

EDITOR'S NOTE

We did not expect to connect our recent Catholic Health Assembly in Orlando with an issue of *Health Progress* focused on violence and health care. We did not imagine that Jesuit Fr. Gregory Boyle's message about compassion and kinship among victims, witnesses and perpetrators of violence would be tested so soon after his closing keynote talk. But with the news of the horrific mass shooting of people at a gay nightclub in Orlando less than a week later, there it was — a face-off of aspiration and reality.



MARY ANN
STEINER

The Catholic Health Association stands in solidarity with the victims and their families. As Sr. Carol Keehan, DC, CHA president and CEO, said, "In a special way, we feel a kinship with the health community there that has performed so admirably and continues to fight to save the lives of those injured ... And to our brothers and sisters in the LGBT community, we extend a special promise of prayer and support."

We are approaching the final months of the Jubilee Year of Mercy. According to St. Thomas Aquinas, the virtue of mercy pertains to the condition of misery. We act in mercy towards those who are in misery. God acts with mercy because God's people are suffering, brokenhearted, tortured or terrorized. The miseries that confront us in an Orlando nightclub, a hospital emergency department, holding rooms for trafficked sex workers, internet sites with bullying messages and housing projects with gang members who don't think they have a lot to lose — all summon our mercy. Expansive beyond kindness, mercy includes witness to suffering, extravagance of compassion and a promise of forgiveness.

The Terrible Speed of Mercy, by Jonathan Rogers, is a spiritual biography of Flannery O'Connor, who explored violence and religion in most of her fiction. Rogers took his title from a passage in O'Connor's novel *The Violent Bear It Away*, when the young prophet Francis Tarwater, himself both a victim and dispenser of violence, utters his only real words of prophecy: that the Lord instructed him to warn the people of the terrible speed of mercy.

I bought the book because the incidence and variations of violence feel overwhelming — in the news, in our communities, in the stories described in the articles that follow — and because the title suggested to me that the terrible speed of mercy would be a message of comfort. Instead, it was a warning, just as the prophet said it was. True enough, divine mercy is dispatched with terrible speed, but, unfortunately,

violence, suffering and our other human miseries call it forth at their own alarming pace.

A first motivation for this issue of *Health Progress* was to examine violence as it affects the practice of health care and the well-being of individuals, communities and society. A second, but more important, reason was to learn what research, community initiatives and health care practices were doing to interrupt, dismantle and replace behaviors of violence with alternatives that support prevention and undergird healthy communities. It was a brave group of authors who took on these topics — terrorism, child abuse, trafficking, bullying, caregiver abuse and gang violence. We're grateful for each of their contributions and offer special thanks to Michael Romano, who served as guest co-editor.

Unlike the terrible speed of divine mercy, human attempts to administer mercy often are frustratingly slow. Treatment for anyone who has suffered abuse, attack or torture is usually long and painful. Ministering to someone scarred by the violent death or mistreatment of a loved one takes exceptional patience and skill. And yet Catholic health care always has done that, and done it well.

What is hopeful is that the Catholic health ministry not only offers excellent care to victims of violence and succor to their families, but it also is identifying the causes of violence upstream and doing its best to root them out before patterns of violent behavior are embedded and alternatives too limited. To be sure, conversations need to advance about gun control and immigration policies, as well as how to redress disparities of care.

In the meantime, however, and in pursuit of the safer societies and healthier communities those changed policies would support, there is evidence of a remarkable commitment in health care to carry out strategic and collaborative measures to protect children, dismantle networks of human trafficking and confront the means and mind-sets of violence. The speed of human mercy may be terribly slow and plodding, but it is also hopefully resolute.

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