A REFLECTION

Walk in My Shoes

By SR. MONICA M. LAWS, OSF, PhD

The bold and challenging "Shared Statement of Identity for the Catholic Health Ministry" reads: We commit to "Promote and Defend Human Dignity; Attend to the Whole Person; Care for Poor and Vulnerable Persons." This reflection invites consideration of our commitment statements when we personally and in our health care facilities encounter those who are different from us.

In the beginning, God created diversity: light and darkness, water and land, day and night, animals on land and animals in the water.

"In the divine image he created him; male and female he created them ... God looked at everything he had made, and he found it very good." (Genesis 1:27, 31)

Diversity is acknowledged in the Constitution of the United States: "All men are created equal." Similarly, Maya Angelou poetically writes, "Diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their color."

Early on, however, individuals and peoples began to make judgments about others who were different from themselves. In varying degrees, some animals, or threads, or people, became inferior, lesser and not quite as good by personal perception. Thus, disparity was born.

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Only in the dictionary does disparity come before diversity. Does commitment to "defend human dignity" falter when we encounter those who rely on care in the emergency department as their primary health care venue?

JUDGMENTS AND CLASSIFICATIONS

In theory, most of us generally welcome diversity. Learning about other faith traditions or cultures opens our eyes to new and interesting ways of worshipping and being. We enjoy variation in foods and flowers, books and sports. However, without intending to and maybe without even noticing, we begin to classify the world around us with reservations, limitations and judgments about customs and patterns that differ from our own.

In our Catholic health care ministry, we walk in the footprints of Jesus who welcomed diversity in the person of those often discounted by the law. He dined with sinners and tax collectors; he called unlearned fishermen to follow him; he asked a Samaritan woman for a drink of water; and he touched and healed people others considered unclean — people who were blind or lame, 10 lepers and the woman who suffered for years with hemorrhages.

Nancy Stahl

Jesus set the standard for respect and care in his parable and in the person of the Good Samaritan. Scripture scholars and preachers have offered multiple explanations why the priest and the Levite passed by the wounded man. Whatever the reason, neither the priest nor the Levite could free himself from the fear of contamination in order to attend to his brother in need. However, someone already outside the circle of acceptability, a Samaritan, passed by and "attended to the whole person" as he ministered to the victim's immediate needs and later paid the innkeeper in advance for future costs of care.

Initially, Francis of Assisi might have had the same concerns as the priest and the Levite. Stories tell us that Francis held his nose as he passed a leper and occasionally threw coins in the direction of a diseased person. In the 12th and 13th centuries, self-preservation was essential without consideration for people who were poor, vulnerable, sick or in need. Through his own journey of conversion, Francis overcame his revulsion of lepers, came to see Christ in their disfigured faces and began to minister to them with reverence and respect.

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In the 21st century, Pope Francis reaches out to those who are crippled and deformed by illness, on the margins of acceptable society and in prison. Recently he approved and supported the installation of showers inside the colonnade of St. Peter's Square. Showers, a barber's booth, toiletry kits and changes of underwear are available to the homeless men who come to get cleaned up in order to feel a bit more human.

POVERTY SIMULATION

Several years ago, I was invited to participate in a poverty simulation in which participants walk in the shoes of someone who is poor to experience, in a sanitized way, what poor and vulnerable people encounter regularly. The simulation scenario: I am a 45-year-old wife and mother. My husband is on disability, can no longer work and requires several medications daily. We have two children, a teenage boy and girl who are in high school. They study and get good grades with hopes of getting scholarships for college. Our car is in need of repairs which we cannot afford; consequently, I generally take public transportation. With one week until the next disability check comes, we have only $10.

Today, I will go to the local food pantry and ask for enough food to carry us through the week. I am nervous about asking for more food before my scheduled time, and I feel trapped and nervous about our dwindling resources — I must pay $4 for transportation to and from the food pantry, which will leave me and my family with $6 until the next check comes.

But I go to the pantry and make my request. And I fail. The person at the counter sternly reminds me that I needed to bring additional identification. I can get extra food, she tells me, but not without the ID. I'll have to come back.

I left, feeling unheard, discounted, because I lacked a single piece of information. I felt like a failure. I didn't get the food for my family, and I would have to spend another $4 to make a second trip. We would have only $2 to last us until the next disability check. I would have to be even more frugal than usual.

I thought, "If I explain my situation more clearly, or in more detail, perhaps that will make a difference."

But I do not know if further discussion would change anything. I think not.

Poverty simulations can awaken us to the needs of our sisters and brothers. Alone, poverty simulations cannot move us to the action called for in the Gospel nor in our Catholic health care ministry. They can, however, motivate us to reflect on how, individually and collectively, we "promote and defend human dignity," "attend to the whole person" and "care for poor and vulnerable persons," as the CHA "Shared Statement of Identity" describes.

FIND THE MIDDLE GROUND

As I told of my plight, I did not hear or sense words of compassion and caring from the person behind the counter. I do not believe there was care for my dignity as a desperate wife and mother. Rather than "we are in this together" and "we at the food pantry are here to care for the poor and vulner-

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able," I sensed an environment of "I have" and "you want." In situations where power is unequal — one is asking for help and the other can grant or refuse the help — the response should always be to take the high road. In this case the high road could have been the recognition that we are sisters and brothers in Christ and are on the journey of life together. There must be some way to find the middle ground.

Describing this simulation brings me back to those who are poor or homeless and frequent our emergency department. Regardless of how much or how little we can do for them, those in need recognize the presence or absence of care and respect.

If we could talk to the priest, or the Levite, or the person behind the food-pantry counter, what might we learn from their point of view? They might say that Jewish law, or the pantry policy, is clear: "If I bend the rule, I risk getting into trouble." "I keep things simple, and I keep moving."

All of us are faced with circumstances in our lives over which we have no control. The victim of robbers in the parable of the Good Samaritan had no voice in being beaten, robbed and left by the roadside. In the simulation, neither the wife nor her husband — nor any of us — chooses to be dependent on a social services agency for food.

To defend human dignity calls for a response that conveys the compassion we profess. We are called to act on behalf of those most vulnerable in our society. So, do our structures put those who are poor or homeless at a disadvantage? How do our processes and procedures invite us to attend to the whole person?

Our commitment to the ministry of Catholic health care reminds us that we have affirmed our desire to do just that. Encounters with those who are vulnerable need not be lengthy to be meaningful. In imitation of Jesus, our expression and our voice should communicate our belief that we all are made in the image of the God who loves us, and we all have been found "very good."

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