

## **Twenty-Eighth Sunday in Ordinary Time: Oct. 13, 2013**

**By: Timothy Doherty, STL, Ph.D.**

**Bishop of Lafayette in Indiana**

**Lafayette, Ind.**

### **Luke 17:11-19**

#### **Crossing Borders**

We benefit from noticing how often Jesus is at one frontier or another. Some borders are geographical, others ethnic or theological. Today he travels through Samaria and Galilee. These are not throw-away details that introduce a healing action. They symbolize the complementary layers of healing that affect persons and entire communities.

It is not much of a reach to lay this Gospel alongside recent news reports within the United States. We are living a moment where antagonisms wash through our politics, even the politics of healing. Some people are suspicious of new models and insurances, and they feel like they are foreigners in their own land. Others now access health services that used to be out of their reach. There is intense and justifiable interest in whether a person's humanity should be their passport to effective health care.

Whether we focus on today's first reading about healing Naaman the Syrian, or on Luke's portrayal of the lepers, we notice a common thread. There is an apprehension about being sick and away from home, and about the effectiveness of available care.

At least one of the lepers that Jesus healed was a Samaritan, and the historical dislike between Samaritans and Jews is a documented fact. When we notice that Jesus is crossing borders, we lose track of whether he is a native or a foreigner at any given moment along the way. Christ's healing the lepers apparently dissolved not only an ethnic barrier to giving and receiving a cure, but provided a moment in which thanksgiving is a shared religious encounter. Apart from physical changes, the act of gratitude is evidence of a multidimensional healing.

Naaman was skeptical of Elisha's prescription to bathe in the Jordan because there were wider, cleaner rivers in his home country. Because he was in Elisha's territory, he knew that he was taking a risk on the God of that place. That Elisha's God and the territory were thought to be interconnected, Naaman felt he had to take some earth back home in order to have access to God. We could view this as a fine compliment to Elisha's God, or an unusual bit of health insurance. The healing horizon is broad. It is clear to us that this healing was physical, spiritual and social. And Naaman's relation with the very earth was transformed.

Just as the medievals perceived good as a reflection also of the true and the beautiful, healing is more than a physiological event. Healing effects personal spiritual peace, social inclusion and participation. Moderns question whether today's readings describe actual leprosy, Hansen's Disease, or various other skin maladies. Even so, the Scriptures cause us to wonder whether the persistence of certain diseases caused social exclusion, or whether the reverse was also true. When we look at the vision of the Affordable Care Act, the elimination of exclusion is one hoped-for result.

To be fair, many ancients did not understand if or how disease was transmitted. Sending away the lepers, requiring that their clothes distinguish them, stipulating that they holler "leper" whenever other people approached, seemed justifiable. When symptoms disappeared, a leper could approach a priest to certify a cure. This satisfied concerns about health and ritual uncleanness. We can only image how many symptoms represented incurability and the loss of social status.

In light of the limiting religious attitudes that Jesus sought to overcome, we can test our own tendencies to exclude others who have certain medical or physical limitations. These tendencies can create their own frontiers unless we overcome or remove them. In many ways our society has improved building accesses for people with disabilities. Schools have a capacity to mainstream children whose issues previously would have isolated them. But staring at someone who appears different reinforces a distance, and resentment about “too many” handicapped parking spaces forecloses on meeting people with whom most of us empathize.

Unlike the ancient times, today we can prevent or cure many diseases. We have to ask ourselves if ever our “won’t” has replaced the ancient “can’t.” A cure is not an end in itself. It is a path to social inclusion and, more importantly, economic and civic participation. As we find in the *Compendium of the Social Doctrine of the Church*, no. 166, this is the same rationale for providing public education and other services.

It would be odd if Elisha or Jesus asked how the lepers deserved, or could earn, the prospect of a cure. The proper question, often asked by Catholic health ministries, is this: because we have the capacity to help or cure someone, how best to proceed on behalf of individuals and the common good? We commonly profess to act out of our mission and convictions.

Today’s Scriptures invite us to follow Jesus across frontiers, many of which are easier to see in hindsight. Some were ritual, some ethnic. Are there modern borders, limitations, that we have not accounted for, but which impede our willingness to care or cure? Impede our ability accompany Jesus where he would lead us? From which places we might return to thank him?