

Charity

Nurses have always worked to help the poor. Right?

Recently, on the phone with a friend, I mentioned my 40th nursing school reunion. We joked about how old I'm getting, and I agreed—especially looking back on how naïve I was as a new RN. Then we addressed the task at hand, our work for Bread for the World, “a nationwide Christian movement that seeks justice for the world's hungry people,” as its Web site says. We were drumming up letters to Congress about the Farm Bill, improvements to which could affect the health of the rural poor in this country and worldwide.

My friend and I bemoaned the fact that it's easier to get people to write checks to charities than letters to their representatives. Kindhearted people respond to a call for *charity*, but not always to an outcry for *justice*. It's not that they lack compassion; they don't have the political will. Often their reticence stems from a belief that suffering is inevitable. If one can't stanch the causes of suffering—poverty, oppression, war—why exhaust oneself with political activism?

My friend sighed. “So, you're a nurse, Madeleine,” she said. “How do nurses respond?” The question took me by surprise. “I guess nurses have always worked with the poor,” I said, picturing myself in a striped uniform and starched apron in the late 1960s, working the night shift on Ward G, run mostly by student nurses not yet out of their teens.

“All the better to speak about suffering,” my friend said. “Nurses can speak with authority. People will listen.” Yes, I thought, nurses know about suffering, but are they necessarily better advocates because of it?



Miriam Berkley

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I asked the nurses on my unit what they thought about nursing and advocacy and about nurses' ability to bring about change for the poor. They raised their eyebrows in disbelief. “At the end of the day, who has the energy for politics? Nurses take care of the poor all the time,” one nurse said.

I returned to that image of my younger self, running my legs off on Ward G. I don't remember registering that the patients were poor, although Ward G was a charity ward in a Catholic hospital that was itself at the heart of a city febrile with poverty and racial injustice.

In those days the Sisters of Mercy kept us sheltered. We could walk one block north for Mass on Sunday but weren't permitted to venture any farther. On duty, though, we weren't girls anymore. We were *nurses*. We handled catheters and enema bags and emesis basins. No one

sheltered us from the thrilling mess of childbirth, the lonely trips to the morgue.

A year later, as a new graduate in the spring of 1968, I worked the 3-to-11 shift in a county hospital. Martin Luther King, Jr., had just been assassinated, and Baltimore was churning with unrest. Governor Spiro Agnew had sent in the National Guard to quell the riots. One night during the curfew, I was pulled over at a checkpoint. When the policeman learned I was a nurse, he handed back my license with a deferential nod and told me to drive on. Smoke was raging across the sky. Baltimore was burning, and I had already put in long hours with my patients. But it didn't necessarily follow that I was sensitive to the cause of that smoke.

Later in life, and seemingly by accident, I followed my mentors into advocacy. An advocate who is also a nurse can draw from that *presence*, that closeness she feels to the patients in their pain and vulnerability. I've found that “poverty,” “oppression,” and “war” are not abstract, dismissible terms. It strikes me now that these words refer to the fire, the source of a suffering that I, as a nurse, can imagine, even when it's far off. As an advocate, I'm learning to be sensitive to the smoke. ▼

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