from these market pressures, particularly when it comes to providing charity care. Unlike other states, New Jersey does not have a system of public acute-care hospitals. All hospitals in the United States are obliged to render emergency care after which patients are transferred to existing public hospitals. In New Jersey, private hospitals must provide access to the full continuum of healthcare services regardless of a patient's ability to pay.

Rather than establishing a two-tiered approach to healthcare, the Garden State, in 1997, established the Charity Care Assistance (Web site fact sheet: www.state.nj.us/health/cc/documents/ccfactsh.pdf; information hotline: 866-588-5696). The state Department of Health and Senior Services administers the Charity Care program.

In conjunction with the Charity Care program the state has established a system of reimbursement to pay hospitals directly for the services provided to the uninsured population who can be qualified for charity care. This "payment for services provided" program in its inception fairly reimbursed hospitals. But in recent years, even though hospital costs for care and the number of uninsured have increased, the difference between costs and state reimbursement has widened significantly. (Web site: www.njha.com/advocacy/pdf/State_Charity_Care_Shortfall_Trend.pdf).

New Jersey hospitals provide more than \$1.6 billion in charity care yearly, which the state subsidizes through a variety of designated funds. Catholic hospitals alone account for over \$202 million of that charity care cost. This cost estimate only includes care of those who can be qualified for the official state charity care

program. It does not include charity care for those who can't be qualified, such as many homeless, undocumented immigrants, and behavioral health patients. Gov. Jon Corzine's proposed 2008 budget proposes less than \$138 million in reimbursement for these costs, leaving a gap of \$64 million.

On another front, Medicare and Medicaid reimbursement have failed to keep pace with the cost of delivering care to the elderly and poor. The federal Medicare program pays hospitals 89 cents for each dollar of care they provide, while Medicaid rates in New Jersey cover just 73 percent of hospitals' costs. To add insult to injury, recently proposed cuts outlined in President Bush's 2008 budget would carve another \$42 million from our hospitals next year alone.

These financial pressures are combining with the impact of managed care, competition from physician owned, free-standing care centers and a myriad of federal and state laws and regulations that make keeping hospitals viable an ongoing, and in some cases, impossible challenge.

To systematically confront the many challenges to healthcare delivery in New Jersey, Gov. Corzine in October of last year signed an executive order establishing the Commission on Rationalizing Health Care Resources to "ensure the state's supply of hospital and other healthcare services is best configured to appropriately respond to community needs for high-quality, affordable and accessible care" (Web site: www.state.nj.us/health/rhc/index.shtml).

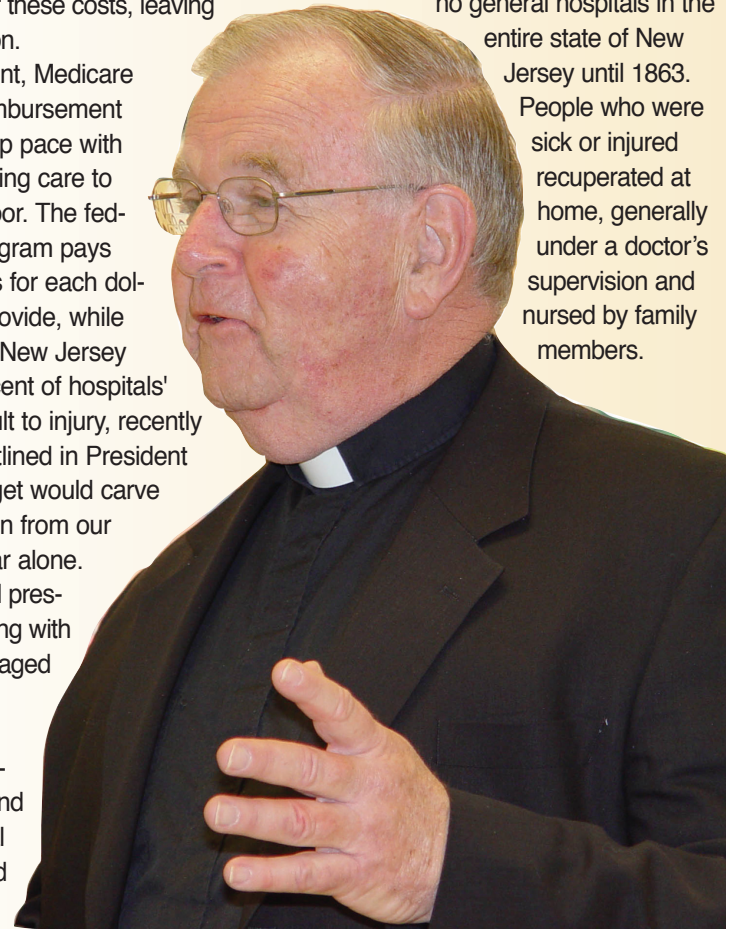
The hope of informed healthcare leaders is that recommendations of the commission in regard to hospitals in crisis be made with a clear view of communities served and the mission and margin challenges in meeting the sometimes complex needs of these communities.

A look back: urbanization and industrialization

Catholic hospitals have a rich history in New Jersey, beginning in 1863. The earliest hospitals were founded by religious orders in the cities of northern New Jersey. According to the New Jersey Hospital Association's 75th anniversary publication ("Celebrating Innovative Leadership in Healthcare"), there were

no general hospitals in the entire state of New Jersey until 1863.

People who were sick or injured recuperated at home, generally under a doctor's supervision and nursed by family members.



Father Joseph Kukura

Urbanization and industrialization were major factors associated with the growth of hospitals. Cities had large numbers of single people—industrial workers and domestic servants—who were cut off from the support of families and small communities because of where they worked.

The first acute-care hospital in the state was St. Mary in Hoboken, founded in 1863 by four Franciscan Sisters of the Poor from Germany. In 1867, five Franciscan Sisters of the Poor began work in Newark's Saint Michael's Hospital, a 13-bed facility that was fully equipped and furnished by women volunteers under the direction of that order. The Sisters of Charity founded St. Joseph's Hospital for the "sick poor" in Paterson in 1867,

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Quality care, financial pain

Continued from page S2

St. Francis Hospital in Trenton in 1874, and St. Mary's Hospital in Passaic in 1895. In 1872, St. Peter's Hospital was opened in New Brunswick by the pastor of St. Peter's Parish. Saint James Hospital in Newark, now part of the Cathedral Healthcare System, opened in 1900 thanks to the generosity of a Saint James parishioner.

Other hospitals founded by religious orders included St. Francis, Jersey City (1864), All Saints Hospital in Morristown (1892) and St. Mary's Hospital (1900) in Orange. These hospitals are no longer in existence. The unquestionable fact is that where there was a need, it was met wholeheartedly by the Catholic Health Ministry of New Jersey.

Providing quality, compassionate care

The New Jersey Department of Health currently lists 15 Catholic hospitals (see sidebar), which translate into approximately 4,500-staffed beds that are supported by over 19,000 employees. Each year there are over 198,000 inpatient admissions, 2.3 million outpatient visits and 460,000 emergency room visits. Annually, more than 20,000 babies are born in Catholic hospitals. Three of our Catholic medical centers have level-three neonatal and pediatric intensive-care units.

The mission of Catholic healthcare is to bring uncompromised, quality healthcare in a context of faith, hope and love to all God's people. In addition to comprehensive medical and surgical services, Catholic hospitals provide advanced diagnosis and treatment for all forms of cancer using cutting-edge technology, cardiovascular care, including cardiac catheterization and cardiac surgery at five campuses.

Catholic hospitals offer sophisticated surgical interventions such as organ transplantation and joint replacements as well as basic care offerings such as maternal child healthcare, family health centers and inpatient and outpatient mental health centers.

Also available to all those in need are same-day surgery, programs for wellness and rehabilitation, centers for treatment of

diabetes, wound care, acute-pain management and stroke recovery programs. In recent years Catholic hospitals have also been involved in treating and studying infectious diseases including HIV/AIDS, hepatitis, pneumonia, meningitis and sexually transmitted diseases.

Outside the walls of Catholic healthcare facilities, the organization provides community benefits to all members of the community: young and old, insured and uninsured, Catholic or not, with a focus on the community's overall well being.

As stated in Princeton-based New Jersey Hospital Association's recent report ("Report of Community Benefit 2005"), traditional community benefits include a variety of clinics and programs that serve the poor and uninsured in the community at minimum or no cost. Non-traditional community benefits are programs and community partnerships that promote healthy lifestyles among high-risk groups, such as young children, teen parents, elderly and individuals with chronic health problems.

These non-traditional benefits also include programs that address urban violence, child abuse, domestic violence and subsidies to ensure access to dental care or mental health services in urban and rural communities. Not to be overlooked, our Catholic medical centers are deeply involved in preparing future doctors, nurses and other healthcare professionals to serve in New Jersey's communities. Whether it be in the emergency room or outpatient clinic, at the intensive care unit or in trauma surgery, someone is always there serving those who come to the 15 Catholic acute-care hospitals.

The future for Catholic healthcare in the Garden State, to be sure, is uncertain. After 145 years, all the Catholic health ministry asks is fair support to ensure that we're still there for all New Jerseyans tomorrow. This will enable us to maintain our very special mission to continue helping heal the sick and fix the broken in the spirit in the name of Jesus.

(Editor's note: Father Joseph Kukura is the president of Catholic Healthcare Partnership of New Jersey (CHCPNJ), 760 Alexander Rd., PO Box 1 Princeton, NJ, 08543-0001; phone: (609) 936-2213; Web site: www.chcpnj.org.)

Catholic hospitals in NJ

(Editor's note: These organizations maintain a commitment to the religious directives for hospitals and healthcare facilities as established by the U. S. Conference of Catholic Bishops, Washington, D.C. All other hospitals that appear in this publication, either in editorial or advertising, do not.)

CATHEDRAL HEALTHCARE SYSTEM

Web site: www.cathedralhealth.org

Columbus Hospital

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Newark, NJ 07107-1317
Phone: (973) 268-1400
Fax: (973) 268-4865
Web site:
www.cathedralhealth.org/columbus.html

Saint James Hospital

155 Jefferson St.
Newark, NJ 07105
Phone: (973) 589-1300
Fax: (973) 465-2861
Web site:
www.cathedralhealth.org/st_james.html

Saint Michael's Medical Center

111 Central Ave.
Newark, NJ 07102
Phone: (973) 877-5000
Fax: (973) 877-2667
Web site:
www.cathedralhealth.org/st_michaels.html

Holy Name Hospital

718 Teaneck Rd.
Teaneck, NJ 07666
Phone: (201) 833-3000
Fax: (201) 833-3230
Web site: www.holyname.org

LOURDES HEALTH SYSTEM

Our Lady of Lourdes Medical Center

1600 Haddon Ave.
Camden, NJ 08101
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Fax: (856) 757-3611
Web site: www.lourdesnet.org/lourdes

Lourdes Medical Center of Burlington County

218 A Sunset Rd.
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Fax: (609) 835-3061
Web site: www.lourdesnet.org/burlington

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St. Joseph's Wayne Hospital

224 Hamburg Turnpike
Wayne, NJ 07470
Phone: (973) 942-6900
Fax: (973) 389-4044
Web site: www.sjwh.org

St. Mary's Hospital

350 Boulevard
Passaic, NJ 07055-2840
Phone: (973) 365-4300
Web site: www.smh-passaic.org

Saint Peter's University Hospital

254 Easton Ave.
P.O. Box 591
New Brunswick, NJ 08903-0591
Phone: (732) 745-8600
Fax: (732) 745-9099
Web site: www.saintpetersuh.com

Trinitas Hospital

225 Williamson St.
Elizabeth, NJ 07202
Phone: (908) 994-5000
Fax: (908) 820-0554
Web site: www.trinitashospital.org

Saint Michael's: regional leader in heart, cancer care

NEWARK—Saint Michael's Medical Center is a 337-bed teaching and research center in the heart of Newark's business and educational district. Offering the full spectrum of clinical, diagnostic and interventional cardiology services, Saint Michael's Medical Center continues to champion new procedures, including minimally invasive heart surgery, robotic surgery with the Da Vinci Robotic Surgical System, beating-heart CABG (coronary artery bypass grafting), valve repair in lieu of valve replacement and aortic surgery.

Patients throughout northern New Jersey have relied on Saint Michael's for quality cardiac care since it opened the state's first cardiac clinic in 1937. Saint Michael's was also the first in the state to establish a cardiac catheterization program and laboratory.

At the Heart and Vascular Institute, located on the campus of Saint

New Jersey Chapter in 2006. Dr. Nilesh U. Patel, recognized as the region's most technically proficient robotic coronary artery surgeon, joined the hospital as the chief of its robotic cardiac surgery program in 2006.

At the Cathedral Regional Cancer Center, patients benefit from an outstanding combination of medical expertise and advanced technology. The Radiation Oncology Department offers the most sophisticated methods of treating cancer patients, including state-of-the-art linear accelerators and a new system for treating patients with prostate cancer, which spares organs in the area of radiation treatment. Patients can access a complete range of medical, surgical and radiation oncology services, as well as important ancillary services that include an onsite pharmacy, a phlebotomy lab and a nutrition center.

The Connie Dwyer Breast Center at

Michael's, world-class physicians perform cardiac surgeries and cardiac catheterizations. A dedicated, multidisciplinary team of experienced physicians, nurse practitioners, physician assistants and social workers provide the highest level of care in every phase of patients' treatment and recovery. The institute has earned recognition for Saint Michael's Medical Center from the N.J. Department of Health and Senior Services.

Dr. Mark Connolly, director of the Department of Cardiovascular and Thoracic Surgery and co-director of the Heart and Vascular Institute, received "Physician of the Year" honors from the American Heart Association's Northern

Saint Michael's is another onsite "Center of Excellence." Dr. M. Michele Blackwood, founder and medical director, received the "Garden State Woman of the Year Award" in 2006 in the healthcare category, recognizing her success in establishing The Connie Dwyer Breast Center as a leader in the fight against breast cancer.

Using advanced technology—including digital mammography with computer-aided detection—the center's radiologists, pathologists, breast surgeons, plastic surgeons, radiation and medical oncologists, psychiatrists, and other healthcare professionals work together to deliver the very best in screening, diagnosis, treatment, and follow-up care.

Columbus continues to meet changing needs of growing, diverse communities it serves

NEWARK—Last year the Columbus Hospital Emergency Department registered more than 27,000 visits, an increase of more than 2,000 patients from the previous year. In response to this increased demand for emergency services, the hospital has improved its patient-flow process to cut waiting time.

The Emergency Department, with grant funding from the City of Newark, offers rapid-response HIV testing, including pre- and post-test counseling and education. At no cost to participants, the program can enable people to learn

quickly whether they have been infected with HIV, thereby letting them make informed decisions about seeking treatment and about taking steps to prevent the transmission of HIV/AIDS.

Columbus Hospital opened more than 70 years ago. Today, the general acute-care hospital, an affiliate of Cathedral Healthcare System, serves a growing, increasingly diverse community. With more than 480 board-certified and board-eligible physicians and 750 employees, the 210-bed hospital saw inpatient admissions exceed 10,000 last year.



The Vascular Institute—a "Center of Excellence" at Saint Michael's Medical Center—has won recognition from the N.J. Department of Health and Senior Services, which has continually given the facility high ratings for top-quality, open-heart surgery.

Saint James Hospital celebrates its mission through 'blessed events'

NEWARK—More and more expectant mothers in Newark, Kearny, Harrison and other nearby towns are selecting The BirthPlace at Saint James Hospital for the delivery of their sons and daughters.

The growth in obstetric services, which reflects the changing demographics of the Ironbound and surrounding communities,

has been accompanied by additions to the hospital's medical staff, improvements in technology, and enhancements to the range and quality of the hospital's services, which also include medical, surgical, pediatric and emergency care.

The BirthPlace, a modern, comfortable maternity unit, features spacious, state-of-the-art birthing suites. The facility is equipped with the latest in fetal monitoring and infant resuscitation equipment, and central monitoring allows for constant vigilance of the health of mothers and their babies. The new Special Care Nursery houses top-of-the-line incubators and other equipment specially designed for the care of premature or ill babies.

A qualified, bilingual staff—including obstetricians, prenatal specialists, neonatal specialists and certified neonatal nurses—cares for newborns with special needs. A neonatal nurse practitioner offers classes for new parents, instructing them in the care and feeding of newborns and giving them confidence that they can handle any emergency when they get home.

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CMA outlines its mission to support doctors, offer resources for education

BY DR. JOHN BREHANY

Special to *The Catholic Advocate*

The mission of the Catholic Medical Association (CMA) (Web site: www.cathmed.org)—the nation's largest professional organization of Catholic physicians—is to provide support and resources for physicians to deepen their relationship with Jesus Christ, to allow His grace to

in society and medicine over the last 75 years have made the CMA's mission more necessary than ever.

CMA physicians strive to understand, develop, and apply the principles of Catholic faith and morality to contemporary medicine; provide leadership in communicating Catholic medical ethics to the medical profession and the community; support Catholic hospitals in the application of moral principles in healthcare; and get to know other Catholic physicians better and develop greater mutual support

and understanding. transform their personal lives and professional practices, and to better serve the Church and the community.

Established as a national organization since 1932, the profound changes

The physicians pledge to continually improve their clinical skills, to respect their patients as persons, to defend and protect human life from

conception to its natural end and to donate part of their time for free and charitable care of the poor.

The CMA functions at both the local and national level. At the local level, the CMA is organized into "chartered guilds." Members of these guilds, which can be formed at the level of parish, town, city, or diocese with a minimum of six physicians, work together to provide appropriate and effective opportunities for common prayer, education and service.

Throughout the state of New Jersey, Catholic physicians are impressively action-oriented. There is an active Catholic Medical Association Guild in Southern New Jersey, led by Professor Thomas Cavilieri, M.D. Dr. Cavilieri, the Interim Dean and Chairman of the Department of Medicine at the UMDNJ School of Osteopathic Medicine, earlier this year



Dr. John Brehany

centered at the Cathedral of Saint Francis under the leadership of Dr. Fred Primich.

Activities sponsored and supported by New Jersey CMA members feature a one-day workshop and prayer breakfast and celebrating a special Mass for

hosted Catholic physicians throughout southern New Jersey to a one-day spiritual prayer breakfast.

In the Metuchen Diocese, a second Catholic physicians' organization is

Catholic physicians each October on or about the Feast of Saint Luke. Other activities include encouraging a deeper

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An environment ripe for reform: a faith-based review of healthcare in the US and ideas to cure the system

BY SISTER CAROL KEEHAN
Special to *The Catholic Advocate*

Anyone who has opened a newspaper in recent months knows that healthcare reform is once again a major topic of conversation in this country.

States from Massachusetts to California are taking the initiative to cover their uninsured residents, especially as they grow more impatient each day with the lack of action on the federal level. In Massachusetts and California alone, more than 7.6 million people do not have any kind of health insurance.

When you expand to the entire United States, some 46 million people do not have health insurance coverage. That is roughly 15 percent of the population, or one in every seven people.

Those who cannot afford or readily access healthcare or health insurance are our neighbors and friends, our family members and colleagues. Unfortunately,

when we speak in numbers and statistics, it is easy to lose sight of what they mean for individuals and families.

Let's take one recent example of how the healthcare system often fails the most vulnerable. *The Washington Post*, on Feb. 28, reported in a story titled "For Want of a Dentist" that a 12-year-old

Maryland resident named Deamonte Driver died of complications from a toothache despite his mother's repeated attempts to get him to a dentist. Instead of receiving an \$80 tooth extraction that might have saved his life, the newspaper reported, an infection in Deamonte's mouth spread to his brain after it was too late for medicine or doctors to save him.

Sadly, Deamonte is not the only child in this country who has gone without healthcare. In fact, he is one of the 8 million children in our great nation who is currently uninsured. The vast majority of these children live in a household where at least one person works. This means parents are doing their best to provide for their families but are still unable to make certain that basic needs—including healthcare—are consistently met.

From the standpoint of Catholic social teaching, this is more than intolerable. It is a disgrace. Whether you consider the issue from a faith-based perspective, an economic perspective, or a public health perspective, there are simply no excuses for allowing even a single person to suffer because he or she could not access

the healthcare they needed.

Against this backdrop, we know that the U.S. public increasingly supports healthcare that works for everyone. Public opinion research commissioned by the Catholic Health Association of the United States (CHA) and other organizations continually validates the fact that



(CHA Photos – John Dean)

Sister Carol Keehan, D.C., CHA president and chief executive officer, delivered testimony on the Catholic health ministry's commitment to community benefit activity last September at a hearing of the Senate Finance Committee. "We do not provide community benefits in order to prove we deserve tax exemption," she told the committee. "We do so because of who we are."

Americans are tired of inaction and are especially concerned about the unmet healthcare needs of children.

As just one recent example, 92 percent of respondents to a survey commissioned by the Catholic Campaign For Human Development said the United States should guarantee healthcare to all children the same way it guarantees an education.

Going beyond children, 89 percent of survey respondents indicated that they believe the federal government should be responsible for ensuring that low-income people have healthcare coverage.

Similarly, a CBS/*New York Times* poll released on March 1 found that 54 percent of respondents believe the U.S. healthcare system needs fundamental change, while 64 percent said the government should guarantee healthcare for all.

With such broad-based public support for change in our country, the question naturally becomes: Why haven't we addressed this problem in a systematic and compassionate way?

The answer is complicated. Special

interests have a stake in the current health system; budgetary limits make mass coverage expansions untenable; and insured people often fear that any change to the system might threaten their own coverage or comfort.

These are some of the reasons health reform has been so difficult, but they are not excuses. Other industrialized nations spend less per person on healthcare than the United States, and in many cases get better health outcomes for their money. Those nations' systems have problems too, but at least they serve everyone. In this country, we are still shamefully far from getting everyone into the system.

Unfortunately, President Bush's most recent budget proposal simply does not rise to this important challenge. In fact, several of the president's proposals would only exacerbate an already unacceptable situation. It is particularly disappointing that the Bush Administration did not take advantage of this year's required reauthorization



Last September Sister Carol Keehan, CHA president and chief executive officer, and Sen. Charles Grassley (R, IA), chairman of the Senate Finance Committee, discussed CHA's community benefit guidelines and the broad adoption of them by CHA's membership. Sister Carol gave Sen. Grassley a copy of the association's "Guide for Planning and Reporting Community Benefit."

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Environment ripe for reform

Continued from page S7

of the State Children's Health Insurance Program (SCHIP) (Web site: www.cms.hhs.gov/home/schip.asp) to propose measures that would expand the program to children who remain uninsured.

The administration's proposals also would restrict access to healthcare by providing insufficient funds to maintain current SCHIP coverage and reducing federal payments to states covering children above 200 percent of the federal poverty level. This is moving

in exactly the opposite direction of what the American public wants.

In fact, New Jersey—where health insurance premiums are the highest in the nation—is among more than a dozen states that are expected to run out of SCHIP money if federal efforts aren't made to fortify these programs for low-income children. When that happens, families that depend on SCHIP are left in

the cold again. We can do better and the Catholic community stands ready to help.

There are hopeful signs. Massachusetts, California, Illinois and a host of other states have passed or are debating serious—and often creative—health reform measures. It will take some time to learn how these policies work, but they are a definite step in the right direction, especially as they bring together diverse stakeholders to collaboratively solve the problem.

CHA, meanwhile, is proud to be a part of the Health Coverage Coalition for the Uninsured (HCCU) (Web site:

www.coalitionfortheuninsured.org), which consists of "strange bedfellows" that worked for two years to develop a coverage expansion proposal that each member of the group could agree on—from labor unions and small businesses to health insurers and medical trade associations.

HCCU's proposal, which has already led to the introduction of legislation by Rep. Rahm Emanuel (D, IL),

lays out an incremental, bipartisan plan for covering the nation's children and low-income uninsured adults. The consensus-building process that led to the proposal could be a model for the Bush Administration, Congress and the healthcare community to move forward in coming months on SCHIP and other coverage initiatives.

The unprecedented agreement among HCCU's diverse group of organizations shows how ideological and policy gaps can be bridged if stakeholders work together to build a healthcare system of which we can all be proud.

Here at CHA and in the Catholic health ministry, we hope that President

because we strive to protect the humanity of everyone who walks through our doors.

CHA's top priority, and that of the ministry, is to keep at this important work until our health system serves everyone. Healthcare is not a commodity and while the debate is often about money, the ability to receive medical care should never be a function of one's pocketbook. I hope you will join with CHA in helping to persuade our leaders that there is no greater priority than the health of our nation and the dignity of every single person within it.

(Editor's note: Sister Carol Keehan, D.C., is the ninth president and chief executive officer of the Catholic Health

Bush and other national, state and local leaders will adopt a similar approach as we work to create a healthcare system that meets everyone's needs.

Each and every day, Catholic healthcare providers across the country treat uninsured and vulnerable populations. We provide services that are often not available elsewhere in a community. We do this because it is our mission and

Association of the United States (CHA), Washington, D.C., Sister Carol is a representative to the International Federation of Catholic Health Care Associations (AISC) of the Pontifical Council for Pastoral Health Care and has been a member of several health, labor and domestic policy committees of the United States Conference of Catholic Bishops, Washington, D.C.)



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CMA outlines its mission

Continued from page S6

personal spiritual commitment among physicians; exploring more effective ways to manage the stresses that the medical profession places on marriages and families; remaining open to ways in which Catholic physicians might share their faith, tactfully, when appropriate, with

their patients and their co-workers.

The presence of a sympathetic CMA physician at a meeting of pro-life activists is a major source of encouragement. CMA physicians also mentor Catholic medical students, encouraging them to maintain their commitment to their faith during the rigorous four years of medical school. For more information about CMA activities in New Jersey, contact Richard A. Watson, M.D.

(phone: (201) 336-8316 or e-mail: RAWatsonMD@aol.com), who serves as the chief of ambulatory urology at the Hackensack University Medical Center.

The CMA provides an education con-

ference each fall to update physicians and other members of the public on issues of research, clinical practice, ethics and Church teaching. This year's conference will be held in Atlanta, Oct. 3-6. Its theme will be "The Theology of the Body: The Dignity of Women." Topics at the conference will include analyses of Reiki healing, yoga and New Age health practices in

light of Catholic theology; the problems inherent in homosexual adoption; and the link between breast cancer and the Pill.

The CMA collaborates with the Washington-based United States Conference of Catholic Bishops (USCCB) and allied organizations to address ethical, legal and policy issues. A recent project, titled "To Protect and To Prevent," is a task force report that analyzes sexual abuse prevention programs for children mandated in 2002 by the USCCB.

On an international level, the Catholic Medical Association (USA) is a leading member of the Worldwide Federation of Catholic Medical Associations (FIAMC),

CMA physicians strive to apply the principles of faith and morality to contemporary medicine; provide leadership in communicating Catholic ethics to the medical profession; and support hospitals in the application of Catholic moral principles in healthcare.

headquartered in the Vatican. Member associations throughout the world host annual FIAMC meetings. Members of FIAMC serve in advisory capacity to the pope and his delegates.

(Editor's note: The CMA is based

in Philadelphia. John Brehany, Ph.D., S.T.L., CMA executive director and ethicist, coordinates projects undertaken by the organization and serves as the group's media spokesman.)

Trinitas Hospital honors Millman and nursing staff

ELIZABETH—Arthur E. Millman, M.D., chief of cardiology and medical director of the Catheterization Lab and Cardiac Rehabilitation Program at Trinitas Hospital, recently received the Harvey E. Nussbaum Distinguished Service Award from The American Heart Association.

In addition, Trinitas cited nursing professionals on its staff who have received awards and accolades for their contributions to the hospital and the community, as well as for their potential to achieve leadership positions in the profession.

In his leadership position at Trinitas, Millman oversees the hospital's participation in the multistate demonstration project known as the C-PORT Study. Trinitas is one of only nine New Jersey hospitals involved in the study, which is assessing the safety, quality and cost of elective angioplasty in hospitals that offer emergency angioplasty without onsite cardiac surgery backup.

Millman graduated Cum Laude from The City College of New York, and he received his M.D. degree from the Albert Einstein College of Medicine. He underwent his postdoctoral training in internal medicine and cardiology at Mt. Sinai Hospital and is certified in Internal Medicine and Cardiology by the American Board of Internal Medicine. He is presently an associate professor of Medicine at Seton Hall University School of Graduate Medical Education, and a Clinical Assistant Professor of Medicine at The University of Medicine & Dentistry.

"All of us at Trinitas Hospital are thrilled

that the American Heart Association chose to honor one of our special doctors with this prestigious award," Gary S. Horan, FACHE, president and chief executive officer of Trinitas Hospital, said.

Mary Kelley, dean of the Trinitas School of Nursing and director of education at Trinitas Hospital, was named a recipient of a 2006 Nurse Recognition Award from the New Jersey League for Nursing.

A graduate of Boston College, Kelley has held the academic leadership position at Trinitas School of Nursing, formerly the Elizabeth General Medical Center School of Nursing, for the past 36 years. The Trinitas School of Nursing, under her leadership, has achieved outstanding academic results with its students. During the last 17 years, 97 percent of the school's graduates have passed the National Council Licensing Exam (NCLEX) for registered nurse licensure on first writing. Two 2006 graduating classes of Trinitas School of Nursing achieved 100 percent in the rigorous examination.

Mary McTigue, director of nursing, was an honoree of The Patriots' Path Council of the Boy Scouts of America at its annual "Tribute to Women" luncheon that celebrates women who are outstanding role models for youth in Central and Northern New Jersey.

McTigue directs the patient care activities of Maternal Child Health, Critical Care and Perioperative Services with more

Continued on page S11

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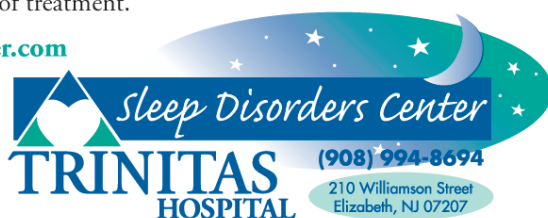


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Vipin Garg, M.D., FAASM, FCCP, Academic Chief, Pulmonary Medicine, is the Director of the Sleep Disorders Center at Trinitas Hospital. Dr. Garg is board certified by the American Academy of Sleep Medicine as a Sleep Specialist. He is also board certified in Pulmonary Medicine, Critical Care and Internal Medicine.

Trinitas Hospital is a Catholic Teaching Hospital sponsored by the Sisters of Charity of Saint Elizabeth in partnership with Elizabethown Healthcare Foundation.

Catholic Cemeteries provides bereavement information

BY WARD MIELE
Managing Editor

NEWARK—Catholic Cemeteries of the Archdiocese of Newark has published a new booklet, "Continuing the Journey...Preparing a Catholic Funeral," which provides details of the mission, ministry and services available to the bereaved.

"Continuing the Journey," a full-color, 86-page planning guide, contains information and insight from within the Church in Newark and from experts nationwide.

Copies of the free booklet are available at all the cemetery and mausoleum offices of the Archdiocese of Newark and by calling 1 (866) PREPLAN or visiting www.rcan.org.

The publication's three main segments include bereavement, liturgical and practical considerations upon the death of a loved one. Topics covered in those segments are Hospice Care, End of Life Issues and Advanced Directives, Ministry

Resources at a Time of Loss, Sacrament of the Sick, Preparing a Catholic Cemetery Arrangement, Understanding Catholic Funerals, Scripture Readings for Funerals, Suggested Music for Funerals, Practical Preparation, Your Will, Social Security, and Benefits for Veterans.

The booklet takes the faithful through the significant moments in the ritual for funerals, including an overview of the funeral and forms to record one's wishes while going through the planning process. Written in accordance with the Order of Christian Funerals, it is a valuable resource at

the time of death, whether the death was unexpected or planned for in advance.

"This booklet is an excellent tool for the pastoral staff, lecturers, musicians, funeral directors, cemetery staff and bereavement couples to effectively plan ministries that celebrate the death of a Christian in a meaningful and loving way,"

Jorge L. Repollet, director of cemetery services for the Catholic Cemeteries group, said. "It also helps the many families who are either pre-planning their own arrangements or those of their

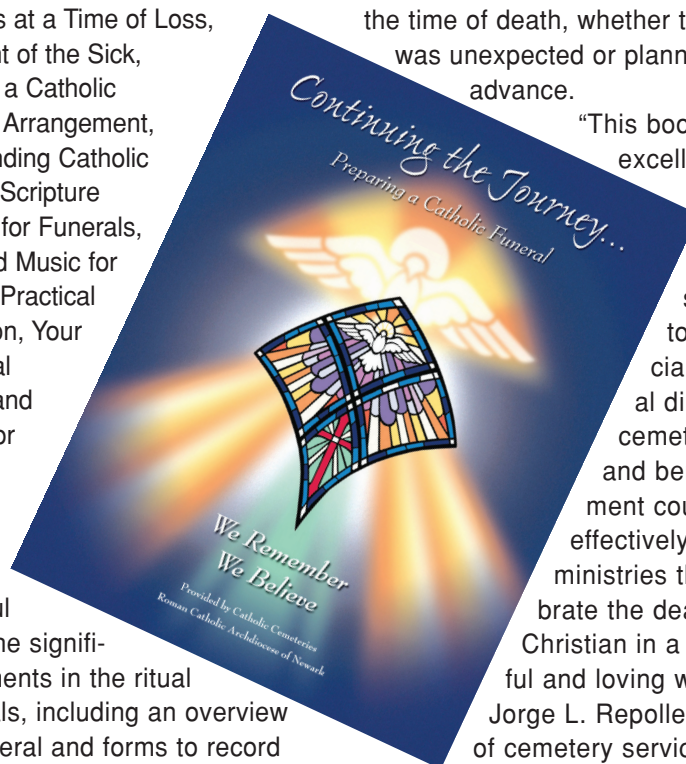
loved ones."

In the booklet's introduction, Archbishop John J. Myers states that "the death of a loved one begins a time of great loss, loneliness, pain, sadness, confusion and searching. Those of us who minister within the Church recognize the deep sorrow of the bereaved. But it is also a time when the core of all that we believe as Catholics, that new life comes through death, is remembered and celebrated."

Repollet is available to make a formal presentation to parishes throughout the Church in Newark on the services and ministry of Catholic Cemeteries.

To arrange for Repollet to visit a parish, call him at (973) 497-7988.

Included in the booklet is a business reply card to receive additional detailed information, in English or Spanish, on individual cemeteries of the Archdiocese of Newark.



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Reverend Richard A. Villanova
Homilist

Holy Name Cemetery

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Most Reverend

Thomas A. Donato, D.D.
Celebrant and Homilist

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Ed Strudwick: the dialysis 'marathon man' at Holy Name

TEANECK—No one ever expects to be hit with a life-threatening chronic disorder in the prime of life. But when Ed Strudwick found out he'd need kidney dialysis for the rest of his life, he was only 31.

He'd been married for nine years and had two young daughters. What, one wonders, were Strudwick's thoughts at that time? As he succinctly put it: "it was either go on dialysis or be dead."

Today, 35 years later, Strudwick—who drives about 25 minutes to Holy Name Hospital's Renal Dialysis Center three mornings a week from his home in Haskell—may be the longest continuously dialyzed person in the country.

Once called "the dialysis marathon man" by *The Record*, Strudwick, 66, underwent a kidney transplant in 1977, but his body rejected the organ before he was discharged from the hospital. After that, he opted out of the transplant program and decided he would, instead, adapt to a lifestyle that accommodated dialysis.

Kidney (or renal) dialysis refers to the process by which wastes and extra fluid are removed from the blood of an individual whose kidneys have failed. According to the U.S. Department of

Center, "is maintaining the diet and fluid restrictions." Dialysis patients are allowed a limited amount of fluid, as compared to what a healthy person is able to drink, and must adhere to a sodium- and potassium-restricted diet.

Patients also must avoid many over-the-counter drugs, be sure to take their prescribed medications, and keep their blood pressure under control. In this regard, Rigolosi called Strudwick "the role model" for other patients. "He's very compliant," Rigolosi said.

Another factor contributing to Strudwick's success, Rigolosi said, is the patient has "tremendous family support, and a loyal and dedicated wife who helps us to help him."

As for Strudwick, he needs no further incentive than his love of life. "I was always an easy-going person," he said. "I don't let things bother me too much. This is what I have to do to stay alive. I want to live. That's the way I look at it. I take it in stride."

Joyce Jarvis, LCSW, Dialysis Social Worker at Holy Name for 27 years, said Strudwick's positive outlook has definitely impacted his prognosis. "Ed never stopped working," she pointed out. "He saw the need for dialysis as just another piece in the whole puzzle, just a part of his life; it didn't take over his life."

Strudwick agreed, saying that dialysis "really hasn't kept me at home all these years. You can do what you'd normally do, you just have to plan ahead."



The staff at Holy Name Hospital's Renal Dialysis Center recently gathered to celebrate with Ed Strudwick, who has received dialysis treatment for 35 years.

Health and Human Services, about 340,000 Americans are currently receiving dialysis. It can be performed on an outpatient basis at a hemodialysis center like Holy Name's, or at home, via hemodialysis or peritoneal dialysis. The latter uses the patient's own peritoneum (the membrane surrounding the abdominal organs) as a filter to do the work of a dialysis machine.

Strudwick and his wife, Gloria, performed home hemodialysis for 25 years after she received training at Holy Name's dialysis center. For the last 10 years, he has come to the hospital for hemodialysis "to give her a break."

Being on dialysis for as long as Strudwick is an amazing accomplishment, as dialysis patients are susceptible to complications not only from kidney failure, but also from the treatment itself. Maintaining a can-do attitude over so long a period of time is a challenge for most people, particularly those who are not anticipating a transplant.

"The biggest obstacle," according to Robert Rigolosi, M.D., medical director of Holy Name Hospital's Renal Dialysis

Trinitas

Continued from page S9

than 300 nurses and support staff reporting to her. She has held leadership positions on the state, regional and national levels of the Association of Women's Health, Obstetric and Neonatal Nurses.

The New York University Leadership Institute for Black Nurses (LIBN) recently selected Elizabeth Corshu, RN, nurse manager, and Sharon Sledge, RN, program manager of the Bloodless Medicine and Surgery Program, as 2007 Nurse Fellows. The two Trinitas nurses are among a select group of only 20 nurses from the New York metropolitan area, working in such varied areas as administration, clinical training, infection prevention and control, patient care services, psychiatry, and radiation oncology, to be named as LIBN fellows.

As nurse manager of the Renal Medical Surgical patient care unit, Corshu supervises the nursing care of patients with End-Stage Renal Disease, conges-



Bernadette Countryman, senior vice president of clinical operations and chief nursing officer, (left) congratulates award-winning nurses of the Trinitas Hospital staff (left to right), Mary McTigue, director of nursing; Elizabeth Corshu, nurse manager; and Sharon Sledge, program manager of the Bloodless Medicine and Surgery Program.

tive heart failure and other medical disease processes. Sledge, as the manager of the Bloodless Medicine and Surgery Program, collaborates with administration and nursing leadership to establish proce-

dures for non-blood management and further serves as a liaison between physicians and hospital staff with patients and their families who seek the benefits of this alternative medical care.

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'Visionary' telemedicine offers view of tomorrow at St. Joseph's Hospital

PATERSON—St. Joseph's Children's Hospital has launched a new high-definition (HD) telemedicine suite in collaboration with St. Jude Children's Research Hospital in Memphis, TN.

"This is the first time that high-definition linkage has been used between hospitals. Our HD telemedicine program allows doctors at St. Joseph's Children's Hospital and St. Jude Children's Research Hospital to visualize clinical images and confer simultaneously, in real time, about the most difficult cases," said Michael Lamacchia, M.D., chairman of pediatrics at St. Joseph's Children's Hospital.

"We're breaking down barriers with this high-definition application. It represents the future of healthcare, enhances the extraordinary work done by pediatric specialists and will benefit the medical staffs and patients at both institutions," Lamacchia said.

The convergence of technologies, along with business and entertainment trends, has produced a unique and powerful new medical instrument: HD telemedicine. It allows medical interactions between physicians and patients across any geographic boundaries integrated with a supporting medical data from imaging, photos and videos to electronic health records.

"To say that high-definition telemedicine is a practical application to HD conferencing is an understatement. We are forging new territory in the provision of healthcare," James Cavanagh, vice president and chief information officer at St. Joseph's Healthcare System, said. "The immediate application of the high-definition telemedicine suite at St. Joseph's Children's Hospital is to collaborate; to share information with specialists at hospitals on pediatric oncology cases that are atypical and require special

attention or represent a unique research case.

"The advanced high-definition functionality lends itself to combining consultations with complex radiological imagery or pathology slides to optimize the ability to have real-time dialogue between experts at both locations," he added.

"This advanced high-definition functionality is visually stunning," Cavanagh said. "We are using extraordinarily clear radiological imagery and pathology slides—complex, 3D reconstructural images that are transmitted in the detailing fashion in which they were recorded. HD telemedicine optimizes the ability to bring together clinicians in face-to-face dialogue at two or more geographically isolated locations. This collaborative expertise will help in the implementation of treatment protocols to save the lives of many children.

"While this high-definition implementation is focused on two hospital endpoints, there is nothing that limits connectivity," Cavanagh continued. "The



network design will allow these units to connect virtually anywhere and are even backward-compatible with traditional teleconferencing equipment. The connectivity between the sites is based

on Internet Protocol (IP), utilizing infrastructure already in place to support the data networking needs of both St. Joseph's Children's Hospital and St. Jude Children's Research Hospital."

Focusing on community outreach, Englewood delivers quality care

ENGLEWOOD—Englewood Hospital and Medical Center is a world-class facility with top-ranked physicians, nurses and healthcare staff providing state-of-the-art compassionate care in a humanistic environment. The hospital reaches out to area residents by offering a range of programs and services to bring quality healthcare to the diverse communities of northern New Jersey.

In recent years, Englewood Hospital has partnered with the Friends of Grace Seniors, a non-profit community center, to provide the Korean Community in Bergen County with ongoing monthly health screenings, health education, and blood collection for lab tests. These services allow for the monitoring and management of diabetes, hypertension and other potentially life-threatening disorders.

The medical center has established The Dizzy Gillespie Cancer Institute and Memorial Fund in honor and memory of the legendary jazz musician. The fund supports the ongoing development of the cancer institute and provides free medical assistance—from routine checkups to life-saving cancer treatments—for jazz musi-

cians in need. Before his passing in 1993, Be-Bop trumpet player Dizzy Gillespie received treatment for pancreatic cancer at Englewood Hospital.

The Pediatric Clinic at Englewood Hospital is designed to provide primary care treatment for the underserved children of Englewood and surrounding communities, as well as routine health screenings, immunizations, developmental evaluations and acute care interventions. The

clinic recently received recognition for outstanding service from the state Department of Health and Senior Services for sustaining a high pediatric immunization rate.

Using software developed by the New Jersey Immunization and Information System (NJIS) and vaccines from the Vaccine for Children Program (VFC), the clinic has sustained an immunization rate that exceeds 98 percent.



Englewood Hospital and Medical Center focuses on outreach to provide quality healthcare to the diverse communities it serves. The medical center has established The Dizzy Gillespie Cancer Institute and Memorial Fund in honor and memory of the legendary jazz musician.

A healthcare system urgently in need of healing

Safety net frays, Amoroso chides state underfunding

BY WARD MIELE
Managing Editor

A “more rational” structure for financing urban healthcare in New Jersey is needed “sooner rather than later if access and stability are to be maintained.”

This is the blunt conclusion of two top Catholic Health and Human Services Corp. (CHHS) officials in a white paper presented to a state committee working on a diagnosis to address Garden State hospitals—especially Catholic facilities—many of which are in a state of financial critical condition.

Henry J. Amoroso, Esq., the president and chief executive officer of CHHS, and Terence French, executive vice president for strategic planning and government relations, recently submitted the 23-page “Targeting Additional Support to the Neediest Essential Hospitals” to Gov. Jon Corzine’s office and the state committee, which is expected to release its findings by late summer or early fall.

Last year Gov. Corzine created a committee to assess struggling healthcare facilities throughout the state. Recommendations could involve decisions on state funding as well as the clos-

ing of hospitals. Sources within the Archdiocese of Newark feel that Catholic hospitals—many of which operate in urban areas and serve as a safety net for the poorest of the poor—are especially at risk under the scrutiny of this committee. It’s estimated that more than 1 million New Jersey residents have no healthcare insurance and many turn to Catholic hospitals for their medical needs.

The committee’s review, in many ways, is an acknowledgement of well-established financial strains, budget cuts, demographic changes, hospital management scandals and bureaucratic snafus that have pinched and plagued the state healthcare sector for more than two decades. Twenty Garden State hospitals have been shuttered since 1985.

“Important work, challenging work” is how Amoroso sees the committee’s task.

Such a critical look at hospital services and financing, Amoroso stressed, is “long overdue and much needed.” His major concern is that committee findings will not be funded and “not carry the weight of law.”

This latest examination of healthcare in New Jersey, the white paper states, represents the third time in the last 16 years the state “has sought a cost-driven hospital rationalization solution.” If the current commission is authorized to require hospitals to close, Amoroso and French

point out that “New Jersey will become only the second state to force local hospitals to transition out of acute care.”

Three “significant factors” have to be acknowledged, according to the CHHS administrators. First, market-led hospital closures since 1992 have already largely rationalized the delivery of acute care in most of the state’s “hospital safety-net zones,” which has left Essex and Hudson counties as major areas where additional rationalization may be required.

Second, a number of “regionally essential” hospitals—managed by private, nonprofit corporations—actually perform “public hospital” functions that are supported elsewhere by state or local government. Finally, underfunding of Medicaid and Charity Care contributes significantly to the fragile condition of the state’s urban hospitals.

On that final point, the white paper goes on to say closure of hospitals may actually increase the financial fragility of remaining hospitals if a large portion of their new payer mix remains underfunded.

The CHHS white paper notes that analyses “consistently” show that the average length of stay for Medicare patients in New Jersey is 1.5 days longer than the national average, but hospitals receive no additional revenue for the longer stays. Coupled with the length-of-stay dilemma is the patient bed situation. The white paper indicates medical advances that have reduced hospital stays, combined with a population flight from the cities, have left many hospitals in urban and old suburban areas “with empty beds and poor financial performance.”

Reflecting that situation is the number of New Jersey hospitals that have closed in the past dozen years. Included on this list are hospitals familiar to those living in the Archdiocese of Newark: United Hospitals Medical Center in Newark; Montclair Community Hospital; St. Mary Hospital in Orange; Elizabeth General; St. Francis Hospital in Jersey City; West Hudson Hospital in Kearny and Irvington General Hospital. “Market-led closures have largely rationalized in-patient care in New Jersey,” according to the white paper.

Under the current business climate, Amoroso explained, hospitals are being forced to address a situation that “disproportionately” impacts inner-city healthcare facilities, which “tend” to be Catholic in New Jersey. He explained that not-for-



Henry J. Amoroso

profit hospitals are “organized to benefit the community, their assets benefit the community and they are tied into the community legally and practically and they lose money.”

The financial health of the three hospitals of Cathedral Healthcare System of the Archdiocese of Newark—St. Michael’s Medical Center, Columbus Hospital and Saint James Hospital—is “poor,” Amoroso candidly confessed. He lamented the fact that while the three hospitals have made marked progress in improving the efficiency of their operations, they still face chronic underfunding because New Jersey is notorious for underfunding. A very big bill is due statewide, fueled by inadequate funding, Amoroso cautioned.

Amoroso is not alone in his dire outlook for the New Jersey healthcare system. Last year a major study conducted by Avalere Heath LLC, Washington D.C., declared in its executive summary that the system “is on the verge of collapse.” The study, titled “2006 New Jersey Health Care Almanac Summary,” was funded by a grant from the Robert Wood Johnson Foundation and Horizon Blue Cross/Blue Shield of New Jersey.

Citing the “general consolidation” of hospitals over the past decade, Father Joseph Kukura, president of The Catholic HealthCare Partnership of New Jersey, based in Princeton, painted a similar picture (see related story on page S2). Particularly hard hit, Father Kukura said,



Saint James Hospital

Continued on page S15

Safety net

Continued from page S14

are hospitals in urban settings. Their patients, he said, are predominately Medicaid or Charity Care cases or “unqualified recipients” of any kind of state or federal healthcare programs.

Under state law, Father Kukura explained, hospitals are obligated to “accept and care for anyone’s healthcare needs.” In other states once emergency care has achieved stabilization status, he stressed, a patient can be transferred to a public hospital. New Jersey, however, has no public hospitals, except for University Hospital of Medicine and Dentistry in Newark. The financial impact of no public hospitals in the state, he said, is a direct one... “no public hospitals, no reimbursement.” New Jersey, he went on to say, reimburses Charity Care on a sliding

*The financial health
of the three hospitals of
Cathedral Healthcare
System of the
Archdiocese of Newark
is poor.*

scale of assistance from 90 percent to 43 percent for Medicaid patients.

When it comes to struggling hospitals in urban areas, Father Kukura said the state has reneged on its commitment. Because of “the law and mission” of such hospitals, he explained, they have “no choice.” State reimbursement for public work done by hospitals, he noted, has gone “from 100 percent to a trickle...the state has to get more money to the hospitals and uphold its end of the bargain.”

Commenting last summer on the situation, Archbishop John J. Myers said that “New Jersey’s urban hospitals, which all too often serve as the primary care providers for many cities’ low-income families, have struggled to keep their doors open. And, while shouldering a disproportionate share of patients insured by underfunded state programs—Medicaid and Charity Care, the struggle has proved too much for many hospitals.” Archbishop Myers urged Trenton and the hospital industry “to genuinely support and actively embrace a realignment and improvement

of healthcare services in New Jersey.”

The archbishop called for reform of how Medicaid and Charity Care are funded “to reflect accurately the costs of providing needed healthcare to our poor. It is a financial burden on our urban hospitals that we no longer can ignore,” he said.

An intriguing twist on the plight of urban hospitals in New Jersey took place last summer in Hoboken. Last August, St. Mary Hospital—the oldest Catholic hospital in the state—passed into municipal hands. The reluctant and emotional decision among hospital officials ended a 140-year history of the local landmark as a Catholic community healthcare institution.

“Surprisingly well” is how Harvey Holzberg, who became consulting director of then St. Mary Hospital in June of last year, described the transition to what is now Hoboken University Medical Center.

Since the ownership change, he explained, “patient census” has increased between 20 and 25 percent. Admissions, Holzberg stressed, are up while doctors are returning to the hospital and new ones are “coming aboard.”

The City of Hoboken has approved a \$52-million bond measure, according to Holzberg. Hospital spokeswoman Joan Quigley said the bonding funds are earmarked for an overall improvement of the physical plant. Major projects include a new emergency department, labor and delivery suites, a cardio-cauterization lab

and reconfiguration of the majority of the hospital’s double rooms to single rooms with showers.

Quigley, who also serves as a state assemblywoman, said that what happened at St. Mary was “unique to us” and doesn’t necessarily represent any type of state trend.

A pivotal reason for the reversal of fortune, Holzberg explained, is that the hospital was in a “closing mode,” making it difficult to carry on day-to-day operations. He placed equal emphasis on the fact that the vast majority of employees did not leave and cited a “loyal cadre” of physicians. He added the Maryland-based Bon Secours Health Systems, Inc., previous owners of St. Mary Hospital, has and continues to work with the new municipal hospital.

Urban hospitals, Holzberg said, “will always face difficulties” in comparison to suburban hospitals primarily because they have “more” uninsured and Charity Care patients. Half of the state’s hospitals are in deficit, he estimated.



Columbus Hospital

Columbus

Continued from page S4

Maternity Unit features a new state-of-the-art central fetal monitoring system and 24-hour neonatal and pediatric coverage, and its patient-education programs cover a range of topics critical for parents.

The renovated Imaging Center offers the latest technology available, including a new magnetic resonance imaging system, a 16-slice Computed

Axial Tomography system, and computer-aided detection mammography.

In a peaceful, relaxing environment, the Sleep Diagnostics Center at Columbus Hospital uses advanced equipment to diagnose and treat sleep disorders, such as narcolepsy and insomnia. The Children’s Eye Care Center of New Jersey—regional facility—offers services that include corneal transplantation, surgery for all types of misaligned eyes, and corrective plastic surgeries of severe facial deformities. The center maintains a 24-hour hotline, (800) KIDS-EYE, for responding to pediatric ocular trauma.

Saint James

Continued from page S4

Saint James, a fully accredited, 186-bed, acute-care hospital and an affiliate of Cathedral Healthcare System, opened in 1900. A recent recipient of the Press Ganey Compass Award for outstanding performance improvement in patient satisfaction, the hospital is staffed by more than 200 physicians, most with private practices in the community, and more than 500 clinical and support staff, all of whom focus on providing patients with the best in compassionate care.

At the hospital’s Center for Same-Day Surgery, physicians use noninvasive laparoscopic and laser-assisted techniques to perform a range of same-day surgeries, as well as to treat chronic pain. Services provided by the hospital’s Mental Health Care Unit—a 20-bed, short-term care facility for adult patients with primary mental illness and secondary substance-

abuse disorders—include psychiatric evaluation, medication management, and psycho-educational group programs, as well as individual, group, and family therapy.

Saint James Hospital’s Center for Wellness and Rehabilitation offers inpatient and outpatient physical therapy, speech-language pathology and hearing screening, as well as educational programs for smoking cessation and other health issues.

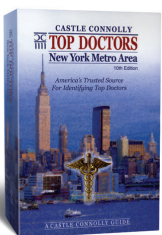
The Family Care Center, which provides outpatient preventive and diagnostic care and illness management for adults and children, offers special pediatric services, including asthma management, immunizations, and screening for lead poisoning.

Saint James continues to grow and change to meet the needs of a largely immigrant population strengthened by its vibrant ethnic and cultural diversity. Saint James remains committed to serving the area’s dynamic community and to maintaining its proud tradition of compassionate care.

Where can I find the most Top Doctors – as rated by other doctors?

Englewood Hospital *for the 8th consecutive year!*

For eight consecutive years, Englewood Hospital and Medical Center is home to more top-rated doctors than any other



hospital in North Jersey – a total of 115 Best Doctors, as chosen by other physicians. Castle Connolly Medical Ltd., a healthcare research company, asked 12,000 doctors in the tri-state area to nominate not only those physicians who excel in medicine and research but, most importantly, those physicians who exhibit excellence in patient care and someone to whom they would send members of their own family. Those polled named more doctors in more specialties from Englewood Hospital than from any other hospital in North Jersey.

We believe that the best hospitals attract the best doctors, and that the best doctors practice the best medicine. We are very proud that both our doctors and our Magnet Award-winning nurses combine to practice superior medicine at our Medical Center. We're also proud of the advantages that this top-ranked care makes in our patients' lives.



For a referral to one of our 700 outstanding physicians, call 201-894-3456 or visit us at www.engagewoodhospital.com.

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St. Joseph's, the most comprehensive Children's Hospital in the region, is a leader in the delivery of pediatric healthcare using telemedicine. In partnership with Medical Missions for Children located at St. Joseph's, specialists strive to improve pediatric outcomes worldwide.

For a referral to one of our physician specialists, or for information about our many subspecialty programs, call 973.754.2500.

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Children's Hospital



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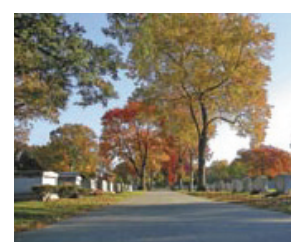


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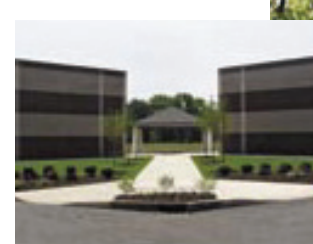


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Mt. Olivet Mausoleum

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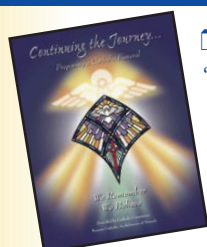
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- ☐ St. Gertrude Cemetery and/or Mausoleum, Colonia
- ☐ Mt. Olivet Mausoleum, Newark

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