**No. 4 Unseen: Obscured by Class & Ethnicity**

Team Reflection

Luz, a 44-year-old Spanish teacher in New York City from the Dominican Republic and mother of two, commented that more than racial dynamics — money and insurance made a significant difference in the quality of the care she experienced during her cancer treatments. "It is not the color of [one's] skin. No. It is money and the way in which you present yourself … the money that you have — at least in the United States." [4.1] Dr. Aana Marie Vigen, a theology professor and researcher who captured narratives from women of color, noted how Luz repeatedly emphasized this point.

Another woman, Maria, a 67-year-old Puerto Rican mother and grandmother, described language barriers as only part of her difficulties. She called her challenges a combination of "racism, brutality, and lack of consideration—a bit of everything." [4.2]. Maria saw discrimination in the way care providers looked at her differently than an "American," especially white Americans. Maria felt that the clinicians she encountered did not pay as much attention to what immigrants said, and they assumed Latinos and Latinas are less intelligent than others.

The women Vigen interviewed did not experience overtly racist or biased behaviors. Rather, as a third woman, Sophia, a 41-year-old Black Puerto Rican, described, it was how she felt the providers looked at her in a limiting way — limiting who she was or could be in their eyes. "They don't dislike you, and they don't think bad of you. They just limit you. They just automatically believe that you can't — that you're probably on a certain level. And they are surprised if you're any higher … in terms of your standard of living, in terms of etiquette, speech, mannerisms."

There are, however, caregivers of hope, like the white woman who was Sophia's breast surgeon. Sophia felt they established mutual respect. "You know, I see her like, you don't judge me; I don't judge you. That's how I see her." [4.2]

Of course, we do not know what the providers said, felt or believed. In Maria's experience, she perceived a lack of consideration. She said, "I know how to express myself in my own words." She said she wanted to be seen, "not only as a patient but as a woman and a Latina." Vigen noticed a desire these women had for the care teams to give consideration and respect to this patient, this woman, this life, in this moment. [4.2]

A gift in Catholic health care is the tradition that we all share. A foundation of that tradition is the fundamental dignity of all people. Our tradition upholds respect for persons and the innate and inviolable dignity of all human life. Each person mysteriously bears a spark of the divine within them. We are called to look for it and reverence it in every person we care for and encounter. Many on our clinical care teams do so with ease, just like Sophia's surgeon. What if in every clinical handoff, the patient summary began with a positive characteristic observed in this patient?

**Consider**

* What can I do today to see afresh the sacredness in the people I meet today?
* What keeps me from seeing the dignity in others around me? Is it harder for me to see that dignity in some people more than others?
* How might a culture of inclusion and belonging emerge if patient summaries (or employee feedback) began with a notation of the person's positive attributes?

**Let us pray together,**

*If every human being possesses an inalienable dignity,*

*if all people are my brothers and sister,*

*and if the world truly belongs to everyone,*

*then it matters little whether my neighbor was born in my country or elsewhere.*

* Pope Francis, "Fratelli Tutti" Encyclical Letter on Fraternity and Social Friendship

[4.1] Aana Marie Vigen, Women, Ethics, and Inequality in U.S. Healthcare: To Count Among the Living (NewYork: Palgrave Macmillian), 119.

[4.2] Vigen, 137–140.