

Catholic nuns provide home for former female inmates

BY DONALD BRADLEY
THE KANSAS CITY STAR

KANSAS CITY, Mis-souri — The morning is cold and dark when Sister Rose McLarney comes out of the old brick building on Beacon Hill and opens the gates to the street. She then goes back in-side and, there in the warm kitchen with coffee almost ready, the women who live upstairs come down to talk. Big things, little things. McLarney, 75, a sister of St. Joseph of Carondelet, listens, the women's ease and candor settling in more each day since they arrived at the new Journey House — dates they can cite im-me-diately.

“Because that’s the day we got out of prison,” said Sher Bialczyk, 53.

For years, the Catholic nuns here lived in the quiet peace of a convent. Now they share a home with 15 younger women who have been stabbed, beaten, molested, hooked on drugs and served time.

“I don’t think the sisters knew what they were get-ting in to,” one of the women said. “I’ve seen them go count to 10.”

The idea of Journey House — viewed at first as a crazy idea by four old nuns, a take the nuns did not totally reject — is that they would help the women with job searches, life skills, rehabilitation and health care while keeping them off the streets and out of trouble.

The sisters quote Scrip-ture; the women speak something else. But these two groups have come to-gether, an embrace of one’s need for help and the other’s will to give it. That goes both ways.

The nuns say the women gave them new purpose, stoking hearts that an-swered a calling long ago. A few times that calling has come in the middle of the night from a woman needing a ride home.

The nuns pull on their robes and head out.

“I’ve seen parts of this city I didn’t know existed,” said Sister Gabrielle Smits, at 72 the youngest of the group.

The oldest, Sister Martha Niemann, 87, smiled and said: “I like it here — there’s always something going on.”

When Journey House opened in September, it was set up so the sisters had their own living room in their wing. They don’t use it. The World Series took care of that. Those games threw the whole bunch all together in one room and by the time the whoops and hollers ended — think the bonding power of Eric Hosmer’s mad dash home in Game 5 — they had learned they were not all that different.

McLarney knew that al-ready from those early morning sessions in the kitchen.

“I know their stories, and if I would have had that life, I’d probably be in the same place,” she said.

Georgia Walker, a for-mer nun and executive di-rector of Journey to New Life, the organization that opened the house, has a rap sheet herself. She’s been arrested more than once for trespassing at the Honeywell plant in Kansas City and Whiteman Air Force Base to protest nu-clear weapons.

In January, Walker, 68, became a Catholic priest, sort of. Catholic canon law rejects women priests. Walker rejects canon law. Niemann has a gam-bling problem.

“Addiction is very lone-ly,” she said.

A lot of sharing goes on at Journey House.

The women from prison say the place is the closest thing to a home they’ve had in years.

“I don’t really have fam-ily — not anymore,” said Sandy Lightell, 48. “The sisters are my family now. I will never be able to repay them for what they’ve done for me. Like everyone here, I’ve done drugs and I’ve done crime, and I know God is work-ing through them to get to us.”

“They’ve taught me to give something in my heart, and I never want to hurt them.”

Bialczyk said: “I don’t want to be anything else than what I am right now.”

Only one woman has been told to leave. She would not stop using drugs. The nuns watched from the window as she walked away that day, her suitcase refusing to stay latched and the contents spilling onto the street.



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Journey House opened in Kansas City, as a place for women released from prison to have a place to live. Nuns also live in the house and help the women get on their feet and stay out of trouble. Residents share a meal in December 2015.

They prayed for her then and think about her still.

“Sometimes we have to lift each other up,” Walker said. “But there’s not a day I regret coming here.”

Last spring, the Mis-souri Department of Cor-rections announced that it would convert the Kansas City Community Release Center into a prison. For years, the facility was a halfway house for men and women leaving prison. The new prison would be for men only.

That meant women might have to stay longer in prison because they couldn’t be released with-out a place to live.

About that same time, the Society of St. Pius X was looking for a buyer for a building that had been used for priest training. The society pitched the building to Operation Breakthrough, a large urban child care provider.

Breakthrough director Sister Berta Sailer de-clined, but said she knew someone who might be in-terested. Sailer is on the board for Journey to New Life.

The nonprofit was set up two years ago to help peo-ple leaving prison make the transition back into so-ciety. Housing had been a constant challenge. Wal-ker first floated the idea of opening a home for women and McLarney, chairwom-an of the Journey board,

told her she was crazy.

Then McLarney and the others got on board, and people said they were all crazy.

The whole thing ap-peared moot because Jour-ne-y didn’t have money to buy the building anyway. It had been built in 1925 and McLarney thinks it was used as some kind of hospital for the blind.

But then a donor — who wanted to remain anony-mous — wrote a check for \$347,000 to buy the place.

“Journey could never have done this on our own,” McLarney said.

After remodeling and furnishing — with virtual-ly everything donated, in-cluding labor by 75 volun-teers — Journey House opened in September. The home now has a waiting list after quickly filling to its zoning limit of 15 women.

“Berta calls this place a miracle,” said Smits, who jumped at the chance to be part of it after living 30 years in the convent.

She had been a chaplain at St. Joseph Medical Cen-ter.

“There I worked with the dying,” she said. “Here these women have a sec-ond chance.”

“Our mission has al-ways been to love the dear neighbor. This is our op-portunity to do that. Here we see how truly broken our world is.”

Susie Roling, a case-

worker at Journey to New Life, knows all the sisters well.

“They are doing what Jesus would do, reaching out to society’s forgotten population,” Roling said. “They are giving these women love, dignity and a fresh start, which is not what they would get from their PO [parole officer] or a halfway house.”

The women range in age from 23 to 55. Some are estranged from fami-ly. Almost all had been imprisoned at the Chilli-cothe Correctional Center for nonviolent crimes mostly associated with addiction.

Tiffany Norris, 26, tells about the night her fa-ther’s heart stopped in an intensive care unit. It was 1:30 a.m. She woke McLar-ne-y.

“She got up and took me to the hospital,” Norris said.

McLarney waved off that story.

“I’m an old nurse — middle of the night means nothing to me.”

On a recent morning as coffee dripped, a woman came through the kitchen with a basket of laundry. Others grabbed cereal boxes. Some checked the calendar on the refrigera-tor.

Talk was mostly about jobs and classes and drug tests and court cases.

One had already come home from an overnight

shift at a 24-hour ham-burger joint on Broadway.

Women rush out to the bus stop.

None of them has a car? McLarney shook her head and smiled.

“They struggle for ciga-rette money,” she said.

Some, like Veronica Pul-len, 43, spend time upstairs in the computer room, where the equipment was donated by Avila Univer-sity to help with job searches, studying and re-establishing family ties.

Pullen had been a wife, mother and truck driver living in Maine until going to prison. She was addict-ed to opiates. She had no way to talk with her chil-dren until finding them on Facebook.

Now she often wakes to her young daughter’s words, “Hi, Mommy,” which sometimes make her cry.

“I want my life back,” Pullen said.

The women do all the cleaning and cooking.

“We get to come and go — they just like to know where we are,” said La-neen Mason, who hopes to land a job as a nursing as-sistant.

Everyone is expected to be present at evening sup-per in the big dining room. On a recent night before mealtime, Bialczyk talked excitedly on the phone.

“Really! Really!”

When the call ended, Walker asked what hap-pened.

“AC/DC’s coming to town,” Bialczyk said.

Walker rolled her eyes.

“I thought you got a job.”

After grace at the table, Walker, as usual, warned the women about using poppy-seed dressing.

“Throws off their drug tests,” McLarney ex-plain-ed.

When the place first opened, the thought was that a typical stay would be 30 days. Now it’s look-ing more like 90. But that’s OK, McLarney said. What happens here is too impor-tant.

“It’s one thing to say we see God in everyone — here we live it every day. This is the walk.”

At 10 p.m., the long day at Journey House ends. McLarney, the early riser, already sleeps.

Gates closed, lights out, hearts stoked.

US lacks resources to treat children in disasters

BY LISA RAPAPORT
REUTERS

In the event of a natural disaster, epidemic or terror-ist attack, the U.S. may not have enough medical re-sources to aid affected chil-dren, according to a report from the American Acade-my of Pediatrics.

Children are particularly vulnerable to illness and in-juries during these emer-gency situations, and their distinct needs — such as special drug formulations or dosing and pint-size medical devices — mean supplies set aside for adults may not work for them.

To start fixing the prob-lem, the U.S. needs more in-vestment in treatments that are appropriate for children, including research to devel-op age-appropriate thera-pies as well as investments to increase the nation’s stockpile of remedies al-ready made for kids, accord-ing to the report from AAP’s Disaster Preparedness Advi-sory Council.

“Without research and development the pipeline of new and innovative medical countermeasures will not be achieved or sustained,” said lead report author Dr. Dan-iel Fagbuyi of George Wash-ington University in Wash-ington, D.C.

“Life or death is what’s at stake,” Fagbuyi, a retired infantry veteran with ex-pertise in disaster and terror response, added by email.

While significant strides have been made in recent decades to improve the U.S. stockpile of supplies needed for children in emergencies, there’s still a lot to be done, Fagbuyi and colleagues write in the journal *Pediat-rics*.

To meet the needs of chil-dren, the nation’s disaster stockpile should include



REUTERS FILE
Two children who are victims of Hurricane Sandy take food from a volunteer at a FEMA and American Red Cross aid and disaster relief station in the hard-hit Staten Island sec-tion of New York City in 2012.

life-saving equipment, de-vices, supplies and medica-tions that are appropriate for children.

With medicines and vac-cines in particular, the stockpile should have pedi-atric formulations such as liquid alternatives to pills adults might swallow, as well as age-based or weight-based dosing instructions, the report authors say.

One considerable chal-lenge to adding more pedi-atric treatments to the stock-pile is the paucity of re-search done in kids, which is due in part to difficulties getting consent from par-ents to include children in clinical trials and meeting clinical trial requirements that are more stringent for kids than adults. Dr. Laura Faherty of the University of Pennsylvania and the Chil-dren’s Hospital of Philadel-phia noted in an accompany-ing editorial.

Doing more research as public health disasters un-fold may help scientists bet-ter understand how to help children in these emergency situations, Faherty said by email.

The goal is to rapidly learn what works and what doesn’t, and to get this infor-mation quickly, Faherty said, adding, “The systems to do good research must be set up in advance to more quickly figure out what’s going on during an outbreak or similar public health emergency, and respond ac-cordingly.”

Cost can also be an obsta-cle, particularly because many pediatric versions of drugs are liquids that may have a shorter shelf life than pills for adults and be hard-er to transport and store, noted report co-author Dr. David Schonfeld of the Uni-versity of Southern Califor-nia.

“Yes, there are limited resources available for pre-ventive and treatment ser-vices, and we always need to balance the likely bene-fit against the cost,” Schon-feld said by email. “But if as a country we decide to create a national stockpile of medical countermea-sures, I feel we have an ob-ligation to ensure that chil-dren are protected at least to the same extent as adults — which is not the current situation.”

The need for better pedi-atric emergency supplies has also become more press-ing as the perceived domes-tic risk for exposure to chemical, biologic and ra-diologic agents has in-creased, noted Dr. Steven Krug, a researcher at North-western University Fein-berg School of Medicine in Chicago and chair of the AAP Disaster Preparedness Advisory Council.

Britain set for first mass doctor strike in over 40 years

BY REUTERS STAFF
REUTERS

LONDON — The British government said it was seeking to hold talks with doctors in its state-funded health service in a last-ditch bid to avert a series of mass walkouts, potentially the first such strikes for four decades.

Junior doctors, or doc-tors in training who repre-sent just over half of all doc-tors in the National Health Service, said on Monday they would stage a 24-hour stoppage next week, fol-lowed by two further 48-hour strikes.

It will affect non-emer-gency care and lead to the cancellations of many oper-ations.

Doctors’ strikes are rare in Britain. The last time ju-nior doctors took industrial action was in 1975 over non-payment for work done out-side the standard 40-hour working week. A new con-tract was agreed the next year.

Planned walkouts before Christmas were suspended to allow for further talks in the dispute which centers on pay and conditions, but on Monday the doctors’ union, the British Medical Association, said these dis-cussions had failed to make progress.

“In order for them [the strikes] to be called off, the government would have to recognize the deeply held concerns of junior doctors and be able to go rather fur-ther than it has been able to push itself over Christmas,”

Mark Porter, the BMA chairman told BBC Radio.

Ninety-eight percent of more than 37,000 junior doctors had voted to take part in industrial action, including strikes, in protest against the new employment contract proposed by Health Secre-tary Jeremy Hunt.

The BMA and doctors have criticized the contract, which changes the way they are paid for anti-social hours, saying it does not provide proper safeguards against doctors working dangerously long hours.

The government says the new contract is part of mea-sures to ensure patients get the “same quality of care across the week.”

“Our absolute priority is patient safety and making sure that the NHS delivers high-quality care 7 days a week — and we know that’s what doctors want too, so it is extremely disappointing that the BMA have chosen to take industrial action which helps no-one,” Hunt said in a statement.

He said the mediation service Acas had been asked to reconvene negotia-tions to try to settle the dis-pute.

The NHS delivers care for free to the whole popu-lation and accounts for a third of government spend-ing on public services. The service often features as one of the most important issues during elections and recent struggles during winter have led to concerns as to whether the NHS is adequately funded to main-tain high standards.