

## ADDRESSING COMMUNITY NEED

When the town of Capernaum hears Jesus has returned home, "Many gathered together so that there was no longer room for them, not even around the door" (Mark 2: 2). This scene recalls for the reader what had previously taken place in this home, the cure of Simon's mother-in-law (Mark 1: 30-31), and the healing of all the ill and possessed who had gathered that evening outside the door of this home (Mark 1: 32-33).

Initially, there is no mention this crowd has brought with them the sick and possessed, as they had the last time Jesus was in this house. Jesus is preaching the word to the crowd when some people "came bringing to him a paralytic carried by four men" (Mark 2: 3). The reader is expecting something to happen because God's power already has been manifested in this setting. The reader also recognizes an emerging pattern: while Jesus preaches the need for repentance and faith, those who exhibit faith are the ones being healed (Mark 1: 23-26, 1: 30-33, 1: 40-42).

We then read the story's most curious and memorable detail. "Unable to get near Jesus because of the crowd, they opened up the roof above him. After they had broken through, they let down the mat on which the paralytic was lying" (Mark 2: 4).

It is significant that Mark has gone to great care and detail in describing this extraordinary process. The reader already knows that the size of the crowd gathered is so huge, they no longer fit inside the house and are gathered outside the door. The reader is now amazed to see the extreme measures the four bearers have taken to reach the spot where Jesus is delivering the word. Further, the reader is impressed by the faith evidenced by the paralytic and his friends, and the reader is challenged to ask if he or she has that kind of faith within, too.

The analogy between the crowd in the Gospel seeking the healing of Jesus and people seeking access to care today is not the only detail I wish to highlight. The tension the reader experiences in the Gospel story is one of an unmet need. There is a paralytic in need of help, and there are obstacles preventing him from getting the treatment and healing he desires. All of us involved in community health needs assessments, community benefit planning and strategic planning processes aimed at addressing unmet health needs know all too well the tensions that keep us awake at night.

This leads us to ask who are the companions and advocates for the sick and underserved today? We all can take pride in the role Catholic health and social institutions have played in advocating for the uninsured, and the role we continue to play in creating greater access for the millions of immigrants who are not covered under the ACA. But we know we have, and will continue to face, many obstacles. The faith exhibited by the four in the Gospel story and the stories of our founding congregations inspire us. But their faith also challenges us. Do we have that kind of faith?

## SUPPORTING PERSON- AND FAMILY-CENTERED CARE

Mark's narrative continues, "When Jesus saw their faith, he said to the paralytic, 'Child, your sins are forgiven'" (Mark 2: 5). Note that no words of faith are spoken by the paralytic or his companions. The extraordinary measures taken by the four companions to bring their friend to Jesus is interpreted as faith by both Jesus and the reader.

Faith by its very nature must have an object in which to believe. Mark clearly conceives of God as the ultimate object of faith. Yet, faith for Mark is not a generalized confidence in a God "out there," but a specific commitment of trust in him insofar as he is active and present in the person and ministry of Jesus. The faith Jesus finds in these five companions will not be found in the scribes (Mark 2: 6-7)..

In Mark's narrative of the healing of the paralytic, clearly Jesus is dealing with the whole group, not just the patient. It is the faith and persistence of the companions that ultimately achieves healing for the paralytic. We sometimes forget that the patient, family or support system know the patient's needs better than we who are caring for them. "Standards of care" must always be adapted to a particular patient with consideration given to their specific cultural, spiritual and personal preferences.

### THANKS AND PRAISE

The miracles stories in Mark's Gospel usually end by mentioning the healed person and perhaps their loved one(s), and the crowd offers praise and thanksgiving to God for this in-breaking moment of the Kingdom. In the healing of the paralytic, Mark includes the paralytic, four companions and the entire crowd (including the scribes) as the ones offering praise: "They were all astounded and glorified God, saying, 'We have never seen anything like this (Mark 2: 12).'"

Keep in mind the pronouncement of Jesus. The healing of the paralytic is offered as validation that he, the Son of Man, has the authority to forgive sins. The awe expressed is not only because the once-paralyzed man is walking, but also because Jesus has given proof that he not a blasphemer. Jesus is God's agent of forgiveness and salvation to those willing to reform their lives and believe the good news.

Stopping to give thanks and praise to God for a miraculous healing and the revelation that God's salvation is being offered freely to those who believe seems like a simple thing to do. Yet, we know not all who experienced the healing power of Jesus stopped to give thanks and praise. Recall the story of the 10 lepers in Luke 17: 11-19. Only one of them returned to Jesus to offer thanks and praise. "Ten were cleansed, were they not?" Jesus asked. "Where are the other nine? Has none but the foreigner returned to give thanks to God" (Luke 17: 17-18)? The implied question Luke raises to the reader is: "Are you giving thanks and praise to God for the healing power you are experiencing?"

Are we? It is easy to excuse ourselves and say we are busy keeping our ministries open. When we do not stop to give thanks and praise to God, we run the risk of thinking it is our ministry instead of God's. The sin of pride creeps in when we begin to believe we are the ones accomplishing great things. We also miss the opportunity to be spiritual leaders in our institutions. It is essential for leaders in Catholic health care to remind everyone it is God's work we do. God's grace flows through us, and we need God's grace to guide us so this ministry continues. The healings, reconciliations and other manifestations of the Kingdom we are privileged to witness every day in our organizations need to be accompanied with thanks and praise. Thanksgiving will always keep us focused beyond ourselves and pointed in the direction of God and the service to others.