

During the final semester of their degree program, Baylor School of Social Work graduate students are placed in field internships. They are required to spend 30 to 35 hours a week at an approved site and are supervised by a licensed social worker. The students maintain a weekly journal of their experiences and learning, which they share with their field supervisors. This article is a compilation of excerpts from one especially meaningful week in the internship of Samantha Oakley, MSW 2007/MDiv student. With her permission and assuring confidentiality, we share Sam's honest and poignant struggle. We believe it is a struggle that is common to many of us engaged in this helping profession.

have never seen a man grieve like this man and not have any words of comfort to offer. He is dying, and he is not ready to die. My field internship is in an urban church in Waco, Texas. Earlier in the week, the church secretary, Janice,\* had asked me to meet with this man. His name is Tom, she said. He's coming in for food and he's dying of AIDS. I was feeling very stressed about everything that I had to do that week, and I was not anxious to rearrange my schedule. But, I told Janice I could meet him on Friday afternoon.

As I looked into Tom's situation, I discovered that he had no place to stay and no network of people to help or support him. I've seen other people pretend they have AIDS as a scam to get help, and I feared this was what was happening with Tom. All I needed to discover was that Tom really did not have AIDS.

I arrived early for my appointment and talked with Janice to find out more about him. Janice has been the church's secretary for many years. She must tell at least 10 people a day that the church cannot help. She said Tom had been coming in for a few years now asking for help, but that he never asked for much and was always very grateful. Although she had seen his health deteriorating, she did not know until this week that he had AIDS.

As Janice told me about Tom, she became very emotional. I could tell that she cared deeply about him, and that she believed he genuinely needed help. In talking with her, I had new sympathy for her situation. She feels like she is put in a difficult and often awkward situation on a regular basis by being the one who has to turn down just about every benevolence seeker. But here she was, a very proper, meticulously neat woman, who hugged my client with his sickness and with his grime, and grieved for him and beat herself up for not seeking more help for him sooner. I was dumbfounded. She was living out what most of us only talk about doing - embracing and being in relationship with someone who is truly marginalized.

About then, Tom came into the church. As I rose to meet him, I quickly assessed his physical appearance. It is not difficult to locate signs of AIDS. I could see sores on his face, neck and collarbone. Tom noticed that I was looking at his sores, and he pulled back the collar of his shirt to me give me a better view. I was so embarrassed. I was so consumed with myself and my own stuff that I was convinced that he was probably wasting my precious time, and I was looking for a sign to quickly invalidate his story. I was insensitive to him.

Tom told me how people think he doesn't notice that no one will touch him or even be close to him – but that he does notice. I apologized and asked

Why could I not proclaim the God I love, why could I not ask for hope and love?

<sup>\*</sup> Names have been changed.



## sites.html if we could go to the room where I would interview

him. He had a bad limp and it was a slow walk.

When we got there, he just fell apart. He told me about his fears of dying, that he knew that it was his fault that he had AIDS.

This man was grieving, needed to grieve. He said he just wanted a luxury before he died, and I wondered what that would mean to him – probably something I considered a right. He said he wanted his life to mean something, he wanted to matter. He wanted someone to hug him, to care about him. He told he how hard it is to be rejected by everybody. He then told me that he needed a place to live, food, and some money.

I knew Tom needed to grieve, and that he did not need to grieve without any support. I felt I needed to help him move to a more positive place before I had to leave. I asked some future-oriented questions to help him talk about things he wanted or could do. I reminded him of people who did care about him. I got him some food from the church's small food pantry, and I was able to calm him down so that he could get some much-needed rest.

I left the church in tears. It had been an exhausting week preceded by an exhausting week, but my encounter with Tom exhausted me in a new way. I spent most of the afternoon grieving for Tom, for myself, for the church and for our society. I wondered how many people did Tom have supporting him while he was growing up, how much encouragement did he receive, how many systems had failed him before this point in his life?

As I sat with Tom in that first meeting, I found I was praying the whole time that we were talking, but I could not pray with him. I was crying with him as he told me his story, but I could not proclaim a sovereign God to him. I was so ashamed. Why could I not proclaim the God I love, why could I not ask for hope and love, why could I not even just voice my questions? I think I feared that I would get no response, or that the response would not make sense to me.

A friend of mine on mission in Haiti has told me that he has not been able to engage in public prayer or even certain faith proclamations since

http://www.elca.org/aids/learning/web-

An excellent clearinghouse of denominational and health sites, with resources for youth, adults and senior adults.

## http://www.thefellowship.info/aids

The Cooperative Baptist Fellowship site provides resources for engaging in AIDS ministries and much more.

he arrived there. He still has faith, he told me, but he just can't say certain things in all honesty. Now that I've allowed myself to really engage, I understand his struggle. And I appreciate the struggle because I have great confidence,

hope and faith that God will bring me through this and help me develop a more coherent and stronger faith than I had before.

I continued to work on Tom's situation, but in trying to find help for him, I ran into barrier after barrier. I finally talked with someone who works with the AIDS community, and he was thrilled to hear about me, a social worker at a church caring about a man with AIDS. He told me about the lack of church involvement in AIDS work in our city. But we are the church that Jesus tried to change. We will work for AIDS relief in Africa and talk about what a tragedy it is we can't do more about it, but we won't touch the man with AIDS in our own community. If we don't care for our neighbor, how are we really going to care for the stranger? I had been a part of the problem.

I am learning about myself – in this internship, as I work with church staff, as I sit with a man dying of AIDS and cry with him. I am learning about my faith, my biases, my inaction, my choices and my questions. Tom has turned out to be a blessing in my life as I am being forced to work through some tough issues in my own heart and mind and to realize many things about our society and our churches. My motivation and my purpose come from my faith, and I must grow in my faith so that I can grow in my work.

## QUESTIONS FOR REFLECTION:

- ⇒ Oakley poses the question, "If we don't care for our neighbor, how are we really going to care for the stranger?" How would you respond?
- ⇒ Are you aware of agencies in your community that help individuals with AIDS? Is your church welcoming to those with this disease?
- ⇒ Have you ever been in a situation where you could not pray with someone over his or her grief? Have you thought about why that was?