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HONDURAN AGONY:

By SUE WEISHAR, PH.D.
and MARY BAUDOIN

Photo by Luke Hanson, S.J.

The Spiral of Violence and Corruption

In mid-September, JSRI Associate Mary Baudouin joined a U.S. Jesuit Conference delegation for a week traveling across Honduras to learn about the political and social problems confronting that Central American country of 8.3 million people. The delegation visited small *campesino* communities struggling to make a living after losing their land to multinational mining companies; a filthy, overcrowded prison farm where a prisoner explained he was not even present at the trial that convicted him of murder; a church parish where mothers prayed to hear from their sons who had left for the United States; and a Jesuit advocacy and research center valiantly exposing the corruption and abuse strangling the country.

“The rule of law basically does not exist,” Baudouin said. “If someone is threatened by a gang, there is nobody to call to do anything about it. People fear the police almost as much as the narco-traffickers, with whom the

police are widely believed to be complicit. The Bishop of La Ceiba told us of people forced at gunpoint to sell their land to mining companies. The level of violence is shocking, and the impunity enjoyed by criminal actors has led to an overwhelming sense of hopelessness. I am embarrassed to say that I knew almost nothing about how bad things have become there, even though I have known Hondurans my whole life growing up in New Orleans.”

New Orleans’ ties to Honduras began in the early 1900s with the importation of bananas from Honduras and other Central American countries through the Port of New Orleans. In the late 1950s and early 1960s, political instability in Honduras led to a large influx of Honduran immigrants who had known New Orleans largely through the banana trade.¹ Hondurans continued to settle in New Orleans during the Central American wars of the 1970s and 80s, and in response to

the need for reconstruction workers after Hurricane Katrina. The 2010 Census of the New Orleans-Metairie-Kenner Metropolitan Statistical Area (MSA) revealed the sixth largest population of Hondurans in the United States: 25,112.

To better understand local Hondurans’ views on the acute challenges facing the country of their birth, Sue Weishar interviewed Honduran members of her church parish. Everyone she spoke to had family members who were victims of violent crime.

Juan Molina, a building contractor, grew up in a poor neighborhood in Tegucigalpa, the Honduran capital, and came to New Orleans in 1994. In the past five years, five of his eight brothers and sisters in Honduras were robbed at gunpoint or had their lives threatened by extortionists. The ex-husbands of two of his sisters are journalists. Both have been threatened for exposing official

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LOYOLA UNIVERSITY NEW ORLEANS

COLLEGE OF SOCIAL SCIENCES

corruption, and one fled for his life to the U.S. Juan's daughter was robbed at gunpoint. His sister-in-law was robbed and beaten after withdrawing cash at a bank to pay the employees of her small business. She suspects that a bank employee tipped off the perpetrators.

"No one trusts anyone there anymore," he explained. "There's no faith in the system."

Nora², who came to the United States in 2005, was robbed twice at gunpoint in 2002. She broke down crying when she recalled the attempted murder of her father four years ago for reasons the family still does not understand. Santos, a 27-year-old construction worker, related how in early October his sister was surrounded by five men with guns and knives who stole her cell phone. Miriam, a school maintenance worker, told of her uncle who was beaten and almost killed in his office last year—yet the police never showed up to investigate. Raul described how a gunman boarded a bus in Tegucigalpa in 2004 and sprayed bullets everywhere while Raul and the other passengers dove for cover.

Honduras, with a homicide rate at 91.6 victims per 100,000 inhabitants, is the world's most violent nation.³ The Jesuit research and advocacy center, ERIC (*Equipo de Reflexion, Investigacion y Comunicacion*), estimates that every 12 hours a Honduran is extorted for money. A pervasive and well-substantiated fear of crime affects everyday life.⁴

When Molina was growing up in Tegucigalpa he thought nothing of returning home at 2 a.m. after a night out with friends. However, when he and his wife and children visited family there in 2012, they did not dare venture outside after sunset. When Miriam returns to visit family members, she does not wear jewelry or carry a purse for fear of being robbed. She recalls that during her childhood, her family never locked the doors and windows of their home in a small town 30 miles northeast of the capital. Recently she paid for security bars for her parents' home. Still, her parents feel they cannot leave the house unguarded—and have arranged their lives so that one of them is always at home. During Baudouin's recent visit, delegation

members were not allowed on the streets by themselves or to go out at night—even a stroll to a corner store was too dangerous.

Much of the violence is attributed to the drug trade and gangs. When drug interdiction disrupted narco-trafficking routes in Mexico and the Caribbean, Honduras became the transit route of choice. It is estimated that a third of the cocaine destined for the United States from Colombia and Venezuela passes through Honduras.⁵ Gang violence began taking root in Honduras when gang members deported from California re-established their criminal organizations upon return. Gangs are now believed to be closely cooperating with international drug cartels.⁶

The police have also been widely implicated in the drug trade as well as extrajudicial executions. The Honduran judicial system is weak and has been highly compromised by the arbitrary dismissal of judges after the 2009 coup. Many blame the June 28, 2009, coup for the marked increase in violence. Following the coup, civil liberties were suppressed by the de facto government as police and soldiers violently repressed protesters, forced the shutdown of radio stations and other media, and carried out widespread, arbitrary detentions. In U.S. Congressional hearings, human rights advocate Lisa Haugaard testified that the coup unleashed violence by creating a sense that "any authority or anyone who simply felt entitled could do what they wished without consequences."⁷

At times during her visit, Baudouin was understandably overcome with despair. Just before leaving Honduras, however, the delegation visited Radio Progreso, a project of ERIC, headed by Fr. Ismael ("Padre Melo") Moreno, S.J. Radio Progreso reaches 1.5 million listeners, providing an array of programming—including news, call-in talk shows, story-telling, music, and cutting-edge reporting on corruption and human rights abuses by governmental and criminal organizations. Almost everyone at Radio Progreso has received death threats, including Padre Melo—who has friends who were murdered because they refused to stop reporting on the injustices inflicted upon Honduran men and women. Baudouin requested that Padre Melo play on his radio

show the anthem of the U.S. civil rights movement *We Shall Overcome*. As the record spun, Padre Melo closed his eyes and sang along. She then realized this man who knows the challenges facing his country more than anyone really does believe that the people of Honduras shall overcome. She left Honduras knowing that if he has that kind of hope, what right does she have not to hope?

ENDNOTES

- 1 One of the largest fruit importing companies, Standard Fruit, was founded in New Orleans and later set up its headquarters in the city of La Ceiba, on the northern coast of Honduras. Throughout the early to mid 20th century, a small but steady stream of Hondurans migrated to New Orleans, many to work on the docks unloading bananas. Wealthy Hondurans sent their children to boarding school in the city. From Samantha Euraque, "Honduran Memories": *Identity, Race, Place and Memory in New Orleans, Louisiana*. Master's Thesis, Louisiana State University, May, 2004. By 1970 Hondurans were the largest group of immigrants in the state of Louisiana, representing 12.9% of the state's foreign-born population, according to Census figures.
- 2 Except for Juan Molina, none of the Hondurans interviewed for this article wanted their real names used.
- 3 See United Nations Office on Drugs and Crime, Intentional homicide, count and rate per 100,000 population (1995-2011) www.unodc.org/documents/data-and-analysis/statistics/crome/Homicide_statistics2013.xls
- 4 See documentary by Radio Progreso, *No mas impunidad*, at www.youtube.com/watch?v=9bQKMIDjXvk
- 5 Tom Shanker, "Lessons of Iraq help U.S. fight a drug war in Honduras", *New York Times*, May 5, 2012, at www.nytimes.com/2012/05/06/world/americas/us-turns-its-focus-on-drug-smuggling-in-honduras.html
- 6 Freddy Cuevas, "Gangs are in forty percent of Honduras, officials say," *Huffington Post*, July 31, 2013 at www.huffingtonpost.com/2013/08/01/gangs-honduras_n_3690118.html
- 7 Testimony of Lisa Haugaard, Executive Director, Latin America Working Group Education Fund before the United States Congress, Tom Lantos Human Rights Commission, July 25, 2013, at www.friendshipamericas.org/sites/default/files/Human%20Rights%20in%20Honduras%20Transcript.pdf



Catholic Social Thought and Health Care

Catholic discussion of health care begins with the Catholic teaching that health care is a basic human right. As the U.S. Bishops recently explained, “The first right of the human person, the right to life, entails a right to the means for the proper development of life, such as adequate health care.”¹ The key enunciation of this right was made in 1963 when Blessed Pope John XXIII articulated human rights that are “universal and inviolable, and therefore altogether inalienable.”² This right is contained in the *Catechism of the Catholic Church*.³ The U.S. Bishops explained its foundations as follows:

*This right flows from the sanctity of human life and the dignity that belongs to all human persons, who are made in the image of God. It implies that access to health care which is necessary and suitable for the proper development and maintenance of life must be provided for all people, regardless of economic, social and legal status. Special attention should be given to meeting the basic health care needs of the poor.*⁴

The basic right, then, is derived from human life and dignity.

In 1981, to protect and promote this right, the U.S. Bishops called for a national health insurance program:

*Following on these principles and on our belief in health care as a basic right, we call for the development of a national health insurance program. It is the responsibility of the federal government to establish a comprehensive health care system that will ensure a basic level of health care for all Americans. The federal government should also ensure adequate funding for this basic level of care through a national health insurance program.*⁵

Articulating governmental responsibility for the right to health care was consistent with increasing recognition in Catholic social teaching of government’s responsibility to ensure the common good—including individual human rights—and awareness that Catholic social teaching emphasizes both individual conscience and political, legal, and economic systems and structures.⁶ This proclamation by the bishops echoed an earlier call for comprehensive health insurance in 1919 as part of their proposals for recovery from World War I.⁷

Recent Catholic calls for health care reform have included fundamental values that reflect the dignity of the human person, protect basic human rights, and respond to the unique claims of those who are poor and vulnerable. As the debate over health care reform intensified in the 1990s, when 32 to 34 million Americans were without health coverage, the U.S. Bishops framed eight key criteria and commended them to the nation’s

leaders: (1) respect for life; (2) priority concern for the poor; (3) universal access; (4) comprehensive benefits; (5) pluralism (meaning the participation with government and business of voluntary, religious, and nonprofit providers of health care and services and respect for religious and ethical standards in care delivery); (6) quality; (7) cost containment and controls; and (8) equitable financing.⁸

In November 2007, in preparation for the upcoming elections, the U.S. Bishops again addressed health care:

Affordable and accessible health care is an essential safeguard of human life and a fundamental human right. With an estimated 47 million Americans lacking health care coverage, it is also an urgent national priority. Reform of the nation’s health care system needs to be rooted in values that respect human dignity, protect human life, and meet the needs of the poor and uninsured, especially born and unborn children, pregnant women, immigrants, and other

*vulnerable populations. Religious groups should be able to provide health care without compromising their religious convictions.*⁹

In the debate over the Patient Protection and Affordable Care Act, passed by Congress in 2010, these values undergirded Catholic advocacy about the contours of reform and continue to shape the debate over implementation.

ENDNOTES

- 1 U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Facilities*, 5th Edition, 2009, p. 10.
- 2 Blessed Pope John XXIII, *Pacem in Terris*, 1963, no. 11.
- 3 *Catechism of the Catholic Church*, 2nd ed., (Washington, DC: Libreria Editrice Vaticana– United States Conference of Catholic Bishops, 2000), no. 2211.
- 4 National Conference of Catholic Bishops, *Health and Health Care*, 1981, no. 57.
- 5 *Ibid.*, no. 63.
- 6 National Conference of Catholic Bishops, *Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy*, 1986, no. 259.
- 7 Administrative Committee of the National Catholic War Council, *Program of Social Reconstruction*, 1919, no. 25.
- 8 A Resolution of the Catholic Bishops of the United States, *A Framework for Comprehensive Health Care Reform: Protecting Human Life, Promoting Human Dignity, Pursuing the Common Good*, 1993,
- 9 United States Conference of Catholic Bishops, *Forming Consciences for Faithful Citizenship*, November 2007, No. 80.

THE AFFORDABLE CARE ACT: Who, Why, and What?

BY FRED KAMMER, S.J.



Who Are the Uninsured?

We recently saw the assault on the Patient Protection and Affordable Care Act [PPACA] close the federal government (costing at least \$25 billion dollars¹) and almost wreck the economy by refusing to lift the debt limit. Lest we go through that again, it is important to remind ourselves about the who, why, and what of our current health care reform.

We look first at those without health care coverage. Current estimates indicate that approximately 50 million people are now without health care (and a whopping 86 million more uninsured at some point in a two-year period, including 18.6 million people in the five Gulf South states²).

Looking more closely, we can see some further details. First, using 2012 and 2013 data from the Census Bureau, the following table shows the percentages of the U.S. and Gulf South men and women aged 19 – 64 who are uninsured³:

UNINSURED MEN AND WOMEN IN THE U.S. AND GULF SOUTH

Location	Men 19 – 64	Women 19 – 64
United States	23%	19%
Alabama	21%	18%
Florida	31%	27%
Louisiana	29%	27%
Mississippi	24%	20%
Texas	33%	30%

The lower rate of uninsured among women reflects the higher rate of coverage for children—under Medicaid or other public health insurance programs.

For another view, the table on page 5 shows the disparate impacts by race/ethnicity, including the number of non-elderly persons uninsured and the percentage of each affected group [NSD=insufficient data].

Non-Elderly Uninsured in the U.S. and Gulf South

The table underscores the fact that significantly higher percentages of African-Americans and Hispanics are uninsured than whites in the nation and in the Gulf South states.

Catholic Teaching on Health Care

The Catholic Church has been clear in its teaching that health care is a basic human right and that it is a function of government to assure this right in the public square. (See *Catholic Social Thought and Health Care* in this issue.) During the debate over passage of PPACA, the U.S. Catholic bishops launched a website to focus directly on health care reform and to bring together Catholic concerns about health care, social justice, protecting human life, and the rights of immigrants. On that site⁴ and in communications to members of Congress and the administration, the bishops highlighted four essential elements for reform:

- a truly universal health policy with respect for human life and dignity;
- access for all with special concern for the poor and inclusion of legal immigrants;
- pursuing the common good and preserving pluralism including freedom of conscience and variety of options; and
- restraining costs and applying them equitably across all payers.

The site also referred readers to the comprehensive statement on health care reform approved by the full body of bishops in 1993, titled *A Framework for Comprehensive Health Care Reform: Protecting Human Life, Promoting Human Dignity, Pursuing the Common Good*.

UNINSURED PEOPLE BY RACE IN THE U.S. AND GULF SOUTH

LOCATION	WHITE	BLACK	HISPANIC	OTHER	TOTAL
United States	21,300,500 [13%]	6,946,700 [21%]	15,319,300 [31%]	3,745,000 [16%]	47,311,500 [18%]
Alabama	365,100 [14%]	208,500 [18%]	73,100 [42%]	NSD	660,700 [16%]
Florida	1,657,200 [19%]	752,800 [29%]	1,280,400 [34%]	176,200 [23%]	3,866,700 [25%]
Louisiana	382,900 [17%]	384,300 [30%]	77,100 [41%]	NSD	866,300 [22%]
Mississippi	197,900 [14%]	227,700 [23%]	NSD	NSD	453,600 [18%]
Texas	1,509,300 [17%]	588,200 [22%]	3,794,000 [39%]	275,200 [20%]	6,166,600 [27%]

Health care advocates know that any real reform must deal with at least several key issues simultaneously: access, costs, coverage, and quality. Partial efforts of the past that did not address all these factors—employment-based health insurance, managed care, quality control, Medicare, Medicaid, S-CHIP—still left us with spiraling health care costs, emergency room primary care, denial of coverage for pre-existing conditions, limitations on insurance benefits, increasing co-payments, reduced employment-based coverage, and 1 million more people a year without coverage. Market-driven health care and our employment-based system failed to deal comprehensively with reform’s key issues.

Coverage under PPACA

The PPACA responds to the challenge of covering the uninsured in two ways. The first expands and reforms the private insurance market by:

- ▶ Requiring that employers with 50 or more full-time employees provide employee health insurance;
- ▶ Requiring that almost every uninsured person purchase health insurance or face a tax penalty;
- ▶ Providing tax credits for individuals and families with incomes below 400 percent of the federal poverty line to make insurance purchase more affordable;
- ▶ Requiring insurers to offer basic services, including hospitalization, maternity care, and chronic disease management;

- ▶ Creating online markets (“exchanges”) for people to purchase insurance so that competition will help keep rates low;
- ▶ Preventing exclusion of people from coverage for pre-existing conditions;
- ▶ Eliminating annual or lifetime dollar limits on insurance benefits; and
- ▶ Allowing young adults to stay on their parents’ plans until age 26.

The second major coverage element of PPACA expands Medicaid to cover all people whose incomes are below 138 percent of the federal poverty line (\$15,856 for an individual or \$26,951 for a family of three in 2013). Federal funding to states for this Medicaid expansion is 100 percent for the first three years and then is reduced gradually to a floor of 90 percent by the year 2021, with states assuming the balance. Estimates are that PPACA would make 15 million adults newly eligible for Medicaid.⁵

The Congressional Budget Office (CBO) estimated in February 2013 that in five years 27 million Americans would be receiving health insurance through the new health insurance exchanges and 11 million Americans would be added to coverage under Medicaid and the Children’s Health Insurance Program (CHIP). The number of uninsured would decline from pre-PPACA levels by 27 million persons.⁶

Problems with PPACA

Technical failures in online access to the federal insurance exchange and some state exchanges have filled the news, as have the efforts to remedy those failures. Of more concern to the Catholic Bishops’ Conference and others has been the

Administration’s inclusion of contraceptive coverage as a mandate under the 2012 HHS rule implementing PPACA⁷; the mandate has given rise to a major religious freedom campaign and a number of pending lawsuits by religious employers and others challenging the mandate.

Another major problem arose from the precedent-shattering decision of the U.S. Supreme Court to make the Medicaid expansion provision of PPACA a state option. Twenty-five states currently are refusing to expand the Medicaid program, denying potential coverage to 13.4 million adults, including 5.5 million in the Gulf South states.⁸

Others concerned about PPACA look to the failure to include many legal immigrants (barred for five years) and those who are undocumented. The CBO’s estimate of the number of uninsured non-elderly persons in the country in five years will still be 29 million persons, including various immigrants as well as others who are eligible but not enrolled.⁹

What is certain about the PPACA is that it takes a major step to cover tens of millions of the uninsured—those who are now served in hospital emergency rooms or who more usually go without health care. Opponents offer little more than lukewarm leftovers of failed past efforts, if even that. In implementing PPACA, health care advocates must work to ensure that proposed regulations and practices do in fact expand universality, respect for life and dignity, access for the poor and vulnerable, freedom of conscience, and cost containment.

—Endnotes on back cover



White Complicity as a Way Toward Racial Solidarity

BY ALEX MIKULICH, PH.D.

White people of faith frequently raise the question of individual guilt in discussions of white privilege, power, and racism. Most often the issue of guilt arises through white assertions of racial innocence. This essay draws contrast between the framework of individual culpability and that of social complicity as a way toward solidarity.

Certainly, guilt is very tricky. While honest people may utilize guilt as the “prick of conscience” that leads to confession, guilt may not be the best way to inspire conversion. People are not prone to accept public blame or ridicule. Guilt tends to focus on needs of the individual to achieve personal righteousness, but does not necessarily invite relationships with persons victimized by racial injustice.

Too often, as a society, “racism” is often reduced to individual acts of intentional racism. We commonly

associate racism with such historical figures as Bull Connor, the racist police chief of Birmingham, Alabama, who unleashed violent dogs on civil rights protestors. Good white people rightfully abhor this form of overt white supremacy.

The framework of individual culpability is partially helpful for moral clarity and identifying individual perpetrators. As a society, we want and ought to hold individuals responsible. Establishing individual culpability is also critical legally to hold individuals and institutions accountable for legal violations.

The Civil Rights legislation of the mid-1960s established legal parameters for free, individual access to integrated institutions and the responsibility of government to establish non-discriminatory practices in private business, employment, and housing, among other areas.

On its own, however, individual culpability is problematic. The individual framework fails to contend with deeper historical, cultural, and structural dimensions of racial oppression and inequality. It fails to account for the enduring dominance of white cultural norms and practices in society.

For starters, the individual frame fails to address how implicit cognitive bias operates. Implicit bias refers to the attitudes or stereotypes that influence our understanding, actions, and decisions in an unconscious manner. Implicit bias is not accessible through individual introspection. Individuals may claim to support diversity and racial equality yet act in ways that contradict those values.

So, for example, in her study of hiring outcomes in three U.S. cities, the sociologist Devah Pager found that employers affirmed their support for racial equality. Yet the study found that white applicants with a criminal record were just as likely to receive a callback as a black applicant without any criminal record. Despite the fact that white applicants revealed evidence of felony drug conviction and reported having returned from one-and-a-half years in prison, employers viewed them as no more risky than a young black male *with no criminal record*.¹ Research continues to demonstrate how implicit racial bias influences decisions that have life and death consequences.²

Second, the individual frame fails to account for the way reality is socially constructed. An individualist approach cannot account for the multiple ways individuals both shape and are shaped by society.

Third, reality is far more complex than a simple duality between guilt and innocence. The continuum between willing and unwilling perpetrators, willing and unwilling accomplices, and willing and unwilling bystanders is complex and vast.

Everyday practices of ordinary, good white people contribute to the maintenance of institutions and structures that systemically benefit white Americans to the detriment of communities of color. The

frame of white complicity, alternatively, offers a different and more dynamic way to explore how good people contribute to injustice.

Indeed, in *The Scandal of White Complicity in U.S. Hyper-incarceration: A Nonviolent Spirituality of White Resistance* Margaret Pfeil, Laurie Cassidy, and I consciously chose complicity as a way to explore how white power operates. We reflect on our shared white social, moral, and spiritual complicity in the historical, structural, and cultural roots of contemporary U.S. racial inequality, especially as it is manifested in the hyper-incarceration of African-Americans and Latinos. So, briefly, why focus on complicity?

First, in contrast to American individualism, complicity is a way of proceeding that helps people perceive the myriad ways we are entangled within interdependent networks of human interaction. It invites a sense of humility and wonder before all other people.

Complicity recognizes that all people, and especially white Americans, need to learn from many others who are too often forgotten by history. Complicity suggests that we need to learn from slaves and their descendents, who teach us about their humanity in the midst of oppression. Whites tend to forget also how African slaves, to cite only one example, resisted racial oppression and demanded fundamental changes to practices of religious faith and democracy.

Second, whites tend to utilize a language of innocence that renders white privilege and power invisible to conscious critique. The language of innocence and guilt is deeply color-coded into the binary imagery of white innocence and black criminality in U.S. history. *The Scandal of White Complicity* explores how the rhetoric of white innocence is a “trigger that brings up the stereotype of criminal, promiscuous, lazy black people.” The problem is that invoking innocence “draws power from the implicit contrast of black defilement.”³ In other words, the assertion of white innocence actually implicates whites in the cultural reproduction of racial inequality.

At a deeper level, complicity concerns spirituality, how we love God and neighbor. The opening paragraph of Vatican II’s *Pastoral Constitution on the Church in the Modern World* (*Gaudium et Spes*) best orients the Church and people of faith:

The joy and hope, the grief and anguish of the men of our time, especially of those who are poor or afflicted in any way, are the joy and hope, the grief and anguish of the followers of Christ as well.

This paragraph concludes: “This is why Christians cherish a feeling of deep solidarity with the human race and its history.”⁴

Vatican II invites our shared reflection: How do white people of faith listen and attend to the joy and hope, the grief and anguish of people of all colors? At issue is our daily spiritual practice and how we live (or not) the Gospel call to solidarity.

ENDNOTES

- 1 Devah Pager, *Marked: Race, Crime, and Finding Work in an Era of Mass Incarceration* (Chicago, University of Chicago Press, 2007), 89-91.
- 2 “State of the Science: Implicit Bias Review 2013,” available online at <http://kirwaninstitute.osu.edu/research-2/understanding-implicit-bias/>
- 3 Alex Mikulich, Laurie Cassidy, and Margaret Pfeil, *The Scandal of White Complicity in U.S. Hyper-incarceration: A Nonviolent Spirituality of White Resistance* (New York: Palgrave, 2013), 11.
- 4 Vatican II, *Gaudium et Spes: Pastoral Constitution on the Church in the Modern World* in Austin Flannery, O.P., *Vatican Council II: The Conciliar and Post Conciliar Documents* (Northport, New York: Costello Publishing, 1987), p. 903-904.

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The Affordable Care Act: Who, Why, and What?

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ENDNOTES

- 1 Josh Hicks, *How much did the shutdown cost the economy?* *W.Post Blog*, October 18, 2013, at www.washingtonpost.com/blogs/federal-eye/wp/2013/10/18/how-much-did-the-shutdown-cost-the-economy/?hpid=z12 (accessed October 21, 2013).
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- 4 See website at: <http://www.usccb.org/sdwp/national/comphealth.shtml>.
- 5 Genevieve M. Kenney, Lisa Dubay, Stephan Zuckerman, and Michael Huntress, *Opting Out of the Medicaid Expansion under the ACA: How Many Uninsured Adults Would Not Be Eligible for Medicaid?*, Health Policy Center, Urban Institute, July 5, 2012, p. 1 (emphasis in original).
- 6 CBO, *Effects of the Affordable Care Act on Health Insurance Coverage—February 2013 Baseline*, February 5, 2013, at <http://www.cbo.gov/publication/43900> (accessed October 21, 2013).
- 7 See U.S. Bishops' opposition to the mandate, at <http://www.usccb.org/news/2012/12-012.cfm> (accessed October 21, 2013).
- 8 Families USA, *Infographics: A 50-State Look at Medicaid Expansion*, at <http://www.familiesusa.org/infographics/50-state-medicaid-expansion.html> (accessed October 22, 2013).
- 9 CBO, *op. cit.*

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