

Published on *National Catholic Reporter* (<https://www.ncronline.org>)

April 24, 2014 at 9:09am

Becoming a worldwide church with members who love one another

by Christine Schenk

Simply Spirit

It is 1971, and I find myself walking eagerly down a tree-shaded driveway in Fox Chase, Philadelphia, heading for an interview with the Medical Mission Sisters. I was 23 years old and the proud possessor of a shiny new master's degree in nursing. I hoped to discover if my God-search would find a home with this exciting international group of women.

The community's founder, Anna Dengel, was an Austrian physician who had been greatly moved by the plight of poor Pakistani women dying by the hundreds in childbirth. Purdah laws forbade male physicians to deliver their babies, and there were no female doctors to attend them. Anna decided to do something about it, so she gathered an international community of sister-healers dedicated to bringing Christ's love and modern medicine to the sick and poor of our world.

That was in 1925. The fledgling order would not be formally recognized until 1936, when the church finally rescinded a puzzling canon law forbidding women religious to be present at childbirth. One wonders if early churchmen feared that nuns would want to get pregnant and have a baby after observing a birth. If so, they could have known very little about the realities of labor! Anna Dengel was a woman way ahead of her time. And so, I discovered, were her sisters.

To honor *NCR's* new Global Sisters Report, I share my early journey with Medical Mission Sisters. They first opened my eyes to how most of the world lives. They made me a global sister. From 1971 to 1977, I was blessed to find a home among them. Even though I subsequently departed for other adventures, a piece of my soul, and certainly my lifelong mission, remains linked to this remarkable community of global-justice-and-wholeness women whose passion for the poor found a permanent home in me. My own call would prove to be a more local ecclesial-justice one, and for this, the Cleveland Congregation of St.

Joseph fit best, but that is a story for another time.

In the 1970s, Fox Chase was an exciting place to be. I was gifted with female religious mentors who loved, guided, informed and challenged both my soul and my politics. After observing strong missionary women returning from poorer nations with real-life experience of the often devastating effects of U.S. foreign policy, I could no longer sustain my provincial corn-belt belief in "our U.S. government, right or wrong." I was shocked to discover that American aid usually benefited U.S. interests far more than those of the poorer nations for whom it was given.

Mostly, though, I remember being shocked by the extreme poverty of the developing world. At the same time, I was enchanted by the spiritual wealth of their peoples. I lived with sisters returning for furlough after serving in India, Africa and Latin America. They were doctors, nurses, midwives, pharmacists, nutritionists, lab technicians, educators, administrators, theologians, artists and physical therapists. My skilled sisters were accustomed to living in the simplest of circumstances with clean, if old-fashioned, clothing, uncertain electricity and the plainest of food. Upon returning to the U.S., they suffered from reverse culture shock. Going to a grocery store and finding shelves packed with endless varieties of everything from breakfast cereal to toothpaste would often induce confusion and anxiety. Being around these new friends quickly challenged my inbred cultural consumerism, a mindset I hadn't even known I possessed.

One summer, a dear obstetrician friend came home unexpectedly for medical tests. She had lost an alarming amount of weight while serving in East Africa. We feared cancer. Thankfully, the tests found nothing except perhaps an excess of compassion. My friend had unconsciously begun to eat very little because there was a famine going on and her patients and co-workers had even less to eat than she did. Three months later and a reassuring 20 pounds heavier, she returned to her mission of working with and teaching local doctors, nurses and midwives how to manage healthy pregnancies and how to help birth beautiful babies.

I also took a long, reappraising look at the Catholic church. I saw with fresh eyes the effects of Vatican and church politics after hearing true stories of some bishops in foreign lands who demanded that the sisters care only for the minuscule number of relatively well-to-do Catholics, leaving the majority of sick and suffering people to their own devices. Anna Dengel refused to comply, of course. She was not about to abandon her beloved Muslim women or their families. The Gospel called for a different obedience than the one the bishop thought he could demand.

Perhaps most revelatory was the visit of a simple sandal-shod bishop from India who asked the sisters for an introduction to the reigning (and I do mean reigning) cardinal. The bishop was raising money for theology books for his growing number of seminarians. Although we tried to explain that the Medical Mission Sisters were too avant-garde to be at the top of the cardinal's hit parade, Sister Mary (not her real name) agreed to accompany this gentle holy man to the chancery. Mary and the Indian bishop were ushered into the cardinal's palatial office, which had windows that afforded a stunning view of the city. Our Indian friend presented his needs only to hear the cardinal's brusque reply that he had nothing to give him. There was silence. The cardinal glanced at Sister Mary and began to berate her for not wearing a habit. Both Mary and the bishop were then summarily dismissed.

Despite his rejection, our Indian friend voiced no anger, resentment, or even criticism of the obvious wealth of the diocese. This was hard to accept because we knew that given the huge number of rupees one could get for a dollar at the time, even a small amount of money would have gone very far indeed. In the cardinal's dining room, an elaborately carved ice sculpture graced the center table every day. Had he been willing to forego that one small extravagance, who knows how many Indian seminarians the cardinal

could have educated? While I was subsequently able to obtain help for our bishop friend from my home diocese, I still marvel at this now-deceased cardinal's ability to strain at gnats and swallow camels.

But then I ask myself if I am so very different. There are small extravagances in my life that I don't really need. I would guess this is true for many Americans. How are we to know and have solidarity with all of the world's people if we never learn about their lives, their diverse cultures, and what is important to them?

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At this writing, Medical Mission Sisters number 600 canonical members and 100 associate members in 17 nations on five continents. Although the founders were Americans and Europeans, the community quickly welcomed sisters from India, Africa, Pakistan, the Philippines, Japan and Latin America. These indigenous sisters have now served in leadership for many years. Ask any Medical Mission Sister and she will tell you that the greatest treasure the community possesses is its internationality. So many beautiful cultural lenses through which to appreciate the richness of the world's people and the mystery of an ever-present healing God at the heart of it all.

This is why *NCR's* new Global Sisters Report is so exciting. Our world is getting smaller. How better to learn about what is really happening than through the eyes of sisters and associates who walk with and advocate for the marginalized, regardless of which continent they call home?

Maybe at last we will truly become a worldwide church that loves one another and lives simply so that others may simply live.

[A Sister of St. Joseph, Sr. Christine Schenk served urban families for 18 years as a nurse midwife before co-founding FutureChurch, where she served for 23 years.]

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