REJECTING THE MYTH OF SCARCITY

Sponsors of Rural Healthcare Ministries Must Learn to Be Pioneers Again

BY SR. JOYCE MEYER, PBVM

Sr. Meyer is president, Sisters of the Presentation of the Blessed Virgin Mary, Aberdeen, SD.

In the era of healthcare reform, one of the greatest challenges facing healthcare providers in rural areas is the myth of scarcity, a belief that there are not enough resources or money to provide for the health needs of our people. Fear of scarcity is creating a kind of panic, which tends to push providers and small rural communities into new forms of competition. We in rural areas have always been able to find creative ways to meet our needs. To surrender to the myth of scarcity would be a betrayal of our heritage.

We need to remember our beginning communities and to tap into the energy and creativity of our pioneer forbears. These hardy people translated scarcity into abundance and isolation into unity by working together. They let go of attitudes of fierce independence and self-reliance and collaborated with people of diverse cultural and religious beliefs.

Catholic populations in the plains area were always small. Was this a limitation? Never. Since 1901, when the Sisters of the Presentation of the Blessed Virgin Mary arrived in Aberdeen, SD, from Ireland, the sisters engaged in ecumenical endeavors. Four rural communities looked to a very small group of Catholic women for leadership. Through collaboration, these communities were able to meet the needs of their families and neighbors.

This is not to say that at various times the independence and self-reliance of rural people, along with strongly differing religious beliefs, did not become counterforces to cooperation and collaboration. As communities grew, different religious traditions launched competing healthcare ventures. Physicians also built their own facilities to compete with existing ones. This was all part of the growing abundance. But recently a number of these same rural communities have called for consolidation of health services and are working together to achieve this goal.

As I (a leader of a congregation sponsoring a health ministry) look at our situation today, I see many circumstances similar to those of our early days. The need for health services remains. Isolated rural communities still exist. Distances make accessibility to services a challenge, especially for the elderly. Rural people are still energetic, creative, and persistent in meeting the needs of their families and neighbors. Our challenge, as sponsors, is to tap into the pioneer spirit that has made rural life what it is today. We are new pioneers in a new century.

For the Common Good

If the Catholic healing ministry is to continue, Catholics must find ways to work with people of all religious and cultural traditions while remaining faithful to our own beliefs. But the sisters involved in the health ministry must be the chief proponents of education among the Catholic population, particularly the leaders, to strengthen Catholic values, especially those flowing from Catholic social teaching. Catholic social teaching is a key area of education because it has been neglected over the years.

A further challenge is to re-vision ourselves as a whole community, a community of the plains, rather than allowing the independence and self-reliance of small communities and healthcare providers to undermine the common good. We all need to be converted to a community view which recognizes that the common good is the only way to achieve our own individual good. This conversion will require that we address race, class, gender, religious, and political biases, and learn skills of working together for the mutual benefit and empowerment of all.

At present, although some small communities

are partnering with larger population centers, fear of coming scarcity is pushing small communities to pour their resources into maintaining the services they currently have. Their fears of not being considered when networks are formed have been exacerbated as healthcare providers in population centers concentrate on networking with each other, thereby breaking down possibilities for necessary communication and cooperation with smaller communities.

Catholic sponsors of Jesus' healing ministry need to be leaders in this conversion to a community view based on the common good. Catholic social teaching impels us to call forth a new community consciousness (John XXIII, *Encyclical on Christianity and Social Progress*, 1961). It is imperative that we move—through dialogue, collaboration, and cooperation—from a model of control and competition built on fear of scarcity to one of awareness of the intrinsic positive interrelationships of small communities and population centers. This awareness can be the incentive to create and build successful structures that provide healthcare services for all rural residents.

Toward a Wellness Orientation

A second major challenge for sponsors will be to find ways to motivate people in rural areas to adopt life-styles that are health oriented rather than illness oriented. This challenge will call us to put our resources at the service of health rather than the service of illness. At the moment, we spend millions of dollars for treatment of illness and little for prevention, education for health, or incentives for healthy living.

Our society's illness orientation comes from our Western mechanistic view of reality. In this view, the human person is one cog (albeit the most important cog) in the machine of the universe, created to dominate and control all other forms of life. This unintegrated, domination and control orientation has an impact on the way we structure our social institutions, as well as the way we think about and relate to our own bodies. We view our bodies as machines constructed of separate cogs. When one cog is diseased, we can remove it or replace it, and life goes on.

As sponsors and officers of healthcare systems are converted to healthy living, we will be recognized as leaders in, rather than resisters to, education for health and prevention of illness.

This unintegrated view prevails, even though in recent years we have tried to bring a holistic approach to the healthcare ministry. We have claimed that our bodies, minds, and spirits are interconnected and influence each other. Yet our vision of life does not reflect this truth.

We need to become leaders in translating this insight into patterns for daily living. Healthcare providers themselves choose life-styles that do violence to their bodies and spirits through overwork, competition, and a stress on control. Sponsors and systems of healing ministries need to be models of a new vision of health-oriented life-styles. Until this happens, it is hard to imagine how a health-oriented healing ministry will come into being.

As sponsors and officers of healthcare systems are converted to healthy living, we will be recognized as leaders in, rather than resisters to, education for health and prevention of illness. We also need to lead in encouraging people to discover alternative healing methods that are more related to the body's natural healing tendencies.

The call to a new vision of reality is coming out of the very scientific community that gave us our present mechanistic vision. Scientists such as Margaret Wheatley and Brian Swimme are calling our attention to a vision of the universe where all elements of creation constitute a network of mutually beneficial relationships. This vision applies to the various functions of our bodies, our bodies' relationship to the earth, our relationships to other persons, and our relationships to the social structures we build. In this vision, there is no scarcity because each element works for the benefit of the others, making abundance available to all.

Translating the Values

As a resident of the rural, agricultural northern plains, I hope that our people will be leaders in claiming this integrated vision of life. Community, hospitality, creativity, and perseverance are all rural values. Together, we can translate these values into a respect for and appreciation of diversity that leads to mutually beneficial relationships and empowerment of all for the sake of the common good. □