

SUFFERING

By Oren Root

As one gets older, at least in my case, thoughts about illness and even death come more often to mind. Friends and acquaintances who die or are disabled or move to nursing homes accentuate such thoughts. One remedy I have found for such thoughts is to meet them head on by working with suffering and dying people.

In this work I have witnessed cases both of acceptance of suffering by the sufferer and devotion to the sufferer by others. These have been heart-warming and elevating experiences.

Ten years or so ago I started volunteering with terminal cancer patients at Calvary Hospital in the Bronx. The average length of survival at Calvary was three weeks. There were no provisions for treatment, only clean beds, prescribed narcotics to ease pain when necessary, and lots of love. Most- not all but most- of the patients were old, many either with no surviving close relatives

or whose relatives were unable to visit them. Loneliness was in many cases the heaviest burden for such patients and the attention of an enthusiastic volunteer meant a lot to them. Their grateful response brought more reward to me than anything I did for them.

Then Calvary Hospital moved to a new location where it was logistically impossible for me to get there and back to Grand Central for my train home. Looking around for a substitute, I came across St. Clare's Hospital on Ninth Avenue and 51st Street in Manhattan. St. Clare's has 180 beds, approximately 60 of which are for patients with AIDS. It is a poor hospital where the great majority of the patients are cared for by public funding of one kind or another.

A lot has been learned about AIDS in recent years and the misunderstandings and unfounded fears of contagion by casual contact attributed to the disease when it was first discovered have fortunately diminished. When I started at St. Clare's in early 1986, however, persons with the disease were looked upon as untouchable. In some ways AIDS was the leprosy of the twentieth century. For me that kind of false fear was an extra challenge. Also, I welcomed the opportunity of again sharing the sufferings of persons who were facing death. In contrast to Calvary, however, most AIDS patients at St. Clare's are relatively young. My experiences there have been extraordinary — sometimes difficult, usually rewarding, and from time to time deeply moving and elevating. I will cite a few examples.

When I first met Carl he was only moderately sick. He was about 30 years old, easy to talk with and very religious. Serious illness and the imminence of death often encourage a closeness to God. I saw Carl only a few times and then one day when I went to visit he had been released and was gone. Naturally I was happy he had gone home, but I was sorry not to have known about his release in time to give him a good luck farewell hug. There is a saying at St. Clare's: "Here we do a lot of touching because touching helps make hope contagious."

A couple of months later as I was walking down the hall I saw the name "Carl" on a door (only first names are on the doors). Could this be, I wondered, the Carl I had previously known? As it turned out it



was. When I entered the room I scarcely recognized him, so great had been his deterioration. But I was pleasantly surprised as he recognized me and called me by name. It was clear that I meant something to him.

Thereafter I spent time with Carl on every visit to the hospital. He told me about his family, who did not visit him. He liked to pray and we prayed a lot together. He loved the Bible, especially the Old Testament, so I read to him frequently. In addition to parts of the Old Testament that he wanted, I read some of my own favorites from the New Testament: the great passage from the Gospel of St. John about many mansions, the scene at the crucifixion where Jesus promised the Good Thief that he would take him with him to Paradise, and other passages too.

Things did not always go great between Carl and me. Sometimes as he got sicker — oxygen masks and all — he was grumpy and shooed me away. But mostly he was glad to see me. If I did not read to him I rubbed his feet. Many sick people like that, it tends to relax them. Then one night at midnight I was awakened by a call from his companion (to whom I had given my telephone number) saying that Carl had been taken to Intensive Care and his time was short. So next morning I went direct from my train to the hospital. When I found Carl it was clear he was dying. He was in a coma and could not speak. Only the ups and downs of the machine to which he was attached kept him breathing.

I stayed with Carl for about an hour. I talked and prayed aloud. Even though he could not respond I was confident he knew I was there. Then all of a sudden, just as I was about reluctantly to leave, he opened his eyes and reached for a pad and pencil. On the pad in shaky letters he wrote "Today I will be in Paradise." Two hours later he died.

I never got to know Penelope as a person because she was already in a semi-coma the first time I went into her room. Who I did get to know was Tom, her husband. Tom, a former U. S. Navy sailor, worked in a delicatessen, where he reported for work each morning at 4 o'clock. He worked until 10 a.m., after which every day he came to the hospital and sat by Penelope's side for the rest of the day, encouraging her to eat, wiping her face, adjusting her bed clothing and giving her other help in ways the over-worked nurses did not have time to do. Tom and Penelope had lived together for a number of years without being married. However, as it became clear that Penelope would not recover, they asked the hospital chaplain to marry them. Not only did the chaplain perform the ceremony, with

various family members and hospital staff persons present, but he also arranged for the marriage license and other bureaucratic requirements. I had many talks with Tom and watched with admiration his loving attentions to the dying Penelope, now his wife.

Jimmy was in and out of the hospital over a period of several months. Like Carl, he was very religious and liked to pray. He was often in a good deal of pain. His family visited rarely and his mother not at all. On one occasion I telephoned his mother, who lived not far away in the suburbs, but she explained that she was not well and that she could not cope with the strains of the trip into New York. He had a brother who came occasionally, and I think his mother did come once at the very end, but of that I was never sure. I heard about it after Jimmy died.

One of the resolutions I made when I started at St. Clare's was that I would never see a patient except in the hospital itself, even though sometimes a patient would ask me to keep in touch after being released. Another resolution was that, no matter how much I was asked, I would never involve myself in a patient's worldly problems. Legal matters, welfare matters, housing matters, those were for the social workers to take care of, not for me.

But with Jimmy I made one exception. It was the week between Christmas and New Year's Day. That morning something very good had happened for me at my law firm. Later when visiting Jimmy he told me that he had a financial problem. His problem was that the monthly government check he had been receiving to cover the rent of the room where he lived would now for the first time go directly by electronic transfer into his savings account at a branch of Bank X, one of the great New York City money center banks. Having learned from the government of this change of procedure, Jimmy had called the branch to be sure that all was in order. That was when he learned that he had overdrawn his account and that it had been closed. When he explained his situation and asked if the account could be reopened, he was told that that was impossible. He could open a new account but the first account was gone forever. But a new account would be no good because the government payment, which was due in a couple of days, was keyed to the old account. So the payment, when it came, would bounce. He could get it back some day after filling out a million forms, but the rent on his room was due December 31. Could I possibly help him?

One thing I knew I would not do was give him money.

That would be wrong and a violation of hospital rules. I remembered my resolution not to get involved in these kinds of things. But I also remembered the good thing that had happened to me at the firm that morning, and, after all, it was Christmas. So I lifted the telephone in his room and called the Vice-Chairman of Bank X, whom I once knew well but had not seen for ten years. It was five o'clock on an afternoon the week between Christmas and New Year's, but by great good luck there was my friend in his office. He could have refused the call. He could have said he had five people in his anteroom waiting to see him and really could not get involved in what I was calling him for. Instead, he came at once on the phone, warm and willing to listen. I explained the situation. Could the account possibly be reopened? My friend said he did not have the slightest idea whether or not this was possible — after all, those kinds of questions were far removed from a Vice-Chairman's duties. But he would look into it and call back.

The minutes ticked away and I was missing train after train at Grand Central as I waited by Jimmy's bedside. Eventually the phone rang. It was a pleasant lady who was in charge of all the branches of Bank X all over the

world. This lady told me she was calling at my friend's behest but that being after five o'clock all the computers were down and she could not say whether there was any way that a closed account could be reopened. She would let me know in the morning. She would do her best, she said.

The call did come in the morning, this time to my office in lower Manhattan. The account had been reopened and Bank X had put into the account ten dollars of its own money to make this possible. So when the government payment came through the next day the account was there to receive it. A friend of Jimmy's got the money from the account to the landlord in time for the December 31 deadline. Thus did the special resources of one of the world's largest banks come to the rescue of one small, poor patient with AIDS. Jimmy wrote letters of thanks to my friend at Bank X and to the lady in charge of the branches. Shortly thereafter he died.

It is said that suffering, properly understood, can be redemptive. I believe this to be true, not only for those privileged to help alleviate it, but often through acceptance and in God's mysterious way for the sufferer personally.

Note: Names of the real persons mentioned in this article have been changed to protect privacy.



Andy Smith, Sam Loveland, Bootsie Morris (hidden), Dubie, Judy McCartin (Alumni Council), Giff Agnew, Dotty Loveland, and Yvonne Smith at "Princeton Today" breakfast.