Symposium Proceedings

The reunion of the Good Shepherd with the Good Samaritan*

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INTRODUCTION

Thank you especially to Archbishop Lori and the Archdiocese of Baltimore, and all their hospitals (Saint Agnes, Bon Secours, Mercy, Saint Josephs, University of Maryland, and our gracious host Good Samaritans). Thank you for allowing me to be a part of this vital conference on reflecting Christ, while healing the wounded. Archbishop Lori was a shepherd of mine when he was part of the Washington Archdiocese several years ago. He is truly a shepherd for us in the medical front line as he fights for religious freedom in the public square. Archbishop Lori also serves as a shepherd for us clinicians, which means being at the bedside of our patients who are craving more than health care that is only technology based. Being with you today is coming home for me. My Baltimore native family, on my Dad's side, has lived, healed, and died in your institutions. They came to you for healing *because* you were Catholic and they could trust you during the vulnerable moments in their lives.

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The tension between faith and reason is at the core of being able to reflect Christ while we serve our patients. As Tevey, during the opening of *Fiddler on the Roof* reminds me as a doctor:

A fiddler on the roof. Sounds crazy, no? But here, in our little village of Anatevka, you might say every one of us is a fiddler on the roof trying to scratch out a pleasant, simple tune without breaking his neck. It isn't easy. You may ask "Why do we stay up there if it's so dangerous?" Well, we stay because Anatevka is our home. And how do we keep our balance? That I can tell you in one word: tradition!

Traditions, traditions. Without our traditions, our lives would be as shaky as ... as ... as a fiddler on the roof!

Because of our traditions, we've kept our balance for many, many years. Here in Anatevka, we have traditions for everything: how to sleep, how to eat ... how to work ... how to wear clothes. For instance, we always keep our heads covered, and always wear a little prayer shawl that shows our constant devotion to God. You may ask, "How did this tradition get started?" I'll tell you!

[pause]

Tevey: I don't know. *But it's a tradition ... and because of our traditions ... Every*

one of us knows who he is and what God expects him to do.

We have a rich medical tradition. As a Catholic Christian obstetrician and gynecologist, my home is Heaven, my King is my God, my patients are the face of Christ, doubly sick and poor; and yet I work in a system that treats medicine as a business and in a world that has lost its moorings. As Walker Percy said,

You live in a deranged age—more deranged than usual, because, despite great scientific and technological advances, man has not the faintest idea of who he is or what he is doing. (Percy 1983, 76)

This conflict between our long tradition of serving the sick and the poor in Catholic medicine, and the recent healthcare developments of abortion as good health care, contraception as “preventive care,” and seeing children as if they were sexually transmitted diseases, brings us to a watershed moment for Catholics in health care.

This “Catholic moment” (borrowing a title from our very missed Fr. Richard John Neuhaus) is all about closing the gap between the haves and the have nots; *and* reasserting the dignity of the human person, made in the image and likeness of our God. We have a long history as Catholics caring for the sick, and we stand on many holy shoulders. Just like Catholic Charities is *not* simply social work, Catholic health care is *not* simply medicine. As the conference invites us to ponder, faith, hope, and love are the “more than medicine” foundations for maintaining awareness of Christ’s presence with our patients.

We have been prepared for this moment by:

Saint John XXIII who wanted to open the Church to the breath of the Holy Spirit ...

Pope Paul VI who had the courage to write *Humanae vitae*

Saint John Paul II, the philosopher, who merged phenomenology with Thomas and wrote the Theology of the Body. He inspired us to “be not afraid” of who we are and who our God is ...

Pope Emeritus Benedict XVI, the theologian, who prepared us to fight the tyranny of relativism and pointed out the dangers of the encroaching secular culture

...

Now, Pope Francis, the Pastor, exhorting us to go to the periphery and find the marginalized and actively live the Catechism by serving others with our example.

Pope Francis reminds us:

The thing the Church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity. I see the Church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds. Then we can talk about everything else. Heal the wounds, heal the wounds. ... And you have to start from the ground up. (Spadaro 2013)

This conference is about the centrality of love and the rich tradition with which we serve our patients and each other in Catholic medicine. As bureaucrats attempt to regulate our faith in the office and hospital and the plight of the poor increases the demands on medical practitioners and healthcare systems, today we ask the same question that Jesus asks Peter on the shore of Tiberius: “Do you love me more than these? ... follow me” (John 21:15,19).

More than market share?

More than political correctness?

More than a comfortable practice?

More than the conventional wisdom of contraception and abortion?

More than what our friends think of us?

As a practicing ob/gyn in northern Virginia at the Tepeyac Family Center and Divine Mercy Care, I practice medicine in one of three Catholic dioceses in our nation *without* a Catholic hospital. I am happy to be here with you and speak to the following three points from my vantage point at the “bedside”:

1. I am proud of our history, not my history (our past). Reflecting on Romans 8:28 (see below).
2. Questioning the divide in Catholic health care (our present).
3. Hopeful (not optimistic) about our future (our future).

PROUD OF OUR PAST

We have the examples of Jesus and Jogues. “What I have done, so you must follow” (John 15:13). Jesus died so we may live). St. Isaac Jogues died in a ravine near Auriesville, New York, bludgeoned with a stone club, meriting that we may live our faith openly and with all the power of the Holy Spirit in our lifetime. This is our family. This is who we are.

Since the year 1250, monks have opened guild hospitals in Italy to serve the poor and the sick. To heal the wounded of their time, they combined the best of their medicine with the Eucharistic presence of Christ.

Here in Baltimore, the Sisters of Charity have had an enduring presence, beginning with Saint Agnes Hospital in 1862. The sisters knew they were living a “Catholic moment.” But 150 years ago, the grounds west of Baltimore were anything but peaceful. We were in the middle of a great civil war. The farmlands shook from the heavy bombardment of cannon fire at the Battle of Gettysburg in July 1863. Not being content with safely sitting out of the battle zones, about sixteen Sisters of Charity of St. Joseph (as they

were commonly known) headed to Gettysburg to nurse the wounded. On the battlefield, and later in area hospitals, the sisters cared for the medical and spiritual needs of both Catholic and non-Catholic Confederate and Union soldiers.

The love shown by the sisters melted even the most hardened hearts. In the context of anti-Catholic sentiments of the time, Gallo reported that some of the soldiers said, “And these are the people that we insult” who are being so kind and loving to us. (Magliano 2013)

In a recent general papal audience, Pope Francis remarked that the grace of Christ gives people “a heart that loves, a heart that suffers, a heart that rejoices with others, a heart full of tenderness for those who bear the wounds of life and feel like they are on the periphery of society” (Wooden 2013). Like the nuns at Gettysburg, may we in Catholic health care finally learn to unleash the most powerful weapon of all: that of *unconditional love*, which is highly needed in our present times of tension and crisis in health care.

Concerning myself, I am not proud of my past in gynecology. I drank the “Kool-Aid” as a younger man, thinking that the violence of abortion would help women suffering crisis pregnancies. There was much to learn about love and sacrifice. Growing up in a solid Polish and Catholic home, saying a decade of the rosary for the conversion of Russia every morning before school, I slowly drifted away from the Magisterial teaching of the Church. In college, I was taught dissenting beliefs. By the time I was in medical school I wanted to offer contraceptives and promote reproductive rights to my patients, to our Church and to society.

However, God had other plans! Romans 8:28 is real in my life, and I had a Damascus Road experience in the winter of 1989 with the Blessed Mother.

She explained that we can provide for social justice while practicing medicine, with our profession of the Gospel of Life in the following manner: (1) be an excellent physician; (2) see the poor daily in your everyday work; and (3) follow the teaching of my Son's Church as clearly given by her pope, Saint John Paul II, through the Theology of the Body. She reminded me that "all things work together for the good for those who love God and who are called according to His purpose." All will be used, not some or most, but all. None are wasted.

I eventually took my first job at Holy Cross Hospital in Silver Spring, Maryland, from 1991 through 1993. Paul McCauley, M.D., a wise and compassionate Notre Dame graduate mentored me for those years. My reading of Tom Dooley, Albert Schweitzer, Sts. Cosmas and Damian, Padre Pio, Joe Moscatti, Mother Teresa, and my work in Appalachia in 1986, and the tragedy of Haiti's situation in my hemisphere all caught up to me; and so in 1994, my wife and I began the Tepeyac Family Center in northern Virginia to combine the best of modern medicine with the healing presence of Jesus Christ, while serving the insured alongside the underinsured and those experiencing crisis pregnancies.

QUESTIONING THE PRESENT DIVIDE IN CATHOLIC HEALTH CARE

You can be faithful to Holy Mother Church, on the life issues *and* the social justice issues. They are one because Jesus is one, and He has given us His Holy Spirit in our Church (John 16:13). It is not an either-or proposition but a both-and paradigm. That is the secret of our Catholic Moment in health care.

My wife and I initially started as a for-profit medical practice, and we grew in credibility by opening our doors to all,

especially those referrals from the crisis pregnancy centers. We used all versions of NFP in the practice, but we never thought of ourselves as "NFP only." To see more patients, we had to appeal to a large base in our community, so we offered natural childbirth and alternative approaches to gynecological diseases. We also started a perinatal hospice approach to children in the womb who were very sick and were not expected to live. Carolyn and I wanted to provide viable and solid medical alternatives to what the culture thought was reasonable—abortion and contraception and the two-tiered healthcare system designed to care for our poor.

In October 2000, to welcome the new millennium, we founded Divine Mercy Care to help build a culture of life and fight the "culture of death." Little did we know how providential this decision would be. With decreasing reimbursements and increasing malpractice premiums, it became harder and harder to see the 25 to 35 percent who were "poor" who were being seen in our practice. Rather than give up seeing those patients, we transitioned to a non-profit model in 2004; and the Tepeyac Family Center became Divine Mercy Care's principal program. We believe that "begging is becoming" as we try to practice the best medicine while asking our community to help us care for "our own."

So, for the last twenty years, we have been "at the bedside" living the teachings of the Catholic Church, those embraced by both liberal and progressive Catholics, as well as those held by the conservative and orthodox.

Today we have five full-time doctors and one physician assistant. Each year we deliver nearly seven hundred babies and see thousands of patients. We developed a MERCY Program as a sliding scale to see the underserved while still partnering with many regional pregnancy centers to see their clients or read their ultrasounds. One major

focus is our infertility program based on Dr. Thomas W. Hilger's NaPproTECHNOLOGY work. Another is the outreach we have to the next generation of medical professionals. We have partnered with Students for Life, the Jerome Lejeune Foundation, the Breast Cancer Prevention Institute, and Heartbeat International. We want to learn from and share with other likeminded groups in order to renew our healthcare system while "transforming hearts through health care." We want healthier, whole, and holier staff members, patients, and payors.

Like all medical practices, we have been affected by the Affordable Care Act (ACA). Electronic medical records and meaningful use, accountable care organizations and cost containment are all a part of our lexicon and life these days. But what we noticed most during the healthcare debate was the tension between the Catholic Health Association and the bishops of our nation. This stemmed from, on the one hand, the issues of closing the gap in caring for the underserved and, on the other hand, the concern that the ACA enshrines abortion as standard-of-care medicine that ought to be performed or recommended; and the promotion of contraception as preventive health care because children are seen as sexually transmitted diseases and as a cause of poverty. Do we have to schizophrenically choose social justice *or* the Gospel of Life as Catholic Christian healthcare providers? Working at Divine Mercy Care and the Tepeyac Family Center, the answer is no. We can be faithful to both.

HOPEFUL, NOT OPTIMISTIC ABOUT THE FUTURE OF CATHOLIC HEALTH CARE

With all the delays caused by the regulations of the ACA and the insurance

mess that our patients present to us at the front desk, much conversation is needed for a coherent, comprehensive, compassionate, Eucharistic, Catholic healthcare ethic to evolve. We must double our efforts to see the realization of what Joseph Cardinal Bernadin called a "consistent ethic of life."

Our three pillars at Divine Mercy Care and the Tepeyac Family Center that we have developed at the bedside touching the wounds of Christ, grew out of a retreat focusing on the 15th, 19th, and 21st chapters of John's Gospel. The Good Samaritans (Catholic healthcare professionals) working alongside the Good Shepherds (Catholic bishops and cardinals) is how we will have a renaissance, a renewal, a resurgence of Catholic health care in times of crisis and ridicule and restriction of religious freedom. It will begin as grass roots, from the bottom up, and it will be about identity and not ideology. We belong to Christ, and His Church is neither conservative nor progressive.

Pillar 1: Health Is Based on Healthy Relationships Found in Communion

Morbidity and mortality statistics are influenced by caring and close family ties rather than simply programs and money spent. We must see health as a relationship between patient and provider, patient and family, patient and hospital staff and services, and patient and God. In this way, we can build a healthy branch onto a vine that bears fruit (John 15).

To see each patient as a brother and sister in Christ is the answer to the commodity problem in medicine today. Each community can care for their own and express solidarity with the poor and underserved while becoming a model for Eucharistic medicine.

Pillar 2: Medicine Is an Act of Mercy

Medicine is not a political football, nor is it simply market share, nor a way to make a comfortable living. It can be all that but at the core, medicine, caring for the sick is like housing the homeless and clothing the naked. It is what we do when confronted with the injustices of life. It is how we care for the least of our brothers and sisters. We are their keepers.

Divine Mercy Care was named because we must return the Divine Physician back to the center of the healthcare debate with our actions not with our words. To visit the sick is good, to care for the sick is better, but to give your life for the sick and suffering is the best. That is what *he* is asking of Catholic medicine.

Pillar 3: Hate the Disease, Love the Patient

This comes from Jerome Lejeune, the French, Catholic genetic researcher and discoverer of the cause of Trisomy 21, Down syndrome. God wants our joy to be complete, as we follow the commandments and love one another as *he* loves us. This is what we do in Catholic health care because we are all created in the image and likeness of our God.

He asks, “Do you love me more than these?”

This love is so attractive and at the same time so costly, as Mother Teresa of Calcutta says.

Paul Farmer reminds us of this from Haiti.

Pope Francis speaks to this point daily, as did Saint John Paul II, and Pope Emeritus Benedict XVI.

Pillar 4: Communion

I would suggest that today’s crisis lead us to a fourth pillar of merciful medicine:

“Working together, communion more than collaboration.” By working together in communion with other Catholic health-care providers and systems, we can enable children to be welcomed, abortions to become unwanted, families to be strengthened and communities to be made whole again.

That is why I am here in Baltimore to learn from your work, to see how you put faith into action as a Catholic healthcare system, how you “transform hearts through health care.” God’s love heals and transforms lives and frees us from fear (our patients), from selfishness (ourselves as providers and caregivers) and from greed (payors and healthcare systems). It draws us into the very heart of God, and that is what is possible in Catholic health care when we reflect Christ while healing the wounded. This compels us to give Him the best we have every time we step foot in our offices or hospitals or when we approach the bedside of patients.

What can move us away from this love is the strain and stress we face daily while providing health care in the present economic and bureaucratic environment. Fear, sin, pride, indifference, disbelief, and the loss of hope and trust in His promises and His mercy toward us, are all factors that move us away from His love.

And yet like the Sisters at Gettysburg, these are our times, and this is our “Catholic Moment.” This is why my wife and I began the Tepeyac Family Center and Divine Mercy Care to be a factor for change in health care during these times. Catholic health care is never two-tiered in trying to close the gap in coverage. Catholic health care is always about the dignity of the human person.

His promises, your great history of serving your community as Catholic hospitals, and the great men and women I met here today make me hopeful yet not optimistic about our future. The “violence of

love” still has to play itself out as the cultures of life and death collide in our exam rooms, operating theaters, and social work offices.

CONCLUSION

Do we allow His love to enter our heart and transform us?

Do we conform to the culture that begs for compromise and utility?

As Saint Francis of Assisi said, “make us instruments of your peace... where there is sickness, let us bring health.”

As C.S. Lewis said,

Hope is one of the theological virtues. This means that a continual looking forward to the eternal world is not (as some modern people think) a form of escapism or wishful thinking, but one of the things a Christian is meant to do. It does not mean that we are to leave the present world as it is. If you read history you will find that the Christians who did most for the present world were just those who thought most of the next. (Lewis 1952, 118)

We must serve, witness, and get involved to close the gap between people and care, and the gap between our Faith and our profession of medicine. We must be a light on a hill (Matthew 5:14–15). We must be healers. We must be Christ.

For Pope Francis, who exhorts us to go to the margins and serve the marginalized, the true meaning of hope is much more than optimism for Christians. It is constant expectation, a gift from the Holy Spirit, a miracle of renewal that never lets us down.

“It’s best to not confuse optimism with hope. Optimism is a psychological attitude toward life. Hope goes further. It is an anchor that one hurls toward the future, it’s what lets you pull on the line and reach what you’re aiming for” and

head in “the right direction...God is there too.”

Hope for me in a diocese without a Catholic hospital, your Baltimore Catholic hospitals—Agnes, Bon Secours, Mercy, Joe’s, and Good Sam—are cathedrals for the body and soul and beacons of hope for me next door; what integrated, faithful, serving homes for the relief of suffering can accomplish. We work in the exam room, a place which has been referred to as “the vestibule of Heaven.”

We at Divine Mercy Care and the Tepeyac Family Center, want to go beyond the divisions and the difficulties of healthcare reform to create new possibilities based on Christ’s vision for health and holiness. As annunciated by the Catholic Church, that we become eager to allow people to engage in heroic actions, always against the odds without any guarantee whatsoever except for the promises of the Holy Spirit and what the Mother of God has pointed out. That is my hope. Here at last is the thing I was made for, and I believe you were made for this also.

Let us be ready to listen and learn from one another. Let us be ready to give more, “magnum” as St. Ignatius would say. Let us be ready to live our Catholic faith in medicine, to make it present and evangelize our culture.

“Unless a grain of wheat falls to the ground and dies, it remains just a grain of wheat” (John 12:24).

Since this conference occurs near Pentecost, we must prepare and pray for a “second Pentecost” in our Church and in Catholic health care. As we toil in His vineyard, this is my prayer today for us in this room and in this city and ultimately in this nation:

Lord we are grateful to be here with you. Where two or three are gathered... (Matthew 18:20). Nothing but our own pride and stubborn willfulness can keep

us from your love. In flame our hearts with Your love and burn away everything within that may be unloving, unkind, ungrateful, unholy, and not in accord with your will. May we always love what you love and reject what is contrary to your love and will for our lives. For the gift of fear of our Lord. For the gift of piety. For the gift of fortitude. For the gift of knowledge. For the gift of counsel. For the gift on understanding. For the gift of wisdom to lead your hospitals in this city of Baltimore to greater service of our sick and poor who are doubly Christ. Amen.

Thank you again for allowing me to be here with you. Thank you, Archbishop Lori. Thank you for encouraging us to reunite the Good Shepherd with the Good Samaritan.

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