



# Caring for the Other

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**E**ven those of us fortunate enough to have good health care can find it complicated, costly and at times daunting to navigate. Imagine dealing with health issues in a country not your own, where you do not understand the language and culture of the providers, or perhaps you lack the wherewithal to access care. Worse yet, imagine trying to survive where there is no functioning health care system at all.

That's the awful reality for millions of refugees and migrants around the world today. Let me introduce you to four of them: Monica, Christelle, Atem and Deborah.

Monica, an internally displaced person in South Sudan, describes herself as a rotten cabbage. She lives with Hansen's Disease, burdened by the enduring stigma and social isolation that her culture heaps on lepers. Decades of civil war prevented her from receiving the health education and medicine that could have controlled her illness. She lost her fingers and toes. She lives as an outcast.

Christelle, trapped by poverty as a young mother in Haiti, knew that something was seriously wrong when the lump in her breast began growing and then oozing. She thought of seeking medical attention at a hospital, but that would have entailed walking many hours up and down steep mountains. She didn't have the energy. And besides, what would be the point? She didn't have the \$2 fee required at the hospital entrance. She stayed home. Her children are now motherless.

Atem, a refugee mother of four, has been living in a United Nations camp on the South Sudan-Uganda border since 2013, when her husband, parents and siblings were killed during an attack on their village. She wishes that health care were better in the U.N. camp. "Yes, there is a small clinic here, but the only medicine is for malaria," she says. "No matter what your problem is, they give you malaria pills. If something bites you in the

night, like a snake or scorpion, there is no hope." She shrugs, "No one wants us here, but we cannot go back home." She says that worries affect her mind: "Sometimes, when my headaches come, I cannot see or think clearly."<sup>1</sup>

Deborah had never heard the term "human trafficking" when she took a job as a baby's nanny that required her to travel to the United States, where her employer was going to participate in a yearlong professional fellowship.

The employer confiscated Deborah's passport, and the nanny found herself ensnared in domestic slavery: 20-hour work days, constant verbal abuse, no pay, no freedom of movement, no friends. By the time Deborah finally escaped (that's another story), she was nearly suicidal. She wept in my office, her voice as weak as her self-image: "My employer told me every day that I was stupid and worthless and lazy. I began to believe her. She said

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she would kill my family in Africa if I ever complained or tried to leave.”

Monica, Christelle, Atem and Deborah are not characters from some dystopian novel. They are actual human beings living on the edge. I know them (and many, many more) through my decades of work with refugees and migrants and displaced persons. Their names have been changed here, but their situations are very real and disturbingly common.

### THEY ARE NOT MAINSTREAM

It's easy enough to see the thread that links these women, even though they have different problems and come from different parts of the world: They all are *marginated*. They do not hold places of importance in their respective societies. They are not mainstream. They are not significant producers or consumers; therefore, *they will never matter* in the global economic scheme of things. Their health suffers from that sad fact.

Yes, my work takes me to places of extreme poverty, to rural villages and refugee camps where these problems are the norm. But you need not fly halfway around the world for such encounters. You will meet similar individuals in your emergency rooms. They sit at bus stops. They kneel in the back pews of our churches. They clean our homes. They tend our gardens. They care for our elderly parents. They struggle to support their own children.

Approximately 2 percent of the world's population is uprooted, that is, living away from home as internally displaced persons or migrants or refugees. They have lost family and jobs, status and support systems, everything that is familiar. They live with stress we can barely fathom. If you ever have been stranded in a foreign city or been involved in a serious car accident or lost your home to a natural disaster, you may have the tiniest inkling of what they feel. We, however, usually have the resources — education, credit, networks of friends — that enable us to rebuild and return. Often, they do not.

### A SPLINTERED WORLD

It troubles me to speak in terms of we and they, as if we were not all connected at the deepest level of our humanness. And yet, that is the crux, isn't it? The world has splintered into we/they divisions along all manner of fault lines, from the interpersonal to the political to the interethnic to the interfaith to the international. To protect ourselves and our way of life, we erect barriers against them.

James Keenan, SJ, citing our Christian faith, calls us to a different way of being with one another. His challenge, one that is dangerously countercultural, is to choose mercy. Fr. Keenan, Canisius Professor of Theology at Boston College and director of the university's Jesuit Institute, defines that as “the willingness to enter into the chaos of another.”<sup>2</sup>

Mercy. Compassion. Caring. For our health care ministries to be healing, these qualities are as critical as clinical excellence. Being willing to enter into the chaos of another can be scary, but it opens us to unexpected encounters with the God who identifies with the least among us.

Educating ourselves about these “others” can be a first step in nurturing that willingness. As you read the articles in this issue of *Health Progress*, allow yourself some space for a reflective *examen* of consciousness — an examination of how our lives align with Gospel priorities. Do it for Monica, Christelle, Atem, Deborah and all the sisters and brothers whom you have not yet met.

■ What is it about our ego that feels threatened by the “other”?

■ What is it about our world that pushes millions of people to the margins?

■ What is it about our faith that calls us to move beyond fear, to drop our defenses, to cross borders, to risk becoming more welcoming and inclusive?

■ In our own health care institutions, what are we already doing to address these realities?

■ In what areas of policy and practice and advocacy do we still need to change?

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### NOTES

1. The United Nations reported in 2016 that more than 70 percent of women in Juba, South Sudan's “protection of civilians” camps had been raped. [www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21028&LangID](http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21028&LangID).

2. James Keenan, *The Works of Mercy: The Heart of Catholicism* (Lanham, Maryland: Rowman & Littlefield, 2007).

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