

**Catholic Anchor**  
**Vol. 11, Issue #18**  
**October 16, 2009**

## **Charity doesn't halt need for health care**

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**Catholicanchor.org**

She's tiny, adorable, and a member of my parish.

Her name is Isabella Cardenas and she's as beautiful as her name. She became a minor celebrity recently when her mom, Gabrielle, testified at an AFACT (Anchorage Faith in Action Congregations Together) action at Central Lutheran Church. A local television station ran Gabrielle's testimony as she held Isabella in her arms.

The evening's subject was Denali KidCare, and Gabrielle Cardenas explained to a group of state officials that Isabella needs a heart and lung transplant, and that because their income is \$400 over the limit for qualifying for insurance through Denali KidCare, they may slip through the cracks — slide through that "safety net" — without coverage for what will be an extraordinarily expensive procedure.

Denali KidCare, which goes by different names in different states, is a program which provides comprehensive health insurance to children and pregnant women in low-income working families. The federal government provides 65 percent of the funding, the state about 35 percent. The state determines eligibility, and in 2003, Alaska changed the eligibility requirements. Previously, you could have income at 200 percent of the federal poverty level to qualify. Now, that level is down to 175 percent and many of the working poor are excluded from coverage. Our state ranks 49th — second from the bottom — in providing children's health care through this program.

The fifteen congregations which make up AFACT, including several Catholic ones, have organized to push for legislation that will bring that income level back up to 200 percent of the federal poverty level, and provide for insurance for other working poor who make over 200 percent of the poverty level by having insurance available through premiums or co-pays.

Isabella's family members are well known at our parish. Her grandma is a Eucharistic minister and lector. Her cousins attend our parish school. They are a hard-working family.

Before Isabella's last hospitalization, her family raised money at our school by selling tamales for \$20 a dozen through a sign-up sheet at the office desk.

After Gabrielle Cardenas' testimony was broadcast, other parishioners took note and wondered how we could help. We have a generous parish and people are especially sensitive to needs close to home.

But what parish can afford to sponsor a heart-lung transplant? Perhaps there are other ways we can help.

The point is, of course, that charity towards one family is a good thing. But there's a larger question of justice here. Why isn't health care affordable for low-income working families? The system is failing us. Each year, employer-based health insurance costs rise much more than the rate of inflation. People, even many in the middle-class, are being squeezed out of insurance coverage by ever-higher premiums and deductibles.

100,000 Alaskans do not have health insurance, according to the Anchorage Daily News, yet 60,000 of those uninsured have jobs. ("Palin revisits healthcare," ADN, Dec. 3, 2008)

A friend told me that in the early days of her marriage, she and her husband couldn't afford to offer insurance to employees in their fledgling small business.

When one of their employees became ill and was hospitalized, the best the company could do was put out a coffee can for donations. She still feels bad about that.

Ever since Pope Leo XIII, popes have been encouraging us to base our governance on the “common good.” What kind of system works best for everyone? What changes to the system will bring justice?

Two things seem clear: First, Alaska needs to raise the income level at which the working poor can receive Denali KidCare. Because, secondly, a coffee can and a dozen tamales won’t do the trick.

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