

THE Round Table

Summer
1990

"...a path from where we are to where we should be." -- Peter Maurin



RECOVERING THE SPIRIT OF HEALING

WHY THIS ISSUE?

North Americans worship the body. We make detailed studies of the best foods to put into it (only oat bran twinkies from now on) which change periodically to keep us guessing (no--skip the oat bran, any old fibre will do). We smear lotions, scents and colors on the outside according to the season. We jog, swim, hike, bike, walk or lift weights for the benefit of both the inside and the outside. We fry our eggs in canola oil and drink bottled water. The icons of our worship are spread throughout our visual space. Billboards, magazines, TV commercials all present the object of our devotions: tousle-haired women lounging on beaches, grave, open-shirted men riding horses.

But we worship the body in a severely restricted sense. We only offer tribute to the healthy body; unscarred, unbroken, whole. What becomes of those who do not fit this mold: the old, the sick and the dying?

To be sick or infirm is counter to the North American ideal, hence our health care system is oriented towards the fulfillment of one of two goals: complete health, or death. We pursue death, in the form of inadequate treatment for the uninsured, the poor, and for those with chronic mental illnesses; death in the form of abortion for the unborn who will not be physically or mentally whole; death in the form of euthanasia for the terminally ill. We pursue health for those who have the money to pay for it. How can we care for the health of our health care system?

John Kavanaugh, SJ, in his article about the relationship between Capitalism and health, points out the contradictions in our narrow focus upon healing the body to the utter neglect of those political and economic aspects of our culture which destroy the spirit. Vince Estrada, drawing on his experience as a social worker to the homeless, reminds us that medical care should treat not simply the body but the person. Caring for the person who is ill or frail is a work of mercy which, Barb Prosser reveals to us, can enrich our lives and teach us much. Both Barb and Jan Livingston care for people who will not get well or be cured; Jan writes of her work in a hospice encountering "the adventure that death is."

We include our house articles, a reflection from Bill Miller, and a contribution "From Central America" by Dave Schenck who is working in the unhealthy atmosphere of Guatemala. All of these articles share a common theme: that it is not the body which is sacred but the embodied person. For richer or poorer, in sickness and in health, til death do we part, we are, as Christians and believers, committed to the well-being of persons. This means that we must struggle against a health care system which focuses narrowly on bodily health, and only for those who have the money, in order to profit from our national obsession.



-Ellen Rehg

*Cover graphic for
the Round Table
by Larry Nolte*

the St. Louis Catholic Worker Community

*Karen House
1840 Hogan
St. Louis, MO 63106
621-4052*



*Ella Dixon House
1540 N. 17th St.
St. Louis, MO 63106
231-2039*

IS THE CAPITALIST SYSTEM DANGEROUS TO YOUR HEALTH?

by John Kavanaugh, SJ

The relationship between Capitalism and health, on one level, seems quite clear: surely, free human productivity and the profit-motivated generation of wealth have had a beneficial influence upon our physical well-being.

In a recent annual meeting of the Catholic Health Association (CHA), Michael Novak made a strong case for such a position. He pointed out how Capitalism and its profit motive seem to be undeniably positive forces in the development of healthy people in healthy nations.

Indeed, the statistics for life expectancy -
- dramatically extended over the last fifty years -
- and the fact that eighty percent of the world's population has enough to eat are fair evidences that the well-being of the ordinary person has been enhanced since the emergence of democratic-capitalist economies and their impressive capacity for production. Moreover, in the specific contexts of health care, community hygiene, nutrition, disposable income, and highly sophisticated technological support systems, capitalist nations claim impressive success.

Novak's positive rendition of the present state of affairs stood in contrast to the Report of the CHA's Task Force on Health Care of the Poor: No Room In The Marketplace. The report pointed out alarming gaps in the health care "safety-net for the poor," increasingly inadequate health insurance for a growing number of persons, and deficient health provisions for children and the elderly poor.

But surely, it could be pointed out by those who support Novak's thesis, that even in the cases of the poor and marginal, conditions in the United States are almost princely when compared to conditions of a half century ago or when compared to most countries of the world today - especially non-capitalist countries.

It's a point well taken. And yet, even on this most immediate level of reflection, we should insist that Novak -as well as ourselves -- not under-estimate what a recent article has termed that "Most Serious Pathogen," poverty, not only in the world "out there," but, yes, in our own country. As Dr. Charles Saunders reports in the July, 1986 issue of JAMA: at 3 A.M. one morning, a 2-week old infant was brought to an urban hospital's emergency department where only a few days earlier it had been discharged after surviving pre-maturity, hydrocephalus, and the placement of a ventriculo-peritoneal shunt. The baby's mother found him in a pool of blood with a 10cm hole in his head adjacent to the shunt suture line. It was not abuse. The child slept ten feet from his parents in a room with seven other people, in a condemned building. Part of his face had been nibbled off. Rats had eaten him. And so, Dr. Saunders tells us, the great wearying process of high-tech medicine began again; but what, Saunders writes, was the pathogen?

*... not the lack of flesh
adherent to the child's skull, or*

John Kavanaugh, SJ, is a professor of philosophy at St. Louis University and a long time friend of Karen House. This article is adapted from a talk delivered in Fall 1986 at Karen House, Catholic Worker, www.karenhouse.org, St. Louis Missouri 63106



even the rats, per se . . . The pathogen in this case was that which brings together nine people in a small room in a dilapidated building. It was that which perpetuates ignorance, stimulates crime and aggression, and spawns poor hygiene and nutrition. It lends itself to ill health from poor host defenses before a plethora of bodily insults, including bountiful introductions to communicable diseases, exposure to environmental hazards, encouragement of destructive vices, and encounters with violence -- all with the most limited access to health care. The pathogen was poverty. In a science and a profession whose mission is the elimination of diseases and the alleviation of suffering, what surgical procedure, what pharmacologic agent do we possess for that pathogen?

Dr. Saunders here reveals a welcome depth in understanding the terrible paradoxes of poverty in a society that is so productive and so gifted in high technology medicine. Indeed, Michael Novak may have a point: we do very well, in this capitalist culture, with our medical genius. But a more troublesome point may be made in response: What happens to a person

when he or she leaves our hospitals? What kind of world do they go back to?

What Dr. Saunders only suggests and what I would like to focus on is our exposure to what he calls 'environmental hazards' -- not just the cultural encouragement of destructive vices and encounters with violence, but, more tellingly, the full range of ideology, myth and moral sensibility in an advanced capitalist society. It is from this cultural point of view, not the exclusively economic, that I ask: is the Capitalist System, as a media-sustained environment, a danger to our health, to our integrity, to our well-being as persons? Might there be disease and disfunction that touches us at deeper levels than physical regeneration?

It is crucial to understand that all our efforts at healing persons are made in the context of a culture in which individuals and their relationships are profoundly damaged. These efforts are also contextualized in a world in which people are constantly devalued by the decisions and behaviors of other persons and their nations. Institutionally legitimated violence, whether it be in the form of ageism, sexism, racism, nationalism or the astounding abortion rates in our society, serves as an ocean of sickness before which the medical professional and his or her corporate effort seem a mere finger in the dyke. This is painfully experienced by those who work in the healing professions and are also conscious of the massive inequities in distribution of care, the terrible cultural milieu into which their patients are released, and the awful threat of nuclear destruction which can cancel so easily all efforts at human regeneration and repair.

There is much evidence that we live in a mean society, lodged in a mean world. As celebrated in our media, as conjured in our

televised imaginations, as embodied in the rhetoric of political heroes and the posturing of stars of screen and sport, the obliteration of compassion is almost an expected pre-requisite of cultural acceptability.

Why heal then, and to what effect? Why do good, when do-goodism is rendered absurd? After all, our cultural bombast trumpets a so-called "real world" of hard-bitten consumerism, profitism, and exploitation. With the wounding of our inmost selves, the injury to the relationships that might sustain and energize us, the danger is that care itself is meaningless, that compassion has died. Thus, the final question is the one posed to me by the former head of the community medicine department at Saint Louis University, Dr. Max Pepper: What is the prognosis for our spirit? What of the health of our very souls?

being, for their human solidarity: in each person we attend to, we attend to the world and affirm the value of every mother's child on this earth.

If these values, so close to the foundation of our identity as men and women of healing professions and institutions, are indeed under siege by the ideology of capitalism, then how much more fully committed should we be to our mission and how much more fully aware should we be that our mission of healing is in so many ways truly counter-cultural.

If there are those among you who recognize your mission in these terms, then you must have often asked yourselves, how better can we respond? Surely, vigilance for equity in health care for all people; surely, painstaking scrutiny of the seductions that may be found in healing-for-profit; surely, a corporate commitment to the health of other nations less gifted in productivity



And this is the question, embracing all the others, that we must address. How heal the soul, recover the spirit, quicken again our compassion?

The institutions we are involved in — whether we agree with these ruminations on Capitalist Culture or not — were made, if for anything, for the enhancement of human persons as individuals even in their most frail and defenseless state; for their thriving through relationships and human solidarity. www.cw.org

must always at least be given a voice. Budgets and human resources must reflect the recognition that authentic healing in this and any culture is a social, political and economic act -- often an act of resistance. Medicine and its institutions, consequently, have to be understood and supported as being not only curative and preventative, but also socially critical and advocative.

Most importantly, and finally, it seems to me, the greatest attention must be given to

the building of institutions where men and women of profound commitment to human dignity can thrive and even enter leadership. Such institutions would welcome and train pediatricians who are critically aware of the cultural forces that assault the frail infants who are saved by modern medicine -- but for what... They will attend to psychiatrists who are enraged by the brutal ease with which the media can destroy fragile relationships of trust and hope. And they will honor -- not only with admiration, but with financial and institutional support -- a head of community medicine who can be a critic of political-economy, an advocate of the poor, and a proponent of human spirituality in a culture that seemingly worships objects while it crushes the spirit.

And, if we look among ourselves, we will see that it is not all that difficult or uncommon. We just have to name and exalt it in our midst. There are a hundred cases that each of you might name, but I will leave you with just this one -- another pediatrician. In contrast to the first I have quoted, who was courageous enough to see

sin and name it, this one witnessed grace and honored it.

In a high-tech neo-natal unit of a University hospital, a pediatrician cares for a little infant the size of her hand. It is just left there and, among all of its afflictions, it fails to thrive. No relation comes. The child is unwanted, unvalued, undesired. The pediatrician spends extra time each day, just holding and caressing, just wanting and saying yes to an infant that all of an institution's technology cannot save. The baby dies in the fullness of care and the pediatrician provides some money for a burial. One physician, gathering her whole self, open to the claims of human relatedness, alive to compassion. Let our institutions be peopled by such men and women. They see the wounds of the individual and they move to heal them. They know the injuries to relationship and they mend them by their own concern. And they witness the entire world in the life of the littlest, so they act to change it. Thus, not only will persons be healed. Cultures, even capitalist ones, will be transformed.

+



THE ELDERLY AND OUR CALL TO CARE

by Barb Prosser

Health care. To many of us, I suspect, the word conjures up an image of doctors and nurses responding to illness and injury in a hospital or clinic. The goal in these situations is usually to make well by curing.

But, for elderly people, many health care problems are chronic and require long-term care. The frail elderly, in particular, have problems which require a different kind of response from all of us.

By their health care needs, older people remind us that care is very different from cure.

Henri Nouwen claims this to be the great message of the elderly, not so much by what they say as by who they are. He tells us:

The elderly do not offer to the professional who is primarily concerned with cure much chance of satisfaction. They confront the doctor with the limitations of his [sic] healing powers, the psychologist with the reality of self-fulfillment, the social worker with the lasting ambiguities of human relations, and the minister with the undeniable reality of death. In short, they confront all who live with the illusion of any final cure. But, it is exactly this

confrontation that opens the way for a constant reawakening of our primary call, which is not to cure but to care.

Old age is the last place and time we will inhabit on earth. It isn't something most of us spend much time thinking about, planning for or looking forward to. Yet, at some point, many of us will be faced with the decision of how best to care for a sick or frail elder on a personal level. For some of us, this will involve making decisions about placement in a long-term care facility or nursing home.

Little needs to be said about the fears we have of nursing homes. The media supplies us with an abundance of horror stories.

But, the reality of nursing home life may be harder to grasp. As Sallie Tisdale once wrote:

It is not always obvious how well a nursing home cares for its residents because so much of what can be seen -- so much of what appears terrible - - is not the fact of the nursing home, but the fact of age and illness.

One might guess that, finding no one to blame for old age, we become critical of those who house it.



And yet, through the walls of the nursing home in which I work, I see a different view. I see and experience a community:

We are black, white, Asian and Indian.

We are all ages, from younger to older.

We are housekeepers, residents, nurses, mothers, daughters, sons, grandchildren and friends.

We are of various religions and we come from all walks of life.

Most of us are women.

We are connected by a common philosophy -- respecting the sacredness of each individual -- and, in living this philosophy, we become family to one another.

As an employee, I minister to the residents and, in turn, to their families. In doing this, I serve as a witness to my co-workers and they to me. But this ministry is hardly a matter of giving only.

In return, I experience the excitement of realizing my inner gifts. I find energy and passion in work that, to many, seems dreary and discouraging.

My work calls me to love unconditionally. For who within this community does not deserve to be loved? I may not receive a response from Anna, who is aphasic and thus unable to speak, but I sense her gratitude. And Fred may be very

subtle in his appreciation, but I feel he enjoys my presence and the attention I give listening to him. A single man without family, he is resentful of the need to depend on others for his care. I suspect he feels out of place in this community of predominantly older women, yet when I spend time with Fred and demonstrate an interest in him, I am reminding myself that it is the gift that is more important than the response.

I am grateful for the simple gifts, such as a postcard or a letter sent to a resident and the five minutes it takes to share it with me in an afternoon. Or the pride my friend Stanley feels in being able to fix his own hair after recovering from a stroke.

I am humbled by my own limitations. Finding difficulty in performing even basic nursing care, I am reminded of how difficult it is to ask for help. How much harder it must be for a fiercely independent woman of 86 years to ask for assistance in the bathroom.

And how difficult it must be for our families to relinquish care to another's hands ... to ask for help. Did they try hard enough? Are they being selfish? Have they betrayed their parents?

How painful it is to ask prospective residents how much money they have in savings,



only to explain to them that the "nest egg" they've worked so hard to save is not enough money to pay for even one year in our nursing home. Or to continue on to explain that they will need to look for a Medicaid (welfare) bed, and we aren't taking any more Medicaid patients at this time because our Medicaid beds are filled. Again, I am humbled as I ask forgiveness for closing the doors on a family in a time of need.

It is humbling to see how imperfect it all is: from residents with uncomfortable posture bent over in their chairs, to my repeated apologies for the missing green sweater sent by a family member. Try as we may, our work will always remain incomplete. I am confronted with this reality over and over again.

I see residents serving one another. It might be the assistance to another during a meal or something as simple as the holding of a hand in an act of reassurance. In each of these acts, I am shown the value and the healing powers of a touch and a smile.

Likewise, patience takes on new meaning. I am reminded to take one day at a time and to measure progress in simple steps.

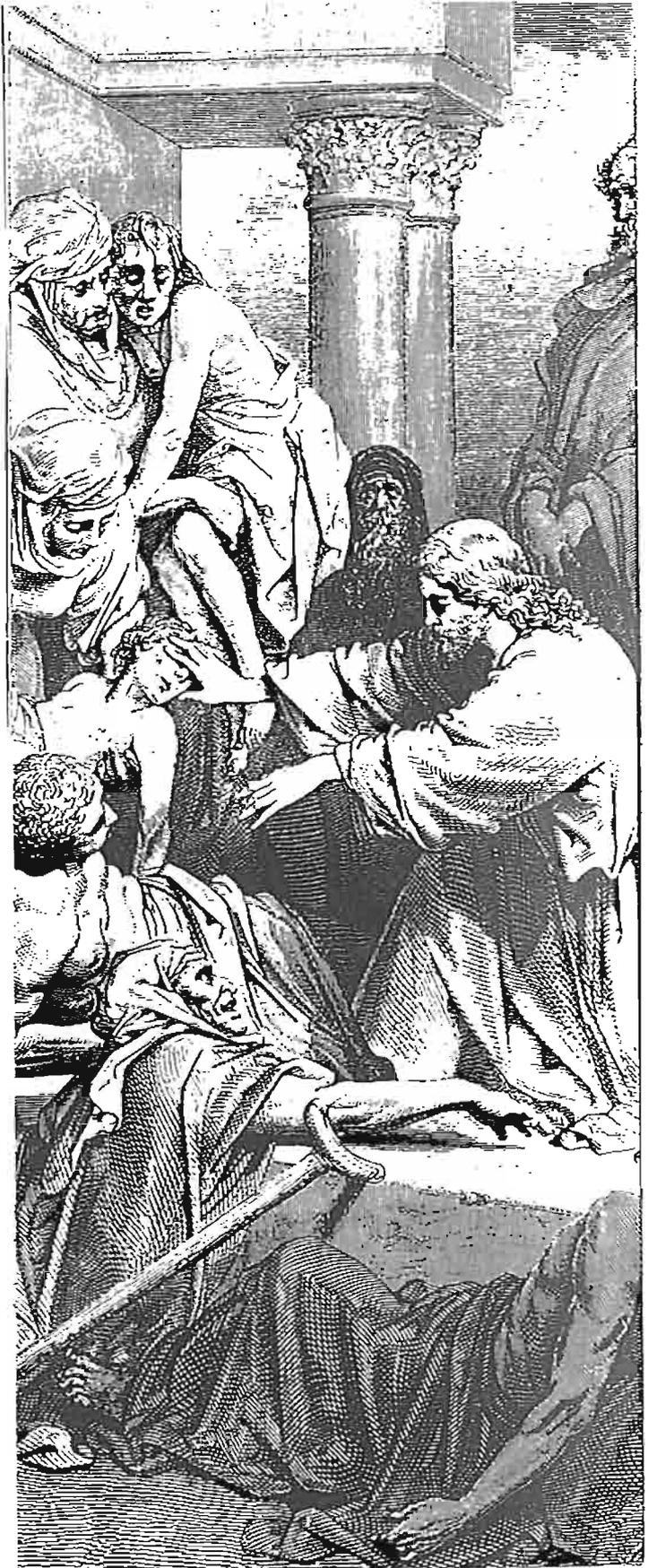
In long-term care, the emphasis is on the everyday functions of dressing, bathing and eating. If a resident allows me the intimacy of brushing her hair, dressing and feeding her day after day, how can I help but become connected to her? I look beyond the wrinkles to see her soul. My definition of beauty is expanded.

I am often the last person to be with a resident before death. Over and over again, I am asked to let go of someone or to support a family in allowing a resident to die. I am allowed to be with them – to pray with them during their final goodbyes.

In all of this, I am touched by the spirit of those whom God has entrusted to my care. Indeed, this is a blessed place.

It is not often that I see a resident leave here cured of the problems that brought her to us. This experience contrasts with the desire to make people well again. We are grateful when medicine provides cures for our illnesses and injuries. But, by their health care needs, the frail elderly remind me that the central message of the Gospel is to care for one another.

For I was hungry and you gave me food, I was thirsty and you gave me drink. I was a stranger and you welcomed me, naked and you clothed me. I was ill and you comforted me, in prison and you came to visit me. (Mt 25:35ff)



HOSPICE / HOSPITALITY

by Jan Livingston

In a society, and more specifically in a community, in which people are increasingly more anonymous, the onset of dying leaves many of our brothers and sisters isolated and alone. In a society in which living is so difficult for so many, one can only guess at how hard it is to die well.

Hospice as a concept, and more importantly as a reality, offers everyone the opportunity to a ministry of hospitality, a ministry of compassion. A compassion which elicits the courage to embrace the unknown, to accept a sense of lost control, to share in fear and loneliness, and to cry with those in tears. A compassion which embraces our humanness, casts aside boundaries, evokes true patience and empathic companionships.

That same compassion allows us to slow down and travel life's last journey on a simpler path. It seems so much more natural and normal a next step when we take the time to sit and be present. Technology and our ability to treat too often take the focus away from the event and place us at a different level in communications. Hospice allows us to listen, allows us to become a part of the adventure that death is. Possibly treatment rather than palliation is chosen in some instances because no one is listening. Society may explore death solely on a cognitive level simply because open exploration of feelings can be heart-wrenching. What we fail to realize is that open communication also sets us free and enhances a full and joyous celebration of life. Perhaps our cultural way of avoiding death is a microscopic view of how we deny so many opportunities to communicate.

The answer is to do death better! Simply saying we should do it better doesn't provide the tools to do it, however, the Sisters of Mercy established a Hospice Program at St. John's Mercy Medical Center in 1983, to answer some of these needs and to assist in providing the tools for this ministry. Understanding that the community of persons does best in consort with others leads us to believe, and hopefully act, on the fact that human touch and humane care of men and women is a right. The Hospice concept is no more than a call to all people to do the



right thing. It does not take massive amounts of expensive equipment; it takes a heart of compassion, a hospitable hand, and a willingness to be honest. Hospice seems to blend in with the charism of Hospitality which is the Spirit of Mercy. Formal Hospice programs serve as a bridge for those who want to separate themselves from the traditional health care focus of cure but do not have the communal support required to do so. In many cultures the "hospice concept" is the norm of life because birth is indeed terminal and death is a natural process of life. Families, friends and community gather to care for the dying. On her own death bed, Catherine McAuley (the Foundress of the Sisters of Mercy) extended hospitality by asking her Sisters to enjoy "a comfortable cup of tea" following her death in 1851.

In our culture, however, death continues to be an entity to ward-off, deny and hide. Formal Hospice training is not necessary for everyone but it certainly raises the awareness level and even more importantly the comfort level for those who are intimately communicating with dying people. So, in 1990, we are impelled to offer our hands and our hearts to the dying in a manner of true hospitality and . . . to be sure to have a comfortable cup of tea for them! +

Jan Livingston is the Administrative Director of the St. John's Mercy Cancer Center which is scheduled to open in the fall of 1990. She had assistance on this article from Marlene Shelton and Sr. Julie Marre, RSM, who are involved in the Hospice Program at St. John's Medical Center.

THOUGHTS FROM THE RECEIVING END



Some of the city clinics are pretty impersonal. Most of the people are there to do their job and that's it - - no more. And because you're on welfare and they're paying taxes that pays for your care - they treat you differently.

- Sonya

It's frustrating using our health care system. Especially with kids. I've got three boys to look after. I won't call the doctor unless I need some help. Say, for instance, my boy wakes up with a high fever from an infected ear. I'm worried because the fever's pretty high so I call the hospital. But they can't give me any information on the phone. They say I have to come to the emergency room. I've spent my last two dollars on bus fare taking a sick kid to the emergency room in the middle of the night only to be told they don't treat ear infections at the hospital. They tell me I'll have to make an appointment at the clinic for the next day.

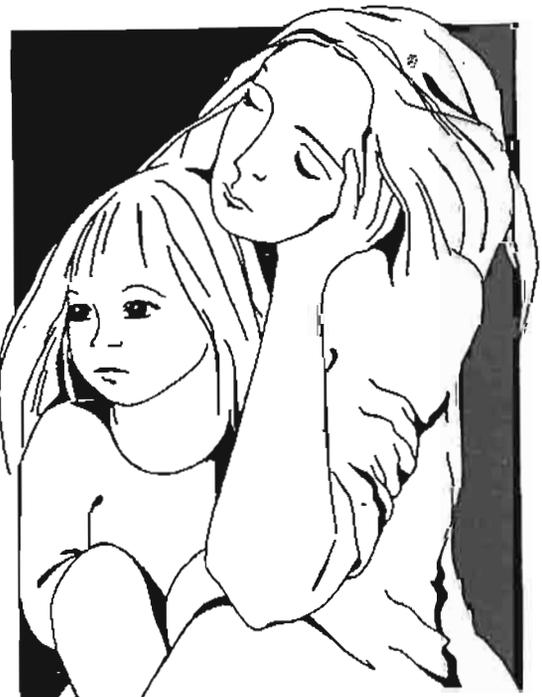
- Donna Marshall-Staples

Our Medicaid system is an all or nothing system. When I'm working, often as a nurse's aide, most jobs have only paid minimum wage or a little over. Often there were no health care benefits. When I'm working full-time, Medicaid stops paying for health care for my boys. With three boys it's almost not worth it.

- Donna Marshall-Staples

Every health care provider should have to accept Medicaid. You shouldn't have to sit in a rinky-dink clinic. You should be able to go to a nice hospital, one you could get to close by. You shouldn't have to sit from 9am-4pm waiting for someone to see you.

- Sonya and Donna





The spirit is not quenched,
like a fire that has all but run out
and is quietly banked. But put
all eye there in the ash of day,

This is the wisdom of the fire,
it; you must, as they say in the
mask trade, put a best face on
lend color and form (invariably
even repulsive form) to some
colorless. Shall we call it life

We call life so; formless, colorless,
Nothing on earth is without form
or demonic or of the Uncreated
out color or form, bodily as we
and making our way as best we
we pray, with a measure of success

So I arrive, interruptively in
door of another. He has been informed
in general terms. Like two people
another out, trot along side by
be...

Let me put this matter, as I
this door to attention, in a proper

It goes like this. Each of us, holding
the other, each of us holds the key
of the other.

so the writing goes; it is
through its combustibles,
it, it is like a sun at midnight;
and alive.

the spirit. There is nothing for
kin trade, make do; or in the
things. These are metaphors that
dark-shaded color, awesome or
ing essentially formless and
?

orless. We know it is not true.
n or color, unless it be angelic
Spirit. Least of all are we with-
go about, bumping and groping
can, with as little harm (indeed,
) as may be possible.

a manner of speaking, at the
formed of me, as I of him, at least
eable dogs, we will sniff one
side for awhile. If this is to
ause with lifted hand to knock
pler; first posed by Isak Dinesen.

on one side of the portal, I on
y to a locked box in possession

Daniel Berrigan, sj.
Sorrow Built A Bridge:
Friendship and AIDS
pp. 47-48



ONE OF US:

Hospitality

For Homeless, Mentally Ill Persons

by Vince Estrada

Ms. Smith is a 28 year old, white female who has been homeless for the past four years. During this time Ms. Smith has had three or four stints in virtually every women's shelter in St. Louis. If one passed her on the downtown park bench where she sits eight to ten hours a day, and engage her in conversation, one's impression of her might dramatically change. Although she might admit to living in a downtown shelter, she does so as an agent for a secret spy organization. Despite her relatively young age, she also lays claim to having been married thirteen times and having given birth to over forty children, some of whom were conceived by God. When offered daytime services at a drop-in center where she could rest and shower, Ms. Smith politely refuses and explains that bathing is sinful because the only time water should strike your body is during baptism. When asked about

the prospect of leaving the shelter system, Ms. Smith firmly states that this will occur as soon as her spy duties are complete.

This is an illustrative profile of a homeless, mentally ill person. There are three key terms in this phrase: Homeless. Mentally Ill. Person. Taken individually, these three terms offer us different perspectives for providing aid to Ms. Smith.

First, an emphasis on the term "homeless" might lead us to examine Ms. Smith's problem within a demographic context such as the number of homeless persons in St. Louis, leading economic factors contributing to homelessness, housing shortages, etc.

Secondly, the term "mentally ill" may lead us to seek a more clinical picture of Ms. Smith. As one who appears to be suffering from mental illness, we might examine Ms. Smith's problem in the context of medication non-compliance, the deinstitutionalization of psychiatric hospitals, or a genetically related psychiatric disorder.

While these two perspectives are important, it is the third term, "person", which provides us with a most essential perspective on Ms. Smith and all those categorized as homeless, mentally ill persons. In other words, Ms. Smith is first and foremost one who possesses inherent rights and needs shared by all other "persons". Therefore, if we frame her problems in this



THE CHRIST OF THE HOMELESS 1982

fashion, Ms. Smith is a "person" whose fulfillment of needs and exercise of basic human rights are impeded by the difficulties posed by homelessness and mental illness.

The purpose of this semantic exercise goes beyond the establishment of an abstract, person-centered approach. When put into practice, a person-centered approach can lead to concrete, successful benefits for homeless, mentally ill persons. Therefore, the challenge for shelter providers is to offer a person-centered approach while addressing the physical and emotional deprivations resulting from homelessness and mental illness.

What are the obstacles that block the development of a client-centered shelter that meets the physical and emotional needs of homeless, mentally ill persons? Due to reasons such as low funding, inadequate physical space, understaffed shifts, and inadequate training, many shelters are often forced to work with homeless persons as a homogeneous lot. Although they are set up with the best of intentions, they struggle to even meet the most basic needs of food, shelter, and safety. For example, overcrowded conditions in dormitory style shelters is more the norm than it is the exception. Not surprisingly, shelter providers experience difficulty in working with psychiatrically disordered residents. It is not always for lack of effort as it is an intolerance that stems from two directions. On the one hand, crowded shelters are often intolerant of the sometimes disruptive behavior of mentally ill residents, and likewise, mentally ill residents cannot often tolerate the overcrowded and volatile shelter life which can exacerbate their symptoms of fear and vulnerability.

How then do emergency shelters make adjustments to accommodate the mentally homeless resident? If one can argue that society at large has struggled with accommodating those with mental illness, how can shelters with limited resources be expected to do much more? In examining how the Catholic Worker communities can address this question, an anecdote recounted by Robert Coles comes to mind. In this anecdote Coles describes his first meeting with Dorothy Day at the Catholic Worker soup kitchen in the Lower East Side. While in medical school at Columbia University, Coles had traveled there to volunteer his services and was waiting to meet with Dorothy Day.

It was on that afternoon, almost thirty-five years ago, that I first met Dorothy Day. She was sitting at a table, talking with a woman who was, I quickly realized, quite drunk, yet determined to carry on a conversation. The woman to whom Dorothy Day was talking had a large purple-red birthmark along the right side of her forehead. She kept touching it as she uttered one exclamatory remark after another, none of which seemed to get the slightest rise from the person sitting opposite her.

I found myself increasingly confused by what seemed to be



an interminable, essentially absurd exchange taking place between the two middle-aged women. When would it end -- the alcoholic ranting and the silent nodding, occasionally interrupted by a brief question, which only served, maddeningly, to wind up the already overtalkative one rather than wind her down? Finally, silence fell upon the room. Dorothy Day asked the woman if she would mind an interruption. She got up and came over to me. She said, "Are you waiting for one of us?" ONE OF US. With those three words, so quietly and politely spoken, she had indirectly told me what the Catholic Worker movement is all about.

Karen House Catholic Worker www.KarenHouseCW.org

When Dorothy Day uttered those words, "one of us", she was providing a clear example of the Catholic Worker emphasis on the dignity of the individual as a part of a larger community. The translation of this community philosophy within a shelter setting is an ideal worth pursuing.

First and foremost, the shelter must address a person's basic needs that are not being met by the sheer fact that they are homeless. Problems posed by mental illness are not easily addressed until the person's needs for food, shelter and safety are met. In translating a humanistic philosophy into meeting basic needs, it becomes an issue of "how" the shelter provides services, not "what" the shelter provides. This is best exemplified in Catholic Worker communities which invite homeless persons into their own homes as guests. Upon arrival, the homeless person is invited into the home where community members also reside. This invitation into the home communicates a message of acceptance that stems from the awareness that as humans, we share a common ground of needs and rights. After a person is accepted as a guest, small things such as providing them with their own bedroom and allowing them to serve themselves in a family style dining room, providing them with a contact person, and trusting them with an active duty towards shelter upkeep are important steps towards re-establishing one's sense of dignity and self-respect. By providing for the most basic needs in a person-centered manner, the shelter becomes an environment in which all guests are treated as valued members of a larger community.

But how then do we go beyond and offer assistance to those persons who also suffer from mental illness? After all, they often demonstrate symptoms that appear confusing, difficult to understand, and sometimes frightening. To restate an earlier point, physiological needs must be met before addressing the emotional needs. By meeting the basic needs in a manner that respects the dignity of each individual within a larger community, the foundation is set for a relationship between the individual and the shelter community. It is this relationship with the community that may lead to eventual relief from some, if not all, of these painful symptoms. By relating to the guests as persons and not as disenfranchised "crazies" is an important first step in creating a safe environment.

As shelter providers, the challenge becomes one of making contact and establishing a relationship with the person, not their illness. Admittedly, the simplicity of this statement does not do justice to its complexity. For example, if the guest expresses fears that are founded on a confusing set of delusions, relief we must

314.621.0352 Karen House Catholic Worker www.KarenHouseCW.org

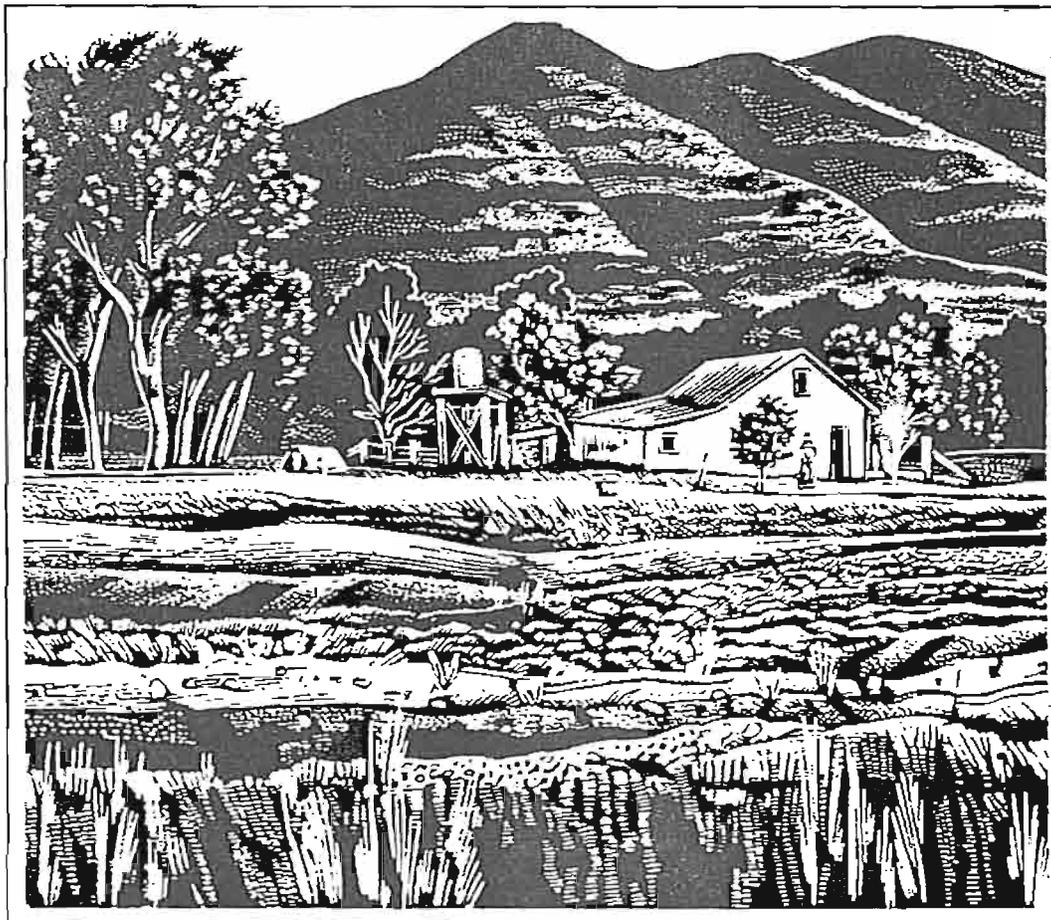
challenge ourselves to empathize with that fear. Our capacity to empathize with their fear is essentially a human capacity, one we have all experienced. This is not to say that the illness is ignored and the behaviors excused, but rather, that the person is a greater whole than their illness or their behaviors.

From an intuitive point of view, making a person feel wanted and empathizing with the fears of their illness seem like natural, humanistic ideals to pursue as shelter providers. But how might these emphases effect change in one who suffers from mental illness? The catalyst for change might lie within their developing relationship with the community. Having become a valued member with a sense of belonging, they may be willing to take the steps necessary to preserve a relationship which is meeting their emotional, as well as their physiological needs.

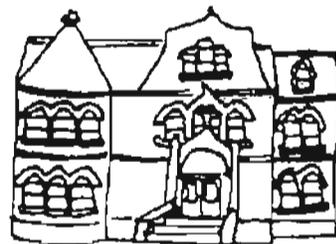
As with any positive relationship, expectations begin to develop from both sides. The mentally ill person begins to expect (and

deserve) certain behaviors from the community, and the community may in turn expect certain behaviors from them. As such, these expectations may serve as an impetus for seeking additional mental health services as a means of respecting what has become an important relationship.

As shelter providers, it is both ethically and therapeutically sound to operate from this humanistic, person-centered perspective. This is so because homeless, mentally ill persons are more than just an end-product of unfortunate socio-economic factors. They represent more than just a set of psychiatric symptoms which, when grouped into diagnostic categories, labels them as mentally ill. They represent themselves first and foremost as persons. Persons with whom we share the most basic human rights and needs. Persons who seek from the Catholic Worker communities the very things that may have drawn us to these communities: peace, caring, respect and a climate within which to grow.



FROM KAREN HOUSE



by Pat Coy

The old convent was built in 1904. Few costs were spared in the construction. It looks tired now, but still stately. Beautiful woodwork abounds. There are 78 windows including one large and magnificent stained glass window in the main stairway. Another stained glass window graces the transom above the front door. Below it, carved into the stone, is the welcoming message, "Pax Intranitibus".

Next door sits St. Liborius church, good enough of a building to make it onto the National Register of Historic Buildings. The architectural symmetry between the two is striking. Perfectly even. It can stop you in your tracks if you approach the house and church from the west on N. Market Street. I often go that way just to get stopped. The love and care and pride these German immigrants poured into their buildings is little short of humbling to us Catholic Workers with our shoestring operation. But it is good to be humbled. And to be reminded of the mystery of work, the sanctity of craftsmanship, and the power inherent in love of church.

This house with thirteen bedrooms on one floor was home to a long succession of nuns, many of them German-speaking. They maintained an educational ministry to the immigrant families in the neighborhood, walking hand in hand into cultural assimilation. The house still serves the neighborhood, albeit in different ways. Lay people have taken the nuns' place, offering shelter to homeless women and children for the last thirteen years.

For roughly ten of those thirteen years we've been hosting about 25 guests at a time for a base period of two months. Our first guest lent the house her name. Somewhere between 2,000 and 3,000 others have called this house home since Karen moved on.

Some stay for a week and then return to an abusive mate. Others stay their two months and move on to another shelter, or, in the warm months, to the street. These are likely to call

Karen House home another time. Perhaps when the monthly check runs out. Perhaps when they wear out a welcome yet another time with a family member. Still others may stay four or six months, patiently saving for their own place. When they succeed, the halls here explode with squeals of delight. Congratulations are shared all around. A dream close to so many hearts is fulfilled; a human right is realized.

Many of the guests stay in touch with the house and the community after they move out. Some volunteer to cook, clean, or do



This loving each other in community is a delicate dance, and once it is even partly learned, one wants the music to continue all night.



maintenance. Some send thank you cards, and others, especially if they have made a friend among the community members, call somewhat regularly. They ask for news of the house and community and fill us in on their own lives.

Pat Coy will be moving to Syracuse with his wife Karin and their dog Finis. Finis is concerned he may lose his title as "the best English Setter in the whole Catholic Worker movement."

Karen House Catholic Worker www.KarenHouseCW.org 314.621.4052 1840 Hogan St. Louis Missouri 63106

After having stayed with us for a few months twice in the last year, Donna recently moved into her own home with her three children and new husband. We were tickled when the two youngest boys, Willie and Donnell, called the other day. They wanted to let us know how much they liked their new home and school and to say they missed us as well.

It is a special joy when the children call after having moved out. Perhaps we suspect the children will forget us more quickly, and who among us does not want to be enjoyed by the little ones? In any event, this interconnectedness is the web of grace that is weaved at a Catholic Worker house as people share their lives in the ordinary business of trying to build the beloved community. The apostle Paul called it the Mystical Body of Christ. It is indeed a holy wonder.

Just as many have come and gone here as guests, so too have many come and gone as community members. Maybe not so many as one would expect since Catholic Worker communities are notoriously transitory, with people frequently joining for a year or two and moving quickly on.

But this community is perhaps more intentional than most, and consequently more stable. Some of our founders are still with us thirteen years later, and even though I have been here seven years only three of our eleven community members came after I.

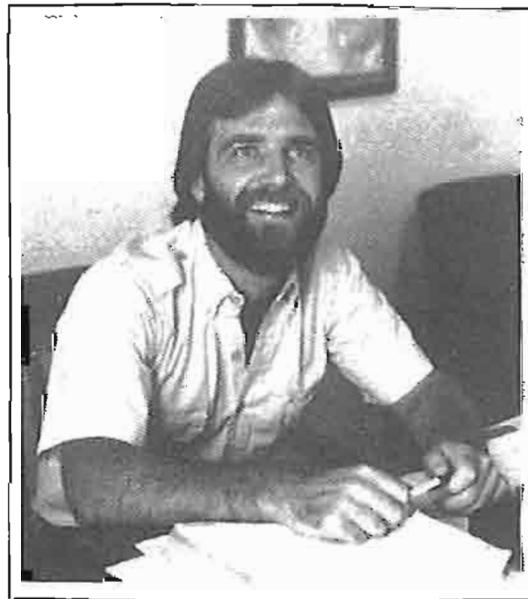
This is an awfully tough group to leave. A common vision may have brought us together, but I think it is the experiment in learning to love each other that holds us in its grasp the longest. It is perhaps the most painful but also the richest element of life at the St. Louis Catholic Worker.

As we learn to love we learn to both challenge and affirm. This has seemed no easy balancing act. It means accepting one another as we are while calling one another to become the better person each is capable of being. This loving each other in community is a delicate dance, and once it is even partly learned, one wants the music to continue all night. I've only managed to learn to step smartly on the easiest of tunes; most I just shuffle along. But my partners have been so good it hasn't seemed to matter much.



THANKS, PAT!

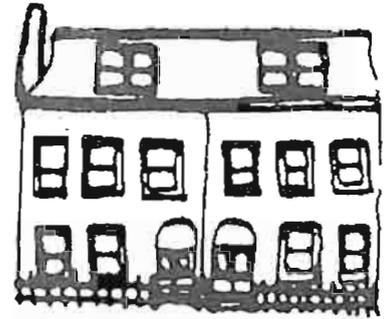
Pat Coy has been a member of The Round Table editorial group for the seven years he has been at the St. Louis Catholic Worker. His vision and his skills as a writer, editor and in layout have been visible in these pages. It has been a deep pleasure to work with Pat as a colleague and friend and we will miss him greatly. He is a far better dancer than he admits in his article in this issue.



Joe Angert

FROM LITTLE HOUSE

by Mary Ann McGivern, SL



The Little House is at a pause, a moment of emptiness, the first since Sharon and BJ and I moved here in January of 1981. Paul moved in that April. Roma, Medhin, James, Shelley and her baby, another Sharon, Sister Caren Hart, Elijah, Bill Miller, Virginia, Stanley, Selma, Jackie, and Ruby have all shared in making this house home.

But last December Virginia moved to her own apartment; then Elijah transferred next door when Ellen left for a neighborhood with more children for Myrrah to play with; in April Ruby moved to her own place in Maplewood.

I'm reluctant to do hospitality alone. The economic conversion work has grown and demands more attention than it used to. On the other hand, I don't really choose to live alone. (As I write this, I've only been alone a week because two INFACT organizers for the General Electric boycott stayed here the first half of April.) I'm not lonely so far -- but I am acutely aware how living with people who don't have any other resources has changed me. Because of them, I know in my gut that I have nothing to lose by speaking the truth as clearly as I am able. That is knowledge hard-gained, and, I suspect, easily set aside without daily reminders. In short, I'm not ready to make a decision to do something very different.

At the moment, I am thinking that I will probably move into Karin and Pat's apartment on the other side of this building when they go off to graduate school in Syracuse this summer. (Yes, the changes in the Little House are big.) My side of the house has five bedrooms and could suit a large family. I'd like to borrow the money to bring it up to Section 8 standards so that the rental income would really meet the costs of maintaining the building. The basic plumbing and wiring are fine; but we need a sink in the first floor bathroom, plaster repair of the stairway ceiling, carpeting, painting, another space heater installed, and a dozen smaller tasks that require skilled labor.

I'd like to have a large family next door to me. So that seems a reasonable option unless someone comes along who would like to continue with me the sort of hospitality we have maintained here until now. If that invitation appeals to you, let's talk.

Whatever direction the house takes, we need a washing machine. Ours seems to have ruptured somewhere in its deep center. I've also been told it is time to get an answering machine.



Rita Corbin

If anyone has an old extra of either of these modern devices, I would be grateful.

Pray for us, all of us who have lived here, including Ella who gave us the building, Frances who lived here for 15 years before we came, Virginia and Charlie who labored mightily on rehab, Elizabeth and Kenny, Mark, Pat, Karin, Tom, Ellen, Myrrah. We've received God's blessing. May we bring it to others.



Mary Ann McGivern, SL, has a garden this year which has produced a bumper crop of strawberries and blackberries, but the apricot, peach and nectarine buds were killed in the December freeze.

Karen House Catholic Worker www.KarenHouseCW.org 314.621.4052 1840 Hogan St. Louis Missouri 63106

FROM CENTRAL AMERICA

by Dave Schenck



I thought it might be more boring than it has been. I had been prepared for that, along with a few other things, during the short training I went through last August with Peace Brigades International, before coming to Guatemala. The fact is the periods of waiting, of being quietly present have come more often as a welcome relief from the tension I've experienced here.

Escorting and being present with threatened individuals and groups working nonviolently for justice has agreed with me. The simplicity of the act of being present and escorting makes sense to me, since I believe that like other aspects of nonviolent action and living, it is something we are all capable of doing. Yet, there have been times, especially after three of our team members were knifed in December and after the grenade attack on the house last August, when I have doubted the effectiveness of our work. But then, to my surprise, the requests for our presence keep coming in – more requests than we are capable of filling. As members of the popular movement have pointed out to us, we will not in the end prevent the death squads from "disappearing" someone when they really want to; we will only make the cost of such an action politically higher should they decide to do it when we are with the person. Obviously, we must be interfering some or "they" wouldn't have bothered (as they have) to try to get us to leave.



Sometimes, I believe just our being here in the country is a lot of what they don't like. While there are lots of foreigners in Guatemala, they often don't show up in the places and with the people that we do. I have been kidded sometimes for looking "all-American." Now I am grateful to be able to use that to my advantage. It's incredibly obvious when I escort a Guatemalan.

On the other hand, I'm painfully aware of the irony of it all. Occasionally I sense that those we escort in the popular movement are bitter for U.S. intervention here (especially with the overthrow of the Arbenz regime in the 50's) and resent the fact that they now need a gringo with them for some measure of protection. But generally they look beyond that to the person, and are grateful for our presence. The generosity, sacrifice and courage of these people is contagious. My moments of anxiety and fear have often been calmed by the strength I've sensed in the people with whom I've been blessed to walk.

Trying to get a handle lately on what's happening in Central America and what is to come is confounding many in the region. Certainly the election results in Nicaragua are having their impact. Many observers here, both on the right and the left, see these as hard times for insurgency in Central America, even the Guatemalan one, which has shown uncharacteristic strength in recent months. The events in Eastern Europe will mean less support for insurgencies in this region anyway you look at it. That may be why, as of this writing, the URNG (United National Guatemalan Resistance), the umbrella group for the guerilla forces in the country, is sitting down at the table with the CNR (Commission for National Reconciliation) to discuss some way to resolve the conflict here, which appears to be getting worse in the countryside.

The local press has increasingly been reporting army-rebel battles, discoveries of clandestine gravesites and bodies with signs of torture, and increasing controversy over the civil defense patrols or PAC, which the army insists are voluntary.

One of the groups we escort in the countryside, CERJ (Council of Ethnic Communities "Everyone Equal") is a group of

Dave Schenck claims to have caught over 20 smallmouth bass on a one day float trip on the Jack's Fork River in the Catholic Worker, www.KronHouseCW.org, 314.621.4052 1840 Hogan St. Louis Missouri 63106

by Bill Miller

"... For Wisdom teaches temperance and prudence, justice and fortitude, and nothing in life is more useful for people than these."

Wisdom 8:7

"... That tower of strength that stood four-square to all the winds that blew."

Tennyson

A few months ago I was reading C.S. Lewis' *Mere Christianity* in which he refers to the cardinal virtues of prudence, justice, temperance and fortitude (courage). He said that "cardinal", in this sense, means "hinge;" the cardinal virtues are pivotal; they are the hinges upon which other virtues and good qualities swing. It struck me that the grace of these virtues can help us on our paths from where we are to where we should be.

The virtue of prudence is the eye of every virtue, helping to discern the golden mean between two extremes. It involves practical common sense and means taking the trouble to think about what one is doing and what are the consequences of any particular action. Moreover, prudence enables one to judge a situation in light of one's greater values and final goal in life. The grace of prudence can help us to make choices in light of our faith and values and not be tempted off course.

Justice is the standard which regulates our dealings with one another, causing us to render to each what is her or his due. This virtue is concerned with the rights of other people and our duties toward them. C.S. Lewis says that justice includes fairness, honesty, give and take, truthfulness, and keeping promises.

Temperance is the ability to control our desires and pleasures in proportion to the purpose for which they have been given to us. Lewis interprets this in a way that I like; he says that regarding pleasures, to be temperate is to go "the right length and no further." There is a "right length" to all desires and pleasures; living by that standard can keep us from self-indulgence or excessive self-sacrifice -- either of which can cause lots of turmoil.

The destructiveness of excessive eating, drinking, smoking, drug-taking, and sex have gotten pretty much press, and perhaps this has

helped us to conveniently forget that we can be just as intemperate about a lot of other things as well. Sports, work, TV, reading, approval-seeking, clothes, and pets are just a few examples where we can find ourselves involved further than "the right length."

For many of us, fear is a continual stumbling block; fear of criticism or ridicule; fear of what people will think or say; fear of displeasing parents, authority figures, and friends; fear of bodily pain; and fear of death. The grace of fortitude -- the strength of soul and character to stick to the truth even under difficult and adverse circumstances -- can be a way through this trembling enslavement. In times of trial, we often discover our weaknesses, especially when we're used to counting only on our own strength. But, over time, the Holy Spirit can strengthen us to have the "guts" to do what we must do and to find constancy in insecure and uncertain times. The virtue of fortitude can also help us to find the path between, on the one hand, cowardice and timidity, and on the other, excessive boldness, rashness and foolhardiness.

Periodically, I have come across authors or speakers who have acclaimed the merits of a daily examination of conscience. I've pretty much steered clear of these suggestions, partly from laziness and partly from weariness. But I've also avoided this exercise because it seemed too complicated and without a simple framework. It dawned on me that reviewing the day in light of the virtues of prudence, justice, temperance, and fortitude might be a simple and beneficial approach. Making them a part of our lives could help us on the path toward getting to be the kind of people we'd like to be.

The cardinal virtues are good habits acquired from practice, but they are also graces, and sometimes, it helps to know what to pray for.



SUMMER FUNDING APPEAL

Dear Friends;

We are low on funds to run Karen House. The regular donations which people so generously give to us are not enough to cover our monthly expenses of about \$3,200. We will have a \$1500 tuckpointing bill this summer and the extra money from Christmas time is just about gone. If you can help us, we will be grateful.

Food donations from institutions have also decreased. We can use canned goods and other non-perishable foods in large quantities, and fruit, meat and dairy products in smaller amounts. Anything you can bring will be helpful.

Thank you very much for all the ways you support us.

In Christ's Peace -
The Karen House Community



The Round Table is the quarterly journal of Catholic Worker life and thought in St. Louis. Subscriptions are free. Please write to The Round Table, 1840 Hogan, St. Louis, MO 63106. Donations are gladly accepted to help us continue our work with the poor. People working on this issue include: Joe Angert, Margaret Boyer, Pat Coy, Virginia Druhe, Bill Miller, Tom Nelson, Katrina Plato, Barb Prosser, Ellen Rehg, and Mark Scheu. Letters to the editor are encouraged; we'll print as many as space permits.

THE ROUND TABLE

Karen Catholic Worker House
1840 Hogan ■ St. Louis, MO. 63106



Bulk Rate
U.S. Postage
PAID
St. Louis, MO
Permit No. 3087

Forwarding and Return
Postage Guaranteed

Address Correction Requested Karen House Catholic Worker www.KarenHouseCW.org 314.621.4052 1840 Hogan St. Louis Missouri 63106

