

# Jesus' Healing of the Leper Is a Message for Our Ministry

BY SUZY FARREN

**C**atholic health care at the dawn of the new millennium is beset by unprecedented challenges. Declining reimbursement, costly regulatory procedures, managed care, and intense marketplace competition are pushing Catholic hospitals to the financial brink, threatening even their ability to care for the poor. These business pressures, coupled with a decline in the presence of women religious, have prompted the ministry's leaders to question how their organizations can remain true to their ministerial roots and, at the same time, differentiate themselves from others in the marketplace. How, when the majority of its employees may not even be Catholic, can a Catholic hospital bring the Kingdom of God to everyone it serves?

Sixteen years ago, when I was new to Catholic health care, I heard a woman religious tell the story of Jesus' healing of the leper. She contended that, by touching the leper, Jesus had performed a radical, countercultural act. She used the story to argue that those of us who are involved in Catholic health care must touch everyone in some way, not necessarily literally, and that we must be "radical" in our healing. Hearing her put this admonition into a biblical context was fascinating and wonderful to me. Could it be that Catholic health care had deeper meaning, that it was more than a mere job? As a middle-class woman from no particular faith tradition, I was deeply touched. If I, as an outsider to Catholic health care, could find such hope in it, the story obviously had potential to give meaning to others.

I believe that, as Catholic health care's leaders struggle to keep the ministry true to its heritage, the story of Jesus' healing of the leper can serve as a model to bring about the Kingdom of God in the 21st century.

## LEPROSY IN THE TIME OF JESUS

Life in Jesus' time was grim for people with leprosy. Lepers were forced to exist outside the community, separated from family and friends



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and thus deprived of the frame of reference and sense of identity that family and friends help provide. Leviticus 13:45-46 tells us that lepers were to wear torn clothes, let their hair be disheveled, and live outside the camp. These homeless individuals were to cry "Unclean, unclean!" when a person without leprosy approached them. The ostracism experienced by a leper could be as devastating as the skin lesions.

## JESUS HEALS THE LEPER

As told in Mark 1:40, the leper appears abruptly in front of Jesus: "A leper came to him, begging him and kneeling." Obviously, word about Jesus' miraculous powers has gotten around, even to the reviled and outcast leper.

"If you choose, you can make me clean," the leper tells Jesus. In approaching Jesus and kneeling before him, the leper has violated the Levitical code. By saying, "If you *choose*, you can make me clean," the leper not only indicates his absolute faith in Jesus' ability to cleanse him of his disease, but also actually challenges Jesus to act. As an outcast, the leper has no right to speak to Jesus. Yet it is not difficult to infer why he ignores Levitical law. What could be worse than his leprous and outcast condition? What does he have to lose by begging Jesus to cleanse him?

Jesus undoubtedly has a lot on his mind when the leper confronts him. Before encountering the leper, he has gathered his disciples, cured many people, and is now in the midst of proclaiming throughout Galilee the coming of the Kingdom of God. He has already angered religious leaders by healing a man with an unclean spirit *on the Sabbath—in the temple!*

Yet despite all that is on his mind, Jesus is present to the leper and gives the man his full attention. Here is a person whom religious leaders and all other members of society shun, and yet Jesus is there for him.

Most English translations of the New Testament say that Jesus was "moved with pity" when

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he encountered the leper. However, the *Revised English Bible* says that Jesus was "moved to anger." Western culture undoubtedly prefers a compassionate Jesus moved by pity, but if indeed Jesus *was* moved by anger, his anger would not have been at the leper but rather at a system that excluded certain people.

One could argue that when pity is the dominant emotion, one relates on a very personal, compassionate level to the person involved. When anger is the ruling emotion, one may indeed reach out to heal. But the emotion of anger is also likely to prompt the person experiencing it to challenge a *system* that excludes those who are ill or suffering.

In either case, Jesus sees the person behind the disease and the potential for wholeness that exists in the leper. He is deeply moved and acts immediately: He stretches out his hand and touches the leper, saying, "I do choose. Be made clean."

Jesus touches the leper, and the Kingdom of God is realized. In the ancient Mediterranean world, touching a leper was a radical act. By touching a reviled outcast, Jesus defies Levitical law—the law of his time—and by so doing, he openly defies the power structure.

Once Jesus touches the leper, the leprosy immediately vanishes and the man is made clean. The fact that this man is now cleansed of his disease will have a huge impact on his future because he is restored to his proper relationship with his family, his community, and God. Jesus has helped the man regain hope and meaning in life. He has demonstrated that illness can, as America's bishops have suggested, be an occasion on which God's love for his people is shown, rather than a sign of punishment.<sup>1</sup>

### WHAT DOES THE STORY MEAN TO US?

What relevance does the story of the leper have for Catholic health care today? What does it tell us?

Even though Jesus had a lot on his mind when the leper appeared suddenly in front of him, he was fully present to the suffering man. If Catholic health care models its actions on the Gospel, caregivers must also be fully present to the persons they serve. Just as Jesus took time to see the societal outcast as a human being, today's caregivers must never become so immersed in their own concerns that they fail to see every person as sacred.

Fr. J. Bryan Hehir, ThD, the noted theologian and current president/CEO of Catholic Charities USA, suggests that people who come to Catholic health care organizations must find "a social attitude that radiates from institutions."<sup>2</sup> In our high-tech age, physicians, nurses, receptionists, technicians—indeed, everyone in Catholic health

care—must look into each patient's face and see the human being behind the suffering, the person behind the disease.

In the moment of intimate human contact when caregiver and patient come together, the potential exists for each to find meaning and to be healed. In that moment of naked truth, the Kingdom of God is present to caregiver as well as patient. In an article in *America* magazine, Clark Cochran writes, "Sacraments are meeting places where we limited human beings taste unlimited love."<sup>3</sup> The Catholic health ministry must be a sign of unlimited love and hope to everyone it serves; Catholic health care institutions must be a sacramental presence.

When Jesus reached out and touched the leper, he challenged the laws of his times. The leper begged him, saying, "If you choose, you can make me clean." Jesus, in effect, said, "I will not be stymied by a system that isolates and excludes people." His action says that in the quest to bring about the Kingdom of God, Catholic health care leaders must not be afraid to challenge the status quo. As Catholic health care strives to heal the poor, the hurting, and the suffering, it must be willing to call attention to injustice and demand change. It must, for instance, advocate a comprehensive health policy that ensures the right of all people to adequate health care. It must encourage its employees to educate themselves about public policy issues and to make known their views.<sup>4</sup> To continue its tradition of providing care for the poor, Catholic health care must advocate fair reimbursement. And it must pay all employees a living wage.

When Jesus healed the leper, he was certainly dealing with a societal "outsider." The example of his action compels the Catholic health ministry to find creative ways to serve the vulnerable and needy. Even as it strives to change the conditions that sustain poverty, the ministry must serve the special needs of the poor.

The fact that Jesus risked infection by touching the leper calls Catholic health care to restore right relationships by creatively reaching out to people who may not know how to gain access to health care or are afraid to come to a hospital. It must extend itself into communities and be willing to get its hands dirty, to take risks, to be a radical healer.

The AIDS epidemic, especially in its early days, was seen by some as a litmus test for Catholic health care. Today, violence in our nation has reached epidemic proportions, and Catholic health care must work tirelessly to end the conditions that breed it. In communities across the country, the ministry must participate in conversations about gun control, child abuse, and

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spousal abuse and must heighten awareness about the economic conditions that lead to violence. The U.S. bishops have called on Catholic health care to exercise a "penetrating" influence in the health field.<sup>5</sup> Jesus was willing to expose himself to contamination. To what is Catholic health care willing to expose itself to bring about the Kingdom of God?

In cleansing the leper, Jesus not only cured him of his disease but also healed him by helping him find hope and meaning. There are numerous opportunities today for Catholic health care to restore people to this kind of right relationship. Because frail elderly persons fear dying alone and in pain, they sometimes look to euthanasia as a solution. Catholic health care must reach out to these people by linking with parish ministries that can offer companionship and conversation to those who are alone. Ideally, Catholic health care should tap into and learn from the wisdom of these elders. Adequate pain management and compassionate care of the dying must be offered in every Catholic hospital and long-term care center. Hospice programs are a wonderful way to bring holistic care to people who are dying. When we alleviate the fears of the elderly, connect them with parish volunteers, and—most important—make them feel that they are of value, we help restore such people to right relationship.

The principles that underlie Catholic health care—human dignity, respect for life, social justice—must "find flesh," become incarnate, in words, gestures, and ambiance" in Catholic health facilities.<sup>6</sup> Catholic health facilities must demonstrate a sensitivity to patients' needs that is an expression of the Catholic way of doing things.<sup>7</sup>

If Catholic health care is to remain vibrant, its employees must understand that it exists to bring about the reign of God. That means that Catholic health care leaders must tell the stories of the Gospel, the stories of the sisters who founded the ministry's organizations, and—no less important—the stories of the women and men who are today's heroes. The nurse, the technician, and the physician must understand that their touch is the healing touch of Jesus. That is, their touch is sacred. They must know that even when they cannot cure their patients, they can help them find meaning in illness. The late Cardinal Joseph Bernardin wrote, "Whatever Catholic health care does should be done in a manner that allows us to be a sign of hope."<sup>8</sup> When hope is restored, the suffering person is restored to right relationship.

With more than 500 hospitals across the country, Catholic health care as an institution has a good deal of power to effect change. The min-

istry must serve as an advocate for society's poor and powerless. As Fr. Hehir puts it:

In this society, institutions will not do everything, but they will fundamentally shape the quality and character of life. . . . If one seeks to influence . . . and enrich a complex industrial complex, it cannot be done simply by the integrity of individual witness. It is done by institutions that lay hands on life at the critical points where life can be injured or fostered, where people are born or die, where they are cured and healed, and where they are assisted when in trouble.<sup>9</sup>

To bring about the Kingdom of God, Catholic health care must be tireless in its pursuit of justice. It must use its power as an institution to change systems that exclude or are unjust.

Not long after I first heard the story of Jesus healing the leper, I happened to travel to Philadelphia. It was a frigid night shortly before Christmas. Because it was so cold, I found myself walking quickly down the street. In the midst of the hustle and bustle of Christmas shoppers, a woman stood in the middle of the sidewalk wearing a sign that said she was homeless. I'm sure that I would have given her money even if I hadn't just heard the story of Jesus and the leper, but I thought of the story as I approached her. Instead of merely placing a dollar in her cup, I also touched her gloved hands and looked into her eyes. "You must be cold," I said. She looked directly into my eyes. "I am. Bless you," she replied. In that briefest of moments, I understood what Catholic health care is all about. In her face, I saw the face of God.

In Catholic health care, it is not enough to merely put money in the cup. The ministry must find the face of God in everyone it serves. □

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#### NOTES

1. National Conference of Catholic Bishops, *Health and Health Care: A Pastoral Letter from the American Bishops*, U.S. Catholic Conference, Washington, DC, 1982, p. 1.
2. J. Bryan Hehir, "Identity and Institutions," *Health Progress*, November-December 1995, pp. 17-23.
3. Clarke E. Cochran, "Another Identity Crisis: Catholic Hospitals Face Hard Choices," *America*, February 25, 2000, p. 16.
4. National Conference of Catholic Bishops, p. 12.
5. National Conference of Catholic Bishops, p. 7.
6. Cochran, p. 15.
7. Cochran, p. 15.
8. Joseph Bernardin, "What Makes a Hospital Catholic: A Response," *America*, May 4, 1996.
9. Hehir, p. 7.