

Touching Our Hearts

“[Jesus] came and took her by the hand and lifted her up. Then the fever left her. . . .”
Mark 1:31

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One of the great privileges of being a pastor is that we are often invited into people’s lives at times of crisis, including at times of serious illness. To prepare us for this ministry to the sick, our seminaries require that, prior to ordination, we spend at least one intensive summer working as a hospital chaplain. I was blessed to do my clinical pastoral education at the NIH in Bethesda, Maryland, in its Clinical Research Center, the nation’s largest hospital devoted exclusively to clinical research.

Patients come to NIH from around the world. For the most part, these patients come to participate in clinical trials of new drugs. These are patients for whom conventional therapies have failed and whose last hope is often to participate in a clinical trial for an experimental treatment.

The task of a hospital chaplain in this kind of setting is to provide spiritual care and support for these patients: by praying with them or for them; by listening to their stories and helping them to cope with their anxieties and fears; by being a companion to them on a frightening and difficult journey; and by reminding them that they are known and loved.

During the summer of my training, I worked alongside four other chaplains in training: a rabbi, a Benedictine monk, and two fellow Episcopalians. On our first day on the job, after a brief training session, we were each given a roster of patients to visit. We knew almost nothing about these people: a name, a room number, their disease, and a religious affiliation, if any. Our assignment was to go on rounds, knocking on doors of very sick people who were complete strangers to us, to ask if they might welcome a short visit by a chaplain.

I was responsible for the patients in the hematology/oncology unit, most of whom were struggling with various forms of leukemia or lymphomas. As I started out that first day, I was petrified. I didn’t know what to expect. I feared that I would be rejected. I feared that I wouldn’t be able to find the right words of hope

or consolation. I feared that I would be asked questions I couldn't answer. I feared that I would be grossly inadequate to the task.

I tried to fight off my insecurity by preparing as much as I could in advance. I memorized some prayers for the sick from the *Book of Common Prayer*, so that I would have something at the ready just in case. I dog-eared my Bible for scriptural passages that might be comforting. And, of course, I fretted.

My very first visit was to an Ethiopian man. Let's call him Eboo. Eboo had leukemia. Next to religious affiliation on his form, it said "Orthodox Christian." I knocked on his door. No response. I gently pushed it open and walked into the room. I could see a wisp of a man lying in bed under a sheet, completely still, but with his eyes open. Eboo stared at me blankly. "Would you like a visit from a chaplain?" I clumsily stammered. He said nothing. And then, what should have been obvious occurred to me: he neither spoke nor understood English. So much for my carefully rehearsed prayers from our Anglican prayer book.

Not sure if my presence was welcome or not, I slowly walked over to the chair next to Eboo's bed, and sat down, looking for clues in his body language as to whether he wanted me there or not. Eboo laid there, silent and motionless, looking up at the ceiling, his breathing barely noticeable.

In contrast to his stillness, my heart was racing, sweat gathering on my brow, as my sense of inadequacy swelled inside me. What should I do now? With vastly different languages and cultures separating us, communication seemed impossible. Not knowing what else to do, I closed my eyes and offered a prayer for Eboo in the silence of my own heart.

Just then, in the midst of my silent prayer, I felt Eboo's hand reaching for my own. Using the little energy he had, Eboo had quietly lifted his frail arm from under the bed sheet, reached over, and grasped my hand. He squeezed, and as he did, he closed his eyes. I could see that he was himself in prayer. We sat there in silent prayer together, hand in hand, for about ten minutes, at which point he let go, signaling to me with his eyes that I could go now.

We repeated this little ritual of quiet hand-holding and prayer each morning for the one week during which Eboo was in NIH for his round of drug therapy. Then, he was gone, his treatment completed. I never saw him again and have no idea whether his treatment was successful or not. Given how advanced his leukemia was, and the experimental nature of his drug therapy, it is frankly unlikely that Eboo was healed, at least physically.

But I can tell you that real healing took place in that room. For one thing, with the grace of his touch, Eboo relieved me of my fears and healed me of my own sense of inadequacy. He taught me that ministry to the sick is more a ministry of human presence than it is a ministry of words, and that being present to another often requires making yourself vulnerable, risking a real encounter with a stranger, and in particular, being willing to touch them with hands of compassion and care.

I also sense that our visits were healing to Eboo as well, if not for his leukemia, then certainly, and more profoundly, for strengthening his palpably deep relationship with God.

Which brings me in a roundabout way to today's gospel text. In our lesson, Jesus hears that Peter's mother-in-law is sick in bed with a fever. So, he goes to her home, kneels by her bedside, takes her hand, and invites her to stand. And with that simple gesture, the fever leaves her and she is healed. It is a remarkably straightforward story, and at the core of it is the sheer grace inherent in Jesus' touch.

Indeed, in listening to the many healing stories in the gospels, have you ever noticed just how often the power of Jesus' healing is mediated by his touch? When the man with leprosy in Matthew 8 kneels before Jesus and asks to be made clean, Jesus "reach[s] out and touch[s] the man." When Jesus is approached by the woman who has been bleeding for twelve years, what does she yearn for more than anything? She just wants to touch the edge of his cloak. When Jairus comes to Jesus wailing over the apparent death of his daughter and pleads with Jesus to do something, Jesus does not preach to the man but instead goes in to see the daughter and takes her by the hand, thereby giving her new life.

The mystery of touch is at the core of all these encounters. God became human in Christ, you see, not merely to teach us; not merely to forgive our sins and redeem us; not merely to show us a new way of being human. God also became human in Christ so that he could touch us, touch us with the power of his transforming love, connect with us in the most physical sense, letting us know that we are not alone on this journey. Our God is not some distant observer who merely notices our struggles; rather, the mystery of the Incarnation is all about how God freely chose to become one of us, and to reach out, touch, and restore us.

I am mindful, of course, that during this long period of pandemic isolation, one of the things we have missed the most is the loss of human touch – the hugs, the kisses, the handshakes, the sheer presence of fellow human bodies with whom to connect. In our ongoing grief over this loss, my hope and prayer is that we might come to a renewed appreciation and gratitude for this great gift of physical

touch; so that when we do gather again in person—which we will!—we never again take for granted the simple grace of another human being’s touch.

Finally, let me just offer one last cautionary word about today’s gospel lesson, for these stories of healing by Jesus raise a natural and uncomfortable question: If Jesus can heal Peter’s mother-in-law, why doesn’t he heal me? Or my close friend, who is dying of cancer? Or, what about poor Eboo? Are we to conclude that our prayers in these situations go unanswered, or worse, that we and those we love are not as deserving of Christ’s healing as Peter’s mother-in-law?

That is hardly the point of these stories. It is a mistake to view our prayers for healing in such utilitarian terms, as if we are placing an order with God for a certain short-term, medical outcome. The purpose of prayer is not to win any particular physical result, but rather to draw us into a deeper relationship with God and his loving purposes for us, so that we can begin to trust that God will always care for us, whether in this life or the next.

For the truth of the matter is that our lives on this earth are short, and our bodies stay healthy for only so long before they begin to age and fail. That is the nature of our creaturely condition. And while it is natural to hope and pray for long and healthy physical lives, and for healing from those illnesses that sometimes beset us, we would do well to remember that our ultimate destiny is not in these decaying bodies we now inhabit. Our ultimate destiny is to draw nearer to God in eternity.

It is not our bodies that need healing so much as our hearts, and it is for hearts that are open and receptive to Christ’s enduring presence that we should pray. For our bodies will come and go, but through the healing touch of Christ’s grace, our hearts and souls belong to God forever. *That* is the real good news behind Christ’s healing ministry. And that is also the good news I learned anew from my quiet friend, Eboo, who, wherever he may be today, is most assuredly near and dear to Jesus’ heart.

Amen.