DOLENTIUM HOMINUM

No. 78 – year XXVII – No. 1, 2012

JOURNAL OF THE PONTIFICAL COUNCIL
FOR HEALTH CARE WORKERS
(FOR HEALTH PASTORAL CARE)

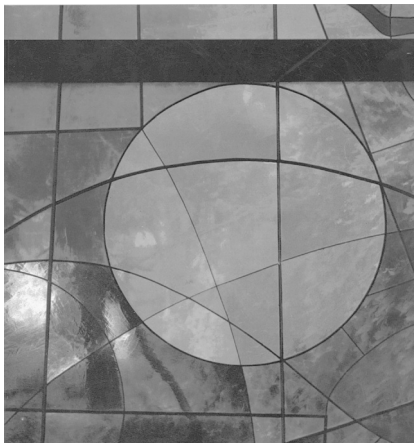
Proceedings of the XXVI International Conference

Organised by
the Pontifical Council
for Health Care Workers

Pastoral Care in Health at the Service of Life in the Light of the Magisterium of the Blessed John Paul II

24-25-26 November 2011

New Synod Hall
Vatican City



Editorial and Business Offices:
Pontifical Council for Health Care Workers (for Health Pastoral Care)
Vatican City; Tel. 06.698.83138, 06.698.84720, 06.698.84799 - Fax: 06.698.83139
e-mail: **opersanit@hlthwork.va**
www.holyseeforhealth.org

Published three times a year. Subscription rate: 32 € postage included

Printed by Editrice VELAR, Gorle (BG)

Cover: Glass window Rev. Costantino Ruggeri

Poste Italiane s.p.a. Spedizione in Abbonamento Postale - D.L. 353/2003 (conv. In L. 27/02/2004 n° 46) art. 1, comma 2, DCB Roma

Contents

FRIDAY 24 NOVEMBER

SATURDAY 24 NOVEMBER

Proceedings of the XXVI International Conference

Pastoral Care in Health at the Service of Life in the Light of the Magisterium of the Blessed John Paul II

24-25-26 November 2011

New Synod Hall
Vatican City

Speech of Greeting

H.E. MSGR. ZYGMUNT ZIMOWSKI
President of the Pontifical Council for Health Care Workers, the Holy See.

Most Blessed Father,
It is with filial devotion and gratitude that we thank you for wanting to receive us at the end of the deliberations of our twenty-sixth International conference, which has addressed a subject of great contemporary relevance: 'Pastoral Care in Health at the Service of Life in the Light of the Magisterium of the Blessed John Paul II'.

In these three days of study we have sought to remember the greatness of your predecessor on St. Peter's throne, inspired, as well, by the words that you pronounced on the occasion of your Christmas greetings to the Roman Curia in 2005 when you remembered the Blessed John Paul II: 'he gave us great things; but no less important is the lesson he gave us from the teaching chair of suffering and silence'.

In a world which has become a sort of arena where the civilisation of life and the civilisation of death confront each other, it is to be hoped that the reflections that will be matured following this twenty-sixth international conference will lead to a mobilisation of consciences and a shared ethical effort for the valuing of a pastoral care in health that is truly at the service of life and for each person, given that each person is in the image of God.

This 2011 edition of our international conference was preceded by the first meeting, also organised by our Pontifical Council, to be dedicated to bishops responsible for pastoral care in health within their respective bishops' conferences.

The subjects on the agenda have been: 'Gender Ideology and Reproductive Health: Doctrinal, Legislative and Pastoral Aspects'; 'Cooperation between the Church and States in the Field of Health Care'; and 'The Organisation of Pastoral Care in Health in the Church'.

The leading theme of all the papers that have been given has been without doubt what you, Most Blessed Father, emphasised in your encyclical *Deus Caritas Est*, in particular as regards the principle of subsidiarity: 'There is no ordering of the State so just that it can eliminate the need for a service of love. Whoever wants to eliminate love is preparing to eliminate man as such. There will always be suffering which cries out for consolation and help…The Church is one of those living forces: she is alive with the love enkindled by the Spirit of Christ. This love does not simply offer people material help, but refreshment and care for their souls, something which often is even more necessary than material support' (n. 28, b).

To complete these days of endeavour, lastly, we organised a concert entitled 'The Cross, Mercy, the Glory'. This was an appointment understood as homage to you, who this year celebrated the sixtieth anniversary of your priestly ordination, and as a memento of John Paul II's teaching on suffering: a hymn to life and at the same time a celebratory act of the Supreme Pontiff whom you beatified on 1 May of this year.

Bishops and experts from various disciplines concerned with the subject, together with social/health-care workers and workers from the field of pastoral care in health, took part in these three events. They all came together to express their gratitude once again for the beatification of the Servant of God John Paul II.

In view of the Year of Faith and the next Synod, which will be on the subject 'The New Evangelisation', we believe that it is suitable that our next international conference should also be on the general subject: 'Hospitals: Places of Evangelisation and Human and Spiritual Mission'.

It is, lastly, with authentic joy that I wish to express to you, Most Blessed Father, the gratitude of all of us for having once again welcomed us this morning, and it is with filial obedience that we prepare to listen to your words and receive your apostolic blessing which will accompany all of those present and their families, supporting them as they go through their lives.

Address of His Holiness Benedict XVI to Participants in the XXVI International Conference Organized by the Pontifical Council for Health Care Workers

CLEMENTINE HALL – SATURDAY, 26 NOVEMBER 2011

Your Eminence,
Dear Brothers in the Episcopate,
Dear Brothers and Sisters,

It is a cause of great joy to meet you on the occasion of the 26th International Conference organized by the Pontifical Council for Health Care Workers and to reflect on the theme: "*Health Pastoral Care, Serving Life in the Light of the Magisterium of Blessed John Paul II*". I am pleased to greet the bishops responsible for Health Care Apostolate who have gathered at the tomb of the Apostle Peter for the first time to determine ways for collegial action in this very delicate and important area of the Church's mission. I express my gratitude to the dicastery for its invaluable service, beginning with the President, Archbishop Zygmunt Zimowski, whom I thank for his cordial words in which he has also described the Conference's work. I also greet the Secretary and the Undersecretary, both of whom were appointed recently, the officials and the personnel, as well as the speakers and the experts, the heads of Health Care Institutes, the health care workers, everyone present and all those who helped to organize the Conference.

I am sure that your reflections have led to deeper knowledge of "The Gospel of Life", the precious legacy of the Magisterium of Bl. John Paul II. He founded this Pontifical Council in 1985 to give a concrete witness to it in the vast and complex sphere of health care. Twenty years ago he established the celebration of the World Day of the Sick and, lastly, he set up "The Good Samaritan" Foundation to promote a new charitable service for the poorest sick people in various countries and appealed for a renewed commitment to sustaining the Foundation.

In the long and intense years of his pontificate Bl. John Paul II proclaimed that the entire ecclesial community's service to physically or mentally sick people entails constant caring commitment and attention to evangelization, in accordance with Jesus' command to the Twelve to heal the sick (cf. Lk 9:2). In particular, in the Apostolic Letter *Salvifici Doloris* of 11 February 1984, my Venerable Predecessor affirmed: "Suffering seems to belong to man's transcendence: it is one of those points in which man is in a certain sense 'destined' to go beyond himself, and he is called to this in a mysterious way" (n. 2).

The mystery of pain seems to obscure God's face, almost making him a stranger or even pointing to him as responsible for human suffering, but the eyes of faith can see this mystery in depth. God became incarnate, he made himself close to man, even in the most difficult human situations. He did not eliminate suffering, but in the Crucified and Risen One, in the Son of God, who suffered unto death and death on a cross, he revealed that his love also descends into man's deepest abyss in order to bring him hope.

The Crucified One is Risen; death was illuminated by Easter morning: "God so loved the world that he gave his only Son, that whoever believes in him should not perish but have eternal life" (Jn 3:16). In the Son, who was "given" for the salvation of humanity, in a certain way the truth of love is demonstrated through the truth of suffering and the Church, born from the mystery of Redemption in the Cross of Christ "has to try to meet man in a special way on the path of his suffering. In this meeting man 'becomes the way for the Church', and this way is one of the most important ones" (Apostolic Letter *Salvifici Doloris,* n. 3).

Dear friends, your service of accompanying, of being close to our brethren who are sick, lonely and often tried by wounds that are not only physical but also spiritual and moral, puts you in a privileged position for bearing witness to God's saving action, his love for human beings and for the world, which embraces even the most painful and terrible situations. The face of the Saviour dying on the Cross, of the Son, consubstantial with the Father, who suffers for us as a man (cf. *ibid*., n. 17) teaches us to protect and nurture life in whatever stage and whatever condition it is found, recognizing the dignity and value of every individual human being, created in the image and likeness of God (cf. Gen 1:26-27) and called to eternal life.

The slow calvary that marked the last years of Bl. John Paul II bore witness to this vision of pain and suffering, illuminated by Christ's death and resurrection. We may apply St Paul's words to it: "I complete what is lacking in Christ's afflictions for the sake of his body, that is, the Church" (Col 1:24). Firm and certain faith permeated his physical weakness, making his illness, lived for love of God, for the Church and for the world, an actual participation in Christ's journey to Calvary.

The *sequela Christi* did not

spare Bl. John Paul II from taking up his own cross every day to the very end, to be like his one Master and Lord who from the Cross became a point of attraction and salvation for humanity (cf. Jn 12:32; 19:37) and manifested his glory (cf. Mk 15:39). In the Homily of the Holy Mass for the Beatification of my Venerable Predecessor I recalled how "the Lord gradually stripped him of everything, yet he remained ever a 'rock', as Christ desired. His profound humility, grounded in close union with Christ, enabled him to continue to lead the Church and to give to the world a message which became all the more eloquent as his physical strength declined" (*Homily,* 1 May 2011).

Dear friends, treasuring Bl. John Paul II's witness, lived in his own flesh, I hope that you too, in the exercise of your pastoral ministry and in your professional work, may discover in the glorious tree of the Cross of Christ "the fulfilment and the complete revelation of the whole Gospel of life" (Encyclical Letter *Evangelium Vitae*, n. 50). In your service in the various sectors of the health care Apostolate, may you too experience that "only if I serve my neighbour can my eyes be opened to what God does for me and how much he loves me" (*Deus Caritas Est*, n. 18).

I entrust each one of you, the sick, families and all health care workers to the motherly protection of Mary, and I willingly and warmly impart the Apostolic Blessing to you all. ■

THURSDAY 24 NOVEMBER

John Paul II: Intrepid Defender of Life

H.E. MSGR. ZYGMUNT ZIMOWSKI
President of the Pontifical Council for Health Care Workers, the Holy See.

1. The Blessed John Paul II: Witness to, and Teacher of, Service to Life

In the homily given on the occasion of the celebration of the Eucharist for the beatification of Pope John Paul II, the Holy Father, Benedict XVI, stated that the whole of the life of his beloved predecessor, but 'above all his witness in suffering', were a reason for grace for the whole world. After listening to those words, we decided to make this 'grace' the subject of our twenty-sixth international conference**.**

To reflect upon 'Pastoral Care in Health at the Service of Life in the Light of the Magisterium of the Blessed John Paul II' means, then, for all of us present here today, and for all those who in various ways will follow our deliberations, to try to understand the value, the importance, the requests, the implications and the challenges, above all of a pastoral character, that are to be found in the teaching of Pope Wojtyla. And this in order to conjoin them in a service to life that is increasingly inspired by the Gospel and incisive in its mercy in favour of those people who suffer.

First of all, I would like to remember the shining example of love that cannot be equalled for the sick that was borne witness to by the Blessed John Paul II, who always wanted sick and infirm people in front of him, in the first row, and not only in a logistical sense. On every occasion of his various public audiences he always met all of them, greeting them personally one by one. Those who were nearest to him tell us that in private as well he dedicated a great deal of time and his energies to them, without ever stinting, even when his strength began to fade.

In addition to an example and to witness, he left us an extraordinary magisterial inheritance on which everyone can draw with secure benefit for their human, technical and spiritual growth: the sick, health-care workers, technicians, administrative workers, family relatives, volunteers, religious, priests, lay people, the Church and the whole world. I remember first of all the apostolic letter *Salvifici Doloris* (1984), which was followed a year later by the Motu Proprio *Dolenthium Hominum*, the document by which he instituted what I now have the honour of being the President of, namely the Pontifical Council for Health Care Workers. What is most amazing is that in addition to the numerous addresses given on the occasion of specific meetings with sick people, or with groups and associations in various ways connected with the health-care world, here in Rome and on his memorable pastoral journeys throughout the world, during his pontificate it was rare for an official document of the Church not to be present or one or more references to the specific issues of pastoral care in health or connected with service to life. It is our duty to bear in mind and explore this valuable legacy because the immense and rich inheritance that he left to us constitutes for ever a source of inspiration for all those people in every part of the world who work for health and for life.

2. The Value of Suffering

Amongst the many pronouncements of the Blessed John Paul II on the value of suffering, the one that most struck me is what he said at the Angelus of 29 May 1994.[1] He had just been discharged from the Gemelli Polyclinic, after a month's hospitalisation. After reading some lines from the written address, he put the sheets to one side and continued to speak off the cuff. And instead of giving thanks for his recovery, he thanked Our Lady for the suffering that he had just faced up to, this time in the month of May as well, which by tradition is dedicated to her, as had happened thirteen years previously at the time of the famous assassination attempt in St. Peter's Square. He spoke about that new suffering as a gift, a 'necessary gift', because, remembering what Cardinal Wyszynski, the Primate of Poland, had said to him at the beginning of his pontificate, together with his prayers and apostolic initiatives, with that gift he would bring the Church into the third millennium. And he added: 'The Pope had to be attacked, the Pope has to suffer, so that every family and the world may see that there is a Gospel that I would say is higher: the Gospel of suffering, with which one must prepare for the future, the third millennium of families, of every family and of all families'.

After then making an explicit reference to the then President of the United States of America, Bill Clinton, whom he met a few days later, he ended by saying: 'I understand that it was important to have this subject before the powerful of the world. Once again I have to meet these powerful of the world and I have to speak. About what subjects? There remains to me this subject of suffering. And I would like to say to them: understand it, understand why the Pope was once again in hospital, once again suffering, understand it, think about it anew!'

Today this warning constitutes for us a challenge to understand

and uprightly reconsider the superiority of the Gospel of suffering, through which the future of the Church and of humanity is prepared for. Without it, the pathway could be confused. Here I want to offer two summarising points for reflection, which obviously have to be approached in a congruous way. It seems to me that the life and the magisterium of John Paul II taught us that:

1. Within the divisions and the contrasts in which debate takes place and in which today we are immersed, the only reality that can truly represent a point of encounter between the various anthropological divisions, the approach that allows an authentic understanding of the whole of man, is that of suffering.

2. The Christian faith, as a living memory of the suffering Just One (*memoria passionis*), who took upon himself the pain of everyone (cf. Is 53), continues to constitute the privileged way and offering of salvation and hope for the whole of humanity.

In following these two directives, the one anthropological and the other theological, one will manage to meet the challenge contained in that warning that the Blessed John Paul II addressed to us seventeen years ago and to walk towards a future full of hope for the Church and for the whole of humanity.

3. The Gospel of Life and its Newness

A document bequeathed to us by the Blessed John Paul II which still today remains, and will for a long time remain, for the Church, and not only for the Church, a point of reference for pastoral care in health at the service of life, is the encyclical *Evangelium Vitae*, which was published on 25 March 1995.

It is such because of its *magisterial* value. In its composition were consulted, amongst others, all the bishops of the world, and its publication was preceded by a consistory which was specifically convoked for the purpose.

It is such *because of the contemporary relevance of the questions connected with life* that it addresses which are still today socially and culturally sensitive and very topical because of the increasing breadth that they acquire, because of the increasingly grave forms that they take, and because of the strong conflict that they still manage to provoke.

It is such *because of the contents that are proposed*. In am referring especially to the second chapter where John Paul II develops his discussion of the 'Gospel of Life' and the theological, anthropological, cultural and pastoral implications that derive from it.

It is such *because of the promotion of renewed commitment in favour of life*, about which I will speak at the end of my paper.

It is incumbent upon me to give voice also here amongst you to the impassioned appeal with which John Paul II opens his encyclical: 'in the name of God: respect, protect, love and serve life, every human life! Only in this direction will you find justice, development, true freedom, peace and happiness!' *(EV*, n. 5). In reading this again we realise how much there is still to do in favour of life, and as men of good will such as we are, we feel categorically urged in our consciences by the observation that the good and the future of mankind depends on this ineluctable dilemma: either one employs the culture of Life or one inevitably runs the risk of serving the culture of death. As followers of Christ, in addition, we must not forget the warning of Jesus: 'Anyone who is not for me is really against me; anyone who does not help me gather is really scattering' (Mt 12:30).

At the beginning of our deliberations I believe that it is advisable to take up briefly the definition of the *Gospel of Life* that the Blessed John Paul II offers us in *Evangelium Vitae* so that it may be borne in mind like a lighthouse that will illuminate our international conference and because of the possible pastoral developments that could and should derive from it: 'In Jesus, the "Word of life", God's eternal life is thus proclaimed and given. Thanks to this proclamation and gift, our physical and spiritual life, also in its earthly phase, acquires its full value and meaning, for God's eternal life is in fact the end to which our living in this world is directed and called. In this way the *Gospel of life* includes everything that human experience and reason tells us about the value of human life, accepting it, purifying it, exalting it and bringing it to fulfilment' (*EV*, n. 30).

Jesus reveals to us that before anything else it is life that connects us to God. Through it we are called and directed to what in the design of God is its end and its completion, that is to say divine and eternal life, which was proclaimed and communicated 'in Jesus'.

The Blessed John Paul II tells us also that *the religious newness of the gospel of life* lies in the *almost divine dignity of every man*. Indeed, the life of each one of us is *much more* than what each one of us is or manages to become through a specific personal historical development. Within it we encounter God Himself because life if His gift and because every man is an *icon of Jesus Christ*. If we know how to transform our 'LIFE' into an act of love and of mercy, as the Lord Jesus taught us in the famous parable of the Final Judgement (cf. Mt 25:31ss), it will lead us to God more than our religiosity, our morality and our thought an feelings can.

4. The Church: a People of Life for Service to Life

The discovery, expression and experience of this vital link, which connects each man to God, is the foundation of that new culture of life that still awaits to be fully understood and developed. This is the specific task of the Church, of all we Christians, the 'people of life' sent into the world to become the 'people for life', says the Blessed John Paul II (*EV*, n. 83).

This is a mandate that especially applies to those who work in various ways at the service of life. A mandate that begins with one's *daily existence*. The service that each one of us renders to himself or herself, within the horizon of the Gospel of Life,

day by day, becomes service, proclaiming and celebration of this life itself for other people and for everyone. We are talking here about the daily existence of each person and thus the point of departure from which springs that service of charity which consists of taking care of another person, inasmuch as a person entrusted to us by God and to our responsibility, to the point of coming to take care of the whole of life and the lives of everyone (n. 87). Only if we are able to take care of our lives will we be able to offer this service to other people. If we are people who use their lives badly, who dissipate this gift, because we are unable to enjoy it in its totality and riches and to develop it in accordance with the characteristics and dimensions specific to the design of God, it will be impossible to achieve this service of charity to the life of another person, to the whole of life and to the lives of everyone. Here, says the Blessed John Paul II, we are *at the very roots of life and love* (n. 87).

I will end by formulating what seems to me can be the paradigm of the new culture of life: from care for one's own life, to faith in the God of life, and on to love for all of life and for the lives of everyone, because there is no response to life that does not have as its source and purpose Love. Despite the limits, the difficulties and the complexity of the problems that face us, through the valuable magisterium of the Blessed John Paul II, God calls us to conjugate this paradigm until its final consequences, certain and confident that Life always wins. For this reason we are here today. Welcome, and success to your deliberations! Thank you! ■

Note

[1] For those who think this a good idea, it can be listened to again in the hall: http://www.youtube.com/watch?v=2HVJq--4hWk

Curate infirmos: Evangelisation

HIS EMINENCE CARDINAL FIORENZO ANGELINI
President Emeritus of the Pontifical Council for Health Care Workers, the Holy See.

I cordially greet all of you here present and in particular Archbishop Zygmunt Zimowski, the President of our Pontifical Council for Health Care Workers; Cardinal Dziwisz; my brother bishops; and dear lay people, the first health-care workers, a force of the Church and our Pontifical Council that we cannot do without.

I will begin with a common observation: the whole of humanity has to pass by way of churches in the sense that humanity should have constant communion with God, with the permanent wish to practise what it believes in, following and actuating the teaching and the doctrine specific to its faith. Experience, however, demonstrates that this does not take place; indeed, according to the statistics, to the extent that they can be reliable at one level or another, humanity increasingly passes less by way of churches as 'Houses of God'.

To enter a *Domus Dei* should mean: in conscience to believe, to practise, and to exercise one's own faith. For we Christians, a *Domus Dei* means to believe in God; for others who do not have this grace it could mean to engage in a search for God.

Today, however, churches on many occasions are no longer places for an encounter of creatures with God, and it does not seem to be absurd, and even less blasphemous, to state that humanity is not to be met with in the churches, in the cathedrals, to be found throughout the world; in a word in a House of God, *Domus Dei*, which is humanity's own home.

A question naturally arises: how many people today go to church? How many people practise their faith? How many of them, for example, draw near to the sacraments?

In the face of documented answers, one becomes disarmed; it almost seems as though God has abandoned His creatures, but this is not possible. It is humanity which has drawn away from God; this evidence calls upon all of us.

Is there a place where one can and one must meet most people? What is this place of coming together, where everyone without distinctions, believers and non-believers, the good and the bad, of any race, people, language and culture, necessarily meet each other, even against their wishes? Places of admission and treatment – hospitals.

A person, with his or her needs, has limits, and although he or she may wish to live for a long time, and in perfect health, he or she encounters illness. Often there is the need to turn to suitable treatment which is possible only in certain institutions such as hospitals. This is why hospitals have become places of encounter and primary need, where one comes into contact with all races, languages and civilisations. When one is admitted what does one come across? Who are the people who draw near? Apart from medical doctors, who are one of the fundamental cardinal points of a health-care institution, one can meet priests, religious nurses, lay nurses or volunteers who engage in humanitarian action at the service of the sick. These are all people who certainly – and especially if they are Christians – can facilitate the encounter with God through the Church, which is the

first interpreter in absolute terms of the value, which is nonetheless healing, of pain.

A patient thus comes to find himself or herself in the hands of these people who should be able to represent the Church. But who are these people? What formation, other than that of a professional character, do they have? What concept to they have of the sacredness of their work? What language do they speak? In a few words, how is the Church present today in these places which humanity is forced to pass through?

These are some of the great questions that should be posed. For we believers places of admission and treatment can be the net of the miraculous catch to which the Gospel refers. We must think that God is there and that He wants to encounter His creatures.

I would like to reflect upon another reality: still today there are countries where missionaries, when they arrive, have the feeling that they are pioneers because perhaps up to that time the Gospel had never arrived there. What, then, does this authentic apostolic priest, religious or lay person do? He or she engages in something that is fundamental: he or she takes care of the sick and then as soon as possible he or she also builds a church. Thus care and support for those people who suffer is of fundamental importance in beginning the preaching of the Gospel message.

I pose the question, and forcefully: above all we pastors, is it clear in our minds that this is a challenge that we cannot avoid? Who is involved in this spiritual care for the sick? It is known that every day in the world thousands of children die because of a lack of water and food. We who have a faith, are we concerned about them? Who baptises them? Nobody! We see this, for example, in major cities such as Rome, Milan, Turin, etc, where we have priests who work in the field of pastoral care in health.

Are these workers well trained? Is it noticed that sisters who are nurses are by now completely absent from our hospitals? Until a few years ago there were tens of women religious in our hospitals; today there are no longer any at all. And so what is the function of this mysterious cathedral which in fact takes the place of our parishes? How is the Church ready to welcome those souls who out of need, often at the level of saving their lives, enter them? This could really be an encounter with God but the true Samaritans, where are they? Assault laymen from the point of view of care for the sick, real witnesses: Lejeune, Pampuri, Moscati, Carrel, Candia, Schweitzer, De Foucauld, Don Gnocchi, Fr. Ildebrando Gregori – champions of faith and charity.

Where are they today? This question, which during my priestly life has always created a strong and beneficial malaise, I feel very strongly, today as well, above all else because of a failure to understand the contemporary relevance and urgent importance of pastoral care in health that is pointed to and directed by the Church, by priests, and engaged in by capable lay people who are ready to help and made responsible beforehand by the mandate of the Church but even more through the will of the Good Samaritan himself – Christ.

Pope John Paul II paid especial attention to medical doctors who carry out their professional or voluntary activity as co-workers of the Church in the special duty of being Samaritans.

However, the Church should not forget the need in her apostolate for the contribution of lay people, and especially in the various sectors of health care and health lay people must have their own forms of responsibility.

I remember when the much loved Fr. Pascual Piles, who was also the Superior General of the Sons of St. John of God and as a man and a religious of great experience engaged in pastoral care for the sick, declared clearly and with courage at the tenth international conference of our Pontifical Council of the year 1995 that a hospital was to be defined as a temple of suffering humanity.

When he sent out his disciples into the world for evangelisation, Jesus said to them: "*curate infirmos*". This is the great endeavour that we cannot forgo. This is the link between evangelisation and our relationship with sick people. This is a grave task for all pastors, but above all else for bishops.

This international conference is animated by our memory of the Blessed Karol Wojtyla, Pope John Paul II, to whom we owe the institution of our Pontifical Council, which is an example of the extraordinary attention that the universal Church should engage in if it does not want to the betray the wishes and the mandate of Christ himself: "*Curate infirmos*". This international conference of ours, that is to say, must have, without any uncertainty, with courage and if necessary with audacity, the wish and the energy to actuate what the Venerable Blessed Pope John Paul II wanted to teach us by referring to the duty to "*curare infirmos*", that is to say to be Samaritans, amongst the whole of mankind.

The Blessed John Paul II attributed fundamental importance to pastoral care in health. As soon as he had been elected Pope, when he went to the central loggia of St. Peter's Basilica, he greeted sick people; the day after his election he went to the Gemelli Polyclinic to visit Archbishop, and later Cardinal, Andrea Deskur, who was a friend of his. I remember how every Sunday of Advent or Lent he went to visit a Roman hospital. I, who had the grace to follow him on these peregrinations of his, can testify that he stopped in front of every patient and with affectionate paternal simplicity expressed words of comfort.

He was truly the priest, the father, who, having suffered since he was young, had a good knowledge of hospital environments. This Pope had constantly to be a valid example for everyone. His audiences never ended without a particular greeting being given to those sick people who were present. During his general audiences on Wednesdays it was he who asked for them to have a privileged position. I remember that my first meeting with the Blessed John Paul II was when I was then involved in pastoral care in health in Rome which at that time was beginning to be generally organised and efficient. Before that time an authentic form of pastoral care

in health for sick people did not exist.

I remember that that great Pontiff Pius XII was greatly struck when he learnt that there were over a million and half people who passed by way of hospitals as patients, care staff, visitors etc., that is to say a diocese within a diocese. Pope Pacelli was concerned about this and for this reason wanted a bishop to deal in an exclusive way with this special form of pastoral care. While this was taking place in the Eternal City, Archbishop Karol Wojtyla promoted and engaged in a form of pastoral care that was by no means ordinary in his archdiocese of Warsaw.

This particular concern of his for sick people certainly influenced him, once he had become Supreme Pontiff, in creating the Pontifical Council for Health Care Workers.

How did this Pontifical Council exactly come into existence? I met the Blessed Pontiff and during our conversation we spoke about the advisability of creating a body that would deal with everything that revolves around the world of health care. It should be observed that the name of this Pontifical Council bore the phrase of 'health care workers' and not of health, that is to say it is the Pontifical Council of the protagonists of evangelisation in the field of suffering: priests, medical doctors at every level, women religious nurses and lay people.

Since 11 February 1985, the day of its institution, the Pontifical Council has always been motivated by what was in the mind of the Blessed John Paul II, that is to say to express the institutional interest of the Church in sick people because of the great advances made in medical science and the need to coordinate within the Church all the institutions and agencies involved in the world of health care.

Given that individual action was not sufficient, it was necessary to locate it within an institutional framework with specific tasks: to stimulate, to promote, to coordinate and to work with local Churches, following carefully the programmes to be implemented or already underway.

I remember what the Blessed Supreme Pontiff said to those who worked in and with our Pontifical Council to whom he held up the Good Samaritan as a model to be followed in their activities: 'The Good Samaritan, in whom was reflected the love of the Son of God, is a model for the duties and tasks of health-care workers. This model reaffirms, dearest brothers and sisters active in care and pastoral care in health, that your service, before being a profession is a mission, supported by an increasing awareness of the solidarity that exists between human beings. This awareness is strengthened and encouraged by faith, and thus I exhort you to bear generous witness, as heralds of trust and hope and in man, who is called by God to become himself in gratuitousness'.

The Blessed John Paul II was a protagonist who not only spoke about illness but who embodied it throughout his life. I was in the operating theatre following that assassination attempt in St. Peter's Square; the operation including the run-up to it lasted about seven hours. Truly Jesus in Gethsemane!

Illness can make a person healthy again in a spiritual sense. It is an instrument, a charism, which God has placed in the hands of the Church and His creatures as an instrument of purification and redemption. The newness of Christianity lay in the doctrine and practice of a positive appreciation of suffering when, despite every effort of science and any possible means, it remains invincible. But in reality few truths are as rational as that of the positive appreciation of suffering, an appreciation that truly appeals to all the resources of man and allows him to engage in his highest and most noble expression. It is not true, therefore, that only faith provides the strength to accept and value pain. It can be decisive here but its support can have roots in human intelligence and reason which are also a gift of God.

To return to the example of the Blessed Wojtyla, this is in contrast with the example of some pastors of the Church. What can one say about certain people with authority, diocesan bishops for example, who go to visit a prison, hospitals and other places of suffering only during the Christmas festivities or on other special occasions?

News about this is given great emphasis, as though they were exceptional events, something unusual. But why do they not go to these places of suffering more often during the year? Why is constant support not offered to those people who have a greater need for works of mercy?

In recent says in a Catholic hospital a dying sister was not able to meet a priest for eight days. At one time in Rome, as I think was the case in other dioceses, a parish priest, if he was informed, as soon as possible got into contact with the hospital chaplain and he was informed, as far as was allowed, about the character of the patient and the family of the patient so that the patient could be approached and his or her stay in hospital could also be an opportunity for spiritual recovery.

Illness, if approached as Divine Providence wants, can heal a human creature. Nothing works to the advantage of a creature than suffering because suffering leads to reflection and today, if the world is going downhill this is because creatures are excessively drawn away from true values. Society is in a continuous disconnected movement; it appears that we are witnessing a general disorganised decline of the reality of the spirit which would lead Dante to say again: 'you are men and not mad sheep'. One should not be amazed if in exploiting the reality of suffering and illness a person can feel that he or she is spiritually transformed. However much we may want to be free of it, illness is, whatever the case, a part of the human creature himself.

On this subject John Paul II himself write in his apostolic letter *Salvifici Doloris* of 11 February 1984: 'Those who share in Christ's sufferings have before their eyes the Paschal Mystery of the Cross and Resurrection, in which Christ descends, in a first phase, to the ultimate limits of human weakness and impotence: indeed, he dies nailed to the Cross. But if at the same time in this *weakness* there is accomplished his *lifting up,* confirmed by the power of the Resurrection,

then this means that the weaknesses of all human sufferings are capable of being infused with the same power of God manifested in Christ's Cross. In such a concept, *to suffer* means to become particularly *susceptible,* particularly *open to the working of the salvific powers of God,* offered to humanity in Christ. In him God has confirmed his desire to act especially through suffering, which is man's weakness and emptying of self, and he wishes to make his power known precisely in this weakness and emptying of self. This also explains the exhortation in the First Letter of Peter: "Yet if one suffers as a Christian, let him not be ashamed, but under that name let him glorify God"'.

And thus in the face of suffering as a privileged moment of encounter with God why is there not sufficient involvement in pastoral care in health? There is a general movement away from everything that is spiritual and supernatural. That today there is a spiritual decline of the human creature is to be seen by everyone. That the world is distant from God can easily be perceived.

With the Congregation of the Benedictine Sisters of the Protectors of the Holy Face of Our Lord Jesus Christ we have been building over recent months in the Democratic Republic of the Congo, in Butembo, a city with about a million inhabitants, a 'Citadel of Charity'. This involves eight buildings in a place where there is no electricity, there are no roads, there is no drinking water and not even a hospital. On average the families have six children and even lack basic necessities. This is a region that is very rich in natural resources but it does not have infrastructures or minimal life services. And the Europeans that 'dominated' it for years, what did they do? There is no answer to this question.

When I have been to that country – I have already been there personally with my sisters on six occasions – I have always observed, with increasing spiritual suffering, how the African world feels that it is abandoned and this notwithstanding the fact that it is three times larger than Europe.

The missionaries that work there are authentic heroes. This is not fatalism or defeatism – it is the reality. Every day hundreds of children die and many are abandoned. Who looks after them? Africa is often talked about, above all to exploit its resources. Indeed, there is a high risk which not everyone is aware of: the exploitation of health care as an element of varying degrees of importance for business. To speak plainly: human blood is bought at a cheap price and medical products are produced which lead to profits in the so-called developed countries.

I have given the example of the role of a religious Congregation to say that evangelisation is not engaged in through words but through concrete facts. It is engaged in with the saints of charity such as Don Guanella, St. Camillus de Lellis, St. John of God, Mother Teresa of Calcutta, and the Venerable Fr. Ildebrando Gregori. It is life that is at stake. Chaplains for sick people must be priests chosen from amongst the best of a diocese and religious Orders, and not by taking those who for various health or age reasons one does not know where to place. In hospitals suitable people, the best, are needed.

Why do the young men of our seminaries, at least on Sundays, not go and engage in some ministry amongst the sick? Why are courses in pastoral care in health not given? Why is what I have been talking about not engaged in? If a medical doctor in order to engage in his or her profession has to have a degree and be an expert, why do we send priests to hospitals who are without training or already exhausted by the activities they engage in elsewhere and which they have engaged in for many years?

The Good Samaritan is not a fairy tale, it is a real, concrete and increasingly contemporary example. Jesus said: "*curate infirmos*". The Pontifical Council for Health Care Workers should as an institution, if it does not want to be outside reality and if it does not want to disappoint the wishes of Christ, seriously attend to pastoral care for sick people at the level of their moral and spiritual needs. Thus there is a need and an urgent need to be take up the question of priests who are directed towards care for the sick: who they are, their education and their training. Attention must be paid to the suitability of pastoral workers, whether they are priests or laymen, because they must be able to speak with and deal with medical doctors on an equal footing and the same may be said of their relationship with the administrators of places of admission and treatment. As regards nurses, therapists, or anyone involved in noble service to the sick, these people must be followed and trained, with thought being directed towards the various forms of voluntary work.

Pope Benedict XVI, during his pastoral visit to Benin in Africa, which he has engaged in over recent days, did not forget the complex world of health care, specifically as a singular setting of human suffering. He did not forget the protagonists of care for the sick, that is to say health-care workers, and first of all medical doctors, and all those who have the duty of being, whatever the case, Samaritans for our brothers and sisters in their need to be attended to and helped. In his words there is an especially important passage which our Pontifical Council in the broadest Christian vision of places of suffering should pay attention to. It makes explicit reference to 'chapels', whether large or small, Homes of God, Gethsemanes which, as the Blessed John Paul II observed, is always a reference to the values – and values which are not only human – of human suffering. Benedict XVI in this passage does not conceal the very many difficulties that often obstruct the wish to achieve a successful management of the health-care world.

I want to point out a contradiction: very many volunteers accompany sick people during pilgrimages to sanctuaries, something that is certainly praiseworthy, but in the world there are not only Lourdes and Fatima as places and moments to serve the sick and to be Good Samaritans. During the rest of the year where are these men and women volunteers? In which parishes do they

engage in voluntary work? Where are the various women's Catholic movements?

Where are the other numerous lay organisations? Where are the Catholic medical doctors? Which authorities of the Church are concerned about their presence and activities? I have already observed that women religious and nurses who are sisters have almost totally disappeared from our hospitals. The problem is not only that of a lack of vocations. We need to find concrete answers and as soon as possible. A few years ago at a Synod for Bishops I addressed a number of prelates and said to them: "To some of you to speak about pastoral care in health seems something that is mysterious, as though it did not concern you, but I observe that every morning there is a queue in front of the medical office of the Synod. Many bishops are punctual in measuring their blood pressure!"

The Holy Father Benedict XVI in his homily in Benin of 20 November last declared: 'I would like to greet with affection all those persons who are suffering, those who are sick, those affected by AIDS or by other illnesses, to all those forgotten by society. Have courage! The Pope is close to you in his thoughts and prayers. Have courage! Jesus wanted to identify himself with the poor, with the sick…Jesus…wished to appear as one who hungers and thirsts, as a stranger, as one of those who are naked, sick or imprisoned… Christ reigns from the Cross and, with his arms open wide, he embraces all the peoples of the world'.

The Blessed Pontiff John Paul II, who was a heroic apostle of suffering, offered to the Church an example in the form of a demonstration that the Good Samaritan will always remain with his doctrinal significance as an expression of the revolution of love and of justice that springs from the divine mandate: "*Curate infirmos*".

May we always remain in an exemplary way faithful to this teacher: it is Christ himself who calls us to this duty!

The Blessed John Paul II: a Suffering Man amongst the Suffering

HIS EMINENCE CARDINAL STANISLAW DZIWISZ
Archbishop of Krakow, Poland.
Member of the Pontifical Council for Health Care Workers, the Holy See.

1. Suffering is written deeply into the condition of man. It constitutes an integral part of life on earth. It has different colourings, or better, different shadings. We suffer when a pain in our bodies gives signs of the presence or the advance of an illness. We suffer in the face of misfortune, when a natural event destroys the profits of a lifetime and takes away our sense of security. We suffer in the face of a malady that afflicts us and we do not manage to free ourselves of it. We suffer in the face of the drawing near of death. We feel fear in the face of the insecurity of human destiny after the giving of the last breath on earth. We also suffer because of the death of our loved ones, the emptiness that is expressed after their deaths, a void that it is difficult to fill.

Man's approach to personal suffering takes different forms. It can become rebellion, resignation or acceptance. We can display compassion and empathy towards the suffering of our neighbour. We can also, unfortunately, display indifference. We can adopt the approach of the Samaritan. At the basis of these approaches in the face of personal suffering or the suffering of other people lies the answer that we have found – or have not found – to the question about the mysterious reality of suffering. Why does man suffer? What can he do with his suffering? Can he draw good from an apparent bad? Is perhaps the answer powerlessness and in the final analysis hopelessness, or even hope?

For the disciples of Jesus, the Lord who was crucified and rose again, the answer is to be found specifically in Christ himself, in the work of salvation that he performed. Jesus did not give theoretical answers to the problem of suffering, of evil and of death. He took upon himself this very difficult human reality and through his salvific death and resurrection he threw light on the darkness of human existence and opened up to us the pathway towards a new life and ultimate life, in a world in which 'there will be no more death, no more grief, or crying or pain' (Ap 21:4).

2. What was the approach of Karol Wojtyla, whom from 16 October 1978 onwards the world knew as John Paul II, the 274th successor to St. Peter, towards pain? We can say that he suffered, like everyone else. He suffered a great deal, especially during certain periods of his life. But was there something specific in his approach to his own suffering and the suffering of other people which it is worthwhile to reflect upon? I hope that through this paper of mine we will be able to find an answer.

Ever since his childhood, the life of Karol Wojtyla was marked by intense suffering. He lost his mother when he was very young.

He did not remember anything about his sister who had died when she was little. Then his brother Edmund, a medical doctor, also died: he had been infected by a patient in his hospital. Karol felt this death a great deal. During the Second World War he worked in a stone quarry and at the Solvay factory in Krakow. One day he was run over by an army lorry and was taken unconscious to hospital. Lastly, his father died. After coming back from work, he found him sitting at a table, dead, in front of the tea that he had not finished. This scene profoundly shook the young man. Death had taken away all of his loved ones, one after another.

It was also then that he took his final decision to become a priest. This is a striking fact. Profound personal suffering had not laid Karol low. It had not led him to close up in himself. He did not start complaining about his fate, as he could have done. On the contrary: suffering was the catalyst of his spiritual growth. It made him sensitive to the suffering of other people and he decided to place himself at their service as a priest of Christ in order to proclaim to them the word of life and to make possible to them access to the sacraments, sources of grace and salvation, bearers of hope. Experience of suffering lived and integrated in that way became for him a model for behaviour for the rest of his life and his service as a priest, bishop and Pope.

3. As the Metropolitan Archbishop of Krakow, Cardinal Karol Wojtlya maintained close contacts with the world of medical doctors and health-care workers. He regularly visited sick people both in Krakow and during every visit of his to the parishes of his large archdiocese. Sick people were a privileged category for his pastoral care. I accompanied him during these visits.

It is significant that on the day of his entrance into the cathedral of Wawel as Metropolitan Archbishop of Krakow, on 8 March 1964, he addressed a special letter to sick people. For me there is no doubt that this letter is the *magna carta* that brings out the approach of the Cardinal of Krakow, and later Pope John Paul II, to sick people. I would like to touch upon some passages from this letter. Its very personal tone is striking: 'My dear brother, dear sister! I would very much like to be near to your bed, near to you, to come and visit you often…Believe me, I am often assailed by thoughts about people affected by any kind of pain. This is a sign of the union of humanity and the communion of human destiny on earth… Faced with any human suffering, a healthy and strong man feels after a certain fashion confused, comparing his destiny with that of the man who suffers. Thus even more is born the need to bring help, dictated by a feeling of human solidarity and by authentic love for one's neighbour…I wish, next to your bed of suffering, to express a feeling of profound respect for all of those who bring you help. Whether they are medical doctors, nurses, or also other people engaged in service, or, lastly, occasional companions of your suffering…In all of them there is the spirit of the Gospel. Indeed, remember that in the Gospel, my dear brother (my dear sister), you have a major place and an important role. Christ identified with you personally when he said 'I was sick and you visited me' (Mt 25:36) or also 'you did not visit me' (Mt 25:43).

'You must therefore recognise', went on the Metropolitan of Krakow, 'that thanks to the Gospel, your importance for people and society increases. Because suffering, as well, has had a determining role in the spiritual life of humanity. The suffering of Jesus Christ redeemed humanity…St. Paul writes 'I am helping to complete what still remains of Christ's sufferings on behalf of his body, the church' (Col 1:24). Truly, Jesus Christ was not satisfied with his body alone, which in coming into the world he took from Mary the Virgin-Mother, but continued to form his own Mystical Body, namely the Church. And he was not satisfied with his own suffering alone and the suffering of the cross through which he redeemed humanity, but continued to unite to them all human suffering and all human crosses for the strengthening of his work of our redemption'. In this context Cardinal Wojtyla goes back again directly in his letter to the person who suffers: 'It specifically in this great divine work that you are taking part. Remember this. That he, my dear brother (my dear sister), revives your faith, the only that is able to demonstrate to man the full meaning and also creative meaning of suffering…I would like to entrust to you…these various causes which, thanks to the atoning and repairing power of suffering, can bring about improvement. I entrust to you not only the souls of sinners, so that you may pray for their conversion, but also all the divine causes in men and the world, so that you may cooperate in their success' (*Letter to the Sick*, 8 March 1964).

4. Fourteen years later, the author of these words became the Bishop of Rome and pastor of the Universal Church. From Krakow and from Poland he brought with him his pastoral experience, at the service of all of the Church and after a certain fashion of the whole world. For this reason, knowing his special sensitivity, which I have sought to describe, today we are not amazed by the fact that the day after his election to the See of St. Peter, breaking all conventions, he went to visit his paralysed friend, Bishop Andrezej Deskur, at the Gemelli Polyclinic. I would like to add that Cardinal Andrezej Deskur, who died in the Vatican two months ago, lies in the crypt of the church that is being built in the 'John Paul II Do Not be Afraid Centre' of Krakow. On the sarcophagus of the Cardinal, who spent thirty-three years in a wheelchair as an invalid, are written the significant words: *Salvifici Doloris*.

Then there was 13 May 1981. A day of great suffering but also of great hope and the entrusting to God of the life and the pontifical service of John Paul II. Still today, after more than thirty years, it is difficult for me to speak about this without great emotion. Memories come back to me which for that matter I have shared with other people on a number of occasions.

I held in my arms the Pope, who was losing blood. Death crept near to me as well; indeed, the bullet of the would-be assassin passed near to me. During the incredible journey of the ambulance through the crowded streets of Rome towards Monte Mario, towards the polyclinic, the Holy Father was still conscious. He prayed all the time. Even then for the first time he forgave his would-be assassin. Shaken and bending over the Pope, I personally heard the words of forgiveness that he murmured. In the eyes of the Pope, Ali Agca had not lost his human dignity. He had performed a terrible action but John Paul II continued to be his brother. He confirmed this four days later during the first prayer of the *Regina coeli* after the assassination attempt, on 17 May, when he remembered the other people that had been wounded during the assassination attempt. 'I am especially near to the people wounded together with me. I pray for the brother that shot me, whom I have sincerely forgiven'.

The Holy Father forgave, without waiting to be asked for forgiveness. For that matter, the would-be assassin never asked for forgiveness, not even when John Paul II went to visit him in the Rebibbia prison.

In the operating theatre, when answering the words of Dr. Buzzonetti who said that his life was greatly threatened, I administered to him the sacrament of the anointing of the sick. Everything else was in the hands of Providence and the doctors. It fell to me only to pray…For that matter the whole of the Church prayed for the Pope, as was the case with Peter, the Fisherman of Galilee, when he was in prison: 'the people of the church were praying earnestly to God for him' (Acts 12:5).

The Holy Father was convinced that Our Lady of Fatima had saved his life. The fact that the assassination attempt took place on the same date as the apparitions at Fatima could not have been a matter of chance. This event meant that the Pope became more aware of the secrets of Fatima, and of the conversion of Russia envisaged in them as well. He then consecrated the world to the Immaculate Heart of Mary while the world witnessed the fall of the totalitarian atheist system of Communism and the attaining of freedom by a series of countries in Central and Eastern Europe.

After the assassination attempt, John Paul spent seventy-three days in hospital. During the general audience of 14 October 1981 he summed up his experience in the following way: 'God has allowed me over recent months to experience suffering, He allowed me to experience the danger of losing my life. He has allowed me at the same time to understand clearly and to the full that this is His special grace for me as a man, and it is at the same time – given the service that I perform as Bishop of Rome and the successor to St. Peter – a grace for the Church'.

5. Sick people and suffering people always occupied an important place in the pontifical service of John Paul II. They had places at the general audiences, the nearest that there were to the Pope. The same happened during all his apostolic journeys in various countries of the world and also during his visits to the cities and dioceses of Italy and his pastoral visits to the parishes of Rome.

John Paul II until the end was with suffering people, even and above all else when his illness became worse, which was not to leave him until he died, taking from him step by step his physical effectiveness, his ability to move and in the end also his ability to speak. The Pope suffered because of this but he never complained. He was thankful to God that he was able in this way to serve the Church. Not only his body hurt him but also the awareness that his illness was limiting his service. But the Lord watched over his servant and we were all witnesses to the great works of God: *magnalia Dei*. The Pope who had aged, who was limited at a physical level, began to speak with another strength that was even greater. He spoke with his weakness which was offered up for the Church and this was his profound and penetrating catechesis. A catechesis without words. The whole world understood it. Sick people and handicapped people, who are often left at the margins of family and social life, understood it. It was specifically they who found in the Pope a spokesman for their problems and above all their human dignity! He was one of them; he was with them.

6. In his rich pontifical teaching there could not fail to be documents on suffering. I have already referred to the letter to sick people of the young Metropolitan Archbishop who began his pastoral service in Krakow in 1964. After twenty years of service for the Church in Krakow and then in Rome, after innumerable meetings with sick people and above all else in the light of his own personal experience of suffering, John Paul II published on 11 February 1984 his apostolic letter on the Christian meaning of human suffering, *Salvifici doloris*.

In this letter the Pope described the large world of human suffering and sought to provide an answer to the question of its meaning. He called attention to Jesus Christ who with love defeated suffering: '"For God so loved the world that he gave his only Son, that whoever believes in him should not perish but have eternal life"(Jn 3:16). These words, spoken by Christ in his conversation with Nicodemus', continues the Pope, 'introduce us into the very heart of *God's salvific work.* They also express the very essence of Christian soteriology, that is, of the theology of salvation. Salvation means liberation from evil, and for this reason it is closely bound up with the problem of suffering. According to the words spoken to Nicodemus, God gives his Son to "the world" to free man from evil, which bears within itself the definitive and absolute perspective on suffering. At the same time, the very *word "gives"* ("gave") indicates that this liberation must be achieved by the only-begotten Son through his own suffering. And in this, love is manifested, the infinite love both of that only-begotten Son and of the Father who for this reason "gives" his Son. This is love for man, love for the "world": it is salvific love' (*Salvifici doloris*, n. 14).

7. John Paul II did not confine himself to meetings with sick people and to sharing his reflections on human suffering with the Church. He also took important decisions of an organisational character. The year after the publication of the apostolic letter *Salvifici doloris*, once again on 11 February, he made known his motu proprio *Dolentium hominum*, thereby creating the Pontifical Council for Pastoral Assistance to Health Care Workers. And lastly, on 13 May 1992, and thus on the anniversary of the assassination attempt, he instituted the World Day of the Sick. In the letter that instituted it he wrote: 'The annual celebration of the World Day of the Sick is directed towards sensitising the People of God and, as a consequence, the numerous institutions that work in the field of health-care service and lay society, on the need to assure the best care possible for sick people; help for sick people in becoming aware of suffering in a human context and above all in a supernatural one; the integration of dioceses, Christian associations and religious families into pastoral care as regards the health-care service; increasingly effective support for voluntary work; remembering the need for the spiritual and moral formation of health-service workers; and indications as regards the meaning of spiritual care for sick people and all those who live and work next to the suffering'.

8. The speech that John Paul II made to sick people gathered together in the Grotto of Massabielle in Lourdes on 14 August 2004, and thus during the last months of life of the Pope, was especially moving. He spoke to them as though he was truly a suffering man amongst the suffering, identifying with what had happened to them: 'I am here with you, dear brothers and sisters, as a pilgrim to Our Lady. I make my own your prayers and your hopes. With you I share a time of life marked by physical suffering, yet not for that reason any less fruitful in God's wondrous plan. With you I pray for all those who trust in your prayers. In carrying out my apostolic ministry I have always trusted greatly in the offerings, prayers and sacrifices of the suffering. During this pilgrimage I ask you to join me in offering to God, through the intercession of the Virgin Mary, all the intentions of the Church and of the world. Dear brothers and sisters who are sick, how I would like to embrace each and every one of you with affection, to tell you how close I am to you and how much I support you'. This is, so to speak, the testament that John Paul II left to the sick and the suffering. During the last part of his life he spoke without words.

9. At the beginning of my paper I posed a question: is there something special in the behaviour of John Paul II towards his own personal suffering and the suffering of other people? Looking at his life and his service we can affirm: he was a man touched by suffering at various stages of his life, especially during childhood and youth and then during his pontificate. Suffering made him more sensitive to the suffering of other people. This was expressed in his priestly and pastoral service, in his solidarity with the world of suffering. He shared his experience with the Church in the form of deep reflection on the condition of suffering man and on the Christian meaning of suffering. He also took initiatives and created realities within the Church that serve the suffering and sensitised the whole of the Church as regards the situation of people who suffer. This is the gift that the Blessed John Paul II left to all of us. He suffered amongst those who suffered and now he helps all of us with his intercession at the throne of the Almighty. ■

The Wounded Healer: Christ, Physician of Bodies and Souls

FRÀ ENZO BIANCHI
Prior of the Monastery of Bose, Italy.

Introduction

In the Gospel According to St. Matthew we read: 'When evening came, people brought to Jesus many who had demons in them. Jesus drove out the evil spirits with a word and healed all who were sick. He did this to make what the Prophet Isaiah had said come true, "He himself took our sickness and carried away our diseases"' (Is 53:4) (Mt 8:16-17).

This 'summary' describes in summarising form one of the fundamental features of the life of Jesus. His days, in addition to preaching the Word and the Kingdom of God, revolved around caring for sick women and men and the action of healing them. In this way, Jesus strove to force back the dominion of Satan and to offer all those people he met an opportunity to live in fullness. But this involved a heavy price to pay for Jesus, as the above verses re-

mind us: as the authentic suffering Servant of the Lord, he cared for and healed people at the price of personal debilitation, taking upon himself the burden of the infirmities and illnesses of other people. It is truly the case, as the title of the paper entrusted to me – 'Jesus is the Wounded Healer' – elegantly grasps, that in taking upon himself the burden of the suffering of others Jesus is the physician of bodies and souls. Indeed, to be precise we should define him as a 'physician of bodies and spirits', which is what the Constitution of the Second Vatican Council *Sacrosantum Concilium* ('*medicus carnalis et spiritualis*': *SC*, n. 5), citing a phrase of Ignatius of Antioch ('*iatrós … sarkikós te kaì pneumatikós*': *To the Ephesians*, 7:2), does.

The gospels testify that Jesus encountered a very large number of people afflicted by various illnesses and infirmities: physical disabilities (the lame, the blind, the deaf and dumb, paralytics), people with mental illnesses (the 'possessed', those who were afflicted according to their cases with epilepsy, hysteria or schizophrenia, illnesses whose origins were attributed to diabolical possession), and handicaps and infirmities of varying degrees of gravity (lepers, the woman with a loss of blood, the mother-in-law of Peter who had a heavy fever). Encounter with this suffering humanity, with the disfigured faces and bodies of very many men and women, constituted for Jesus a sort of living Bible, in flesh and blood, from which he could listen to a lesson on human weakness and suffering, and from which he was able to learn the art of compassion and mercy. We can say that these encounters constituted for him a magisterium of the human and a revelation of the divine, a setting for learning about living and believing: Jesus did not only learn from what he himself suffered (cf. Heb 5:8), he also learnt from the suffering of others.

The gospels stress the fact that Jesus provides *care* to the sick (the Greek verb *therapeúein*, occurs 36 times, whereas the verb *iâsthai,* 'to heal', occurs 19 times), and to provide care means to serve and honour a person, to have solicitude for him or her. Jesus saw a person in a sick individual, he brought out his or her uniqueness and he related to the whole of his or her being, perceiving his or her search for meaning, and seeing him or her as a creature disposed to the openness of faith-trust, wanting not only healing but also what could give fullness to his or her life.

Here I would like to engage in a clarification which I believe to be decisive. *At the heart of the episodes where Jesus deals with sick people* there are not healing techniques and activities involving the activity of a physician or an exorcist, but, rather, a human aptitude for listening to, and welcoming, people; there is the very human reality of encounter: *there is not, therefore, illness but the human person*. Jesus did not encounter a sick person as a sick person: this would have meant placing himself in a condition in which the other was enclosed in a category; it would have meant reducing the other to what was only one aspect of his or her person. No: Jesus encountered the other as a human being as he was a human being, a member of humanity, equal in dignity to every other human being. And in encountering and listening to a human being Jesus knew how to understand him or her, yes indeed, as a person marked by a particular form of illness as well.

In short, with his practice of humanity Jesus taught that providing care is first of all *encountering and entering into a relationship with a man or a woman*. In drawing near to people not with the power or knowledge of a medical doctor but with the responsibility and compassion of a human being, Jesus offered himself in vulnerability and weakness, and thus managed to encounter the wounded humanity of sick people by entering with them into an authentically ethical relationship.

After making these general observations, I will now seek to understand certain specific features of the behaviour of Jesus Christ in his placing himself at the side of sick people, features that configure an authentic art of relating.

1. Jesus does not Preach Resignation

First of all I would like to refer to a preliminary element that is required to discard an idea that one often hears expressed, even in good faith. But this is an idea that is very dangerous inasmuch as it ends up by attributing to God and to Jesus Christ a perverse face. In encountering sick people *Jesus never preaches resignation*, he does not have fatalistic attitudes, he does not state that suffering draws a person nearer to God, and he does not development attitudes which involve an erroneous praise of pain: he knows *it is not suffering but love that saves*! Jesus always strives to restore a sick person to the integrity of his or her health and life: he fights against illness, saying 'no' to the malady that disfigures man; and he provides care and seeks to heal that person with all his strength. And thus he turns his healings into an authentic Gospel of actions, of prophecies of the Kingdom, where 'God will wipe every tear from our eyes' (cf. Is 25:8) and there will no longer be death, or mourning or lament or pain, because the things that there were previously have passed away' (cf. Ap 21:4).

Here it is useful to engage in a further clarification: one often hears it repeated that one should *offer up one's suffering to God*. What meaning can this phrase have which people hold to be highly spiritual but which can be equivocal? Is, perhaps, God pleased by the offering up of pain which often dehumanises and disfigures? What image of God is pre-supposed by this 'pleasing' of God? In truth, this spiritual counsel has to be clarified. It is certainly the case that in the offering up of himself or herself to the Lord, which every Christian must engage in as authentic spiritual worship (cf. Rm 12:1), is also included sufferings as well as joys. As a consequence, one should say to the Lord: "here I am, the whole of me, before You: body, mind and spirit, including my illness and my suffering!" But in this, as well, we must look to the example provided by Jesus who did not of-

fer up his suffering to the Father but, rather, 'made his prayers and requests with loud cries to God who could save him from death' (Heb 5:7) in the experience of his passion, living it 'in love unto the end' (cf. Jn 13:1), in love extended even to his enemies. What was decisive and redemptive in the passion of Jesus was the love with which he experienced suffering and death. And thus he taught us that *what God expects from us when we go through suffering and illness is that we continue to engage in love, accepting being loved and striving to love*. Indeed, we achieve the will of God not in the offering up of suffering but when our lives, even in suffering, become self-giving in love: this was the pathway that Jesus followed and opened up for those who wanted to follow him.

2. Jesus Lived Com-passion

Jesus deeply involved himself in the personal situations of sick people: their suffering was felt by *Jesus* himself who felt *compassion for them* (cf. for example Mk 1:41; 6:34), *he entered, that is to say, into a movement of co-suffering which also involved him emotionally*. Jesus allowed himself to be wounded by the suffering of other people and he drew near to the sick even when precautions at the level of hygiene (fear of infection) and religious conventions (the fear of acquiring a ritual impurity) indicated that he should put a distance between himself and them: such was the case with lepers whom Jesus not only met by tearing them away from the isolation and the loneliness that they were forced to experience but also touched. Jesus did not heal without sharing! In this way, he demonstrated that what contaminates is not contact with those held to be impure but the rejection of mercy for, and of proximity to, the sick. He taught that there is no greater dirtiness than those who do not want to get their hands dirty with other people; he revealed that communion with God passes by way of mercy for, and involvement, with suffering human beings. It was by living compassion in this way that Jesus told of the 'merciful and compassionate God' (Ez 34:6).

However in this case, as well, we should be clear about what we mean by the words that we employ. What was experienced by Jesus and was requested from his disciples was not compassion in the sense of commiseration, which is rightly rejected by suffering people as an offence and injury to their humanity. No! Compassion, understood in Biblical terms, is to allow oneself to be wounded by the suffering of the other, co-suffering with those who are beside us; it is the radical rejection of indifference to malady. And this without any protagonism, without any emphasis placed upon 'engaging in charity'. It is significant here that the Greek verb employed to narrate the approach of Jesus and the Father as described by him in the parables (*splanchnízein*) literally refers to 'being affected by, being moved by visceral compassion' – this is what pushes the Good Samaritan, the figure of Jesus, to become a neighbour to the man left half dead by the robbers at the side of the road (cf. Lk 10:33); this is what pushes the prodigal Father of love to run to his sinner son when his son is still far off (cf. Lk 15:20).

3. The Art of Relationships of Jesus: Listening, Dialogue and Truth-Trust

Once Jesus had made himself a neighbour to people affected by situations of illness, the care that he expresses to them is expressed above all else in allowing them to speak, in asking them what they want, and in bringing out their wishes. Jesus *listens, enters into dialogue by posing questions*, relating, that is to say, to the sick person as a being of symbols and language, a person guided by his or her intentionality, which is the human capacity to attribute meaning to life. He asks the blind man Bartholomew "What would you have me do for you?" (Mk 10:51); he accepts the wishes of the leper and makes them his own by repeating his words to the letter ("If you want to, you can make me clean!"; 'I do want to, Be clean!": Mk 1:40-41); and faced with the paralysed man he does not see a paralytic but a being with spiritual needs to whom he responds by announcing the forgiveness of God (cf. Mk 2:1-12). The healings always take place in a context involving a dialogue and a relationship. Jesus opens himself to the freedom of the person who is in front of him and when the sick person is unable to express himself or herself he turns to the person's family relatives or to those who are tied to the sick person by a relationship of love. Jesus listens to their suffering, their wishes, and to what they want. Such is the case with the mother of the girl tormented by a devil (cf. Mk 7:24-30), with the father of the epileptic boy (cf. Mk 9:14-27), and with the centurion who beseeches him to heal his servant (cf. Mt 8:5-13).

In his encounters with sick people Jesus always calls upon the interior resources of the person who is in front of him, and thus the healing, when it is accomplished, always takes place within a relational framework in which Jesus stimulates and brings forth *the faith of the person involved, that is to say his or her capacity for trust and reliance*, his or her desire for life and relationships. One may think once again of the way in which Jesus draws near to, and heals, lepers, who were authentic pariahs of the society of his time and were branded by a stigma that excluded them from their families and from affective and sexual relationships, from the religious community and from cultural practice. In his relations with lepers, Jesus implements a sociable approach which leads him to encounter those who were relegated to living outside inhabited centres, to touch the 'untouchables', to see as people those individuals who in the eyes of everyone were afflicted by a malediction and divine punishment, and to having relationships with those people who were condemned to isolation (cf. Mk 1:40-45; Mt 8:1-4; Lk 5:12-18). Or one might think of the encounter with the so-called 'possessed man of Gerasa' (cf. Mk 5:1-20). In relation

to him Jesus engages in patient listening, develops a dialogue, looks for a personal encounter and thus transmits to him trust and self-esteem. Thanks to this relationship, a man who was previously violent, who wounded himself, who did not take care of himself, and who was naked, changes to such an extent that in the end he can be seen 'sitting there, clothed and in his right mind' (Mk 5:15). To this man Jesus also offers an indication about the future, restoring him to himself, to his family and his social environment and giving him a task to perform: "Go back home to your family and tell them how much the Lord has done for you and how kind he has been to you" (Mk 5:19).

To summarise, although it is true that 'faith comes from hearing' (Rm 10:17), Jesus demonstrated the truth of this statement at an anthropological level: through his practice of humanity he was able to reawaken the humanity of sick people, listening to them, putting trust in them and valuing their trust. This is why when he returned sick people to life to the full, he left them by confessing, almost with amazed gratitude: "your faith has saved you" (Mk 5:34; 10:52; Lk 7:50; 17:19; 18:42).

4. The Healings Performed by Jesus: a Sign of Salvation

Lastly I would like to outline an element that would deserve far deeper analysis than I give it here. *The healing performed by Jesus of the spirits and the bodies of sick people is a sign of salvation, which is a definitive liberation from malady and death*: the power of his works of healing is, indeed, the power itself of the paschal event, which acts thanks to a weakening of Jesus, to his loss of strength, in a few words: to his death.

Significantly, the accounts of his healings allow us to understand the long duration and the hard work of the actions of Jesus: these are not magical actions but personal encounters which cost time and physical and mental energy in order to lead those whose minds are disturbed to enter a humanised relationship (cf. again Mk 5:1-20); which ask Jesus to become informed and to be concerned about the illness of the epileptic boy so that he can act (cf. Mk 9:14-29); which request the repetition of therapeutic actions (as in the case of the healing of the blind man of Bethsaida (cf. Mk 8:22-26); and which take away energy from him (as in the episode of the healing of the woman suffering from a loss of blood, cf. Mk 5:25-34). Within the human weakness of Jesus there acts the power of God: Jesus heals thanks to a death and a resurrection. Each healing, therefore, refers to the definitive salvific event of the resurrection: behind each healing there stand out the form of the cross and its paradoxical vivifying power.

The Evangelist Mark demonstrates this reality with especial precision when, in order to narrate the healing of the epileptic boy, he employs the terminology with which the Christian *kérygma* proclaimed the death and resurrection of Christ: 'The boy looked like a corpse [*nekrós*], and everyone said , "He is dead" [*apéthanen*]. But Jesus took the boy by the hand and helped him to rise [*égheiren*], and he stood up [*anéste*]' (Mk 9:26-27).

Conclusion

In the Acts of Thomas, a apocryphal work of the New Testament, one reads: 'Lord Jesus Christ, companion and help for the sick, hope and trust for the poor, refuge and rest for those who are tired, shelter and port for those in the world of the shadows, you are the physician who heals without asking a fee. You were crucified for all men and for you nobody was crucified! In the land of sickness be the physician, in the land of tiredness be the fortifier; O physician of our bodies, give life to our souls, make us your dwelling and in us may the Holy Spirit dwell' (*Acts of Thomas*, 156).

I would like to follow this fine poem, which constitutes a worthy summary of my analysis of Jesus Christ as a physician of bodies and spirits, with a final opening up of a horizon. In the large fresco of the final judgement Jesus proclaims, amongst other things, "I was sick and you visited me" (Mt 25:36). This statement is normally understood in the sense that a visit to a sick person is a mysterious and yet real encounter with Christ who is present in the sick person: *in the person in need there is Christ, and he or she who serves a person in need serves Christ*, whether he or she is aware of this fact or not. Now this decisive truth around which will hinge the judgement on the last day should be understood with intelligence: it is better, that is to say, paradoxically, not to know that in loving the other one is loving Christ, rather than to fall into the perversion of loving sick people in order to love Christ…

I believe, however, that in the light of the pathway we have followed these words of Jesus can be understood in another way as well: *it is Christ who visits us in a sick person specifically because it is he who took upon himself once and for all our sufferings and our illnesses*. It is he, the wounded healer, the risen crucified one, who can teach us to love and to accept being loved even during the hour of our greatest weakness. For Christ, with him and in him, 'who can feel sympathy for our weakness' (cf. Heb 4:15), each illness can be experienced as a pathway of communion; and so 'the night of pain opens to the paschal light of the crucified and risen [Christ]' (cf. *Messale Romano*, Prefazio comune VIII [Jesus the Good Samaritan], Libreria Editrice Vaticana, Vatican City, 1983², p. 375).

The Role of Institutions and Governments in the Defence of Life

DR. JOHN DALLI
European Commissioner for Health and Consumer Policy, Belgium.

Almost by definition, the protection of human life is an essential duty of any legitimate political authority. The division of competences between the different political authorities, in particular between international or supra-national institutions, such as the Organization of the United Nations and the European Union on the one hand, and other national political authorities of the Member States that are part of these organizations, makes the situation complex.

On the one hand, the movement toward globalization leads to increasing the competences of international and supranational institutions, on the other hand, philosophical relativism and assertion of diverse cultures leads to a reluctance if not resistance to accepting legal proposals that are universally applicable. We can see how the tension between these two dynamics in the European Union has been resolved, in the framework of the proposals made under the European Convention preparing for the Constitutional Treaty and the provisions of which were then incorporated into the existing Treaty of Lisbon.

The general principle for the division of powers between European institutions and governments of the Member States is "roughly" this: the issues more closely related to the cultural identities of the Member States always remain a national responsibility, while those in which a high added value can be obtained by joint action, are considered to fall under European or mixed competence.

Respect for universal human rights is paramount in this regard.

A Charter of Fundamental Rights, much more ambitious on the dimensions of human life than other similar charters, has been accepted as part of the fundamental laws of the European Union. It should be noted that two principles were set out to interpret the Charter.

First, the Charter can be invoked before the Court of the Union, only upon alleged violations by the European Union Institutions and by Member States emanating from the need to comply with EU provisions.

In this regard it is to be noted that all matters relating to the rights of European citizens in relation to the adhering Member State remain the competence of the Strasbourg court, an institution of the Council of Europe and not the European Union.

Also, to emphasize the importance of human rights, in another international context, it may be recalled that in extreme cases the UN has developed a practice which makes it legal for the organization or its representatives to intervene to protect human rights even if they violate the principle, once considered almost absolute, of the sovereignty of each State on its territory.

The second principle of interpretation of the Charter of Fundamental Rights of the European Union is based on the fact that the statements of the Charter must also be interpreted according to the constitutional norms of the Member States of the Union. By virtue of this principle, the same legal provision of the Charter, for example, the protection of life, is interpreted according to the legal norms in different Member States. Abortion is the most obvious example. The ambiguity of the definition has allowed the legislator to establish categorically the universal principle of right to life, allowing for the different legal interpretations on the origin of life that are not reconcilable.

Before proceeding to illustrate the provisions that the EU has established in relation to the protection of life, I think it is important to clarify the respective competences of international or supranational institutions such as the United Nations and the European Union and its Member States. The approach of the European Union in this respect is determined by the need to resolve the tension between two orientations.

The first is to give maximum space to freedom of research, to develop Europe more and more as a Knowledge Society. This approach achieves the objective of building a more just society. Innovation is crucial to promote economic growth and helps to promote human resources, thus contributing to job creation and to overcoming the crisis. Innovation enhances life as a source of wellbeing as shown in its application in the field of health. The protection of the right to life also implies a responsibility on Governments and regulators to set in place a framework that guarantees the best possible conditions for wellbeing.

That is why it is also so important to ensure the sustainability of the health systems in a demographically ageing society; to continue to deliver more and better treatment to more and more patients with restrained resources!

A key factor lies in innovation driven mainly by research.

Freedom of research is essential in our times. However, this freedom can not be absolute because it must always respect the fundamental right of human dignity. Let me take one concrete example – clinical trials ! European legislation guides the conduct of clinical trials in the field of health products and pharmaceuticals on EU territory. A key part of the legislation is bringing about a balance between the need to test new molecules whilst at the same

time ensuring that ethical principles protect those patients undergoing such trials. The larger the risk, the higher the value of the trials but also the higher the responsibility to protect the patients. The underlying and core principle to define where this balance may lie is with the notion of human dignity.

The European Union has clearly translated this principle enunciated in the Charter of Fundamental Rights into the Treaty of Lisbon. Although there is no precise definition of human dignity, it can be inferred that this concept points to that which identifies the human being as such. It is not only the Kantian criterion of rationality and capability of free choice but also the fabric of natural desires and passions, loves and deepest aspirations, which are realised in each one of us according to specific peculiarities. *Freedom of research, even if important, must comply with respect for human dignity.*

The elaboration of the concept of human dignity, the starting point of any discussion on human rights, as well as in any context in which anthropological concepts are relevant, has evolved in line with the debate on a new category of rights called "bio-rights", rights of life, which also relate to embryos in the early stages (perhaps a few hours) of their existence when many scientists believe that we can not yet talk about people or human beings.

Some speak of these rights as fourth generation rights. The first generation consists of the political rights and civil liberties, the second, the rights of social groups and associations, and the third, environmental rights and the rights of future generations. The need to define a fourth generation has arisen as a result of technological developments such as cloning.

Perhaps the most interesting aspect, and one that requires careful observation, is that, according to the prevailing thinking in this area, in the present situation where scientific knowledge is inevitably still scarce, we cannot support a risk averse stance – an overly cautious attitude void of any risk. In general it is held that it is legitimate to counterbalance the benefits that are expected from research with the risks of non-compliance with human dignity.

In light of these principles, the European Union has adopted provisions for the protection of life primarily in two contexts: in the field of patents and in research financed by European funds.

As for patents the first steps date back to 1988, with the Directive on the legal protection of biotechnological inventions. The Directive prohibits patenting in three areas:

1) cloning of human beings,
2) changes in the genetic identity of human beings, and
3) uses of human embryos for industrial or commercial purposes.

These restrictions are motivated by the protection "of public order and morality."

In this regard, we recall that the German Federal Patent Court decided in 1997 that no procedure concerning human embryonic stem cells can be patented; this sentence has been confirmed by the European Court of Justice. The court said this year that any human ova, from the moment of its fertilisation, must be considered as a human embryo if such fertilisation triggers the process of the development of a human being.

The Attorney General of the European Union Court has clarified the interpretation of Article 6 of the Directive on the legal protection of biotechnological inventions as follows:

a) The concept of a human embryo applies from the fertilisation stage to the initial totipotent cells and to the entire ensuing process of the development and formation of the human body. That includes the blastocyst.

b) Unfertilised ova into which a cell nucleus from a mature human cell has been transplanted or whose division and further development have been stimulated by parthenogenesis are also included in the concept of a human embryo in so far as the use of such techniques would result in totipotent cells being obtained.

c) Taken individually, pluripotent embryonic stem cells are not included in that concept because they do not in themselves have the capacity to develop into a human being.

d) An invention must be excluded from patentability where the application of the technical process for which the patent is filed necessitates the prior destruction of human embryos or their use as base material, even if the description of that process does not contain any reference to the use of human embryos.

e) The exception to the non-patentability of uses of human embryos for industrial or commercial purposes concerns only inventions for therapeutic or diagnostic purposes which are applied to the human embryo and are useful to it.

The second area where the EU has introduced the principle of respect for human dignity is that of EU-funded research.

In the seventh Framework Programme, in the part related to biotechnology research, support for research relating to embryonic stem cells is not excluded, but to get such support it must be demonstrated that there are no alternative methods for achieving the objectives of the research. Considering that scientists now agree that they can resort to oocytes instead of embryonic stem cells, this proof seems rather complex.

It should be remembered that the European Union has established a group of ethicists who, after careful examination of the proposals submitted to them by the European Commission, express an opinion. The examination is done by this group in light of the Charter of Fundamental Rights.

Finally, the language used by European institutions speaks of "human dignity" and "human beings" rather than persons This I think to highlight the distinction of powers between supranational institutions and sovereign states. While the EU institutions adopt measures that protect human life in general, and for which there is a European consensus, decisions with regard to legal provisions relating to matters in which the different humanistic traditions and cultures have a vital role remain the competence and responsibility of Member States. ■

The Sacrament of Anointing as a Medicine of Salvation

FR. EUGENIO SAPORI, M.I.
Professor at the 'Camillianum' International Institute of the Theology of Pastoral Care in Health, Rome.

The title that was entrusted to me provoked in me by no means little amazement for two very precise reasons: one concerns theological thought and the other concerns the pastoral aspect of the sacrament under examination.

The literature on, and reflection about, the sacrament of anointing immediately encounter certain phrases which denote the difficulty of addressing this specific subject. It is often stated that anointing is a 'Cinderella' or – again with reference to sacraments – a 'poor cousin', in order almost to emphasise a feeling of powerlessness in addressing such a subject, as though nothing else could be said (or done) in this field. .

If, to all of this, we add the idea of a recent past – adopted by canon law as well in 1917 – that 'extreme unction (as it was then called) is not a means necessary to salvation'[1] one can, in this sense, justify the practice of many pastors who, in caring for the sick, privileged the sacraments of penance and the Eucharist, placing anointing in a secondary position, in order, as well, not to generate fear in those to whom the sacrament was proposed, which was seen almost as a 'departure ticket' for going to the other life (the phrase is not mine but one used by one of the Fathers of the Council during the debate on the document *Sacrosanctum Concilium*). And according to popular tradition, this sacrament is an 'insurance policy' to avoid hell and obtain heaven as soon as possible.

I have to confess a certain bitterness and a great deal of suffering in knowing that all of this has contributed to a lack of pastoral sensitivity towards sick people who – from this point of view – have not been able to enjoy the comfort of the living and vivifying presence of Christ in situations of crisis for their lives of faith during illness.

Albeit with the limits of time, I will seek to employ a dual approach to the subject that has been proposed by identifying some lines of thought of the past which bring out a theology of sacraments seen as 'medicine'. I will then examine certain constants that emerge from the celebration of the liturgy which emphasise salvation as the presence and action of God at the side of suffering man.

1. The Sacraments as 'Medicine'

This statement could distance us from our subject if we did not reflect upon the topic of Christ the physician in the Gospels[2] and in the life of the Church.[3] This is not a gratuitous statement but a profound belief which from the beginnings of the Church has come down to us today in the Second Vatican Council itself,[4] in the *Catechism,* and in the liturgy.

According to a homily of Origen, the care of God takes place through Christ who, as the heavenly physician, 'enters this place of care which is His Church and… obtains medicaments not through substances taken from herbs but the sacraments of words'.[5]

For Augustine of Ippona,[6] man, sinner and patient, is invited by Christ himself to take medicine even if it is bitter: 'And so that the patient does not reply to him "I cannot, I cannot bear it, I will not drink it", to begin with the healthy physician drinks it so that the patient also will not hesitate to drink it'.[7]

Augustine goes on to say that Christ is the secure way and the truth, and for this reason we run to the goal and we are given healing by him and walk through him. This means believing that Jesus is the Christ.[8]

But without wanting now to dwell upon the verbal meaning of terms such as *medicina salutis*, which has been attributed to the sacraments, we should also stress that such terminology is to be found rather rarely both in medieval authors and in Scholastic theology.

Thus, for example, Irnerius,[9] Ivor of Chartres,[10] and Hugo of St. Victor[11] refer to baptism as *medicina salutis*, whereas for Herveus, a monk of Bourg-Dieu, this reference applied to penance in a broad sense (not as a sacrament).[12]

In other citations we have a different terminology, that is to say '*remedium salutis*' is used, referred to rarely and for the most part to certain sacraments such as, for example, baptism, penance, the Eucharist and holy orders. Ivor di Chartres is an exception: he explains the Incarnation and Passion of the Lord as a *salutis remedium* to heal the sick.[13]

a. The theology of the sacraments in Scholasticism

Hugo of St. Victor, in his book on the sacraments, argues that one can see 'man as a patient afflicted by the wounds of vices; but God is a physician, the gifts of the Spirit are medicines, and the virtues are true health'.[14] But it is St. Bonaventure who sees the sacraments as 'medicines' in his work *Breviloquio*[15] where he dedicated a part of it 'To Sacramental Medicine'.[16]

As regards the origins of the sacraments, Bonaventure argues that they 'are sensible signs, divinely instituted as medicines, in which 'beneath the veil of sensible realities, mean and confer through sanctification spiritual

grace', by which the soul is cured of the infirmities of vices';[17] but it is the crucified Christ who treats, redeems and heals sick mankind.[18]

Bonaventure goes on to emphasise that 'the physician is the Word made flesh',[19] whereas 'a man who is sick is not only spirit or only flesh but spirit in carnal flesh',[20] and thus 'the medicine has to be not only spiritual but something of the sensible signs'.[21]

For St. Thomas Aquinas as well, the sacraments require sensible things.[22] Given that they aim at perfecting man, it is opportune that they be seven in number, according to a certain analogy with the life of the body which is called to the perfection of its person, and adds 'because in addition to illnesses of the body, [man] has spiritual illnesses, that is to say sins, remedies against infirmities are required. And these remedies are two in number. The first is healing that restores health. In the life of the spirit this is penance… The other remedy is the recovery of strength through suitable diet and exercise. In the life of the spirit this is extreme unction'.[23]

For Aquinas, the sacrament of anointing (always called *extrema unctio*) is thus a *remedium salutis*, a medicine of salvation for man by giving him a certain kind of healing which is above all of a spiritual and eschatological nature.

b. Preaching: sacraments as medicines

One also encounters in popular preaching in times past the theme of the sacraments as medicine, with the statement that true health comes from Christ, given that the name of Jesus already points to what the Lord really is: he is the person who gives us true health of the soul and of the body,[24] with the observation, however, that true health is health of the soul even though health of the body may appear to be true health.[25] In addition, the Lord is the first saviour, as the source and beginning of all health,[26] given that he is a physician and at the same time medicine as well.[27] 'The health that comes from Christ is health that never disappears, indeed it lasts for ever'.[28]

2. The Sacraments of the Sick: Soteriological and Ecclesiological Aspects

We could be rather disappointed by a certain terminological poverty from which the sacrament of anointing seems to be excluded but fortunately we are helped as regards this limitation by a set of quotations that are expressed not by other tracts but by the testimony of liturgical sources such as the Gregorian sacramentary (VII-VIII centuries)[29] which it is worthwhile remembering in the living tradition of the Church.

The concept of *medicine of salvation* refers to God Himself who instructs us through the Letter of James so that the help of grace nay restore health to a sick person;[30] however, health should not be a source of corruption and illness should not lead to perdition.[31]

This is a vision of the person, we would say today, that is 'holistic', and which leads to pray for blessing so that 'God the Father may bless, God the Son may heal, and the Spirit may illuminate' and the perfect Trinity itself 'may protect the body save the soul, illuminate the heart, guide the senses and direct the spirit towards eternal life'.[32]

It is always the Trinity who through anointing and prayer of the Church provides remission from all sins, together with physical recovery amidst the dangers of illness,[33] but even more it is stated that a sick person is 'medicated' by the very Trinity not only to reacquire health but also to have better health.[34]

In other prayers Christ is turned to as he who is true health and true medicine since from him comes all health and remedy and thus he is prayed to so that 'holy anointing with oil may be for a sick person a reason for a rapid healing from the current illness, also giving the wished-for remission from all sins'.[35]

Another prayer, on the other hand, emphasises, the ecclesiological aspect when the prayer employs the following words: 'worthy of being anointed and bless by these our hands this your servant…and what we foster externally with faithfulness, benefit the spirit with the cooperation of your grace'.[36]

Not only the sacrament but also a visit to a sick person becomes a 'medicine', as is emphasised by the following prayer: 'may the remedy of your medicine come to the help of this your servant which our frailty visits in your name'.[37]

A prayer, once again from the Gregorian, although it is for visits to a sick person (in the original text), in the Ritual of Paul V (1614) is placed after the anointing of the sick and reads as follows: 'Lord, look with goodness on this your servant weakened in body by illness: and give comfort to this soul that you created; so that, purified by trial, he may recognise that your medicine has healed him'.[38]

a. The anointing of the sick: medicine of salvation in illness

In addressing as a first point the problem of pain and illness, the prefaces to the rite observe that sick people 'know…how in illness Christ himself is next to them and loves them',[39] and the sacrament of anointing is seen as a therapeutic moment of the activity of Christ and constitutes the principal sign of his care.[40]

We can observe that within the new rite of anointing there is a history of salvation which is revealed gradually as the celebration expresses its identity as medicine of salvation with an expression of the triune dimension.

The Father manifests Himself as God full of mercy and forgiveness; but at the same time He is a source of all comfort because not only did He give us the Son for salvation and to provide relief for the suffering of sick people, but He also sends the Holy Spirit, the Paraclete, to the oil for the nourishment and relief of our bodies.

He listens to the prayers of our faith and looks with goodness on he who prays for support in the weakness of old age, asking for comfort in body and spirit with the fullness of the Holy Spirit in order to live with faith and hope, giving everyone witness to his love.

And it is once again the Father, the most merciful God who, knowing the hearts of men, wel-

comes them as children when they return to Him so that in the joy of His forgiveness they may abandon themselves with trust to the arms of His mercy.

But the dimension emphasised by the new rite is Christological – the salvation of Christ the Lord, who was crucified and rose again, is invoked to provide comfort to the suffering of sick people, since not only did he pass by doing good to and healing the sick, he also took upon himself our sufferings and bore our pains.

And it is the Lord himself who comes to visit a sick person and to comfort him or her with holy anointing, while prayers of faith invoke strength and health but also liberation from sin and from every temptation.

We could summarise the action of Christ with one of the ritual prayers which reads as follows: 'O Jesus, our Redeemer with the grace of the Holy Spirit, comfort this brother of ours, heal his infirmities, forgive his sins, distance from him the sufferings of the soul and of the body, and let him return to his usual work in full serenity and health'.[41]

Indeed, other prayers express themselves in analogous terms, asking for the health of the body and of the spirit, vigour and comfort, and victory over every kind of evil.

Lastly, we cannot forget that pneumatological dimension that is present above all in the prayer of the blessing of the oil which asks the Holy Spirit, the Paraclete, to support our weakness with his inexorable strength. But – it is observed – the Spirit is the gift of the Father and the Son for the forgiveness of sins and to be light, strength and comfort at times of suffering.

We cannot neglect the ecclesiological aspect which is expressed in the celebration of sacraments which has always had a communal character: the Church continues the work of Christ and the Apostles, renewing the presence of the Risen Lord and, as a community, lives at the side of a sick person, thereby demonstrating the predilection of the Good Samaritan Lord who bends down before humanity wounded by illness and sin.

Conclusion

The sacraments, which are celebrated in the liturgy of the Church, are instruments which God has placed in our hands so that we may deeply value them, so as to live in fullness our *condition of being creatures* which has been given to us by the Father, redeemed by Christ and vivified by the Spirit.

St. Augustine observes that 'the Wisdom of God when he wanted to treat man so as to heal him offered man Himself and became a physician and medicine';[42] John Paul II echoed this with the following words: 'the Gospel frequently presents Christ as healer, while his redemptive work is often called, from Christian antiquity, *medicina salutis*'.[43] One is dealing, therefore, with a medicine of salvation which is made present, as I have stressed, in the sacrament of anointing: a sacrament, therefore, which should be appreciated, esteemed and loved as a valuable gift of Christ and celebrated with joy without fears.

A fine testimony comes to us from the Germanic Roman pontifical of the tenth century where in a hymn sung during the celebration of the anointing of the sick we find phrases that concern Christ who is prayed to as 'heavenly medicine of the Father and true physician of human salvation'; to him rises up the prayer of the Church: 'bring health to the illnesses of the body and the soul', 'restore usual energy to those who have fallen ill', and 'every sick person experiences your medicine'.[44]

I will end this paper with a 'dream': may the anointing of the sick, like Cinderella of the children's story referred to at the beginning of this paper, a poor and forgotten girl, become a beautiful princess not only to be admired from far away but one who lives and reigns amongst her people! For this reason, I hope that anointing of the sick will become increasingly a medicine of salvation appreciated by Christians. ■

Notes

[1] Can. 944. *Quamvis hoc sacramentum per se non sit de necessitate medii ad salutem, nemini tamen licet illud negligere; et omni studio et diligentia curandum ut infirmi, dum sui plene compotes sunt, illud recipiant.*

[2] See what is argued in the paper by Enzo Bianchi.

[3] Cf. Leclerc H., 'Christ médecin', in *DACL*, 11 (1933), 158-160; Guillet J., 'Le Chist médecin', *Christus* 75 (1972), 371-377; Dumeige G., 'Médecin (Le Christ)', in *Dictionnaire de Spiritualité* 10 (1980), 891-901; Zeni E., *Cristo medico delle anime e dei corpi. Teologia, spiritualità e mistagogia*, Extractum ex dissertatione ad Doctoratum in Facultate Theologiae, Rome, 1997; Sapori E., 'Sacramenti di salute e di salvezza. L'agire di "Cristo medico" nella vita della Chiesa', in *Salute/Salvezza perno della teologia pastorale sanitaria*, edited by L. Sandrin, (Ed. Camilliane, Turin, 2009), pp. 105-141.

[4] Cf. second vatican council, *Sacrosanctum Concilium*, n. 5.

[5] Origen, *Homilies on Lev.,* VIII, 1.

[6] Cf. Poque S., *Le langage symbolique dans la prédication d'Augustin d'Hippone, Images héroïques*, T. I (texte) – T. II (notes) (Etudes Augustiniennes, Paris, 1984).

[7] Augustine, *Discourse* 88, 7-8, 7; cfr. Ibid., *Discourse* 142, 6.

[8] Ibid., *Homily* 10.

[9] Werneri abbatis, *Libri defloration um SS. Patrum super evangelia de tempore per anni circulum* (= PL 157, 1113).

[10] Ivonis Carnotensis *De ecclesiasticis sacramentis et officiis sermones. Sermo I: De sacramentis neophytorum habitus in synodo* (= PL 162,508).

[11] Cfr Hugonis de S. Victore *De sacramentis christianae fidei* (= PL 176, 456).

[12] Hervei Burgidolensis *Commentaria in epistolas divi Pauli* (= PL 181, 1053).

[13] Ivonis Carnotensis *De ecclesiasticis sacramentis et officiis sermones. Sermo VI: Quare Deus natus et passus sit* (= PL 162, 563).

[14] Cf. Hugonis de S. Victore *De sacramentis christianae fidei* (= PL 176, 527).

[15] San Bonaventura, *Opuscoli Teologici*/2, *Breviloquio*, translated by M. Aprea, revised by L. Mauro and A. Stendardi, introduction and notes by L. Mauro, indexes by J.G. Bougerol (Città Nuova, Rome, 1996) (= Sancti Bonaventurae *Opera*, V/2).

[16] Cf. *Ibid*., pp. 245-299.

[17] *Ibid*,, p. 245.

[18] *Ibidem.*

[19] *Ibidem.*

[20] *Ibidem.*

[21] *Ibidem.*

[22] Cf. Thomas Aquinas, *Somma Teologica*, III, q. 60, a. 5, ad 2.

[23] *Ibidem.*

[24] Giordano da Pisa, *Prediche inedite del B. Giordano da Rivalto, recitate in Firenze dal 1323 al 1305*, edited by E. Narducci (G. Romagnoli, Bologna, 1867), p. 159.

[25] *Ibid*., p. 160.

[26] *Ibidem.*

[27] *Ibid*., pp. 161-162.

[28] *Ibidem.*

[29] Cf. *Le Sacramentaire Grégorien: ses principales formes d'après les plus anciens manuscrits,* 3: *Textes complementaires divers,* edited by Jean DESHUSSES (Éditions universitaires, Fribourg, 1982) (= Spicilegium Friburgense, 28), hereafter *GrTc* followed by the number of the prayer that is cited.

[30] *GrTc* 3990. 'Lord God, true salvation and medicine, from you comes all health and very remedy; you instruct us through the letter of the Disciple that, after prayer, we should anoint the sick with oil, may you look well on your servant N., so that the help of your grace restores to health he

who through pain is led to death and whose weakness of strength leads him to the end'.

[31] *GrTc* 3991. 'Heal, we pray you, O you who heal the torments of all fevers and all pains, destroy illness and every evil, medicate innards and hearts, heal the gap between marrow and thoughts, expel the rottenness of wounds and vanities, re-cover the old scars of consciences and wounds, remove the very many passions, make the nature of flesh and blood better, give forgiveness to all sins, so that your piety protects him, so that health does not lead him one day to corruption or illness leads him to perdition with your help, but may this holy anointing of oil become for him an expulsion of illness and the present evil and [become] the wished-for remission of all sins.

[32] *GrTc* 3995.

[33] *GrTc* 4005. 'God almighty Father of our Lord Jesus Christ, by virtue of the Holy Spirit have pity on this your servant, by means of this holy anointing and our supplicating prayer'.

[34] *GrTc* 4011. 'I anoint you in the name of the Father and the Son and the Holy Spirit, praying for mercy from the same one Lord and God of ours so that, with the distancing of all pain or troubles from your body, your strength and your health are regained, until by means of the action of this mystery, both by the anointing of this holy oil and by our prayer, medicated through the Holy Spirit, you may recover your previous and better health'.

[35] *GrTc* 4012. 'Lord Jesus Christ who are our salvation and redemption, and are true health and medicine, and from whom comes all health and every remedy, you who instruct through the voice of the apostle that we should ask the mercy of your piety for those sick people being touched by the liquid of oil, look favourably on this your servant from that admirable height of heaven, so that he whose illness is leading him to the end, and whose decline in strength has already led him to the sunset, may be restored by the medicine of your grace…and dissolve the torments of illness and concupiscences, repress the spread and pomp of pride….heal the wounds of consciences and sores, be near in physical dangers and dangers of the imagination, distance ancient and immense passions, order the works of the flesh and occasions of blood, so that Satan does not lead him to corruption nor illness lead him with your help to perdition, and may this holy anointing with oil be for him a rapid expulsion of the present illness, as well as the wished-for remission of all sins, so that you may grant this, you who are the Saviour of the world'.

[36] *GrTc* 4016. 'Almighty eternal God who through your apostle James commanded that presbyters be called into church and that the sick should be anointed with oil'.

[37] *GrTc* 3999. **'**O God who sent the blessed apostle Peter to your servant Tabitha so that she should be called back to life through his prayers, hear us, we pray you and may the implored medicine of your medicine come to help this servant whom our frailty visits in your name'.

[38] *Rituale Romanum Pauli V* (Romae 1614), p. 62. This comes from *GrH* 988: *Oratio ad uisitandum infirmum.*

[39] Conferenza Episcopale Italiana, *Rituale Romano. Sacramento dell'unzione e cura pastorale degli infermi* (LEV, Rome, 1974), n. 1, hereafter *SUCPI.*

[40] 'Instituted by Christ and made known in the letter of St. James, this sacrament has always been celebrated by the Church for her sick members; in it, through anointing, accompanied by the prayer of priests, the Church commends the sick to the suffering and glorified Lord so that he may gave them relief and salvation (cf. Jm 5:14-16) and exhorts the sick themselves to associate themselves spontaneously with the passion and death of Christ (cf. Rom 8:17) to contribute to the good of the people of God': *SUCPI*, n. 5.

[41] *SUCPI*, n. 79.

[42] St. Augustine, *Christian Doctrine,* I, 14. 13.

[43] John Paul II, post-synodal apostolic exhortation *Reconciliatio et paenitentia,* 2 December 1984, n. 31, in *Enchiridion Vaticanum,* vol. 9 (Edizioni Dehoniane, Bologna, 1987), p. 1143.; cf. also the sentence of the Council of Trent which instead of calling the work of Christ 'medicine' uses the term 'remedy': 'If some state this sin of Adam, which is one only because of its origins, and transmitted through generation and not by imitation, for all men, inherent in each one as specific to him, can be removed with the strengths of human nature, or by another remedy, outside the only mediator, Our Lord Jesus Christ, who reconciled us with God in his blood…that this be anathema': tridentine council, Session V (17 June 1546), *Decree on Original Sin,* , can. 3, in *Conciliorum Oecumenicorum Decreta*, edited by G. Alberigo *et al.* (EDB, bilingual edition, Bologna, 1991), p. 666.

[44] '*Christe, caelestis medicina, patris,/ Verus humanae medicus salutis,/ ... / Corporum morbos animamque sana/... Ferto languenti populo vigorem,/ Effl ue largam populo salutem/ Pristinis more solito reformans/ Viribus aegros... Iam, Deus noster, miserante fletu/ Pro quibus te nunc petimus medere/, Ut tuam cunctus recubans medelam / Sentiat aeger...' : Ordo ad unguendum infirmum* (= PRG X, 143, 31).

The Eucharist: Medicine of Immortality

HIS EMINENCE CARDINAL ANTONIO CAÑIZARES LLOVERA
Prefect of the Congregation for Divine Worship, the Holy See.

In an address to the Tenth Ordinary Council of the General Secretariat of the synod of Bishops (16 November 2004), the Blessed John Paul II remembered the 'crucial' importance of the Eucharist for the Church, referring directly to the subject that was to be addressed at the synod the following year. He declared: 'The next Eleventh Ordinary General Assembly of the Synod of Bishops, which you have been carefully preparing for, for some time, will deal with a crucial subject for the Church: the Eucharist. The formula, indeed, of the subject of the synod will be specifically this: 'The Eucharist: Source and Summit of the Life and the Mission of the Church'. The Church draws from the Eucharist her vital energies for her presence and her action in the history of men'. In the words of the Supreme Pontiff, the Eucharist is presented as a 'crucial subject for the Church', inasmuch as she receives from it 'vital energies for her presence and her action'. The truth of the Church (nature and mission) is clarified in the light of the Eucharistic Mystery. Her 'presence and her action' in the world have in the Eucharist their vital beginning. The being and acting of the Church are Eucharistic, in a strict sense, or they do not exist. The 'history of men' passes by way of the action of the Church, whose life and mission spring from the Eucharist.

The Blessed John Paul II, with his personal experience of faith and Eucharistic life, and with his magisterium, demonstrated in a concrete way the relationship between the Eucharist and the Church, between adoration of the Eucharist and the Church. One should enter his priestly biography – 'Gift and Mystery' – and see him in front of the Taber-

nacle, or while he celebrates the Eucharist in his private chapel, in the procession of *Corpus Christi*, or in his great pastoral initiatives such as the Jubilee of 2000 which was so full of Eucharistic meaning, or in his principal Eucharistic texts such as *Mane Nobiscum Domine* and above all *Ecclesia de Eucaristia*, in order to perceive the inseparable relationship that exists between the Eucharist and the Church, the depth and the importance of the meaning of what is contained in this relationship, and the inseparable relationship between the celebration of the Eucharist and the adoration of the Eucharist, between the Eucharist and eternal life.

The teaching – magisterium and life – of John Paul II also passed by way of the Synod on the Eucharist which was convoked by him as an extension and summit of other initiatives of his, which through his reflections, experiences, statements and conclusions were brought together, confirmed and explored by the Holy Father Benedict XVI in his post-synodal apostolic exhortation *Sacramentum Caritatis* which, in the first part, expressly addresses the relationship between the Church and the Eucharist: 'The faith of the Church' – he said before addressing his subject, 'is essentially a eucharistic faith and it is especially nourished at the table of the Eucharist' (*SC*, n. 6). The Church appears as the subject of a faith whose object is the Eucharist. Indeed, the Eucharist is not only an object of the faith of the Church but also 'the sum and summary of our faith' (*CCC*, n. 1327). Everything that the Church believes is condensed in the Eucharist.

'Medicine of immortality, antidote to death and food to live for ever in Jesus Christ': this is a phrase used with reference to the bread of the Eucharist that was employed in the second century by St. Ignatius of Antioch – the first in the history of the Church – in his letter to the Ephesians. In recent times, the Supreme Pontiffs Paul VI in *Mysterium Fidei*, John Paul II in *Ecclesia de Eucaristia* and Benedict XVI in *Sacramentum Caritatis* have defined the Eucharist as a 'medicine of immortality'. This very definition is the title of my paper, in the context of the twenty-sixth international conference on pastoral care in health at the service of life in the light of the magisterium of John Paul II. It is, therefore, within the field of service to life that this opportunity has arisen to speak about the Eucharist from this point of view, which is so specific to, and rooted in, the very words of Jesus Christ in his pronouncement on the Bread of Life.

If we can say that the whole of science is a great fight for life, medicine is this above all else. In definitive terms, medicine is a striving to oppose death, a search for immortality. But can we find a medicine that assures us immortality? This is specifically the basic question that the Gospel of John poses when it refers to Jesus as resurrection and life in the dialogue with Martha in the scene of the resurrection of Lazarus, who was her brother. Let us imagine that medicine manages to find a prescription against death, the prescription of immortality. In this case as well, one would be dealing with a medicine that would certainly be useful for our spiritual and human lives but which would be in itself limited to our biosphere (when I talk about the biosphere I am referring to the bio-cosmos, which goes beyond the primitive cells of the most organised and developed organisms, that is to say that great tree of life in which are developed all the possibilities of the reality 'bios').

It is easy to imagine what would happen if the biological life of man had no end, if he were immortal. We would find ourselves in a world of elderly people which would leave no room for the young; a world in which life would not renew itself. We understand that this cannot be the kind of immortality to which we aspire; this is not the possibility of drinking at the spring of life that we wish for nor of nourishing ourselves through the bread of life which we hunger for in the deepest part of our being.

Specifically at this point, where, on the one hand, we know that we cannot hope for an infinite extension of biological life, and, however, on the other hand, we wish to drink at the spring of life in order to enjoy an everlasting life, specifically at this point – and I repeat the point – the Lord intervenes and, when referring to the gospel account of the resurrection of Lazarus, declares: "I am the resurrection and the life. Those who believe in me will live, even though they die; and all those who live and believe in me will never die" (Jn 11:25-26). "I am the resurrection": to drink at the spring of life means to enter into communion with infinite love, which is the spring of life. In meeting Jesus, encountering ourselves with him or in union with him, we enter into contact, indeed in communication, with life itself – "I am the life" (Jn 10) – and we have already crossed over the threshold of death because we are in a relationship with – beyond biological life – true life.

The Fathers of the Church, such as St. Ignatius of Antioch, called the Eucharist a 'medicine of life'. And this is because in the Eucharist we enter into contact, or to put it better into communion, with the risen body of Christ, we enter into the space of life that has already risen again, of eternal life, without a sunset, in the fullness of Love. We enter into communion with this Body that is animated by immortal life and thus we are already, now and for ever, in the space of life itself. To live the Eucharist, to participate in it, means to enter into the communion of love to the final point, without limits or barriers of time. Communion of love with he who is Love, and who loves to the final point, is true life.

In the Gospel of St. John the Lord says: "I came so that they may have love, and have it in abundance" (Jn 10:10). Life in abundance does not mean, as some think, to consume everything, to have everything, or to be able to do everything that one wants. In that case we would live for dead things; we would live for death. Life in abundance means being in communion with true life, with infinite love, with God; it means entering heaven, which is communion of life with God who

is Love and who awaits us. Thus we really enter into the abundance of life and we are transformed into bearers of life for other people as well. Not only does the Lord await us, He is present, He fills us with His Love, which is a sacrifice of the gift of His life for us, and He holds out His hand to us: this is the medicine that is effective against all evils. In the Eucharist we are granted truly to live abundance of life, so as to be to able to communicate it to other people as well.

In the Eucharist, heaven opens and God Himself, who is love, true life in abundance, is given to men. The Eucharist is personal encounter with Jesus Christ, living Bread which has come down from heaven so that we may have life, eternal life, because we live in Love, which is God and which remains for ever. This takes place in the Eucharist; here there is everything. Truly God, spring of life in abundance, is here, in the Eucharist, because Jesus Christ is Emanuel, God with us, from his Incarnation until the end of time, the Bread which has come down from heaven. It is God with us who makes us participants in His life and encourages us to communicate to the world the Good News that takes place in Him: God with men and for men! Here is present Infinite Love, here it is given to us, here is renewed, without halting until the end of time, the admirable and amazing mystery of the love of Christ, whose summit was his immolation on the Cross for our sins and for the life of the world. In this sacrament of the Altar, the love of Christ, his life, passes to us like the vivifying lymph of life passes to little branches, so that we may be alive and produce fertile and abundant fruits of love, of justice, of truth and of peace.

Indeed, in the Eucharist we are given the very flesh of Christ for the life of the world; we are given the gift of Christ, destined to redeem, to save and to liberate all men from the power of sin and death. So that we may retain for ever within us the memory of such a great benefit, Christ left his body to the faithful in the form of bread and wine so that it could be our food for the difficult and long journey of life, which is above our poor and weak strengths.

In the bread of the Eucharist we are given the very flesh of Christ for the life of the world; we are given the gift of Christ himself who came so that we might have life, so that his life could be in us and be our life. In the bread of the Eucharist we are given Christ himself who out of love gave himself to the point of his death on the cross so that his love would be in us, would act in us, and would reign in us. He who eats this bread dwells in Christ and Christ dwells in him. For this reason, the Eucharist is a spring of Christian life, of hope and of love, which save and renew the world.

The Eucharist, the bread of the Eucharist consumes in the fullest way the incorporation of man in Christ and for this reasons constitutes the summit of the whole of the life of the Church, and it is a spring of life, a medicine of immortality. Those who receive the Eucharist are united more closely to Christ. In it is contained all the love, the life in abundance, that is Christ. To celebrate it is a requirement of love and a spreading of love. God is love, and God is here, in the bread of the Eucharist, in Christ, living bread that has come down from heaven so that we may have life, eternal life, life of God in us, life of love. We can be imitators of God, as St. Paul asks in his Letter to the Ephesians, only if we participate in the Bread of the Eucharist. In it, indeed, the living Bread that has come down from heaven is made truly present, and the sacred banquet in which Christ in person gives himself to us as a true meal is celebrated. Here we have the gift of the flesh of Christ offered up for us so that we may have eternal life; here we are offered the pledge and the anticipation of future glory, the triumph and the victory of future resurrection. He who eats this bread lives in Christ and Christ lives in him. For us, what a wonderful and immense goodness of God who gives us this bread, who gives us His only Son, loving us until the final point so that He may live in us! God has given all of Himself with Christ; He cannot give us more. If only we could know the gift of God, this living Bread that is given to us at the Eucharistic Supper! Here is His Flesh, His entire Body, with soul and divinity. It is the same Body, the same flesh, that drew upon the most pure breast of his Mother, the Virgin Mary, in order to bring us all of the love of God and to save us. The same Body that the Father gave to him in order to carry our His will and come to the world, not to condemn it but to save it and so that it may live for Him. The same Body with which, obeying until death on the Cross, he loved us to the final point. The same body with which he humbled himself, he bent down in front of the disciples like a slave to wash their feet, in order to inundate them with his love and thereby purify them. The same body whose eyes wept with pain and pity in front of Lazarus, his dead friend, or in front of Jerusalem which was reluctant to welcome him, or in front of the widow who was desperate because of the death of her son; that body whose eyes, full of compassion, saw the dispersed multitude as sheep without a shepherd or with the goodness of he who had pity because they were hungry and hurried to multiply for them that Bread which gives breath and life. The same body which, burdened before the cross with all our wounds and sufferings, and then buried beneath the stone of the sepulchre, now risen again, is before the Father with his wounds and his ribs open, with the glory of God, as Lord and the sole mediator of men. It is Christ in person who lives and reigns for all time and will be amongst us until the end of the world. It is the flesh of Christ himself who gives himself to us so that we may have life, offered for us in a true profusion of grace, wisdom and supreme love, for there is no greater love than the love of he who gives his life for those that he loves. This same body, Christ himself, is amongst us, continues to be offered for us, fills us and sates us, as it only can do.

To eat this Body, to eat the flesh of Christ, to eat the living bread that has come down from heaven,

means to become one in he who defeated death and lives for ever in the fullness of the communion of the Trinity.

True participation in the Eucharist allows Christ to assimilate us to he himself, who lives in us, and so we can say with St. Paul 'It is not I who lives, but Christ who lives in me', I live in communion with him, in communion with his sufferings and with the glory of his resurrection which destroyed death for ever. There is nothing greater, nothing more decisive or important, for any man, than that Christ should live in us, should act in each man from within, from the deepest and most alive part. Thus the faithful, taking part in the Eucharist through holy communion, eating the Flesh and drinking the Blood of Christ, receive grace, an anticipation of eternal life and medicine of immortality according to the words of the Lord: 'Those who eat my flesh and drink my blood have eternal life, and I will raise them up on the last day (Jn 6:54).

The Eucharist, as John Paul II observes in *Ecclesia de Eucaristia*, is: 'a straining towards the goal, a foretaste of the fullness of joy promised by Christ (cf. Jn 15:11); it is in some way the anticipation of heaven, the "pledge of future glory". In the Eucharist, everything speaks of confident waiting "in joyful hope for the coming of our Saviour, Jesus Christ". Those who feed on Christ in the Eucharist need not wait until the hereafter to receive eternal life: *they already possess it on earth*, as the first-fruits of a future fullness which will embrace man in his totality. For in the Eucharist we also receive the pledge of our bodily resurrection at the end of the world…(cf. Jn 6:54). This pledge of the future resurrection comes from the fact that the flesh of the Son of Man, given as food, is his body in its glorious state after the resurrection. With the Eucharist we digest, as it were, the "secret" of the resurrection. For this reason Saint Ignatius of Antioch rightly defined the Eucharistic Bread as "a medicine of immortality, an antidote to death"' (*EdE*, n. 18).

'Medicine of immortality, antidote to death': these phrases are even clearer if we take into account the great reality that takes place in the Eucharist, the 'paschal Mystery of Christ' and the 'great transformation' that occurs here. What happens? How can Jesus distribute his Body and his Blood so that the world may have life and have it in abundance, being immortal and eternal?

It is advisable to remember the striking words of Pope Benedict XVI spoken to young people during the World Youth Day in Cologne which throw light on what I have been arguing: 'By making the bread into his Body and the wine into his Blood, he anticipates his death, he accepts it in his heart, and he transforms it into an action of love. What on the outside is simply brutal violence – the Crucifixion – from within becomes an act of total self-giving love. This is the substantial transformation which was accomplished at the Last Supper and was destined to set in motion a series of transformations leading ultimately to the transformation of the world when God will be all in all (cf. I Cor 15: 28). In their hearts, people always and everywhere have somehow expected a change, a transformation of the world. Here now is the central act of transformation that alone can truly renew the world: violence is transformed into love, and death into life. Since this act transmutes death into love, death as such is already conquered from within, the Resurrection is already present in it. Death is, so to speak, mortally wounded, so that it can no longer have the last word.

To use an image well known to us today, this is like inducing nuclear fission in the very heart of being – the victory of love over hatred, the victory of love over death. Only this intimate explosion of good conquering evil can then trigger off the series of transformations that little by little will change the world. All other changes remain superficial and cannot save. For this reason we speak of redemption: what had to happen at the most intimate level has indeed happened, and we can enter into its dynamic. Jesus can distribute his Body, because he truly gives himself.

This first fundamental transformation of violence into love, of death into life, brings other changes in its wake. Bread and wine become his Body and Blood. But it must not stop there; on the contrary, the process of transformation must now gather momentum. The Body and Blood of Christ are given to us so that we ourselves will be transformed in our turn. We are to become the Body of Christ, his own Flesh and Blood' (Benedict XVI). And I would like to add that we, through communion with the Body of Christ, the Eucharist, 'medicine of immortality and antidote to death', are called to enter into full communion with his risen Body, thereby entering immortal life, in the fullness of life.

For this reason, 'the Church offers those who are about to leave this life the Eucharist as viaticum. Communion in the body and blood of Christ, received at this moment of 'passing over' to the Father, has a particular significance and importance. It is the seed of eternal life and the power of resurrection, according to the words of the Lord: 'He who eats my flesh and drinks my blood has eternal life, and I will raise him up at the last day' (Jn 6:54). The sacrament of Christ once dead and now risen, the Eucharist is here the sacrament of passing over from death to life ,from this world to the Father (*CCC*, n. 1524), to be, specifically, 'medicine of immortality and antidote to death'.

The Measure of Humanity is Essentially Determined in Relationship to Suffering and to the Sufferer. A Pastoral Theological Reflection on the Encyclical *Spe salvi* of Benedict XVI

MSGR. ANDREA PIO CRISTIANI
Founder of the 'Shalom' Movement, Italy.
Consultor of the Pontifical Council for Health Care Workers, the Holy See.

I had my first experience of pastoral care in Castelfranco di Sotto, a large parish in the diocese of San Miniato. I was twenty-four years old at the time. A dramatic event shook my life. I had formed a splendid friendship with a husband and wife who were no longer young, Nello and Nide, and at an age when hope of fertility is lost, they had a child, who was called Luca. When I was with them he was eight years old and because of his religiosity, constancy, education and goodness he was made the head of the altar boys. One day, while he was playing in a carefree way with his friends, a crumbling column suddenly fell on him and killed him. This was a tragic event which shook not only his parents but also the whole of the parish. In a second this child who had been so much wished for and who was so loved suddenly no longer existed. This was the beginning of a long series of sufferings which have hitherto punctuated my faith. My faith was put to the test, as had happened with Abraham, but without a replacement victim; in a second, with an unforeseeable irruption, death had taken everything. In my mind's eye I can see the child's parents enclosed in a desperate and impenetrable silence, with deep worry disfiguring their faces. My stay in the local area of Moira was unending. They held to their breast the immolated lamb; just remembering this still moves me. Everyone asked: why? I could find no answer, even though I was still fresh from my theological studies and full of enthusiasm for my mission. I was unable to offer any words, to transmit hopes as regards the world beyond with convincing arguments, and to speak to them about how God loves His creatures. To my pain was added the embarrassment I felt at my inability to preach the Gospel. Looking back, I understood that in the face of so much desolation, it is better to keep quiet; I now understand that the mystery of pain wants silence, the warmth of nearness and tears. Someone acted independently of me, it is not possible to understand in human terms what released the power to accept without going mad the greatest pain that life can give you. The invisible propulsion of pain irresistibly attracted to crucified innocent love reawakened hidden answers and mysterious powers. This event marked for those parents a fundamental stage in the maturation of their faith. Hope in the Crucified and Risen Christ was experienced as the only way of being able to meet Luca again. Faith and hope fused to become the life of those who had suffered so much and what was believed to have been lost was found again in a new and perfect dimension.

Eternal life is already possessed in hope and through the immense vital lymph placed by the Spirit of God in the hearts of everyone. Hope is not an illusion or a false consolation to anaesthetise our pains: it is absolute Truth. Jesus is the guarantor of, the witness to, this. He descended into the abyss of pain and death in order to make us rise up to eternal blessedness. The Holy Father leads us to an understanding of the reality of eternal things: 'To imagine ourselves outside the temporality that imprisons us and in some way to sense that eternity is not an unending succession of days in the calendar, but something more like the supreme moment of satisfaction, in which totality embraces us and we embrace totality – this we can only attempt. It would be like plunging into the ocean of infinite love, a moment in which time – the before and after – no longer exists. We can only attempt to grasp the idea that such a moment is life in the full sense, a plunging ever anew into the vastness of being, in which we are simply overwhelmed with joy. This is how Jesus expresses it in Saint John's Gospel: "I will see you again and your hearts will rejoice, and no one will take your joy from you" (16:22)' *(Spe salvi*, n. 12).

Human history is marked by suffering which is something that all men share and which finds its origins in the finitude of man and in the extensive and unstoppable mass of blows that pollute the world and trouble it. Pain is measurelessly multiplied from one point to another of the earth, and in a limitless gamut of forms. Tribulations affect all living people and nobody lives immune to pain that has the countenance of death, of illness, of wars, of the taking away of rights, of abandonment, of loneliness, of failures, of fears, of humiliations, of catastrophes, of acute poverty and of physical and mental disability. Human existence has suffering as its companion Of all sufferings, that of the innocent most troubles us and it is a reason for scandal because it seems to obscure the good face of God which is seen as unacceptable and cruel.

In his encyclical *Spes salvi* the Pope touches upon a neuralgic point of theology and leads us to discover what is beyond the temporal and spatial experience of man. He speaks about a reality that is not distant but already present in the world through faith and hope.

The disquieting silence of the divine on the sea without shores of the pain with which the earth overflows, constantly poses questions to us in pastoral life, which is essentially a ministry of light and comfort. To cut down the dark forest of suffering humanity is the first commitment of the Church which brings to the world he who defeated evil and washes away sins. Pastoral care first and foremost is pedagogy that invites people not to be a in a hurry, trains man in the times of God and teaches people not to look at the hands of the clock. It is about leading spirits in waiting and the discernment of a kind and faithful presence: 'even if I go through the deepest darkness, I will not be afraid, Lord, for you are with me' (Psalm 22). It is an invitation to have boundless trust in he who defeated evil. In the always short time of waiting, of great value is prayer in any situation that we may find ourselves in. 'When no one listens to me any more, God still listens to me. When I can no longer talk to anyone or call upon anyone, I can always talk to God. When there is no longer anyone to help me deal with a need or expectation that goes beyond the human capacity for hope, he can help me' (*Spe salvi*, n. 32).

'This is how we can speak to God and how God speaks to us. In this way we undergo those purifications by which we become open to God and are prepared for the service of our fellow human beings. We become capable of the great hope, and thus we become ministers of hope for others. Hope in a Christian sense is always hope for others as well. It is an active hope, in which we struggle to prevent things moving towards the "perverse end". It is an active hope also in the sense that we keep the world open to God. Only in this way does it continue to be a truly human hope' (*Spe salvi*, n. 34).

During the period of waiting, scientific research should be engaged in to combat illness and pain. Science, illuminated by the Spirit of God and having its origins in Him and supported by Him, is the friend of man when it helps man to understand, to overcome and solve his problems of health, as long, that is, as he remains aware of his limits and does not create illusions or challenge laws that were established by the Creator. Only the living God can give us life beyond life. He came down to men to carry out His project of love which made us immortal through the sacrifice of His Son. The solicitation that arises from the encyclical *Spe salvi* pushes us to the patience of Christ so that we may imitate his meek self-abandonment of being a gentle lamb that allows itself to be sacrificed. The 'third day' is the emblem of the divine time of redemption. The tensions that are released by the pains of life should be channelled into a patient waiting for the day without a sunset, when images and shadows are reality. Pain predisposes man to opening himself up to hope. A pastor of souls enters the home inhabited by suffering with humility and fear, he goes to share, he makes himself the presence of Jesus, with not only words but nearness charged with fraternal affection that encourage; he does not go to provide answers or solutions but simply to make himself a neighbour; he embraces, caresses, listens, weeps and hopes. Through him a health-giving balsam expands; this is the scent of the spread of hope, and where everything was dark finally a ray of light is lit – the light of hope. What a mysterious exchange of gifts! He gives Jesus and encounters Jesus, he gives him because he is a priest, and hence his sacramental configuration which makes him another Christ: he receives him because the Risen Christ is in a suffering person. If the visit is done well, in the house of pain the wish for God and the eternal taste of His words are reawakened; that privileged opportunity to offer Confession, the health-giving therapy of the soul, and that Nourishment which makes people eternally young – the true answer to the whispered desires of the heart and the flesh. When illness and old age weaken man he is more ready to receive Holy Anointing which strengthens and comforts. In the very many contexts of pastoral life, the challenges of our times are increasingly varied and complex, but it is to the world of suffering that our primary attention should be paid, and this, for that matter, is what Jesus did when he went into towns, villages and homes. Thus from the spirit of this encyclical we can understand the relevance of pastoral care in health and, more in general, pastoral care for suffering people.

In Jesus we discover the fullness of humanity and it is in the imitation of Christ that we can become authentically human. He is the insuperable model for how man should be, for how God wants man, but also for how man wants man. The Holy Father Benedict XVI in his encyclical *Spe salvi* declares that 'The true measure of humanity is essentially determined in relationship to suffering and to the sufferer. This holds true both for the individual and for society. A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through "com-passion" is a cruel and inhuman society' (*Spe salvi,* n. 38).

The sharing of suffering is possible if, after a certain fashion, we take on suffering, moving out of ourselves, looking for meaning in suffering, and keeping hope alive, making ourselves companions of man along the blows of pain. 'The Latin word *con-solatio,* "consolation", expresses this beautifully. It suggests *being with* the other in his solitude, so that it ceases to be solitude. Furthermore, the capacity to accept suffering for the sake of goodness, truth and justice is an essential criterion of humanity, because if my own well-being and safety are ultimately more important than truth and justice, then the power of the stronger prevails, then violence and untruth reign supreme. Truth and justice must stand above my comfort and physical well-being, or else my life itself becomes a lie' (*Spe salvi*, n. 38).

Injustice has always been a cause of unspeakable suffering. Commitment not in words but in facts to justice and truth is of determining importance for the disciples of Jesus for and men and women of good will. Involvement in the fate of the world is of urgent importance and it is by this devotion that one measures our ability to love. This encyclical demonstrates this explicitly: 'To suffer with the other and for others; to suffer for the sake of truth and justice; to suffer out of love and in order to become a person who truly loves – these are fundamental elements of humanity, and to abandon them would destroy man himself' (*Spe salvi*, n. 39).

Christian faith is the most exhaustive answer to the drama of suffering man, it brings out his feeling of powerlessness and its purifying and salvific value. If accepted and offered up, suffering is transformed into something that is beneficial not only for the individual but also for the whole of humanity. The dark region of pain dissolves, together with doubts about the love of God, if we welcome Jesus. It is his suffering that makes our tribulation understandable and visible. The Evangelist Luke in telling us about the journey of the Lord towards the holy city can be of help to us in understanding the nature of human pain: 'As the time drew near when Jesus would be taken up to heaven', writes St. Luke, 'he made up his mind and set out on his way to Jerusalem' (Lk 9:51). The disciples had already been prepared for the dark appointment, for the prophetic hour of torment, but they did not understand and they remained 'afraid' (Mk 10:32). On the journey Jesus explained to them what was going to happen: '"Listen", he said to them, "we are going up to Jerusalem where the Son of Man will be handed over to the chide priests and the teachers of the law. They will condemn him to death and then hand him over to the Gentiles, who will mock him spit on him, whip him, and kill him; but three days later he will rise to life"' (Mk 10:33-34).

Faced with his death, Jesus is not fearless but, rather, behaves like a man who is completely like us (cf. Heb 4: 15). He asks, if this is possible, to be spared the bitter chalice, but in the end he entrusts himself in a trusting way to the will of the Father (cf. Lk 22:42). St. Luke, as a physician, makes clear that 'in great anguish he prayed even more fervently; his sweat was like drops of blood falling to the ground' (Lk 22:44), but then, standing up, Jesus courageously faced up to events and on the cross, after promising heaven to the penitent thief, he comended his spirit to the hands of the Father (cf. Lk 23:46). The cry of Jesus on the cross, wrote Pope John Paul II in his apostolic letter *Novo Millennio Ineunte*, did not express the anguish of a man without hope but, rather, the prayer of the Son who offered up his life for the Father for love and for the salvation of everyone. While identifying with our sin, and abandoned by the father, he abandoned himself to the hands of the Father. 'Human suffering', to once again employ the words of John Paul II, 'has reached its culmination in the Passion of Christ. And at the same time it has entered into a completely new dimension and a new order: *it has been linked to love'* (*Salvifici Doloris*, n. 18).

The art of the Christian is to know how to transform pain into love and suffering into sweetness. From the first witnesses of Christ until today there have followed each other a multitude of men and women in whom was made visible 'lived theology', because they shared something similar to Jesus on the cross, in the paradoxical intertwining of blessedness and pain.

During my pastoral life I have had the grace to meet brothers and sisters who will never have the honour of being the subject of national news and probably not even of the altars, people who will remain unknown to the world and who endured unspeakable sufferings with courage and generosity. I would like to remember here my friend from Taranto, Francesca Ricchiuti, who recently died. For the whole of her life she was attached to an iron lung. She made of her existence a gift to God for the salvation of the world, and her being crucified with Jesus transformed her into a living host. Every day she commended herself up with joy despite the severe difficulties of living. Once she told me in confidence that she had asked Jesus why he had chosen her and destined her for the privilege of being assimilated to him – immobile and nailed to a cross. The cross had become the wedding bed of her love for Jesus. These were irremovable words written with fire on flesh. In the project of God, therefore, pain received and given out of love becomes the great pathway to new and intense human and profound relationships. In this way the union with the Lord is revealed but at the same time we can also know ourselves, our humanity. When love does not find citizenship in our interior universes, life loses all meaning, and when suffering arrives it becomes inexorably a cause of frustration and malaise.

Our hope springs from encounter with the Risen Crucified Christ and drawing near to him on the journey of life allows us not only to accept tribulations but also to embrace them with happiness. These are interior miracles which only the Spirit can generate and sustain. How many times have I been able to experience in my priestly life the fecundity of love and the fact that only love can heal wounds! Very severe trials in life are made bearable in dedication to others, in works of justice, and in solidarity towards the poor. Families and friends who were afflicted by pain because of the loss of a relative have found relief and a reason for living in dedication to other people! I would say that Shalom, like so many other communities that live love for the poor, is a witness to the great works of God and like Him 'a grain of wheat remains no more than a single grain unless it is dropped into the ground and dies' (Jn 12:24). All of us know how difficult it is to cross the threshold of the closed door of pain but this is the only door that allows us to enter full human maturity.

The Suffering and Glorious Face of the Lord in the Faces of the Sick in the Teaching of the Blessed John Paul II

FR. LUIGI FERLAUTO
President of the Most Holy Mary Oasis Association ONLUS, Troina, Enna, Italy.

At the beginning of the 1980s two journalists came to Oasis from the Barbados Islands. They were curious about what they had heard about Most Holy Mary Oasis of Troina and had decided to see and observe the positive that there was and the new that was being opened up. They carefully visited the buildings, had a long talk with me, and ended up by asking me if there was still something to see. I said that there was and accompanied them to a balcony from which they could enjoy a wonderful view. Their eyes were free to range and free to settle on that bastion of Oasis on a plane rich in greenery and very many drops of water. Father, one of them said to me, what do you think about when you see all of this? *I think, I answered immediately, of everything that has not yet been done and which should be done. What has been achieved and what will be achieved belongs to a circuit of faith without which Oasis would not exist. Faith is the guarantee of the life of Oasis and it is the sign of the presence of God.*

If the question that was posed to me had been posed to John Paul II, after coming back from one of his many journeys, the answer would not have been different. To anticipate the future in the present is what the Vicar of Christ is called to do and it is what John Paul II did. 'When one has God in one's heart', declared St. Augustine, 'one has the Guest who gives no rest' because God is love who creates and where He is welcomed He continues to create with those who work with Him.

The aim of John Paul II was to bring Christ to man who for the Pope was the way for the Church and John Paul II was committed to treading that way unceasingly. He went on over a hundred journeys to meet man and he cried out to millions of men: 'draw near to God, do not be afraid, open your doors to Christ, grasp him strongly'.

Christ was his Friend whom he had met when he was eight years old; Mary was the short way by which to come to the Friend who had fascinated him. His devotion to Mary was great because great was her love for his Friend Jesus who had for some time had planned – because nothing happens by accident – that he should become his Vicar on this earth, while he was a chosen son of Mary. Jesus and Mary were travelling companions on his interesting but difficult, and also dangerous, journey. Her presence was good that imposed itself on evil, and this is something that should not have happened to *Karol Wojtyla*.

I remember 13 May 1981. That day, in that place, St. Peter's Square, at that time when two pistol shots hit Pope Wojtyla but did not kill him. I had an appointment exactly there, at that time. The blocked roads made me arrive when the echo of the shots had just finished and a hushed, worried, murmuring, with elements of anger, spread: *they have shot the Pope*.

A prayer flowered spontaneously, *Lord, save him*, and the certainty that his Friend and his mother would have saved him advanced inside me.

I followed events with the doctors of the Gemelli Polyclinic who at that time worked with Oasis and *the idea was strengthened in me that it was worthwhile having Jesus and Mary as companions in life and companions on the journey that we are called to make which is besieged by difficulties and suffering*.

If from the heights of my ninety years I look backwards I see on the pathway that I followed caring for disabled people so many suffering faces, the faces of disabled people who in their thousands passed through our centre and I also see the Face of faces, which is shining but also marked by suffering, the face of an innocent man who pays for sins that he has not committed, a face that perhaps would like to avoid that suffering, '*if possible, spare me this chalice*' (Mk 14-36), but who does not know how to say 'No' and adds, *Father, may your will be done*, and later on the cross which tormented him atrociously he did not bless suffering but cried out: '*My Father, why have you forsaken me?*' (Mk 15:35). *Jesus endured pain, he accepted it, but he did not desire it and if he did accept it, he did so in order to value it*. As regards other people, on the other hand, he sought to alleviate pain, healing them of the maladies that afflicted them, multiplying loaves to feed them, changing water into wine so as not humiliate them, and restoring life to a son who was the sole support and hope for his mother.

Christ never said that pain is a good to be protected; he said, rather, that it is something that one should manage to bear and perhaps defeat because *the purpose of man is happiness and any price is worth it to acquire happiness*, and, if necessary, even to denude oneself of everything so as to be able to possess it. This readiness to help is love for that happiness that one wants to reach.

The mission of Jesus Christ was to point out to men the way that leads to happiness and with it the price to be paid to achieve it; it was to make people understand that suffering and pain are only the price that has to be paid to acquire happiness. Pain is an uncom-

fortable travelling companion that should be received but with resignation, without ever ceasing to fight it so as to defeat it, with one's gaze turned to the Father who does not have fun by sending pain and punishment to His children.

Paul Claudel says: '*God did not come to explain suffering, He came to fill it with His presence'*. His face as well, the Face of faces, was in fact veiled by physical, mental and spiritual suffering. He who was the Son of God and by choice became one of us, accepted to be as we are, including feeling pain, which spares none of us.

Suffering is not a punishment; if it were it would afflict only the blameworthy because God is just. If this is not the case, suffering in man has another reason for existing given that it accompanies everyone.

Suffering first and foremost is a tangible sign of our limits which emphasises our frailty, our vulnerability, our dependence on other people, and it exalts its value of being able to redeem the ignominy of sin. Its value increases if he or she who fills it with his or her presence is someone.

Children suffer, the righteous suffer, the innocent suffer, and the disabled suffer. I have asked myself: why are they disabled and I am not? Why so much pain?

Jesus, the innocent person to the utmost, during the last stage of his life was the living image of pain. There was no space in his body that was not traumatised, there was no part of his body that did not feel in a strong way being abandoned by his people who showed that they were unable to keep awake with him, and in the agony of Gethsemane he also experienced the silence of the Father: *'My father, why have you forsaken me?'*

Jesus gave value to suffering and he made it a redemptive credit card for those who suffer and for other people in need of redemption. Those who suffer, thanks to Jesus can value their suffering in itself but can also offer it up to God and for other people, for those who do not know to live while waiting, and for those who are far from that house where there is a Father who is waiting for them.

For man, suffering always remains a mystery in which is concealed the love of God who also makes Himself a travelling companion to help us to bear suffering with strength, so as to be able to fight it with courage, so as to offer it up with love.

'Christ taught man to do good with suffering and with suffering to do good to those who suffer'. It is love, knowing how to love, that gives force to our journey towards happiness, that helps us to understand the other, to help him or her as well to discover the happiness that can and must be achieved on this earth as well, given that Christ has redeemed us. It is a matter of doing our part and if it is love that propels our journey, the greater and more intense the love, the more our journey will become easy.

Fighting so as to defeat pain is a sacrosanct right of man who is created to be happy. Pain is an index of a malaise that should be defeated. One can in certain circumstances accept co-existing with pain but one cannot forgo defeating it.

Love does not need pain to exist and in the eternal future towards which man moves pain will no longer exist, whereas the love generated by the presence of God will exist. Suffering and pain are a product of sin and there is no sin in the other life.

John Paul II observed that 'for human beings suffering is inevitable' and added *'he who thinks he will discover in the human field the right not to suffer deceives himself'*. If, therefore, suffering is inevitable, and it is such because it spares nobody, one should not stop to endure it. One should accept it and if possible embrace it so as to be able to value it because suffering certainly has a value.

Jesus Christ in his capacity as the Son of God could have avoided suffering during his mission on the earth but he did not do this because he wanted to be totally similar to us, teaching us that *the damage caused by sin can be repaired through suffering by using it as redemption*. He used it for the sin of Adam which involved us all; this was the purpose of his coming and the price that was paid was extremely high. I do not believe that there is a man who is able to suffer as much as he suffered. *The suffering, on the other hand, which accompanies us cannot be used for the redemption of our sins*.

At this point a question imposes itself: but what justification can we give for the suffering of the innocent, the righteous and children? Why does the suffering of the disabled and their families exist?

One hypothesis is that suffering is capital that can be invested in addition for oneself – because nothing is a matter of chance – also for the redemption of those people who do not know how to live while waiting, which precedes the great meeting.

Suffering, physical, mental and spiritual pain, is capital that should not be wasted. Rather, it should be valued so as to complete what Jesus Christ entrusted to our care. John Paul II worked following this orientation. Suffering in its various aspects was always his travelling companion, but in the last years of his life it invaded him and sat sovereign in his organism. His vigorous body lost the vitality that had characterised it, his face was visibly marked by suffering and he, the Vicar of Christ, was not ashamed to appear with a face with saliva, with his mouth unable to express a word. Only his eyes were serene and reflected the light of the Spirit who sustained him.

The suffering image of John Paul II in that period was more eloquent and effective than his encyclicals and his face marked by pain entered the hearts of men more than his words. His person troubled by suffering was a message that entered you and charged you. This explains why millions of people from every part of the world were present at his funeral. It was a farewell to a man who had not been afraid to suffer for love. Love for his friend, love for the mother of his friend, and love for man who for him was the way for the Church.

The suffering face of Christ and his Vicar, John Paul II, bring to my memory, like a vision, the very many faces of disabled people who have passed through Oasis, the worried faces of their families, the faces of very many people disappointed by journeys of hope, and I see myself again looking for a fur-

row in which to plant a seed; that seed has sprouted and it is today the Most Holy Mary Oasis.

That was in the 1950s. Oasis was born as a nursing home but it was immediately organised into a place for treatment which has since become an *Institute for Admissions and Treatment of a Scientific Character* (IRCCS). Oasis has also been recognised as a *Classified Hospital Specialised in Mental Retardation* and in cerebral involution as well as a *Reference Centre* in a regional context. For the World Health Organisation Oasis is a *Centre for Cooperation in the Neurosciences*.

And all this at Troina, a town in the Sicilian hinterland, far from the big urban centres, which is difficult to reach, without resources, and fixed onto a mountain which is 1,120 metres high but from which one has truly exceptional views.

Knowing that difficulties exist to be overcome, I knew that nothing happens by accident and that everything is part of a divine project of which we form a part and in which we have a role with suitable necessary potentialities.

I remembered that there was one who had assured us: 'those who believe in me will do what I do – yes, they will do even greater things (Jn 14:12). In addition to stimulating us he held that what was done to those in need was done to him: 'Whenever you did one of these things for one of the least important of these members of my family, you did it for me' (cf. Mt 25:31-46). I also remembered that his mother Mary said: 'do what he tells you' (Jn 2:5). I understood that the best strategy by which to achieve what I felt I had to do was an alliance with Christ, or better a society whose common aim was to help the weak as we would have wanted to be helped if we were them, and the social capital was faith embodied in a total readiness to help without reservations, as well as suffering which was the more valuable the more it was accepted and appreciated. He was a partner with 51%; we were partners with 49%.

This society was created in 1953 and it has achieved what can be seen. At the present time Oasis is involved with the Regional Government of Sicily in creating a *Regional Network of Satellites and Mini-Satellites* located as required in the local area for a qualified and suitable service for disabled people supported by *telematic installations* for tele-consultation and distance formation as well.

This has been an exceptional journey thanks to this society with Christ in which he is the major shareholder and the guarantor of the objective, thanks to the Pact with Mary who agreed, in addition to being our Mother, to be also the Lady Chaplain of Oasis, and thanks to Oasis we have an Open City where the weak live with the strong and the strong share with the weak and everyone is involved in the art of loving because in Oasis, the Open City, everyone is someone to love.

'Everyone is someone to love' is the objective that teaches us and points out to us the road that we must follow, because if we do not know where to go no wind is favourable.

An Open City does not mean a structure; it means a culture of change of a society that wants to be different and better and this is possible if there are men who are able to improve it. This change begins within us.

The Open City works in four areas and they are the following: the area of health, the area of knowledge, the area of solidarity and the area of spirituality.

– *The area of health* is concerned with prevention, diagnosis, clinical treatment, enabling and rehabilitation, and scientific research. A specific field is the cognitive area both as regards childhood and old age. The achievements have been many and prestigious. Oasis works through a polyclinic with a multidisciplinary and interdisciplinary approach. The centralisation of the services needed to arrive at a diagnosis and the organisation of team work shorten the time that is needed and make more suitable the protocols of prevention, diagnosis, treatment and rehabilitation.

The area of health in Oasis privileges disabled people without neglecting people who are not disabled for whom prevention is better than cure. For them there are health pathways which lay stress upon: the art of knowing how to feed oneself in terms of quality, quantity and method; the art of knowing how to defend oneself against stress which is today so widespread; the art of knowing how to understand and to live the various needs of the seasons of life; and the art of knowing to keep oneself presentable and acceptable out of respect for oneself and for other people. *Health tourism could facilitate and develop this culture*.

– *The area of knowledge* deals with the sector of formation and information and stresses the positive that exists in the world. Knowledge is necessary to knowing, and knowing in its turn is necessary in order to know how to serve, and serving is indispensable for those who are called to govern.

Oasis, if one wants a different and better world, should develop – through studies and research – a culture of change in mentalities, starting from one's own life so as to reach the lives of other people.

The area of knowledge begins from where others have arrived and offers the positive that exists in the world, and there is a great deal if, despite everything, there is a progress that grows and which should be paid attention to and shared.

An advanced school which focuses attention on Oasis which is developing as an open city is something that could be considered, within the limits of what is possible.

Without people responsible for formation there can never be workers for the desired change.

– *The area of solidarity* is directed towards developing wellbeing suited to various requirements and towards promoting a process involving sharing anchored in the culture of the other, who should be respected as we would like to be respected if we were him or her.

– The area of solidarity educates people in knowing how to co-exist with others and above all else educates in knowing how to share. We are in a society of diverse people and the needs and opportunities are diverse.

To be integrated is a necessary requirement and sharing is a precise duty, because none of us knows what tomorrow will be like.

The area of solidarity is an experimental laboratory in the social, anchored in the principle that 'everyone is someone to love', and thus with a suitable and coherent life.

This area envisages: *entrepreneurial incubators* involved in a rational appreciation of human and social resources; *artisan incubators* involved in safeguarding those trades that are disappearing and in the creation of others that new needs suggest; and *incubators of solidarity and sharing* involved in discovering new pathways by which to create prosperity for everyone in line with the just needs of each individual.

– The area of solidarity promotes the culture of values without which our lives would degenerate and this leaving aside whether we are believers or non-believers. Believers respect Christ in man; non-believers respect man even though they do not see Christ in him. The last judgement does not change if both have come to man in his need. *Sharing is thus everyone's duty.* ■

The Concern of the Blessed John Paul II for the Sick and for Health-Care Workers in his Addresses to Those Taking Part in the International Conferences Organised by the Pontifical Council for Health Care Workers

FR. FELICE RUFFINI, M.I.
Former Under-Secretary of the Pontifical Council for Health Care Workers,
Member of the Pontifical Council for Health Care Workers,
the Holy See.

The constant attention paid by the Blessed John Paul II to the field of universal pastoral care in health stresses in an unequivocal way that this went beyond the duty that the service of universal pastor of the Church required. It emerges as an 'existential' dimension of a life that was no longer his after God called him to be a priest first,[1] and then, with the passing of years, a bishop.[2]

He was news and his first speech a few hours after being elected Pope generated pleasurable surprise. It was 17 October 1978 and he was going to the Gemelli Polyclinic of Rome to visit his friend Archbishop Andrea Deskur of venerable memory, who later became a Cardinal. Deskur was at that time ill and entrusted his pastoral service to the patients that he met in the nearby ward.[3]

Those who by choice are involved every day in the 'charism of service to sick man' perceived in those words roots that were much deeper than a simple feeling of compassion. The 'Pope who had come from faraway' perhaps also came from a long and familiar nearness to, and paternal solidarity with, those who were prisoners in the area of the suffering and pain of the body and the soul. A perception that became alive and thrilling visibility in pastoral visits to Roman hospitals and clinics, when one could enjoy the grace of contemplating, through close encounters, the spiritual communication that his eyes and face shone onto the sick person who at that moment was shaking his hand. Great, therefore, was the understandable strongly-felt emotion that we experienced at the time of the institution of the Pontifical Council, which was received as a grace of the Good God.[4]

All of this was confirmed with the passing of years by the words of our Blessed lovable Pope: 'From the beginning of my pastoral service I have been linked to the medical world and to the whole world of service of health care. Amongst you I see people whom I met at the beginning of my pastoral work'.[5]

Pastoral Concern that Came from Afar

A return to that 'beginning of my pastoral service' is advisable and perhaps necessary to discover the roots of that 'pastoral concern' that I am exploring in the nineteen addresses of the Pope's Magisterium that were given to the international conferences of the Pontifical Council for Health Care Workers.

The Archbishop of Krakow, Cardinal Karol Wojtyla, on the occasion of his pastoral visits to his parishes always had meetings with two or three families who had sick people in their homes. The Communist regime did not allow the Pastor of the Diocese to engage in an official visit to public health-care institutions.

This points out to us that attending to pastoral care in health was a

constant practice of his service as a pastor of souls, and this he always confirmed in what he said: 'Speaking of them in this way, I think of other situations that I have come across in my pastoral experience, of those incurables condemned to a wheelchair as sick people or nailed to their beds as invalids; people often young and conscious of the implacable advance of their illness, prisoners of their dying for weeks, months, years'.[6]

But if one wants to discover further the relationship that the Blessed Pope Wojtyla had with the *world of suffering* there are the proceedings of the 'Synod of Krakow'[7] which he opened on 8 May 1972 as Archbishop of the Cathedral of Wawel and which he closed on 8 June 1979 as St. Peter's successor. They were strongly wanted because 'through these proceedings we want to engage in a deep reception of the Council; we wish to take on board the Second Vatican Council, welcome its contents, welcome its teaching, welcome its pastoral orientations'.[8] The healthcare world of the archdiocese of Krakow was very important to its pastor. At the opening of the synod he greeted with very great cordiality the active members of the laity, 'the representatives of the various – scientific, *health-care*, juridical, educational technical, intellectual…– fields'.[9] He placed in the ordinary pastoral care of parishes, as in all the other forms of presence, 'charitable work'.[10] And he expressly said that there 'also exists university pastoral care, pastoral care in health and pastoral care in science…We must reach all of these fields with our work'.[11]

If we want to examine the state of *pastoral care in health* in the archdiocese of Krakow, three documents of the proceedings of the synod should be considered. The first, in thirty-eight articles, was dedicated to 'the participation of Christians in the suffering of Christ and his victory over death: the sacrament of the anointing of the sick'.[12] In a special way it was stated that 'the priests of the archdiocese of Krakow believe that sacramental assistance for the sick is one of the essential tasks of their pastoral office'(art. 15). And later on, in the part headed 'resolutions and recommendations', it was stated that 'the synod observes that sacramental service to the sick constitutes an integral part of pastoral care' (art. 29). It is very interesting to discover that in the archdiocese was celebrated the *Day of the Sick*, which was expanded by the Universal Church on 13 May 1992 as the *World Day of the Sick*.

It is also very interesting to observe that the presence of Our Lady *Salus Infirmorum* in the writings and speeches of the Holy Father addressed to sick people has roots that go far back. Article 14 of the document just subjected to examination, after the invitation to promote total trust in Our Lady of the sick, states: 'the saint's day of the sick of the archdiocese and the whole of Poland is the day of the Virgin Mary Health of the Sick (6 July), established for sick people in Poland by Pope Paul VI. On this festivity should be conferred rich contents of possible (a votive Holy Mass, Holy Mass in the homes of sick people, a centre dedicated to the Virgin Mary Health of the Sick'. This is the root of the impress that characterised the whole of his service as Universal Pastor of the Church: a special love for the sick, and special concern for those who as professionals dedicate themselves to the defence of life, from the first moment of conception to the end of its natural course.

Another experience of great suffering, the moral suffering which was defined by our Blessed Pope as 'pain of the soul',[13] strongly affected him during the Nazi occupation of Poland, even before the end of the war when the macabre secrets of the extermination camps were discovered. A short distance from his native Wadowice, in the city of Oswiecim – dramatically known as Auschwitz – there was the odious crime 'at which contempt for man and his rights can arrive…an unprecedented mobilisation of hatred which trod on man and everything that is human in the name of an imperialist ideology'.[14]

Auschwitz was a part of his archdiocese of Krakow when he was its Archbishop,[15] and we know from reliable witnesses that he often went to think in the back alleys and buildings of the extermination camps that had been created there. 'Therefore, this was also a personal experience of mine, an experience I carry with me even today. Auschwitz, perhaps the most meaningful symbol of the Holocaust of the Jewish people, shows us to what lengths a system constructed on principles of racial hatred and greed for power can go'.[16]

From this experience emerges the Pastor who lived the truth that 'Man does not cease to be great even in his weakness. Do not be afraid to be witnesses to the dignity of every human person, from the moment of conception until death'.[17] This was a *guiding idea* that illumined his entire life, always,[18] because every day he asked himself: 'Who is man, if the Word took on human nature? Who must this man be, if the Son of God paid the supreme price for his dignity?'[19].

It is with great attention to the great riches of the first part of the life of the Blessed John Paul II that I have brought together in four fundamental sub-sections the themes of the nineteen addresses of his Magisterium, with the ambitious aim of offering in summarising form the essential aspects of the research that was entrusted to me.

'Respect for the Whole of Man, of Every Man'

In line with the question, 'Who must this man be, if the Son of God paid the supreme price for his dignity?', the series of international conferences began with an area of health care that contributes immense benefits to the health of man, namely 'experimentation and the use of medicinal products'.[20] This is an instrument that prevents and treats illness and which notably extends life expectancy.

The concern of the Pope, however, together with this benevolent application, was to ask himself about the advisability of a hyperconsumption that endangers the equilibrium of the human organism and the danger that 'first of all medicinal products may be used for purposes that are not therapeutic but in order to alter the laws of

nature to the detriment of the dignity of man'.

To the workers in this field he pointed out that great prudence was necessary to avoid man becoming the subject of experiments and his health, his equilibrium and his life being endangered. And he stated in a decided manner that developed countries had the duty to make available to less developed countries technology and a part of their wealth, always respecting the human dignity of the other without imposing any kind of power.

He encouraged scientific research by saying to those who worked in this field that they should be 'co-operators with God in the defence of the lives of our brothers and sisters, as was the Good Samaritan of the Gospel' and in stating that the Church had always shared with sick people the wish for relief and healing he exhorted them to 'place their experience in the plan of God, in the plan of Redemption, in union with Christ the Saviour, who offers an opportunity for spiritual elevation and offering in love for the salvation of the world'.

The Blessed John Paul II returned to this subject and stated in a decided manner that 'Medicine is at the service of man, of the whole of man, of every man' because life is a gift of God and man is only its responsible steward.

From this point of view, the Pope declared that medicine was at the service of human life and as such has as its sole reference point man himself in his spiritual and material integrity, in his individual and social dimension, and emphasised that not everything that is technically possible is morally and ethically acceptable. One could not be indifferent to a form of scientific research that is research for its own sake, ignoring that the requirements of an authentic service to man needs suitable anthropological reference points that do not exclude Christian inspiration, which for two thousand years has illuminated medicine 'by making a brother be seen in every man, [and] basing service to that brother on the universal commandment of love'.

A witness to abominable historical moments, he strongly affirmed that the exercise of political power in the world of health should not be based on the desire for dominion and profits but on a sincere spirit of service,[21] and as Supreme Pontiff he illuminated the path to be followed: 'In order to understand and live correctly every form of 'power' in the world of health, it is necessary to keep one's eyes fixed on Christ. It is he, the Word made flesh, who took upon himself our infirmities in order to heal them. It is he, who came not to be served but to serve, who teaches us to exercise every form of power as service to the person, especially if weak and frail. It is he who took on pained humanity in order to restore to it the transfigured face of the resurrection'.

'For and with the Weakest and Most Defenceless'

The Blessed Pope John Paul II was especially concerned about two stages in the life of man: old age and childhood. The constant increase throughout the world of life expectancy involved not only medicine but also the family and the structures of the human community. With the prevention of the emergence of illnesses, the self-sufficiency of elderly people had to be attended to, assuring that they could go on expressing themselves as active elements integrated into the context of the family and society.[22]

As Supreme Pontiff he referred to the commandment of the Decalogue which lays down 'Honour your father and your mother as you Lord God has commanded you' (Dt 5:16). The Bible not only refers to the respect and obedience due to parents but also to the obligation based on justice to help them and take care of them when they are not able to look after themselves: 'Remember that you owe your life to them' (Sir 7: 28).

He reminded health-care workers that even though it is incumbent to act to make longevity something that can be appreciated, 'it is no less a duty to strive so that each man is assured a parabola of life that leads him from conception to the natural sunset neither brought forward nor compromised by sub-human conditions of life. The rich countries must not, therefore, forget about countries that are less fortunate in which, because of a large population, suitable care is only guaranteed to a few'.

In particular, he exhorted the major pharmaceutical companies to support the humanitarian policies of their respective countries in order ensure that the so-termed 'poor drugs and medicines' reached poor countries and were shared with them. To place oneself at the service of elderly people was to act worthily towards the lives of everyone, making true and alive the words of the Psalm: 'that still bear fruit in old age and are always green and strong, this shows that the Lord is just' (PS 92 [91]: 15 s).

When calling people's attention to the evident truth that 'tomorrow's adults are today's children',[23] the Blessed John Paul II made himself the spokesman of the weakest children and of abandoned children who could not in the least deal with the growing health needs of what was indeed a huge mass of children. It is the soul of the Pastor that emerges in all its splendour when he states that to the request for help which requires a solidarity that is of a level to meet it 'all men are called but in a special way those who have a vision of life that leads them to recognise in every human person the image of God and almost the reflection of the Face of Christ, a reflection that is especially alive and visible specifically in the innocent features of children'.

The rights of children are expressed in the 'right to be loved'. And science itself, as 'love of knowledge', must be transformed into a service of love for children, and with it all public and state institutions as well.

The concern of the Supreme Pontiff was expressed again for disabled people, and here he called for the involvement of the whole community[24] so that they could exercise to the full their rights. He reminded Christians of what St. Paul states when writing about the Mystical Body of Christ: 'if one member suffers, all the members suffer with him' (1Cor 1:26). This was a revelation that also illuminated human society by pointing out that

in institutions solidarity must be the fundamental platform of relationships between individuals and groups because 'man, every human being, is always worthy of the greatest respect and has the right to express to the full his dignity as a person'.

He praised the role of volunteers and stressed that their action is a witness to faith and a direct encounter with Christ who is present in a person tried by illness, and to health-care workers (scientists, medical doctors, nurses and technicians) he extended the impelling invitation to link up their activity so as to do as much as possible to humanise therapeutic care, to improve the physical condition of patients, and increase in them the hope of recovery and active social integration.

'Why Live?'

At the historic moment of the manifestation of the emergent disease of AIDS, the concern of a Father and Pastor emerged to provide a suitable answer to the fundamental question of existence: 'Why live?'[25] 'Words' awaited not only in the Church but also in human society, which was confused and disorientated by the virulence and mystery which AIDS brought with it at that moment.

After outlining the challenge that AIDS launched to everyone, and the task of the Church which was prevention and helping those who were struck by it, the Holy Father denounced the worrying crisis of values: 'One is not far from the truth if one states that in parallel with the spread of AIDS there has been expressed a sort of immunodeficiency at the level of existential values, which can but be seen as an true pathology of the spirit'.

These were words that were very much awaited, especially within the Christian community, which were based upon the interpretation of divine law by the Church, an 'expert in humanity', that did not want to propose a series of 'Nos' but rather to propose a lifestyle fully in line with the dignity of the human person. After referring briefly to the presence of by no means few national bishops' conferences in this specific field, the Pope declared that 'in a spirit of communion with the whole of the Church and with trusting and intense participation, I, too, willingly take this opportunity to unite my voice to the voices of other pastors and exhort each person to accept his responsibilities'.

The dramatic character of this moment led the Pastor to express his personal nearness to the various categories of people who were involved.

He thus turned 'first of all, with attentive care, to *AIDS patients*', assuring them that the Church was near to them so that they would never lose hope, and he referred to the invitation of Jesus: 'Come to me all you are heavy laden and oppressed and I will give you rest' (Mt 11:28).

He then turned to *the families of people with AIDS* and after observing the role of the first school of life and of formation, he said that he was near to those families 'who live internally the drama of AIDS. I wish that they feel addressed to them the participating understanding of the Pope, who is well aware of the difficult mission to which they are called. I pray to the Lord to grant to them the generosity that is needed not to abdicate a task which, before God and society, they adopted once as something that could not be abandoned'

He invited *educator*s to be the promoters of a serious and suitable formation of young people in healthy and responsible living and to ward off the threat of AIDS.

He declared to *young people* that it should not be fear but the aware choice of a healthy and responsible style of life that would ward off the threat of AIDS.

He appealed to *people in government* to address with every commitment the new problems raised by the spread of AIDS and emphasised that 'the fight against AIDS postulates cooperation between peoples, and because the demand for health and life is shared by all men, no political or economic calculation should divide the commitment of States which are together called to the challenge of AIDS'.

To *scientists and researchers*, although observing that effective drugs and vaccines against AIDS were still absent, with his applause went his 'invitation to increase and coordinate their work, a source of hope for AIDS patients and for the whole of humanity'.

To *medical doctors and health-care workers* went the pressing invitation to transform their service into helping witness, like the Good Samaritan, with the call to know how 'receive, interpret and appreciate the trust that you sick brother has in you' and to be promoters of action to sensitise society to the reality and the threat of AIDS, and all the problems and issues connected with it.

To priests and men and women religious he made 'my most ardent appeal that they be heralds of the Gospel of suffering in the contemporary world', responding with generosity to the appeal of their Pastors in promoting and supporting all initiatives of concerned welcome for those who are tried by illness, exalting 'the greatness and the dignity of the human person and his eternal destiny', so that 'the cross of Christ will not be vain' (1 Cor 1:17).

And, lastly, the concern of the Pastor went to *all of the faithful* afflicted by the scourge of AIDS because while research was being dedicated to finding an effective remedy they should turn to God with the words of Job: 'I know, Lord, that you are all powerful, and that you can do everything you want' (Jb 42:2), certain that life would triumph over death.

With the new emerging threat to life in the form of AIDS, the Supreme Pontiff directed his attention and concern to two realities that had existed for some time and which afflicted the human family. In 'Drugs and Alcohol Against Life',[26] was expressed the assessment of the intrinsic gravity and devastating extent of these problems which go against the person in his or her capacity for giving, and at the same time lower and threaten mankind as regards life expectancy.

But the Pastor showed that he was a good father and assured those listening that 'there certainly exists a clear difference between the use of drugs and the use of alcohol. Indeed, whereas a moderate use of this drink does not go against mor-

al prohibitions, and only its abuse is to be condemned, taking drugs, in opposite fashion, is always illicit, because it involves an unjustified and irrational abandoning of thinking, wanting and acting as free individuals'.

Defining drug dealers as 'merchants of death', with sad concern he warned young people about the temptations of illusory and tragic experiences, and pointed out *'contra spem in spem'* (Rm 4:18), the urgent need to retrieve the human values of love and of life. He declared in a decided manner: 'Behold: love! To drug-addicts, to the victims of alcoholism, to family and social communities, which suffer so much because of this illness of their members, the Church in the name of Christ proposes as an answer and as an alternative the *therapy of love*: God is love, and who lives in love actuates communion with other people and with God: 'whoever does not love is still under the power of death'(1 Jn 3:14). Who loves enjoys life and remains alive.

'As Long as I am Alive I have the Right to Live'

A constant of the Magisterium of the Blessed John Paul II was to affirm that the right to life is a fundamental right which has its roots in rational motivations.[27] In *Crossing the Threshold of Hope*, the Holy Father declared: 'As long as I am alive I have the right to live'.[28]

The Church encourages and supports sciences, she intervenes because of her gospel mission, and has the duty to bring to human reason the light of revelation. Science and faith have to work together for the fundamental human right to life, constructing the right hierarchy of every other individual and social right.

We encounter a high level of pastoral concern in the forceful statement: 'I am obliged once again to raise my voice against all those practices involving the shortening of life which go under the name of euthanasia… an attack on life that no human authority can legitimise, given that the life of an innocent is a good that cannot be disposed of'.[29]

Euthanasia is one of the most alarming symptoms of the 'culture of death' of prosperous society and we are all committed to the defence of life as a gift of God, but this is especially so of health-care workers who have their specific mission of being 'ministers of life' and are thus called to the defence of the lives of the weakest and the most defenceless.

In his last magisterial address to the international conference of 2004 which was on the subject 'Palliative Care',[30] the Blessed John Paul II handed over the testament of his concern in his constant statement that medicine is always at the service of life, even when it is aware that it cannot counter a pathology. In helping those who suffer by dedicating their abilities to reduce their suffering, believers know that they take care of Christ himself (cf. Mt 25:35-40).

And in this prophetic vision of his final days, our beloved Blessed Pope dictated the healthy behaviour to be followed by everyone, sick people and health-care workers: 'The rejection of exaggerated treatment is not a rejection of a patient and his life. Indeed, the subject under deliberation on the advisability of beginning or continuing a therapeutic practice is not the value of the life of the patient but the value of the medical intervention upon the patient. The possible decision not to engage in or to interrupt a therapy is held to be ethically correct when it is ineffective or clearly disproportionate to the purpose of supporting life or the recovery of health. The rejection of exaggerated treatment, therefore, is an expression of the respect that at every moment is due to the patient'.

The pastoral care of the Supreme Pontiff went as far as the person, leaving behind an illuminating guide for behaviour. I have just said 'prophetic vision of his final days'. The sterile controversies generated by the promoters of the 'culture of death', who in the attempt to justify euthanasia by calling into play the wish expressed by our Blessed, 'let me go to the house of the Father', find in his last *Lectio Magistralis* to those taking part in the international conferences of the Pontifical Council a 'north star' in the difficult and at times tortured navigation through life, which is constantly tempted by the 'culture of death'.

Conclusion

An overall view of the density and variety of 'The Concern of the Blessed John Paul II for the Sick and for Health-Care Workers', expressed in these nineteenth international conferences, invites us to search for the motivation that animated, inspired and sustained this concern.

And we can do this in summarising form through two extremely significant moments. From the rich archives of the media which have frozen in time his meetings with sick people, one emerges and has raised itself to being an 'icon': the Holy Father on bended knee in front of child lying down in a small corridor, whose innocent suffering he contemplates and in whom with deep faith he venerates the 'Word made Flesh' who is concealed in him, and the amazed humanity in that sad and weeping mother who stretched out her hand to the hope that comes from that 'Bishop dressed in white' who for years has borne in his body the stigmata of suffering generated by the wicked hatred of man.

Service to the pain of man which is full of humanity and fraternal solidarity and sharing, which the Supreme Pontiff sublimates and leads to drawing upon the heights of Revelation, and becomes love and veneration by immersing himself in the Mystery of the Cross.

A dimension that finds its 'icon' in the instantaneous wonder of his last Good Friday – 25 March 2005 – which gave him over to history closely embracing the crucifix in the celebration of the *Via Crucis* with the whole of the Church. It is the revelation of what informed all of his personal action and his action as the universal pastor: 'The mystery of the Redemption of the world is in an amazing way *rooted in suffering,* and this suffering in turn finds in the mystery of the Redemption its supreme and surest point of reference (*Salvifici Doloris*, n. 31).

It is the adoration of the Word

made Flesh in the 'innocent suffering of Man', total communion with his Jesus, the Crucified Christ, who 'In bringing about the Redemption through suffering, Christ *has* also *raised human suffering to the level of the Redemption.* Thus each man, in his suffering, can also become a sharer in the redemptive suffering of Christ' (*ibidem*, n. 19).

Notes

[1] See the Second Vatican Council, decree *Presbyterorum Ordinis*, n. 3.

[2] The Second Vatican Council, dogmatic constitution *Lumen Gentium*, n. 21.

[3] 'Giovanni Paolo II fra gli ammalati del Policlinico A. Gemelli', *L'Osservatore Romano* del 19 October 1978, p. 1, 2. With improvised words he said that he wanted to 'base my papal ministry above all on those who suffer and to their suffering, passion and pains unite prayer…dearest brothers and sisters, I would like to entrust myself to your prayers…[so that you may be] very powerful, very powerful as the Crucified Jesus Christ is powerful'.

[4] The author of this paper worked for years with Cardinal Fiorenzo Angelini, at that time Bishop for Pastoral Care in Health in Rome, and had the privilege to live those thrilling moments, and above all mid-day of 11 February 1985 listening to the live voice of the Prelate of the Secretariat of State read the Motu Proprio *Dolentium Hominum*'

[5] Address given at the Prokocim Children's Hospital of Krakow of 13 August 1991, *L'Osservatore Romano* del 14 August 1991, p. 5

[6] *Frossard dialoga con Giovanni Paolo II - "Non abbiate paura!"* (Rusconi, 4th ed., 1982), p. 27.

[7] *Il Sinodo Pastorale dell'Archidiocesi di Cracovia 1972-1979* (Libreria Editrice Vaticana, October 1985), pp. 799.

[8] *Ibid*., Address of Archbishop Cardinal Wojtyla at the opening of the Synod, 8 May 1972, p. 225.

[9] *Ibid*., p. 221.

[10] *Ibid*., p. 241, Address to Members of the Secretariat of the Synod, 29 September 1972.

[11] *Ibid*., p. 253, Address to the Study Groups, 10 October 1972.

[12] *Ibid*., pp. 521-532.

[13] *Salvifici Doloris*, n. 5.

[14] *Messaggio di S.S. Giovanni Paolo II alla Conferenza Episcopale Polacca in occasione del 50° Anniversario dell'inizio della 2ª Guerra Mondiale il 1 settembre 1939* (Libreria Editrice Vaticana, 26 August 1989), p. 6, n. 3.

[15] Since 25 March 1992 it has been a part of the new diocese of Bielsko-Zywiec (cf. *Annuario Pontificio 1995*, p. 95).

[16] Giovanni Paolo II, *Varcare la soglia della speranza* (Mondadori Edit., 1st. ed. October 1994), p. 110

[17] *Ibid*., p. 11.

[18] *Ibid*., p. 217: 'Interest in man as a person had been present in me for a long time'.

[19] *Ibid*, p. 215.

[20] 'I1 farmaco a servizio della vita umana', I International Conference, 23, 24, 25 October 1986, in *Dolentium Hominum*, n. 4 - 1987, pp. 4-6 (hereafter *DH*).

[21] 'Salute e Potere', XV Conferenza Internazionale, 15-16-17 November 2001, in *DH* n. 49 - 2002, pp. 9-10.

[22] La Chiesa e la Persona Anziana', XIII International Conference, 29-30-31 October 1998, in *DH* n. 40 - 1999, pp. 6-8.

[23] 'Il bambino è il futuro della società', VIII International Conference, ,18-19-20 November 1993, in *DH* n. 25 - 1994, pp.7-8.

[24] 'Le persone disabili nella società', VII International Conference, 19-20-21 November 1992, in *DH* n. 22 - 1993, pp. 7-10.

[25] 'Vivere: perché? L'AIDS, IV International Conference, 13-14-15 November 1989, in *DH* n. 13 - 1990, pp. 6-9.

[26] 'Droga e alcolismo contro la vita, VI Conferenza Internazionale, 21-22- 23 November 1991, in *DH* n. 19 - 1992, pp. 7-9.

[27] 'Conoscere, amare, servire la vita', IX International Conference, 24-25-26 November 1994, in *DH* n. 28 - 1995, pp. 7-8.

[28] Giovanni Paolo II, *Varcare*, p. 223.

[29] 'La Chiesa e la Persona Anziana, XIII International Conference, 29-30-31 October 1998, in *DH* n. 40 - 1999, pp. 6-8.

[30] 'Le cure palliative', XIX International Conference, 11-12-13 November 2004, in *DH* n. 58 – 2005, pp. 7-8.

The Pastoral Tandem 'Do Good Through Suffering' and 'Do Good to Those Who Suffer' in the Messages of the Blessed John Paul II for the World Days of the Sick

FR. ANGELO BRUSCO, M.I.
Former Superior General of the Regular Clerics Ministers of the Infirm (Camillians), Italy.

In giving my paper I thought that I would adopt the literary genre of an interview. This is a literary genre that was not unknown to John Paul II who on a number of occasions agreed to be interviewed to speak about himself and his mission. This choice will allow me, so to speak, to make this Supreme Pontiff talk, thereby making the presentation of his teaching more effective.

Q. Your Holiness, amongst the very important books and documents that you wrote during your long pontificate, the messages drawn up on the occasion of the World Day of the Sick are without doubt to be seen as minor works. In them, however, are to be found many important aspects of your theological and pastoral thought. Given that these were occasional writings, it is not easy to perceive their unifying thread. However, a careful reading of them allows me to see in them, on the one hand, a constant concern to reach the hearts of sick people not only to pour balsam on their wounds but also to help them to make their suffering an occasion for human and spiritual growth and apostolate, and, on the other hand, the wish to make people's hearts sensitive to the situations of those who suffer in body and spirit. Am I right?

A. You have understood well the central core of my messages which reflect, even if rapidly, what I wrote at greater length in other documents, amongst which the apostolic letter *Salvifici Doloris*, the apostolic exhortation *Christifideles Laici* (nn. 52-53), and the encyclicals *Dives in misericordia* and *Evangelium Vitae,* where it clearly emerges that Christianity has a message of life to proclaim not only to those who suffer but also to those who choose to care for and help sick people.

Q. Holy Father, you speak about a message of life to proclaim to those who suffer. Could you capture in a few words the core of that message?

A. The answer to your question is present in all of my thirteen messages, in which I tried to illustrate the effects produced by suffering in the light of the gospel. Seen from the point of view of human observation, suffering seems to be without any meaning, 'an obstacle to happiness and even a reason for drawing away from the Lord'. But there exists 'a higher point of view, that of God, who calls everyone to life and, albeit though pain and death, to His Kingdom of love and peace'. Faith offers to the Christian the possibility of reading human suffering in a different way, transforming it not only into an opportunity for human and spiritual growth, as I said, but also into an instrument of salvation for oneself and other people. This is what is expressed in the *incipit*, and above all in the contents, of my apostolic letter *Salvifici doloris*, the pain that saves.

Q. Your Holiness, is this then what you mean when you speak about 'doing good through suffering'?

A. Exactly. When human suffering is accepted and offered up in union with Christ, that is to say connected with him who took upon himself all the pain of the world, one flows into that river of love which the Lord Jesus expressed by subjecting himself to his passion and his death. All suffering, therefore, can become, through grace, an extension of the mystery of the redemption, which although it is complete in Christ, 'remains constantly open to all love that is expressed in human suffering'.

Q. In your messages, Your Holiness, you therefore take up from what you wrote in numbers 53 and 54 of the apostolic exhortation Christifideles Laici, where you state that a sick person, too, is called to be a worker in the vineyard of the Lord, an 'active and responsible participant in the work of evangelization and salvation' (n. 54). This rehabilitation of the sick person, as we could describe it, is in line with what has happened in civil society as well, where the rights of the sick person, who is called to be involved in the treatment that is given to him or her, have been upheld. If I remember well, in an address to the staff of the Gemelli Hospital of Rome you spoke the following words: 'The patient to whom you devote your care and your studies in not an anonymous individual to whom should be applied what knowledge produces, he or she is a responsible person who must be called to make himself or herself a participant in the improvement of his or her health and the achievement of healing'. Could we say that there has been a shared journey of the Church and civil society in recognising the responsibility of sick people?

A. In a certain sense this is true. However, the commitment and responsibility to which I call a sick person is not solely directed towards achieving his or her autonomy but also to ensuring that he or she comes out of himself or herself to make of his or her own situation of suffering an expression of love for other people. In this way, he or she offers a valuable contribution to evangelisation. And he or she has a mission of the highest value for both the Church and society.

Q. The luminous pathway that you point out to sick people, Holy Father, can it be easily trod?

A. It is a difficult pathway because man does not find on his own the meaning of suffering and death. But it is nonetheless a pathway that can always be trod with the help of Jesus, the interior Teacher and Guide (cf. *Salvifici doloris*, nn. 26-27). We should always bear in mind that Christ suffers for us: he takes upon himself the suffering of everyone and redeems it; Christ suffers with us, giving us the possibility to share with him our tribulations, to the point of making them instruments of salvation.

Q. The pathway outlined by Christ and by many of his disciples opens up, therefore, to our sick brothers and sisters great prospects of personal sanctification and cooperation in the salvation of the world.

A. Certainly. Having myself as well, over recent years, on more than one occasion, experienced illness, I understood increasingly clearly its value for the Petrine ministry and for the very life of the Church.

Q. Your Holiness, there are theologians and experts on pastoral care who do not like certain phrases that recur in your messages: offering up one's suffering to the Lord, the Gospel of suffering…, salvific pain. Do you have some words on this matter?

A. I believe that one can discuss terms and phrases but not the meaning that is attributed to them in my messages, where what is given great value is not so much suffering, which in itself is negative and thus should be combated, but the meaning that it can acquire through faith and the function that it can perform when, united to the suffering of Christ, it is transformed into an authentic expression of love. Indeed, looking for new and effective ways by which to alleviate suffering is right, but suffering remains a fundamental fact of human life. In a certain sense, it is as deep as man himself and touches upon his very essence (cf. *Salvifici doloris*, n. 3). Medical research and treatment do not totally explain or completely defeat suffering. In its depths and in its many forms, it should be seen from a point of view that transcends the merely physical aspect. As a result I do not hesitate to repeat what I wrote in one of these messages: 'Dear people who are ill: sustained by faith, face evil in all its forms without becoming discouraged and yielding to pessimism. Take the opportunity opened up by Christ to transform your situation into an expression of grace and love. Then your pain, too, will become salvific and contribute to completing the suffering of Christ for the benefit of his Body which is the Church'.

Q. Holy Father, how do you think that what you stated in your messages about suffering and the good that sick people can do has been received in contemporary

society, and above all contemporary Western society?

A. I am aware of the strong resistance that my message can provoke in a society such as contemporary society which seeks to build its future on prosperity and consumerism and assesses everything on the basis of efficiency and profit, in a culture where illness and suffering, given that they cannot be denied, are either removed or emptied of their meaning in the illusion that they can be overcome solely through the means that are offered by the advance of science and technology. But how could I withdraw from this task of evangelisation?

Q. Holy Father, in a Church document which refers to n. 54 of Christifideles Laici I read: 'It will be difficult for a sick person to perform his or her role of being an active individual of the Church community if he or she is not first 'an object of the Church's love and service' (CL, n. 54), finding in her human, spiritual and moral support'. These words bring me to the second part of my interview which centres around doing good to those who suffer. When reading your messages, it is clear that you do not address Christians alone to exhort them to respond with love to the needs of sick people.

A. That is true because the basic questions raised by the reality of suffering and the appeal to provide relief from both a physical and spiritual point of view to those people who are ill does not concern only believers but calls upon the whole of humanity, which is marked by the limits of the mortal condition. And since 'illness and pain concern every human being, love for suffering people is a sign and a measurement of the level of civilisation and progress of a people'. After saying this, it should be made clear that the motivations that lead a Christian *to do good to those who suffer* are not the outcome of a simple philanthropic approach – they are rooted in the theological virtue of charity which leads us to see in those people who suffer the very face of Christ. It follows from this that my appeals to those responsible for the administration of health care in all countries of the world and my exhortation *to humanise*, that is to say to make service to the sick increasingly human, has a different resonance in those who are aware, as the Blessed Don Orione observed, that *they serve in man the Son of man…*

D. In Salvifici Doloris and in your messages you point to the Samaritan of the Gospel of Luke as the model that not only Christians but also men of good will are called to imitate. In engaging in this exhortation, you specify that the imitation of the Samaritan should not be confined to treating wounds.

A. Exactly. Indeed, the example of Jesus, the Good Samaritan, does not lead us only to help sick people in the most competent and human way possible – joining our intelligence to our hearts, it also leads us to do what is possible to integrate them into society. For Christ, indeed, who is the Samaritan to the utmost, the physician of the soul and the body, healing is at the same time reintegrating: just as illness excludes a person from the community, so healing must lead man to rediscover his place in his family, in the Church, and in society.

Q. In more than one of your messages it is made clear that one of the ways of doing good to those who suffer lies in defending life at all times, from conception to natural death.

A. There is no doubt that the defence of life, above all of the frailest people, such as the unborn, the disabled, and the dying, constitutes one of the most important expression of the love of the Church community for the sick. What provokes suffering in my heart is the fact that the wounds imposed on life (abortion, euthanasia…) are often portrayed as an expression of love.

Q. Holy Father, the phrase 'ecumenism of works', which you used in your message for the seventh World Day of the Sick, attracted my attention. What did you mean by this phrase?

A. By the phrase 'ecumenism of works' I meant that when the various Christian and non- Christian confessions come together *to help those who suffer*, they converge around certain shared values that can then make ecumenical and inter-religious dialogue easier.

Q. In exhorting people to do good to those who suffer you often refer to the Eucharist and above all to the Virgin Mary.

A. This emphasis of mine should not generate surprise. Indeed, the words that a priest pronounces after the consecration of the wine, 'do this in remembrance of me', do not only command us to perpetuate the Eucharist in time: they also command us to continue to actuate that self-giving, which Jesus gave us an example of, above all through his passion and death, followed by his resurrection. Now, service to the sick and the suffering is an especially significant expression of this self-giving. It follows that those who want *to do good to those who suffer* find in the Eucharist an inexhaustible source of strength and a stimulus to engage in always new charity. As regards the Virgin Mary, I must confess that I would not have been happy if every message failed to have a mention of her, the icon of the gospel of suffering, an example of service, a source of secure hope, as she is prayed to in so many liturgical and popular prayers. Without forgetting that almost every World Day of the Sick was celebrated in a Marian sanctuary.

Q. Holy Father, our interview is coming to an end. Before leaving, I want to recall the words that you wrote in one of your messages: 'Every day I go on a spiritual pilgrimage to hospitals and treatment centres, where people of every age and social background live. I would particularly like to pause beside the patients, their relatives and the health-care personnel'. Now that you are in heaven, I ask you to continue this pilgrimage in places of pain, interceding with the Lord so that those who suffer in body and spirit can experience the healing and saving presence of Jesus and the sweet protection of the Virgin Mary.

Thank you, Your Holiness!

The Mass Media and their Perception of the Pain of the Blessed John Paul II

FR. FEDERICO LOMBARDI, S.J.
Director of the Press Room of the Holy See.

A First Observation: the Predominant Role of Television

When one speaks about the suffering of John Paul II and the perception of it in the mass media one should think first and foremost about television. This subject was spoken about a great deal on the radio, a great deal was written about in newspapers, and there were innumerable multimedia comments on it on the Web, but without doubt the principal and most involving pathway by which the world shared in the suffering, the dying and the death of John Paul II was television Television, and we do well to remember this fact, is a moving image accompanied by the sound of words, of the environment or of comments. Indeed, what people spoke about or wrote about the suffering of John Paul II was principally based on what they had seen on television.

In reality, and this, too, should not be forgotten, the pontificate of John Paul II took place at the same time as the explosion in television as a form of global and live communication, in forms and potential that previously did not exist, and thus from this point of view what took place cannot in the least be compared with the events and situations of previous pontificates, not even with the much participated-in dying of John XXIII.

I believe, therefore, that the qualification on the basis of which I am here to speak to you today is principally that of being the director of the Vatican Television Centre, a post I have held since 2001, and which gave me an opportunity to follow with deep human and spiritual involvement, together with those who work with me, the event of the suffering of this Pope, as the person directly responsible for the filming and the dissemination of his television image during the last years of his life.

A Second Observation: the Images of the Suffering of the Pope and his Participation in Suffering Accompanied his Pontificate

Certainly the intensity of the communication and the perception of the physical suffering of this Pope increased moving towards his death. During the last years of his life it was a constant background to the presence of the Pope on television and in the mass media, the principal object of attention. But we should not because of this forget the previous facts and moments when the Pope suffered and the mass media fostered an intense and very broad participation in these events. Beginning with the assassination attempt and the images of the Pope wounded in the jeep, and then the photographs of him in hospital, his appearances at the window of the Gemelli Polyclinic, and his voice that was broadcast on the occasion of his various admissions to hospital.

John Paul II was a Pope who was known and followed through the mass media in a new and very intense way when compared to the previous Supreme Pontiffs, and the dimension of physical suffering in his life was present from the first days of his pontificate, beginning with that special suffering which followed the terrible physical violence that was launched, because of hatred, against his person.

It is also right to observe that the personal suffering of the Pope was certainly perceived in counterpoint with his participation in the suffering of other people. The way in which John Paul II was seen greeting the sick people and the handicapped people who were present at his celebrations and his talking to them – often dedicating a great deal of time to this and wanting to pass in front of all of them, one by one – was a characteristic aspect which won him affection and admiration, and led to an easy forgiving of the frequent upsetting of timetables. One may easily believe that it was specifically this evident attraction towards the suffering – first and foremost those who suffered physically but also those who suffered in the spirit, the victims of injustice, of poverty, of abandonment…– this great capacity for compassion, which found echo in the widespread and intense compassion that was felt by people for this suffering Pope.

A Third Observation: the Pontificate of John Paul II as Seen by the Mass Media

John Paul II lived his life and his pontificate with much naturalness in relation to the mass media. It was a special relationship, which by now has been much studied and commented upon. It is not therefore appropriate to examine it here. A few words, therefore, are sufficient.

It is certainly the case that Pope Wojtyla wanted to take advantage of the modern mass media for his mission of the evangelisation of the world. He felt that they were his possible allies and extenders of his messages until the boundaries of humanity.

He did not allow himself to be intimidated or conditioned by them and in particular as regards television his youthful vocation to expression through theatre offered him an extraordinary capacity for

spontaneous behaviour, albeit under the constant pressure of the presence of television cameras.

We were able to see him weep, laugh, pray, preach forcefully (even shout) or keep quiet and take walks in mountains. He showed the human face of the pontificate.[1]

He behaved in a truthful way and was himself, and he did allow himself to be used by the mass media. He did not act a part, but always proclaimed his message with clarity and in a decisive way, even when that message was unpopular. In this sense, his secretary (today Cardinal Dziwisz) spoke about 'friendship albeit at a distance'[2] to characterise the relationship that existed between the Pope and the mass media.

In this broader context, the communication of suffering became the communication of an essential dimension of his life itself, which had a long and broad development, rightly matching the exceptional length and breadth of his papacy. Because people know that illness and suffering are a very important part of human life in earth, it was right, in a certain sense, for a Supreme Pontiff who accompanied such a broad part of the journey of people's lives (twenty-six years indeed!) to also be an eye witness to this major role of physical suffering in the lives of most ordinary people.

Thus the message of the Pope in the end became increasingly less a message of words and increasingly identified with his own personal life which was lived as a believer before God and offered up with simplicity to the people of God and to humanity.

When reflecting on what must have been the interior approach of John Paul II in this situation, before God and before men, there have always forcefully come to my mind his words from the *Trittico Romano* in his contemplation in the Sistine Chapel when he meditated in front of God, Creator and Judge, and spoke about him as He 'who sees', the First Seer: *'Omnia nuda et aperta sunt ante oculos eius*'.

The whole of reality, including our lives, is 'naked and open' to the eyes of God. A life which is known and unfolds always before the eyes of God can also unfold without fear before other eyes, even in the weakness and the humiliation of infirmity. Reminding in a certain sense the 'secondary' eyes that what counts most for everyone is the gaze of the first Seer.

A strong sign of this transparency of the Pope as regards his life, including his illness, we had already experienced at the Angelus of 12 July 1992 when he announced that he would be admitted to the Gemelli Polyclinic that evening for tests. He was referring to an operation for cancer of the intestine which would later be followed with great participation by an enormous audience. At that Angelus few words were sufficient but it was striking that for the first time the Pope himself made the faithful take part in his health problems, involving them after a certain fashion in his decisions as regards his condition, thereby breaking with a prevalent tradition of silence and discretion about the health of a Pope, about which it was customary to provide information only about developments that were underway or had already taken place, and when this was absolutely necessary. This was a good preparation for subsequent years when the evident character of his infirmity and suffering was due no longer to the proclaiming of something that was not apparent to the eye but to the increasingly visible signs of his illness.

One should not neglect that fact that the final illness of John Paul II, after the assassination attempt, his tumour and the fracture of his femur, was a particularly visible illness, namely Parkinson's disease, with a development that was to a certain extent foreseeable and progressive, whose increasingly evident stages (shaking, problems with walking, growing difficulties at the level of speech, uncontrolled facial expressions, and gradual paralysis) we were able to perceive with concern and pain.

Here the problem at the level of the mass media was not a problem relating to informing the public, of news upon the state of health of the Pope, but of the visual presentation of a sick person in his public activity, in particular during events that were frequently and almost constantly broadcast live.

The Chain of Communication in the Images of this Suffering Pope

In order to reflect on the perception of the suffering of Pope John Paul II on television one should dwell on understanding the various links of the chain of the filming and broadcasting of images until they reached the eyes of the general public. This took place in four principal stages.

The Pope and the Interpreter of his Wishes

First of all there was the Pope himself who was strong in his wish to continue his public ministry despite his infirmity. Thus a Pope who offered himself freely and voluntarily to the eyes of other people and in particular to the eye of the television camera. Yes or no, when, how, where, up to what point did he wish to offer himself? Here came into play the extraordinarily important function of his interpreter who was able to understand with certainty, faithfulness and respect the wishes of the Supreme Pontiff and to express them to the television network, in this case the Vatican Television Centre. Msgr. Dziwisz, because of his very long familiarity with the Pope was this person, with whom we dialogued directly and frequently, and he was the only person able to perform this service. This was a very delicate service of discernment, in dialogue with the Pope, about the latter's intentions and his strength at any given moment.

We may think of the images broadcast live from his car on his last return to the Vatican from the Gemelli Polytechnic or of those from his private chapel during the last Via Crucis to the Coliseum (these had been planned to be broadcast for a few minutes but in fact lasted until the end of the rite) or of his last public appearances at the window of his study. I remember a live broadcast, already

organised but in the end not carried through, from the papal apartments, with the Lateran Basilica full of young people, and the prolonged dialogue during the wait when Msgr. Stanislao listened to the wishes of the Pope and communicated them to us, until there was the decision in the negative.

I would like to express again here my immense gratitude as well as of those who worked with me for the irreplaceable and faithful service that Msgr. Stanislao provided in those years and months. Without him our work would have been impossible or certainly much more dramatically difficult and unsatisfactory.

The Broadcasting of Images of the Suffering Pope

Then there is the second link. That is to say those who filmed and directed the 'production' of images. In this case, on most occasions, this was the Vatican Television Centre. How to film, with a close up or not, when to remove the eye from the television camera out of a sense of discretion and choose another shot? Here certainly great professionalism and experience were needed, but also great respect and love for the person who was filmed. In this case, as well, we had to become co-workers of the Pope who wanted to continue to be seen while he exercised his ministry for his people, and at the same time we had to respect to the full his dignity, something that people certainly wanted. Probably only someone who for years was familiar with filming the person of John Paul II – and I had followed him day by day when his illness was advancing as well – was trained to perform the service of filming in an adequate way and to choose in the cutting room between the various images provided by different television cameras, constantly following the subtle line that separated the risk of concealing reality from the risk of a disrespectful curiosity. Stefano D'Agostini, the technical head of the Vatican Television Centre, and thus a protagonist of these events, has testified: 'I observed that television, in addition to moving people, was itself moved; in human and professional terms the participation of the workers of that sector in the painful events of those days demonstrated that this technological instrument is whatever the case employed by men, who can be permeated by emotions, by feelings and by pain'.[3]

The Dissemination of the Images of this Suffering Pope and Comments on Them

The third link is that of the television agencies and broadcasters, the televisions that received the images of the Pope (for the most part produced by the Vatican Television Centre, or co-produced by it and RAI, as was the case at the time of the solemn Mass of the funeral of the Pope) and through their channels reach the final audience, adding to the images that were received the comments that accompanied them or interspersing them with interviews and information produced by them. This link was also very important because these television networks were essential in disseminating images and original sounds, and it was only through their mediation that they could reach the viewers of a large number of countries and different cultures in a way that suited specific needs and customs. The workers of these television companies are often very agitated and invasive because they work within a regime of competition with each other, but one cannot deny that they generally know how to interpret the expectations and feelings of their viewers and they know that they have to answer to them. In the case we are dealing with, their very strong pressures to have the most abundant and intense service of images expressed the intense expectation and great participation of the world's viewers in the event of the illness and the death of the Pope and – above all in live communication from Rome – the personnel of the television channels of the whole world became involved with emotion and participation and made themselves an effective and respectful, and indeed at times impassioned, medium for their viewers. A Polish scholar stated that these events had a major beneficial effect on the mass media because they 'brought back normality into the kingdom of the mass media…And when we speak about normality we mean: the capacity to communicate authentically. The death of the Supreme Pontiff demonstrated that the mass media can really communicate in a human way…It was he himself who introduced silence into the mass media when he prayed in the cathedral of Krakow for about twenty-seven minutes or when during his last public appearance he could not pronounce any words at all.[4]

Actually, we could say that the whole of the television story of Papa Wojtyla contributed to an ennobling of the service of the mass media, to its rediscovery of its positive vocation, and that one of the crucial aspects of this story was specifically the rediscovery of the right of citizenship on the screen of a suffering face, one that was not beautiful and healthy as the stereotypes require but one that was dignified and able to express a great message of solidarity, in patience and faith, with all the suffering of the world. One could in a certain extent affirm that Pope Wojtyla not only evangelised 'through the mass media' but – above all through his suffering and death – 'evangelised the mass media themselves'.[5]

The Image of the Suffering Pope in the Eyes and the Hearts of the Viewing Public

Lastly, and this is the last link, through innumerable television channels, images reached the eyes and the hearts of the viewers. A scholar of the mass media has stated and personally testified: 'The decision of the Pope to live out his illness personally, in front of the world which has become a village, as a courageous gesture of gospel solidarity with the sick and dying of the whole world, as a positive and redemptive experience, had an immense impact throughout the world and

infused (in innumerable people) the growing feeling of being in communion with him'.[6]

We were all witnesses to the very deep involvement of innumerable elderly people and sick people in the story of the last years of the Pope, and I do not, therefore, believe that it is necessary to emphasise what was evident and is known to everybody. I would like, rather, to add some words on the communal dimension and the Christian dimension of these events.

It is certainly the case that very many people personally followed events on television in their homes but there was also a very intense sense of taking part in a common event. There was an awareness that the personal communion with the Pope who was suffering also became communion between the faithful and between innumerable people, beyond frontiers and geographical and cultural distances. Where there were large outdoor screens people went personally to experience the event together; electronic messages were often sent and received. The enormous flow of pilgrims to Rome for the funeral was only the tip of the iceberg of the worldwide participation that was facilitated by the mass media. One could say that the dying and the death of Pope Wojtyla were the media event – that is to say the event of the global village – that up to that date was the widest and most intense there had ever been. And this it seems to me is a very positive sign: the global village can experience compassion and human and spiritual nearness in a sincere and authentic way.

In addition, there was a real experience of communication in a Christian spirit. It is no secondary matter to state this. Many people who during the pontificate of Pope John Paul II warned about the ambiguity of great mass communication also expressed doubts about the fact that in this was manifested a cult of the personality rather than a real proclaiming of the gospel. And indeed it cannot be taken for granted that the television did not concentrate attention on a famous figure rather than on the religious message that he held dear.

But I am convinced that overall this message got through. To realise this, I invite you to reflect simply on three crucial moments of this story which it seem to me were decisive. The image of the Pope who shakes hands and grips for a long time the cross during the *Via Crucis* of his last Good Friday. The silence of the crowd in prayer after the announcement of his death. The Gospel leafed through by the wind on his wooden coffin during the funeral. Suffering and death were experienced by John Paul II in faith; television transmitted this to people and the vast majority of people understood this.

The itinerary of reflections that I have wanted to offer you ends here. I hope that I have contributed to entering the deep intertwining of convictions, emotions and professional involvement that characterised the immense communicative story that led to the testimony of suffering of a great believer, Pope John Paul II, to reach and touch – through television – the hearts of an immense multitude of people of our time. ■

Notes

[1] Krzysztof Marcyński, 'Gli ultimi giorni di Giovanni Paolo II e i media polacchi', in *Karol Wojtyła, un Pontefice in diretta* (edited by G.Mazza, Rai-Eri, 2006), p. 268.

[2] Maria Vittoria Gatti, 'La moneta di Cesare: riflessioni a margine dell'"evento Wojtyła"', in *Karol Wojtyla*, p. 296.

[3] Stefano D'Agostini, 'Quando la televisione si emozione', in *Karol Wojtyła*, p. 277.

[4] Krzysztof Marcyński, *op. cit.*, p. 267.

[5] *Ibidem*, p. 264.

[6] Lloyd Baugh, 'La morte di un papa nel villaggio globale', in *Karol Wojtyla*, p. 260.

The Contribution of the Church to Pro-life Policies and Legislation

MSGR. ANGEL RODRÍGUEZ LUÑO
Dean of the Faculty of Theology, the Pontifical University of the Holy Cross, Rome.

The proclaiming and the defence of the right of every human being to life, from conception to natural death, was one of the most salient features of the Magisterium of the pontificate of the Blessed John Paul II. The 'Gospel of life', to employ the phrase that he himself held dear, is a fundamental truth on which one has to lay emphasis 'in season and out of season',[1] without fear of being a disturbing factor and without fear of looking people in the eye. During his numerous pastoral journeys, in his messages, in his speeches to ambassadors or to people in government, and in his allocutions to bishops which went to Rome on *ad limina* visits, this was one of the subjects that was always present. He felt the interior urgent need tirelessly to stress, with all instruments that he had available and with the moral authoritativeness that he was recognised as having at an international level, a truth that was being obscured in the hearts of many people, as statistical surveys and the legalisation of practices injurious to the right to life were demonstrating in an unequivocal way. John Paul II felt the urgent duty to reaffirm the culture of life in the face of a culture of death which was becoming increasingly aggressive and invasive.

From the point of view of the Magisterium and of pastoral care, the encyclical *Evangelium vitae*, which was published on 25 March 1995, constituted without any doubt the culminating point of his pro-life endeavour. At the beginning of the 1990s, the information that he received from many quarters, above all from pastors who were the heads of largest dioceses of the world, led him to ask himself whether the Church and he himself could do something more to disseminate and defend the 'Gospel of life'. Meetings and moments of reflection were held during which John Paul II listened to, and reflected on, the information and proposals that were submitted to him. He thus developed the decision to convoke an Extraordinary Consistory of Cardinals, which took place in Rome on 4-7 April 1991. The defence of human life in the face of contemporary threats was one of the two topics that had to be addressed. The Cardinals in a unanimous vote asked the Pope to reaffirm with the authority of the Successor of St. Peter the value of human life and its inviolability.[2] Wanting to increase the involvement of the Pastors of the Church, on Pentecost 1991 John Paul II sent all bishops a personal letter accompanied by certain specific questions which asked for information on particular situations encountered in individual dioceses and also for opinions and suggestions about the forms that the desired papal intervention should take.

In the meanwhile it was realised that the particular legislative mechanisms of democratic societies could suggest a more flexible idea of forms of political action for the defenders of life. A group of philosophers, theologians and jurists organised an international symposium which was held in Rome on 9-12 November 1994 which had the title: 'Catholics and Pluralist Society. The Case of 'Imperfect Laws'.[3] Those taking part were received by John Paul II who made an important speech to them,[4] but the Pope only pronounced on the subject that was debated later, namely in n. 73 of the encyclical *Evangelium vitae*.[5]

However this encyclical addressed a broader subject. As is known, in this work John Paul II declared and confirmed in an explicit and formal way that the intrinsic illicit character of the killing of innocents, of abortion and of euthanasia were truths taught by the ordinary and universal Magisterium, and this meant that in these teachings the Church had infused, and infused, the charism of infallibility.[6] Without reaching a definition *ex cathedra*, John Paul II wanted to avoid all possible doubt on the question.

The immediate reactions to the publication of this encyclical rightly perceived that it had strong social connotations inasmuch as the value and the inviolability of human life was seen in terms of its cultural, social and political pre-suppositions and consequences, as well, obviously, of its theological and pastoral context.

I will dwell briefly upon the most significant aspects of this as regards the fields of politics and legislation.

1. Modern political culture presupposes ethics of peace and of security, of freedom and of justice, whose legitimacy it assures. The monopolisation of force by the state and the proscription of violence in human relationships is requested. Individuals forgo the use of force inasmuch as their security is entirely guaranteed by the state. The modern state is born to the extent to which it disarms its citizens and manages to make the prohibition of killing increasingly effectively observed, even in limit and problematic cases. John Paul II rightly affirmed that on the recognition of the right to life 'every human community and the political community itself are founded'.[7] If the ethical principles regarding life, freedom and justice are obscured in the collective

conscience, 'the democratic system itself would be shaken to its foundations'.[8]

2. Laws that that leave unborn life or the weak lives of the terminally ill without protection, or which even legalise their elimination, introduce into the legal system a principle of unjust and fatal discrimination. On the one hand, that system lays down in an irreproachable way what the rights of individuals and citizens are, but, on the other hand, the same legal system lays down that on the basis of the stage of their development or their so-called current or future quality of life a large group of human beings are excluded from the category of citizens and individuals in a juridical sense, just as in the past others were excluded on racial or religious grounds. John Paul II clearly states that these laws are unjust, that they do not create any obligation of conscience but, rather, generate the duty to oppose them, to try to repeal them, and not to cooperate in their application.[9]

This judgement is not pronounced from outside juridical logic since it confines itself to drawing the consequences from the intrinsic relationship between the choices of ordinary legislatures with the fundamental rights proclaimed by the Constitutions of the civilised countries of the world.[10] These rights are the substantial basic rights of the humanistic and modern conception of politics and law.

3. Faced with those who would want to justify the removal of due legal protection of life on the basis of a balancing of the right to life with the principle of autonomy, John Paul II stresses the importance of the 'essential connection between life and freedom. These are inseparable goods, where one is violated, the other also ends up by being violated'.[11] This is a point that deserves greater attention. Freedom is a form of life, it is the specific form of living the spirit. A life deprived of freedom is not worthy of man, and a liberty that goes against human life invokes a pathway full of unsustainable contradictions which would end up by making freedom into a power for self-destruction. So John Paul II is right when he sees the connection between life and freedom as one of the few effective barriers against forms of totalitarianism.[12]

On the basis of these beliefs, which have been expounded here in summarising form, John Paul II engaged in patient work involving the cultural promotion of the value of life ('the culture of life'[13]), and he repeatedly addressed leaders in public life, reminding them of 'a duty to make courageous choices in support of life, especially through *legislative measures*'.[14] It is true that laws are not the only instrument by which to defend life, 'nevertheless they do play a very important and sometimes decisive role in influencing patterns of thought and behaviour'.[15] Of equal importance are family and social policies: 'The underlying causes of the attacks on life have to be eliminated, especially by ensuring proper support for the family and motherhood'.[16]

I am not able to assess how things would have developed during the second part of the twentieth century if John Paul II had not spoken out in support of the right to life and the right to religious freedom. However, some things seem to me to be clear. On the one hand, the voice of John Paul II allowed the moral conscience of our epoch after a certain fashion to save face because with the passing of the years historians will see that the right to life was not violated in such a global and clear way as in antiquity the freedom and dignity of humans was violated by slavery. The voice of John Paul II, which fortunately enough was heard by everyone, even though not everyone listened to it, will bear witness to this. On the other hand, the tenacity and firmness with which he defended the right to life was a powerful barrier that worked against the obscuring of consciences which so very easily adapt to legal permissiveness and remove the ineluctable question of the right to life. Lastly, his teaching and his efforts were at the origins of a mobilisation of individuals and resources in support of life, of which throughout the world pro-life movements, centres to help others in difficulty, and pastoral organisations specialised in family questions, etc., are an expression.

For these reasons, we all feel the need to be very grateful to that great Pope – John Paul II.

Notes

[1] Cf. 2 Tm 4, 2; John Paul II, encyclical letter *Evangelium vitae on the Value and Inviolability of Human Life,* 25-III-1995 (hereafter *Evangelium vitae*), n. 82.

[2] Cf. *Evangelium vitae*, n. 5.

[3] The proceedings were published only after the publication of *Evangelium vitae*: J. Joblin and R. Tremblay (eds.), *I cattolici e la società pluralista. Il caso delle "leggi imperfette"* (Edizioni Studio Domenicano, Bologna, 1996).

[4] Giovanni Paolo II, 'Discorso ai partecipanti al simposio "I cattolici e la società pluralistica"' (12 November 1994), *L'Osservatore Romano*, 13 November 1994.

[5] Here it is not possible to address this delicate question. I have dwelt upon this subject in other publications of mine, cf. A. Rodríguez Luño, *"Cittadini degni del Vangelo" (Fil 1, 27). Saggi di etica politica* (Edusc, Rome, 2005), pp. 91-108.

[6] Cfr. *Evangelium vitae*, nn. 57, 62, 65. On the theological value of the statements contained in this see A. Rodríguez Luño, 'La legge divina del "non uccidere"', *Studi Cattolici* 413/414 (1995) 436-438.

[7] *Evangelium vitae*, n. 2.

[8] *Evangelium vitae*, n. 70.

[9] Cf. *Evangelium vitae*, nn. 72-74.

[10] Cf. *Evangelium vitae*, n. 4.

[11] *Evangelium vitae,* n. 96.

[12] Cf. John Paul II, encyclical letter *Centesimus annus on the Centenary of Rerum novarum*, 1-V-1991, n. 47; *Message to the General Assembly of the United Nations for the Celebration of the Fiftieth Anniversary of its Foundation*, 5-X-1995; *Evangelium vitae*, nn. 19-20, 70; *Message for the Celebration of the XXXII World Day of Peace*, 1-I-1999.

[13] Cf. *Evangelium vitae*, nn. 6, 77, 82.

[14] *Evangelium vitae*, n. 90.

[15] *Evangelium vitae*, n. 90.

[16] *Evangelium vitae*, n. 90.

ROUND TABLE

Welcoming and Care for the Patient as a Person: Experiences of Members of the Catholic Church, the Orthodox Church and the Protestant Community

Presentation of the Round Table

PROF. FILIPPO M. BOSCIA
President of the Italian Society for Bioethics and Ethical Committees (SIBCE), Italy.
Consultor of the Pontifical Council for Health Care Workers, the Holy See.

The vibrant testimonies of Msgr. Jorge Enrique Serpa Perez, Bishop of Pinar del Rio, Buba; of Fr. Stavros Kofinas of the Patriarchate of Greece; and of Rev. Alfred Krauth, Pastor of the German Evangelical Church, all outstanding personalities who have for some time been living experiences of solidarity, subsidiarity and human and ethical professionalism in contact with suffering and frailty, have emphasised the notable attention, care and welcoming that our sister Churches offer to the patient as a person, to his or her incommensurable dignity, and to his or her transcendental and sacred value, in whom is manifested the face and body of the suffering Christ.

In this working group, emphasis has been placed on the idea of the patient as a person, seen in the totality and integrity of his or her body, mind, spirit and relationships, to the point of seeing the patient as 'more of a person' inasmuch as he or she is the bearer of more complex and detailed needs.

To see a patient as a person helps to solve the many problems of a form of medicine which without welcoming and the integral care of being would make the pharmacological therapy itself less effective.

In Nazi Germany, where the concept of the person was stamped on and denied, the mentally ill, the incurable, the elderly, and those unable to work, were the first victims of an authentic murderous madness.

Paradoxically, society, today as well, seems to be always oscillating on the abyss of the temptation of getting rid of the weakest, the 'useless', not realising that in this way it runs the risk of eliminating itself. 'Without the counterweight of the character of being a person specific to every man and his inviolability', observes Guardini, 'the structures of power are destined to be ruined by themselves; if rightly understood the sick, the handicapped, and the disadvantaged are the defenders of the healthy and safeguard them against hubris and cruelty, a possibility that is always present in the condition of those who are healthy and strong'.

The fundamental idea of man in a mechanistic sense is one of the principal causes of the state of loss in which medical action finds itself.

'The individual becomes irrelevant, treatment becomes schematic, prescriptions become bureaucratic…and then the tendency is to see each system as self-referential and to forget that it exists for sick people, and only for them'. It is difficult not to see in that 'today' of more than a century ago many features of our present system in which it is still the case that 'a sick person wants to feel that illnesses is seen as a process of life and that healing is an act that helps a person to live, and not the reappearance of a fault in a machine', and in which the temptation always re-emerges to produce sophisticated instruments by which to measure the 'quality of life' which in fact run the risk of obscuring its insuperable intrinsic value.

A great deal is at stake and requires the development of certain essential features of what the author defines as 'the typical personality of a medical doctor and a health-care worker: seriousness as regards awareness of the responsibility with which he or she wants to serve a sick person; vigilant acuteness in care; transparency in personal dedication; and strength of concentration. And together, with these, also a commitment to self-training'. 'A medical doctor', observes Guardini, 'cannot live as he or she would like'. Only in this way can one learn to conserve 'in trials a vision of life in its totality, a feeling of what is essential and a sense of absolute distinctions, coming 'to the aid of human suffering'.

The general challenges of the world of health and health care require a greater involvement not only on the part of medical doctors and health-care workers but also civil and above all else ecclesiastical communities.

The Vademecum of the National Office for Pastoral Care in Health of the Italian Bishops' Conference, which was published in September 2011, has this approach and offers valuable recommendations to Church communities, exhorting them to have a practical knowledge of socio/ health-care and pastoral realities of local communities; to develop forms of joint responsibility; to place actions within a specific system of projects, organisation and a review of knowledge; to live help relationships with empathy/awareness; to provide to sick people a message of salvation and consolation rooted in the risen Christ; to deepen formation; to humanise institutions and pathways; and to learn to 'host' the sick person in his or her uniqueness and deep needs.

Indeed, Jesus not only attended to and healed the sick, he was also a tireless promoter of health in order to sustain the dynamic of man towards the fullness of life: 'I came that they may have life, and have it in abundance' (Jn 10:10).

This is why the Christian community is required not only to care for the sick – it should also become an instrument for the good life which helps, prevents and knows how to face up to illness in a better way.

As Cardinal Tettamanzi argues, it thus becomes especially urgent for all religions and the Churches to cultivate a contemplative outlook that helps medical doctors and health-care workers not to surrender, and to be dismayed, when faced with those who are ill, who suffer, who are marginalised or who are on the threshold of death. They should know, instead, how to infuse in a spirit full of religious wonder a capacity to venerate and honour every man. Only this contemplative outlook, a source of wisdom, has in itself the light and the force to suggest, in the most complex and newest situations as well, a truly and fully human solution to the questions about life of every person. To care for somebody means first and foremost to serve the sick person, to be concerned about him or her, to take care of him or her, to meet and to listen to that person, and to enter into a relationship with him or her and hear him or her in his or her uniqueness, because what matters is the sick person and not his or her illness.

All of this is confirmed by John Paul II in his Motu Proprio *Dolentium hominum*: 'over the course of the centuries the Church has felt strongly that service to the sick and suffering is an integral part of her mission, and not only has she encouraged among Christians the blossoming of various works of mercy, but she has also established many religious institutions within her with the specific aim of fostering, organizing, improving and increasing help to the sick. Missionaries, on their part, in carrying out the work of evangelization have constantly combined the preaching of the Good News with the help and care of the sick'.

In addition, John Paul II always stressed the value of the medical profession and the duty to practise it with a spirit of charity towards patients. Recent negative actions carried out in the medical field, for the most part a minority matter but nonetheless grave, emphasise the need for rethinking the meaning of being a medical doctor.

A sick person in the contemporary health-care system involves a more social and more political idea of the person; I am referring to the 'civil person'. In this sense the notion of 'person' is enriched with all the meaning of 'citizen', of 'contracting party', of 'requester', of 'user', etc., that is to say of all that slate of meanings that define for the most part he or she who, going beyond the patient, becomes a demanding person, a rightly demanding person, to employ Ivan Cavicchi's wise definition.

Thus it is that sociological knowledge about citizenship; the phenomenological/ existential knowledge of psychology; the knowledge of transcendence of theology; the behaviouralist knowledge of deontology; and ethical knowledge about morality converge around the person, to the point of becoming a 'superstructure' which in one way or another runs the risk as an individual of not being able to be advanced because beyond a capacity for analysis.

The principle of sovereignty, in this case of the sick person, is proposed as 'the highest power'. The sovereignty of the sick person exists if the priority of the rights of the sick person is acknowledged.

The idea of the sick person has a kind of claim, that of being a cultural priority in the objective, substantial, social, environmental and economic meaning of the patient, because it argues that it refers all of this to a common foundation, arguing that this foundation is beyond substance and relationships. But if we understand this foundation as the '*raison d'être*', what is the cause, that is to say the *raison d'être* of a sick person? An illness is involved and it is this illness that makes the difference. Illness is the pre-condition for the substance and the person to be ill.

The sick person is at one and the same time being and phenomenon. He or she is a being who demonstrates habitually non-evident realities.

It is the sick person who is the crucible of choosing. He or she is the true ontological novelty, almost at the very limit of the unknowable. In reality, within the sick person 'illness', 'relationships' and 'substance' are a system of entities and concepts. To see a sick person as a person helps to solve the many problems of a medicine – contemporary medicine – that sees illness solely in substantial terms, ignoring, for example, the problem of the relationship between the substance and the rest of the world.

A patient should not be treated as an 'object'.

We were all witness of the magisterium and 'passion' of John Paul II in defending the very valuable good of human life and his commitment in wishing for adequate institutions, instruments of care, prospects of welcoming, and a holistic approach directed towards frail people.

When addressing health-care workers he exhorted them to see suffering people as the real protagonists of the history of humanity. 'One should never be hurried with those who suffer', he added. This wise and correct affirmation should be put into practice by each one of us because those who suffer cannot but ask themselves about the meaning of what is happening, and they suffer even more if they do not find an answer and solidarity-inspired support and consolation. Indeed, one could say that not finding answers to questions about affliction is already in itself the most painful of all forms of suffering.

The good news of the 'Gospel of suffering' is that suffering is not useless but can become a decisive moment of human and spiritual growth when the Lord makes us feel His living presence at our side, teaching us to live it well as a moment of maturation.

In his encyclical *Spe Salvi* (nn. 30 and 31), Pope Benedict XVI describes this need: 'It becomes evident that man has need of a hope that goes further. It becomes clear that only something infinite will suffice for him, something that will always be more than he can ever attain…This great hope can only be God, who encompasses the whole of reality and who can bestow upon us what we, by ourselves, cannot attain'.

Those who near to suffering people for a long time know tribulation and tears, but also the miracle of joy, the fruit of love.

The motherhood of the Church is a reflection of the concerned love of God, about which the prophet Isaiah speaks:' As a mother comforts her child, so I will comfort you, you will be comforted in Jerusalem'. A motherhood that speaks without words, which provokes consolation in hearts, an intimate joy, a joy that, paradoxically, lives with pain and with suffering.

Jesus taught us to use suffering to do good, and to do good to those who suffer; indeed, it is not suffering that saves, but love. ■

ROUND TABLE
Welcoming and Care for the Patient as a Person: Experiences of Members of the Catholic Church, the Orthodox Church and the Protestant Community

H.E. MSGR. JORGE ENRIQUE SERPA PÉREZ
Bishop of Pinar del Rio, Bishop Responsible for Pastoral Care in Health, Cuba.

I would like to thank the Pontifical Council for Health Care Workers for its invitation and for the help that was offered to me so that Cuba could be present at this event.

In my paper I would like to share with you the experience of a Church that wants to be faithful to the Gospel.

Because of the nationalisation of most buildings, including those that belonged to the Church, within the context of health and teaching programmes, and with the imposition of materialist and atheist ideologies as well, most of the social and care projects of the Church were interrupted.

For this reason, for many years the pilgrim Church of Cuba had to live its pastoral experience in the various areas covered by pastoral care inside churches. The first pastoral care appeared in the 1980s in Cuban socialist society, and this was pastoral care in health, which through the family relatives of sick people has been present in health-care centres (hospitals) which, almost totally, belong to the state.

In 1986 the decision was taken to establish the Cuban National Church Meeting, known as ENEC, in which it was decided that the Church of Cuba should act in the following way, despite the difficulties: 'The Catholics of Cuba, gathered together in the ENEC, declare as sons of this people and as members of this Church, that, despite the difficulties, they live with joy the self-giving of service to all Cubans, our brothers, to contribute, above all, what we steward as a treasure in vases of clay: Christ who died and rose again, who revealed to us the infinite love of God and in whom we find full and definitive salvation' (ENEC, n. 202).

This gave a strong impulse to pastoral care in health to become organised and to making people discover that life is beautiful even though it is enveloped in the mystery of suffering.

As the Blessed John Paul II taught us, it is in suffering, and through suffering, that a dignity specific to the sick and the elderly emerges, a mission that defines them as privileged members of society and worthy of veneration. Their 'Suffering, more than anything else, makes present in the history of humanity the powers of the Redemption….[and] *constitute a special support for the powers of good,* and open the way to the victory of these salvific powers' (*Salvifici Doloris* n.27; on the Christian meaning of human suffering).

Thus one can only really manage to know what suffering is through the pathway of experience: both through suffering experienced personally and though being present

at the side of the suffering when one is a family relative, a health-care worker, a pastoral worker or a volunteer, and allowing oneself as one of these to take on the suffering of another person.

Reflection on the facts and contents offered to us by the Christian message on human beings allows us to understand why the Church in her doctrinal teaching appreciates 'Life', 'the dignity of the human person' and 'suffering', and why it emphasises that we Christians should be concerned about human beings and should make this a fundamental task: because God is the creator and the only saviour of human beings and because God appeared in the form of a human in Jesus of Nazareth who, becoming like men and living like one of them (cf. Ph 2:7), brought humanity to the most complete perfection, to the 'new man'.

These experiences and teaching have enabled pastoral care in health in Cuba to play an important role in evangelisation, ensuring that the Committee for Pastoral Care in Health has become strong and has been present in all dioceses with a large number of volunteers, with the objective of 'appreciating the role of sick people in the Christian community so that the pastoral care of the Church sees them as its principal members'.

In this way, pastoral care in health is a pathway towards life. Thanks be to God, we have managed to create a National Committee for Pastoral Care in Health; we can rely upon a 'compendium for formation' produced in the country; all the dioceses publish 'bulletins' which make it easier to reach these sick people and they increasingly ask for this service; priests are authorised to enter hospitals; pastoral workers can visit and accompany sick people; and recently a blessed image of the Virgin of Charity was taken on a pilgrimage throughout the island and was also taken inside hospitals where there were collective celebrations with the sick, medical doctors, nurses and auxiliary staff.

This pastoral care has been a blessing for the evangelisation of Cuba since the proclaiming to the population of the Paschal Mystery of Christ generates feelings of Christian hope and infuses serenity and peace.

We have discovered that the service of the Church must work to ensure that men understand in a better way what the health of the whole of a human being means, learning to find deep meaning during moments of illness and to say 'Yes' even when an illness is no longer curable. All of this is a part of the health of every person. ■

ROUND TABLE
Welcoming and Care for the Patient as a Person: Experiences of Members of the Catholic Church, the Orthodox Church and the Protestant Community

FR. STAVROS KOFINAS
Coordinator of the Network of the Ecumenical Patriarchate for Pastoral Care in Health, Greece.

Before beginning my paper, I would like to thank the Pontifical Council for Health Care Workers for the honor of being invited to this twenty-sixth international conference. I would like to convey the greetings of His All-Holiness Ecumenical Patriarch Bartholomew who fervently believes in ecumenical dialogue between our two Churches. In the spirit of this dialogue, the Pontifical Council was invited to take part in the First International Conference of the Ecumenical Patriarchate for Pastoral Care in Health Rhodes in 2008. I was blessed by meeting His Excellency Msgr. Zygmunt Zimowski and members of the Pontifical Council in June 2010 here in Rome, and, last October, two members of the Pontifical Council took part in our Second Patriarchal Conference, again in Rhodes. It is the deep desire of the Ecumenical Patriarch that the relationship between your most worthy Council and our Patriarchal Network for Pastoral Care in Health will be strengthened, particularly in these difficult times of social and economic crisis.

When I was first presented with the title of this short presentation, "Welcoming and Caring for the Patient as a Person", it seemed to me that the topic was quite simple. However, the more I thought about the topic, the more I realized that the topic of our discussion has hidden *anthropological* and *ecclesiological* connotations that are directly relevant to the care we offer. Unfortunately, in our adherence to modern thought, particularly in our focus on the psychological aspects of human behavior, we often forget these two elements, and, in doing so, the care we offer is often limited and less effective in facilitating the process of healing.

In Orthodox thought, "the person" – το πρόσωπο" is central. Describing what "the person" is cannot be based on a philosophical concept or a psychological theory. One's description can only be an empirical witness to the Truth, a reflection that has been formed through witnessing how God relates to us, how we relate

to God, the way we relate to ourselves and the way we relate to our fellowman. Thus, it has a deep ontological connotation regarding the substance (υπόστασις) of the human being, that is to say his or her total make-up.

Modern understanding of the ontological makeup of the human sees man as an individual, with a description of someone according to the characteristics of his or her "individual" traits such as personality or social identity. But the "person" is far more than the human personality or personal identity. We must make a sharp differentiation between "the person" and "the individual". Understanding the ontological makeup of man as "an individual" is a continuation of what prevailed in Greek tragedy, which described the aspects of the human being in relation to how he or she appeared. Man was a visage, a mask of someone that plays out the role of a character in the theater of life. This understanding limits the individual to specific biological and emotional needs in order to survive, which takes on the meaning of his or her existence. Thus, in essence, by seeing the human being as an individual, we restrict and bind the human being to narrow norms that predestinate his or her existence. True freedom, which is so desired for the ontological fulfillment as a person, is discarded. This discarding brings a counter-reaction which has been evident since the Age of Enlightenment in the West: the emphasis that a human being must seek and secure his or her "individual rights", "personal identity", "self-esteem", "self-determination, etc. Stressing these aspects of personhood makes our differentiation between "the person" and "the individual" even more difficult. But if we look closely at how the emphasis on the individual has affected the world we now live in, we can better understand the difference between the two.

Seeing the human being as an individual is the root of today's breakdown of society, culture, community and communication. It has brought on existential loneliness, a lack of meaning and values, and an adherence to consumption that enhances greediness and competitiveness in a criminal way. We must admit that the personal insecurities, the social turmoil and the national crises we all are presently experiencing, which are accentuated by the world economic crisis, are a culmination of perceiving the human as an individual. The breakdown of culture and society as we once knew it, in addition to the existential isolation now being experienced by post-modern man, however, has made the quest to find one's personhood even more obvious. Unfortunately, the way this is being sought, in attempting to reaffirm individuality and find meaning in schools of philosophical thought, political ideologies or alternative forms of religious behavior, is not only counter-productive in relation to this quest but detrimental to ontological fulfillment. For it deepens and binds one even more into one's individuality, one's own self-centered effort to exist. If there is suffering today, it lies in the fact that we have lost our sense of personhood and freedom. Moreover, we have lost how to find it.

What is personhood? The difficulty that is encountered in trying to explain this is that the human person cannot be totally expressed, even explained or fully understood in human concepts. The human person eludes all rational definitions, indeed all descriptions, because there is no equivalent. Each person is unique. Each person has his or her own personality and characteristics which compose his or her personal existence. The uniqueness of the person is found in each person's inner-being, in his or her knowledge of the self. This knowledge in not acquired by facts but in the awareness that he or she has acquired through his or her participation with the other. This participation is the synergy between the person who is revealed and the person who accepts the disclosure of the other, a free disclosure that is more than acceptance: It is a disclosure that is revealed within the ecstatic expression of love, a love that cannot be limited to time. One's personhood suffers when it cannot engage in its relational ontological makeup (hypostasis) because one cannot reconfirm and freely express one's uniqueness by one's ability to express love. In hindering this ability, one hinders the ability to be creative, to express one's person through one's qualities – or theologically speaking, by way of one's "energies".

If man's personhood is found in his ability to relate freely in love, we must ask whence this personhood originates. As a relational being, it cannot originate or be actualized from and within the self. It can only be found and actualized in the other. From a Christian perspective, this other is the Triune God, whose image is found in each person and is shared by all persons in a loving relationship in communion. As the Holy Trinity is a loving relationship of persons, our personhood can only be found in the triadic relationship between our person, God and others. Thus, suffering, sickness and death occur when the harmony of this triadic relationship, in its all its catholicity, has been disturbed at a personal and cosmic level.

In face of this truth, we must realize that the patient and every man that suffers is more than a wounded person. He is a broken, fragile and insecure person. Man's personhood is broken because he has lost his catholicity; he has lost the ability to remain in the communion of love. If we want to provide true healing to this broken man, it is not enough to show compassion for his pain. We must bring him back into the communion of persons at all the levels of his existence. This poses a great challenge, particularly in our times, because the sufferer, in many ways, has greatly lost his or her sense of personhood and the way to attain it; he or she no longer has the capability to communicate and ontologically participate in the other, insisting on finding a sense of being solely by way of self-actualization through reaffirming his or her individuality.

Here, we must pose a very crucial question. We may, indeed, be willing to welcome the sufferer and provide healing but the question is whether the sufferer really wants to be welcomed into a communion of love, or if he

or she really wants to be healed and become a person, preferring to remain barred up in his world of individuality. This is a crucial question because it initiates the first step in regenerating personhood in a broken man and offering healing to someone who has lost the path to attaining it. This paradox brings us to the question of freedom. The first step in acquiring personhood is respecting one's free choice to accept healing inasmuch as one of the main elements of personhood is freedom, the freedom to be.

But to accept and express one's freedom to be, to exist as a person, requires humility. If humility is one of the basic elements of personhood, it is also one of the basic elements of healing. In humility, one accepts the freedom of the other to exist as he or she is. It is the acknowledgment of who the other is in relation to who I as a person am. In loving the poor, caring for the sick, comforting the afflicted in heart, and respecting the spiritual deformed, I remember that I, too, share the earthly nature of Adam and that I am clothed with infirmity. According to my self-awareness, I will not provoke any man or vie zealously with him, either for the sake of the Faith or on account of his evil deeds. Neither will I blame or accuse any man in any matter or show signs of hostility. For love does not know how to be angry, or provoke, or passionately reproach anyone. This proof of love and knowledge is profound humility, which is born of a good conscience in Jesus Christ.

If I am open to welcoming the other and allow the other to participate in my being, then I am an expression of gladness. The common participation of persons in the communion of love is a celebration of Life and Resurrection. It is a celebration of thanksgiving "for all things [and all those] we know and do not know".[1] This is why the Eucharist is central in the formation of one's personhood. Through the joy of the Eucharist, we transcend our individuality, separating ourselves from anonymity and "emptying" ourselves by acknowledging and celebrating the blessings of the other's presence.

Welcoming the sufferer in thanksgiving one exclaims: "Come into the joy of the Lord!" In the Orthodox Church, the mysteries of Holy Anointing, Confession and above all the Eucharist are invitations to take part in the sacredness and joy of personhood. The Joy of the Lord is this: that the Triune God participates in our unique being and we participate in His True Being freely in a love that has no end, that is not restricted to this world, neither in its form of expression nor in time. It is like a cup of wine that continually "floweth over". This participation is far more than psychological care or social welfare. It surpasses limited human resources and skills to find meaning and values. In this joy, all creation together is regenerated by the Holy Spirit and returns to its former being.[2] In this joy, through the Holy Spirit, one discovers, cultivates and participates in the abundance of gifts of each person and the divine treasures of wisdom and understanding.[3] In the joy of the Lord, both the sufferer and the caregiver are welcomed equally so that together they can rejoice, be sanctified and be glorified in the Light of the Resurrection and His eternal love. Let us all come to the Joy of the Lord!

Notes

[1] Prayer of the Anaphora in the Liturgy of St. John Chrysostom

[2] Glory of the Sunday Matins Antiphony of the First Tone

[3] Glory of the Sunday Matins Antiphony of the Seventh Tone

Bibliography

Isaac the Syrian, *The Ascetical Homilies* (Translated be the Holy Transfiguration Monastery Press, Boston, Massachusetts, 1984).

Lossky, Vladimir, *The Mystical Theology of the Eastern Church* (James Clarke & Co. LTD, Cambridge, 1968).

Yannaras, Christos, *On the Absence and Unknowability of God, Heidegger and Areopagite* (T & T Clark International, London, 2005).

Zizoulas, John D., *Being as Communion, Studies in Personhood and the Church* (St. Vladimir's Seminary Press, Crestwood, New York, 1985).

ROUND TABLE
Welcoming and Care for the Patient as a Person: Experiences of Members of the Catholic Church, the Orthodox Church and the Protestant Community

REV. ALFRED KRAUTH
Pastor of the Evangelical Church, Germany.

First of all I would like to express my thanks for the honour of being invited here to the Vatican to talk about the practical experiences of our Evangelical Church in Germany as regards how sick people are treated in our parishes.

An Example

As regards my paper I will begin with an experience of my community of six years ago. The father of a girl preparing for confirmation was afflicted by a grave form of cancer and I asked him if he wanted to receive a visit from me. I knew the father as a person who came regularly to religious services. By profession he was the headmaster of a high school. I proposed to visit him regularly and to accompany him to his death. However, I was rather surprised when I was told that for the moment a visit from me would not have been appreciated.

I adhered to this and I visited him only when he was on his deathbed at the hospice. At that moment he was no longer able to understand things. I prayed in the presence of his family and gave him a blessing.

Subsequently, I learnt from his widow the reason why he rejected my offer: he feared that he would have to talk to me about dying and death. He did not want to. He preferred to speak about life.

Conclusions

Naturally enough, I would have been prepared to do that, had I known what he wanted. I respected his wishes, remembering the example of Jesus who helped and cured people when they asked to be helped and cured. In our Church we believe that a sick person as well, indeed above all else a sick person, has the right to self-determination in relation to himself or herself. Even though we believe that we know better than him or her what is best for him or her, yet we do not have the right to involve that person, not even in a religious sense, and this is even more the case if we do not know him or her well. In this case we can only include him or her in our personal prayers and in the prayers of our community when it gathers together.

The Family

For me, the example that I have just given taught me that illness erects walls behind which, on the one hand, a sick person is protected against the invasiveness and curiosity of third parties, but behind which, on the other hand, he or she is also exposed to the risk of isolation. A sick person who withdraws, also withdraws from life and his or her relationships. No outsider has an opportunity to express to him or her his or her own empathy because the sick person allows nobody to take part in his or her suffering. Naturally enough, there is the empathy of the family relatives who look after him or her, if, indeed, he or she has family relatives. However, these people are at times exhausted by the care that they provide and are at the limits of their patience. It would be a good thing for everyone if there was communication with people other than the spouse who is at times the subject of too many requests.

In such situations, the wider family has always been an authentic blessing, and such was also the integrated town or village community where people knew each other and were participants. The situation is that much worse in the large modern cities where people feel that they are out on their own and are abandoned amongst the crowd.

I have always been struck by how the three friends of Job behaved, putting up with his complaints. They spent seven days and seven nights in silence and solidarity before beginning to speak (Job 2:13).

The illness of a close relative conditions and modifies the life of the whole family. It remains suspended between hope and apprehension, between pity and desperation. The crisis of meaning does not involve the sick person alone – it involves his or her family. For this reason, an expert pastor of souls must always pay careful attention to the family of the sick person as well and not only to the sick person. Indeed, the family, as well, needs comfort and consolation, encouragement and attention. At times the family, too, withdraws and does not want to talk to anyone about the misfortune that has befallen their home.

In these cases, life is reduced to the most intimate circle. One should not be surprised if this does not always take place without tensions and if it can lead to excessive demands. The celebration of the last supper (of the Eucharist) with the whole of the family deepens the experience of life of the community because Christ who moves towards undergoing his Passion is present in the eating and drinking. If suffering God turns to them, both the family and the sick person are able to accept their suffering with greater ease.

The Sick Person

At times illness places people severely and pitilessly in front of hopelessness and powerlessness.

Despite all the advances made by medicine, certain illnesses can only be relieved; they cannot be cured. It is frightening how grave certain illnesses can be, making impossible what for healthy people is completely normal as an expression of their quality of life. To be obliged to ask for help, to have one's nappies changed like a child, is an enormous humiliation for the human meaning of one's value.

I have repeatedly experienced the fact that it is good for people to be able to open up and begin to talk because it is through talking that the attempt to address an adverse fate begins. In talking one turns unconsciously to models of thought and of interpretation that at times originate in the remote days of a person's childhood.

Caring for Souls amongst the Sick

In my country and in my Church, caring for souls continues to be strongly conditioned by dialogical psychotherapy as developed in America by Carl Rogers. The advantage of this method lies in the fact that the therapist, the pastor of souls, places himself completely on the side of the patient and to begin with leaves to one side every assessment and also every religious interpretation. During this stage even religious rituals not find a place. Rather, the pastor of souls finds a way to reassure the sick person. The pastor comes to learn about his or her life experiences and realises in what stage of suffering the sick person currently finds himself or herself. In this world, the pastor can accept him or her as he or she is at that moment: patient and full of hope, or the opposite.

If the dialogue proceeds well, the sick person realises that he or she is taken seriously and accepted in his or her pain, in his or her bitterness, in his or her incomprehension, and in his or her rebellion against suffering and even against God. The sick person, therefore, is perceived as a wounded person and not dismissed with cheap formulas and pre-cooked phrases. I believe that Pope John Paul II had the same experience in a very intense way.

If a pastor of souls in this situation begins to impose on the sick person his own interpretation of suffering, if he does not manage to tolerate this rebellion against God, believing that he has to utter general truths, it can well happen that the sick person will no longer feel that he or she is taken seriously with his or her suffering and that he or she has become a 'case'.

In this way, discussions with the sick person about the correct idea of suffering and the approach to be adopted towards it become marooned. Here, as well, the three friends of Job provide a terrible example. When after their long silence they begin to speak and develop their theories about suffering itself and about how one should behave towards it as a pious person, they stop being good friends because now they are with themselves and their own thoughts and no longer with Job and his dispute.

Then it is God Himself who intervenes on Job's behalf by defending him against his friends. Job had strenuously stressed the nexus between facts and a person's state of health. What might he have done to have been afflicted by such suffering? Had he not always been an exemplary man of devotion? Only at the end does he submit to God's will, which continues to be incomprehensible to him. What is man that he should ask for explanations from God?

In Luke 13:1-5 the Evangelist relates how Jesus took a stance in relation to a great misfortune, that is to say when a tower collapsed and buried people, killing them in the process. The answer of Jesus demonstrates that in general terms he confirms this link between sin and destiny, but also that in the individual case this does not provide valid help in achieving an understanding.

For these reasons, in our Church discourses about hell and the Day of Judgement have for the most part fallen silent. Perhaps, also, in an excessive way, but in my opinion rightly so in the context of caring for the soul of a person troubled in his or her faith. If God is one who loves sinners and wants to treat as a physician does, then whatever the case He resembles the father of the prodigal son, who on his son's return embraces him even before his son manages to say that he is no longer worthy of being his son. It is the goodness of God that leads to a correction of the route taken, not preaching about hell and the Day of Judgement.

When the accompanying of a sick person goes on for a long time, which unfortunately in the practice of a parish priest is possible, and if one takes into account the burden of tasks of management and administration, the method of Carl Rogers is no longer sufficient. If the sick person is ready to accept the spiritual guidance of a pastor of souls, it is also possible to establish a frontal dialogue, as long, however, as a relationship of trust has been established.

Nowadays and in our secularised world, the profession of a parish priest in no longer an automatic fact or one connected with a trust that is assured beforehand with all people. Trust must first be acquired. But when one manages to do this, then all those rituals that abound in the Orthodox Church and the Catholic Church, differently from mine, turn out to be useful. They confer the feeling of having done something, even when in realty it is no longer possible to do anything against the illness. They make a person feel that God devotes Himself to man: 'Do not be afraid – I will save you. I have called you by name – you are mine' (Isaiah, 43:1).

One of the greatest challenges posed to a pastor of souls and parish priest is that he must accept the fact that in times of need faith becomes important, but this is easily forgotten again during times of happiness. On the basis of our experience, in these cases rebukes do not turn out to be useful. Not even a pastor of souls and parish priest can do something; he can only open a person to the work of God. Through us God offers, but He does not oblige.

ROUND TABLE

Health-Care Workers at the School of Christ the Physician and the Witness of the Blessed John Paul II

Presentation of the Round Table

H.E. MSGR. RAFAEL PALMERO RAMOS
Bishop of Orihuela-Alicante, Spain.
Member of the Pontifical Council for Health Care Workers, the Holy See.

I will seek to share with you my thoughts and experiences concerning 'health-care workers at the school of Christ the physician and in the light of the witness of John Paul II'.

1. 'Health-Care Workers'

We are all united in a real wish to be concerned with, to care for and to raise up suffering men and women. We look for quality in our service of integral and positive health care and we want to unite personal excellence to professional expertise. In this sense, the World Health Organisation, in 1948, made a historic declaration in the preamble to its statutes where it declared that 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. Subsequently, and more specifically in 1986, in Ottawa, in its final declaration, it reached the conclusion that health 'is a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity. Health is a social concept emphasizing social and personal resources, as well as physical capacities'

In this definition we find two important elements: the overall character of health and the well-being of the person. We should, however, interpret it in a suitable way so as to avoid a subjectivisation of health with the absence of any reference to the lifestyle of a person, inasmuch as the concept of health would be limited to the merely hedonistic aspects of human life and health care would have as its only mission the fact that a patient should feel at ease. Health, therefore, would be a purely subjective matter for the patient. Good health, however, is a good connected with the realisation of the vocation of being a person and embraces his or her totality, including all of his or her psycho-spiritual dynamisms. As a consequence, there is a close tie between human nature and desirable health. The classical civilisations did not have particular difficulties in outlining a clear idea of what health is. By a single word – *salus* – the Latins captured its meaning. Perhaps we should return to its etymology to arrive at what was evident for them. *Salus* and *salvatio*, which are very similar in Latin, mean 'being in a condition to overcome an obstacle'. From these Latin words derive their equivalents in many languages: health and salvation.

2. 'At the School of Christ the Physician'

This personal excellence which makes professional expertise fruitful is acquired 'at the school of Christ the physician'. His figure, his person and experience of his mystery is a source of excellence for men and women of all professions. Christ believed in, and experienced, means healthy humanisation. Christ was the healer of human life in its entirety. He appeared amongst men as a physician who healed the sick and he who forgave sinners.

This Christological title appears applied to Christ from the beginnings. Origen[1] and Eusebius of Caesarea[2] applied it in an explicit way; St. Augustine took a more decisive step in considering Jesus/Physician/*Soter*/Saviour as synonyms: '*Nisi tamen infirmitas esset, medicum necessarium non haberet, qui est hebraice Iesus, graece Soter, nostra autem locutione Salvator*',[3] ('And if illness did not exist, there would be no need for the physician, who takes the name in Hebrew of Jesus, in Greek *Soter* and in our language Saviour').

Curing means physical and mental health, spiritual healing, the discovering of meaning and truth, of freedom and life, justification and hope, the offering of forgiveness and strength. Down the centuries faith in Christ has been a source of healing, a generator of freedom and an inspirer of

service to one's neighbour. Those who were forgiven by Christ and healed by his spirit became healers of their neighbours through the deaconate of health, of charity. This is the school to which all health-care workers go. Christ the creator and redeemer of man has given us his mystery of redemption as a health-inducing offering and a task that is felt. Redemption achieves to the full the etymological meaning of *salus*: salvation.

3. 'In the Light of the Witness of John Paul II'

John Paul II, an authoritative interpreter of the mystery of Christ, left us an inestimable patrimony of how to proceed in the health-care field. From his first encyclical onwards, this Supreme Pontiff emphasised encounter with Christ as a pathway for the fullness of man: 'man…must with his unrest, uncertainties and even his weakness and sinfulness, with his life and death, draw near to Christ. He must, so to speak, enter into him with all his own self, he must "appropriate" and assimilate the whole of the reality of the Incarnation and the Redemption in order to find himself. If this profound process takes place within him, he then bears fruit not only of adoration of God but also of deep wonder at himself'.[4] John Paul II equally stressed the overall character of the encounter of every man with Christ: 'Man bears fruit not only of adoration of God but also of deep wonder at himself'. Deep wonder at himself, in addition to adoration.

We are aware of everything that pastoral care in health owes to John Paul II. With him, it was born in the Church as an overall whole. The encyclicals of this Supreme Pontiff are a patrimony for all health-care workers: *Dives in misericordia* (1980); *Salvifici doloris* (1984); numbers 53-54 of *Christifideles laici* (1988); the Motu proprio *Dolentium hominum* (1985) by which he created the Pontifical Commission for Health Care Workers and outlined the contents of pastoral care in health; and its elevation to being the Pontifical Council for Pastoral Assistance to Health Care Workers by the apostolic Constitution *Pastor Bonus* on the Roman Curia (1988). To draw upon this faithful interpretative school of Christ the physician that John Paul II left us, as a part of his rich legacy, is for us a great joy. This round table seeks to contribute to an analysis of the riches of this inheritance.

4. Conclusion

I have wanted to explain the title of this 'round table' in order to locate the reality to which it refers and to define its conceptual terrain. To this reality each person can contribute new riches, from different points of view.

Notes

[1] Cf. S. Fernández, *Cristo médico según Orígenes. La astividad médica como metáfora de la acción divina* (Rome 1999).
[2] Cf. *Demonstr.* IV, 10, 17-19.
[3] *De Trinitate* XIII, 10, 14; Cfr. Confessioni X, 43, 69.
[4] John Paul II, *Redemptor hominis*, n. 10; cf. *VS*, n. 8.

ROUND TABLE
Health-Care Workers at the School of Christ the Physician and the Witness of the Blessed John Paul II

PROF. KUO-INN TSOU, M.D.
Dean, College of Medicine, the Fu Jen Catholic University, Neonatologist, Department of Pediatrics, Cardinal Tien Hospital, Taipei,Taiwan, Republic of China.

The ultimate outcome of medical education is to graduate students who have adequate knowledge and good clinical skills, are self-directed, have an aptitude and ability as regards life-long learning, and engage in appropriate ethical and empathic behavior. Besides knowledge and skills, the goal of the FJU is to cultivate the following character traits in students: Christian love to the core, followed by integrity, humility, cooperation, excellence, service and courage. The goals of the FJMC are to cultivate health-care professionals who have excellence and the Christian spirit. We like them to have respect for life, to be able to provide dedicated service, to have a macro-perspective, to have an aptitude for active learning, and to be competent to practice. The core values of the FJMC are truth (the pursuit of excellence), goodness (caring for people), beauty (holistic care) and holiness (value of life).

The humanism and Christian spirit of students can be cultivated through formal and informal curricula. In the process of becoming medical professionals themselves, our students learn powerfully from the systems in which we work and from what they see us do (the "hidden and informal" curriculum) and not only from what they hear us say (the "formal" curriculum) (quote from *A Flag in the Wind: Educating for*

Professionalism in Medicine by T. Inui, 2003)

In general, there are four roles of a teacher in a university: teaching, research, service and student counseling. In this paper, the roles of a medical faculty in a Catholic University will be addressed from three perspectives: teaching, research and service.

Teaching – Being a Good Teacher

– Relevant and useful contents: Medical knowledge is constantly evolving and it is impossible to impart a complete knowledge base, a complete set of skills or a complete pattern of practice. Therefore, the contents should be focused on what is most relevant today.

– Good teaching skills: These include the skills to evoke student's prior knowledge; providing students structurally with new knowledge; interaction with students; and motivating students to become effective and self-directed life-long learners.

– Caring about students' learning and providing feedback.

– Teaching not only medical professional courses but also medical humanities courses, such as on life and death questions and medical ethics. These courses need the participation of physicians who can shape the students' correct understanding of life and death as well as ethical considerations in patient care.

The life and death course at Fu Jen Medical School. The aims of the course are to guide students in respecting and valuing life and diminishing fear of death. The issues covered in the course include religious viewpoints of life and death, abortion, the death sentence, breaking bad news…The curricular activities include lectures, book reading, small group activities and visits to institutions.

Courses in Ethics: Bioethics is for the second-year students and medical ethics is for the sixth-year students. The courses' objectives are to promote students' sensitivity to ethical issues and a capacity to engage in ethical reasoning. Issues covered include: disclosure, informed consent, patient autonomy, substitute decision-making, truth telling, confidentiality, research ethics, euthanasia…

Teaching – Being a Role Model

It's not what students hear, but what they see that counts! Students learn from a physician during ward rounds, patient service and at the outpatient clinic. The patient care provided by a physician should be patient-centered and holistic.

– To treat a patient as a person, not a disease. To care about a patient's feelings, beliefs, values and needs (the biopsychosocial approach).

– Having empathy for a patient's suffering.

– Based on the best interests of patients in clinical management.

– Having high ethical standards.

Research – Meeting Catholic Ethics

The main purpose of medical research is to enhance human well-being. With respect to research, the physician should be loyal to Catholic doctrine and moral standards. Human embryo research, artificial reproduction or abortion are not allowed.

Service - Promoting the Love of Christ

– Serving a professional society for better policy-making and better education for practicing physicians.

– Community engagement to promote the health of the community.

– Joint service learning activities with students.

Service Learning at the FJMC

– The formal curriculum. This is a two-week course during the summer vacation. Students serve the elderly and the disabled by feeding them, bathing them, cutting their nails and amusing them. They also clean windows, weed gardens or fix fences so as to maintain a clean environment for their "little brothers and sisters".

– The informal curriculum. A health promotion camp in an aboriginal village of eastern Taiwan: one week during the summer vacation serving the aboriginal children and community through community visits, summer homework help, health education, scientific activities and games. Overseas service mission: The Home of the Dying in Calcutta, India – serving sick people and experiencing the meaning of life; Ulaanbaatar, Mongolia – a social service group and a medical service group; Tanzania – providing health education. The Good Doctor Prep Camp: This camp has been running since 2004. It is a one-week activity, twice in the summer vacation. It enrolls junior medical students from several Taiwan medical schools. Students learn how to deliver holistic care to a patient.

Other informal curricula. The white coat ceremony for the medical students and the crowning ceremony for the nursing students before students enter their clinical years. Religious activities after work for bible study, faith sharing and fellowship – teachers' and students' religious gatherings, cross-denominational gatherings of Christians.

Summary

– The majority of students in the Fu Jen Medical College are not Catholic or Christian. A medical faculty can actively participate in the formal and informal curricula so as to share Catholic values with students; educate them in becoming physicians with care, concern and compassion; and be a role model for students to demonstrate the inspiration and light that comes from the Gospel of Christ.

To set medical examples, carry forward the fine spirit and deeds of good health-care professionals, the Health, Welfare and Environment Foundation awards to individuals and groups every

year the Personal Medical Dedication Award, the Special Dedication Award and the Group Dedication Award to establish models for doctors and to carry forward the spirit and deeds of good health-care workers. In the beginning, many of the award-winners were Catholic nuns, Catholic priests or Christian pastors. Recently, lay people have won these awards. The common characteristics of award winners include giving of themselves, adhering to work, selflessness, and doing things that others would not want to do.

'I am the good shepherd. I know my own and my own know me' (Jn 10:14). Shepherds know the needs of each of their sheep and take care of each of their sheep. Catholic physicians should have a shepherd's heart so as to take care of every student and every patient. When faced with patients and those who suffer, they should respond with the love of Christ. Let God's love be implemented in daily ordinary work!

ROUND TABLE
Health-Care Workers at the School of Christ the Physician and the Witness of the Blessed John Paul II

MRS. MARIA DE JESÚS VILCHEZ Z.
Vice-President, Catholic International Committee of Nurses and Medico-Social Assistants (CICIAMS) for the Pan-American Region, Mexico.

At the age of twenty-four, the young Karol was run over by a lorry of the German army when returning from the factory where he worked in Krakow. His apparently lifeless body fell into a ditch, he woke up in a hospital with his head bandaged, and to this young man it was explained that a woman had found his dying body in that ditch and had called an ambulance to take him to hospital. Nobody was ever able to identify this woman who had disappeared for ever.

That young man, by the Grace of God, became His Holiness John Paul II, and he was always convinced that the woman involved could not have been anyone else but the Most Holy Virgin Mary and this explains in large part the Marian devotion of the Blessed John Paul II.

I would like first of all to introduce to you a group of Mexican men and women enthusiasts who will accompany us in this event and to whom I am grateful for their expression of support which without any doubt strengthens me in this opportunity to express to you some ideas about the subjects that concern us.

Well, we have come to you from Mexico, a country much loved by the Blessed John Paul, who in the five visits that he made to the country always expressed his affection for Mexico and the Mexicans.

His visits generated very important changes in the country in the religious field because the Pope marked a part of the contemporary history of Mexico and in particularly he strengthened the relationship between the Catholic Church and the Mexican State.

1. Evangelisation of the Health Sector

Our community of the city of Juárez, Chihuahua, is in the North of the country and borders the State of Texas in the United States of America. This geographical position means that it is as though our community dual nationality with the important problem that the population fluctuates because of this great emigration of Mexicans and brothers from Central and South America.

Today our dear city is catalogued as one of the most violent there is, with a social fabric that has much deteriorated, with an important lack of values in that fundamental nucleus of society – the family.

Faced with this situation, there are groups that are committed to improving the conditions of our community, and they bring out the work that we Catholic women nurses are engaged in. With our greater vocation, devotion, efforts and love for those who are without health and for those who suffer from moral and spiritual deterioration, we provide services that combine our profession and the Light of the Gospel, as is recommended by the School of Christ the Physician.

In this globalised world we are faced with a dramatic clash between good and evil, between the culture of death and the culture of life. Immersed in this conflict, we have to take part unconditionally, proclaiming the Gospel of God's love for man, the Gospel of the dignity of the person and the Gospel of life.

According to the teachings of the Blessed John Paul II, we who provide courses feel called to evangelise the world of health and health care, providing exclusive courses for women nurses that produce enthusiastic and committed groups who work by the Light of Christ in government hospitals, institutions which in principle have freedom of worship but

which are opposed to our evangelical work.

The success of our work is in part the result of the support of priests who in response to our call have assisted the gravely ill, administering to the sacrament of confession, anointing the sick, preparing young patients for their first communion, strengthening them in their faith, and trying to alleviate their suffering, both in spirit and as regards their illness. To gravely premature children or children who run the risk of dying baptism is given in line with canon law (n. 868ap.2) so that they do not die without receiving this sacrament.

As health professionals we understand our vocation as a gift that God has conferred upon us, and especially we women nurses, in working directly with patients, are obliged to defend, and are committed to defending, the task which the Blessed John Paul II left to us: to fight for the defenceless and the innocent, and above all for children, for the unborn, for the sick and for the dying who entrust themselves to our hands, those in whom must see the suffering Christ and to whom we behave as he did with the leper (Mk 4: 'he felt compassion for him, stretched out his hand and touched him').

How many times in our work do we want to draw near to patients who have infectious diseases? We are trained to do this but frequently we forget what is most important: our patients.

2. The Movement of the Women Nurses of Catholic Action

As regards myself, in the month of June 1994, in response to an invitation of His Excellency Msgr. Juan Sandoval Iñiguez, the Archbishop of Guadalajara, I had the wonderful experience of greeting Pope John Paul II, who made me very motivated and more committed as regards continuing to work to improve the environment of my hospital and to continue with the evangelisation of patients and the health-care staff.

The opportunity arose to establish a group of the MEAC (Movement of Nurses of Catholic Action) in the diocese of the city of Juárez, whose mission is to evangelise the health-care world and who organise retreats, conferences, the training of health-care personnel in emergency services. local, national and international congresses, and special Masses for sick people, nurses and health-care personnel.

At the present time the MEAC focuses on nursing students so as to make them see that our profession is a vocation, that it has been given to us, that it is a service that we must provide to sick people and to the abandoned, and that we must see in sick people the face of Christ, opposing this to any personal self-interest.

Our movement is affiliated to the CICIAMS (the Catholic International Committee of Nurses and Medico-Social Assistants) and thanks to it we organised the international congress of 2009 in the city of Monterrey N.L., Mexico, with the help of twenty-three countries. The initiative was a success. This event exceeded expectations thanks to the support and consultation of His Eminence Msgr. Javier Lozano Barragán, who that year was President of the Pontifical Council for Health Care Workers.

3. The Legacy of John Paul II as regards the Gospel of Life

The Blessed John Paul II, with his life as an example, gave us a strong impulse to continue with our work and with evangelisation. We hope that his example helps our interior lives and more than is the case with many women nurses.

In the Gospel of Life we are told that nobody can authorise the death of an innocent being, a foetus or an embryo, a child, an adult or an elderly person, or a person who is incurably ill. It also tells us that the direct and voluntary elimination of an innocent human being is always gravely immoral.

In the city of Juárez, inspired by this thinking of the Blessed John Paul II, we rely upon a Centre for Support for Women, whose mission is to save lives, to be an agent for change for pregnant women who are in a state of crisis or who suffer from the wounds of a procures abortion. In this centre the culture of life is generated and promoted.

This centre has managed to save 3,110 lives because it changed the minds of those mothers who at times of desperation did not know to deal with their situations and sought in a mistaken way to have an abortion. There is no doubt that an image says more than a thousand words and these children who appear in these images are those angels who thanks to God and the centre today are growing up and developing.

'In the midst of death, life flowers; every person is a miracle of the Lord'. 'The cry of pain of children murdered before coming into the world is heard by God; life belongs to God and we have no right to destroy it'.

Lastly, we follow the call of the Blessed John Paul II in his encyclical to all and each one of us: 'respect, defend, love and serve life. Every human life'. 'Only by following this pathway will one encounter justice, development, true freedom, peace and happiness'. ■

ROUND TABLE
Health-Care Workers at the School of Christ the Physician and the Witness of the Blessed John Paul II

DR. JOSÉ MARÍA RUBIO RUBIO
Former President of the Association of Christian Health-Care Professionals (PROSAC), Spain.

The Shadow of Peter[1]

A month ago, when praying with my companions of the Association of Christian Health-Care Professionals at the tomb of our founder, Bishop D. Javier Osés, I remembered those days when – 'You also go and work in the vineyard' (Mt 20:4) – we were called by the Lord. Today, remembering the Blessed John Paul II, one's mind returns to the difficult years of his pontificate when peace was threatened, when the world of health and health care was shaken by AIDS, when justice and progress were obstructed by adverse behaviour, when faith was separated from life…As he himself wrote in his message for the Seventh World Day of the Sick of the year 2000: 'it seems that especially in this last century the river of human pain…has broadened'.[2] But, as a further demonstration of the fact that on the journey of suffering we always find God, the Lord wanted to console us with His gifts and that time of pain was also a time of grace with new missionary initiatives and vocations, new forms of evangelisation, and new charisms of healing which required the attention and support of the best vineyard workers. To this end, and summoned by the shadow of Peter and his Church, we Spanish Christian health-care workers rushed to work in the vineyard of the Lord.

We came ready to remove from the streets and the squares the malady of a dehumanised health care, the pain of sick people who were crowded into the emergency section of our hospitals, the wounds of their unacknowledged rights, the powerlessness of their ignored feelings, the cries of maltreated women, the loneliness of abandoned elderly people, the deaths of people without assistance, and the silence of babies whose birth were not allowed.

Faithful followers of Jesus, members of his Church, following in the footsteps of the Blessed John Paul II, we sought the shadow of Peter. We wanted that shadow to be our light and we wanted our voice to be an echo of his voice. We wanted to place our wounds in the shadow of his wounds and we wanted to be a fruitful mirror of our sick people and a true icon of the crucifix. Our lives, united since then to him as a head is joined to a body, wanted to be, from the outset, a demonstration of his love for life; the life that he called us to defend and serve, warning us that 'to the extent to which life is known, can it be loved, and only if it is loved is it also worthily served'.[3] Trusting in the Lord and with Peter as our head, we sought in the shadow of the Risen Christ a remedy to evil, and the integral health of our patients – authentic health.

The PROSAC Association (Christian Health-Care Professionals)

The statutes of the Association of Christian Health-Care Professionals were approved by the Spanish Bishops' Conference in November 1993, ten years after the Motu Proprio *Dolentium Hominum*[4] by which the Blessed John Paul II instituted the Pontifical Council for Pastoral Assistance to Health Care Workers, and six years after his post-synodal apostolic exhortation *Christifideles Laici*. We, too, felt the responsibility as members of the laity to make the Church of Christ present in the health-care world 'as a sign and source of hope and love'.[5] For this reason, we were called to be witnesses to the person of Jesus in the world of health and health care through the example of well-performed professional work, the welcoming and treatment of sick people and their families, and preferential care for the weakest and most neglected.[6] Our bishops are convinced that the association is an effective instrument by which to help Christian health-care workers who are committed and ready to live their faith in their work environments; to be a yeast of humanisation, of compassion and welcoming in the impersonal world of large dehumanised and hyper-technological hospitals; to be a light and a way of truth so as to direct many confused companions who are lost in woods of uncertainty; and, lastly, to be salt that gives taste to a dehumanised health care. The association offers Christian lay professionals an invitation to live their faith in their daily activities, serving the Kingdom of God in our sick brethren. We have professed this mission since the origins of our foundation through certain forms of faithfulness that constitute our identity and which, in line with the intentions of this round table, I will seek to describe using the coordinates of the Magisterium of Christ and the witness of the Blessed John Paul II as reference points and guides for my paper.

Christian Health-Care Professionals of the School of Christ the Physician

The first value of Christian health-care professionals is our faith in the person, in the words, and in the signs of Jesus of Nazareth. The magisterium of Jesus inspires our association and this is what is written in the preamble of our statutes: 'Jesus came to bring to the world the Good News of salvation'.[7]

We Christian health-care pro-

fessionals express faithfulness to the Gospel of Jesus in our decision to practise and live our profession as an 'authentic Christian vocation.[8] His disciples and servants, we want to preach the Kingdom of God, making his merciful face visible to our sick brethren, evangelising and allowing them to evangelise us, and proclaiming the Christian meaning of health and life, the vivacity of our faith and the vigour of our hope.

As baptised people, we lay professionals of our association defend the validity and the efficacy of Christian values in the health-care world and, in the manner of Christ the physician, offer the healing power of the gestures of Jesus which are repeated in our activities at the side of those that suffer. He is the only person who truly knows human pain and heals radically, starting with the cause of a malady. He is the fallen sick man whom we serve and he is also the Good Samaritan who always appears on the journey of pain of all men and women, who has compassion, stops and draws near in order to care for them and to take them on his horse. He is the man, relying on his health-care workers, who entrusts them to our care, leaving as a pledge the guarantee of his wounds and his silver pieces, which are love for God and love for our brethren.

A Christian health-care professional, a sick person with the sick, like Christ the physician, does not conceal his or her wounds. Through them, he or she manifests his or her condition of a person in need, thanking God for the gift of health, demonstrating love and faith, and knowing that whoever loves the Saviour confesses that he or she has been healed.[9] Working in this way, a Christian health-care worker is located within a traditional and specific mission of the Church which has always been present at the side of those who suffer through people who are specially consecrated or professionals dedicated to the apostolic task of evangelising the world of health and health care, working with other religious or secular workers and institutions.

The whole of the People of God truly shares in this Christian mission at the side of the sick following the example of Jesus. The distinctive and original fact of our association is that we engage in our pastoral action, which is an evangelising action, in our professional activity according to our various ministries (medial doctors, men and women nurses, auxiliary workers, carers, men and women pharmacists, administrators, managers, social assistants, etc.). Our association is interdisciplinary in character but we all pursue the common task of defending the dignity of people and the humanisation of the health-care environment, taking care of our patients and their families with zeal, listening to them without impositions and treating them with respect and tenderness. We pursue the common task of being just and supportive, practising towards them Christian charity, assuring care for the weakest, the poorest and the most neglected and attending to the health of our companions who are wounded, tired or tempted by dismay, and of illuming the great mysteries of pain and death through bioethical reflection and the human and Christian formation of health-care workers. We offer to society in general and to the Church a set of specialised services /care, health-care education, bioethics), and we work with other institutions and associations for pastoral care in health and lay apostleship, cooperating in performing health-care tasks in countries of the third world, and so forth.

John Paul II and Christian Health-Care Professionals

At this time of grace for our association, I have to confess, on behalf of everyone, that the Lord has been good with us. At the crossroads of contemporary medicine, of its conquests and its fears, of professional illusions and disappointments, of our vigorous science and our sleeping consciences, His Spirit produced the providential figure of John Paul II who, from the first day of his pontificate onwards, did not vacillate in the titanic task of building bridges to unite a world divided between the happy and the unhappy, between the healthy and the sick, between the rich and the poor, between believers and agnostics, between the weak and the poor, and between victims and executioners.

As regards his legacy to Christian health-care workers, I would like to stress two principal facts. The Blessed John Paul II was a Pope who was decisive as regards the integration of lay health-care workers into pastoral care in health which, during his pontificate, moved from being activity that was fundamentally assistance in the social field to pastoral care that was specifically to do with health care, where health-care workers evangelise and are evangelised in their own professional activity and their places of work. Amidst the sufferings of the world and of men, John Paul II was also a witness to hope, and with this approach he embarked and sailed to the most distant and obscure oceans of pain, inviting us to accompany him.

Ready to go forward with him on this journey of great scientific advances, ethical uncertainty, scandalous social inequalities in the field of health and health care, forms of deep loneliness, shadows emptied of bread, of God and of tenderness, but also of lights of faith, generosity, youth and illusions, we can feel tempted by weakness. It is specifically at that moment of doubt and lame walking that the first words with which he greeted the Christian world that far off October of 1978 – 'Do not be afraid!' – attain their deepest meaning.

The strength of his shadow continues to do good and to open an immense horizon of possibilities for Christian health-care workers. If we want progress to be really at the service of the poorest and of the health of those who most need it, if we want to be authentic witnesses to the hope to which we have been called, the shadow of his steps amongst us points out to us the pathway to be followed:

– To serve, to love and to respect life, the lives of everyone and the whole of life from its beginning until its end. His exhortations against abortion, euthanasia and all forms of manipulation of life are especially impelling.

– To promote health worthy of

man…'based on an anthropology that respects the whole person…a resource for the service of one's neighbour and openness to salvation'.[10]

– To establish on the itinerary of suffering supportive and healing alliances with sick people, their families, their professionals and all those people who in one way or another we encounter on this pathway, developing approaches of service, of honesty and of competence but also making ourselves be close to our 'brothers and sisters who are suffering, through respect, understanding, acceptance, tenderness, compassion and gratuitousness'.[11]

– To help in the construction of a more just and healthy world through responsible solidarity and a conscience open to truth and to the future of humanity.

– And at moments of difficulty always to give, as Peter, the first Bishop of Rome, left in written form, *the reason for our hope*,[12] like our teacher Jesus, like John Paul II, and like all those of whom we can proclaim with gratitude: *his wounds have healed us*.

A guide of the people of God in the desert of the world, a prophet of hope, a teacher and father, a brother and a friend, John Paul II through his witness will always remain in our memories and his fruits will multiply during the course of the generations of Christian health-care workers to come. Remembering him, I will end my paper to this round table with a poem dedicated to the difficulties of his final days:

There is a God who suffers and we do not know Him.
There is a God who suffers and He is our God.
In the most intimate part of man, in illness, in silence.
In children who are not born, in the loneliness of old age,
In unemployment, in the outskirts of cities,
In the most secret corner where we throw what is useless,
Where we forget about those who do not interest us.
A God who lives very faraway and who, although He is alive
To us seems to be dead.
There is a God whom we do not love,
Who suffers and we do not know Him.
Not because He does not have an image or a body.
Not because He has not been born or is very ill, or is in prison.
We do not know Him.
And not because He is without documents or is a foreigner,
A beggar, just one another person, a solitary individual, a tramp,
One who allows himself to live, one who is almost dead.
There is a God whom we do not love and for this reason
We do not see Him.
There is a God who is the God of everyone, yours, mine and theirs.
There is someone who cares for us in our pain and speaks to us
In His silence.
Who without strength embraces us and cares for us, being blind.
Who in suffering comforts us and gives us life by dying.
To this God who is the God of everyone, yours, mine, theirs,
Today bears witness for the history of world an infirm man,
A weak old man, a mute vicar of His silence,
Of His loneliness, of His wounds, of His suffering powerlessness.
His visible cross dwells in the last and secret Calvary of every man,
Mine, yours and theirs.
Of the Strong and the powerful, of the invalid, of the sick.
Who does not reach life and whom we give up for dead.

Notes

[1] 'Sick people were carried out into the streets and placed on beds and mats so that at least Peter's shadow might fall on them' (Acts 5:15)

[2] John Paul II, 'Message for the Eighth World Day of the Sick', Rome, February 2000.

[3] John Paul II: 'Address to those Taking Part in the Ninth International Conference Organised by the Pontifical Council for Pastoral Assistance to Health Care Workers', *DH*, n. 28, 1995

[4] John Paul II, *Dolentium Hominum,* apostolic letter Motu Proprio by which was instituted the Pontifical Commission for Pastoral Assistance to health Care Workers.

[5] John Paul II: apostolic exhortation *Christifideles Laici*, Introduction, n. 7

[6] PROSAC Bulletin n. 21, editorial, 2001

[7] Statutes of the Association of Christian Health-Care Professionals, preamble, p. 1, 1993.

[8] Statutes of the Association of Christian Health-Care Professionals, preamble, p. 2, 1993.

[9] St. Augustine, Sermon 69,6

[10] John Paul II, 'Message for the Eighth World Day of the Sick', nn.13 and 14, Rome, 2000.

[11] *Ibid*., 9.

[12] 1P 3:15.

ROUND TABLE
Health-Care Workers at the School of Christ the Physician and the Witness of the Blessed John Paul II

BARON ALBRECHT VON BOESELAGER
Grand Hospitaller of the Sovereign Military Order of Malta, Germany. Member of the Pontifical Council for Health Care Workers, the Holy See.

"Precisely at this point, the 'revealing of man to himself and making his supreme vocation clear' is particularly *indispensable.* It also happens as experience proves – that this can be particularly *dramatic"*. This citation from the key sentences of the apostolic letter *Salvifici Doloris* seems to me to summarise one of the most important legacies of the Blessed Pope John Paul II.

I am neither a theologian nor a philosopher nor a physician, but a lawyer and an absolute layman concerning the subject we have been given. But this gives me the freedom to mention, in an entirely unsystematic and fragmentary way, the things that come to my mind in connection with our subject.

The force of attraction of the Blessed John Paul II attained its greatest power in his suffering before his death. It created a surge of sympathy but perhaps, even more, a wave of hope. People could feel that, from his increasing weakness in suffering, an ever growing strength came forth – a divine strength. The Blessed John Paul II granted us this teaching on two occasions: twenty years before his death in the words of the prophetic – as far as he himself was concerned – apostolic letter *Salvifici Doloris*, and then for a second time through his own suffering. Rarely has the mysterious connection between suffering and salvation been made so tangible for those of us living today.

In our present times, this connection runs the risk of fading in the light of the other truth of sickness and suffering as a real evil, with the danger that the view of God can become obscured. The mysterious reality of sickness and suffering, which is a part of humanity, has the potential – more than almost any other – either to give birth to new and even greater suffering or to contribute to overcoming it in union with the suffering of Christ. All of us, who are called upon to heal, care for and attend to the sick and suffering, now confront an almost overwhelming task. In his apostolic letter *Novo Millenio ineunte* (n. 49), the Blessed John Paul II expressed once more the drama of this fact, which is decisive for salvation, in a new way and with great clarity: "The century and the millennium now beginning will need to see, and hopefully with still greater clarity, to what length of dedication the Christian community can go in charity towards the poorest. If we have truly started out anew from the contemplation of Christ, we must learn to see him especially in the faces of those with whom he himself wished to be identified: 'I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me' (Mt 25:35-36). *This Gospel text is not a simple invitation to charity: it is a page of Christology which sheds a ray of light on the mystery of Christ. By these words, no less than by the orthodoxy of her doctrine, the Church measures her fidelity as the Bride of Christ*." A few lines later he writes (n. 50): *"*Now is the time for a *new 'creativity' in charity*, not only by ensuring that help is effective but also by 'getting close' to those who suffer and showing them solidarity, so that the hand that helps is seen not as a humiliating handout but as a sharing between brothers and sisters."

Reality places high barriers in the way of answering this call. In modern medicine and nursing, less and less time is allowed for "creativity". Economic and functional aspects are playing an ever greater role. Man in his true vocation is lost from view. Death and suffering are pushed into the background and even in some sense turned into taboos. The perception of those who suffer is distorted, and so too is the possibility of true solidarity with the suffering people in the full dimension of their humanity and dignity. Some very ethically-dubious modern practices can only be explained because those who apply them fail to truly notice the suffering human being, just as the rich man failed to notice the poor Lazarus at his gate. How can we meet the challenge expressed by the Blessed John Paul II at the end of his apostolic letter *Salvifici doloris* (n. 31): "revealing of man to himself and making his supreme vocation clear"?

If we wish to assist those who work in the health care and nursing services, we must create a space that enables them – undisturbed by the hectic everyday routine of medical care or nursing – to experience suffering and those who suffer in a new and different way, and to sense how Christ reveals himself as the *medicus* of the sick and handicapped. As an example, I would like to mention two initiatives by the Order of Malta which go in this direction.

It has long been a tradition in the Order of Malta to make journeys of pilgrimage with sick and handicapped people. Central to this are the pilgrimages to Lourdes. In addition, there are a multitude of smaller journeys to local places of pilgrimage. These pilgrimages are a special opportunity for the pilgrims – and for those accompanying them – to experience suffering, to share it and

to provide help in union of body, soul and spirit. Here I can do no more than cast a spotlight on the healing power of these pilgrimages. The miraculous physical healings are rare transcendental signs of the healing presence of God. More frequent, on the other hand, are the miracles of inner healing with occasional physical effects, and the miracles of the power to embrace suffering and to unify it with the suffering of Christ, and thus to give it meaning. For the carers who experience this happening, it opens up a new dimension in their view of those who suffer, of their dignity and greatness, but also of their loveliness despite all the alterations that suffering often brings about.

A recent initiative, which is being taken up more and more in the Order of Malta, is the organisation by young people of holiday camps for handicapped young guests, in most cases those living in care homes. Here, I particularly wish to mention the camps in poorer countries such as in Romania or Lebanon, organised for severely mentally and physically handicapped young people. One-on-one care is the normal practice. For the duration of the camp, the rule is that the wishes of the guest are to be carried out as far as possible. If he or she wishes to run, dance, or sit in the corner for the whole day, then the carer runs, dances or sits with him or her. True miracles of love occur, such as when an autistic person suddenly smiles, or when someone who has always crept into a corner suddenly starts to dance. In some cases, carers from the home also take part. The manager of a care home was once asked if it was not rather depressing for the carers to experience how, for a limited time, an atmosphere could be created for the young people that was impossible to achieve in the home with its limited staff. She replied that the opposite was the case. She said that the carers were extremely thankful that they had the opportunity to see those under their care in such good circumstances, and to gain new insights into them and their capabilities. Needless to say, the young people who act as carers at the camps also undergo a change when they return home.

To supplement these examples, I would like to mention a further example from another initiative. Father Hans Stapel's new movement for the healing and rehabilitation of drug addicts, *Fazenda da Esperança*, is entirely based on living with the Word of God. Living with a word for a given period of time liberates the addicts. The concrete experience of the Word of God as a word that heals and at the same time leads us to truth should apply more strongly throughout the routines of medicine and nursing.

Christus medicus and *medicus alter Christus*: the two must be brought together. The physician can only become *alter Christus* when, alongside the scientific craft of the doctor, he or she also learns to approach the sick in the manner of Christ.

To return to my starting point: We will not be able to change the constraints of modern medicine and nursing, and we must live with the restrictions these impose on pastoral and holistic caring. But I do not see this as any reason for a Catholic agency to abandon this field to others. Instead, we must create alternative spaces for experience, making it possible for physicians and carers to comprehend the Christian dimensions of healing that come from our faith, and with Christ's help to make it easier for those who suffer to accept their suffering. ■

ROUND TABLE
Health-Care Workers at the School of Christ the Physician and the Witness of the Blessed John Paul II

DR. ROSA MEROLA
Psychologist, psychotherapist, Consultant of the Ministry of Justice, Rome, Consultor of the Pontifical Council for Health Care Workers, the Holy See.

I would like to extend my heartfelt thanks to the President of the Pontifical Council for Health Care Workers, H.E. Msgr. Zimowsky, to its Secretary, Msgr. Musivi Mupendawatu, and to all those who work with them for allowing me the privilege of taking part in this important event for health-care workers who, in bearing witness to their professionalism, in the light of the Magisterium of the Blessed John Paul II, with daily human and Christian commitment, take part in the celebration of the high value of 'service to life', respecting its dignity and its transcendence.

This subject could appear to be dissonant when analysed with reference to my field of work and when referred to the humanisation of prisons, especially today, in a society in which the gravity and ferocity of some crimes increasingly attain the honours of the news and provoke disquiet, generating indignation on the part of public opinion.

This is a pressing task, however, for those such as myself who have engaged in a specific professional choice and a choice as regards life which is dedicated to that difficult process of the retrieval and reha-

bilitation of the personality of a criminal, convinced that a society that wants to grow in its level of civilisation must assure to everyone, and to the Cains of this world as well, the inalienable rights of the human person, so as to contribute, each person in his or her own small way, to give to those who have erred an opportunity for moral redemption so as to find a human dimension, and then to reconstruct with a renewed spirit a life that has been broken by deviance.

As one can well imagine, the commitment to invoke the centrality of the person and his or her values is not something that is simple to do in a context such as that of a prison in which, still today, are to be found in daily practice points of conflict between the juridical sphere and the ethical dimension – a world that is disquieting and in continual transformation, a place of suffering which detention makes much worse, and in which, if we take for example the Italian situation, there live, amongst the leading axes of its constitutive essences, security and treatment, 67,000 people, as compared to what is a maximum capacity of 45,000.

Indeed, prisons of the least and the disinherited is a condensation of humanity made up of very many people with special features and problems, a kaleidoscope of histories and situations which are different from each other, all of which, however, are marked by malaise and suffering; people who are often the annihilated victims themselves of isolation and social marginalisation; an existential hopelessness, if not of class, which creates predestined victims whom society has helped to produce and which it reinforces with its consumerist myths which privilege appearing more than being.

All of us, instinctively, think that prison is a logical and just consequence of wicked behaviour, or anyway behaviour against the law, and this is an undeniable truth.

But for those who live this reality from within, bearing in mind the pain of those who have been victims of a crime; those who, like myself, as a woman and a mother, with the sensitivity of a worker, have chosen this as a life's mission, want to take care of this imprisoned humanity, and have adopted the exhortation of the Blessed John Paul II that was expressed in his Letter to Woman of 29 June 1995: 'to see with the heart, in those troubled faces the suffering face of Christ', can testify that prison is an ineluctable and contradictory reality: it is a container of sadness, of hopelessness, of poverty of the spirit as well, of a terrible miserable apathy, but it is also a forceful and supportive community; it is a beating wish for moral and social redemption; it is a wish for rebirth through the sublimation of the suffering of detention, and it is also joy both for those, on the on hand, who have travelled down that thorny pathway of critical re-elaboration of the self and conquered with sacrifice, and for those workers, on the other, who have tenaciously and courageously provided support, receiving professional gratification and gratitude expressed through simple words and grateful eyes.

Relating at the initial stage with a person who enters a prison for the first time is like communicating with an absent being, a being who is emotionally regressed, upset and disorientated, but a being aware, however, that he or she has lost his or her dignity and with that dignity his or her identity as well, something which involves his or her family in an exhausting reciprocal anguish: people emptied of their essence, thrown onto a camp-bed with their gaze lost in the void, waiting for another day in their lives to pass asking whether it is worthwhile to have lived; a suffering of the soul that is a part of daily life and often finds consolation in gestures of a gravity that cannot be repaired and which certainly cannot be solved by resorting to the construction alone of new places of detention.

The condition of incarceration can cause the appearance of symptoms of illness at a somatic level, where the mental state of the individual plays a pre-eminent role, and whose most devastating effect is that of a divided self which is further penalised by overcrowding and by incongruous and inadequate medical and psychological care, where, paradoxically, this last is not even recognised as being a health question by the Ministry for Justice or the Ministry for Health. This is made more burdensome by insufficient government funds which continue to be reduced and, last but not least, by an atavistic lack of staff at the level of wardens, who have a very severe work burden which does not facilitate an edifying and cooperative relational climate within the prison walls but which itself becomes conflict between those who believe in the re-educating function of punishment and those who see repression as the only suitable method to be applied in prisons.

Cases brought to the attention of a psychologist, especially during the first stage of detention, have a high frequency of symptoms of anxiety and depression, with associated gastrointestinal troubles, heart disturbances, insomnia, asthenias, crises of claustrophobia, behaviour involving self-injury and hetero-aggressive conduct, as well as suicide attempts – there have been one hundred and forty suicides since the beginning of the year.

Side by side with these aspects others involving psychological anxiety emerge which, although inherent in this totalising institution, mark in an indelible way the minds of individuals, such as, for example, the restriction of narrow spaces, worry and shame at the length of the punishment, unwanted company, forced free time, loneliness, illness, and the loss of an ability to make decisions about one's life.

Within these dynamics the efficacy of the therapeutic relationship of the role of a psychologist will depend not only upon the experience and the specific contents of the profession but also, and above all else, upon his or her ability to listen, upon empathetic capacities to communicate, to support, to consider, to care and to understand the other who is in state of malaise, providing him or her with gradual confidence, in a dimension that expresses the ex-

act opposite, making him or her see the possibility of a future, hope as regards his or her life, and its moral meaning in a commitment to responsible rehabilitation.

What animates our tenacious and obstinate work is that 'placing oneself at the service of life', that 'giving of oneself in *agape*', which takes care of *imprisoned people* with initiatives that solicit profound reflections, which testifies to contents involving humanity and moral support, because it is in contexts of suffering such as prisons that the need for comfort in people is more strongly perceived, as well as their need for introspective searching, for an observed but never experienced spirituality which is often borne and indeed undervalued as an involving dynamism that can lead to a concrete conversion of the people concerned; the need for a wish, which is at times not expressed so as not to appear weak or vulnerable, to go down a pathway of faith and reconciliation as redemption of one's own guilt – daily searching for protection from on high expressed by wearing a rosary round one's neck, a rosary that has been obtained from somewhere, perhaps created by the person's own hands using fruit or olive stones.

Our task as prison psychologists is as complex as it is rewarding and it is one which must overcome various defensive intrapsychical barriers so as to acquire as regards the imprisoned person a culture of relationships which is able to secure a breach in that armour of personal characteristics, which is at times only apparent, in order to reach a person's feelings and heart, working with sensitivity that is centred around the other person, and maintaining respect for the dignity and sacredness of life, a sensitivity that must be engaged in with authentic motivation, passion and determination, insight, an absence of prejudice, and solidarity – that solidarity which the Blessed John Paul II defined in his S*ollecitudo rei socialis* as 'Christian virtue, steady and persevering determination to work for the common good, striving to feel like one who suffers'.

During my recent years of service I have listened to a very large number of life histories, some dramatic, some so atrocious that they give you the shivers, in the face of which you lose you breath, with the eloquent sharing of silence by which to understand human frailty in the mystery of the incarnation of Christ; an expression of nearness to a person to whom is entrusted *in primis* the hope of bringing light in the darkness of that conscience that continues in its search, by small steps, in a scientific, rigorous and incisive work of re-education, that ontologically based anthropological unity, giving full actuation and meaning to the concepts of the welcoming, accompanying and rehabilitation of a person in prison, according to the Christocentric ecumenism of Pope John Paul II.

During his long pontificate, which began on 22 October 1978 with the homily 'do not be afraid, open your doors to Christ', John Paul II left in the hearts of everyone, believers and non-believers alike, a deep furrow with his charism, with his exceptional humanity, and with his witness of the *acceptance* of suffering, enunciated in his apostolic letter *Salvifici doloris*.

This poet Pope, the protagonist of epochal events of modern history, with a lively personality and a light-filled look, always supported Humanity in its weakness, speaking about peace and universal love; walking at the side of man, especially that man who was most rejected and disadvantaged, in order to promote his dignity and to defend his sacred and immutable rights.

On more than one occasion he directed this attention and this sensitivity to people in prison. With infinite mercy, on 27 December 1983 he visited at the prison of Rebibbia his would-be assassin, Alì Agca, welcoming him with words of forgiveness and paternal love, embracing him and holding in his own hands that hand that had acted against him so as to kill him. This is an event that deserves a commemorative plaque. On the occasion of the Great Jubilee, in June of the year 2000, at the prison of Regina Coeli, he went to celebrate Holy Mass; with his contagious and convincing vital force he addressed the prisoners that were present and exhorted them to transform their faith into an opportunity for redemption, into an opportunity for encounter and dialogue, as creatures loved by God who, in going back to choosing good, redeem their dignity by beginning to write new pages of their lives in the dimension of the rebirth of *Being*.

Following his illuminated example, as a prison psychologist, a believer and a humble agent at the service of life, above all of marked and suffering life, I take my heart and my professionalism every day to a place where certainties vacillate, where dismay clings onto wise words, and where one runs the risk of tragedies when suitable supports are absent. Knowing and observing that suffering reality of life, given the long service that I have provided there, I hope for greater and untiring synergetic energy on the part of all of the forces working in prison institutions for whom I humbly ask of the Holy Father, at the end of this paper of mine, a special blessing.

FRIDAY 25 NOVEMBER

The Role of Associations and Organisations of the Lay Faithful in the Promotion of Life

FR. JÁN ĎAČOK, SJ
The Pontifical Gregorian University, Rome.

1. Some Brief Historical References

The associationism of the lay faithful[1] belongs to the fundamental mission of the Church and her history. One need only refer to the activities of lay people expressed through the monasticism of the first millennium and to the mendicant Orders of the medieval period. During the sixteenth century the spirit of the associationism of the lay faithful was expressed through various 'brotherhoods, orators and Marian congregations'.[2] Later, during the nineteenth century, the Spirit of God inspired other providential works, such as the 'Vincentian conferences' of the Blessed Federico Ozanam, the Catholic apostolate of St. Vincenzo Pallotti, the educational work of St. Giovanni Bosco, the social work of the Blessed Adolph Kolping',[3] and many other initiatives through which the associationism of lay people was expressed.

The end of the nineteenth century and the first half of the twentieth century were periods that characterised Catholic Action, which developed in particular during the pontificate of Pius XI and was understood as a fundamental matrix of the diversified associationism of lay people, at least until the Second Vatican Council. The document 'International Associations of the Faithful' of the Pontifical Council for the Laity describes this development as follows: 'During the first decades of the twentieth century there was a steady spread of numerous Catholic international organisation which covered a vast area of fields of action ranging from the family to professional activities and which concerned the sectors of education, culture, politics, social communications, and human promotion'.[4] Catholic Action offered lay people a solid formation, deepening in them an awareness of their vocation to the apostolate and holiness.

It was therefore logical that the Second Vatican Council acknowledged the great importance of the apostolate of associations which 'corresponds to a human and Christian need and at the same time signifies the communion and unity of the Church in Christ'.[5] According to the Second Vatican Council, the lay faithful 'have the right to found and control such associations and to join those already existing',[6] maintaining, naturally, 'the proper relationship to Church authorities'.[7] This Council also recommended cooperation at an international level: 'the global nature of the Church's mission requires that apostolic enterprises of Catholics should more and more develop organized forms in the international sphere. Catholic international organizations will more effectively achieve their purpose if the groups comprising them, as well as their members, are more closely united to these international organizations'.[8] This is also the approach of the current *Code of Canon Law* which states: 'In the Church there are associations distinct from institutes of consecrated life and societies of apostolic life; in these associations the Christian faithful, whether clerics, lay persons, or clerics and lay persons together, strive in a common endeavour to foster a more perfect life, to promote public worship or Christian doctrine, or to exercise other works of the apostolate such as initiatives of evangelization, works of piety or charity, and those which animate the temporal order with a Christian spirit'.[9]

A further flowering of lay associationism was confirmed in 2004 with the publication in 2004 by the Pontifical Council for the Laity of *Il Repertorio delle associazioni internazionali di fedeli* which listed 123 associations of the laity. These depend in a juridical sense on the Pontifical Council for the Laity. Those associations which depend in a juridical sense on other dicasteries of the Roman Curia and those that have a diocesan or national character are not listed in this document.[10] In this paper I will concentrate for the most part on certain aspects of the contribution made by John Paul II to lay associationism.

2. Associationism and the Promotion of Life According to John Paul II

This Pope described this area in summarising fashion in his post-synodal apostolic exhortation *Christifideles laici* on the vocation and mission of the laity in the Church and the world: 'In some ways lay associations have always been present throughout the Church's history as various confraternities, third orders and sodalities testify even today. However, in modern times such lay groups have received a special stimulus, resulting in the birth and spread of a multiplicity of group forms: associations, groups, communities, movements' (n. 29). John Paul II also listed the fundamental criteria of the discernment and the ecclesiality of Catholic associations: a) the primacy given to the vocation of every Christian

to holiness; b) the responsibility of confessing the Catholic faith; c) the witness to a strong and solid communion expressed through union with the Pope and the local bishop; and d) conformity with and participation in the apostolic goals of the Church; e) a commitment to a presence in human society which…places it at the service of the total dignity of the person'.[11] The witness of Catholic associations must bear fruit in daily life.

The fifth criterion demonstrates the specific roles of associations and organisations of the lay faithful in promoting life. This applies, in particular, when one takes into consideration a global vision of the contemporary world and the possibilities that are offered by present-day means of communication. With respect to a new culture of life, it is sufficient to refer to the encyclical *Evangelium vitae* where John Paul II encourages decisive commitment as regards the new evangelisation: 'Evangelization is an all-embracing, progressive activity through which the Church participates in the prophetic, priestly and royal mission of the Lord Jesus…This is also the case with regard to the proclamation of the *Gospel of life*, an integral part of that Gospel which is Jesus Christ himself. We are at the service of this Gospel, sustained by the awareness that we have received it as a gift and are sent to preach it to all humanity, "to the ends of the earth" (Acts 1:8). With humility and gratitude we know that we are *the people of life and for life*, and this is how we present ourselves to everyone' (*EV*, n. 78).

In another passage from the same encyclical John Paul II goes on to say: 'By virtue of our sharing in Christ's royal mission, our support and promotion of human life must be accomplished through the *service of charity*, which finds expression in personal witness, various forms of volunteer work, social activity and political commitment. This is *a particularly pressing need at the present time*, when the "culture of death" so forcefully opposes the "culture of life" and often seems to have the upper hand' (*EV*, n. 87). The same vision is well emphasised by Benedict XVI who, in his encyclical *Caritas in veritate*, writes: 'Yet we must not underestimate the disturbing scenarios that threaten our future, or the powerful new instruments that the "culture of death" has at its disposal' (*CiV*, n. 75).

The importance of the mission of Catholic associations and organisations was strongly emphasised by John Paul II himself: 'If charity is to be realistic and effective, it demands that the *Gospel of life* be implemented also by means of *certain forms of social activity and commitment in the political field*, as a way of defending and promoting the value of life in our ever more complex and pluralistic societies. *Individuals, families, groups and associations*, albeit for different reasons and in different ways, all have a responsibility for shaping society and developing cultural, economic, political and legislative projects which, with respect for all and in keeping with democratic principles, will contribute to the building of a society in which the dignity of each person is recognized and protected and the lives of all are defended and enhanced' (*EV*, n. 90). These words of John Paul II, therefore, are very clear and may constitute for us an urgent imperative.

3. Some Disquieting Contemporary Scenarios

Today's world offers a broad gamut of scenarios that have very worrying aspects. Msgr. Z. Zimowski, the current President of the Pontifical Council for Health Care Workers, characterises this world as 'a sort of arena where the civilisation of life and the civilisation of death confront each other'.[12] Here I can refer to only some of these scenarios.

3.1. Crimes against life and human dignity

These had been already listed by the pastoral Constitution *Gaudium et spes* of the Second Vatican Council with the following words: 'Furthermore, whatever is opposed to life itself, such as any type of murder, genocide, abortion, euthanasia or wilful self-destruction, whatever violates the integrity of the human person, such as mutilation, torments inflicted on body or mind, attempts to coerce the will itself; whatever insults human dignity, such as subhuman living conditions, arbitrary imprisonment, deportation, slavery, prostitution, the selling of women and children; as well as disgraceful working conditions, where men are treated as mere tools for profit, rather than as free and responsible persons; all these things and others of their like are infamies indeed. They poison human society, but they do more harm to those who practice them than those who suffer from the injury. Moreover, they are supreme dishonour to the Creator' (n. 27). The same text is taken up in other documents of the Church as well, amongst which we may cite the encyclicals *Veritatis splendor* and *Evangelium vitae*. These grave crimes, unfortunately, are greatly increasing in number.

3.2. The organised fight against human life and the family

John Paul II in his encyclical *Evangelium Vitae* speaks about 'scientifically and systematically programmed threats' and goes on to emphasise: 'we are in fact faced by an objective "conspiracy against life", involving even international institutions, engaged in encouraging and carrying out actual campaigns to make contraception, sterilization and abortion widely available' *(EV*, n. 17).

3.3. Health care as an instrument of the 'culture of death'

Traditionally, hospitals and health-care institutes have been seen, and today they are still seen, as the 'crossways of life'. In them people are born, experience frontier situations, and die. They are places that offer good opportunities for personal reflection and for evangelisation. Well-trained health-care workers can become witnesses to, and the preachers of, faith and hope; they

can become fires which ignite other fires. Unfortunately, however, some health-care workers and health care in some countries have become the most effective instruments of the 'anti-culture of death'. One need only mention here: abortions, artificial fertilisation, the elimination of embryos, the manipulation of born and unborn life, experimentation with embryo stem cells, contraception, assisted suicide, euthanasia, etc. Some health-care workers and some health-care systems kill professionally. The 'culture of death' even acts through them. For this reason, the tendency is growing stronger to make health-care workers act without any remorse of conscience and to ensure that they are not punishable and obtain economic profit from such activities, etc. To kill other people, it is necessary to orientate the whole health-care system, health-care institutions, laws, the world of insurance, health-care ethics, etc. In addition, it is clear that the 'pseudo-culture of death' is not in the least interested in having an effective health-care system. In other words: when the health-care system does not function well it is easier to kill. This is the reason why, in non-ecclesial institutions, health-care workers can bear witness through conscientious objection. In health care the new evangelisation must strengthen the maturation of consciences and lead to a strengthening of the institution of conscientious objection.

3.4. The new ideologies

Since the publication of *Evangelium Vitae*, the situation has grown worse and has become more complex and refined, with the proliferation of institutions that are directly involved in the 'conspiracy against life'. Health care is the privileged field where this 'conspiracy' is implemented, where the urgent questions of bioethics are encountered and where the 'anti-culture of death' becomes stronger. These realities are accompanied and supported by new ideologies (for example: radical individualism and radical feminism, sexual and reproductive health, gender/homosexuality, post-humanism, etc.) which aim at relativism situationism, exasperated subjectivism and cynical hedonism, with a tragic deformation which leads to the destruction of young people and the family. The new evangelisation thus must aim at the unmasking of these ideologies and practices, and of the anti-culture of death, and at a decisive defence of every human life and every family. What could be the answer of the lay faithful, their associations and their organisations?

4. Some Practical Proposals

4.1. A worldwide network of close cooperation

This is very much to be hoped for, indeed it is necessary, at a local, regional, international and planetary level. Cooperation between neighbouring countries could produce much good fruit here and these are countries which have similar levels of health care and where the problems are similar. Cooperation should aim not only at the provision of information but also at formation and the inspiration of effective activity. As regards the defence of human life, we are at war and we will be at war until the end of the world. When you are at war it is very important to know the strategies of the enemy and those who work with him. In a few words, as regards today's world we must know who and what is at work, how they work, with whom one can work and how one can work – of course encouraging everyone to act for the culture of life. It is for this reason that it is very important to create certain centres in various places in the world which could observe the activities and strategies of the institutions and organisations involved in the culture of death, unmask their ideologies and their practices and, on the other hand, observe the activities and strategies of the institutions and organisations that are involved in the culture of life. Initiatives connected with the culture of life could be useful not only as simple information but also in providing motivations for activity in other places. These centres could create a world network with each other, with a mutual exchange of information, and this is because the way that the representatives of the 'culture of death' act is very often the same or very similar, being solely adapted to the local mentalities and specificities. In this way, one could hope that the refined strategies of the 'culture of death' can be recognised for what they are in other parts of the world as well, and one could strengthen the culture of life. Catholic lay associations and organisations could provide effective help this field.

4.2 . Strategies for the 'culture of life'

According to the invitation of John Paul II, we should draw up 'cultural, economic, political and legislative projects'[13] for the promotion and defence of every human life. For this reason, we should ask ourselves: what kind of strategies for the 'culture of life' do we need in our country? Who can work together in this area? Who should do this, what should be done, and how should it be done? It would also be very useful to know the strategies against life in one's own diocese and one's own country. In this field, a delegate for the 'culture of life' could be useful who would be a coordinator of strategies and activities in favour of life promoted by very many associations and organisations of the Catholic laity.

4. 2. Delegates for the 'culture of life'

It evident that the 'culture of life' is a very broad field and involves health-care workers, pharmacists, families, the acceptance of children, the upbringing of children and young people, and the taking care of elderly people in particular, but it also involves teachers, politicians, economists and all those people who can have an influence in this field in both a negative and a positive sense. The delegate for the 'culture of life' should be a bishop or a priest

who is entrusted with his task by the local bishops' conference. The tasks of this delegate should involve: coordinating activities in favour of life at a national level; being in contact with the various committees of the bishops' conference, with institutions and with other countries; providing information on similar initiatives in other countries; being in contact with the parliamentarians of his own country and with influential people to whom should be explained the questions and issues connected with the defence of life or the fight against life in order to convince them to be in favour of life; and disseminating information on tendencies that seek to go against human life, etc. It is greatly to be hoped that the delegate for the 'culture of life' at a national level will have people who work with him in every diocese and in every deaconate. I am convinced that through delegates for the 'culture of life' one could do a great deal to foster respect for every human life.

5. An Expression of Gratitude

On this occasion I would like to thank all the members of the very many lay Catholic organisations and associations that have dedicated, and dedicate, their creativity and their forces to service to other people and in particular to sick people. Naturally enough, it is impossible to present here a long list of these associations and organisations of the Catholic laity. The Father 'who sees what you do in private' (Mt 6:6) will certainly reward them in a generous way in this life and in the future life as well.

Conclusions

In the fight against human life, unfortunately, any ideology was, and is, acceptable, such as Nazism, Communism or Liberalism.[14] One may observe that the strategies and methods used against human life and human dignity were similar and are similar. For this reason, the culture of life needs, and will need, every finger, every hand, every head and every heart. Only with the Lord of life and working together can we do much more. The role of the associations and organisations of the lay faithful in promoting life is, therefore, of urgent importance and of a historic character. Let us except the invitation of the Blessed John Paul II and Benedict XVI to engage in gospel, creative and convincing witness to the culture of life.

I would like to end this paper with the words of encouragement of Benedict XVI taken from his post-synodal apostolic Exhortation *Africae munus* which were addressed to the laity of Africa but also to the laity of the whole world: 'It can be helpful for you to form associations in order to continue shaping your Christian conscience and supporting one another in the struggle for justice and peace. The *Small Christian Communities* (SCCs) and the "new communities" are fundamental structures for fanning the flame of your Baptism…I also encourage you to have an active and courageous presence in the areas of political life, culture, the arts, the media and various associations. Do not be hesitant or ashamed about this presence, but be proud of it and conscious of the valuable contribution it can offer to the common good!' (n. 131).

Notes

[1] The *Catechism of the Catholic Church* means by the term 'laity': 'all the faithful except those in Holy Orders and those who belong to a religious state approved by the Church. That is, the faithful who by Baptism are incorporated into Christ and integrated into the People of God…[who] have their own part to play in the mission of the whole Christian people in the Church and the world' (*CCC*, n. 897).

[2] S. Ryłko, 'Prefazione', Pontificio Consiglio per i Laici, *Associazioni Internazionali di Fedeli. Repertorio* (Libreria Editrice Vaticana, Vatican City, 2004), p. 11.

[3] S. Ryłko, 'Prefazione', Pontificio Consiglio per i Laici, *Associazioni Internazionali di fedeli. Repertorio*, p. 11. For the historical aspects see also T. E. Woods, Jr., *How the Catholic Church built Western Civilization* (Regnery Publishing, Inc., 2005); G. Carriquiry Lecour, 'L'associazionismo dei fedeli, con particolare riferimento alla promozione di una cultura della vita', (in press), paper given to the *Seminario di chiusura del 25º Anniversario dell'Istituzione del Pontificio Consiglio per gli Operatori Sanitari*, Rome, 5 February 2011, pp. 1-2.

[4] S. Ryłko, "Prefazione", In: Pontificio Consiglio per i Laici, *Associazioni Internazionali di fedeli. Repertorio*, pp. 11-12.

[5] The Second Vatican Council, Decree on the apostolate of the laity *Apostolicam Actuositatem*, n. 18.

[6] *Apostolicam Actuositatem*, n. 19. As regards the mission of the lay faithful, the *Catechism of the Catholic Church* makes clear that 'Social action can assume various concrete forms. It should always have the common good in view and be in conformity with the message of the Gospel and the teaching of the Church. It is the role of the laity 'to animate temporal realities with Christian commitment, by which they show that they are witnesses and agents of peace and justice'' (*CCC*, n. 2442).

[7] *Apostolicam Actuositatem*, n. 19.

[8] *Apostolicam Actuositatem*, n. 19.

[9] *Code of Canon Law*, can. 298 - §1. See also: cann. 215, 216, 225, 299 – 329.

[10] Cf. Pontificio Consiglio per i Laici, *Associazioni Internazionali di fedeli. Repertorio*. The predecessor of this document is *Les organisations internationales catholiques (OIC)*, edited by the then Consilium de Laicis (cf. Bulletin *Laïcs aujourd'hui*, nn. 13-14, 1973).

[11] Cf. John Paul II, *Christifideles laici*, n. 30.

[12] Z. Zimowski, *Presentazione della XXVI Conferenza Internazionale* (Pontifical Council for Health Care Workers, Vatican City, 2011), p. 3.

[13] John Paul II, encyclical *Evangelium vitae*, n. 90.

[14] Cf. V. Boukovsky, *L'Union européenne, une nouvelle URSS*? (Éditions du Rocher, Munich, 2005).

Hospitals: Places of Mission and Care

H.E. MSGR. JOSÉ LUIS REDRADO, O.H.
Secretary Emeritus of the Pontifical Council for Health Care Workers, the Holy See.

I. THE WHOLE OF HUMANITY PASSES THROUGH HOSPITALS

It was the month of October, and the year was 1983. The Church was celebrating the Synod on Reconciliation; Fra. Pierluigi Marchesi, the Prior General of the Hospital Order of St. John of God, was taking part as an 'observer'. Fr. Marchesi was a great defender of the sick, a man of frontiers and of great prophetic vision. On 15 October of that year, in this same synod hall, in front of the Pope, he took the floor and said: 'It is always edifying to take sick people to sanctuaries, at least those who can do this, even though they are not always those who most need this: today it is first and foremost necessary for the Church to engage in a pilgrimage in hospitals where in many countries more people go to than they do to parishes and where the presence of Christ who wants reconciliation is alive. This needs an organised, planned and vivified form of pastoral care in health, a new catechesis for health-care personnel at all levels: a catechesis about life, about illness, about suffering and about dying for the people of God: a review of the apostolic dimensions of souls consecrated to service to the sick and lastly a renewed formation for those ministers of the sacraments who work in hospitals. One can understand the attention to pastoral care for specific sectors: workers, intellectuals, young people, tourism and marginalisation, the family and ecologists; let us not forget that we will all, we as well, one day, belong to the people of the sick and the dying: this will be an inevitable way of meeting Christ who reconciles us and invites us to his Easter'.

I wanted to begin my short paper with these strong, real and prophetic phrases which express the importance of hospitals as privileged settings for evangelisation.

The whole of humanity passes through hospitals: the rich and the poor, the wise and the ignorant, children, young people and the elderly; Muslims, Catholics, Protestants, Buddhists, Jews…and even those who say that they do not believe. The whole of humanity passes through hospitals which are the most universal and most ecumenical settings that exist; I would venture to say that they are the setting where a people measures its own culture, its own development, its own technology, its own humanity and its own religion. A hospital is a precise thermometer of the values of a people.

'Hospital', a word that is more than magical, not in a physical, architectonic, sense, but in a symbolic one; what it is, what it represents, what it means as a place of encounter, a place of care and of hope, and as a sacred temple of salvation.

Each year the lives of over twenty million people are treated and 'touched' in a certain way in a health-care centre and by a follower of the Order of St. John of God – a religious or co-worker.

I repeat the point: twenty million people go to – pass through – the hospitals of St. John of God, a figure that amounts to three hundred institutions. And if the Church has 120,826 Catholic health-care institutions,[1] can you tell me the number of people (patients and their family relatives) who pass though these 'sacred' temples which are called hospitals, Catholic hospitals?

And in addition, have you ever stopped to think about how many sick people go to hospitals that are the property of the state, of secular agencies or of the Church? And all the medical personnel, nurses, psychologists, pastoral workers, or volunteers who every day live in a health-care, hospital environment? An entire army of people who are connected with hospitals, places that are larger than any parish.

We may repeat, therefore, that places of suffering and care are the most frequented temples of humanity; they are the most universal and the most ecumenical. They are places of life and of hope; they are sacred places.

This is something that was said by Benedict XVI with the following words: 'A hospital is a place that we could say is in some way 'sacred', where the frailty of human nature is experienced but also the enormous potentialities and resources of the invention of man and technology at the service of life' (Address of 22 April 2007).

And this is also something that was said by John Paul II in his Message on the occasion of the World Day of the Sick in Washington in the year 2003: 'Catholic hospitals should be centres of life and hope which promote – together with chaplaincies – ethics committees, training programmes for lay health workers, personal and compassionate care of the sick, attention to the needs of their families and a particular sensitivity to the poor and the marginalized. Professional work should be done in a genuine witness to charity, bearing in mind that life is a gift from God, and man merely its steward and guardian'

II. TESTIMONIES[2]

For many people a stay in a hospital constitutes an important moment; it poses questions, it is an experience that 'marks', and it is a place of numerous encounters, of many lives.

A hospital is not a bar, a cinema or a discotheque but a place that poses many questions to us, that reminds us that we are fragile, a place where, perhaps, one will die. A hospital is a place of a great

deal of movement, both external and internal, in constant contrast, where bodies are regenerated and people as well, where people have an opportunity to change, to convert, because hospitals are 'clinics of the Spirit' (Paul VI). This second part of my paper seeks to demonstrate all of this through testimonies.

Pain, illness, suffering and hospitals are settings for observation; they are schools, universities, an opportunity for a new drawing near to life and at times also for an authentic conversion and for the apostolate. To demonstrate the validity of this statement, I would like to refer to two groups of testimonies: in the first I will describe certain saints who changed their lives by entering into contact with pain; the second is made up of people from all walks of life who went through an experience of suffering.

a) Saints

Some of them experienced illness in the first person; for others, the majority of them, this experience acted to direct their lives, their vocations, and they went through that experience by being in contact with people who suffered.

Amongst the first we find St. Ignatius of Loyola who, when convalescing from a wound, encountered God and offered Him his own life. Amongst the second it is right to refer to those two great champions of charity: John of God and Camillus de Lellis. Both went through a negative experience of hospitals because of the way in which sick people were treated; this experience led them to found their respective religious institutes with the intention of making such institutes the expression of a more humane and charitable treatment of sick people.

b) My experience as a chaplain in a children's hospital

What is most surprising, the most valuable thing in the experience of evangelisation, is life, the surprise of living every day asking oneself about the lives of those newly born children who are threatened by suffering and illness. You are surprised by seeing many mothers – many families – at the foot of the cross of their children in pain.

How much strength, how much pain, how many questions, how much mystery is experienced in these hospitals! Our religious service in a paediatric hospital is not a cold and chronometered presence; it is, rather, a life, a sign. We see this in the numerous declarations of relatives. Allow me to give me some examples:

– "A thousand thanks, Elvira, you have helped me a great deal". This is what was said by a mother to a woman who paid a visit to her after the funeral of her daughter.

– I remember the anxiety of a young couple faced with the illness of their child who died at the age of three months. How much time did they spend in the chapel between hope and desperation!

– And the mother of Jordi: with how much love did she care for her child!

– How many families wait for us to go and visit them and often say to us: we were waiting for you!

– And that father, Paco, who was desperate because his son had spina bifida and did not believe in anything, who said that he had lost his faith…We encouraged him to move out of his darkness and his sadness and after a few days we noticed more light and tranquillity in that home and in that couple with their child.

– And what should be said about Alice aged twelve, Juan aged 8, Gemma aged nine with leukaemia, José Manuel aged six, and Maria aged three?

– This is the observation of a father: "At work I feel distant and I do not trust my colleagues. I have always believed that there is a great deal of wickedness in people but after many days in hospital I have discovered there are good people who devote themselves to those who suffer. I have discovered this human value in the health-care workers, in the volunteers, and in the religious service. I am happy even though I am sick. This hospital has been a surprise!"

– And another father: "We parents, demoralised and frightened by the incurable illness of our daughter, have only been comforted by the words of the priest who celebrated the baptism and the funeral of our daughter".

– I would also like to narrate the testimony of a girl aged eight who had had an accident, together with her cousin, and whom we visited with a certain assiduousness. After she had been discharged, one day she came to visit us in the hospital and amongst other things she brought us the following letter: 'Dear St. John of God, my grandmother offers you this bunch of flowers because you healed my cousin. Heal all of the children in this hospital. Help Yolanda and Gustavo, Rafa, and others, so that they will get better, as you did with us. My grandmother sends you these flowers so that you can heal other children. I want you to give a lesson to those cooks who produced very bad food which the children in the hospital do not like. I am leaving you my crutches because I no longer need them because you healed me. I am leaving them to you because another child may need them, but I ask you to ensure that nobody else needs them. Because I believe that people should not die and suffer, because if all these horrible things did not exist, the whole world would live in a happy way. I say this to you with affection. Isabel María".

c) A river of witnesses (Fellini, Carreras, Paul Claudel, Mounier and many stories of people who have suffered)

I will offer here two important testimonies of people who are very well known in the world of art and who experienced pain. I am referring to the film director Federico Fellini and to the tenor José Carreras.

I will begin by describing the declaration made by *Federico Fellini* to the Barcelona newspaper *La Vanguardia* on 29 August 1993 after he had been admitted to a clinic in Rimini: 'I have discovered that a hospital is a wonderful world to think about one's projects and one's life'. The interview went on as follows:

– 'Have you prayed over recent days?'

– 'Yes, I have prayed'.

– 'Have you thought about God?'

– 'How would it be possible to live without thinking about Him?'

The same newspaper published on another occasion the declarations of the tenor *José Carreras*: 'As a consequence of my illness, I learnt to give importance to the religious aspect, to a certain mysticism, to a certain type of reflection and this is one of the most positive experiences that it left me…I matured more as a man and because of this episode of my life I now see things in a deeper way'.

Paul Claudel and *Emmanuel Mounier* left us very fine testimonies on suffering:[3] 'God did not come to eliminate suffering or even to explain it. He came to fill it with His presence', said *Paul Claudel*. And he went on: 'Pain is a presence, and thus requires our presence: a hand has taken our hand and holds us close'.

And Mounier, at the time of the illness of his daughter Françoise, wrote to his wife: 'We should not think of this suffering as something that we give so as not to lose the merit – the grace – of this 'little' Christ who is amongst us…I do not want us to lose these days by forgetting that they are days full of unknown grace'.

There are many writings and testimonies, both lived through and written down; they are the expression of lives that become a journey and an experience.

Among many examples, we should remember the book *Testimonios de enfermos* which was given to the Blessed John Paul II in Seville on the occasion of the International Eucharistic Congress (7-13 June 1993). This was a book produced by the National Department for Pastoral Care in Health of Spain. This is a book with a large number of questions, experiences and transformed lives. A book full of lives spent in suffering.

Testimoni della croce e della gioia[4] ('Witnesses of the Cross and of Joy'). This is the title of an Italian book. It deals with a spiritual journey undertaken by a group of cancer patients, men and women who, with their lives charged with suffering because of illness but full of great love, transmit to us an authentic and valuable message.

Illness is also a setting for encounter for Manuel Lozano Garrido, for Jaime, for Juana, for Fr. Ildebrando Gregori and for innumerable other stories full of life.

Manuel Lozano Garrido, 'Lolo', a journalist and invalid, the victim of an illness that he contracted when he was young and from which he suffered for the whole of his life. As a journalist 'he saw the footsteps of God in the teleprinters', and in dying he left behind him the scent of holiness. Although he was blind, he did not interrupt his work as a journalist and man of letters, not even during the worst moments of his illness or during his days of greatest pain. He founded and directed a review for sick people who offered up their illness for journalists, for daily newspapers and for information. Now we see on the altar a journalist, a sick man, and a model of apostolate.[5] The Church proclaimed him Blessed on 13 June 2010.

Jaime, an invalid, offers his testimony: 'I underwent a strong experience of God that transformed my life and made me live for Him, not only in my physical invalidity, where God came to encounter me, but also in my devotion to others. I want it to be a reflection of the love of God that I experienced'.[6]

Juana, also an invalid, has narrated her experience: 'I worked in a hospital until the age of twenty-two when a tumour in my spinal column immobilised me on a wheelchair. Up to then I had seen pain as a punishment; instead, little by little, during the course of my illness I believe that I found God and since that time, since when I have had faith, pain for me has constituted an authentic liberation'.[7]

Rev. *Ildebrando Gregori*, the founder of the Sisters Reparatrices of the Holy Face of Jesus, had an immense concern which he often repeated, that of 'wiping tears and he wiped a great many'.[8] For him, to serve Christ in man meant to serve him in extreme suffering, the synthesis and compendium of all physical, moral and spiritual suffering.

I could go on and write page after page. Shared experiences and memories. Many human things but also many things of God. As Pope Luciani said, God writes 'neither in bronze nor in marble but even in the dust so that it is clear that the merit is only that of God'.

d) An exceptional witness: John Paul II

I would like now to pay attention to an exceptional witness in the field of suffering. I am speaking about John Paul II, today the Blessed John Paul II, a Pope who 'travelled' in the world of suffering, who experienced suffering in the first person the various times that he was admitted to the Gemelli Polyclinic. John Paul II saw this hospital as his third residence. He was admitted to it seven times.

This Pope will go down in history for his large number of journeys, for his opening to the East, for his tenacity in the search for unity and peace, but, I would venture to say, he will be remembered in a special way for his relationship with suffering and with the sick and for his innumerable visits to hospitals. It would be interesting to know how many hospitals were visited by John Paul II during his large number of journeys. The Centre for Pastoral Care in Health of Rome published the book *Papa Giovanni Paolo II negli Ospedali di Roma* ('Pope John Paul II in the Hospitals of Rome') which brings together his visits to the twenty-five hospitals of that city; in this book the reader will also be able to find his various speeches and a large number of photographs.

The Pontifical Council for Health Care Workers brought together the examples of witness of the Pope in a fine book[9] with subjects and titles that are full of realism:

– John Paul II, a Pope who comes from suffering, a herald of the Gospel of suffering, a Pope who explains suffering, who is at the service of those people who suffer, a Pope who loves sick people, a Pope who suffers.

– A Pope who addressed to the Church the apostolic letter *Salvifici doloris* on the Christian meaning of human pain (11 February

1984). In addition, a Pope who instituted the Pontifical Council for Health Care Workers (by his Motu Proprio *Dolentium Hominum* of 11 February 1985) and the World Day of the Sick (14 May 1992).

He is also an example, a living testimony. His pontificate was born, developed and ended 'inclined' to pain. The fine book on his pontificate opens with a page that is a life. After his election, John Paul II visited a friend of his who was gravely ill. *L'Osservatore Romano* (19 October 1978) published news of this under the following headline: 'John Paul II amongst the Sick of the Agostino Gemelli Polyclinic'. Under this headline this newspaper of the Holy See reported the words of the Pope: 'I also want to thank all those who have guided me here and also saved me because, given the great enthusiasm that has been expressed, it could also have happened that the Pope would have had to be admitted to this hospital to be treated'. 'But above all', he continued after a brief interruption that was almost imposed on him by the applause of those who were present, 'I think that all of this is a fact due to Divine providence. I came to visit a friend of mine, a bishop colleague, Msgr. Andrea Deskur, the President of the Pontifical Commission for Social Communications. To him I owe so many good things, so much friendship. For many days, since almost the eve of the conclave, he has been in this hospital and he is really in a grave condition. I wanted to visit him, and not only him but also all the other patients'.

The Holy Father then went on by remembering what he had said to the Cardinal Fathers that morning, of his wish 'to base my papal ministry above all on those people who suffer and who unite prayer to their suffering, their passion and their pain'. 'Dearest brothers and sisters', the Pope continued, ' I would like to entrust myself to your prayers'.

A great programme based upon sick people, upon weakness, but with the 'strength of suffering'. This would be a constant feature of the pastoral care of John Paul II. His book of life closed with the same witness to the strength that is present in suffering. From the Gemelli Polyclinic, even though he was convalescent, he provided the world with the following witness: 'During these days of illness I have been able to understand even more the value of the service that the Lord called me to render to the Church as a priest, as a bishop, and as the successor to Peter: it passes by way of the gift of suffering, through which it is possible to complete in one's own flesh 'what is lacking in the sufferings of Christ, for his body, the Church' (Col 21)' (13 October 1996).

I repeat the point, John Paul II was a Pope who spoke a great deal about suffering, who visited many hospitals and many sick people, but his force and witness lie in the fact that he suffered a great deal. He was a Pope with a great experience of suffering; a suffering charged with strength and love.

e) Suffering and love: a fertile encounter

The statement that we find in the apostolic exhortation *Evangelii nuntiandi* of Paul VI is a great reality: 'Modern man listens more willingly to witnesses than to teachers, and if he does listen to teachers, it is because they are witnesses' (n. 41).

This had great validity for the early Christians because of their living and active faith, but it is, and must be, valid for today's Church, above all else as regards suffering, as a privileged field for the generation of witness, for evangelising.

Yes: the examples of witness in the area of suffering are truly innumerable; one need only draw near to hospitals or enter homes where numerous families for years have taken care of a sick loved one to realise the strength of suffering in changing and transforming people, in bearing witness and saying to other people that the Lord is good and that the strength of a human being does not always coincide with good health because in weakness as well, in illness, a human being can display great strength.

If in practical life these kinds of examples abound, at times in a concealed form, no less copious is the literature that narrates these lives in written form.[10]

III. TOWARDS A FUTURE OF HOPE IN OUR HOSPITALS

I ask myself: how can one continue to ensure that the idea that hospitals are places of integral health, centres of life, sanctuaries, and places of hope and evangelisation is a reality? I would like to emphasise certain subjects:

1. Illness: a suitable setting for evangelisation

Illness is a suitable setting for evangelisation first of all for the *patient* himself or herself, since the new situation that he or she is living through totally changes his or her life, with that person moving, perhaps, from major activity to its paralysis, from not having time available to having every hour to be able to think, assess, review and 'live'.

Around the patient there is his or her *family* which shares in and suffers the same reality, and this family can find space to renew its faith and its love.

A suitable time also for the *Christian* community which can practise at this time the values of solidarity, of welcoming, or of faith shared in prayer.

A special time for those people who work in the hospital, and in particular for *pastoral workers*, for all Christians, since a patient is a 'sounding box' of many problems, an opportunity to generate apostleship.

But above all it is a *time of God*. God has His moments, His designs, and His instruments. God often passes through the life of a man who, however, at times, is distracted; now, in illness, he can listen to Him without there being so much noise. Through this experience we know that illness has been for many people the right moment to change their lives, to feel nearer to God who passes not to judge us but to save us.

2. The Church discovers in sick people and health-care centres settings for encounter and evangelisation

To the Church as a community of believers has been entrusted, through the apostolic mandate, 'care for the sick', which is something that is inseparable from 'evangelisation'. Church tradition itself teaches us through the Magisterium that service to the sick is an integral part of her mission (*Dolentium Hominum* n. 1); the Church searches for encounter with man, in particular through the way of suffering. 'Man is the way for the Church' (*Salvifici doloris* n. 3); caring for the sick is a 'deaconate' of the local and universal Church. This ministry is not confined to her faithful but is opened – and must be opened (out of faithfulness to the Gospel) – to everything that suffers (Lk 10:25-37); care for the sick refers to man in his somatic-spiritual unity (*DH*, n. 2); it is therefore an obligation on the part of the Christian community to help a sick person to free himself or herself from everything that impedes suffering being from him or her, and for other people, 'a force for redemption' (*SD*, n. 19); and care for the sick is an ecclesial 'deaconate' that expresses in a perfect way her essence of being a 'universal sacrament of salvation' (*LG*, n. 1).

This concern of the Church for the sick, the testimony of which as history demonstrates is not only great in range but also great in quality, *this concern*, and I repeat the point, has been emphasised by the Magisterium over recent years. *Pius XII* illuminated medical science with innumerable speeches which are still applicable today. The *Second Vatican Council*, apart from the Message addressed to sick people, exhorted both bishops, as priests, to have tender care 'for the sick and the dying, visiting them and comforting them in the Lord' (*PO,* n. 6, 8; *LG*, n., 38). And the *Code of Canon Law* itself (can. 529, par. 1) reminds parish priests of their duty to assist the sick and dying with generous charity.

This concern is not the exclusive province of those in the Church who are consecrated to ministry but must be the concern of everyone (*CD*, n. 17; *AA,* n. 6).

To this work is called each one of us because everyone either directly or indirectly serves sick people. In addition, this is because the Christian vocation, by its very nature, is vocation to apostleship; all the striving of the Mystical Body is apostleship and all of its members must act in an active way (*AA*, n. 2). Everyone has the duty to work so that the message of salvation reaches everyone.

Christians have the right and the duty to engage in apostleship in virtue of union with Christ the Head; they are a part of his mystical body through baptism and have been fortified through confirmation (*AA*, n., 3). And everyone should contribute to the spreading of the Kingdom of God in the world (*LG*, n. 35).

The Spanish episcopate, in its *Ritual of the Anointing of the Sick and Pastoral Care for the Sick* emphasises this responsibility of various groups, making a very specific allusion both to lay professionals and to women health-care religious and to the families of patients (n. 57):

1. 'A lay person who works in the health-care field not only practises one of the most noble professions but also engages, in fact, in an apostolate that is often missionary. Professional honesty and competence are without any doubt an indispensable condition which only with difficulty can be replaced by any other kind of apostolic zeal'.

2. 'Health-care religious communities, whose mission is service to the sick in hospitals and health-care organisations must bear special witness to faith and hope in a world that is increasingly technological and materialistic'.

3. 'Professional training and competence are an instrument for a better service of charity, with the constant concern to educate sick people and their family relatives in the faith and to humanise technology so as to make it a bond of Christ's love. Caring for the sick in the name of the Church, as witnesses to the compassion and tenderness of the Lord, is the specific charism of religious communities in health-care institutions'.

4. 'A Christian family, as a domestic Church, severely tested by the illness of one of its members, must demonstrate that it is a natural community of human love, not only in personal abnegation and devotion and the solidarity of everyone but also by working for the spiritual good of a sick person. Family relatives, as believers, must be concerned to inform the presbyters of the Church or whoever is responsible for pastoral care in health. They are authentic representatives of the Church during the whole of the itinerary of a sick person'.

I would like to emphasise in particular those documents of Pope John Paul II, *Salvifici doloris* and *Dolentium hominum*; the first is on the Christian meaning of suffering and the second is the Motu Proprio that instituted the Pontifical Council for Pastoral Assistance for Health Care Workers. Both these documents set in motion a new movement as regards pastoral care for sick people.

This pastoral care was referred to in the same way in a special way by Pope John Paul II in his apostolic exhortations *Christifideles laici,* nn. 53 and 54, and *Vita consacrata,* nn. 82 and 83.

In the same way, the pastoral care of the Church for sick people was appreciated in all of this Pope's magisterium, both in his numerous speeches during encounters with the sick and medical professionals[11] and in his documents of great importance – canon legislation, the new *Catechism*, the encyclical letters and the apostolic exhortations. In all of these we find that, directly or indirectly, they allude to the field of pastoral care in health, and we took care to acknowledge and comment on these in the review *Dolentium Hominum* (cf. numbers 5, 11, 12, 17, 21, 23, 29, 32, 36 and 41).

The World Day of the Sick. This was another providential act which expressed the concern of the Church and it was instituted by the Blessed John Paul II by his letter of 13 May 1992 to Cardinal Fiorenzo Angelini. From the first celebration of this World Day at Lourdes on 11 February 1993 to today, it has generated in the uni-

versal Church a major movement of reflection and prayer, as well as initiatives that have helped people to discover the importance of pastoral care in health in the Church.

On the occasion of the World Day of the Sick, the Pope every year sent a Message in which he strongly emphasised the meaning of suffering, its contribution to the new evangelisation, how healthcare centres were places of encounter, of life and of hope, sanctuaries where the paschal Mystery is experienced, and how in these places there should not be a lack of suitable personnel who bear witness to life, to faith and to hope by accompanying, like the Good Samaritan, the man who suffers.

The reader can find all these views amply expressed from with the first Message of 1993 until the last Message of 2011.

We can see the presence and the Magisterium of Pope Benedict XVI in relation to sick people on various occasions, whether the general audiences on Wednesdays, visits to various churches during the years of his pontificate, the World Days of the Sick, or the encyclicals *Deus caritas est*, *Spes salvi* and *Caritas in veritate*. In particular, I would like to draw attention to:

– The visit of the Pope to the Baby Jesus Children's Hospital of Rome. For his first visit to a hospital – he observed in his address – he chose the Baby Jesus Hospital for two reasons. First of all because that institution belonged to the Holy See and secondly to bear witness to the love of Jesus for children. 'What you did to the least of my brethren, you did to me' (Mt 25:40-45). In every suffering person it is Jesus that is welcomed. Lastly, he thanked people for their cooperation which constituted a highly effective apostolate of the personnel.

– Because of the feast of the Sacred Heart of Jesus of 3 June 2005 the Pope exhorted sick people 'to find in this infinite source of mercy the courage and the patience to carry out the will of God in every situation' (General Audience, 1 June 2005). During the course of another general audience, a differently abled person brought him a mobile phone so that he could speak to a sick woman religious. The Supreme Pontiff did this in front of everyone: 'I will pray for you', he said to the woman religious. This was an unprecedented gesture for a sick person.

– In the first two messages for the World Day of the Sick (Adelaide, Australia, 2006 and Seoul, South Korea, 2007, the thinking of the Holy Father Benedict XVI was expressed in the following way:

– *In the first* – Adelaide – the thoughts of the Pope were addressed in a special way to the mentally ill and he called on the ecclesial community to bear witness to the mercy of the Lord. At the same time, he encouraged the efforts of those who worked in this field so that the mentally ill could have access to necessary forms of care and treatment and asked them to work so that there would be no absence of a spirit of solidarity, drawing inspiration from human and gospel ideals and principles. The Pope declared: 'The training and updating of personnel who work in such a delicate sector of society is very urgent'.

– *The Fifteenth World Day of the Sick* was celebrated in Seoul, South Korea, in 2007, and the Message of the Pope centred around 'incurable' illnesses. The Pope exhorted people to secure 'fair policies' to help these sick people and those people who are at the terminal stage of their illnesses.

The members and institutions of the Church were called 'to preserve the dignity of the sick in these significant moments of human existence' and the sick were encouraged to turn their gaze to the crucified Christ and in union with him to turn to the Father with total trust.

We may also remember the visit of Pope Benedict XVI to Spain, and more specifically to Santiago di Compostela and Barcelona (5 and 6 November 2010) and to Madrid on the occasion of the World Youth Day (18-21 August 2011).

Visits to two hospitals had been planned: to the Nens Hospital in Barcelona and to the San José Hospital in Madrid. Both visits acquired a singular evangelical significance because they stressed the value of human life and the care and presence of the Church amongst the least and the last.

Two striking gestures, two hospitals, two sacred places where love is assisted and loved. This was a message accessible to everyone.

3. Hospitals: Settings of Hope[12]

The Holy Father Benedict XVI dedicates the last part of his second encyclical letter *Spe Salvi* to settings for the learning and the exercise of hope, pointing to three: *prayer* (nn. 32-34); *acting* and *suffering* (nn. 35-40); and *judgement* (nn. 41-48). In these pages, which are dense and wonderful, the Supreme Pontiff outlines hope in concentric and complementary circles (n. 35), that is to say the personal human horizon, the social horizon, and above all the theological horizon which includes all of the creation, as St. Paul observes in the Letter to the Romans: 'All of creation waits with eager longing for God to reveal his children…Yet there was the hope that creation itself would one day be set free from its slavery to decay and would share the glorious freedom of the children of God' (Cf. *Rom* 8: 19-21).

In this context, we are interested in particular in *acting* and *suffering* as settings for the learning and exercise of hope. *Acting* is such a setting inasmuch as every human project is inspired by it, supports it and receives meaning from it. Hope, therefore, is an open door to the future and its horizon is the Love of God.

In the view of the Holy Father, suffering, too, is a setting for learning about hope. And it is such in that it constructs an ineluctable experience of human life which it is not possible to eliminate despite all the efforts and attempts that are made to move out of it. Suffering enters into the personal experience without warnings and blows to smithereens many projects of man. In this way, it makes us experience the limits to our being and our acting. Thus, Christian faith teaches that the elimination of suffering, like the blame and the finiteness that imply it, can be only the work of God. From this we

know that thanks to Jesus the incarnated Son of God who suffered, died and rose again, suffering can obtain meaning and inspire praises to God, joy and hope in the heart (nn. 36-37). In addition, both for the individual and for the community, the relationship with suffering and the suffering people determines their level of humanity in terms of the extent to which suffering is accepted and shared. For this to happen to the individual and to society, human beings must find in their own suffering and in the suffering of other people a meaning, a pathway of purification and of maturation, a pathway of hope (n. 38). This means two things in particular: the ability to be with he or she who suffers in his or her loneliness, that is to say the approach of *comforting*, and the acceptance/bearing of suffering for love of good, truth and justice.[13] Indeed, we should never forget that God shares in our suffering.

One should understand what hope it is that should be explored in a hospital. At the beginning of number 35 of *Spe Salvi*, the Holy Father makes a distinction between smaller and larger hopes, according to the importance of the field of its object and of the perspectives of the individuals who are its protagonists. A task that refers first and foremost to an improvement in the situation of the individual and one that refers primarily to a contribution to the possible advent of a better world, which is more luminous and more human, certainly do not have the same weight and meaning. Now hospital activity can correspond to two, personal and social, horizons, whether one is dealing with service to an individual patient or of activities involving medical-scientific research that is engaged in to solve a situation that involves millions of human beings.

By its nature, hospital activity, which includes medical-scientific research and care and assistance for sick people, fully enters the horizons of acting. Indeed, a person who turns to a hospital service is a human being in need whose life is threatened at its foundations by illness and the malaise that illness provokes.[14] A person wants to be treated, that is to say he or she wants the balance of his or her vital function to be re-established. Thus he or she nourishes the hope that he or she will overcome the current crisis and regain his or her normal life, daily activities, projects and so forth.

As regards the various hospital activities involving diagnosis, prognosis, care and assistance, the two forms of hope – human hope, which is based upon human calculations and powers, and Christian hope, which bases its expectation in the words of God, in His promises and in His grace – are ideally present, at times contemporaneously, at times not, both in the person who turns to the hospital service and in the person who provides that service, whether a believer or otherwise. Indeed, hope is inseparably necessary for the good that is pursued, both in the patient and in the medical doctor, and involves the re-establishment of the balance and the harmony of the vital functions that illness has compromised. Patients, together with the other individuals engaged in the achievement of this good, that is to say the medical doctors, the nurses, the chaplains and the volunteers, all act, work and after a certain fashion hope, to achieve the results hoped for without further complications. Unfortunately, often this hope comes up against a complex, opposing and disappointing reality.

4. Charismatic Presence and Management in Catholic Health-Care Works

4.1. Needs and justifications

The changes that have taken place hitherto in the health-care field are many in number. From the medicine of yesterday – which was magical/priestly, scientific/natural – we have passed to social medicine. From sacred, charitable and handed-out care we have passed to a greater recognition of the right to health. From the familiar hospital, the *Hôtel Dieu*, with the characteristic of being a *hospes* (host), to a hospital with a business character. From the hospital owned by private agencies, above all by religious institutions, to the hospital as a public service, with a greater intervention by the state.

These and many other changes have called into question the centuries-old presence of the Church in the field of health care and have generated the following question: are Catholic hospitals necessary?

The questions that underlie the right to exist of Catholic hospitals in a pluralist society are the right to freedom of conscience and the right to association. *Mater et Magistra* (n. 53) and *Quadragesimus annus* (n. 79) enunciate the principle of subsidiarity, the priority of the human person over the state, which 'encourages, stimulates, regulates, supplements and completes', and the principle of subsidiarity which is connected to democratic freedoms and to the need for freedom and participation.

4.2. The riches of a Catholic hospital

The essence of hospitals that are truly Catholic, which are, that is to say, an evangelising presence of the Church, and where the values of humanity that open themselves to the light of the mystery of the Incarnation are put into practice, is a positive wealth that proclaims and realises the Kingdom of God and demonstrates the existence of democratic co-existence.

The Church contributes universality, a moral sense, proclaims the dignity of the person: in a globalised world, with the danger of marginalisation, the Church proclaims welcoming, solidarity and presence amongst the poor.

4.3. Charismatic needs and management

A sign of the vitality of a Catholic hospital is the dynamic of a constant going beyond in the search for the goal to be reached and this is something that involves the obligation to engage in constant conversion. For this reason, neither the name nor the nature of the agency that owns the hospital, nor the existence of a religious service or the observance of a concrete ethical norm, are sufficient on their own to define the Catholic

character of a hospital in its deepest dimension even though in legal terms that hospital bears the name of a 'Catholic hospital'.

'A Catholic hospital should not be different from a secular hospital only because of the fact that it creates a certain environment for prayer, because of an ease in receiving the sacraments or because of the assistance that is provided by a chaplain…It is in the way of treating physical suffering that there should be reflected that impress of the Spirit which, according to St. Paul, is 'love, joy, peace, patience, benevolence, goodness, faithfulness, meekness and self-dominion' (*Gal* 5:22).And this to the point that a person who is not a Christian and who is treated in a Catholic institution comes to feel that he or she is enveloped in the charity of God. When an institution that is officially Christian is not able – for whatever reason – to bear this gospel witness, it has lost its reason for its existence'.[15]

Catholic health-care works are works of the Church that are recognised by the competent ecclesiastical authority according to the *Code of Canon Law* and thus they are works of evangelisation. *The following values, therefore, must be clear*:

– The human person must be at the centre of all the management and assistance.

– The health-care institution is at the service of life and of health in all the integral dimension of the person.

– The health-care institutions of the Church are settings of the Gospel where love, solidarity, concerned attention, humanisation, pastoral care and the ethical dimension are a translation of these gospel values.

– Attention being paid to those who work in the institution is an important part of the charismatic management: their integration, professionalism, competence, team work and ongoing training are values that should be constantly promoted.

– The administrative management must contemplate the ethical values and the principles of justice and fairness.

– Especial attention must be paid to the institutions of the Church which refer to action amongst the poor of society, the large bands of marginalisation that society does not cover, where the Church must be more attentive and present.

– Lastly, the health-care works of the Church must be settings for mercy, prophecy and mysticism in which the scent of love reaches the whole of an institution.

To administer a health-care work of the Church in a charismatic way means to be able to narrate the parable of the Good Samaritan:

Luke 10:32: the Parable of the Good Samaritan

- *He reached that place*
- He saw him
  * Drawing near
- He had compassion for him
- *He drew near to him*
  * *Compassion*
- He dressed his wounds
- He poured oil and wine upon them * Care
- He placed him on his mule
- He took him to an inn
  * Commitment
- He took care of him
- He gave two silver pieces to the innkeeper
  saying: "take care of him"
- He added: "what you spend in addition,
  I will pay you back when I return". * *Sharing of possessions*

Go and Do Likewise

CONCLUSION

I dream of a new hospital where the patient is at the centre of things, the owner and master; a hospital that respects the rights of the patient and the conscience of the professionals; a hospital that is a setting for hope, that is open, human, Catholic, universal and ecumenical, and where the sick person is treated integrally, where he or she feels welcomed, accompanied and loved.

This is what being a hospital means: a place not only of healing but also of evangelisation.

Notes

[1] Secretaria Status. "Annuarium Stadisticum Ecclesiae" (Libreria Editrice Vaticana, 2008).

[2] Redrado José L., 'Evangelización y mundo sanitario: un reto a los religiosos della salud', in *Curate infirmos y la vita consagrada* (Pontificio Consejo para la Pastoral della Salud, Vatican City, 1994).

[3] *Labor Ospedalaria*, n. 235/1995, 'Lettera sul dolore', pp. 52-56.

[4] Riccarda Lazzari, *Testimoni della croce e della gioia* (Ed. Camilliane, Turin, 1997).

[5] Cf. *Un ejemplo concreto* (Rev. Ecclesia, Madrid, 7 September 1996).

[6] José L. Redrado, *Curate infirmos*, p. 121.

[7] *Ibid*., p. 119.

[8] Fiorenzo Angelini, *L'eremo e la folla*, p. 111.

[9] Pontificio Consiglio per la Pastorale della Salute, *Giovanni Paolo II e la sofferenza* (Ed. Velar. Bergamo, 1995).

[10] Cf. José Vico Peinado, *Profetas en el dolor* (Ed. Paulinas, Madrid, 1981); José L. Redrado, 'Evangelización y mundo sanitario: un reto a los religiosos della sanidad', in *"Curate infirmos"* (Pontificio Consiglio per la Pastorale della Salute), p. 113-115; AA.VV.: *Vivir sanamente la sofferenza – Reflexiones a la luz de experiencias de malati* (Conferencia Episcopal Española, Departamento de Pastoral della Salud, Col. Chiesa y Mundo della salud, n. 3); Riccarda Lazzari: *Testimoni della croce e della gioia* (Ed. Camilliane, Turin, 1997); Enrico Aitini and Sandro Barni *"Caro maledetto dottore" (una lettera sul cancro)* (EDB, Bologna, 2001).

[11] Jagielka Jan, *La pastorale degli ammalati nell'azione e nell'insegnamento di Giovanni Paolo II (1978-1992)*. The author in this doctoral thesis brings together 310 meetings of the Pope with sick people and 230 meetings with health-care professionals, from 1978 to 1992, meetings that took place in health-care centres, during audiences for study groups, people taking part in conferences, etc.

[12] Redrado José Luis, 'Gli ospedali: luoghi di approfondimento e di esercizio della speranza', *Dolentium Hominum* n. 71/2009.

[13] The Holy Father observes: 'Furthermore, the capacity to accept suffering for the sake of goodness, truth and justice is an essential criterion of humanity, because if my own well-being and safety are ultimately more important than truth and justice, then the power of the stronger prevails, then violence and untruth reign supreme. Truth and justice must stand above my comfort and physical well-being, or else my life itself becomes a lie' (n. 38).

[14] S. Leone writes: 'What does having to enter a hospital fundamentally mean? First of all, to experience a state of need beyond the ordinary needs of daily life…It is the sign of a pathology, that is to say of a frailty that cannot be dealt with differently and which therefore characterises an experience of finetude, which one perceives the more one is from the horizon of the patient': Leone S. 'Ospedale civile', in *loc. cit.* p. 808; Mino J.-C., Frattini M.-O, and Fournier E., 'Pour une médicine de l'incurable', *Études*, 4086 (2008), 753-764.

[15] Fr. Tillard, *Vocación religiosa, vocación della Chiesa* (Ed. Desclée), p. 206.

The Family as a Setting for Care for the Sick Person

FR. GIANFRANCO GRIECO
Office Head of the Pontifical Council for the Family, the Holy See.

1. Introduction

Post-modern culture calls into question all those beliefs that at one time constituted the constant point of reference of thought and action. I will now come to my subject immediately. My paper deals with the following areas. The family: amongst the many things that the family is, or better should be, it is a setting, an environment, a place of care; and whose subject, amongst its many components, is also the sick person: from the child to the adult, from the person of mature age to the elderly person. Illness, unfortunately, affects all the stages of our fragile human existence.

Seen in these terms, my subject could already have understandable recommendations and credible answers. Instead, specifically because we are overwhelmed by a culture that has all the flavour of relativism, of indifference, of using and then discarding, we clash with a reality that is very different from the one we experienced and lived through in the past.

Today people prefer to speak about 'families' and not 'the family'. For reasons that are very known and evident, the family today is no longer a setting, a dwelling, a home for the sick person. If it is, then it is an exception to a rule that was once a norm and lifestyle of family life. The family, Cardinal Angelini used to say to me, must be the first hospital

Our opulent and superficial society in its basic choices is afraid to say 'Yes' only to non-negotiable values – defence of the family based upon marriage between a man and a woman; the defence of life from conception until its natural end; freedom of education but also in relation to demanding choices that require courage, commitment and witness. Even though it is true that until yesterday the Church had an influence which today, in a decidedly pluralist society, it no longer has, Catholics and believers must go back to influencing culture and politics by working for a convergence around 'non-negotiable values'. Values that should not be imposed on institutions but proposed to people. They are criteria which Catholics, believers, cannot forgo if they want to be coherent with their faith. Then, their practical implementation will also depend on the circumstances that are encountered during the journey.

Is there, really, an 'ideological totalitarianism' of science? 'A purely positivistic culture which tried to drive the question concerning God into the subjective realm, as being unscientific, would be the capitulation of reason, the renunciation of its highest possibilities, and hence a disaster for humanity, with very grave consequences', observed Pope Benedict XVI during his historic encounter with the world of culture in Paris at the *Collège des Bernardins* (12 September 2008). The collapse of humanism, the fall of values and of styles – such is the drama of our time.

There is a search for 'universal ethics: a new look at natural law' (cf. *Civiltà Cattolica* 2009 II, 341-398). The document of the International Theological Commission of 2009 observes how: 'people and human communities are capable, in the light of reason, of recognising the fundamental directions of moral action in conformity with the nature of the individual'. In a few words, every human being undergoes an inner call to do good and avoid evil; on this precept is based all the other precepts of moral law. This concept of natural law is shared with other religions and with ancient, modern and post-modern wisdom and philosophy (cf. *Civiltà Cattolica*, 20 June 2008, p. 533).

But in addressing our subject we immediately clash with a reality, with the way of thinking and of acting of today's world. Indeed, we cannot take for granted that which cannot be taken for granted. People prefer to take a sick person elsewhere. The place of care is no longer what it once was, namely the family, but a place where care is provided, with all the consequences that this choice implies. Others are relied upon – the state, those who work in this sector: medical doctors, paramedics, men and women nurses – to look after a person who was once 'loved' but who is no longer 'loved' today, with all the consequences that this has. From being a subject one becomes an object, from being a person one becomes a thing, and from being autonomous and free one becomes dependent. This is the sad reality into which we have fallen. We can only exit from this, and we must exit from this, if we manage to change direction, returning to the values that form the basis of a true vision of life and of the gift of existence which is never a burden, during the time of the days that lead to the end as well.

2. Our Epoch Needs Wisdom

To achieve a good reading of the reality in which we live we are helped, amongst the many documents of the Magisterium, by *Familiaris Consortio* (we are now celebrating the thirtieth anniversary of its promulgation) n. 8, where the Blessed John Paul II wrote: 'The whole Church is obliged to a deep reflection and

commitment, so that the new culture now emerging may be evangelized in depth, true values acknowledged, the rights of men and women defended, and justice promoted in the very structures of society. In this way the "new humanism" will not distract people from their relationship with God, but will lead them to it more fully. Science and its technical applications offer new and immense possibilities in the construction of such a humanism. Still, as a consequence of political choices that decide the direction of research and its applications, science is often used against its original purpose, which is the advancement of the human person. It becomes necessary, therefore, on the part of all, to recover an awareness of the primacy of moral values, which are the values of the human person as such. The great task that has to be faced today for the renewal of society is that of recapturing the ultimate meaning of life and its fundamental values. Only an awareness of the primacy of these values enables man to use the immense possibilities given him by science in such a way as to bring about the true advancement of the human person in his or her whole truth, in his or her freedom and dignity. Science is called to ally itself with wisdom'.

John Paul II went on: 'The education of the moral conscience, which makes every human being capable of judging and of discerning the proper ways to achieve self-realization according to his or her original truth, thus becomes a pressing requirement that cannot be renounced. Modern culture must be led to a more profoundly restored covenant with divine Wisdom. Every man is given a share of such Wisdom through the creating action of God. And it is only in faithfulness to this covenant that the families of today will be in a position to influence positively the building of a more just and fraternal world'.

We must, therefore, engage in a great work of retrieval, of clarity, of a return to our roots, and a proposing anew of values. In a few words: a new evangelisation. To engage in this work also means to construct a family, a home and a dwelling for the sick person. If with surgical instruments we do not manage to cure the first, the second, who is already sick, will go on being sick, indeed will become sicker. And as we can often observe with suffering, it is at times gravely ill

3. The Family, a Way of the Church

In his *Letter to Families* the Blessed John Paul II, whom we have remembered with affection and gratitude over recent days as well, and in number 14 of *Redemptor hominis,* wrote that 'man is the way of the Church'. As he himself explained in his *Gratissimam sane* of 2 February 1994, on the occasion of the Year of the Family, 'With these words I wanted first of all to evoke the many paths along which man walks, and at the same time to emphasize how deeply the Church desires to stand at his side as he follows the paths of his earthly life. The Church shares in the joys and hopes, the sorrows and anxieties of people's daily pilgrimage, firmly convinced that it was Christ himself who set her on all these paths. Christ entrusted man to the Church; he entrusted man to her as the "way" of her mission and her ministry. Among these many paths, *the family is the first and the most important.* It is a path common to all, yet one which is particular, unique and unrepeatable, just as every individual is unrepeatable; it is a path from which man cannot withdraw…the Church considers serving the family to be one of her essential duties. In this sense both man and the family constitute "the way of the Church."' (*Gratissimam sane*, nn. 1 and 2). The family, therefore, is the setting, to the utmost, where the gift of life received as such and the dignity of a sick child or a sick elderly person are recognised through the expression of especial care and tenderness (cf. Giovanni Paolo II, 'Discorso ai partecipanti al congresso promosso dal Pontificio Consiglio della Famiglia', *L'Osservatore Romano*, 5. 12. 1999, p. 4).

4. The Family as a Source of Love and Solidarity

We should say immediately and also clearly that because of a stable and faithful union between a husband and wife, because of their mutual, total and irreversible self-giving, the family is the best context for the personal development of a sick person – a child, an adult, a person of mature years and an elderly person – especially when these people are weak, more limited in their intellectual, mental, emotional and affective capacities, and thus more in need of care, attention, affection and (not only verbal) dialogue with the surrounding world.

It should be immediately stressed that a weak or sick person should never be seen as a burden, for his or her parents, brothers or sisters or children. The more a sick person is accepted in the family context for what he or she is – grandparent, mother or father, son or daughter, brother or sister – it is love itself that reduces difficulties, and makes them tolerable and even a source of shared joy and hope. In his or her family a sick person must feel loved, wanted and valued for what he or she is in his or her uniqueness and individuality. It is therefore necessary to mobilise the whole of the 'human capital' of the family, to which society must contribute: administrators, social workers and health-care workers, and educators. And they must contribute and not substitute.

The value of existence transcends that of efficiency. Faced with a sick person, a family must not fall into the trap of looking for extraordinary forms of treatment or care at any cost, with the risk of being disappointed or closed up in itself when it does not obtain the results that were hoped for from treatment or an admission to hospital.

So as not to remain at a general level, let us move to the practical level in order to identify the positive attitudes that help in 'accompanying' a pathway, on the one hand, and the negative attitudes that complicate a situation which is already in itself difficult, on the other.

The first negative attitude is that of the *refusal*, the denial, of reality. This refusal is never explicit but at times it can be perceived in the explanation that parents, in the case of a handicapped child, produce for their misfortune. Indeed, they feel unconsciously responsible for what has happened and try to blame other people.

Another form of negative behaviour is *fear*: this is the response to an imaginary danger and points to an incapacity of an individual to adapt to reality. Fear is accompanied by an incapacity to take decisions, to adapt to the new situation, and to look for instruments by which to deal with difficulties.

Less well known but equally negative is the attitude of *hyperprotection*, above all as regards a disabled child. One should not 'take the place' of a sick person but be next to him or her so as to facilitate his or her development and achieve for him or her a certain level of autonomy.

Lastly, there is the attitude of *resignation* which impedes parents and children from adopting a positive or active attitude towards a sick person, thereby obstructing his or her living in a way that moves towards autonomy.

Only when one accepts the reality of the *disability* of the sick person can one begin to be happy because his or her challenge is a shared challenge.

To this family element that revolves around a sick person one should add the help that parents and relatives should receive from professionals: scientists, medical doctors and researchers must be especially sensitive to the difficult situations in which the families of disabled people live. First of all, they must remind the family that science has its limits and that health cannot be bought; it is not a right but a gift.

5. The Theology and Salvific Value of Pain

'I am helping to complete in my flesh', says the Apostle Paul to the Colossians,1:24, when explaining the salvific value of suffering, 'what still remains of Christ's sufferings on behalf of his body, the Church'. 'These words', observes John Paul II, in his introduction to the apostolic letter *Salvifici doloris* which was published within the context of the year of redemption as an extraordinary jubilee of the Church (11 February 1984, the sixth year of his pontificate, the liturgical memorial of the Blessed Virgin Mary of Lourdes), 'seem to be found at the end of the long road that winds through the suffering which forms part of the history of man and which is illuminated by the Word of God. These words have as it were the value of a final discovery, which is accompanied by joy. For this reason Saint Paul writes: "Now I rejoice in my sufferings for your sake" (Col 1:24). The joy comes from the discovery of the meaning of suffering, and this discovery, even if it is most personally shared in by Paul of Tarsus who wrote these words, is at the same time valid for others (*SD*, nn. 1-2). The Pope wrote this text after the assassination attempt of 13 May 1981. For this reason, from the outset, he has high and deep words: '"suffering" seems to be particularly *essential to the nature of man*…it is one of those points in which man is in a certain sense "destined" to go beyond himself, and he is called to this in a mysterious way" (*Ibidem*, n. 2).

Human pain contains sense and meaning only if it is united to the mystery of the Cross. Our redemption is achieved through the Cross of Christ, that is to say through his suffering, John Paul II ventured to affirm: 'man in a special fashion becomes the way for the Church when suffering enters his life. This happens, as we know, at different moments in life, it takes place in different ways, it assumes different dimensions; nevertheless, in whatever form, suffering seems to be, and is, almost *inseparable from man's earthly existence*'. The Pope, who became with the passing of years a model and witness to suffering, continued: 'Human suffering evokes *compassion;* it also evokes *respect,* and in its own way *it intimidates.* For in suffering is contained the greatness of a specific mystery…About the theme of suffering these two reasons seem to draw particularly close to each other and to become one: the need of the heart commands us to overcome fear, and the imperative of faith – formulated, for example, in the words of Saint Paul quoted at the beginning – provides the content, in the name of which and by virtue of which we dare to touch what appears in every man so intangible: for man, in his suffering, remains an intangible mystery (*ibidem,* n. 4 *).* In his *Letter to the Romans*, 8:12-17, the Apostle Paul exhorted the Christians of Rome in the following way: 'if we share Christ's suffering, we will also share his glory'.

6. The Rights of the 'End of Life' and the Budgets of States

These high reflections of ours, if they descend from the limbo of ideas and become concrete proposals, clash above all today with a situation of disaggregation and crisis which generates fear. The following is one of the many questions that is posed: is it possible that in the future the treatment for the terminally ill, patients that very often suffer without any ray of hope, will be influenced not only by discussions about 'exaggerated treatment' but also by considerations relating to expenditure? And thus: will the budgetary constraints which force states that at one time were prosperous to withdraw from essential functions such as instruction as well reach what we have hitherto seen as the inviolable 'right to health'?

The question is brutal and wounds our ethical sensibility but by now there are many scientists, medical doctors and public administrators who, at least in the Anglo-Saxon world, are beginning to pose this question.

In the United States of America the debate was set in motion some time ago by analyses such as that of Daniel Callahan and Sherwin Nuland which was published in *The New Republic* according to which science is exhausting its capacity to further extend our lives although it manages to in-

crease the survival rates of those who are already ill. And in America, where health tends to be seen as an individual responsibility and not a right, the treatment of terminal patients is a major burden for health-care expenditure, which amounts to 17% of GDP – the first cause of the fiscal crisis in which the country finds itself.

'The economic disaster into which we have fallen', David Brooks, an intellectual of the moderate Right but also one much listened to by progressives, 'depends on many factors, but amongst these there is also our incapacity to deal with the problem of the end of existence'. Life is sacred but Brooks wonders whether – with projections that estimate that the health-care expenditure of the USA rising (without correctives) to 50% of GDP by the middle of the century – this has not led the country towards bankruptcy in order to extend life by a very small amount.

The same analysis was recently launched in England by thirty-five scientists in *Lancet Oncology*. In their view the cancer treatment given to terminally-ill patients during the last weeks of their lives has frightening costs and is often carried out against the wishes of patients and their families. This should, therefore, be interrupted, otherwise an 'unimaginable crisis' will take place.

These are very severe words, and ones opposed to the convictions that we have matured over the last sixty years: the era of a prosperity that seemed without limits. Now, instead, a page is turning over. Medical treatment should be the last area to be called into question. But we should pose some questions in good time. And this before the cries of the American anti-statist Tea Party, who are ready to allow those who have not wanted to pay for medical insurance to die, are transformed into an inter-generational war between elderly people who receive very good pensions and very good treatment, on the one hand, and young people with few rights and a great deal of debts, on the other (cf. Massimo Gaggi, in *Corriere della Sera*, 30 September 2011, p. 57).

7. Conclusion

When economic interests invade the ethical field then positivism – in the form of utilitarianism – seems to prevail. This is a short-sighted positivism; specifically that positivism which Benedict XVI warned about in his well-known and famous address to the Bundestag in Berlin on 22 September 2011: 'Where positivist reason considers itself the only sufficient culture…it diminishes man, indeed it threatens his humanity' Although beginning from different cultures and assumptions, we must all work in the interests of the truth about man. 'If something is wrong in our relationship with reality, then we must all reflect seriously on the whole situation and we are all prompted to question the very foundations of our culture', Pope Benedict XVI added. And by the word 'all' the Pope referred to the sensitive part of the secular world and believers, those people ready to mobilise around the ecology of nature but also the 'ecology of man'. Science, where it is an introduction to reality and its law, is an excellent terrain of encounter, but when it goes beyond and works against the common sense of reason it falls into relativism and nihilism.

'When medicine become more a question of money than of treating sick people, accompanying at the end of life is no longer a value…and it is for this reason that the culture of palliative care does not manage to develop', observed the *Revue Médicale Suisse,* in its article entitled 'The New Frontiers of Death and Money'.

A few days ago I read a leading article in *Avvenire* with the significant title 'Everything is Natural (Except the Family)' (26 October 2011, p. 2) in which Gabriella Sartori, in an ironic but true way spoke about a 'portable orchard', a 'pocket orchard', 'plastic ecology' and so forth and exclaimed 'Long live nature, therefore, and let's move on!' However, we have to understand, she rightly observed, how and why so many of these ranks of ecologists, who are always so attentive and in agreement in defending everything that is natural, are indignant when someone ventures, with logical consequentiality, to speak about 'natural law', about the 'natural' family, about 'natural' fertilisation and even about a 'natural' difference between the sexes. Without offending anyone, I would like to say that nature, not by accident, 'produced' men and women, who are different from each other – and this is not an opinion, it is a fact. A fact so 'natural' that it could not be more 'natural'. Populism and opportunism are infectious 'diseases'.

By now certain ways of thinking and certain ways of behaving, and thus certain practices, are routine; they are digested, absorbed and above all 'normalised' by many believers who are medical doctors and not medical doctors as regards the subject 'the family as a setting for care for the sick person' which has been addressed in this paper. Beyond good resolutions, we clash with a 'worldly' mentality that is becoming increasingly rooted and is producing to the full new lifestyles. Only if we manage to present the 'Gospel of suffering' to the family well, which from being an object of evangelisation must become a subject of evangelisation, will we gather the fruits of that tree of life – Christ. ■

ROUND TABLE

Bearing Witness to the Gospel of Life: the Experiences of Ministers of the Church and Health-Care Workers

FR. JOSÉ NUNO FERREIRA DA SILVA
National and Diocesan Coordinator of Hospital Chaplains, Portugal.

I greet and thank the Pontifical Council for Health Care Workers, in the person of H.E. Msgr. Zygmunt Zimowski, for its invitation to come here to describe my experience as a servant of the Gospel of Life as a hospital chaplain.

I greet all those taking part in this round table. I would like to greet in a special way the chairman, Msgr. Vitor Feytor Pinto, my friend and travelling companion.

I greet all of you who have come together here to study one of the finest and most profound pastoral insights of the Blessed John Paul II – the world of human health and suffering as a specific anthropological, theological, ethical and spiritual setting which requires a special and specialised form of pastoral care in the mission of the Church. This presence, if we want to conform to the requirements of the new evangelisation, is perhaps to be located at the heart of the mission of the Church. Indeed, she herself is always the beating heart of the Gospel.

The Hospital Chaplaincy: a Pastoral 'Locus' for Living the Gospel of Life and the Deaconate of Charity

When I became a hospital chaplain, after nine years of ministry as a presbyter, the world of illness was completely unknown to me. I had had experience of illness personally and experience of the illness of people near to me, I had already experienced the death of a number of loved ones, but I did not have sufficient experience of illness to be able to go to a hospital and know what to do. I was not aware, and neither was the Church that had sent me, of a reality that today has become clear to me: namely, that to be a chaplain you need specific skills. It is not enough to be a priest.

I dedicated myself to the task that I had received and very soon my world made me aware of the need for training in bioethics and in pastoral care in health. My studies had not been a waste of time. Indeed, they were a fundamental pre-condition for understanding the specific language of that world, both the grammar of suffering, at times the prisoner of a spirituality that has many positive aspects which need to be evangelised, and the expressions of the equally difficult dialogue that takes place within the medical sciences, the epistemological changes they undergo and the mutation of the cultural perception of their social role today.

These years as a hospital chaplain have been an experience of Grace received and transmitted through my ministry as a presbyter; they have also been years of discovering the beauty of living, more than on a frontier boundary on a very special boundary area between the Church and the world which, marked by dialogue and knowing each other, also defines a very special setting of the Kingdom of God, which the Church cannot desert without a grave injury to man and herself, because this would mean breaking the central core of her vocation. And I say vocation before I say mission.

I steadily understood that the mission of the Church in hospitals has these two fields which, however much they may be distinct, have the same inspiration: first of all, that of being at the side of sick people and the people who are near to them, to the professional figures that care for them and to voluntary workers; secondly, that of influencing the culture of institutions at their different levels. The single inspiration is precisely the fact of seeing everything as a setting for the *Gospel of Life*, as the Blessed John Paul II bore witness to, taught and preached.

In the principal encyclical of his teaching on life, he called on chaplains to serve the Gospel of Life and wanted to place them amongst the other figures who act in the world of health and health care as 'guardians and servants of human life', entrusting to the all a 'special responsibility'. He called us a 'profession' (*EV*, n. 89) like the other categories of workers. He made us feel that we were in a new position, in the multidisciplinary concert of this complex sphere of the life of society, yet distinct from other professional workers. We feel that he opened up a new pathway in the face of the challenge to renew in a radical way the presence of the Church in hospitals.

I believe that this pathway, with a few exceptions, still remains a pathway that has not been followed. However different, we are a 'profession' amongst other professions in hospitals. This should be acknowledged. First of all by the Church, in order to take responsibility for the selection and training of those whom she di-

rects to hospital care. Secondly, by hospital institutions and by health-care workers so that they respect us and see us as members to the full of those categories that take care of sick people. When I say a 'profession' I want to stress, as regards the identity and the mission of chaplains, the skills and expertise that are needed so that it can be carried out and our relationships with other professionals, seeing such relationships in a way that they can understand. One should also be aware that in many hospitals, in the five continents of the world, the service provided by chaplaincies is the responsibility of lay men and women who engage in this ecclesial mission as their profession.

During these years on occasions I have felt that there is a certain perplexity in various ecclesial circles, felt by bishops and presbyters as well, as regards the affirmation of the priority of pastoral care for the weak and the sick, and as regards the condemnation of its almost absolute absence during the pathway of formation for the priestly ministry. The same perplexity is to be found at times as regards the great ethical and anthropological questions that emerge from such pastoral care. However, hospital chaplaincies are for the Church a setting of the future where history moves towards tomorrow. And now some facts,

The twenty-first century has brought with it the difficult legacy of the twentieth century, that century of two world wars and two atomic bombs, which perhaps shaped a new age for man: that of *homo patiens*, suffering from a pain that was previously unknown. In forcing ordinary life to be placed in parentheses, illness for many people is a time when the intimate emergency of this existential suffering is experienced.

Human dying has been moved to hospitals, that dying which is one of the principal reasons for the malaise of contemporary culture and with which society does not manage to interact in a balanced way. Hospital chaplaincies have the difficult task of accompanying people who experience the stage of dying in an epoch that has no place for death, that is to say they have task of taking part in the invention of a new *ars moriendi*.

In hospital chaplaincies ecumenism and inter-religious dialogue are daily needs and the pathway of the 'ecumenism of works' is a reality in service to the wounded members of humanity.

In hospital chaplaincies there is a permanent interaction with the great questions of bioethics, both those that emerge from respect for life and for the person and those that arise from the requirements of justice, at a time when there are increasingly less resources and treatment is increasingly expensive.

In hospital chaplaincies and especially in the large university hospitals we find ourselves in the quintessential setting for the great challenge created by the anthropological change brought about by the emergency of techno-science. This is a radical expression of the radicalisation of empiricist and secularised modernity which is also characterised by the decline of the meta-accounts of religious traditions and, at another level, of ideologies. It opens up the road to a subtle but very real change in the anthropological paradigm – in this context, we may say from the paradigm of *Agnus Dei* to the paradigm of the sheep Dolly.

I must stress again here, in terms of the ecclesial future that is already present in chaplaincies, that it is increasingly men and women members of the laity who have responsibilities in hospital chaplaincies, and some as coordinators. In these chaplaincies priests engage in their specific ministry as chaplains without coordinating the chaplaincies. In many countries, in Europe as well, diocesan and also national key figures are members of the laity.

One day, to my great surprise, I discovered that the verb that Matthew put in the mouth of Jesus in the parable of the final judgement, in verses 36 and 43 of chapter 25, to define the relationship with sick people, is a verbal form with the root *episkop*. From this comes *epískopos*, a bishop. The relationship with sick people is defined with the same verb that defines the most constitutive of ecclesial relationships, that of a bishop with his diocese. What does this linguistic fact mean?

I went off to read *Grande Lessico del Nuovo Testamento* (Paideia, Brescia, 1967) and my surprise increased because the density of this word was so great. It offers a relevant hermeneutic horizon by which to think about hospital chaplaincies. I will offer here only some Biblical references.

The root of this word leads us to the intervention of God which allowed the old and sterile Sarah to become the mother of the offspring of Abraham (Gen 21:1); it leads us to the holy mountain where God called Moses, revealed His name to him and said that He had 'appeared to them' (Ex 3:16), and this look is a look that visits the people in its humiliation: the whole of Exodus is a visit from God; it is presented to us by Job who asks questions of God and himself 'why has the favour of the Almighty abandoned me? (Job 6:14) and in Psalm 8 where the psalmist asks himself with amazement in front of God: 'what is man that you should remember him and the son of man that you should look after him? (Ps 8:5). In the Prophets this verb appears in the sense of treating, taking care of, or watching over a flock, for example in Jeremiah (23:2), Ezekiel (34:11,12) and Zachariah (11:16).

In the New Testament, the root of this word appears in particular in Luke, the physician. On two occasions it is spoken by Zachariah: when he sings out his joy at the event of the Lord as a visit (1:68-76) and again when the multitude sees the resurrection of the son of the widow of Nain and being afraid concludes that 'God has visited his people' (7:16). In the Acts of the Apostles James recognises that God watched over the pagans and wanted to open the preaching of the Gospel to them as well (15:14). It also appears in some of the Letters, for example in the Letter of James where he observes that one of the most important aspects of 'pure and genuine religion is this: to take care of' (1:27) those who are suffering.

This is the density of the verb chosen by Matthew: *I was sick and you visited me*. A density that leads us to a profound and broad

interpretation of the service engaged in by hospital chaplaincies, almost configuring a 'ministry of visitation' exercised by all those Christian men and women who offer their lives both as professionals and as volunteers in being near to sick people and thus in visiting. To adopt this anthropological setting as a theological setting asks us to have this outlook. These 'ministers of visitation' are the agents of the new evangelisation in this specific field of the preaching of, and witness to, *the Gospel of Life* which John Paul II proposed; his *Letter to Health-Care Workers* defines them as *ministers, guardians, servants and witnesses of life*.

My experience of being a hospital chaplain for thirteen years leads me to emphasise this ecclesial witness to the *Gospel of Life* in hospitals. At the same time and within this horizon it obliges me to propose visits to sick people as the paradigmatic setting that shapes the identity of a deaconate for the service of charity for all those who need life in abundance (Jn 10:10), in the existential liturgy of the daily suffering of men and women of this epoch when the Church is called it bear her own witness because of the mandate received from God and the call of history. A *deaconate of charity* which as visiting the sick bears in its womb, maternally and materially, the whole dynamism of the History of Salvation, as is demonstrated by the brief Biblical survey that I have engaged in. Hospital chaplaincies can become schools of true charity and expertise to do good well because in hospitals we find the wisest teachers – the sick, who, in this society of the absolutising of health and individualist autonomy, are the poorest amongst the poor, and thus the presence of Christ.

For all these reasons – and many others as well – hospital chaplaincies are the advance guard of the Church's presence in the world and high places where she can see the future and learn new forms of being present, of self-understanding and of her mission of preaching the Gospel, specifically the *Gospel of Life Gaudium et spes, luctus et angor hominum huius temporis...* (*GS*, n. 1), and also because *man is the way of the Church* (*RH*, n. 3) and all of us are called *to bear witness to the Gospel of Life*.

We should understand that history has advanced and has led us to a new stage, one perhaps nearer to the Gospel, because it calls us to rediscover that mission at the side of the suffering, of all those who have any lack as regards their lives, is a task of the whole of the *Body of Christ*, of everyone who belongs to the *People of God* (*LG*). And this mission is the heart of Christ and his presence amongst us. Looking at all the other dimensions to which I have referred, I must end this paper by stating my innermost conviction: hospital chaplaincies are in an anthropological sense a fundamental pastoral 'locus' for living the *Gospel of Life* and learning the *Deaconate of Charity*.

ROUND TABLE
Bearing Witness to the Gospel of Life: the Experiences of Ministers of the Church and Health-Care Workers

MR. YVON PINSON
President of the Movement for the Glorification of Raoul and Maofeine Follereau, Paris, France.

What is left to a man who loses his eyes, an arm or a foot because of leprosy, and because of this is excluded from his family, from work and from everything that constituted his material life ? There remains his dignity as a human being. This could be, in summarising form, the thinking of John Paul II as regards leprosy.

On the occasion of every World Leprosy Day, which is celebrated on the last Sunday of every January, this Pope untiringly stressed the eminently Christian character of this fight, following the examples of his predecessors and in particular Paul VI. This disease, in fact, is surrounded by an aurora of superstition, whereas it is in reality curable (Angelus of 30 January 1983, of 27 January 1991 and of 30 January 2005); it involves the exclusion of the afflicted person from society; and it condemns him or her to the 'traumatic experience of isolation' (Address to the ILEP, the International Federation of Associations against Leprosy, of December 1980), abandoning him or her to violence and poverty (*ibidem*). One is dealing, therefore, with engaging in an endeavour involving the promotion of human dignity (Angelus of 31 January 1982) – a subject dear to John Paul II – through an act of fraternal charity and human solidarity, in the footsteps of Jesus and of St. Francis of Assisi (Homily of 21 September 1986).

1. Those Suffering from Leprosy

The Blessed John Paul II was not satisfied with talking about people afflicted by leprosy, he also met them, in particular at the leper hospital of Cumura in Guinea Bissau during the course of his forty-fifth apostolic journey, which took place in January 1990 in that part of Africa. On that occasion, when directly addressing the patients, he observed that he would have liked to have had more time to express to them his tenderness and compas-

sion. As the pastor of the Church, he did not refer solely to his love for them but he also referred to the love of the Church which loves them as Jesus Christ does.

2. Those that Provide Care

First and foremost, the Pope congratulated the thousands of medical doctors and nurses without a name who every day provide service in leper hospitals in order to alleviate pain and bring healing (Angelus of 31 January 1988, of 28 January 1990, of 30 January 1994, and of 31 January 1999). Theirs is patient and courageous work for the poorest of the poor who are ghettoised in the South of the world (Angelus of 27 January 1980 and of 26 January 1992), an imitation of Christ 'in a concrete commitment of help and comfort' (Homily of 21 September 1986). 'Jesus, the incarnated Son of God, teaches us to recognise and respect in everyone the dignity of the person, whatever his condition of acute poverty or weakness', observed the Supreme Pontiff (Homily of 21 September 1986).

Fr. Damien De Veuster, Fr. Jan Beyzym and the Blessed Pietro Donders (Homily of 21 September 1986) are examples of people who have cared for lepers and have seen in them brothers; in caring for them, in comforting them, they have perceived in every sick person 'the image of the suffering Christ' (Homily of 21 September 1986). In addition, when he returned to the pathway followed by Raoul Follereau, John Paul II observed that as a true Christian – and here he addressed all men of good will – he put into practice in a serious way the words of Christ: 'What you did to the least of my brethren, you did to me' (Mt 25:40) (Address of 27 April 1996).

3. The Orator

In his own way, Raoul Follereau worked for the poorest; he was not a medical doctor like Marcello Candia, who was a rich businessman, but he helped his neighbour by 'shaking the conscience of the world' (Homily of 21 September 1986), by calling on the generosity of all men of good will, and by exhorting them to make available their skills and resources for a good cause, that of the weakest (Homily of 21 September 1986). The Pope saluted in him the man who for the first time denounced with a 'prophetic voice' (Angelus of 31 January 1993) the misery of lepers, displaying proof of 'compassion' towards those abandoned people (Address to the members of the Raoul Follereau Group of 27 April 1996). Follereau placed his eloquence at the service of the cause of the humblest and most isolated, tearing them away from general indifference,and 'denouncing the inhuman abandonment in which lepers were placed' (Angelus of 31 January 1993). In this way he, an advocate of lepers, made himself a missionary of Christ, acting in the name of an ideal and out of loyalty to his role as a Christian through 'the total giving of his person to push back misery'(Address of 27 April 1996).

Indeed, in attracting the attention of politicians and later of international organisation to leprosy, Raoul Follereau spread 'in the world the culture of solidarity and love' (Angelus of 28 January 1996) and loyalty to the values of the Church. How can one not see in his famous open letter to the President of the United States of America and the President of the Soviet Union of 1954 ('Give me an aeroplane, each one of you an aeroplane, one of your bombers. Because I have learnt that each one of this kind of aircraft costs about five million francs…And I calculated that at the price of these two aeroplanes of death one could heal all the lepers in the world'), an appeal to convert their hearts and to transform hatred into love (Angelus of 26 January 2003)?

In the fight against leprosy, there are, therefore, those who provide care and treatment but there are also those who, endowed with other qualities, like Follereau, place their talents as orators at the service of those who have nothing and suffer. But for the fight against leprosy to be effective, man cannot be satisfied with the care and treatment provided by medical doctors and by rhetoric.

4 . Psycho-Social Accompanying (Missionaries)

Since to heal a body it is not enough cover the wound of exclusion with a scar, one has to accompany the reintegration of the sick person amongst his fellows. The Pope, therefore, not only praised medical doctors and researchers, he also praised missionaries, religious and lay people who enabled patients to go back to having a place in a social fabric lacerated by leprosy (Angelus of 27 January 1980 and of 26 January 1986, Homily of 21 September 1986).

Indeed, leprosy, which corrodes the nerves and the skin, also lacerates the social fabric: rehabilitation of the body passes by way of rehabilitation of the soul. In order to overcome the atrocious trial of mutilation because of the disease, these sick people need 'hope', they need to 'recover a taste for life', and to be 'healed in body and rehabilitated in the spirit', allowing them to 'be reintegrated into their families and society' (Angelus of 27 January 1980). What is needed, therefore, is work accompanying these sick people so as to help them 'to return to a normal life' (Angelus of 26 January 1986).

The Pope referred to the 'psychological and social difficulties' caused by the long segregation of these poor people: in order to give them the hope of 'being able to life a truly human life', friends of lepers have the task of ensuring that there 'is formed [around them] an environment that is sensitive to their needs' (Homily of 21 September 1986) and of being concerned 'to integrate them or reintegrate them into the rest of society (Homily of 21 September 1986) where an 'instinctive and irrational' attitude towards lepers reigns far too often.

This orator, with his Lavallière collar and stick, was a part of the great family of all those who 'through prayer, writings, action or financial help' (Homily of 21 September 1986) strive to 'spread in the world understanding, friendship and affectionate care towards people with Hansen's disease who suffer' (Homily of 21 September 1986).

5. Spiritual Support (Religious)

These efforts to be engaged in to 'remove leprosy, both at a health-care level and at a social level' (Angelus of 26 January 2003) are supported by faith. But because every man is called to salvation, the message of Revelation is addressed 'to every person without distinctions' so that 'the most humble' man can also 'feel that he is the bearer of values that enrich humanity' (Homily of 21 September 1986).

The Pope observed that 'God wants the least and the poor to know His Truth, His infinite love, His wish to provide comfort and salvation' (Homily of 21 September 1986). And in the same homily he emphasised how much nearness between those who provide care and treatment and the patient allows the latter to advance on the journey of faith like the leper of the Gospel who, after showing his gratitude, benefits from the words of Christ: 'your faith has saved you' (Lk 17:19). But although faith can be born from healing, which is not always the case as nine of the lepers did not thank their healer, it certainly dwells in those who draw near to a leper.

6. Forms of Leprosy (he who Gives and he who Asks)

Research and treatment are expensive and leprosy pervades the poorest countries of the world. Following Raoul Follereau, the Pope thus invited Christians throughout the world, on the occasion of the World Leprosy Day, to 'contribute generously' (Angelus of 25 January 1981) to 'indispensable material support' (Angelus of 31 January 1993). He encouraged every initiative and contribution by the ecclesial communities of the whole world (Angelus of 28 January 1990).

John Paul II also spoke about other forms of leprosy, the leprosy of selfishness (Address to the ILEP of December 1980, Homily of 21 September 1986, and Angelus of 31 January 1993), and that of indifference (Address to the ILEP of December 1980, Angelus of 31 January 1993). The emphasis of the Blessed John Paul II attained the vigour of the intentions of Raoul Follereau in the face of the disproportion between the range of the malady and the weakness of the human means needed to defeat this scourge (Angelus of 28 January 1990 and above §3)

7. A Universal Mission that Unites

Lastly, the Pope acknowledged positively the universal range and thus etymologically catholic range of this battle. Indeed, the fight of Raoul Follereau against leprosy became effective only thanks to his foundation, in other terms 'through the appropriate coordination of initiatives and efforts', in short through the different charisms that exist in the world ('the need to unite forces at an international level', Homily of 21 September 1986 and cf. Angelus of 28 January 1990): scientists, medical doctors, those that give and those that ask, politicians, placed on a level of equality, should help each other, our of loyalty to their task, 'in the noble cause to which they dedicate their energies every day' (Address to the ILEP, 13 December 1980) 'to give people with leprosy the hope of being reintegrated into civil society' (Angelus of 27 January 1980).

Conclusion

During the course of the twenty-six years of his pontificate, John Paul II never ceased to be happy about, and encourage, the fight against leprosy, and in particular the fight engaged in by the Raoul Follereau Foundation, inasmuch as he saw in it the specific witness of love of a man committed to promoting human dignity through Christian charity.

Indeed, the Blessed John Paul II almost never failed to remember those with leprosy during his Angelus on the date nearest to the World Leprosy Day, whose initiator was Raoul Follereau. And he did not speak about them on only two occasions, when, that is to say, he was on an apostolic journey in Central America in 1979 and on one in South America in 1985. However, he did speak about them during his journey in Africa in 1990 when he met people afflicted by leprosy. This constancy and this loyalty tells us a great deal about the attention that the Blessed John Paul II paid to the sick and particular to the poorest of all – people with leprosy.

Along these lines on three occasions John Paul II, who manifested an especial love for the Virgin Mary throughout his pontificate, also proposed her as a model for the friends of people with leprosy, invoking her with the name of '*Auxilium Christianorum*' (Angelus of 31 January 1988), of '*Salus Infirmorum*' (Angelus of 26 January 1992) and of the 'Mother of Hope' (Angelus of 27 January 2002). And to those suffering from leprosy he suggested that they place their hope in the Virgin Mary (Angelus of 28 January 1990).

It should be equally noted that these speeches given at the Angelus did not constitute, and this point should be stressed, a magisterial catechesis or even less a lesson in theology. At the same time, for example, the shared features of leprosy and sin were not addressed: both the leper and the sinner no longer have the face of a man and are no longer in the image and likeness of God. Leprosy and sin exclude them from the society of men. It is charity which gives strength to fight both against sin and against leprosy. The face of the crucified Christ, evoked by the prophet in the image of the suffering servant (Is 52:14) and by King David in psalm 22:7, is like that of the face of a leper, and thus demonstrates how Jesus, out of love, made himself near to every man, including those who seem less human. These exhortations of the Blessed John Paul II are above all concrete and pragmatic; they are invitations to exercise charity in an active way. He gave an example by going to them as Jesus himself did during the course of his public life.

But one should remember above all the connection that he established between care and treatment for people with leprosy and evangelisation. The Supreme Pontiff observed, indeed, that during the public life of Jesus the apostles

also attended to, and healed, lepers because Jesus had commanded them to do so (Mt 10:8). This was a sign that the Kingdom of Heaven was preached and near to hand: the lame walked and lepers were cleansed (Mt 11:5) (Angelus of 28 January 1990). John Paul II also observed that evangelisation and human promotion are associated in a particular way in care for people afflicted by leprosy (*ibidem*). ■

Notes

The texts on which this paper is based:
Angelus of 27 January 1980.
Address to the International Federation of Associations against Leprosy, December 1980.
Angelus of 25 January 1981.
Angelus of 24 January 1982.
Angelus of 31 January 1982.
Angelus of 30 January 1983.
Angelus of 29 January 1984.
Angelus of 26 January 1986.
Homily of 21 September 1986.
Angelus of 21 September 1986.
Angelus of 25 January 1987.
Angelus of 31 January 1988.
Angelus of 29 January 1989.
Angelus of 28 January 1990.
Angelus of 27 January 1991.
Angelus of 26 January 1992.
Angelus of 31 January 1993.
Angelus of 30 January 1994.
Angelus of 29 January 1995.
Angelus of 28 January 1996.
Address of 27 April 1996.
Angelus of 26 January 1997.
Angelus of 31 January 1999.
Angelus of 30 January 2000.
Angelus of 28 January 2001.
Angelus of 27 January 2002.
Angelus of 26 January 2003.
Angelus of 25 January 2004.
Angelus of 30 January 2005.

ROUND TABLE
Bearing Witness to the Gospel of Life: the Experiences of Ministers of the Church and Health-Care Workers

GENERAL VITO FERRARA,
Brigade General of the Carabinieri, Medical Doctor, Italy.

It was an honour for me to have been invited to take part in this very important twenty-sixth international conference and I would like to extend my thanks to the President of this Pontifical Council, H.E. Monsignor Zimowski, and to its Secretary, Monsignor Jean-Marie Mupendawatu, and even though he has asked me not to do this, also to my colleague and friend, the medical doctor Maurizio Evangelista, with whom I have shared the last eleven years of my professional activity.

I have to confess that despite the by now numerous papers given by me at various congresses and conferences, I am really thrilled: knowing that I am speaking at a conference where that great Pope, John Paul II, is remembered is an event that makes my heart beat in a striking way.

In this brief paper, in addition, I shall not speak about scientific subjects but about myself and my life experience; and it is always difficult to speak about oneself, even more when one has to reflect upon how many and which talents the Lord has given one without one doing anything to deserve them and without being at the least aware about them. Even though I believed – in a sincere way and without rhetoric – that I am not up to the task, I accepted the task of giving this paper only to bear witness to the very many wonders that the Lord does through us when we make ourselves the meek instruments of his wise hands.

In this sense just yesterday I decided to no longer speak about the paper that I had drawn up some days ago but, while on the video there passed images of my professional experience in peace missions, I decided to attempt to speak with my heart about my being: a member of the *Carabinieri*, a medical doctor, and an extraordinary minister of the Eucharist.

However I would like to give a warning: the photographs that we will see will be projected with the greatest respect for human dignity solely in order to make people know about the drama experienced by children whom I have had the grace to meet during my activities as a medical doctor in the field. The pathologies and the wounds that we will see are not due to the populations and the medical doctors of the populations to which these children belong but solely and exclusively to the damage produced by the uselessness and the barbarity of wars. We will also see the effects of 'intelligent bombs'! It is likely that these bombs are indeed intelligent but certainly those who launch them are 'fools'!

I will thus begin my paper by telling you in an extreme summarising form about what has happened during the last ten years of my life. Indeed, ten years ago I decided – with the agreement of my wife – to abandon the military life; for more than twelve years I had been an extraordinary minister of the Eucharist, active in my parish with my wife both in family pastoral care and in a community to help in the rehabilitation of drug addicts. I had, therefore, decided to begin, with the agreement of my parish priest as well, the pathway towards the deaconate. I thus took a year's leave from service and began to attend the Institute for Religious Services of Salerno. It seemed that everything was going well: my activity in the parish of St. Mary of Hope of the *Stimmatini* Fathers in Battipaglia, my theological studies, and my activity as a medical doctor in the town, and thus at

the end of my year's leave I decided to hand in my request for a final discharge from the service. At the office of the military district that dealt with these requests I encountered my first surprise: my transfer to a forensic section in Naples which dealt with illnesses connected with transfusions and vaccinations. I would have had to deal with: malformations, neurological diseases, hepatitis and AIDS. With my wife we thus decided to continue my pathway as a deacon but to return to my military life connected with this scientific medical project which for me was very stimulating. After six months, however, I encountered my second surprise: my transfer to Rome to the High Command of the *Carabinieri* to direct a poly-specialist institution of the force; and after another six months there was my departure for Iraq, to Nassirya near to UR of the Chaldeans (where the original home is to be found of our father Abraham).

And that was not all! As I said above, together with my family I had always belonged to parish groups, but we never belonged to UNITALSI. First my son and then my two daughters as well began to go on visits to Lourdes and after two years of pressing requests from my children my wife and I also left for Lourdes, and thus it was that I became a medical doctor for UNITALSI.

In the meanwhile I had graduated at the Pontifical Gregorian University and had continued with my pathway of becoming a deacon, but a dear friend of mine fell ill with gastric cancer and in order to follow his case from closer at hand I had him admitted to a hospital in Rome. Given that I had to attend to my friend I was not assiduous in my attendance of the deacon community and when I was to become instituted as an acolyte and then as a deacon… I was blocked because I had been absent a great deal! It is pointless to record my surprise and my great bitterness at this! In the meantime the number of sick people in the parish to whom I had to take the Eucharist in their homes grew in number, my activity as a medical doctor with UNITALSI also increased, and I was made a colonel and then a general of the *Carabinieri*.

And then I stopped. What was happening to me? I had begun a pathway that I liked and which I believed was the right one for me but the Lord, sweetly, without sharp interruptions, led me instead along a different pathway! Why had he done this? I then understood that I myself should not always speak – I had to stop in order to listen to Jesus!

What Do you Want from me?

I believe that at the present moment Jesus wants from me an officer who is at the altar in front of his *carabinieri*, a medical doctor who is at the altar in front of his patients, an extraordinary minister who takes the Eucharist to his sick parishioners and to his sick *carabinieri*, a person who can bear witness to love for the Lord in his family, in his work and in his parish.

The Lord has still not made me a deacon and perhaps he does not want me to become a deacon but he does want me in this uniform of a *carabiniere*, with my coat of a medical doctor, only and solely in order to bear witness to him.

I do not always manage to do this; indeed, I almost never manage to do this. My rank, my profession, are not the goals of my life but instruments by which to reach the Lord and to make the brethren whom he puts on my pathway reach him as well. I have understood that one should experience the Extraordinary (and by extraordinary I mean Jesus) in an ordinary way, that is to say by living one's life day by day with love. On the basis of love, Pope Benedict XVI has observed, we will be judged, and with love we must live amongst our brethren, that love that comes to us every day from the Eucharist, that Eucharist that I unworthily place on my heart when I go and visit sick people.

At times shyness or not wanting to thrust myself forward has made me not bear witness sufficiently to the Lord and I am very unhappy about this. But I have always found courage in the words of John Paul II: "Do not be afraid, open your doors to Christ". And for me opening the doors to Christ has meant opening doors to a world chosen not by me but by the Lord, a world that has given me a hundred, a thousand, ten thousand times more than what I had chosen, indeed it has given me things in my life which I had not in the least imagined: above all else that splendid emotion that I felt, almost to the point of fainting, of holding in my hands that Eucharist Jesus, viaticum for my sick brethren.

To end this paper, please allow me a strictly personal observation: I would like to remember all those who have fallen, in the service of the *Carabinieri* and in the other armed forces, in particular those who with me began that wonderful activity in Iraq and who stayed in the land of Nassirya to bear witness to the free giving and the love of their service: *thank you my friends*.

Lastly, two images, the *Virgo Fidelis*, patron saint of the *Carabinieri*, and Our Lady of Hope, patron saint of my town of Battipaglia and of the *Stimmatini* Fathers. Faithfulness and Hope which, with Charity, must always direct my work as a husband and a father, a *carabiniere*, a medical doctor, and an extraordinary minister of the Eucharist. ■

ROUND TABLE
Bearing Witness to the Gospel of Life: the Experiences of Ministers of the Church and Health-Care Workers

MRS. ANA LUCÍA CLAUX DE TOLA
Lay volunteer, Peru.

I would like to thank the Pontifical Council for Health Care Workers for the invitation it extended to me to share with you my work experience in the health sector with the poor part of the population of my country. This, in addition, has given me an opportunity to know more and to reflect, as a Christian and as a Catholic, on the very important aspects of my social activity.

The testimony that I would like to give is located in a concrete context, one that is very different from that to be found in Europe. For this reason, I would like to begin by providing some basic information on my country which as you know is located on the western coast of South America. Peru has thirty million inhabitants of whom about nine million live in the capital, Lima. This is a population made up for the large part of young people and although the growth trend is diminishing it is estimated that in the year 2005 there will be about forty million inhabitants.

Over the last decade our country has had an economic growth rate of 6% a year and in 2010 it achieved the highest growth rate of the region – 8.78%. The gross national product reached the figure of $6,600 per capita last year and poverty over the last five years has declined by 13%, lowering extreme poverty to the levels of 31.3% and 20%. However, we are still very far from a standard of living that is truly dignified for the great majority of the population and the levels of malnutrition and child mortality are still very high given that the inequalities in, and the poor distribution of, wealth, constitute a grave problem, and in some cases an authentic scandal.

Many years ago an Italian, Antonio Raimondi, said that Peru was like a poor man sitting at a banquet of gold. And indeed Peru has an enormous wealth due to its various regions and its various resources, but the lack of infrastructures and the bad distribution of these resources make to a great extent its development and progress difficult. In addition, we are a multi-ethnic population with very low educational levels and with a very unstable social situation which is made worse by the phenomenon of drug terrorism.

The health situation of people in my country, especially that of the poor, is very precarious and although a process to equip the whole of the population with hospitals and health insurance has been begun, for the moment the services are very imperfect and in many cases absent.

A palpable observation of this reality and the responsibility that I felt to contribute to a change led me to commit a part of my life to the work in which I have participated over all these years and which today is called FUNDADES: the 'Foundation for Solidarity-Based Development'.

When I think of the tandem poverty/illness I cannot stop thinking about Ruben, a child who would become my teacher of humanity and whom I met in a hospital while I was attending a consultation for another child. When I was entering the hospital I went to the pharmacy and met a woman who was almost immobile and was bending on the ground with her elbows on her knees. With great love and sadness she was looking at a child of four or five years old who was in front of her, lying on the ground and shaking with convulsions. She told me that he was her son, that the previous night she had come from Puna, a city in the Peruvian uplands which was four thousand metres above sea level, and that this happened very frequently. After the incident was over we went into the garden and leaning against a little wall we began to talk and it was then that I learnt about her whole history. She lived with her family, her husband, her children and her mother-in-law above Puna. In her home there was a matriarchy in the form of her mother-in-law and this meant that the 'sick' child lived with the animals in the stables. She could nothing else but obey, but she was never at peace. In the small barn she dreamed with him, cried and suffered, realising that something was wrong, that something, perhaps, was not right. One night she took heart, went to the stables, untied her child from the rope that held him and went to Lima without knowing what to do or whom to meet. She then looked at the little Ruben and was moved; the child's eyes were lost in the sky, she suddenly turned round and looked at me; at that precise moment I knew that nobody would ever be able to separate me from those children and their families.

I then also knew that the poor and the sick must be helped and listened to, but above all loved. I understood the impelling need that we human beings have to know that we are loved and to feel that we are loved and accepted.

As regards disability – which is the specialisation of our organisation – hitherto in Peru there has not been a reliable official census, but we estimate that about 3.9 million people suffer from a disability. Despite this fact, it is estimated that health care reaches only 5% of this group.

The origin of our work was the result of an analysis of the state of poverty, of acute poverty and of exclusion in which many people in our country lived, something which John Paul II later said during one of his visits to Peru 'constitutes a grace offence to human

dignity and contributes to social instability'.

For this reason in FUNDADES we seek to work for a society for everyone which promotes sustainable development, which allows an improvement in the quality of life of less advantaged people, which promotes justice and the common good, and which opens us to social responsibility.

In the year 1988 we began what would later be the FUNDADES Group, a non-profit making non-governmental organisation that was made up of five associations, each of which worked in a specific area of the social field.

Of these five affiliated associations, ARIE, the first which even predates FUNDADES, is concerned with rehabilitation for children with disabilities. The other four are the Peru New Future Association, which takes in abandoned children; APRODDI which promotes sport for people with disabilities; PROLABOR which deals with technical skills and obtaining jobs for people with disabilities and who are in extreme poverty; and ALEA which deals with education and culture.

At the present time the FUNDADES Group has 320 people – medical doctors, sociologists, educators, social and administrative workers – and about 300 volunteers who care for about 14,500 people a year in our thirteen centres which are located in poor or emarginated areas of the capital city of the country.

We do not yet have stable centres in the inland areas of the country but we intervene with many projects and programmes, above all through the Dutch delegation Liliane Fonds, through which we have more than fifty organisations to help disabled children throughout the country.

It is no accident that we included in our name the concepts of development and solidarity whose sources are justice, the dignity of the human being, and love.

I strongly believe that we are all responsible for working for development and the creation of a culture of solidarity which seeks to practise the imperatives of the common good and leads to the application of just and fair solutions to the problems that afflict humanity. This is a duty of everyone without exceptions because in a society we are all responsible for everyone and thus it is the duty of everyone to contribute in a solidarity-based way to the development of the other members of society and we Christians must feel this with greater intensity as an imperative of charity.

In this sense, allow me to share with you a thought that frequently accompanies me. And it is that we usually see certain actions as being extraordinary. These are actions which should not be extraneous to us or surprise us a great deal because even in a purely humanistic vision they constitute an intrinsic need of the value of dignity that we all share. What is extraordinary is that we are not aware of this.

On one occasion, while talking about social engagement with people who are not believers, I decided not to use Christian social thought and looked in the short Larousse for the meaning of solidarity and came across the following: 'Mutual dependence between men which means that some can not be happy if others are not/modality of an obligation/a feeling that leads men to give each other mutual help/to answer for each other'. Everyone was very struck and began a discussion, and I was the first to do this because we were not speaking about a religious imperative but one that was simply human.

On the other hand, there arises in many people, even in believers, the question of whether a person who is immersed in suffering or infirmity can be happy. I myself have had occasion to hear this question from visitors who come from developed countries when I take them to know our city and above all its poorest areas. I see the dismay and the compassion on their faces and they ask me how people who live in such a condition of poverty can be happy.

Given that my experience with children with severe disabilities has led me to confirm in a real way and a way worthy of faith that happiness is not a question of what we have, do or produce. The greatest source of happiness is at the same time the greatest good that God has given us – Love. And these children are able to love and to receive love in an exceptional way and this makes them able to raise themselves to levels of happiness which for other people is incomprehensible. I see this in their faces, in their smiles and in their eyes. They can, therefore, be happier than we are, we who believe that we have everything: health, economic prosperity, a great deal of activities, and so forth. And if this happiness can be obtained with human love, how much more can it be obtained with Divine Love. It would appear that love is a vivifying force that compensates and/or supports the suffering caused by illness.

For that matter His Holiness John Paul II in number 24 of his apostolic letter *Salvifici Doloris* speaks about the creative character of suffering and says that: 'For, *whoever suffers in union with Christ…*not only receives from Christ that strength…but also "completes" by his suffering "what is lacking in Christ's afflictions"'. And later in the same number 24 the Pope adds that: 'the Redemption, accomplished through satisfactory love, *remains always open to all love* expressed in *human suffering*'.

Lastly, as a brief testimony, I would like to share with you my experience of how different it was for me to work with pure philanthropy (as in the past) from working, as I do now, trying to have God as the source of my activities. All action and the person himself or herself are transformed and acquire new riches when it is God who moves them and when it is God who is the source and the purpose of their actions. The actions and possessions of the earth last not very long and do not fill the human heart. Only God gives meaning to life and to know Him means to transform radically our way of seeing things and gives value to what we do. For this reason, in my way of expressing myself I do not speak so much about citizens and the individual but about my neighbour; I do not speak about work but of service; and as regards duty, I prefer to speak about love. ■

ROUND TABLE
Bearing Witness to the Gospel of Life: the Experiences of Ministers of the Church and Health-Care Workers

MRS. BONNIE PHIPPS
President of the Hospital of St. Agnes, Baltimore, U.S.A.

It is an honor and privilege to be here with you today expressing how we live our mission every day. I would like to express my thanks and appreciation to Sr. Carol Keehan, a Daughter of Charity and President of the Catholic Health Association, for her kind invitation to speak to you as the United States representative.

The United States healthcare system has been described as one of the best in the world. The system is rich in resources with some of the finest medical personnel, state-of-the-art facilities with latest medical technology, and extensive and ground breaking clinical research.

However, what may be the world's finest system only truly works for those with health insurance, leaving many behind.

In 2010, 46.2 million people lived in poverty with the highest rates seen amongst minorities, those with low levels of education, seniors, and immigrants. The impact of the global economic downturn continues to increase poverty levels at a rapid pace as seen in the estimated 71 million people that are either uninsured or underinsured currently in the U.S. For these individuals, access to health care is a very difficult, if not an impossible journey.

Access in many cases is limited by politics, profit motivation from drug and device manufacturers as well as insurers, and regulation and training focused on specialists rather than primary care.

Budgets on a state and federal level are further curtailing coverage and eligibility and the recently approved Healthcare Reform bill is not likely to improve the situation for the foreseeable future.

This increasing group of poor and vulnerable in America depend on a healthcare safety net—a patchwork of free clinics, Federally Qualified Health Centers and public and not-for-profit hospitals.

As the decades long debate continues on how to bring resolution to this growing issue through legislation, the safety net has become threadbare and the demands are reaching a tipping point.

Catholic hospitals are an essential element in both rebuilding and strengthening the safety net to ensure access for all to quality, respectful and spiritually delivered health care.

Ascension Health, the nation's largest Catholic health system, provided $1.075B in Care of Poor and Community Benefit in FY 2010.

Saint Agnes Hospital, a member of Ascension Health, located in Baltimore, Maryland served 36,000 persons who were poor and vulnerable and provided $22.5 million in Care of the Poor and Community Benefit in FY 2011.

Pope Benedict XVI says, "The Cross is a sign of forgiveness and of hope that reaches the ends of the Earth". As a Catholic healthcare provider, we are committed to continuing to grow and offer the most effective, respectful and accessible health care to all in our community. Our community is challenging with a concentration of underserved individuals with a high incidence of unhealthy lifestyles and behavior issues. The lack of adequate access to primary care also has negative implications regarding their health and treatment options.

Our physicians and associates have been called to share their talents and to serve this population consistent with Pope Benedict XVI's statement that " ...each according to his or her possibilities, profession and responsibilities, should feel in themselves an obligation to love and serve life, from its beginning to its natural end."

It is perhaps best to demonstrate this dedication and the impact of Catholic health care with two short stories.

In Psalms 30:2 we hear "O Lord my God, I cried to you for help, and you have healed me." That is the story of Catalina.

She is a young Latina mother, who recently came to Baltimore—speaking very little English and living in a small apartment with 7 family members, including her children. As an immigrant she does not qualify for government sponsored support and, therefore, her family is left uninsured.

She had not seen a physician in years and ignored the signs that a growing health issue continued to develop in her body. Reaching a point of severe pain and heavy bleeding, she reached out to the Esperanza Center, a free clinic operated by Catholic Charities and supported by Saint Agnes physicians, like Dr. Robert Andrade, providing healthcare, transition support and spiritual care for the Latino community. As a mother, she lived in fear that her children would be left alone and feared the news she would receive. Catalina was fortunate to have access to this type of care, as an examination by Dr. Andrade, revealed a fibroid tumor and enlarged uterus. A biopsy also diagnosed her condition as endometrial cancer. Further diagnostic evaluation revealed Catalina's cancer had spread beyond the primary site. Catalina had a surgical procedure and chemotherapy as a charity patient at Saint Agnes. The Saint Agnes team worked with Catalina to address her many social and behavioral issues and to support her as she prepared to enter treatment. They also set her up with a Primary Care Physician through

Baltimore Medical Systems, a Federally Qualified Health Cent-

er on our campus and coordinated counseling to help her with depression and feelings of isolation. Without her "safety net", Catalina's story would have a different ending. Being seen at the Esperanza Center saved her life. She is now in remission, gaining her strength back and most importantly—back home with her family.

In Mark 1: verses 40-41 we hear "...Then a leper came to Jesus, knelt in front of him and appealed to him, "If you want to, you can make me clean." Jesus was filled with pity for him, and stretched out his hand and placed it on the leper, saying, "Of course I want to. Be clean."

Walter, a 64 year old African American male, was a recovered heroin addict living in a rented room in Baltimore City. He was unemployed, uninsured and had not received any type of medical care in over 15 years. This very frail man at 6'4" and only 125 pounds and wearing clothes that had not been washed for weeks, came to Saint Agnes' Emergency Room with chest pain.

He was diagnosed with Lung Cancer and feared not only the treatment, but how he would be able to overcome this diagnosis with so little in his life. He never asked for anything although he was in great need—and I am proud to share his story with you today. The Saint Agnes Team pulled together knowing Walter would need support through many avenues of charity care. We were able to provide all medical treatment and medications for cancer treatment until his Medicaid coverage from the State was approved. Clean clothes, food baskets and nutritional supplements were provided throughout his care. He was set up with a Primary Care Doctor, through our partnership with a Federally Qualified Health Center located on our campus and Home Health Care was coordinated to provide teaching and training on how to deal with continued healthcare needs.

One of the nurses who worked with Walter shared, "We were all there in the treatment room when he rang the bell on his last day of treatment. He was brought to tears. We were brought to tears. He stood by himself with no relatives to cheer him on but he was happy. He expected nothing but was surrounded by love. It is funny that this man does not realize that we were the ones blessed to have known him."

10 months after he first entered our doors, Walter is in partial remission, has gained 20 pounds and continues to receive follow up treatment. He is able to navigate his own transportation needs and effectively care for himself thanks to the great support and teaching he received. He stands tall and well groomed with a huge smile on his face.

His Saint Agnes Social Worker said, "He was a great success story and beat unbelievable odds. We were drawn to him. Even with his scraggly beard and unkempt hair and his frailness, we could see that he was a good man. He never asked for anything although he was in great need. We had an opportunity to help and we all took it."

We are proud that the mission set forth by the Daughters of Charity 150 years ago at Saint Agnes Hospital continues to be our foundation of care.

Every day we are blessed to be able to impact human life and spirit, serving as a beacon of hope, safety, compassion and care.

As members of a Catholic ministry we realize that only when communities have access to healthcare, education, and bonds of support from all sources, will the profound dignity of each person be recognized. I close with this quote from Pope Benedict XVI , "...it is, in fact, everyone's duty to welcome human life as a gift to be respected, protected and promoted, even more so when it is fragile and in need of attention and care, either before birth or when it is in its final stages."

As the leader of a Catholic healthcare organization, I am proud to be a part of the "safety net" that is committed to continuing the healing ministry of Jesus in the 21st century and beyond.

Sources

Ascension Health. FY 10 Annual Report.

Hoffman C and Sered SS. *Threadbare: Holes In Amercia's Health Care Safety Net.* The Kaiser Commission on Medicaid and the Uninsured. November 2005.

U.S. Census Bureau. *Income, Poverty, and Health Insurance Coverage in the United States: 2010.* September 2011.

Kavilanz P. *Can't Afford Health Care? Wait'til June.* CNNMoney.com. April 2, 2010.

Saint Agnes Hospital. FY 11 Financial Statements.

Zarbalian, Kiarash, MD. *The Current State of the United States Health Care System and Universal Health Care in Other Countries.* www.umm.edu. March 3, 2008.

Pope Benedict XVI. *Welcome Life, Before Birth and in it's Final Stages.* February 3, 2008.

Pope Benedict XVI. *World Youth Day.* Madrid 2011

The 'Good Samaritan' Foundation as a Providential Gift of the Blessed John Paul II to the Sick

FR. PIETRO BONGIOVANNI
Consultant to the ' Good Samaritan' Foundation, Italy.

The aim of this short paper of mine is to describe the 'Good Samaritan' Foundation which the Blessed John Paul II strongly wanted to be at the Pontifical Council for Health Care Workers, with its own public, canonical and civil standing.

Down history the Church of Christ has always sought to carry out the mandate received from Christ himself: 'heal the sick' (Lk 10:9; Mt 10:8). In our time, in implementing this divine mandate, the Catholic Church manages many health centres throughout the world. This mission has recently intensified with the advent of the terrible epidemic of AIDS which has been associated with other terrible diseases such as, for example, malaria and tuberculosis. For this reason, the Blessed Pope John Paul II, struck by the deterioration of this situation, in 2004 accepted the proposal of the Pontifical Council for Health Care Workers (for Health Pastoral Care) to promote a Foundation to support in economic terms the most needy sick people, and in particular AIDS victims, who asked for a gesture of supportive love from the Church. I believe that the insight of John Paul II was extraordinary for this reason. In his apostolic letter *Novo Millennio Ineunte* he had written: 'Now is the time for "creativity" in charity, not only by ensuring that help is effective but also by "getting close" to those who suffer, so that the hand that helps is not seen as a humiliating handout but as a sharing between brothers and sisters' *(NMI*, n. 50). To make this 'creativity in charity' more concrete, the Holy Father created a Vatican Foundation which was to bear the name 'The Good Samaritan', inviting all men of good will, and especially those in the economically advanced countries, to contribute to that end. What should one say first and foremost about this work of charity?

When we have to speak about love with a capital 'A', that love that is above all else a gift of God to the hearts of believers and to the whole Church, human words are not enough and only with difficulty do they manage to communicate what they want to communicate. As the *Catechism of the Catholic Church* reminds us: '*human misery* is the obvious sign of the inherited condition if frailty and need for salvation in which man finds himself as a consequence of original sin. This misery elicited the compassion of Christ the Saviour, who willingly took it upon himself and identified with the least of his brethren. Hence those who are oppressed by poverty are the object of a *preferential love* on the part of the Church which, since her origin and in spite of the failings of many of her members, has not ceased to work for their relief, defence and liberation through numerous works of charity which remain indispensable always and everywhere' (*CCC*, n. 2448).

Let us now 'read' an institution such as this Foundation – and together with it the reality of care for the poor and the sick – through the images and the words of the Gospel. It is no accident that this Foundation bears the name of one of the most important parables that Jesus narrated. And I believe that we must start from here so as to help us to understand the style and the spirit of this work. Who is the Good Samaritan? The Gospel tells us that he is a man who 'makes himself a neighbour', the image of God above all else who in His Son came down from heaven and walked the roads of the world, caressing wounded and sick humanity and placing His hands over them to heal it and raise it up. Ever since Christ came to earth, no man, whether a believer or a non-believer, has possessed an alibi as regards the duty of charity: if the Son of God lowered himself to the point of entering human suffering and offering up his life to heal it, this charity is truly the name of God. And God is present in a concrete way in our lives and in history when we are able to engage in concrete deeds of love. The parable of the Good Samaritan (Lk 10:29-37) certainly offers us very beautiful images that can communicate the meaning of what we Christians mean by the term 'love'.

This parable is located in a triptych of scenes of the Gospel of Luke. The first scene (Lk 10:25-28) describes the dialogue between Jesus and the Doctor of the Law who asks the Lord what he must do to inherit eternal life. The Teacher replies with another question: what is written in the Law? How do you read it? To this his interlocutor gives a correct answer. To inherit eternal life one must love God with all one's heart, one's soul, one's strength and one's mind and love one's neighbour as oneself. Jesus confirms this truth: he who does this will find Life.

And it is at this point that the second scene begins (Lk 10:29-37), which includes our parable. The Doctor of the Law wants to 'justify himself', probably against the remonstrance implicitly contained in the Lord's answer: do as you have said, why have you not done so hitherto? For this reason,

he poses another question: 'who is my neighbour?' And Jesus answered: 'A man went down from Jerusalem to Jericho…'. The story begins that we all know, in which Jesus takes as a model for behaviour not the priest or the Levite – who were too intent on conserving the hypocritical exteriority of their faith from contamination and were not very sensitive to the true spirit of the Law – but a Samaritan, that is to say a figure who belonged to a people considered impious because it had arisen from a sort of ethnic mixture and was without the fundamental traditions of Israel. When narrating this parable Jesus is offering a plastic answer, of a narrative kind, to the second part of the 'great commandment'. It was said that you had to love God with all of yourself and to love your neighbour as yourself. Here Jesus is explaining how you should love your neighbour like yourself: in the face of the suffering of your neighbour you should not 'turn the other way' – as the two other figures of the parable do – but, like the Samaritan, you should be ready to interrupt your journey and your rigid and often untouchable programmes. You need to allow yourself to be provoked by 'compassion'. The text uses a verb that expresses the idea of 'being moved to your innards'. One must draw near and make the warmth of human contact be felt. One must know how to use bandages and medications; make what one has available, offer hospitality in a very dignified way. Use one's time for other people, as the Samaritan does, remaining for a day in the inn near to the unfortunate man (Lk 10:35). And then one must know how to involve other people in the care that is provided, in a constant readiness to give, as our protagonist does with the innkeeper, involved in this virtuous chain of help for the suffering man. All of this means applying mercy, this means loving, according to the teaching of the Teacher of Nazareth.

However, the text is incomplete if a reading of it ends here. One would need only to be a good philanthropist to meet the requirements of the Gospel. And yet there still remains the first part of the 'great commandment' for which we need an exemplification: what does 'love God with all of oneself mean'? This is what the Gospel of Luke explains in the third scene: the account of Martha and Mary (Lk 10:38-42). One can be animated by the best of intentions – like Martha who wants to offer an excellent service to the beloved Teacher – but when a hurry to do good enters the picture, agitation to be successful in what is organised and to make a good impression with one's works, the ultimate purpose is lost sight of: rendering glory to God with a heart that is offered up totally to Him and ready for a total welcoming of His words. Mary is the model for this disposition of the spirit, she who has chosen the best part. This last scene, therefore, offers us the just purpose of Christian service and frees us from the risk of horizontal and merely philanthropic deviations. Those who do not have God in their hearts will only with difficulty manage to produce a service that is pleasing to Him.

In the light of the gospel parable, therefore, to love means 'not passing by when our eyes cross the eyes of a person who is suffering, 'being ready to invest time, listening, resources, energy, projects, money and everything that can raise up our sick brother', and 'bearing this brother on our shoulders and taking care of him'. I would like to dwell upon this last aspect for a few minutes: taking care of a brother according to gospel charity is not only attending to physical wounds or paying for medicines. It also means offering human and spiritual assistance to the sick man, pouring on his life the oil of the Spirit and the love of God and the Church, accompanying him, welcoming him, comforting him, and helping him to reflect on the mystery of life. Too often, charity is reduced to something that is hurried where one does not even notice the person and his or her interior and spiritual needs.

So, the 'Good Samaritan' Foundation is an obvious and concrete sign of how this creativity of charity was embodied above all else in the Blessed John Paul II himself. He strongly wanted it, specifically with the purpose of supporting in economic terms – and not only in economic terms! – all poor people in need, and to meet, to a certain extent, the immense health-care needs of the most suffering areas of the planet. The Foundation does not have any other purpose than that of being an instrument so that the Church may obey the mandate of Christ. One is dealing with taking care with love, with concern, and with that economic, medical and spiritual accompanying of which the Good Samaritan is a very beautiful icon. As the statutes of the Foundation lay down: 'it seeks to be the expression of the solidarity-inspired and preferential love of the Church and the Holy Father for abandoned and less protected people'.

At a practical level the Foundation has contributed to support and assistance in many situations in our world, in relation to realities that are often forgotten about or which, at the most, are 'used' for sporadic fund raisings without, however, these initiatives being then located within a framework of projects. The Foundation, instead, has conceived, encouraged and implemented real projects of health-care and spiritual assistance in the poorest areas of the world and in ones often afflicted by illnesses that it is difficult to treat. In doing this it has been careful to follow two different guidelines:

1. *Economic support* for health-care activities that are already engaged in and for health-care and care institutions. This support has been offered in Angola, Ghana, the Ivory Coast, the Democratic Republic of the Congo, Ethiopia, Cameroon and in very many other countries; in Asia the Foundation has worked above all for Thailand, Nepal and Indonesia; in Latin America for Mexico, Argentina, Honduras and Peru. However, this economic aid, although generous, is still too little for the needs that exist in areas of the world and contexts where natural disasters, exploitation by rich countries, the socio-economic management of governments, and

illiteracy create situations that are highly dramatic.

2. *Formation*. Attending to the dimension of formation is very important in achieving charity that is attentive to the real development of the other. Some diseases, such as AIDS, as we know, cannot be defeated only through the use of pharmacology and economic aid, however necessary they may be. We need to inform and to help people and peoples to know the risks and dangers, to educate in a new mentality. To this end, the Foundation encourages and promotes ongoing formation for health-care workers, for priests, for families and for young people; the use of diagnostic tests to test whether there has been a transmission of disease, the drawing up of Church documents, the promotion of informative conferences, care for those who are marginalised because of illness and want to be reintegrated into society, as well as spiritual assistance for chaplains, medical doctors and nurses – these are all instruments by which the Foundation seeks to address suffering, not only at a medical level but also at a human, social and spiritual level. This is a noble and high-profile undertaking that demonstrates the concern of the whole of the Church for suffering people and for everything that suffering creates as a consequence: humiliation, loneliness, marginalisation and that social exclusion which at times even impedes access to care and treatment to which the Foundation is committed through the distribution of medical products.

This is a demanding and important commitment and yet, compared to the needs that exist, it is a small drop in the ocean. The commitment is cultural, as I have said, in addition to being material and strictly economic: we need to offer a message to this world which is so full of suffering and suffering people. It is a world that often removes pain, it distracts and deafens itself so as not to see pain. It silences pain because it is scandalous and because it calls on the conscience of all of us. And yet pain exists and also cries out in silence, calls for attention and calls for choices and new styles of life and thinking. We the Church, above else, want and must remind the world that pain exists, that it calls for changes and conversions in our lives, that it must make us ask ourselves how often we are responsible for the pain of other people; above all else, pain is a reality that each one of us can also help to reduce and relieve if we become companions to our poor and suffering brothers and sisters. This is the providence of God: God who very often intervenes and supports through the work and the nearness of those who engage in service to their brothers and sisters.

Can I, then, answer in summarising fashion the question: why does this Good Samaritan Foundation exist? I could answer with the same words that John Paul II employs in his apostolic letter *Salvifici Doloris*: 'Because compassion, respect and care for those who suffer, for a Church that was born from the Crucified Christ, are not simply a need of the heart but an "imperative of faith". To this we must obey first and foremost with the command of Christ: to love God with all our hearts and with all our lives and love our neighbour as ourselves. The Church, which was born from the mystery of redemption in the Cross of Christ, has *to try to meet* man in a special way on the path of his suffering. In this meeting man "becomes the way for the Church" and this way is one of the most important ones' (cf. *Salvifici Doloris*, n. 3).

The Foundation receives many requests for help and these call upon the Church herself as a whole. These are appeals that may at times be defined as anxious and they require urgent and inescapable action. There are very many, too many, needs requiring help, but one can do a great deal, both on the front of health-care and the provision of medicinal products equipment, on the one hand, and on the front of education, instruction and formation as regards work, on the other.

In the light of the mandate to welcome, to assist and to promote human and social welfare, which is specific to the Church, and in the awareness that the joint commitment of many Church bodies, and the sharing of goals and pathways with synergies of action, strengthens the efficacy of every intervention involving help, it is useful to invite the public here present, the authorities that have come here, and all religious and members of the laity, to assess the possibility of engaging in united pathways of action designed to implement the objectives of providing support and help for which the Foundation itself was instituted. ■

Love and Service to Life in the Great Religions: Judaism

PROF. ENRICO MAIROV
President of the Mount Sinai Association, Italy.

Who Saves a Life Saves the Whole Universe

On this concept is based the basic teaching of Judaism. When a person is called to take an important decision, at the base of the decision itself there is the sacredness of life. The sacredness of life is the fundamental idea of the thought, the ethics, the philosophy and the faith of Judaism, and allows – once it has been understood – all decisions to be taken.

In my profession as a medical doctor, the first action I engaged in as soon as I had qualified was – like all others like me for that matter – to take a specific oath. This path, for me, established the boundary lines of ethical behaviour in my approach to all human beings and not only to my patients. This approach was explained by Sigmund Freud in his famous observation: 'every human being can understand other human beings if he wants to'. At this point, one understands that with the sacredness of life – which is the most important value that a human being must defend – there exist fundamental principles and rules that assure for human society a logical and rational behaviour which is based upon the mental organisation of 'Faith in the Ten Commandments'.

The Ten Commandments are the logical principles on which are based the Jewish faith and the other monotheistic faiths and which teach that *who saves a life saves the whole universe*. When a medical doctor acts in the context of the practice of his or her professional life he or she must have a deep awareness of this knowledge and in this way always guarantee – where necessary through his or her own sacrifice – the achievement of the objective contained in this idea.

The history of Judaism, ever since its birth, has been transmitted from generation to generation with a strengthening of the idea of the sacredness and uniqueness of life, assuring the growth of love towards life itself. Misfortunes, persecutions and sufferings have only served to bring about a capacity to understand the importance of the fact that love and service to life are the very basis of the survival of the human species.

Today, the crucial point of encounter of monotheistic thought – which is based upon a rational integration of all the instruments that man possesses to serve life that is increasingly long and satisfactory – is based upon love and service to life and is explained in the concept of the logical structure of cooperation between spirit and matter.

The fundamental concept expressed by modern medicine as a psychosomatic and holistic approach to the suffering of a patient is the highest expression of the centuries-old concept of the sacredness of life based upon the Ten Commandments. The point of encounter which today, fortunately, we have available to us in the inter-religious dialogue of monotheistic religions allows us to hope for a peaceful integration of human beings, guided by a possible hope in a peace and a development that can allow the achievement of love and service to life as a fundamental guarantee for existence.

During my long professional life as a medical doctor I have met suffering human beings of all existing religions and ethnic groups. Our planet, which is our homeland and our nation, can easily be understood as a material point of encounter for human beings. The process of spiritual, psychological, behavioural and mental process that is required to allow billions of human beings to live in a peaceful way in their own countries is much more complex.

This process of integration necessarily passes by way of the creation of concrete projects which improve the quality of life of all people. These projects need a determining strategic support from those who possess the capacity to promote, bring into existence, and guide the process of integration itself. A process that is based upon the advance of human wellbeing allows every person to be free to study, to develop and to advance within a supportive and universal environment which assures his or her safety. There is no doubt that the process of integration of human beings is based upon the fundamental ethical concepts of: adequate formation, adequate justice, adequate defence, adequate obligations and an adequate response system to various dangers at moments of need.

The fundamental concept that a simple and humble health-care worker such as myself uses is the achievement of a global and universal socio/health-care system for all the human beings of our world beginning with the Mediterranean area and the Middle East. I wanted to experiment with the possibility that the heads of health care in the State of Israel, of the Palestinian People and of the Holy See could meet and in this way could communicate to the world the possibility of creating a universal system. Being a medical doctor, my task of finding a cure for the worst cancer of all –war – passes by way of experimenting with the 'curative aspects' which you provided me with, something for which I am very grateful to you. This meeting, which took place in Decem-

ber 2007, had very good results, of which my presence here is the best summary.

The next initiative, which in my view is necessary, is the beginning of the creation of a global and universal socio/health-care system. I would like at this prestigious place to illustrate to you in a scientific way the logical pathway of this dream which, for that matter, I share with all people who suffer in any part of the world. However, it is sufficient for me to state that any limit, or worse any obstacle, to the setting in motion of this process is not of a scientific character: science has already given us all the instruments needed to carry it out.

As we know, in ancient Egypt – one of the columns of our history and our civilisation – a socio/health-care system already existed. When someone belonging to the family of the Pharaoh fell ill, the best possible hospital was built around that person.

We do now know what happened when a slave fell ill but we can well imagine. One day, the man Moses decided that slaves as well should enjoy freedom and take part in the creation of a new world made up of free men.

The idea of freedom is the idea of love for life. It is also the idea of service to life because it allows man to express himself in the best way possible.

In the area where our civilisation was born, the concept of freedom, love and service to life developed and was explained in the Bible and the Talmud. The second Moses, Maimonides, explained this concept in an in-depth way. Being a philosopher, with a deep knowledge of the sacred texts, a physician and a traveller, he managed to explain to the people that he met the ethical vision that integrates the need to love neighbour, to do everything to help those who suffer by alleviating their sufferings, and to save human life.

The idea of creating a solidarity-inspired, universal and global socio/health-care system encounters nowadays a world which in fact is a small global village. A system of this kind allows an efficient response to the needs of human beings. Its absence is felt everywhere on our planet, with suffering and malaise for billions of people. I believe that all of us realise this fact. We must, therefore, mobilise all people of good will who understood the enormity of the problem and the danger that comes from it for all of us.

We live in an epoch which, every day, is constructing its own future. A great number of technologies and means of communication and locomotion allow us to break down, day after day, frontiers and distances. Every day we acquire new knowledge and information which allow us to improve the quality of our lives. However, together with this we witness every day the sufferings of an enormous number of people not only in the most out of the way places but also in the great cities, sufferings due to a growing malaise caused by an unfair distribution of resources and opportunities, and thus by a consequent lower level of that information and knowledge that could improve our lives.

A solidarity-inspired and universal global socio/healthcare system is based upon logical concepts of the organisation, formation, communication, management and use of strategic energies and resources. One has to know how to speak to everyone in order to make populations draw near to each other. A system of this kind does not mean, for example, a computer or a telephone in every corner of the planet. It does, indeed, mean this, but it means above all else that when a human being needs aid and help in each of the five continents of the world, those who have leadership roles should be able to identify the request for help and provide an adequate response. The existence of a system of this kind will revolutionise the lives of all human beings. In recent decades we have been experiencing the birth of new solutions to various problems. We have seen the possibility of breaking down frontiers, having increasing knowledge, and living better. We have arrived at a turning point: we must decide all together on how to go down the long road of progress in order to guarantee ourselves and future generations a better life in a better world.

At the end of my paper, I would like to thank all of you for your gigantic work set in motion by John XXII which allows us today to pursue the important objective of love and service to life and to hope for the creation of a better world; remembering those who in the hell of war, as well, are able to help those in need and with these last two images (seventh slide) I remember who, as a physician and nurse, saves life and thus the whole universe, thereby becoming one of the Righteous.

To end this paper, I would like to thank His Excellency Zygmunt Zimowski for his kind invitation, remembering that we are here to honour the memory of our great friend Karol Wojtyla who bequeathed to us works of the highest order, amongst which stand out in particular the Good Samaritan Foundation: Karol Wojtyla, the friend of man, of the Jewish people, of peace and of justice, who changed the world. To fulfil this inheritance we must assure to the whole of humanity, and to every individual human being, the possibilities of being helped at a time of need. ■

Love and Service to Life in the Great Religions: Islam

DR. KHALED EL-BASSEL
Medical doctor
at the Italian Hospital,
Cairo, Egypt.

In the Name of God, the Most Clement, the Most Merciful.

It is a great honor for me to participate in your revered assembly, here in this holy place, as a speaker at the twenty-sixth international conference of the Pontifical Council for Health Care Workers, with a paper bearing the title 'Love and Service to Life through the Insight of Religion'.

Before I start my speech, allow me to express my deepest thanks to the esteemed sisters, the nuns of the Italian Hospital in Cairo, Egypt, and especially to my dear sister Seocur Pina De Angelis, for giving me this great opportunity to participate in this conference. Also, my deepest gratitude and respect go to His Excellency the ambassador of the Holy See to Egypt for his approval of my participation in this conference; and also my appreciation to the president of the conference, the Head of the Pontifical Council for Health Care Workers, for inviting me.

All the monotheistic religions are based on two essential corners. The first corner is teachings. These teachings belong to the believer and the way he worships God according to the religious law that he abides by. He is rewarded if he obeys God and does what he is ordered to do by God and renounces sins. He awaits God's forgiveness and mercy if he sins. And it is only God who accepts the worship of those who believe in Him and forgives them if they have committed sin, for He is always forgiving and gracious. This was observed in the Holy Quran:

"To each one of you we have given a rule, but if God had wanted He would have made you all a single community, but He did not do this in order to test you in what He has given you".

Also, Allah says:

"Those who have committed some immorality or wrong to themselves, they should remember God, ask for forgiveness for their sins, and they should not persevere in the evil that they have done consciously; their reward will be the forgiveness of their Lord and they will remain for ever in shady gardens where rivers flow".

The second foundation in the heavenly religions is relationships. And this foundation is more inclusive as it is concerned with the way each believer deals with the universe, whether humans, animals, plants and even inanimate objects. If a man treats the universe well, it will obey him, and he will be a spiritual human being who is protected and supported by God's care. He will be loved and served by all creatures of the universe, as he has loved the universe that God created and has used it for his interest, as is observed in the Holy Quran:

"It is God that has subjected the sea so that ships may go there at His command and so that you may strive there to find His grace; be grateful to Him".

Good treatment of the universe is based on love, preference for others, service to God's creatures, whether humans, animals, plants or even the inanimate objects that were made available by God to serve us. By being well mannered, we will obtain God's acceptance and rewards in this life and the afterlife. Good manners will better the condition of earth and all those who live on it, as we are told by the Prophet Mohamed (Peace Be Upon Him):

"Obey the word of God wherever you are, the most perfect person is that person who is the meekest with human beings and the whole of the creation".

Let us ask ourselves: when do we feel happiness? When we take everything for ourselves? Or when we give love, offer service and goodness to others? If a man feels happy when he takes, then he is one of those who seek satisfaction and temporary joy in this life. However, if he feels happy when he gives, then he is seeking God's blessings in this life and the afterlife; also, he is considered one of those who prefer serving people to pleasing themselves. This, also, was mentioned in the Holy Quran when Prophet Mohamed (Peace Be Upon Him) said:

'None of you can say you are faithful if you do not love for your neighbor what you want for yourselves".

And also:

"Treat you brother exactly as you would wish to be treated".

Taking a closer look at the condition of man in life, we find that he is weakest when he is ill. At that time, his only wish is to get better. He is not concerned with whatever money, power or position he has. He is willing to give all this up for the sake of being well again. For him, this is a small price to be paid to get his health back. He does not appreciate God's blessing – which is health – until he feels that it might be gone. Only then does he feel himself surrounded by those who care about him, whether they are his friends, his family or the medical team that is responsible for his treatment. And this team carries the heaviest burden on its shoulders during the process of treating the patient. For this team to be successful in its mission, many factors must be available so it can give the patient all of his rights completely. Many might think that medical efficiency is the most important factor in any medical team; this is not entirely correct.

Although medical efficiency is an important requirement, it is not the most important factor. Before it comes the feelings of love, mercy, compassion and preference for others. Without all these feelings, the result will be much less than desired, if it is achieved.

There are a lot of illnesses that science has not found a cure for. In such a situation, only these feelings could be a direct reason for a cure or a reason for enduring the suffering caused by illness and accepting God's fate with a satisfied soul and certainty that within hardship there is ease.

Let us imagine together that all those who surround the patient, his family, his friends, his doctors, and even himself, are convinced by Allah's saying in the Holy Quran:

"Do not despair of the mercy of God, only the impious despair of the mercy of God".

If the patient believed in that, he would know that with all his pain and suffering there is ease and mercy from God. He will accept his illness with a satisfied soul, waiting for his reward from God, whether it is a cure for his illness, or mercy and strength from God.

We all must have heard or seen the effect of these feelings either through our personal experiences or the experiences of others in dealing with a patient; if it is God's wish for him to be cured, we find him thankful and grateful for what we did for him. If not, we find him accepting his fate with a satisfied soul and, also, thankful for what we did for him and what we offered him, whether it was help, love or service.

On the other hand, if we dealt with him as a medical case only, without these human feelings, then he will feel that we did not help him enough and that we did our job and nothing more and thought that this was our duty towards him. The only thing he will remember about us is being mechanical and medically efficient. And if he is not cured, we will find him angry and desperate, thinking of us as mere machines and thinking that these machines did not do their job as they should have. Allah is right when he says in the Holy Quran:

"He who is cruel and hard of heart, that is to say does not make his feelings ready to help, it is better that he be cast out and sent away".

Dear brothers and sisters,

I was filled with joy when I read the title of the paper I was asked to give, which is the view of religions about the effect of love and service in life. This is because I believe that this title has a significant sign that points to two subjects: the first one is service that can be voluntary – without a return – or as a job in which you get paid. The limits and degrees of this service might change according to what you get in return; even if this service is voluntary it might change if it is not for the sake of God's blessings.

The second subject is love which is the greatest, the highest and the longest lasting value. This value is priceless and has no return except from God. Only God can reward love; if love is the motive behind this service – whether performed voluntarily or for a return – then it will be the best service a patient can obtain. Not only does it benefit the patient, it benefits those who offer it as well; and this is because it fills their hearts and souls with joy and satisfaction, granted to them by God.

Dear brothers and sisters,

I would like to quote Prophet Mohamed – the messenger of Islam – who says:

"God has placed in the world people who love good, He has put in the world people who have good in their hearts, their task is to cure the wrongs of humanity; they will be saved on the day of judgement".

I ask God that we all may be of those people. ■

Concern for the Sick and the Pastoral Office of a Bishop

H.E. MSGR. SERGIO PINTOR
Bishop of Ozieri, Italy.
Consultor of the Pontifical Council for Health Care Workers, the Holy See.

1. Within an Ecclesiological Vision

The Church's concern for the sick is rooted and inscribed in the very action of Christ as he appears in the Gospels and in the mission entrusted by him to the Church to preach the Gospel of salvation, accompanying this preaching with signs involving the healing of the sick and suffering.[1]

It is within the reality of the Church, a mystery and gift of communion, a sign and instrument of the love and solicitude of God towards all men, that we can best understand and define the pastoral office of a bishop as the first person responsible for, and the promoter of, pastoral care for the sick and the suffering.

Indeed, we have to overcome the risk of a vision of the office of a bishop seen in an isolated way and instead place it within an overall vision of the mission of a bishop and an overall vision of pastoral action itself, of which in a local Church, in communion with the Pope, each bishop is called to be a pastor and guide in order to communicate the grace and the hope of the Gospel to every person, in the realities and the concrete situations and conditions in which people live.

It is in such a vision and context that pastoral care in health, thanks to the primary responsibility of bishops, can be better integrated into all of the pastoral action of our Churches and become a fundamental sign by which to proclaim the Gospel today and, as the Blessed John Paul II declared, become 'a laboratory for a new civilisation of love', and I would add 'a laboratory, stimulus and prophecy of a Church called constantly to renew herself at the school of, and in communion with, the crucified and risen Christ'.

Of a Church, therefore, that lives and transpires the mystery of God who out of love bent down in front of us to take on in the Son our frailty and our infirmities in order to heal us and save us. To promote this vision of pastoral care and of the Church, and within them to promote an increasingly greater and important solicitude as regards care for sick people, the suffering and the disabled, seems to me to be the first and fundamental task of the office of a bishop in making present, as a successor of the Apostles, Jesus the Good Shepherd who knows, guides and takes care of all of his flock, beginning with the wounded or missing sheep.

The Blessed John Paul II in an address to the bishops of Colombia described the ministry/office of a bishop in the light of the triune mystery: 'A bishop is the image of the Father who makes present Christ as the Good Shepherd, receives the fullness of the Holy Spirit from which spring ministerial teachings and initiatives so that he may build up, in the image of the Trinity and through the Word and the sacraments, this Church, a place of the gift of God to the faithful that have been entrusted to him'.[2] In this triune vision one understands even better the exhortation addressed to bishops by the Second Vatican Council in *Christus Dominus*: 'Bishops should surround the sick with paternal charity'.[3]

2. Within a Christological Vision

When referring to what the numerous documents of the Magisterium of the Church say about the figure and the ministry of a bishop, I believe that it is useful in this paper and the time that has been allotted to me to point to certain special forms of care that can truly characterise the pastoral office of a bishop as a successor of the Apostles, as regards the Church's concern for the sick, thereby promoting adequate pastoral care in health, bearing in mind, naturally enough, the various ecclesial, social and cultural conditions that exist.

These are forms of care to be read and interpreted within the context, and as an expression, of his prophetic, priestly and regal mission to be implemented with his own presbytery with reference to, and the involvement of, the whole of the people of God, starting with sick people, the suffering, the disabled and the weak.

One may state that bishops are consecrated to 'take care' of the flocks that have been entrusted to them. Because of the fullness of the sacrament of the Order, 'The pastoral office or the habitual and daily care of their sheep is entrusted to them completely;' (*LG*, n. 27). In them, in a specific and sacramental way, Jesus Christ, 'physician of the body and the spirit, 'is present in the midst of those who believe' (*LG*, n. 21). Bishops are called, because of their consecration and by apostolic mandate, to be the first to bear in their persons the Lord Jesus who continues to be near to those people who suffer in body and spirit, and to take care of them. The parable of the Good Samaritan, being a paradigm for every Christian, indeed for every man capable of humanity, becomes a paradigm to an even greater extent for a bishop.

When commenting on the parable of the Good Samaritan, St. Carlo Borromeo points to the task of bishops as regards those who suffer in soul and body. In the interpretation of the holy Archbishop of Milan, the Samaritan is Christ, who comes to the aid of the wounded man who is lying at the side of the road, medicates him, and after putting him on his mount, takes him to an inn, a symbol of the Church. To the innkeeper who symbolises bishops, Christ hands over the wounded man to be

taken care of, giving him two silver coins, images of the Old Testament and the New Testament, interpretative keys of the mystery of human suffering. The language of Borromeo echoes that of the Fathers of the Church in describing a ministry that reaches a sick person in the totality of his or her being.[4]

3. Some Specific Tasks

The first and fundamental task of a bishop as regards concern for the sick and pastoral care in health, seems to be that of educating, guiding and animating a diocesan Church, with all its members, in growing attention, service, care and witness to love and the nearness of the Lord to those people who live in situations of illness, of frailty and disability, and of suffering. In particular the tasks of a bishop are:

1. To work at both a collegial level and in his own diocese to promote a vision and action of the mystic Church based upon God who is Love and His sacramental manifestation through a loving nearness to, and care for, sick people. This involves the formation of Christian communities that are aware of being communities that are evangelised to evangelise, educating them in special concern about the problems and needs of the world of health and health care, of sick people and the suffering, and committing themselves and involving themselves in a practical way.
2. To illuminate with his own ministry and in the preaching of the Gospel the diverse and complex questions and issues relating to life and care for health, suffering and death itself.
3. To create, where this does not already exist, and to support, a diocesan office for pastoral care in health made up of a group of people who are trained for this task, motivated and representative.
4. To ensure that in the various existing pathways of formation in the diocese for pastoral workers and in the pathways of formation for catechesis there is placed special attention and education as regards the world of health and suffering.
5. To promote a specific formation for men and women workers in the field of pastoral care in health and care for the sick.
6. To promote the presence, the formation and the cooperation of Catholic health-care associations, associations of sick people or for sick people, and health-care volunteers.
7. To attend to the choice and training of hospital chaplains and the formation of chaplaincies.
8. To support and recognise Catholic health-care institutions as works of the Church, where they exist.
9. To value the celebration of the World Day of the Sick, placing it within a pathway of formation and treating it as a moment of openness and dialogue with all those who work in the world of health and health care.

It is evident that all of these tasks cannot be directly put into practice by a bishop but it is he who is required to engage in animation, and when this is possible and above all at certain moments and in certain situations, to be personally involved.

The experience and the witness of a bishop near to the sick and suffering with their families can thus become the very heart of a pastoral care inspired by charity.

Conclusion

For that matter, it is the *Directory for the Pastoral Mission of Bishops* itself which, after referring to the new and demanding challenges that have emerged in contemporary society and all countries of the world as regards the protection of health, observes that: 'Human concern prompts the Bishop to imitate the Good Samaritan, who cares for every suffering person with great mercy and compassion. Within his own diocese each Bishop, with the help of suitably qualified persons, is called to work for an integral proclamation of the "Gospel of Life". As medical practice and care of the sick become more humane, this closeness to those who suffer brings into clearer focus for every person the image of Jesus, healer of body and soul. Among the instructions entrusted to his Apostles, the Lord included an exhortation to heal the sick (cf. *Mt* 10:8). The organization of adequate pastoral provision for health care workers, with the good of the sick ever in mind, should thus be a priority close to the heart of every Bishop. Such pastoral care ought to be characterized by the following: an outspoken defence of human life in the areas of biogenetic engineering, palliative care and opposition to euthanasia; a renewed pastoral approach to the sacrament of the anointing of the sick and Viaticum, without neglecting the sacrament of penance; the witness of consecrated persons who devote their lives to the care of the sick and the contribution of volunteer health care workers; the attentiveness of pastors to those parishioners who are sick. The Bishop gives his support to Catholic hospitals, and opens new ones where appropriate, maintaining their Catholic identity even when, for whatever reason, they come under secular direction. In Catholic faculties of medicine, the Bishop sees to it that medical ethics are taught in accordance with the Magisterium of the Church, particularly in questions of bioethics'.[5]

In definitive terms, the role and concern of a bishop as regards care for the sick and the suffering is inscribed in his being 'president and minister of charity in the Church of which he is a pastor and father',[6] called to live and to bear witness to, in his pastoral action, the charity of Christ, who 'during his mortal life passed by doing good to and healing all those who were prisoners of evil' and who 'still today as a Good Samaritan comes to the side of every man wounded in body and spirit and pours upon his wounds the oil of comfort and the wine of hope'.[7]

And today it is of these signs of the Kingdom of God that people strongly perceive that they have need.

Notes

[1] Cf. Mt 10:1; Mk 6:3; Lk 9:1-6; 10:9.
[2] Giovanni Paolo II, 'Discorso ai Vescovi della Colombia', 2.7.1986, n. 2 (*AAS* 79 [1987], 66).
[3] (*Cf. CD*, 30; *EV* 1/658)
[4] Cf. Angelo Brusco and Sergio Pintor, *Sulle orme di Cristo Medico, Manuale di Teologia pastorale sanitaria* (EDB, reprint, 2008), p. 90.
[5] Cf. Congregation for Bishops, *Directory for the Pastoral Ministry of Bishops*, n. 205.
[6] Cf. (*ibid.*, n° 195).
[7] Cf. *Messale Romano*, prefazio Comune VIII.

Consecrated Women: Custodians of Life

MOTHER MARIA MAURIZIA BIANCUCCI
Superior General of the Benedictine Congregation of the Sisters Reparatrices of the Holy Face of Our Lord Jesus Christ, Italy.
Member of the Pontifical Council for Health Care Workers, the Holy See.

1. Introduction

I greet His Excellency Archbishop Msgr. Zimowski, the President of the Pontifical Council for Health Care Workers, and with him I also greet in a special way its Secretary, the Most Reverend Msgr. Jean-Marie Mupendawatu, Dr. Alessandra Ciattini and all those who work in the Pontifical Council for Health Care Workers. This is an institution that has always been near to my religious family because its creation was very important to my Venerable Founder Father, the Servant of God Abbot Ildebrando Gregori. He wanted to see this 'precious gem' of the Church created, to the joy of his spiritual son, Cardinal Fiorenzo Angelini, who was, and remains, the person who conceived of it and who founded it.

'Consecrated Women: Custodians of Life' is the subject that was assigned to me for this international conference. But the presence of consecrated women, their lives as an offering to Christ and as a gift to brethren in need, is it still valid today? How are their actions seen and considered? To answer these questions, and others as well, we can refer to what the Holy Father John Paul II – today amongst the new 'Blesseds' of heaven – said in his post-synodal apostolic exhortation *Vita Consecrata* of 25 March 1996: 'Many people today are puzzled and ask: What is the point of the consecrated life? Why embrace this kind of life, when there are so many urgent needs in the areas of charity and of evangelization itself, to which one can respond even without assuming the particular commitments of the consecrated life? Is the consecrated life not a kind of "waste" of human energies which might be used more efficiently for a greater good, for the benefit of humanity and the Church?

These questions are asked more frequently in our day, as a consequence of a utilitarian and technocratic culture which is inclined to assess the importance of things and even of people in relation to their immediate "usefulness". But such questions have always existed, as is eloquently demonstrated by the Gospel episode of the anointing at Bethany: "Mary took a pound of costly ointment of pure nard and anointed the feet of Jesus and wiped his feet with her hair; and the house was filled with the fragrance of the ointment" (*Jn* 12:3). When Judas, using the needs of the poor as an excuse, complained about such waste, Jesus replied: "Let her alone!" (*Jn* 12:7).This is the perennially valid response to the question which many people, even in good faith, are asking about the relevance of the consecrated life: Could one not invest one's life in a more efficient and reasonable way for the betterment of society? This is how Jesus replies: "Let her alone!"' (n. 104).

This is the always valid answer to the question that very many people, in good faith as well, ask about the contemporary relevance of consecrated life: could one not invest one's existence in a more efficient and rational way for the improvement of society? The answer of Jesus is: "Let her alone!".

To those who are granted the inestimable gift of following the Lord Jesus from closer to hand, it appears obvious that he can and must be loved with an undivided heart, that one can devote all of one's life to him and not just some deeds or some moments or some activities.

The precious oil poured as a pure act of love – and this beyond any 'utilitarian' consideration – is a sign of the super-abundance of gratuitousness which is expressed in a life that is spent totally loving and serving the Lord, in order to devote oneself to his person, and a number of times during the day, in the faces of our poor and needy brethren. Only in this way, recognising, loving and serving 'those disfigured faces', what in the eyes of men may appear *a mirror*, for a person enclosed in the secret of the heart of the beauty and the goodness of the Lord is an obvious response of loving, it is exultant gratitude for having been admitted in a totally special way to knowledge about the Lord and sharing in his divine mission in the world.

Testimonies of holy women, courageous women rich in faith, women who were able to give a decisive impulse to ecclesial renewal, there have been and there will always be. For example, a Scholastic saint, the sister of St. Benedict of Norcia, consecrated herself to God following the example of her brother whom she followed to Cassino where she died in about the year 547; and then St. Geltrude; and without doubt one of the most loved women saints, St. Chiara of Assisi, who lived in the twelfth century and was a contemporary of St. Francis; and the Blessed Mother Teresa of Calcutta; and other luminous examples in which the firmament of the Church is rich.

These extraordinary figures demonstrate how much the Church is indebted to consecrated women who every day immolate themselves at the altar of suffering and the cross out of love for Jesus Christ.

2. Two Tramlines, a Single Pathway

Consecrated life and life in community walk together. Consecrated life forms a whole with community life. The former is a more personal pathway; the latter is a more involving one.

The Second Vatican Council (the decree on the renewal of religious life, *Perfectae caritatis*, dated 28 October 1965); the document *Fraternal Life in Community* of 28 February 1994; the Synod on Consecrated Life (the post-synodal apostolic exhortation *Vita consecrata* of John Paul II is dated 25 March 1996,whilst the ninth ordinary assembly of the Synod of Bishops, completing the analysis of the peculiar features of states of life wanted by the Lord Jesus for his Church, after the synods on the laity and presbyters studied *Consecrated Life and its Mission in the Church and the World* on 2-29 October 1994); and the Instruction of the Congregation for the Institutes of Consecrated Life and Societies of Apostolic Life, *Starting Afresh from Christ: a Renewed Commitment to Consecrated Life in the third Millennium* (on 19 May 2002, the solemnity of Pentecost), all brought consecrated life and life in community into the present by projecting it into the religious future of our lives. These four documents say everything about consecrated life and life in community.

Today, fraternal life in communion is undergoing many transformations compared to what happened in the past. These transformations are a mixture of hopes and disappointments. Not only have they accompanied us: they will go on accompanying us.

These transformations have had positive effects but they have also had contestable effects. Although, on the one hand, they have emphasised by no means few gospel values, thereby creating a new vitality in religious communities, on the other hand, they have raised a large number of questions because they have obscured certain elements that are typical of fraternal life lived in community.

The need to assess, or better to think anew about these transformation, which became urgent in years gone by, is now coming back to us also, and I would say above all, today in the face of the new challenges of post-modernity.

It is necessary to engage in this 'examination' if only to correspond better to one's own vocation and one's own mission amongst the People of God.

3. Consecrated Women: Custodians of Life

We should have behind us these reflections in order to understand better the meaning and importance of the subject that I am addressing here today.

A consecrated woman works on her own but she also, and above all, works in the name of her religious community and of the charism that is specific to the Institute to which she belongs. Her consecration is for life and this is understood in the broadest sense of the term. But she, as a consecrated woman, also works within the various stages of life – from the moment of conception until natural death – through her presence in contact with mothers (nursery schools) and with women who are mothers (family homes); with women wounded by family dramas; with the many children who are war orphans or victims of the most terrible forms of violence; with young men and young women (normal schools or specialised schools for nursing, for computer science etc…);with families (catechism and training meetings); and with very many cases of elderly people who are alone, abandoned and deprived of all human assistance…

These various stages of life are today accompanied by continual challenges which need credible and effective answers, from what is offered, and borne witness to, by consecrated women, who are custodians of life. I will list only some of these challenges:

a. Defending common humanity

The address that Benedict XVI gave to the members of the Academy for Life (27 February 2011) does not have the characteristic of being an internal discourse – addressed, that is to say, to a pontifical institution whose members by definition share the thinking of the Pope – and it does not even involve a sacrosanct but generic affirmation of the value of life in general, as an ideal to be cultivated and defended. It is, instead, a concrete circumstanced appeal to everyone; in particular in the West where abortion is seen as a right and a sign of modernity, which should guarantee the presence and freedom of women in democratic societies.

The Pope, indeed, speaks above all about women, in particular about those who have had abortions, and speaks about that malaise that is so often concealed, of that secret suffering which constitutes the post-abortion syndrome. And he recognises it and interprets it not from the psychological point of view – without evoking medical assistance for these suffering women, perhaps reduced to some anti-depressants – but with the courage to name the unnameable in a secularised society (which ours is): the voice of conscience. Defined according to Catholic tradition as being not the effect of forms of external conditioning or internal emotions, as, indeed, many people prefer to believe, but specifically as a voice that illuminates human beings in relation to good and evil, and thus an evident proof of the link of every creature with God.

On the one hand, a society that wants to found the right of citizenship of women on the cancellation of a new human being; and, on the other, the Vicar of Christ, with the name of Benedict XVI, who has the simple and clear courage to observe that in each of us there is a voice that speaks clearly and which it is difficult, indeed impossible, to silence. Also, if not above all else, when abortion is carried out for 'medical reasons', which are never good if they want to cancel suffering by defeating the person who suffers. And the Pope clearly says this when he observes that only within the Church can women who have had abortion find forgiveness and thus interior peace. The voice of conscience – Benedict XVI emphasises – speaks to everyone, and not only to believers, and it is a voice that cannot be suppressed, even though people do not want to listen to it.

b. In every child there is the face of God

'Why have I come here amongst you, today, the day when we begin to celebrate the Solemnity of the Epiphany?', asked Pope Benedict

XVI at the end of his visit to the little patients of the paediatric section of the Agostino Gemelli Polyclinic of Rome on the afternoon of Wednesday, 5 January 2011. 'First of all', he confessed, 'to say thank you. Thank you to you children who have welcomed me: I want to say to you that I love you and that I am near to you in my prayers and my affections, so as to give you strength in facing up to your illnesses as well. And then I would like to thank your parents, your relatives, the heads and all the staff of this polyclinic who with skill and charity care for human suffering; in particular I would like to thank the team of this paediatric department and of the centre for the treatment of children with spina bifida. I bless these people, their commitment and these environments in which is practised, in a concrete way, love for the smallest and those most in need'.

'When we look at the grotto of Bethlehem, at the crib', the Pope asked, 'whom do we see? Whom do we encounter? There is Mary, there is Joseph, but above all there is a child, who is small, who needs attention, care, and love: that child is Jesus, that child is God Himself who wanted to come to earth to show us how much He loves us; it is God who made Himself like you, a child, to tell you that He is always at your side and to say to each one of you that every child has His face'. This text and others of the theologian Ratzinger bring to the fore the subject of the suffering life of every child who has the face of God. A consecrated woman, a custodian of life, knows, above all in this respect, that she must be faithful to a mission that she cannot betray. In the wards of hospitals, in visits to families, and in parishes, a consecrated woman is always a custodian of life. She is a custodian because she is a witness!

c. The separated and the divorced: helping them to renew their lives

Pastoral care directed towards the welcoming and the accompanying of separated people and divorced people, who live through situations of crisis and of human suffering, unfortunately, is rather frequent and difficult to manage.

To reach these very many disaggregated families, the most effective apostolate is that of the witness and active nearness of exemplary Christian families. In order to illuminate and to warm, the first thing we must do is to light a fire. Through the few, one reaches the many. A committed minority is the most effective resource there is for evangelising and reaching the so-called 'distant ones', so as to draw them near in some way to Jesus and to prepare them for salvation. This minority, through prayer and respectful concern, can also render concrete and tangible the love of the Church for those people who are living without an authentic marriage and thus are not in full visible communion, without, however, being totally separated. One must avoid both 'the excessive rigour that blocks the road and the permissiveness that directs people down the wrong path. Authentic ecclesial pedagogy requires putting together the teaching of truth, the education of consciences, and trusting and patient encouragement'.

One can recommend to everyone certain approaches that are expressed in the following five words:

Humility: the conscience cannot establish what is good and what is bad – it can only recognise these things. We are not self-sufficient. We have sincerely to desire truth and objective good.

Prayer: asking always to know in a better way the will of God and to have the grace and the strength to implement that will.

Commitment: doing immediately the good that one is able to do, even if this involves sacrifices: at home, at work, in society, and in the ecclesial community, starting with attending Holy Mass on Sundays.

Research: listening, studying and reflecting in order to understand the meaning of moral norms and their value for our lives and for our happiness.

Trust: always trusting in the mercy of God which can lead to salvation 'by other ways', beyond the sacraments of penance and the Eucharist. In this pastoral care for the 'renewal' of life which, indeed, can die in a family, a consecrated woman has a precise task: that of being near to those people who are momentarily lost and who need *female* guidance in order to leave their crisis behind them. A consecrated woman, as well, can work well in this direction, above all in a parish context and also with the opportunities that Providence places in front of her.

Pastoral work for a 'pedagogy of health care' – as observed the Blessed John Paul II, and which has been proposed anew on a number of occasions over recent days – must be understood 'as a high measurement of an ordinary Christian life', which should avoid 'being content with a mediocre life, lived according to minimalist ethics and a shallow religiosity'.

d. When we speak about euthanasia

From the debates generated by recent cases as well, as regards the bioethics of the end of life, two facts seem to emerge in a clear way: the great confusion that exists as regards the definition of the 'terminally' ill patient and the steady disappearance of the use of the term 'euthanasia'. The case of Erika Kuellmer – a German woman who entered a vegetative state about eight years ago following a cerebral vascular malfunction and who then died of natural causes after her daughter had attempted to interrupt the nutrition supplied to her through a tube – does not seem to be an exception.

Was this woman a terminally-ill patient during the years of her life that were spent in a vegetative state? When can one define a sick person as 'terminal'? Palliative medicine defines a patient as being at the end of his or her life when his or her presumed survival can be seen as lasting four months or less, and this when life support systems are working as well, that is to say, for example, hydration, nutrition or ventilation.

It is evident that cases such as that referred to above – and in general nearly all cases of patients in a vegetative state – are not end-of-life cases until complications occur, for example infections, which

change that person's condition of health, or until someone fails to provide water and nutritive elements to the patient.

A completely different situation occurs in the case of the chronically ill, for example oncology patients, who have come to the end of their illnesses. In these cases, the support of nutrition and hydration should be continued until a medical assessment sees it as being useless or damaging because of the inability of the organism to take advantage of the water and the nutritive elements. This usually takes place during the last days of life when the suspension of hydration and nutrition no longer shortens the development of the illness which by now has reached its final stage.

These observations are closely linked to the second question: the supporters of the possibility of accelerating the deaths of patients who depend on life support systems – such as mechanical ventilation through tracheotomy or enteral nutrition or hydration (for example gastrostomy) or parenteral (intravenous) nutrition or hydration – tend to no longer speak about euthanasia: in the campaign in favour of the so-called biological testament this term is carefully avoided in favour of one that is much more acceptable, namely 'avoidance of exaggerated treatment'.

In other words, stopping the hydration or nutrition of a patient in a vegetative state – which even the recent White Book of the Italian Ministry of Health, drawn up with the consultation of associations which represent the family relatives of patients, defined as a 'gravely disabled' person – would be, according to them, avoiding exaggerated treatment and not practising a form of euthanasia through the omitting of what should be done to keep the patient alive. On this point the German bishops have been very clear. In a declaration of March 2007 they clearly rejected the possibility of suspending life support to patients in a vegetative state, vigil coma or grave dementia.

The fact that it is the patient himself or herself who chooses this option does not change the substance of the matter; if, in fact, the suspension of a life support system has as a consequence the shortening of the life of a patient, the term that should be used, to be more consistent, is 'euthanasia'. Even if this word provokes greater fear in those who hear it, perhaps its use, which would involve a more honest definition of the question in hand, would lead to deeper reflection about what is at stake.

4. Conclusion

Can we involve the witness of consecrated women, custodians of life, in this as in other directions that are of burning importance? I believe that we can. Indeed, a consecrated woman should expand her mission. Nothing can be extraneous to it. One should study these new challenges and have the courage to give convincing answers so as to expand the horizons of life. There are consecrated women who are nurses, consecrated women who are medical doctors, or who are women involved in movements, in associations and in new communities, who believe in the value of life from the moment of conception until its natural end. A woman religious of the twenty-first century must have this Catholic and scientific culture. She must play her part. Only together can we eliminate the waste of little love for life and promote a new season in favour of man and consecrated and non-consecrated women, who are jealous custodians of life.

And to end this paper of mine I would like to refer to a thought of my Founder, the Servant of God Ildebrando Gregori: 'May the Holy Face of Jesus, in his infinite mercy, through the prayers of so many people of good will, always bring forth, for the good of the Holy Church, new ranks of consecrated souls who with the fervour of their charity will know how to spread, wherever they are called to work, the '*bonus odor Christi*' (cf. 2 Cor 2:15) and the smile of his Holy Face. ■

Pastoral Care for the Sick in Parishes

MSGR. JERZY KARBOWNIK
Parish Priest of the Church of Skarżysko – Kamienna, Radom, Poland.

Pastoral care for the sick is the fulfilment of the command of Christ who requested that his disciples treat all kinds of disease and weakness (cf. Mt 10:1; Lk 9:1-2.6; 10:9). Staying faithful to Christ's command, the Church, from the very beginning, has cared for the ill and has always perceived serving the sick as an integral part of her mission. The publication of the new liturgical book, of a strictly pastoral character, *Ordo unctionis infirmorum eorumque pastoralis curae* (1972), the publication of the apostolic letter of the Blessed Pope John Paul II on the Christian meaning of human suffering, *Salvifici doloris* (1984; henceforth *SD*) and the establishment of the World Day of the Sick (1992), together with the Pope's annual message associated with the celebration of this event, are all proof of the Church's continuous pastoral care for the sick, which also manifests itself in the post-Second Vatican Council's *The Code of Canon*

Law (1983) and *The Catechism of the Catholic Church* (1992; henceforth *CCC*).

Due to the undeniable dignity of every human being, the Church treats the sick with great respect, tries to help them discover their – unusually difficult – Christian vocation and supports them at every stage of its implementation. The Church cares for the sick at all of her levels – from the universal Church, through the dioceses, and on to the parishes. One of the more important tasks of the parish as a community of faithful Christians is pastoral care for people who are sick, which consists primarily of sacramental ministry, preaching the word of God, and the ministry of charity.

1. Sacramental Ministry to the Sick

The Church tries to support her sick members mainly through sacramental ministry. The Church believes, above all, in the life-giving presence of Christ, the physician of souls and bodies, acting in particular through the sacraments, and in a most special way through the Eucharist (*CCC*, n. 1509), since the Eucharist is the sacrifice of the Church, which together with Christ offers herself wholly to the Heavenly Father. 'In the Eucharist the sacrifice of Christ becomes also the sacrifice of the members of his Body. The lives of the faithful, their praise, sufferings, prayer, and work, are united with those of Christ […], and so acquire a new value' (*CCC*, n. 1368). Therefore patients should be offered the possibility to receive holy communion frequently, even daily.[1] Owing to the fact that priests are overburdened with pastoral duties and hence cannot visit the sick in their homes sufficiently often, one needs to ensure an adequate number of extraordinary ministers of holy communion who could bring the Eucharist to the sick. The Second Polish Plenary Synod encouraged clergymen to organise for people who are sick, and in their family homes, a weekly holy communion and meditation on Holy Scripture. To accomplish this task, however, it is necessary to engage lay members of the apostolate of the sick, and extraordinary ministers of the Blessed Sacrament in particular.[2] Those sick people who are in immediate danger of death should be fortified by the viaticum (*SCH* 26, 117-118).

Special support for sick Christians comes from the sacrament of the anointing of the sick which has been known since apostolic times (cf. Js 5:14-15). Tradition has recognised in this rite one of the seven sacraments of the Church (*CCC*, n. 1510). According to the Apostolic Constitution *Sacram infirmorum unction* of 30 November 1972, in the Latin rite the following rules apply: the sacrament of the anointing of the sick is given to the sick by anointing them on the forehead and hands with olive oil or, if opportune, with another vegetable oil, properly blessed, saying only once the following words: "Through this holy anointing, may the Lord in His love and mercy help you with the grace of the Holy Spirit. May the Lord who frees you from sin, save you and raise you up"' (*CCC*, n. 1513). The sacrament of the anointing of the sick may be given during Mass celebrated in church, the sick person's home or hospital (*SCH*, n. 104) and, in particular, during pilgrimages, Days of the Sick and the meetings of the associations of patients (*SCH*, n. 107).

Of great help to a sick person is also the sacrament of penance which may contribute to the understanding of the salvific meaning of suffering, since accepting one's weakness and suffering is closely related to conversion and performing works of penance in everyday life. *The Catechism of the Catholic Church* teaches that 'Taking up one's cross each day and following Jesus is the surest way of penance' (n. 1435). The penance imposed by the confessor should take into account the penitent's personal situation and must seek his spiritual good. 'It can consist of prayer, an offering, works of mercy, service of neighbour, voluntary self-denial, sacrifices, and above all the patient acceptance of the cross we must bear' (*CCC*, n. 1460). Penance of this type can help each penitent become more like Christ, who atoned for our sins, once and for all. Such penance can also help the sick penitent to unite with him in suffering even more closely (Rm 8:17).

A manifestation of pastoral care for the sick in parishes is the Days of the Sick, the central point of which is the Eucharist combined with the communal administration of the sacrament of the anointing of the sick. The celebration of the Day of the Sick, carefully prepared and observed in the parish, sensitises the entire community of God's people to the difficult situation of the sick and helps emphasise the ecclesial and social nature of the sacrament of the anointing of the sick. An important part of the celebration of the Day of the Sick is bestowing on each patient the blessings of the Blessed Sacrament, in imitation of the blessing of the sick in Lourdes. The observation of the Day of the Sick should not be confined merely to the liturgical dimension but should include an element of relaxation and integration as well, an example of which may be *agape* combined with an artistic programme performed by young people or children.

Two particularly important places in which to conduct pastoral care for the sick are hospitals and nursing homes located within the parish. The aim of the pastoral activities performed in these centres, such as common prayer, the administration of the sacraments, individual interviews with patients, the apostolate of the Catholic press and religious literature, is both to revive, invigorate and intensify the religious life of the sick and to become an integral part of their therapeutic process. The pastoral activity carried out with patients not only by clergymen but also by lay volunteers ought to lead to overcoming the sense of uselessness, which afflicts the elderly in particular. Furthermore, the Church appreciates and expresses gratitude to all the doctors and nurses who with Christian love devote their time and talents to the Samaritan ministry to aid their suffering brothers (*SD*, n. 29; cf. *ChL*, n. 53).

A special form of care for the sick is pilgrimages taken to implore God for the grace of bearing illness with patience and to obtain the grace of recovery from sickness. In Poland, the biggest pilgrimage of the sick and disabled to the Jasna Góra Monastery takes place annually on the feast of Our Lady, Health of the Sick (6 July). In many dioceses are organised pilgrimages to local shrines. Also retreats for the sick, when combined with rest and holidays, have an important role to play in pastoral care for the sick. Specifically, such forms of retreat not only enrich the pilgrim with religious experiences but enable him to change his or her environment as well; they also provide mental and physical relaxation, reduce and eliminate the negative effects of loneliness, and help patients to develop new friendships.

The Church's solicitude for the sick manifests itself in the sacramental ministry exercised on a regular basis, yet this, alone, will not suffice. In pastoral work it must be remembered that sick and suffering persons should not be treated merely as passive objects of love. Instead, it is of primary importance to turn them into a more and more active agents who take responsibility for the work of salvation, in both the parish and the universal Church. There are numerous possibilities to engage and activate the sick in the work of evangelisation. It should suffice to mention here prayer, penance and testimony of their suffering, courage, faith and love. It is necessary to draw the attention of the community to the profound wisdom of life shown by people who have been sick or have suffered. After being purified and refined through suffering and anguish, this wisdom of great value must be highly appreciated and praised in the Christian life. One can make use of such wisdom through direct meetings or through the media of social communication. This was already pointed out by the Blessed John Paul II who observed that 'in serving society, hospital rooms are on a par with school classrooms and lecture halls'[3] [author's translation].

2. Preaching the Word of God to the Sick in their Environment

Pope Benedict XVI in the Post-Synodal Apostolic Exhortation *Verbum Domini* (n. 2) emphasised that for the Church 'There is no greater priority than this: to enable the people of our time once more to encounter God, the God who speaks to us and shares his love so that we might have life in abundance (cf. Jn 10:10)'. Because today a great many of the baptised live in a context of religious indifference and spreading secularism, it is necessary to have a new evangelisation, which – as taught by the Blessed John Paul II – is to be 'new in its ardour, new in its methods, and new in its means of expression' (Haiti, 9 March 1983). The mission of proclaiming the Gospel is the responsibility of all the disciples of Jesus Christ by virtue of their baptism. 'A consciousness of this must be revived in every family, parish, community, association and ecclesial movement' (*Verbum Domini*, n. 94). The challenging task of proclaiming the Word of God falls in particular to the laity as, in fact, it is lay Catholics who are requested to finally stop considering themselves a passive element in the Church and are instead encouraged to start participating actively in the new evangelisation of their communities. The new evangelisation is a pastoral project addressed to the sick as well. The Gospel should be preached to the sick with new ingenuity and with the commitment of all Christians, not only in their own family environments, but also in hospitals, social care homes, health-resorts, day-care stations, workshops of occupational therapy and all other care institutions.

The ministry of preaching of the Word of God to the sick is difficult and demanding, but also necessary, for in *the Code of Canon Law* it is stated clearly that the sick have the right to benefit from the preaching of the Word of God, as the Church has the duty to preach the Gospel to all peoples (can. 747 §1). The person proclaiming the Word of God must be sensitive to the language of suffering as communicated by the sick, but on the other hand he must strive to avoid incautious words reminiscent of the way and manner of speaking of the interlocutors of the Biblical Job. What is equally important, he cannot impose additional suffering on those that are already in the fire of suffering, but instead, through the ministry of the Word, he should help them discover the meaning of their suffering, in order to make it (i.e. the suffering and pain) an instrument for the salvation of themselves and others. However, the most important goal of the ministry of the Word of God directed toward the sick is to strengthen their relationship with Christ and the Church.[4]

a. Strengthening the ties between the sick and Christ and the Church

In the ministry of the Word directed toward the sick, one must boldly, though with much delicacy, preach the gospel of the saving power of Christ's Cross. The Church has her beginnings in the redemptive sacrifice of the Cross, and it is only owing to this power that this institution has managed to maintain its spiritual fruitfulness up to today. This is why the Church cannot renounce proclaiming the Gospel of the salvific meaning of Christ's suffering without running the risk of losing its identity. Christ has made his cross forever an instrument of salvation of the world and a sign of his eternal love for people. Jesus also encourages his disciples to take up his cross, because he first suffered for us all, and left a model for us to 'follow his steps closely' (1 Pt 2:21).

The Word of God is a tool of reconciliation of people with God and the Church. From the image of the Church as the Mystical Body of Jesus arises the awareness of the spiritual unity of all believers with Christ and with each other. This truth has its reference to the situation of the sick, something expressed best by St. Paul in the words: 'Now I rejoice in my sufferings for your sake and for their part in my flesh I complete lack of the afflictions of Christ for

His body, which is the Church' (Col 1:24). In the Paschal Mystery, Christ began union with man in the community of the Church. In particular, Christ unites himself with each sick person who through faith discovers in his sufferings a new meaning and significance for his or her own suffering (*SD*, n. 20).

The Church, which completes the redemptive work of Christ, is open to the mystery of human suffering. Since God himself made suffering an instrument for salvation of the world, and the divine-human community of the Church develops in space and time, there is still a need for 'the completion of the deficiencies of the afflictions of Christ' (*SD*, n. 24). Therefore, when preaching the Word of God, one has to keep reminding people that suffering has a special value for the Church, and the sick and suffering constitute part of Christ – a part much beloved by Christ. Through suffering a person may become so closely united with Christ that he or she has the right to repeat with St. Paul: 'With Christ I am nailed to the cross. And I live, now not I; but Christ liveth in me' (Gal 2:19-20).

b. Showing the salvific meaning of suffering

The minister proclaiming the Word of God in the community of the sick cannot avoid bringing up the subject of the meaning and sense of suffering. His task is not to spare the ill the trouble of seeking the answer to the question about the sense of suffering but rather to grant them adequate and appropriate assistance in searching for this answer. Suffering has many faces, which is why the discovery of its mystery may only be accomplished individually, one person at a time, which certainly does not mean that a sick man should be left alone with his suffering. The paradox of suffering is that it, being evil itself, may produce good fruit. A person suffering from an illness decides by himself to place his suffering in a different, higher order of reality, and the speaker prophesying the Word of God can only help him with that. The person proclaiming the Word of God must, however, be careful enough not to underestimate the mystery of suffering and not to act as an expert on truths about which he has only heard and hence about which he has no personal knowledge whatsoever. Even letting in the light of God's revelation to the world of human suffering must be carried out with humility and love. Still, the preacher cannot refrain from proclaiming the Good News of the redemptive efficacy of suffering.

For both the person proclaiming the Word of God and his audience, a good guide in the difficult art of discovering the meaning of suffering could be the psychologist and psychiatrist Viktor Emil Frankl, a Holocaust survivor, hence a witness of great suffering. This man was forced, so to speak, to bear witness to the unspeakable suffering of two and a half years spent in concentration camps. He conducted his research in the field of existential psychiatry and psychology, but, in contrast to other psychologists, he also took into account the spiritual dimension of man. He noticed that it is easier to adopt and accept suffering which has a purpose. Suffering can be meaningful only when someone is suffering either for somebody or something. If suffering is to have any sense, it cannot be an end in itself, since the readiness for suffering would then turn into masochism. According to V. E. Frankl, only something that is not identical to the suffering itself and which transcends it can give meaning to suffering. Meaningful suffering is, above all, sanctified by sacrifice.[5] Sacrifice can bring sense to human life, and even to the dying of a man. It turns out that man does not want to live at all costs, but he wants to live with meaning. Sometimes a man's short life is full of meaning, whereas a long life can be meaningless.

Contact with the reality of human life, in particular with the existential experience of the audience, is very important in preaching because it gives credence to, and authenticates, the message of the Gospel; similarly, it also makes it easier for the audience to understand and accept this message. Still, the essence of the ministry of the Word is the proclamation of salvation. Hence the sick Christian is entitled to ask God directly about the meaning and sense of suffering, but it is the duty of the preacher, speaking on God's behalf, to provide the answer to this question. When answering such a question, the preacher should emphasise that although the Son of God was sent to redeem man mostly from final evil and suffering, he did not remain indifferent to the earthly suffering of people. Each human misery moved him deeply, arousing in him feelings of compassion and mercy (Mt 9:36). Therefore, he healed the sick, fed the hungry, comforted the afflicted, and cured people of deafness, blindness, leprosy and demonic possession, and even restored the dead to life. However, Christ did not eliminate disease, suffering and death from the world, but allowed them to bear the fruit of salvation. Only Christ can transform suffering into a blessing and joy, and only he is able to unite people with God on the day when he 'will wipe away the tears from all faces' (Is 25:8; cf. Ap 7,17).

In preaching the Word of God to the sick, and especially the terminally ill, one should boldly proclaim the message of Christian hope. In the light of eschatology, suffering appears to be a test of time, a form of expiation for one's own sins or the sins of others, an act of divine retribution which is worth enduring and bearing, even if one does not fully understand its meaning. For every suffering experienced in union with Christ has a wonderful purpose: a share in the glory of Christ (Rm 8:17). Just as the Cross of Christ became for him the way to resurrection and glory, so the Christian's suffering is the way to participate in the glory of Christ. The apostles were convinced of the fact that 'through many tribulations we must enter into the kingdom of God' (Acts 14:22) which is why they were glad to have been accounted worthy to suffer for the name of Jesus (Acts 5:41). Ultimately, 'For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our

eyes not on what is seen, but on what is unseen' (2 Cor 4:17-18). Christian eschatology points to the new earth and new heaven, in which there will be perfection and joy. Resurrected bodies will be free of any flaws or deformities and the man who is saved will be completely free from suffering in any form.

An important figure worth constantly mentioning in sermons and catecheses directed toward the sick is the Blessed Pope John Paul II. He held many meetings with the sick and suffering and gave countless speeches on the Christian meaning of suffering. However, to the world, the most touching and credible witness of his remains his personal sufferings in union with Christ during his admissions to the Gemelli clinic in Rome, especially after the assassination attempt of 13 May 1981 and during the last hours of his life in the Apostolic Palace in the Vatican. He then most demonstrated the sense of the words written in his book *Memory and Identity* where he stated that 'Christ, suffering for all, gave new meaning to suffering, opening up a new dimension, a new order: the order of love. [...] The passion of Christ on the Cross gave a radically new meaning to suffering, transforming it from within. [...] It is this suffering which burns and consumes evil with the flame of love and draws forth even from sin a great flowering of good'. In the same work the Blessed Pope John Paul II also explained that the love, which has its origin in the Heart of Christ, is hope for the future of the world. [6]

c. The incentive to engage in the apostolate of the sick

The purpose of preaching the Word of God to the sick is to encourage them to engage in various forms of the apostolate. As stated in *the Catechism of the Catholic Church*, the Church 'commends those who are ill to the suffering and glorified Lord, that he may raise them up and save them. And indeed she exhorts them to contribute to the good of the People of God by freely uniting themselves to the Passion and death of Christ' (n. 1499). In its suffering members the Church sees the source of her supernatural strength. The strange paradox of faith is that 'the springs of divine power gush forth precisely in the midst of human weakness. Those who share in the sufferings of Christ preserve in their own sufferings a very special particle of the infinite treasure of the world's Redemption' (*SD*, n. 27). Amidst human suffering there is the Redeemer himself who through the Holy Spirit acts upon the suffering person in such a way that he transforms him from within and shows him a place close to himself. In this way Christ processes, so to speak, the very substance of the spiritual life of the sufferer, directing him towards the heights of Christian maturity. The interaction of the sufferer with the grace of the divine Redeemer can give rise to great spiritual fruits, which are 'a touching lesson to those who are healthy and normal' (*SD*, n 26).

The apostolate of the sick is mainly concerned with experiencing one's own suffering in strict union with Christ in order to build up the Church and to bring about the salvation of the whole world. The suffering so experienced becomes the instrument of releasing love and hence leads to transforming human civilisation into a 'civilisation of love' (*SD*, n. 30). The apostolate of the sick is also concerned with showing healthy people that the sick belong to Christ in a special way through a special relationship. The purpose of the ministry of the Word is, therefore, to raise the spirits of the sick, to encourage them to do some creative work despite their illness and through their illness, and to teach them how to experience suffering in a Christian way. The proclaimed Word of God should help sick people become involved in the apostolate by the adoption, abolition and offering of their sufferings for the Church and for the salvation of others.

People with chronic illnesses and those who have already been exposed to experiencing and dealing with the pain can be induced – by the proclaimer of the Word of God – to join an association of the Apostolate of the Sick. There are only three conditions that must be satisfied when one wants to become a member of such an association. These are: 1) to accept suffering with submission to the will of God; b) to bear suffering patiently, in a Christian way, in union with Jesus, who sacrificed himself for us on the cross, offers himself in the Eucharist and still lives in the Church; and c) to offer up one's sufferings to God in the intention of drawing the heavenly kingdom nearer to us, for the salvation of the world, for the Church and for one's country, and in the Holy Father's prayer intentions. The sick who, of their own free will, wish to comply with these conditions should apply to the National Secretariat of the Apostolate of the Sick.

3. The Ministry of Charity to the Sick – the Role of Volunteering

Volunteering is an important form of providing charitable service to the sick and those who find themselves in particularly difficult life circumstances. In Poland, voluntary service is organised in so-called Parish Caritas Teams (about 40,000 volunteers) and School Caritas Circles (about 50,000 volunteers). The tasks of Parish Caritas Teams include, among others, encouraging the faithful to get involved in charitable activities, but also ensuring constant identification of the needs of people experiencing physical illness, mental breakdown, abandonment and loneliness, old age and different types of disability: whether physical, sensory or intellectual.

The Parish Caritas Team is mostly concerned with providing individual help to those who need it, i.e. the sick in the parish. The help provided is tailored to the needs of sick people and their life situations. The sick are also visited by seminarians, nuns and representatives of various religious groups operating within the parish. The charitable assistance provided for the sick not only includes helping them materially with problems of their daily existence (in the existential and

organisational spheres) but also includes psychological and spiritual support. To the tasks of the volunteers visiting patients belong: having conversations and conducting interviews with them, nursing care, arranging official matters, doing shopping, cleaning houses, preparing meals, etc. Volunteers can also prepare patients to receive the sacraments and can participate with them in the rite of holy communion, the sacrament of the sick, or in the Mass celebrated in the patient's home. Volunteers can also provide patients with newspapers and religious books. They can record the audio or video of retreats, parish missions, anniversaries and other important religious ceremonies that take place in the parish, and then play them to the sick at home or in hospital.

School Caritas Circles, using the inspiration and assistance of the organisation Caritas, seek to develop practical forms of charity especially in the school environment. Volunteers of these circles are children and young people, who are supervised by catechists and teachers. School Caritas Circles engage students in charitable activities and events organised by the Church in Poland, especially in *Wigilijne Dzieło Pomocy Dzieciom* (Christmas Time Support for Children), Lenten Alms, Charity Week, the World Day of the Sick, Christmas Eve for the Homeless, etc. School Caritas Circles also organise festivals, concerts and collecting money to help poor and sick children in their environment. The funds collected are used to buy school supplies and to pay for lunches in school canteens, holidays or expensive surgery for poor peers.

The School Caritas Circle is an apostolic formation programme of children and adolescents. Young volunteers know more and more about Christ's lessons on love, mercy and Christian charity; they become more sensitive to different kinds of human poverty, develop a mature and altruistic personality, and overcome their fear of the sick and disabled and of people in need. They learn to take responsibility for themselves, for others, for the Church and for their country. Trained in helping others in need, these young people create the hope that one day they will grow into conscious, responsible and experienced charity volunteers of the Church in Poland. Since the Second Vatican Council urges that the faithful of the Church should learn 'from childhood on to have compassion for their brethren and to be generous in helping those in need' (*DA*, n. 31), one has to support this idea of the practical apostolic formation of children and adolescents and spread it throughout the Church.

The Church also implements her charity care for the sick through Caritas Care Stations which provide a comprehensive programme of nursing care and rehabilitation for people who are sick, disabled and old – a programme which is run by the Caritas organisation in co-operation with state and local government institutions. Caritas Care Stations provide simple nursing care and rehabilitation to the sick, disabled and old, mostly in their family homes. Only for more complex treatments are the patients brought to the building of a Caritas Care Station. Professional staff and volunteers who work with them not only relieve the family members in caring for the chronically ill, but at the same time they educate people on the patient's care, rehabilitation, hygiene and nutrition. Nurses are equipped with cell phones and can use cars in order to be able to reach the needy in their place of residence. On the premises of Caritas Care Stations there are more complex rehabilitation devices and equipment rentals for the sick and disabled. Here one can borrow, free of charge, wheelchairs, walkers, walking frames, orthopaedic crutches, anti-bedsore mattresses, hospital beds and rehabilitation beds. Nurses and volunteers, among whom there are both lay people and (sometimes) nuns, provide psychological support and spiritual help to the sick, encouraging them to take part in various forms of apostolate.

Stowarzyszenie Apostolstwo Chorych (the Apostolate of the Sick Association) is also concerned with helping the sick, especially in the psychological and spiritual dimension. The formation of this association was initiated by Rev. L. J. Willenborg, the parish priest of the Holy Trinity Parish in Bloemendaal in the diocese of Haarlem, the Netherlands. In 1925 he introduced for the patients the Eucharistic Triduum, inspired by the Biblical descriptions of the situation of the sick waiting to be healed and by church services organised for the sick in Lourdes. The purpose of the Triduum was to meet the Eucharistic Christ and to sacrifice to God in communion with Christ the suffering of sick people for the salvation of the world. In the programme of the Triduum organised monthly by Rev. L. J. Willenborg was the Holy Mass, individual blessing with the Blessed Sacrament, adoration of the Blessed Sacrament and a common meal. In 1926 the initiative of Rev. Willenborg was supported by the Ordinary Bishop of Haarlem, A. J. Callier, and numerous episcopates of European and South American countries. On 12 August 1934, Pope Pius XI approved the association, giving it the title '*Unio Pia Prima Primaria*' and providing the secretariat of the association in Bloemendaal with the right of aggregation of secretariats emerging in other countries. The association accompanies the sick in their suffering, helps people accept their pain, and teaches them how to turn suffering into an instrument of apostolate. *Apostolstwo Chorych* (Apostolate of the Sick), a monthly periodical issued by the secretariat of that association, delivered free to sick people's homes by mail or available online, is of great help to the chronically ill in Poland. The association also organises specialist retreats for the sick, days of concentration and pilgrimages to shrines.

The vocation of a sick person in each individual case is a great mystery, and the fulfilment of this vocation according to the will of God is quite an art and often borders on the heroism of sanctity. Being aware of the fragility and weakness of a sick man, the Church tries to support him in his spiritual battle and in carrying the

heavy cross of personal suffering. Of particular importance in the parish ministry of the sick is preaching, in various forms and under various circumstances, the Word of God, which unites the sick with Christ and the Church, helping them to find the answer to the question 'why me?' and shows them their prospective social and ecclesial service through their involvement in the apostolate. Parish pastoral care for the sick is also expressed in the sacramental ministry and charity, as well as in organising parish fairs and pilgrimages for the sick.

Notes

[1] *Sakramenty chorych. Obrzędy i duszpasterstwo* (Katowice, 1998) [henceforth SCH], n. 52.

[2] Zob. II Polski Synod Plenarny (1991-1999). *Świętość. Dar i zadanie.* Nr 54. Poznań 2001 s. 247.

[3] Jan Paweł II. *Świat bez chorych byłby uboższy. Spotkanie z osobami starszymi, chorymi i ułomnymi w Haus der Barmherzigkeit w Wiedniu (11 IX 1983)* in Jan Paweł II. *Ewangelia cierpienia. Wybór homilii, przemówień i dokumentów* (Kraków, 1997) p. 77.

[4] W. Przygoda, 'Pastoralna troska o ludzi chorych', *Przegląd Homiletyczny,* 13:2009 pp. 89-100.

[5] V.E. Frankl. *Homo patiens* (Warsaw, 1998) pp. 84-85.

[6] Jan Paweł II. *Pamięć i tożsamość* (Krakow, 2005) pp. 171-172.

Marian Sanctuaries: Places Where the Maternal Concern of Mary for the Sick is Manifested

H.E. MSGR. JACQUES PERRIER
Bishop of Tarbes and Lourdes, France,
Member of the Pontifical Council for Health Care Workers,
the Holy See.

It is because of my episcopal ministry in Lourdes that I have the honour to take part in your conference. I will speak, therefore, principally about Lourdes.

When one speaks about the maternal concern of Mary for sick people, one thinks in particular about healings. Lourdes does not have an exclusive on healings, which, indeed, take place in many other Marian sanctuaries and perhaps most in particular in those connected with the apparitions of the Virgin, such as Lourdes or Guadalupe. Rocamadour, in France, conserves in its Book of Miracles, which was drawn up in the twelfth century, registers about 120 miraculous events, three quarters of which are healings. Rocamadour has a very ancient black Virgin but does not claim to have been the location for any Marian apparitions.

In the sanctuaries in which she is prayed to and whatever the name that has been given to her or by which she is known, Mary is always recognised as a dispenser of divine graces and in particular of the graces of healing. A 'miraculous medal' was struck in millions of examples following the apparitions of the Virgin to Catherine Labouré. Without pronouncing on the apparitions themselves, the Archbishop of Paris without any difficulty authorised the production of this medal. Innumerable graces are connected with this medal and the prayer that accompanies it: 'O Mary, conceived without sin, pray for us who turn to you'.

Vice versa, healings are not exclusively Marian. The reputation of being a healer has been attributed to all saints, at times when they were alive as well. A recognition of one or two miraculous healings is always necessary for the beatification or canonisation of a Servant of God, with the exception of martyrs.

Lourdes has a dual originality: the large number of these extraordinary healings and even more the medical examinations to which they are subjected.

To institute the Pontifical Council for Health Workers and to establish a date for the World Day of the Sick, the Blessed John Paul II chose 11 February, the feast of Our Lady of Lourdes. In this way he strengthened the link between Lourdes and health.

Its true originality, however, lies in the fact that Lourdes is the only Marian sanctuary in the world which, since 1883, has had an office for medical examinations. We do not experience this as a privilege but as a lack. Indeed, we do not have an interlocutor with whom to speak. The Lazzarist Fathers and the Sisters of Rue du Bac have never been concerned about defining the healings that have been obtained as miracles.

The Congregation for the Causes of Saints functions on the basis of a different model from that used at Lourdes and does not seem to want to have a relationship with us.

It is true that a miraculous healing does not have the same significance for this Congregation that it does for us. In the case of a Servant of God, a miraculous healing is an indispensable subject in a process for beatification. The word 'proof' without doubt is not completely exact but neither is it totally false, even though a miracle is not enough to lead to a declaration of holiness.

Lourdes, instead, does not need miracles. The apparitions were

declared authentic, without being articles of faith, by H.E. Msgr. Laurence, the Bishop of Tarbes, by a decree of 18 January 1862, three and a half years after the last apparition took place.

The argument of the bishop in favour of this had three parts. The first and deepest one concerned the reliability of the witness, that is to say Bernadette, and of the reliability of the testimony that she continued to give. Msgr. Laurence examined all the interpretations which attributed the phenomenon to a sort of mental aberration. If one was to remain faithful to science, all these interpretations failed and had to accept the inexplicable. Obviously enough, these were not asked to refer to the supernatural: this would have been another deviation as regards the method that was employed.

The second part of the argument followed by Msgr. Laurence was the spiritual fruit of the apparitions years after they had stopped and independently of Bernadette. From the outset and until today, everything at Lourdes has taken place with total ecclesial transparency. And it is perhaps for this reason that Lourdes has survived the passing of time whereas many sanctuaries have closed after a short period of time.

In particular, two days after the first apparition, Bernadette went to find Abbot Pomian, the only priest that she knew somewhat. With Bernedette's permission, this priest spoke about her to the curate and the curate spoke about her to the bishop. At the thirteenth apparition, the Lady – Bernadette called her this because at that time she had still not told Bernadette her name – had told Bernadette 'to tell the priests' to organise a procession and to build a chapel. The young girl was received rudely, if not actually sent away, but she came back the same evening as the apparition and on following days. The ecclesial and spiritual character of what was happening at Lourdes after 11 February 1858 was the second factor that spoke in favour of the authenticity of the event.

In the demonstration of Msgr. Laurence, the healings only took place as a third step. They were recorded at the same time as they occurred. They were subjected to the judgement of a commission and then re-examined by an aggregate professor of medicine, Dr. Vergez. Only seven were held to be certain. The principle of precaution which, when applied to this field, encourages the rejection of any case in which there could be an error of diagnosis or an unknown natural process, was already being applied.

On the basis of the report of Dr. Vergez, and taking into account the religious context in which the healings had taken place, Msgr. Laurence declared that they were, taken as a whole, miraculous. An enclosure with the report described in greater detail the seven cases. As regards these declarations, Msgr. Lawrence had not contacted the bishops of the dioceses in which the people who had been healed lived. This was against the canon law applicable in this field. Rome expressed this point to his successor at the time of the fiftieth anniversary of the event. Since then, procedure has been scrupulously followed and this has meant that most of the time there has been an interruption. After the decree of 1862, the Catholic hierarchy was no longer interested in the healings that took place at Lourdes: there was no need for this. The fame of Lourdes and the healings that took place there paid little heed to canonical recognitions.

This did not prevent the medical doctors, from the opening of the permanent office onwards, from always checking the realism of the healings, which were produced in different ways: through the use of water from the spring or during the Eucharistic procession, in Lourdes itself or outside it, with very devout people or others, and in particular men who were closer to blasphemy than to bigotry.

Fortunately or unfortunately, the 'Lourdes' phenomenon emerged during a fully 'scientific' period and this phenomenon was immediately taken up by the mass media of the time. The healings were thus subjected to an unforgiving medical examination and the Catholic medical doctors and the director of the office for medical observations were the first to demonstrate intellectual probity: their professional honesty and the credibility of the Church were at stake.

And thus the healings of Lourdes were closed in a chain which more recent sanctuaries and various religious movements that are greedy for healings have been spared. The criteria of Lambertini, which were excellent in the eighteenth century and which at Lourdes we have always followed, are no longer pertinent according to the scientific perspectives of today. They are normally the same criteria as those applied for the causes of saints. We would like the Congregation for the Doctrine of the Faith to consider this question.

You will perhaps think that I have moved away a great deal from the subject that has been entrusted to me. I could not, however, not consider the miracles because the connection between them and Lourdes is inevitable. Whoever is the interlocutor and whatever the subject, the question is always posed: 'are there always miracles at Lourdes?'

But is the connection of miracles with Lourdes a connection with Mary? I would be tempted to answer both 'Yes' and 'No'.

First of all 'No'. It is certainly the case that at Lourdes there is intense prayer to Our Lady and the sellers of statuettes continue to make money. But the miracles are not really much connected to Mary. As I have said above, most of them are connected to the sign of water and to the Eucharist. Water is not a Marian symbol. In God, it evokes the Holy Spirit. In the sacramental field, it evokes baptism and penance. As regards the Eucharist, and in particular the procession and the adoration of the Eucharist, it is always directed towards the person of Christ.

At the grotto the Lady pointed to the spring in front of her. She did not make it flow from her feet. At Cana, Mary did not make the wine flow. The water of purifications was transformed into wine by the new covenant because the servants followed the advice of Mary: "Do what he tells you to

do". Like every place and every spirituality that is authentically Marian, Lourdes is authentically Christological. It belongs to perspectives opened up by Pope Paul VI in his apostolic exhortation *Marialis cultus* (1974).

Thus I believe that if Lourdes is a place of healing, and this includes physical healing, this is no accident. In the words spoken by the Lady, none of them related to illness and Bernedette treated herself with medicines and not with the water of Lourdes. "Go and drink and wash at that spring": these words were addressed to Bernadette the day after the appeal to penance: "Penance, penance, penance, pray to God for sinners". Illness was not involved.

But although the words about the spring are the most famous, they are not the most original words of the message of Lourdes. The message culminated with the last words spoken by the Lady who up to that point had always refused to say what her name was: "I am the Immaculate Conception". This declaration was made on 25 March on the feast of the Annunciation, six weeks after the first apparition, almost at the end of Lent. It was followed by two other apparitions, but ones that were silent. If one takes into consideration that the apparitions at Lourdes were an authentic sign, this chronology cannot be a matter of chance.

For some time theologians have established a link between the two Marian dogmas of the Immaculate Conception and the Assumption. Mary, unmarked by any trace or consequence of original sin, could not be a prisoner of death which, in its current form, is a consequence of sin. 'You will not abandon me to the land of the dead', says the psalmist (Psalm 16:10). After Jesus, how could this promise not be applied to Mary? He is the Resurrection and the Life. She is the Immaculate Conception. He was made flesh and she became the Mother of God. There is more than a parallel between the Son and Mary.

What relationship is there between the miracles and the Immaculate Conception? The link occurs through the Assumption, the entrance of Mary into the world of resurrection. I believe that the miraculous healings are the first signs of resurrection. They are few in number compared to the millions of sick people and are, anyway, provisional. But such was also the case for the three people that Jesus brought back to life: they were reborn from death. However, these returns to life, like the healings and the liberations from devils that Jesus engaged in during his ministry, were signs that prefigured his victory over death.

The miraculous healings should perhaps be taken less as apologetic subjects than as signs of hope. Does not our Creed finish with the statement 'resurrection of the flesh?' The healings attest that God is the dispenser of life and that eternal life is not a disembodied life.

I have allowed myself to dwell at length upon this subject because today it interests researchers, whatever their choices in the field of faith. The brusque denial of everything that is not scientifically established is outmoded. Whereas facts outside the normal are unceasingly announced and some seem incontestable, the Church would be anachronistic if she were not more interested in exceptional healings, recognising them and interpreting them.

But, I agree, physical healing is nothing else but an aspect of the maternal concern of the Virgin for sick people in the sanctuaries that are dedicated to her. Pope Benedict XVI, when he came to Lourdes on 13-15 September 2008, spoke about this much more effectively than I could. I will allow him to speak.

At the end of the torchlight Marian procession, the Pope said in a fraternal and soft voice: 'How many come here to see it with the hope – secretly perhaps – of receiving some miracle; then, on the return journey, having had a spiritual experience of life in the Church, they change their outlook upon God, upon others and upon themselves. A small flame called hope, compassion, tenderness now dwells within them. A quiet encounter with Bernadette and the Virgin Mary can change a person's life, for they are here, in Massabielle, to lead us to Christ who is our life, our strength and our light. May the Virgin Mary and Saint Bernadette help you to live as children of light in order to testify, every day of your lives, that Christ is our light, our hope and our life!

On 15 September, on the feast of Our Lady of Sorrows, during the course of the Holy Mass the Pope administered the anointing of the sick to about ten people. The whole of his homily centred around the smile of Mary. He declared: 'In the smile of the most eminent of all creatures, looking down on us, is reflected our dignity as children of God, that dignity which never abandons the sick person. This smile, a true reflection of God's tenderness, is the source of an invincible hope. Unfortunately we know only too well: the endurance of suffering can upset life's most stable equilibrium; it can shake the firmest foundations of confidence, and sometimes even leads people to despair of the meaning and value of life. There are struggles that we cannot sustain alone, without the help of divine grace. When speech can no longer find the right words, the need arises for a loving presence: we seek then the closeness not only of those who share the same blood or are linked to us by friendship, but also the closeness of those who are intimately bound to us by faith. Who could be more intimate to us than Christ and his holy Mother, the Immaculate One? More than any others, they are capable of understanding us and grasping how hard we have to fight against evil and suffering…I would like to say, humbly, to those who suffer and to those who struggle and are tempted to turn their backs on life: turn towards Mary! Within the smile of the Virgin lies mysteriously hidden the strength to fight against sickness and for life. With her, equally, is found the grace to accept without fear or bitterness to leave this world at the hour chosen by God'. ■

SATURDAY 26 NOVEMBER

The Thought of Catholic Doctors of the Rome Branch and Some Working Proposals

PROF. LUCA MASSIMO CHINNI
President of the Roman Branch of the Association of Italian Catholic Doctors, Italy.

I would like to thank His Excellency for his brilliant organisation of the XXVI International conference on 'Pastoral Care in Health at the Service of Life in the Light of the Magisterium of the Blessed John Paul II'. I greet with great cordiality the religious and non-religious personalities present and I extend my keenly-felt sense of gratitude to His Eminence Cardinal Fiorenzo Angelini, the first head and champion of the Pontifical Council for Health Care Workers. Here I cannot but direct my moved thoughts to John Paul II who strongly wanted the creation of the Pontifical Council for Health Care Workers.

'The true measure of humanity is essentially determined in relationship to suffering and to the sufferer. This holds true both for the individual and for society. A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through "com-passion" is a cruel and inhuman society' (Benedict XVI, *Spe Salvi*, n. 38).

'…the will to follow an ideal, the refusal to allow yourselves to be ground down by mediocrity, the courage to commit yourselves humbly and patiently to improving yourselves and society, making the world more human and more fraternal' (John Paul II).

These statements have been adopted by the Rome branch of the Association of Italian Catholic Doctors in its relations with other associations and with pastoral care in health. Down the centuries the Church has strongly seen service to the sick as an integral part of her mission.[1] Despite the steady secularisation of health-care institutions which has taken place down the centuries, the Church has never sought to deviate from her mission of presence within public hospitals through her religious personnel and she has assured spiritual assistance and health care to the sick, respecting her obligatory choice to be at the side of sick people.

Because care for the sick has never been for the Church a mission of mere temporary replacement, but, rather, a precise implementation of the commandment of the Jesus, "*curate infirmos*" (Mt 10:7), she has always respected her commitment to and with sick people as witness to the love of God for men and women.

Catholic medical doctors argue that health is not a mere biological fact but, rather, a value that must be safeguarded through responsible and supportive participation in the management of health, and they have always stressed the primacy of ethics over technology, thereby cooperating, in an effective way, in the creation of a more human culture of health that is able to see man in the fullness of his life, his spirit and his body in the unity of his person, protecting the rights and the defence of the dignity of every human being.

In recent years the relationship between religious and lay people has taken on new forms. Religious in general nowadays have been released from the management of the replacement of lay activities in order to attend to bearing witness to eschatological values. Lay people, on the other hand, with the exception of religious who are medical doctors and those religious who, because of the mission of the Congregations to which they belong, have chosen to engage in para-health-care activity, take part through their work in the health-care role of the Church. These new forms correspond to the *proprium* of their lay vocations, that of secularity.[2]

Members of the laity can, therefore, even become participants in the management, organisation and even direction of works, taking on tasks, roles and functions that were hitherto reserved exclusively to religious.[3] These are forms of cooperation which unite religious and lay people in the apostolic mission of Catholic health-care institutions, in the safeguarding of the religious dimension of hospital care and the values that come from the charism of merciful charity. The presence and the work of lay people in what are prevalently technical areas, managed with a conscience that takes part in the same charism, allows the pursuit of a specific vocation – that of 'the animation of the temporal order through the Christian spirit'.[4]

The Association of Italian Catholic Doctors, after developing the belief that religious hospitality must be borne witness to through the retrieval of the centrality of suffering man at the level of service, believes that a strong connection with the world of voluntary work and the social services is extremely important.

Proposals

The retrieval of social/health-care action as a factor able to concretise the yearning for the humanisation of activity involving service is present on a large scale in the lay world: home care, protected discharge from hospitals, support for suffering elderly people and so forth are examples of

what has been achieved in various contexts.

It is obvious that the reference point at the level of culture and values is the person in his or her bio-mental-social unity.

Increasingly the organisation of services cannot be only a matter of health-care or be social in character but must envisage: support and rehabilitation services provided both in the family and in schools, workplaces or other receiving centres; day and residential centres which admit people and provide socialisation; activities involving the sensitisation and the animation of local communities in order to make them more aware and ready to help as regards care for, and the receiving of, people who are in a state of need; a connection between the period of admission and the stage of social reintegration, with all the problems and issues connected with the sensitive question of the return of people to their homes; and 'team work' between hospitals and local areas: after the health-care action that has been engaged in within hospitals patients are discharged and it is at that moment, paradoxically, that their problems begin. Some pathologies mean that people will need care for the rest of their lives and also a large number of centres to which to turn.

There should thus be *an integrated system of health-care action and social services* which, through universalist social policies, pursues the following objectives: assuring quality of life; assuring equal opportunities; removing forms of discrimination; and preventing, eliminating or reducing conditions of need and malaise of individuals and families caused by: disability, low income, or social difficulties.

The Association of Italian Catholic Doctors, which is an ecclesial association, will always adhere to the guidelines of the Church. Personal problems, individual motivations, levels of instruction and many other elements truly play – and will always play – and important role in the relationship between a doctor and a patient and have a determining impact on the decisions taken by the medical doctor.

Stress should be placed at this important assembly on the extent to which the Association of Italian Catholic Doctors defends the ineluctable role of the relationship between a doctor and his or her patient in modern medicine, a role that has always been decisive in past medicine and will always be decisive in the future in every field.

In the internal vision that we hold dear we are certain that overall medical and psychological care for the individual patient will always remain central in our professional activity and in the professional activity of others people, in the light, as well, of the wishes of the Church, and for this reason we always uphold the value of medical semiotics which facilitate our professional approach and our knowledge about our patients.

For that matter a careful, trained and sensitive medical doctor cannot but have a holistic internal vision which still today, and we hope in the future as well, takes into account that dimension of medical knowledge which we define as 'artistic'.

Notes

[1] John Paul II, Motu Proprio *Dolentium Hominum*, n. 1.

[2] Cf. G. Ghirlanda, 'Laico', in *Nuovo Dizionario di Diritto Canonico* (Cinisello Balsamo, 1993), pp. 612-618.

[3] Cf. F.G. Morrisey, 'Migliorare gli aspetti strutturali', *Dolentium Hominum* 18 (2003), 128-134.

[4] *CCL*, can. 298.

Testimonies of Exponents of Catholic Health-Care Associationism

MR. DONATUS M. AKPAN
CICIAMS' Nigeria Catholic Nurses Guild, Nigeria.

Introduction

I consider it important to start discussing this topic by expressing my gratitude to the Pontifical Council for Health Care Workers for finding me worthy to be invited to this great assembly and to present a paper on this very controversial topic. I bring to you warm greetings from the President and members of the International Committee of Catholic Nurses and Social Medical Assistants (CICIAMS), as well as from the President and members of the Catholic Nurses Guild of Nigeria.

As a Catholic nurse, and a member of CICIAMS, I shall be discussing this topic on the platform of the Catholic Nurses Guild, under the following headings: 'The Philosophy of Catholic Nurses' Associations', 'Mission and Vision' and 'Testimonies and Problems'.

The Philosophy of Catholic Nurses' Associations

Catholic nurses, like health-

care workers, find inspiration in the example of Christ who has always been close to the sick, as a fulfilment of the prophecy of Isaiah – to bring hope and solace to the suffering and broken humanity. A humanity broken in body, spirit, mind and soul. (Is 61:1-2; Lk 4:21).

Secondly, man is naturally gregarious. He needs other people for several reasons: for the satisfaction of needs, learning, achievements, love, power, etc. These needs are extremely difficult to satisfy in isolation. Thus, although man could stay alive in isolation, he realises through early social learning that many needs can only be satisfied in association with others. This explains the coming together of various Catholic health-care workers in order to achieve certain goals and objectives.

Creating and maintaining a healthy environment is the responsibility of every individual in any organisation, but this is particularly true in a health setting where the output of a healthy person, a healthy environment, derives from team work and from the achievement of a common goal attained by proper networking. Treating everyone with whom a nurse works as a valued co-team worker makes a big difference in the care of patients.

Society is changing and these changes are determined by social, economic and political forces upon which we cannot act as individuals. Sometimes there are gaps between civil law and certain hospital practices. When faced with these dilemmas what can one do as an individual? The answer to this question could be found in an address given by the Blessed John Paul II in front of Speyer Cathedral, Germany, 1987, when he said "What you are unable to do by yourself becomes possible if you join forces with others to create a current of opinion". The main sentence in this extract from the Pope's speech says that sometimes it is necessary to join forces with others to achieve great results.

The Church in a document of the Second Vatican Council on the lay apostolate encourages group apostolate. The faithful are called as individuals to exercise an apostolate in the various conditions of their life. They must, however, remember that man is social by nature and that it has been God's pleasure to assemble those who believe in Christ and make them his people (cf. 1 Pt 2:5-10). Group apostolate is in happy harmony, therefore, with a fundamental need in the faithful; a need that is both human and Christian. It is a sign of communion and unity in Christ who said that where two or three are gathered in my name, there am I in their midst (Mt 18:20). Catholic health-care workers always gather in the name of Christ, their model.

For this reason, the document continued, Christians should exercise their apostolate in a spirit of concord. They should be apostles in their professions, families, parishes and dioceses, which are already an expression of the communal character of the apostolate. Group apostolate calls for concerted action. Associations created for group apostolate give support to their members; train them for the apostolate; and carefully assign and direct their apostolic activities. As a result, a much greater harvest can be hoped for from them than if person were to act on his or her own.

It is, therefore, supremely necessary that wherever the laity is at work, the apostolate in its collective and organised form should be encouraged and strengthened.

The Mission and Vision of Catholic Nurses' Associations

The mission of Catholic health-care (nurses') associations is to share in the healing ministry of Jesus Christ through the provision of health care services that are based on a holistic approach and affirm human dignity and respect for human life.

Our vision is to improve our utilisation to a sustainable level and to promote capacity building by maintaining good relationships with our clients and to partner with other groups/ bodies to enhance quality client/patient care.

Testimonies of Catholic Nurses' Associations

It is the desire of the CICIAMS that its members all over the world should be the best both as health professionals and as human beings. That is why the CICIAMS has played an important role in professionalising nursing. These efforts have been crowned with success. Today, the technical standards of Catholic nurses are very satisfactory in many countries. Efforts are ongoing to make it better in areas where health care still remains at a low level.

The CICIAMS was established with the sole aim of maintaining and influencing right, sound and authentic Catholic ethical health policies and teachings. Thus improvement in technical skills notwithstanding, Catholic nurses are in the front line in the struggle against the depersonalisation of their profession and against the trend of making the technical aspects of illness prevail, since this leads to a lack of concern and dehumanisation which also influences the right to life of patients and even of unborn children.

In Nigeria, for example, the Catholic Nurses Guild in collaboration with the Catholic Women Organisation (CWO), led the protest against the Abortion Bill which was to be passed into law by the National Assembly in 2002. That Bill has since been suspended. Catholic nurses are involved in educating people to be responsible for their own health through health education in their parishes and dioceses. This has reduced the level of ignorance about many preventable diseases. Through regular conferences, workshops and seminars, Catholic nurses are informed about new and current trends in their professional practices, e.g. midwifery.

According to Cardinal Okogie, who gave a keynote address at the African Regional Conference of Catholic Nurses held in Nigeria in 2004, it is a well known fact that a huge proportion of Catholic health-care facilities below the level of a hospital in Africa are staffed almost exclusively by Catholic nurses. These nurses are trained in Catholic nursing

schools so that they can handle the most common ailments, ones that do not require complicated diagnoses or surgical intervention.

In most African countries, Catholic nurses' associations act as advocacy groups with governments as regards many diseases, e.g. malaria, tuberculosis, HIV/AIDS, hepatitis B and other sexually transmitted diseases, particularly in schools and colleges.

In the area of education, Catholic nurses are known in many countries to have awarded scholarships to deserving students to study nursing at different levels.

They are also involved in research. One example was that on *the role of traditional birth attendants (TBAs) in the reduction of infant and maternal mortality in the rural areas of Ikot Ekpene diocese* which was conducted by a Catholic nurse in 2009.

Catholic nurses' associations provide members with an opportunity to develop a personal feeling of God. It is through this feeling of God that numerous sick people who come in contact with these nurses discover the transcendent meaning of life and thus mobilise their spiritual energy to accept the truth of their condition.

Our solidarity as Catholic nurses is often expressed by the special attention we pay to the victims of life: those who are inflicted by drug related problems or AIDS. We are always concerned with those who do not have access to, or cannot afford, health-care services. We are united to those who are poor materially, psychologically or spiritually. Our solidarity goes towards families to fortify and reconstitute them, because they are the basic units of healthy societies.

As was already mentioned in the introductory part of this paper, man is naturally social. He needs others to solve his problems. Our association therefore drags people away from isolation, fear and discouragement.

Problems

An ethical dilemma. Today many health-care professionals, and particularly Catholic nurses, are constantly faced with ethical conflicts in the course of their work, partly as a result of the many new technologies available for use. These are worsened by conflicting values, moral/religious ethics and principles. These dilemmas sometimes adversely affect the work of Catholic nurses, particularly those employed by the state.

These conditions in which they practice their profession put them at the heart of evangelisation in modern society. Catholic nurses' associations therefore prepare their members for this mission: to be a source of hope and solidarity through their professional activities. This notwithstanding, it is appropriate to redefine the identity of Catholic nurses in the world of medicine today, the ethics of which may be in contradiction with their moral values and faith.

Apathy

Membership or participation in Catholic health-care associations is voluntary, and because it is voluntary and involves a lot of self sacrifice many Catholics who belong to the various health professions do not like to identify with these groups. This explains why in some countries only a few committed Catholic nurses identify with the Catholic nurses' associations of their country. The harvest indeed is great, but the labourers are few.

Policy Making

It is sad to observe that in many countries, particularly in Africa, nurses are often excluded from taking part in health policy making, even in the Church. Besides, the health sector in many dioceses is over-clericalised and so much so that major health policies are often made without input from nurses who are major stakeholders in the health professions. This is always very demoralising and frustrating for even the few committed members of the association**.**

Conclusion

Nursing as a force for social change and improved health care in society is most effective when it is able to empower and enable individuals, families and communities to take more control over their health. Catholic nurses are in the position to do this and to share and transmit their skills to health care. Development of partnership is one sure way of achieving this goal. The international secretariat of the CICIAMS has singled out four areas of special interest for promoting freedom of conscience in health care and has invited nurses to assume new types of responsibility . These areas are family problems, elderly people, growing inequalities and ethical questions arising from scientific research. Catholic nurses in their various associations have developed a feeling of responsibility in these areas.

Pastoral Care in Health in the Magisterium of Benedict XVI: a Call to Follow the Work of Jesus, the Good Samaritan

MSGR. KRZYSZTOF NYKIEL
Official of the Congregation for the Doctrine of the Faith, Consultor of the Pontifical Council for Health Care Workers, the Holy See.

Introduction

In the Magisterium of His Holiness Benedict XVI, solicitude and care for the sick form a part of the Deaconate of Charity, one of the three tasks of the *Munus Ecclesiae* that express the inner nature of the Church.

This is a subject which has a great deal of space in the three encyclicals of the Holy Father, encyclicals which are rich in reflections on, and references to, pastoral care in health, and which talk about the continuity with which the Church, from her origins and for centuries to come, has taken, and will take, responsibility for the world of the suffering, following in this the example of her Founder and Teacher, Jesus, who was a 'physician' of souls and bodies and who takes part in the suffering of every man.

His teaching, based upon the unique hope that becomes certainty – the salvific presence of God who participates in the affairs of men – leads us not to allow ourselves to be suffocated by the burden of difficulties and real problems and invites us raise our gaze to more important goods and values, inasmuch as they refer to religion and faith.

This is a perspective that finds valuable actuation in the field of health where experience of pain and suffering find declinations that are often dramatic.

In his homilies, in his messages for the annual World Day of the sick, and in his addresses given during his numerous visits to hospital institutions in Italy and the world, the Pope has proffered the profile of that 'pastoral care in health' which is defined as an exhortation to follow in the footsteps of the Good Samaritan, to respect the primacy of life and the dignity of man who bears within himself the mark of God the creator, and to recognise the salvific message of the Cross.

An invitation, therefore, extended to health-care workers and also to sick people and to all those who are called to help them and to share in their tribulations. An invitation that bears within it a clear message: in essential terms, the greatest illness that exists is the absence of God.

The service of pastoral care in health that derives from this is thus written into the very salvific mission of Christ, the physician of souls and bodies.

1. Jesus, the Physician of Souls and Bodies

In the Magisterium of Benedict XVI, the presence of God in our lives is a promise of a healing of the malady of sin and it is for this reason that the Pope describes Jesus first and foremost as the 'Physician'. The Gospels demonstrate how the health of man, of all of man, was the sign that Christ chose to manifest the nearness of God, His merciful love that heals the spirit, the soul and the body: when he went through the villages of Palestine and preached the good news of the Kingdom of God, Jesus always accompanied his preaching with signs in relation to the sick, healing all those who were prisoners of illness and infirmity.

In February 2009, in his address at the Angelus, the Pope observed that God revealed His face in Jesus: through the healings that he performed, thereby restoring men and women to the full integrity of their spirits and bodies, Jesus 'shows that the Kingdom of God is close to hand'. 'These cures', declared the Pope, 'are signs: they are not complete in themselves but guide us towards Christ's message…and make us understand that man's truest and deepest illness is the absence of God, who is the source of truth and love'. One thus understands that his preaching and healings 'form one message of hope and salvation'.

But the work of God to help sick people, observed the Holy Father, thanks to the action of the Holy Spirit, 'is extended in the Church's mission…through the many activities of health-care assistance that Christian communities promote with fraternal charity', thereby revealing 'the true Face of God, his love' 'Very many Christians', observed the Pope, 'around the world priests, religious and lay people - have lent and continue to lend their hands, eyes and hearts to Christ, true physician of bodies and souls!'

A work that really reaches everyone, inside and outside the Church. Benedict XVI in his encyclical *Deus caritas est* observes: 'The Church is God's family in the world. In this family no one ought to go without the necessities of life. Yet at the same time *caritas-agape* extends beyond the frontiers of the Church. The parable of the Good Samaritan remains as a standard which imposes universal love towards the needy whom we encounter "by chance" (cf. *Lk* 10:31), whoever they may be' (n. 25).

For Pope Benedict XVI, pasto-

ral care in health is thus following Jesus the Good Samaritan who draws near to those who suffer and shares their tribulations, at the same time offering them the only hope that does not disappoint.

2. Suffering as an Instrument of Redemption

But the Pope well knows how difficult it is for man to understand and accept the mystery of pain. On a number of occasions, above all when meeting the sick, the Holy Father has thus sought to stress the salvific value of human suffering. When speaking to the sick people of the *Casa Sollievo della Sofferenza* in San Giovanni Rotondo in 2009, Benedict XVI observed that illness always raises 'existential questions': why do we suffer? Can experience of pain be held to be positive? Who can liberate us from suffering and from death? This are questions, the Pope affirmed, 'that more often than not remain humanly unanswerable, since suffering constitutes an enigma that is inscrutable to human reason'. Quoting the encyclical *Spe Salvi,* the Pope explained that 'suffering is part of the very mystery of the human person' and 'to banish it from the world altogether is not in our power. This is simply because... none of us is capable of eliminating the power of evil…God alone can eliminate the power of evil'. Instead, the Pope went on, 'an intimate relationship exists between the Cross of Jesus the symbol of supreme pain and the price of our true freedom and our pain, which is transformed and sublimated when it is lived in the awareness of God's closeness and solidarity' (*Meeting with the Sick, the Medical, Paramedical and Administrative Staff of the Home for the Relief of Suffering*, 21 June 2009).

This is a deep relationship which the Supreme Pontiff explained further on the occasion of the XIX World Day of the Sick when he remembered his pastoral visit to Turin and his reflection in front of the Face of the Holy Shroud. To contemplate it, the Pope said, means 'to reflect upon what St. Peter writes: 'By his wounds you have been healed' (1 Pt 2:24). The Son of God suffered, died, but rose again, and precisely because of this those wounds become the sign of our redemption, of forgiveness and reconciliation with the Father' (*Message of the Holy Father Benedict XVI for the XIX World Day of the Sick*, 21 November 2010, n. 1). It is this awareness that makes us true messengers of a joy that does not fear pain because it is the joy of the Resurrection.

Examined closely, this is a subject dear to Benedict XVI who offered a special analysis of it in his homily at the funeral of the Blessed John Paul II in April 2005. Remembering the words of the deceased Supreme Pontiff in his last book *Memory and Identity*, the then Cardinal Ratzinger declared: 'Christ, in suffering for all of us, conferred a new meaning on suffering; he introduced a new dimension, a new order, into it: that of love. It is the suffering that burns and consumes evil with the flame of love and draws from sin as well a multiform flowering of good'.

Recently, for the World Youth Day, in Madrid last August, Benedict XVI, when addressing in particular young people who undergo the experience of illness, said: 'the Cross often frightens us because it seems to be a denial of life. In fact, the opposite is true! It is God's "yes" to mankind, the supreme expression of his love and the source from which eternal life flows' (*Message of the Holy Father Benedict XVI for the World Youth Day*, 6 August 2011, n. 3).

3. The Compassion of Christ

In addition, to reassure man faced with illness and suffering, the Pope lays stress upon the compassion of Christ who suffers at the side of the sick, who shares in his pain. In his encyclical *Spe salvi*, Benedict XVI states: 'Man is worth so much to God that he himself became man in order to *suffer with* man in an utterly real way in flesh and blood as is revealed to us in the account of Jesus's Passion. Hence in all human suffering we are joined by one who experiences and carries that suffering *with* us; hence *con-solatio* is present in all suffering, the consolation of God's compassionate love and so the star of hope rises' (n. 39).

When addressing patients at the health centre named after Cardinal Paul Emile Léger in Yaoundè in Cameroon, which he visited on the occasion of his apostolic journey of March 2009, Benedict XVI emphasised: 'You are not alone in your pain, for Christ himself is close to all who suffer. He reveals to the sick and infirm their place in the heart of God and in society...He thereby shows us, through specific actions, his fraternal tenderness and benevolence towards all the broken-hearted, all whose bodies are wounded' (*Address of His Holiness Benedict XVI, Meeting with the World of Suffering, Apostolic Journey in Cameroon*, 19 March 2009).

This is a compassion to which health-care workers and the whole of the Church are called. This is emphasised by the Pope in his encyclical *Spe salvi*: 'A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through "com-passion" is a cruel and inhuman society… Indeed, to accept the "other" who suffers, means that I take up his suffering in such a way that it becomes mine also. Because it has now become a shared suffering, though, in which another person is present, this suffering is penetrated by the light of love' (n. 38). The Latin word *con-solatio*, "consolation", suggests '*being with* the other in his solitude, so that it ceases to be solitude' (*ibidem,* n. 38).

4. The Primacy of Life over Technology and the Work of Illuminating Consciences

Faced with the progress of research in the scientific and technological field, with its application to the world of medicine and biotechnologies, which, on the one hand, multiply the possibilities as regards prevention and treatment and the ability to sup-

port life, and, on the other, open up the road to a set of practices that conflict with the protection of life itself, the Pope forcefully emphasises that it is man who is the ultimate purpose of science which is called to promote his health and wellbeing, respecting the dignity of the person who is made in the likeness and image of God.

As regards this point, in his message to the twenty-fifth international conference of the Pontifical Council for Health Care Workers of November 2010, Benedict XVI stated that: 'It is on the divine image imprinted in our brother and sister that the most exalted dignity of every person is founded and inspires the need for respect, care and service'. Thus: 'Love of justice, the protection of life from conception to its natural end and respect for the dignity of every human being should be upheld and witnessed to, even going against the tide'.

In addition, on the ninetieth anniversary of the foundation of the Catholic University of the Sacred Heart, last May, the Holy Father stressed that 'Only through service to others is science utilized to till and keep the universe' and more in general that 'Without focusing on the truth, without an attitude of humble and ardent research, every culture crumbles, declines into relativism and loses itself in the ephemeral. Instead, the Christian prospective, pulled from the grip of reductionism which mortifies and circumscribes it, can open itself to an interpretation truly illuminated by what is real, offering an authentic service to life' (*Address to the Board of Directors, Professors and Students of the Catholic University of the Sacred Heart*, 21 May 2011).

During his visit to the 'S. Matteo' Polyclinic of Pavia in 2007, the Holy Father recognised the importance of institutions called to promote the progress of science but at the same time acknowledged the fundamental values of the person and observed: 'A hospital is a place which in a certain way we might call "holy", where one experiences not only the frailty of human nature but also the enormous potential and resources of human ingenuity and technology at the service of life…I strongly hope that the necessary scientific and technological progress will constantly go hand in hand with the awareness that together with the good of the sick person, one is promoting those fundamental values, such as the respect for and defence of life in all its stages, on which the authentically human quality of coexistence depends (*Visit to the 'San Mateo' Polyclinic of Pavia, Address to the Directors, the Medical Staff, the Sick and their Relatives* 22 April 2007).

As regards the importance of recognising the 'transcendent nature of the person', the Pope in an address to the United Nations of April 2008 explained that this is the pre-supposition 'to sustain humanity's hope for a better world and…to create the conditions for peace, development, cooperation, and guarantee of rights for future generations'. It is specifically from this fact of being a person – which demonstrates that man is 'the high-point of God's creative design for the world and for history' – that there derive the universal rights outlined in the Declaration of the United Nations (*Meeting with the Members of the General Assembly of the United Nations Organisation, Address of His Holiness Benedict XVI*, 18 April 2008).

Now, faced with the challenge of an 'illuminated' science at the service of man and of life, the Pope emphasises that the Church has the task of making herself a guide and a light for consciences, in particular as regards healthcare workers and international organisations. In his address to the twentieth international conference of the Pontifical Council for Health Care Workers, in 2005, Benedict XVI observed that 'today, especially in the area of breakthroughs in medical science, the Church is being given a further possibility of carrying out the precious task of enlightening consciences, in order to ensure that every new scientific discovery will serve the integral good of the person, with constant respect for his or her dignity'.

And in his encyclical *Deus caritas est* he remarked that in this field the Church is called 'to contribute to the purification of reason and the reawakening of those moral forces without which just structures are neither established nor prove effective in the long run' (n. 29).

In order to achieve these goals the Pope invites various public bodies to cooperate so that social justice can be achieved in a delicate sector – that of treatment and care for sick people.

5. A New Concept of 'Integral Care'

In the light of the Christian vision of man who is first and foremost a person, that is to say a unity of body and spirit, the Church takes responsibility for the individual in his or her totality by uniting psychological, social and spiritual support, as well, to medical care and treatment. There is thus born a new concept of 'integral care' which takes into consideration the person in all his or her dimensions and which has as its objective the promotion of human health in its entirety.

When visiting the 'Bambino Gesù' Childrens' Hospital of Rome, which was his first official visit to a hospital, in September 2005, the Pope pronounced on the quality of welcome and care that should be given to sick people and observed: 'Here you are concerned to guarantee excellent treatment, not only from the medical but also from the human point of view. You seek to give a family to the patients and those who are with them, and this requires a contribution from all: the directors, doctors, nurses and staff in the various wards, the personnel, and the many praiseworthy organizations of volunteers who daily offer their precious service. This approach, which is effective for every clinic, must be a special feature of those inspired by Gospel principles… May every project and programme, therefore, always be centred on the good of the sick, the good of the sick child' (*Visit to the 'Bambino Gesù' Children's Hospital, Address,* 30 September 2005).

In his address to the plenary session of the Pontifical Council for Health Care Workers of March 2007 Benedict XVI further clarified the concept of integral care: care understood in the modern sense of human promotion through preventive care and the search for greater human development, fostering a family and social atmosphere. Christian healthcare workers should be aware of this for they well know: 'that there is a very close and indissoluble bond between the quality of their professional service and the virtue of charity to which Christ calls them: it is precisely in doing their work well that they give people a witness of God's love. Charity as a task of the Church… is implemented in a particularly meaningful way through the care of the sick. This is attested to by the history of the Church, with countless testimonies of the men and women who… have worked in this field'.

This is an approach to sick people which if we consider the matter well reflects the care with which Jesus made himself an encounter with every suffering person. For that matter it is well known – the Supreme Pontiff stressed on the occasion of the World Day of the Sick of 2006 – 'that Jesus stood before man in his wholeness in order to heal him completely, in body, mind and spirit. Indeed, the human person is a unity and his various dimensions can and must be distinguished but not separated. Thus, the Church too always proposes to consider people as such, and this conception qualifies Catholic health-care institutions as well as the approach of the health-care workers employed in them' (*XIV World Day of the Sick, Address to the Sick at the End of the Mass*, 11 February 2006).

On this occasion the Pope wanted to present symbolically the encyclical *Deus caritas est* to health-care workers, with the hope that 'God's love will always be vibrant in their hearts so that it will enliven their daily work, projects, initiatives and especially their relations with the sick… for the proclamation of the Gospel needs consistent signs that reinforce it. And these signs speak the language of universal love, a language that is understandable to all' (*ibidem*).

6. The Smile of Mary, a Source of Hope

When speaking about the Magisterium of Benedict XVI as regards subjects connected with health, we cannot, lastly, not observe how it is punctuated by constant references to Mary, the Mother of God who comforts and consoles, living hope to those who are in pain.

During his apostolic visit to Lourdes on the occasion of the one hundred and fiftieth anniversary of the apparitions, at the Holy Mass with sick people the Holy Father commented on the liturgy and observed that the smile of Mary, a reflection of the tenderness of God, 'is directed quite particularly to those who suffer, so that they can find comfort and solace therein'. Indeed, in that smile there is 'the source of an invincible hope'. The Pope addressed in particular those who struggle and are tempted to turn their backs on life and he exhorted them to turn their eyes to Mary: 'Within the smile of the Virgin lies mysteriously hidden the strength to fight against sickness and for life. With her, equally, is found the grace to accept without fear or bitterness to leave this world at the hour chosen by God' (*Holy Mass with the Sick, Homily, Lourdes*, 15 September 2008).

In addition, on more than one occasion, the Pope has stressed the compassion of Mary, her sharing in the sufferings of man. In her, pastoral care in health finds a model to follow: it was at the foot of the Cross that the prophecy of Simon about Mary was fulfilled – her heart of a mother will be pierced (Lk 2:35). From the abyss of her pain – a participation in the pain of the Son – Mary was made able to receive her new mission, to become the mother of Christ in his limbs. At the time of the Cross, Jesus pointed out each of his disciples to her and said to her "there is your son" (Jn 19:26-7). From that moment her motherly compassion for her son became motherly compassion for each of us in our daily sufferings (cf. *Holy Mass with the Sick, Homily, Lourdes,* 15 September 2008).

7. A Summarising Vision

In moving towards the end of my paper, it seems to me useful to summarise the central features of the Magisterium of Benedict XVI as regards the topic of pastoral care in health. From what has emerged hitherto it appears evident that it is configured as a call to follow in the footsteps of Jesus, the Good Samaritan to the utmost, who demonstrated a special preference for the sick and the suffering; to respect the primacy of life and the dignity of man who bears within him the impress of God the creator; and to recognise the salvific message of the Cross. Pastoral care in health – in the thought of Benedict XVI – thus emerges as an extension of the work of Christ in his Church (cf. *Message on the Occasion of the XVIII World Day of the* Sick, 11 February 2010).

Before ending I would also like to stress how the Holy Father in his approach to the sick and the world of suffering has adopted that compassion of Christ which leads him to share in man's tribulations. In the Pope's many pronouncements on the subject of health it emerges that he strongly feels that he takes part in the sufferings and the hopes that sick people and suffering people experience every day in union with the crucified and risen Christ. In feeling that he takes part, the Pope prays that the Risen Crucified Christ may give to each of them peace and healing of the soul, so that, together with him, there may watch over every man the Virgin Mary, prayed to with trust as 'Health of the Sick and Comforter of the suffering'.

Lastly, it is significant that the Supreme Pontiff has not failed to exhort health-care workers, volunteers and all those who dedicate themselves with love to caring for the sick to see in the faces of sick people the Face of faces, the face of Christ (cf. *Message of the Occasion of the XIX World Day of*

the Sick, 21 November 2010). Aware of the commitment that the ministry of service to the sick requires, the Pope has pointed out to them where they should draw their strength from to carry out their mission: it is in the Eucharist, the 'Sacrament of Charity' which these workers encounter and contemplate he whom they seek to follow, to heal and to care for. 'It is precisely from the Eucharist that health pastoral care can continuously draw the strength to relieve human beings effectively and to promote them as befits their proper dignity' (*Address to those Taking Part in the Plenary Session of the Pontifical Council for Health Care Workers*, 22 March 2007).

It is for this reason, Benedict XVI emphasises, that 'In hospitals and clinics, the Chapel is the vibrant heart where Jesus ceaselessly offers himself to the Heavenly Father for the life of humanity. The Eucharist, distributed to the sick in a dignified and prayerful way, is the vital sap that comforts them and instils in their souls the inner light with which to live the condition of sickness and suffering with faith and hope' (*ibidem*).

Conclusion

To end this paper, the XXVI international conference organised by the Pontifical Council for Health Care Workers has wanted to address the subject of pastoral care in health at the service of life in the light of the Magisterium of the Blessed John Paul II. In this context I would like to be allowed to state that it has really been providential to observe how much in relation to pastoral care in health – which is and must be in the footsteps of Christ, the Good Samaritan, at the service of life from conception until its natural end – has been taught and communicated by Benedict XVI, the successor of the Blessed John Paul II, and for many years his valued helper as Prefect of the Congregation for the Doctrine of the Faith.

We ask of John Paul II, the icon of the Gospel of Suffering, his protection in our Apostolate of Mercy towards every man, especially if sick or suffering. From heaven as well, protecting us, he continues to exhort us, and in particular he exhorts those who are involved in the vast field of health and suffering. He exhorts us not to be afraid and to open, to open wide, doors to Christ who is the Health and Salvation of man. ■

The Church Proclaims the Gospel of Suffering and Life

H.E. MSGR. PIERGIUSEPPE VACCHELLI
Adjunct Secretary of the Congregation for the Evangelisation of Peoples, President of Pontifical Missionary Works, the Holy See.

I most willingly agreed to take part in this international conference on 'pastoral care in health at the service of life in the light of the magisterium of the Blessed John Paul II'. As Adjunct Secretary of the Congregation for the Evangelisation of Peoples I was asked to address the activity of evangelisation from the specific point of view of the Gospel of suffering and life. This leads me to look at those parts of the population of the Third World, which are more impoverished and abandoned, where public health care is only a *flatus vocis*, a right that is recognised but not implemented. And this situation has become more dramatic because of the financial crisis that has most struck the countries of the Third World.

I have divided this paper of mine into three parts: 1. situations of suffering; 2. the Gospel of suffering; and 3. missionary preaching.

1. Situations of Suffering

If we look at the very worrying picture of political-social-economic conditions, especially in developing countries, the situation is to be seen as dramatic. Hundreds of millions of people live at the limits of survival without being able to enjoy primary goods such as food, education and medical care; the gap between rich countries and poor countries because of an unfair distribution of the goods of the earth, as a result of which 20% of the world's population consumes 80% of its wealth, is widening; massive emigrations akin to an exodus are continuing, as a result of which refugees constitute the so-called third continent, the most numerous part of the world's population; there is no stop to the very many wars caused by the thirst for dominion, by religious, cultural and ethnic forms of discrimination and intolerance, with a consequent oppression of the humble and the poor, the defenceless, who are the weakest links in any

society; and wild urbanisation is bringing into being megalopolises where the degradation of human dignity is most shamelessly revealed.

The Congregation for the Evangelisation of Peoples is like a window opened onto the world. Specifically because it coordinates the evangelising activities of more than a thousand local Churches on the geographical and anthropological frontiers of humanity, it has knowledge about the dramatic situation of a vast part (two-thirds) of humanity who do not have access to medical care and to medical products.

In by no means few countries in Asia and Africa and Oceania as well, a sick person has to choose whether to treat himself or herself, spending the little money that he or she has, and die of hunger, or to obtain food and die of illness. Public institutions, even if they actually exist, at the most assure a hospital bed, and the family of the patient, if it can, must literally obtain everything, and furthermore it must pay the medical doctor and buy medical products.

Unfortunately, it is also the case that even illnesses that are not serious lead to death because of a lack of the most elementary medical products. In villages in Africa, Asia and the islands of Oceania there is an enormous mass of people who, abandoned to themselves, live out the dramatic realities of illness, of suffering and of death. I believe that no further words are needed here. Mother Teresa of Calcutta through her gospel action as a Good Samaritan lifted up a veil on the dramatic conditions of the world of suffering.

Today the picture has become even more complex and a times it has taken on apocalyptic features. The spread of AIDS and of HIV, the immense camps for emigrants, the mutilations, hunger and malnutrition brought about by the innumerable wars which afflict humanity, forms of social injustice and the international debt of the most indebted countries, all demonstrate a world of suffering that was unimaginable even in the darkest periods of human history. It is certainly the case that this is one of the periods when suffering is at its greatest, and to the point that we may talk about a 'suffering of the world' (*Salvifici doloris*, n. 8).

Faced with this epochal drama we are led to ask: where, Lord, is the kingdom of justice and peace that you inaugurated? What has happened to your mission as Messiah to give sight to the blind, to heal lepers, to make the lame walk, and to raise the dead to life? Why this suffering?

Faced with a world that is so hostile, the fundamental question that troubles an apostle is: why is there all this suffering which afflicts the weakest members of society? I have seen missionaries who were really so troubled that they could no longer bear the psychological burden of these dramas of the populations in which they lived to proclaim the Good News.

2. The Gospel of Suffering

Suffering has an explanation only if it is placed in the logic of the salvation worked by Christ on the cross. Jesus on the cross also experienced suffering and cried out: "Father, why have you forsaken me?" This will be the same cry of all suffering people until the end of the world. He, the Son who obeyed the Father, who was loved by Him, who was without sin, experienced being abandoned by the Father who gave him over to death. Christ with supplications, cries and tears, prayed to the Father to be spared drinking from the cup of suffering and death.

The troubled cry of Christ on the cross still remains a theological enigma; it is a great mystery. But there is only one word, which may appear to be blasphemous in the context of suffering but which opens a ray of light which unveils the meaning of suffering – that word is love.

'For God loved the world so much that he gave his only Son, so that everyone that believes in him may not die but have eternal life' (Jn 3:16). God is love, His being and His existence are love. In Christ He showed that He is love. And this took place on the cross. The Son of God emptied himself of his divinity and took on the condition of a humble slave to the point of dying on the cross. Through the death on the cross of His Son, God Himself chose and shared in the pain and the suffering of men.

'In His mercy God suffers with us, because He is not heartless. He is the Redeemer and He came down to earth out of compassion for mankind. What passion did He suffer for us? This was the passion of love. And does not the Father Himself, the God of the universe, in a certain sense suffer Himself? When we cry to Him, He is mercy and suffers with us. He suffers the suffering of love' (Origen, *Selecta in Ezechielem*, e.16).

Every person who has compassion shares in the suffering of others, he or she takes upon his or her own shoulders the suffering of others, he or she suffers with others, in communion with them. Suffering in solidarity, the vicarious suffering that saves, is the suffering of God. God Himself suffers out of love, to free man from the miserable condition of slavery and death.

This is the Christian response to suffering which not only illumines but also makes suffering meaningful and evangelising.

3. Missionary Preaching

The mission of the Church is to proclaim and continue the liberation and redemption engaged in by Christ. What the Church proclaims is the Good News, that is to say the reintegration of a humanity lacerated and wounded in the fullness of life. "I came that they may have life, and have it in abundance".

Contained in this proclaiming is the Kingdom achieved in Christ, the anointing of the Holy Spirit to heal and lift up those who are prostrated by illness and in the spirit. Jesus proclaimed and achieved the Kingdom of God through the freeing of prisoners, giving sight to the blind, making the lame walk, cleansing lepers, making the deaf hear, and re-

storing the dead to life, in short: by giving the fullness of life to all those people which the Bible places in the category of the poor, those who physically and spiritually are on the edge of death or threatened by death or who are at the mercy of other people.

Jesus did not engage in much theological controversy with the Pharisees but struggled throughout his life against suffering and illness, assuring at the same time total liberation through the achievement of Kingdom of God that he had begun.

The Church in geographical areas of mission is called first and foremost to give an answer to why suffering exists, to throw some light. It is not with common sense or with human wisdom that one gives this answer, but only by presenting the event of Jesus of Nazareth, his preaching and his life: his incarnation, his life on earth, his death, his resurrection, his ascension, Pentecost, and the *parusia* about this mystery in order to unveil it.

The Gospel of the Kingdom is embodied in the suffering of Jesus and takes the form of one who was crucified. It proclaims the story of Jesus Christ which is a story of liberation. The Church sows in men the seed of hope and integral liberation. In continuing the messianic mission of Christ, she restores dignity to the poor, heals the sick, and frees freed prisoners. But she is careful not to disappoint these masses of sick people by promising them total liberation from their maladies on this earth. Suffering 'exists together with man' (*SD*, n. 8).

The Church herself is the community of those who are freed from evils, from illnesses, but she is also the community of those who are renewing the world and who have hope.

4. How the Church Preaches

Speaking as the Adjunct Secretary of the Congregation for the Evangelisation of Peoples and as the President of Pontifical Missionary Works, I can testify that missionary forces proclaim the Gospel of suffering: 1. through witness; 2. through charity; and 3. in the logic of the Good Samaritan.

Witness

Ecclesial communities have chosen as an absolute priority to live and to share, to the point of giving one's own life, with and for the suffering excluded people of humanity.

They are at the frontiers of humanity where man is humiliated in his human dignity and where for cultural and religious reasons the sick, lepers, those afflicted by AIDS and the handicapped are the excluded of a society which does not care for them. The local Churches, the missionaries who are in India, in Burma, in Bangladesh, in Mali, in many African countries and in Papua New Guinea, are the only points of reference, at times the only people, institutions that are at the side of, and bend down to, the wounds of suffering humanity.

In the poorest countries of the world, where minimal public health-care structures do not exist, there is an absolute lack of any care, health-care workers of the Church and women and men missionaries deprive themselves of life-saving medical products to give them to the sick. In Burma it happened that two girls and a young man of the Little Evangelisers (an association of young Catholic volunteers of the diocese of Loikaw, Myanamar) who worked in far away villages in the North of the country, consciously went to meet their deaths because they preferred to give their doses of quinine to sick people with malaria.

But one should also think of all those modern martyrs who in order to assure a minimum of care to people suffering from hunger, illness and oppression exposed their lives to persecution and to martyrdom. In the suffering and in martyrs it is the Church herself that suffers and remains nailed to the cross, until the end of the world.

But sick people themselves, as the Blessed John Paul II observed, are truly and in a strict sense missionaries if they accept their suffering with a view to completing what lacks in the passion of Christ for his Body, the Church. 'And we ask all you *who suffer* to support us. We ask precisely you who are weak *to become a source of strength* for the Church and humanity' (*SD*, n. 31). Illness is a resource for the effectiveness of evangelisation. Here the initiative of Pontifical Missionary Works which launched the World Missionary Day of the Sick, and asked every sick person to adopt in a spiritual sense a man or woman missionary in the field so that his or her work could be fertilised by the grace of the Holy Spirit, is praiseworthy.

Through charity

But the evangelisation of suffering and life would not be very credible if it did not take concrete form in works of charity. Here love for, and the choice of, sick people has always been an absolute priority for the Church throughout her history, following the example of Christ who had compassion for the sick and expended a great deal of his energies in healing them: 'the exercise of charity became established as one of her essential duties…love for widows and orphans, prisoners and the sick and needy of every kind is…essential to her' (*Deus Caritas Est*, n. 22).

Men and women missionaries have dedicated, and dedicate, their best energies to alleviating the pain of very many people who would otherwise be completely abandoned to themselves. It is by no means rare in areas of mission for sick people (women bringing their children) to walk miles on foot to reach the dispensaries of missions to receive a minimum of care and then be sent to hospital institutions in order to be treated.

The right to health is proclaimed by the United Nations Organisation and accepted by all States. But in the majority of cases this has remained only a theoretical recognition. The Church is involved in all the continents of the world, in those of the first world and in affluent countries as well, with her small and large health-care institutions.

I would here like to give the

statistics that were published by the agency *Fides* on 21 October 2011: hospitals: 5,558; dispensaries; 17,763; leper colonies: 561; and courses for the chronically sick, the elderly and the handicapped: 16,073. These are equally distributed in all the continents of the world: Africa, America, Asia, Europe and Oceania. However, these figures refer only to areas that are the responsibility of the Congregation for the Evangelisation of Peoples.

It is envisaged that many peoples, resources and institutions will have to be involved in this work of evangelisation because of the world crisis and international debts which are increasing the mass of poor people in an exponential way and are making states poorer, thereby forcing them to close those few health-care institutions that they have because of a lack of economic resources. This is the moment for the enterprising spirit and the courage of mission.

In the logic of the Good Samaritan

'The parable of the Good Samaritan remains as a standard which imposes universal love towards the needy who we encounter "by chance" (cf. Lk 10:31), whoever they may be' (*Deus Caritas Est*, n. 21). There should not be anyone who suffers because of a lack of what is necessary. Charity goes beyond the frontiers of the Church and is directed towards the whole of humanity. For this reason, 'Following the example given in the parable of the Good Samaritan, Christian charity is first of all the simple response to immediate needs and specific situations: feeding the hungry, clothing the naked, caring for and healing the sick, visiting those in prison, etc.' (*Deus Caritas Est*, n. 31). But this is not enough. The suffering are human beings, they always need something more than care that is technically correct. They need humanity. They need heartfelt concern (*ibidem*).

We can say that love is the interpretive key to suffering and it is love that leads Christians and all men of good men to have compassion for, to alleviate the suffering of, and to value, the weak and the suffering, seeing them as a resource to build up the civilisation of love in this period of history when the weak and the sick run the risk of becoming an enormous economic burden for institutions. ■

ROUND TABLE

The Figures of Distinguished and Heroic Health-Care Workers, Servants of Life

1. The Blessed Don Carlo Gnocchi (1902-1956)

MSGR. ANGELO BAZZARI
President of the Don Carlo Gnocchi Foundation Onlus, Italy.

1. Premiss

At a conference that took place a few years ago on the subject of suffering and service to the sick, which was organised by the 'Medicine and Person' Association, Cardinal Angelo Scola argued that the two most original and important works on pain of the twentieth century – in different contexts and with different authoritativeness and specific weight –were *Pedagogia del dolore innocente* ('The Pedagogy of Innocent Pain') by Don Carlo Gnocchi (an authentic spiritual testament of the unforgotten 'father of the mutilated children', dictated on the point of death and published posthumously in 1956) and the apostolic letter *Salvifici doloris* (1984) by the much lamented Pope John Paul II.

Men of God and friends of man, profoundly embodied in their own times, the Blessed Karol Wojtyla and the Blessed Carlo Gnocchi in these texts rich in humanity and the Gospel not only provide a description of suffering ('There are other criteria which go beyond the sphere of description, and which we must introduce when we wish to penetrate the world of human suffering': *Salvifici doloris*, n. 5*)*, but also raise fundamental questions and seek answers: a pathway of encounter with the suffering so as to lead them to communion with Christ, demonstrating that to welcome the frailest is to render unto them their dignity of being in the image of God.

2. The Blessed Don Gnocchi, a Polyhydric Figure with Many Profiles

I want to offer only some features of this priest, a prophet of charity, which are for me important, even though one runs the risk of a possible reductive simplification. One can easily affirm that the present inhabited by man opens up to the future and he will be able to conquer it if he remembers his own history. In an epoch, our epoch, when bulimia of the present and anorexia of the future are growing, to remember a saint is always, after a certain fashion, to engage in an icon of the Eucharist because in a saint thanks and gratitude go hand in hand.

Don Carlo Gnocchi, a polyhydric figure (a formidable educator of the young, an unforgotten voluntary chaplain of the alpine soldiers, a hero of solidarity, the father of mutilated children, the angel of babies, the apostle of innocent love, the precursor of rehabilitation, the entrepreneur of charity, and the prophet of the donation of organs) was always faithful to his vocation to be a true man and an authentic priest. He wanted to follow his young people at the oratory of the populous Milanese parish of S. Pietro in Sala, at the *Istituto Gonzaga dei Fratelli delle Scuole Cristiane*, and at the Catholic University of the Sacred Heart, when his institutional duty called him to the sad experience of war. The company of God, in Christ, asks for the witness of true company[1] in the seasons of life of our neighbour, which God entrusts to a priest in particular. It was always like this with Don Carlo. He went through his experience in the terrible retreat from Russia: from the disfiguration of pain, of suffering, of violence and of death, to the transfiguration of proximity and his debt to his alpine soldiers.

The work *Cristo con gli Alpini* ('Christ with the Alpines') constitutes a narration with a style that is between a diary and a confession of that experience which was so brilliantly evoked by the much lamented Msgr. Aldo del Monte, Don Carlo's brother chaplain in Russia.[2] Don Carlo wrote to a friend: 'The Lord miraculously saved me from a tragic although glorious event. I am in Italy alive and well. Please thank Don Orione for me. I have always commended myself to him. I hope to receive from him the grace to completely spend this 'prorogued' life only for charity. How can one not feel the passion of it, after everything that I saw and suffered?'[3] This is the paradigm of every human life: when the cross encounters the human, from the provocation of suffering, at times as unprecedented as it is incredible, a profound and intimate prayer arises or, in contrary fashion, there explodes the desperate deprecation of rebellion, of rejection, of flight or the uncontainable and explosive force of life, which does not betray its surprise and its promise, in the nearness with

which it holds you and gives you its hand.

Don Gnocchi wrote in *Pedagogia del dolore innocente* ('The Pedagogy of Innocent Pain'): 'I believe that when one comes to understand the meaning of the pain of children, one has in one's hand the key by which to understand all human pain and those who manage to sublimate the suffering of the innocent are able to comfort the suffering of every man who is shaken and humiliated by pain'.[4] This was the prophecy of Don Carlo Gnocchi.

There come to mind the words of John Paul II: 'Within each form of suffering endured by man, and at the same time at the basis of the whole world of suffering, there inevitably arises *the question: why?* It is a question about the cause, the reason, and equally, about the purpose of suffering, and, in brief, a question about its meaning. Not only does it accompany human suffering, but it seems even to determine its human content, what makes suffering precisely human suffering. It is obvious that pain, especially physical pain, is widespread in the animal world. But only the suffering human being knows that he is suffering and wonders why; and he suffers in a humanly speaking still deeper way if he does not find a satisfactory answer. This is a *difficult question,* just as is a question closely akin to it, the question of evil. Why does evil exist? Why is there evil in the world? When we put the question in this way, we are always, at least to a certain extent, asking a question about suffering too'.[5]

During his life Don Gnocchi expressed a foreshadowing of the resurrection when he, too, was marked by the experience of the death of his alpine soldiers. The resurrection of the wounded lives of his mutilated sons, for whom he prayed and requested the restoration of their human person: this was not only a matter of helping that which remained of life as well but also and above all of rehabilitating, of enabling everything that was not there but which could be there – so that life could be called to being a *good life*.

3. The Value of his Witness

Where, then, is the value of his message, of his life and of his witness? His writings, his many letters to his friends, tell us about his existence and bear witness to his love for and service to lives in pain. Don Carlo truly embodied what much later Cardinal Montini, the Archbishop of Milan and the future Pope Paul VI, evoked: the need more for witnesses than for teachers; and people are teachers because they have been witnesses: such is the hermeneutic circle of the writings and life (works) of Don Carlo. There is a witness (*marturìa*) that arises from a deep sharing in the unnameable, unspeakable and horrible deaths of the soldiers during the retreat in Russia; this is a witness that sprouts in his writings and his works, for those injured by war and those wounded by life or by history.

We can capture in a few key words the value of his existential experience which was expressed in his spiritual testament *(Pedagogia del dolore innocente).*

Don Carlo Gnocchi gave a name to pain which is innocent because it does not conceal deceit or injury (pain) and does not 'cause harm' (innocent) if it has within itself the power of reconstruction, of rehabilitation, of restoration, that is to say of 'resurrection'. As John Paul II observes: 'In order to discover the profound meaning of suffering, following the revealed word of God, we must open ourselves wide to the human subject in his manifold potentiality. We must above all accept the light of Revelation not only insofar as it expresses the transcendent order of justice but also insofar as it illuminates this order with Love, as the definitive source of everything that exists. Love is: also the fullest source of the answer to the question of the meaning of suffering. This answer has been given by God to man in the Cross of Jesus Christ'.[6]

In an almost prophetic way Don Carlo wrote: 'The pain of innocents, in the mysterious Christian economy, exists also for the manifestation of the works of God and the works of man: works of science, of piety, of love and of charity. In the mysterious economy of Christianity, the pain of innocents is thus allowed so that the works of God and the works of men may be manifested: the loving and unfinished labours of science; the multiform works of human solidarity; the wonders of supernatural charity'.[7]

Don Carlo Gnocchi shared in daily life as a place of 'revelation': the oratory, the war, the return, the reconstruction (not only of cities) of the wounded and injured lives of the defenceless, the voids to be lost, the last in the queue: the mutilated children and orphans, those with polio, the disabled…

Don Carlo Gnocchi was a forerunner and prophet of the educational discourse: education of the heart, as an appreciation of the positive, of the residual, of the apparently poor or frail: '*cum reciditur coronatur*'. Pedagogy as anticipation, accompanying, existential signification, the promising and surprising meaning of (good) life. Don Carlo not in words but in working concreteness made the last years of history into a frontier of history; not where the powerful shared out and share out the earth but where the human person is reconstructed.

This is the restoration about which he spoke in his memorable text *La restaurazione della persona umana* ('The Restoration of the Human Person') (1946). For this reason, he could write: 'One would say that the fight against and victory over pain is a second generation, no less great and painful than the first, and that who manages to restore to a child his health, his integrity, and his serenity of life, is no less a father than he who called him for the first time to life itself'.[8]

Don Carlo, after a certain fashion, set in motion rehabilitation as a science. Indeed, science and assistance, rehabilitation and anthropology, well-being and good were words that he took on and explored and which thread through the questions and issues of this third and new millennium. In a season where in health care acute problems are accompanied by the problems of rehabilitation, enabling, socio/health-care integration

and assistance for chronic, degenerative, irreversible, incurable and terminal illnesses.

Don Carlo began to give a name to rehabilitation which was seen in an overall approach to the human person (restoration): this was a matter of *restitutio ad integrum* but also of a degenerative blocking of the injurious event, of all the supplementing and/or compensating aids, of the evocation of inert functions, in the face of the injury of an often devastating event. Don Carlo relied upon the future: if a child or young person is enabled to understand the meaning of pain, he or she is thereby enabled to live his or her existence in a dignified way: 'Since an hour of physical or moral pain, of malaise, of illness, of failure or of crying arrives for all children and often rather frequently, a Christian educator must know the delicate and sublime arts of the Christian pedagogy of pain by which to enrich the soul of his children, correspond to his vocation as a custodian and appreciator of their spiritual potential, and not defraud the Church and society of a contribution on which God has relied in the general economy of the world'.[9]

4. The Contemporary Relevance of his Message

What does Don Carlo proclaim to the *today* of our *history*? What socio-cultural scenario does the future have in store? Still the fracture of pain, of suffering and of death? Don Carlo is topical because he educated us not to conceal our faces in front of these difficult events, not to rely upon an exigent proximity, with distances of safety.

What does Don Carlo proclaim to the *today* of our *civil coexistence*? What socio-institutional scenario does health care have in store in our country and in other countries of the world? That of treating only the 'curable', seeing in a subtle way as being untreatable the person who is seen as 'incurable'? What anthropological assumptions should be implemented, in the forms, as well, of selective universalism, when one comes to define the Essential Levels of Care?

What does Don Carlo proclaim to the *tomorrow* of our *history* and our *civil coexistence*? It seems to me that Don Carlo *teaches* all men, and *presents* to his Foundation on the frontiers of service to life, itineraries that are still unprecedented: care, assistance and rehabilitation:

– They accompany a person afflicted by a congenital invalidating injurious outcome, which is most of the time acquired, in the possible itineraries of an integral restitution of the wounded functions, or the activation of functions that were inert or silent up to that time, or of an action that avoids the steady deterioration of the functional and personal picture.

– They accompany a person on pathways that allow him or her to live his or her own name which is marked by illness.

– They seek to make a limit a prayer and not a malediction because they do not call illness perdition alone, they do not see a handicap as an obstacle, but they welcome it as a provocation and they adopt it as a question, a cry, an appeal for everyone.

– They see an *incurable* illness as an existential event which should not be exorcised or cursed but as something that calls upon the freedom to search, in the silent and mysterious wounds of pain, for some existential compatibilities.

– Suffering, above all if it is existential, would lead to a withdrawal of the meaning of life; trust, human solidarity and proximity encourage moves in the opposite direction.

Care, assistance and rehabilitation know, therefore, how to free up unprecedented and censored meanings in the ordinary context of living, giving capacity to and rehabilitating the time of illness. Illness – not only an event from which to liberate oneself but an event to be liberated. In a few words we could say that Don Gnocchi is, like the great figures of history, of contemporary relevance to our problems and our experiences. A prophet of rehabilitation when dignity to assistance was hardly given; a prophet of transplants, when even cornea transplants were not allowed by law; and a prophet of proximity and charity, as a completion and root of the most mature forms of justice as well.

I believe that there is inscribed here the title that is given to Don Carlo: servant of life. It is the charism that asks us as a Foundation to bear witness ceaselessly, in a renewed 'grafting' of the gift of eyes so that not only metaphorically there is given to the work that bears his name an outlook that from treating a frail person there is a move to itineraries of taking care of that person; from the response to a need there is a move to safeguarding and cultivating wishes.

The grafting of a new and different outlook also declares that the *quality of life* is not enough if a *life of quality* is not obtained and safeguarded; that it is not enough to be concerned about *adding years to life* if one is not concerned about *adding life to years*; that the *illness of meaning*, when the horizon of meaning is censored and removed, deprives and obscures the *meaning of illness* as well.

Lastly, the outlook of Don Carlo Gnocchi asks the Foundation and the world of health to promote *science* with the exigent proximity of irreplaceable company: *co-science*. 'Always at the side of life' is the slogan that was remembered by His Holiness Benedict XVI in his message on the occasion of the beatification of Don Carlo in Piazza Duomo in Milan, which was transformed into an authentic open-air cathedral with over 50,000 faithful present.

A life as a heroic witness to God and a courageous friend and servant of man, condensed in a phrase from his testament that is full of love and charged with the future: 'Others will be able to serve them better than I knew how to and was able to; nobody else, perhaps, will love them more than I did'.

Notes

[1] Etymologically from *cum pane*: share bread, share life.

[2] Aldo Del Monte, *Don Gnocchi* (Piemme Casale, Monferrato, 1996).

[3] O. Arzuffi and A. Bazzari (eds.) *Don Carlo Gnocchi – pensieri* (Ed. S. Paolo, Milan, 2006), p. 64.

[4] Don Carlo Gnocchi, *Gli scritti* (Ancora - Pro Juventute, Milan, 1993), p. 751.

[5] *Salvifici Doloris,* n. 9.

[6] *Ibidem,* n. 13.

[7] Don Carlo Gnocchi, *Gli scritti*, p. 770.

[8] *Ibidem,* p. 768.

[9] *Id*. p. 762

2. The Servant of God Jérôme Lejeune

PROF. JEAN-MARIE LE MÉNÉ
President of the Jérôme Lejeune Foundation, France.
Consultor of the Pontifical Council for Health Care Workers,
Member of the Pontifical Academy for Life, the Holy See.

This is not the first time that I have had the honour to express myself publicly here in Rome on Prof. Jérôme Lejeune. In particular, on the occasion of the tenth anniversary of the creation of the Pontifical Academy for Life, in February 2004, I was asked to remember the figure as researcher and scientist of this French medical doctor and geneticist, the man who discovered trysomy 21 in 1958. Today, in the context of the twenty-sixth international conference of our Pontifical Council for Health Care Workers, and in the light of the Magisterium of the Blessed John Paul II, this is no longer a matter of remembering the figure of a wise man but the figure – even more eminent and heroic – of a servant to life.

I could not perform this delicate task better than by taking up the same terms employed by the Blessed Supreme Pontiff when he commended to God, on Easter day 1994, a man whom he called his friend Jérôme.

1. The Pope first and foremost observed that 'Professor Lejeune always knew how to use the profound knowledge of life and its secrets for the true good of man and humanity, and only for that'.

Indeed, the principal characteristic of Prof. Lejeune was to have been one of the first people to understand that the nature of medicine at the end of the twentieth century was changing under the impact of thought that was one and the same time both libertarian and liberal.

Jérôme Lejeune was one of the first people to contest that abortion could be seen as a medical act and the act of a medical doctor. It is not enough to perform an act in a white shirt to make it a medical act. To argue that abortion is a medical practice is a recurrent lie. By definition, abortion is the act that is most contrary to medicine that exists. It is an act of revolt, of desperation, of subjection, an act that is purely revolutionary which political power has made medicine adopt, with the risk that this will destroy its nature.

The consequences have been tragic. Given that the act of killing can be included in the medical nomenclature, an infinite distance becomes installed as regards the true good of man and of humanity. Given that the guild of supporters of abortion is fused with the guild of medical doctors, a tradition that has continued for thousands of years, an art, a profession, that of 'not injuring' and of 'alleviating pain', have been profoundly altered. Given that a State, through a law, applies means whereby abortion is gradually transformed into law, violence is installed in society. All of this was already denounced by Jerome Lejeune in the 1960s, before demonstrating that the threat against unborn children would be extended to elderly people and the sick, as well, through euthanasia. Contemporary events continue to confirm this premonition.

Jerome Lejeune, equally, explained from the 1980s onwards that the drive to eliminate a man 'diminished' by his smallness, by his illness or by his advanced age, would be accompanied by the same determination to produced an 'increased' man, the outcome of a wish, of technology and of money, as is announced to us by 'trans-humanism' or by 'post-humanism'. This is what we observe today with the proliferation of the procedures of assisted reproduction. In parallel, the belief continues to develop in monitoring, choosing and killing everything that is similar to a genetic deviance. Lastly, we are promised an immortality based upon the destruction of human embryos and the use of stem cells in a project of fallacious regeneration.

The practice of Prof. Lejeune was contrary to these illusions because this practice remained scientific and medical. In trying to care for, treat and heal the small trysomic patients that contemporary medicine wants to kill, Jérôme Lejeune tried to save them. 'I have only one way of saving them – healing them', he used to say. Placing himself at the service of the true good of man and of humanity as well, Jérôme Lejeune made medicine a lost honour.

2. Secondly, in his homage, John Paul II observed that 'Professor Jérôme Lejeune fully took on the specific responsibility of a scientist and was ready to become a 'sign of contradiction', without taking into account the pressures applied by permissive society or the ostracism to which he was subjected'.

This second characteristic aspect of Jérôme Lejeune that was emphasised by the Pope is the necessary complement to the first for a true servant of life. What use would it be only to understand without acting? And is it possible to act without being a 'sign of contradiction'? Is it not inevitable that one will encounter opposition? The field of respect for human life from conception to death is a setting of privileged dialogue between a materialist vision of the world and a vision that accepts transcendence. This is the fight between the culture of death and the culture of death about which John Paul II often spoke. It is not possible to remain neutral. Jérôme Lejeune did not do this, and it cost him his tranquillity.

From this point of view, one should make clear that Jérôme Lejeune, although he was 'a man of peace', was not a 'pacifist'. He

did not withdraw in the face of confrontation when this was necessary because what was at stake, respect for life, is non-negotiable. Given that the act of abortion is absolute violence, the word itself, like description of this act, inspires revulsion. Was it necessary, therefore, to use euphemisms at the risk of betraying truth? Jérôme Lejeune served the truth in his intentions. He employed the term 'abortionist', the verb 'to kill', he spoke about the 'massacre of the innocents', etc., all words that are politically incorrect. In using them, Jérôme Lejeune brought upon himself enmities but he did not enrol himself in the immense chain of complicity.

Subsequently, Jérôme Lejeune was not afraid to declare that he was 'against' abortion and not only 'pro' life. This distinction is not one of pure form because many people sincerely say that they are 'pro' life without being 'against' what destroys life. To say that one is 'pro' life and not to fight 'against' the culture of death is too easy. John Paul II in his *Evangelium Vitae* observes, for that matter, all the pedagogic importance of the negative commandments and in particular 'do not kill'. Not to speak about the founding prohibition means to sterilise moral reflection. To favour all initiatives involving the welcoming of life is certainly necessary but experience demonstrates that they do not dispense people from a mobilisation of consciences to bring about the failure, at a political level, of laws that allow the development of the culture of death.

Lastly, Jérôme Lejeune never sought consensus or accepted compromise. On this crucial subject there can be no holding back because to contest the inviolability and the inalienability of human life is not only a denial of the foundations of 'humanist' civilisation but also a calling into question of the gospel message. One should not, therefore, be resigned, but, instead, be aware of a fundamental disagreement that will go on until the end of time between the exponents of the culture of death and the exponents of the culture of life, and be capable of being aware of this disagreement both in truth and charity.

Being a sign of contradiction in his country, in France, Prof. Jérôme Lejeune had to bear – inexplicably – exclusion from the Catholic Committee of French Doctors. He owes to Italian medical doctors the fact that he was welcomed into their association of Catholic medical doctors.

3. The third aspect emphasised by Pope John Paul II was the following: 'we are faced today with the death of a great Christian of the twentieth century, of a man for whom the defence of life became an apostolate. It is clear that in the present situation of the world that this form of apostolate of the laity is especially necessary'.

There can be no doubt that for a Christian the defence of life is an apostolate. A Christian knows that man has been placed at the summit of the creative action of God. Man is a manifestation of God in the world, a sign of His presence, a trace of His glory. "We shall make man in our image and likeness', said God, who thereby chose to make His creature to share in something of Himself: 'The glory of God is living man', said St. Irenaeus.

A Christian also knows that God not only created man but also and above all else redeemed him through His death and resurrection. Through His blood shed on the Cross, our lives acquire an even greater value.

As the dignity of man is linked to his origins and his redemption, a Christian, lastly, knows that his or her finality is to share in divine life, in an eternal face to face with God. The existence of every individual from his or her origins is thus the design of God: 'the life of man is the vision of God', said St. Irenaeus.

For a Christian, the defence of the life of every human creature thus has a very clear importance. But what happens with the non-Christian? We must absolutely be aware that the defence of life, although it is able to mobilise Christians, does not concern solely them but every human being of good will as well. The inviolable character of life from conception until its end is perfectly accessible to reason alone. The prohibition on killing is part of the natural law written into the heart of every man.

There follow from this two consequences to which Jérôme Lejeune as a lay person was attentive and to which we, too, must pay attention in our apostolate at the service of life.

First of all, Jérôme Lejeune never presented respect for the humanity of the embryo as a dogma, or the human nature of the embryo as an article of faith, or as a belief. It was a fact. It is not because the Church says that the human embryo belongs to the human species – which is the task of scientific observation – that the approach of the Church about the embryo depends on (is the task of) faith.

Subsequently, to defend life from conception to death is not an attack on secularity or the separation of Church and State. To defend human life is a freedom, a right of man and also a duty for each citizen.

When the Pope observed that 'in the present situation of the world…this form of apostolate of the laity is especially necessary', one should understand that this form of apostolate can and must, first and foremost, be practised as a priority in the field of reason and natural law.

For that matter, in opposite fashion, Jérôme Lejeune often declared that if the Catholic Church had asked him to no longer see abortion as the elimination of a human being, as the scientist that he was he could no longer have been a Catholic! You will understand that in saying this Jérôme Lejeune did not run this risk…

To end this paper I would like to be join my voice to that of the Blessed John Paul II to hope that the truth about the life of Jérôme Lejeune will also be a source of spiritual strength for the Church and for all of us, to whom he left the truly luminous witness of his life as a man and as a Christian.

3. The Six Sisters of the Little Sisters of the Poor who Died in the Ebola Epidemic in 1995 in Kikwit, the Congo

SR. CHARLOTTE MADIAMBU
General Councillor,
Sisters of the Little Sisters of the Poor of the Palazzolo Institute (SDPIP),
The Democratic Republic of the Congo.

I would like to express our keenly-felt thanks for the opportunity that has been given to our Congregation to remember in this very important context an event that has strongly marked what we are. Our origins go back to 1869: the Blessed Luigi Palazzolo, a priest from Bergamo, fascinated by Christ (who was naked on the Cross), saw in him the poor people of his time, involved the young elementary teacher Teresa Gabrieli in the adventure of the charity of Christ, and began the Congregation of the Sisters of the Little Sisters of the Poor, to help those that others did not reach: orphan boys and girls, young people, poor people in general, and the 'poorest of the poor'.

In the first Constitutions written by Don Luigi Palazzolo amongst the vows taken by the sisters was included that of 'working…at the service of poor sick people…during times of contagious diseases and plagues as well'.

At the end of the diocesan process for the cause of beatification of the co-founder Teresa Gabrieli, in Bergamo (2007), the episcopal delegate stated that during the epidemic of Ebola in Kikwit there flowered 'the charism of the origins, no longer sealed as was the case with the Constitutions of Palazzolo, but in the free choice of the sisters' who gave their lives to the point of dying.

A summary of the facts: between 25 April and 28 May 1995, in Kikwit, Africa, in the then Zaire (today the Congo), in little more than a month, while generously engaging in providing care to the sick in the local general hospital and in looking after them, six sisters of the Little Sisters of the Poor died, all of whom were nurses, and amongst whom was the Superior of the religious Province of the Little Sisters of the Poor in Africa, which included the then Zaire, the Ivory Coast and Malawi, and today also includes Kenya and Burkina Faso. They had been missionaries in Africa for a number of years: Sr. Floralba Rondi had been a missionary in Africa for 43 years; Sr. Clarangela Ghilardi for 36; Sr. Danielangela Sorti for 17; Sr. Dinarosa Belleri for 29: Sr. Annelvira Ossoli (the Provincial Superior) for 34; and Sr. Vitarosa Zorza for 13.

A month of blood in the hospital of Kikwit: 23 April 1995 – there arrived by fax from the Mother Superior of the Congregation in Bergamo the news that Sr. Floralba, who was afflicted by a strange malady which could not be identified, was seriously ill: malaria of the brain? Typhus of the lungs? Something else?

Some of the health workers in the hospital had the same very serious illness. From Kinshasa, the capital city of Zaire, the Provincial Superior left immediately for Kikwit accompanied by another sister so as to be at the side of Sr. Floralba.

25 April: a sister who always helped everyone, who found a remedy for various illnesses, who 'stayed late' amongst 'her patients' and arrived back late at her community followed by a 'procession of poor people and suffering people' who were asking her for help; a sister who in the evenings after an intense day of work in the hospital spent a great deal of time in adoration: this sister to the dismay and desperation of everyone passed away. The Bishop of Kikwit, Msgr. Edouard Mununu, arrived immediately and requested that Sr. Floralba, 'Mama nkoko' ('everyone's granny') be buried in front of the cathedral of Kikwit. Her coffin, which was taken through the eleven buildings of the hospital, was watched over in prayer for the whole of the night, amidst the weeping, the singing and the laments of the inhabitants of Kikwit and of the surrounding villages. The participation of everyone in her solemn funeral, which was celebrated in the cathedral, was on a very large scale.

In the meantime another sister, Sr. Clarangela, had fallen ill and had the same symptoms. In the general hospital and in the town of Kikwit the number of deaths was increasing, and there were the same disturbing and terrible symptoms: haemorrhages, convulsions and very rapid death. The Bishop of Kikwit, some people acting in his name, and the sisters of the Little Sisters of the Poor in Zaire and in Italy took every initiative they could to request the intervention of international healthcare organisations to identify and eliminate this obscure and terrible diseases. An expert in virology from Zaire, Prof. Muyembe Tamfum, went to Kinshasa and took blood samples from the sick and from Sr. Clarangela as well and these were sent by way of Anversa to the Atlanta Centre in America to be examined: the red marks to be seen on the white skin of the sister confirmed people's suspicions – this was a case of Ebola!

In the meanwhile another sister of the Congregation, Sr. Vitarosa Zorza, had come to help the community in Kikwit: after learning of the increasingly serious and worrying situation, she voluntarily offered her services and de-

spite the fact that very many lay workers of her mission believed that there was a grave danger to her and sought to dissuade her, in a decided way she left Kinshasa to go to Kikwit in order to help the sick people there.

6 May: Sr. Clarangela, a sister who was always smiling and ready to help, an obstetrician, and a tireless supporter of life, after being placed in isolation and after praying amidst her spasms of pain to the Lord to come to take her to him and to have pity on the people of Zaire, also passed away. She was the second victim of the three sisters and other health-care workers and a very large number of sick people also died. Fear and panic was spreading amongst the people!

Sr. Annelvira perceived that what was happening was something similar to what had taken place in Yambuku in 1976: an entire community of sisters had been decimated by that virus! She strongly invited all the sisters to be constantly at prayer in front of the Eucharist Jesus 'because the time for living could be short'! Together with Sr. Vitarosa she remained in the 'front line' at the side of her sick sisters: she knew she was risking her life but she wanted to avoid at any cost a situation where the young Congolese sisters, who certainly did not stint themselves in the emergency of that moment, would be struck by the disease! From the Atlanta Centre came the feared confirmation: this was indeed a case of 'Ebola'!

Sr. Danielangela, who had watched over Sr. Floralba for a night, fell victim to the strange and as yet unidentified virus; from her mission in Tumikia she was taken to Mosango in an attempt to find adequate treatment. She was then taken to Kikwit where she was put in isolation in a separate room at the side of Sr. Clarangela, who died beside her!

11 May: an unforgettable day for the whole of Kikwit! Amongst the fifteen deaths of that day there was also that of Sr. Danielangela, in whose heart and on whose lips was often heard the phrase 'love asks for love!' She was the third victim of the sisters of the Congregation. During the last night Sr. Suor Floralba was in a very serious condition, she had wanted to stay up! Her burial was troubling: because of the large number of deaths, there were no longer any hands to dig the grave! The bishop and the young Congolese sisters intervened and did the job while the saddened voice of the Provincial Superior murmured: "Forgive us, Daniela!"

14 May: for some days Sr. Dinarosa had felt an unspeakable tiredness. But the sick people continued to come to the hospital and to die…! We must be amongst them! To those who asked her during the epidemic, "but are you not afraid to be amongst those sick people?", she answered: "My mission is to serve the poor. What did my Founder do? I am here to follow in his footsteps…The Eternal Father will help me". Ebola was preparing its fourth victim. Indeed, Sr. Dinarosa, after being put in isolation, and exhausted after the painful advance of the disease over a short period of time, also died! Placed immediately in a simple coffin, she was accompanied to her burial by the bishop and by the few sisters who could take part: a funeral truly amongst the poor, as the Founder Don Luigi Palazzolo had wanted for his sisters!

And it was hoped that this was the end! The whole world spoke about the death of the 'white sisters', a fact that had providentially generated universal attention and the intervention of international health-care organisations on behalf of the very many brethren of Zaire afflicted by the same virus! Our Congregation was shaken! Incessant prayer was raised up by all of us, the Sisters of the Little Sisters of the Poor, to the Lord, asking for an end to this scourge.

Two other sisters left Italy to provide help in Kikwit: the Superior of the community of the hospital of Kikwit who was in Italy for a period of rest and a Congolese sister who was in England to study English and was about to leave for Malawi. After they had arrived in Kikwit to share in providing care to the sick, they were decidedly impeded from doing this by the paternal prudence of the bishop and the medical doctors of Atlanta: the concern of fraternal love and love for the poor impeded them from interrupting that 'chain of death'. Sr. Maria and Sr. Beatrice, therefore, remained outside that 'isolation box', powerlessly witnessing the inexorable slide into death of their other two sisters.

Sr. Annelvira, worn down by the fatigue provoked by the constant and demanding assistance that she had provided and by the pain caused in her by so many deaths, and bearing the clear signs of infection by the disease, was invited by the medical doctors of Atlanta to go into isolation: because of her weakness she could no longer stand on her own two feet and she was taken there in a wheelchair, meek as 'a lamb going to the slaughter', amidst the weeping of her fellow sisters who were aware that they would not see her alive again. Sr. Vitarosa, who had been her faithful co-worker in providing care, who also had the symptoms of the disease, was invited to follow her. What a tragic destiny! It was specifically these sisters, who had worked so much until the end, with great sensitivity and love near to their sisters, died 'alone', without a fraternal presence, even though they were helped with so much care by the medical doctors of Atlanta.

23 May: Sr. Annelvira, a obstetrician, a 'mother of life', died. She had welcomed the first cries of thousands of little citizens of Zaire, she had gone immediately to the bedside of Sr. Floralba, a 'mother' who had worked very hard until the end in an 'exaggeration of love', as Sr. Annamaria Arcaro, a direct witness of these events and someone who survived them, put it. A few days previously, at the culminating point of the epidemic, Sr. Annelvira had written the following words to Mother Gesuelda Paltenghi, the Superior General: 'With Mary at the feet of the Cross we want to revive our Faith and repeat with Jesus and Mary, with all of our sisters, and with you dear Mother General, our *FIAT*, certain that He knows everything and is with us during this very severe trial as well'. A *Fiat* truly lived in love,

to the end! Sr. Vitarosa, isolated in the next door room, although she could not see anything directly, perceived everything and declared: "now it's my turn!"

28 May: a ray of hope was present in Sr. Maria and Sr. Beatrice, who every day and night kept watch in turns from the outside over the 'guests in the isolation box'. The virus seemed to have lost its murderous strength! Sr. Vitarosa even spoke a few words, ate a little, even though she was extremely weak! Years previously she had written amongst her spiritual notes: 'I have seen that God loves me with an infinite love. The more I see that I am poor, the more I feel that God loves me! Yes, because God loves the least!' That night she sweetly stopped living in order to go to that embrace of infinite Love!

Six lives given, six 'torches' which burned every day in the fire of the love of God, illuminating and warming their brethren. Sharing the same passion for Christ and their brethren, they left their home countries and exerted themselves generously to defend love always, of any age and in any situation, from birth to death: they loved, served, supported innumerable newborn children, malnourished children, young people with tuberculosis, people with handicaps, expectant mothers and elderly people. When Zaire was in especially difficult situations, because of wars within the country, devastations or looting, even though they were free to return to Italy they chose to remain where they were, faithful to their missionary mandate. They also stayed with 'Ebola', that lethal virus, which during the epidemic of Kikwit caused 245 deaths out of the 317 people who were infected by it – a figure of 77-78%.

In *L'Osservatore Romano* of 1 June 1995, the six Little Sisters were defined as being 'martyrs to charity'. Cardinal François Xavier Van Thuan, whose cause for beatification is currently underway, in the spiritual exercises that were held in the presence of His Holiness John Paul II in the year 2000, employed the same phrase: indeed he cited amongst the 'martyrs to charity' the six sisters who died during the epidemic of Ebola and stated that they were 'martyrs to love'.

Father Giovanni Santolini, an Oblate of the Immaculate Mary, who was in Zaire at the time of the Ebola epidemic of 1995 and who has a good knowledge of what the sisters went through, in a conversation with young Italians that was held the following July defined these six sisters as 'heroes by habit'. He wrote as follows: 'a true martyr is a person who is used to giving his or her life, day after day…The six sisters always did what had to be done…they gave their lives in a concrete way!'

Since that May of the year 1995 the memory of the six Little Sisters of the Poor who died in Kikwit has continued to be present in an alive and edifying way within our Congregation, as well as in their families, the parishes and dioceses where they came from, their missionary initiatives, in the proposals of vocational itineraries of young people and above all in the Congo. Some of the young women in that country who since then have asked to enter our Congregation clearly stated that they were 'looking for the Ebola sisters'.

'No man has greater love than this, that he lays down his life for those who love each other'!

Those who personally knew the six Little Sisters of the Poor hold them to be heroic witnesses to charity. The more time passes, the more their lives and their deaths appear to constitute a model for highly evangelical self-giving, following the inheritance of Jesus. ■

4. Salving Tinsay

MRS. AGNES TINSAY-JALANDONI
Deputy Director, the Welcome Home Foundation, Inc (WHFI), Ministry with the Deaf, Bacolod City, The Philippines.

A woman who shared her abode with abandoned, malnourished children, and later her time and resources with the differently-abled persons, especially the deaf.

She was born on April 3, 1932. According to her mother (Lola Conching), she almost died immediately after being born. Hence, Lola named her "Salvacion". My mother, Salvacion Valderrama Tinsay – fondly called "Salving" by friends and relatives – dreamed of becoming a missionary nun in the Congo. The love she had to serve other people was influenced by a Benedictine nun, her teacher and friend – Sister Ma. Irmengardis Kuhn – who lived following the example of Mother Teresa of Calcutta. But the Lord led her to another path. While assisting her parents in their family business, she met my father, Roberto P. Tinsay. The dream of becoming a "missionary nun" then faded away. She was married and was blessed with seven children but the vision and the longing of her heart to serve other people never stopped there.

It was in the early 1970s that our country suffered under the rule of a dictator. Our province, Negros Occidental, underwent an economic depression. Crime rose and famine was widespread. She started receiving phone calls from friends and nuns reporting found-

lings in boxes left at the monastery. Sickly and malnourished babies were left at hospitals while others were voluntarily surrendered by desperate mothers who had nothing to offer. Her heart was moved with compassion. Could she choose to be "deaf" to the call of serving the needy and simply carrying on with her family life? Decisions had to be made.

All these events led Salving to face a major crossroads in her life. With the support of her dearly beloved husband Bert and her mother Consuelo, she started accepting these abandoned children in her home. Soon afterwards, financial support from her family and friends trickled in. Noteworthy was the arrival of Sr. Irmingadis' friend from Bavaria, Mr. Jens Schumann, a journalist who wrote articles about the plight of our people. Through his publications, German sponsors started sending donations, prompting Salving formally to set up a foundation which was known as the Bethlehem Receiving Home.

Nearly seventy abandoned/orphaned children whom she referred to as "little angels" were served by the home. Most of them were legally adopted both locally and abroad. At present, there are ten foster children who have now moved on after studying and are now living on their own. Some of them were able to trace their roots and go back to their families of birth.

Salving was, however, not only called to take care of orphans. She was called to help hundreds of underprivileged families under the sponsorship project ran by her former teacher, Sr. Irmingardis. This became preparatory ground for what would later be her new calling. The Year of the Disabled was celebrated in 1981 and through her prayer group friends she became a member of the Volunteers of the Handicapped and the Disabled. Here she was exposed to a compounded form of poverty. She was struck by the helplessness of the disabled in the face of their material poverty. In her last speech, she recounted how distraught she felt during Holy Mass at seeing how a deaf child could not know Jesus and the sacraments because he was uneducated. This inspired her to learn sign language through a deaf American Peace Corps worker who was then a volunteer teacher at our city's state schools.

With his guidance, Salving was introduced to the world of the deaf. She discovered that among all the disabled, it was the deaf community who at that time needed most of our attention because of their invisible handicap. What lay behind a seemingly normal individual was a person greatly disconnected from mainstream society as a result of his or her inability to hear and speak. Deaf people were ignored, laughed at, considered mentally disturbed, and, in the worst cases, locked up in cages, as Salving witnessed during one of her field visits in the far-flung areas of our province.

On February 20, 1981, our beloved Pope Blessed John Paul II visited our home city, Bacolod. Salving, who was then at the height of catechizing many deaf youth in the state schools, brought her students to the public plaza to join what was estimated to be a million faithful who came to hear the Pope say Holy Mass that day. Our Pope in his speech emphasized: "No area of her [the Church's] pastoral mission will be omitted in her concern for the poor: she will preach to them the Gospel, she will invite them to the sacramental life of the Church and to prayer, she will speak to them about sacrifice and resurrection, she will include them in her social apostolate." These were clear lines for Salving who by now had become more resolved to answer the Pope's call for social justice together with her deaf students whom she hoped one day would be catechists themselves of their deaf brethren.

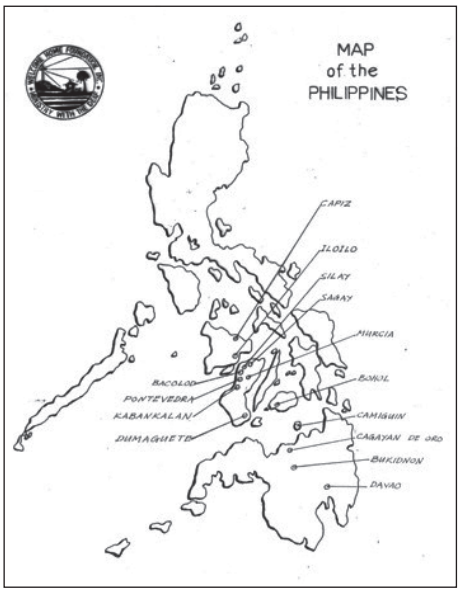
It was in the year 1986 that she met an Irish Columban missionary, Fr. Joseph "Joe" Coyle, who was a signing priest. Through their collaboration and the help of a handful of volunteers, sign language Masses were made available every Sunday at Fr. Joe's parish. However, not only the deaf assembled and participated but also the blind, the physically handicapped and the local parishioners. In these Masses, the gospel on the "*Effata*" was witnessed. "The blind could see and the deaf could hear!" The liturgy was read in Braille by the blind while the deaf simultaneously signed it and the paraplegics, in turn, sang hymns. The Holy Mass experience brought about the birth of a real community of differently-abled youth who began to realize their abilities. Their parents began to see the need to educate, and the possibility of educating, their children. It was this awakening experienced in the Sunday Masses which lay the cornerstone for what would slowly emerge as the Welcome Home Foundation (WHF).

Since most of the handicapped young people were not residents of the city, they needed a home in order for them to attend special education classes at the city's state schools. To respond to this need, Fr. Joe and Salving created the new foundation along with its board and volunteer members. Afterwards, the Welcome Home Dormitory was erected to accommodate the differently-abled children attending both elementary and high school levels. In its desire to be true to its name, the WHF dormitory provided food and shelter and served as a true home for these children who despite their handicap learned to live with each other as a family, to complement each other's strengths and weaknesses, and to prepare themselves to be active members of mainstream society. Above all, it was the Welcome Home's apostolate to help them discover God's love and mercy through all of their struggles which is why both prayer and the interpreted Sunday Masses remain the foundation's central activity.

The arrival of missionaries who could dedicate their expertise to the needs of the blind and the lame paved the way for a new vision. Welcome Home gradually focused its services and expertise on providing for the well-being of its now sole beneficiaries – the deaf.

The mission began to spread. Salving and her fellow volunteers started to reach out to the near-

by cities, and, later on, provinces, to look for more deaf people who experienced the same plight of alienation and abandonment. The focus was clear: It was the Welcome Home's Special Religious Education (SPRED) Program which consisted of catechism/sign language classes and interpreted masses that would be the springboard of every mission leading to total human development. Together with some dedicated volunteers, she traveled from one region to another, reaching even the predominantly Muslim province of Tawi-tawi, in Mindanao (Please refer to Philippine Map for the cities and town served by SPRED).



As a result, seventeen Outreach Centers were born out of the request of the parents of deaf children. Her travels allowed her to meet missionaries who were involved in the ministry of the deaf. Noteworthy was her friendship with Fr. Savino Castiglione of the Gualandi Missions for the Deaf in Cebu City. Through him, Salving would learn new teaching methods in catechism and dealing with deaf culture. The Gualandi Missions have remained a loyal sponsor of Welcome Home to this day.

Early in the year 1993, Salving took over the presidency of WHFI after the death of her co-founder, Fr. Joe. A new need arose when parents of very young deaf children approached her, asking her to consider opening a pre-school for their children since this was not offered by the government-run school. Through the encouragement of her friend of the Japan Ear Foster Parents, Fr. Hozo Sato, the WHF Board and staff agreed to explore the project with the support of the deaf children's parents, despite the lack of funds and know-how. Salving asked her mother if she could use the old family-owned pelota court which was no longer in use as a temporary site for the first classroom. When this was approved, the funds arrived. An anonymous benefactor had made a substantial deposit to the Welcome Home's account. It turned out to be Rev. Fr. Urban whom she had met at the International Congress for the Deaf in Japan in 1990. Steps were taken to prepare for the opening of the school. Upon the invitation of Fr. Sato, one of our volunteer teachers was sent to Japan to observe deaf education there and to study audiology, while two other teachers were sent to Cebu to train in preschool education for the deaf. Our Japanese friends of the Japan Ear Foster Parents headed by Mr. Sugitani came to give a teachers' seminar on deaf education. They also equipped the school with speech/auditory training instruments and hearing aids for the children. Finally, in January 1994, the Welcome Home-Educational Resource Center (WH-ERC) was formally inaugurated and approved by the Department of Education.

Since its inception in 1994, 1,392 deaf children have taken advantage of the services of WH-ERC's early intervention and preschool program. WH-ERC continues to provide the following services:

Early intervention pre-school education for the deaf:

– Hearing tests and assessments.

– Hearing aid fittings.

– Speech therapy.

– Scholarship grants.

– Health program: Parents' orientation on hygiene, nutrition and ear care; free consultation by an ENT specialist; general medical check-up: diet intervention where malnutrition is detected; dental services.

– Enabling the families of deaf children to support and participate in the education of their children. Parents' program: Sign language; counterpart in cash and in kind; school beautification and cleanliness; school projects; and attending seminars on "communication of hearing parents with deaf children".

Salving sourced out donations of hearing aids from generous donors. Mothers were joyful at the sight of their children hearing sounds for the first time with the help of a hearing aid or when their child could mimic the sound of a rooster. Salving saw the importance of the family's support in the education of their children. As a counterpart to the free education they were receiving, she required the parents, or a member of the family, to learn sign language. It was made clear to the parents that communication was an essential tool in building the family.

Yet Welcome Home was still faced with another challenge. Many adult deaf or out-of-school young people also needed education but they could not be educated by state schools. For this reason, the Adult Literacy Program was also launched. Here they are taught life skills to adults to make them self-reliant: Computer training, farming, aquaponics, simple carpentry, and values formation. In some cases, certain training programs have been tailored to hone the skills required for a specific job. Since 2000, a total of 177 deaf adults have been trained by the Adult Literacy Program. Positive feedback from employers states that deaf employees tend to be more focused than hearing ones.

While the needs of the deaf were met, a new group of impoverished families living as illegal squatters within a residential quarter of the city took Salving's attention. It was also around this time in 1994 that a German sponsor, Antonie Feige, had passed away, donating her possessions to one of Welcome Home's donor agencies. It was through this gift that the Antonie Day Care Center was founded to meet the needs of these families. To this day, after seventeen years of activity, it offers day care services, including a feeding program and kindergar-

ten classes to indigent children so as to allow their parents to accept jobs so that they can support their families. The parents, in turn, are also taught certain practical skills in nutrition. In exchange for the free services, they help tend the school's vegetable garden whose produce makes up the children's meals. Each year an average of forty malnourished children are provided with a balanced diet, education and care. To date, about 700 children have been served and have gone on to higher education.

Through all these years, Salving believed that the Welcome Home Foundation was God's gift to her and to all those who partook in its endeavors. A gift that offered her the chance "to thank, to serve and to remember Jesus every moment of the day." This was her daily personal prayer. Even in her deepest sorrow, when she lost her husband in 1995, and her son, a year later, she humbly offered her pain to him and found consolation in her encounter with every deaf child and with every desperate parent whose sufferings she could reduce. She would then say: "Let go, and let God".

In 2005, Salving was diagnosed as having lung cancer. Despite all her suffering, she again found comfort and strength in her ministry with the deaf and in the providence of God. In the last six months of her life, she continued to give catechism classes to deaf children with the help of her friend, Fr. Art Arnaiz, of the CICM missionaries. On August 8, 2008, Salving left us with a beautiful testimony of God's love and mercy for us through all the hopeful and changed lives of those who were once abandoned and unattended. It is by her sincere service and unfailing trust in our Lord that she will be remembered and cherished. ■

5. Zilda Arns and Pastoral Care for Children with the Human Promotion of Mothers and their Families

IN MEMORY OF DR. ZILDA ARNS NEUMANN

HIS EMINENCE CARDINAL GERALDO MAJELLA AGNELO
Archbishop Emeritus of Sao Salvador da Bahia, Brazil.

The Blessed Pope John Paul II observed that one cannot understand a person well if one does not begin from his or her innermost self. Dr. Zilda Arns Neumann chose medicine as a mission and walked the pathway of public health care.

Her heart was charged with faith in mission and self-giving to her neighbour. She treated people with great sensitivity and patience, and she was especially open and attentive to understanding the world of children.

She herself underwent family dramas such as the loss of her newborn child, the death of her husband who died while trying to save someone's life at sea, and the additional loss of her daughter in a car accident, with her son being entrusted to the care of her grandmother Zilda.

She dialogued a great deal with her children, consulting them during the special moments of her life, above all when she had to go on long journeys. The strength of her ancestors also marked her life and she always remembered them with affection.

I remember the long pathway of her life as a crescendo of enthusiasm and definition of her task. Her sensitivity made her be concerned about children, first of all throughout Brazil and then in the world, beginning with Latin America and then going on to Africa and to Asia, and in particular the Philippines and East Timor. I can state that in her conversations with her family and her friends great space was devoted to the activities of her/their mission. The project of pastoral care for children was born in Florestópolis in Paraná, in the archdiocese of Londrina, a commune in large part poor that was flanked by sugar cane plantations, where the only work available to the poorest local inhabitants, who were unskilled labourers, was to cut the cane or work in the sugar factory of the then Atala Group. These workers received vouchers instead of wages to buy things at the market of the sugar factory in Porecatu, which is quite close to Florestópolis.

Early in the morning they went out, men and women, with their children over the age of ten, whilst their other children stayed at home with their oldest brothers or sisters. Many workers of the village went to cut the sugar cane. These country people lived in *fazendas* (farms) without amenities appropriate to human dignity. The floors of the houses were made of beaten earth, there was no running water, and there was only one fountain which everyone went to.

There was no electricity and everything was very rudimentary. Infant death rates were the highest in the region.

In 1983 I had just arrived in Londrina as the second archbishop up to that point. When I began the project for the new pastoral care the Archbishop of San Paulo, Cardinal Paulo Evaristo Arns, had received from the international president of UNICEF a sample of '*soluzione fisiológico casareccia*' which had been recently discovered and was miraculously saving the lives of people, and especially of children, from dehydration. At that time children died of diarrhoea in indescribable numbers. I asked myself whether it was a good idea to spread its use through Church action in communities that were very poor, together with other basic health-care initiatives, in order to reduce infant death rates and improve the quality of life of the children.

Cardinal Arns entrusted me, together with his sister Zilda and other technicians of UNICEF, to draw up a pilot scheme and we proposed this to the parish of Florestópolis, a commune which had a high level of infant mortality, in the State of Paraná.

As regards the implementation and organisation of the project there was nobody better versed than Dr. Zilda Arns Neuman, a paediatrician, a health-care specialist, and somebody with great experience in the field of public health because she had already been employed at the Secretariat for Health Care of the State of Paraná.

Her recommendations were accepted by the Catholic Church as well because she was used to working in a team and was able to organise the project and to implement it.

I has already met her at San Paulo as the sister of Cardinal Arns with whom I had worked as a priest. We became involved in the drawing up and implementation of the project with a great deal confidence and with the certainty that it would be a beneficial innovation for the local area.

After the organisation of the project, its implementation began with the help of teachers and the leaders of the community. The whole of the local area was divided into maps and sectors, and people were selected who were recommended by the mothers themselves who received help when they needed advice during pregnancy or help with a sick child.

The people who had been recommended were invited to take part in a course of formation so as to learn about the five basic actions of health care: 1. accompanying an expectant woman; 2. maternal breastfeeding; 3. physiological treatment involving oral rehydration; 4. accompanying the weight and the growth of the child; and 5. vaccinations.

Dr. Zilda, accompanied by people employed at the Secretariat for Health Care of the local State, was responsible for this formation. This formation lasted five days. The most numerous group was divided into five sub-groups. Most of the participants were ordinary and illiterate women but they were incredible leaders!

People from other Churches also took part in this formation, even one of the Evangelical nurses. She helped and was allowed to form the coordination at the level of the archdiocese. She was a wonderful person who was ready to help. She believed in the work being done but unfortunately she died young, struck down by cancer. A social worker, a state employee, worked on the project from the outset with great dedication, together with many other people who contributed to, and dedicated themselves to, this work with great commitment. God knows their names which are written in the Book of Life.

The project for pastoral care for children, from the outset, began by saving lives. During the course of the first formation, the local health-care service sent us a child who was totally dehydrated, almost to test us. At the beginning we encountered a great deal of resistance from the health-care bodies of the commune, despite the fact that Dr. Zilda and those working with her worked in the health-care service of the local State. In the meanwhile that child that had been brought to us almost dead gradually responded to the physiological treatment of rehydration like a parched flower receiving water that began to bloom. This was the first miracle!

Zilda Arns was a tireless fighter and when she wanted something she fought to the utmost to obtain it. In giving herself to children she paid no attention to the efforts and sacrifices involved. During the last years of her life she also created a project for pastoral care for elderly people.

To speak about Zilda is to speak about a strong woman, a determined and combative woman, a woman of faith committed in charity, in love and in trust to what she was doing, certain that she was following the right pathway.

Without doubt her example as a wife, a mother of five children and a medical doctor, together with her perseverance in doing good, will never be cancelled from the memory of those who knew her.

I am certain that the project for pastoral care for children, together with her last creation, the project for pastoral care for the elderly, will continue on their pathways because they are the work of God and what comes from God never dies.

Zilda will continue to intercede from close at hand because she is in the blessed sight of God. She believed in the words of God: 'What you do to the least of my brethren, you did to me'.

Who are my brothers? Those who suffer the most, those who are hungry, and the indigent who are not deemed relevant in the eyes of the world. Zilda loved what she believed in , she gave her life from the beginnings of the project for pastoral care for children until the last hour of her life, speaking, loving, and for this reason dying. Zilda died specifically where she worked, at the end of the conference on pastoral care for children organised by men and women religious in a church in Haiti when the earthquake struck on 11 January 2010.

We believe that the Lord took her to Himself: 'Good and faithful servant, enter the joy of your Lord!' (Mt 25:21). Rest in peace! Our memory of her will never die. ■

Conclusions and Recommendations *

*This text is the joint work of:

FR. JÁN ĎAČOK, SJ
Pontifical Gregorian University, Rome.

PROF. MASSIMO PETRINI
Dean of the 'Camillianum' International Institute for the Theology of Pastoral Care in Health, Rome.

MSGR. PIERRE JEAN WELSCH
Ecclesiastical Assistant of the International Federation of Catholic Pharmacists (F.I.P.C.) Belgium.

Given that it is impossible to publish all the contributions of the authoritative personalities and Catholic associations from all over the world that took part in the international conference, it seems to us useful to emphasise some of the points that emerged. The first point is that although in the evening of 2 April 2005 the voice went out of the Blessed John Paul II, his message is still very much alive. This is borne witness to by the contributions to this meeting which in addition to stressing other aspects of the life and thinking of Pope John Paul II also drew attention to a Church which has placed itself in the world of assistance and pastoral care for the sick in ways that are new and commensurate with the times.

Which teachings of John Paul II, therefore, should be emphasised? The first is the coherence that is given by the authentic welcoming of the Spirit in life, in the whole of life. And it is specifically in this context that the life of the Blessed John Paul II shines forth nowadays and it is here that a true and humble teaching for every suffering person, to transfigure service to those who suffer as well, shines forth.

A teaching that was a lived Magisterium. It is certainly the case that attention was generally concentrated upon the suffering of the Blessed John Paul II after the assassination attempt, which he read as a grace, but it is forgotten that the whole of his life was defined by suffering, from his youth onwards. And it is starting from this personal experience that he spoke about the meaning of suffering and the ways in which it should be addressed. This can be read in one of his written texts: 'When 'his hour' came, Jesus said to those who were with him in the garden of Gethsemane, Peter, James and John, the disciples who were especially loved: "Rise up, let us be on our way!" (Mk 14:42). It was not only he who had to 'go' towards the carrying out of the will of the Father. But them with him…Even though these words mean a time of trial, a great effort and a painful cross, we should not be afraid. They are words that also bring with them that joy and that peace that are the fruits of faith. On another occasion, to the same three disciples Jesus expressed this invitation in the following way: "Rise up and do not be afraid" (Mt 17:7). The love of God does not load us with burdens that we are not able to bear, and does not impose on us requirements that we cannot meet. While asking, God provides us with the necessary help'.[1]

And he went on: 'I have always had a clear awareness of the fundamental contribution that the suffering make to the life of the Church. I remember that on the first occasions the sick intimidated me. You had to have a good does of courage to present yourself in front of a suffering person and enter, so to speak, into his physical and spiritual pain, without allowing yourself to be conditioned by his malaise and managing to show him at least a little loving compassion. The profound meaning of the mystery of suffering was revealed to me only later. In the weakness of the sick I increasingly saw strength emerge, the strength of mercy. After a certain fashion, they 'provoke' mercy. Through their prayer and their self-offering not only do they implore mercy but they constitute 'space of mercy' or better they 'open spaces' to mercy. With their infirmity and their suffering, indeed, they provoke acts of mercy and create an opportunity to perform them'.[2]

In the first passage we read about the call to suffering to which John Paul II, following the example of Christ, decided to respond with love. This was a fundamental decision for him and for his would-be assassin. For him, it could mobilise all his resources to take back his life and for his would-be assassin in his prison of hatred it could point to the way of love. And this event made the Blessed John Paul II enter increasingly into union with Christ and increasingly understand the truth of the words: 'someone will else will bind you and take you where you don't want to go' (Jn 21:18). This communion with Christ means that he proclaimed the Gospel and did so with an increasingly renewed intensity – that mystery of love that sounds out in the words of John: ' Jesus knew that the hour had come for him to leave this world and go to the Father. He had always loved these in the world who were his own, and he loved them to the very end' (Jn 13:1).

The second passage bears witness to a Magisterium that was lived, as regards his concern for the sick as well. This is still remembered by his parishioners in the parish of Niegowic where Wojtila went in July 1948 after his studies in Rome and where he engaged in his pastoral activity until March 1949. They have never forgotten that the new vice-parish priest, when he was asked to come by a sick person, feared neither the cold nor the rain, nor the roads made of stones, nor a journey on a common cart, and he did not hold back even if he had to go on foot.[3]

However this testimony should not be read as testimony to the holiness of a person and as biographical memories but, rather, attention should be paid to the living and up-to-date message to be found in it: for a suffering person one can also grow through personal suffering; when it is not possible to escape suffering it can be accepted with hope and living faith; for the Christian people, they are invited to be convinced witnesses to life and hope, following the Good Samaritan. This also means drawing up cultural, economic, political and legislative plans to draw up effective strategies for the culture of life.

This is a message emphasised by Benedict XVI in his audience to the participants when he observed: 'Dear friends, treasuring Bl. John Paul II's witness, lived in his own flesh, I hope that you too, in the exercise of your pastoral ministry and in your professional work, may discover in the glorious tree of the Cross of Christ "the fulfilment and the complete revelation of the whole Gospel of life" (encyclical letter *Evangelium vitae*, n. 50)'.

Thus to the Blessed John Paul II who was defined as great during his earthly life, great in his suffering, great in his death, and great after his death, those taking part in this international conference wanted to express their profound gratitude, attested to as well in practical terms by the initiatives and activities – the outcome of the creativity of health-care workers and Catholic associations and organisations – that are engaged in to respond to the needs of care throughout the world.

Some words, also, on assistance which could be represented in iconic terms as a meeting on the road of life by two travellers. One brings his needs, his requirements and his pain to Another who has engaged in studies so as to help, who declares that he can help, and is authorised to provide this help. This is an encounter between a suffering person and a worker, who could be a social/health-care worker or a pastoral worker. But are these two people so distant in human terms? Suffering is something even broader than illness, it is more complex and at the same time more deeply rooted in humanity itself. When we speak about assistance, we generally think that the person of the health-care, even the pastoral worker, is a 'healthy' person who is meeting a 'sick' person. But is this really the case?

Reasons for suffering can also connote momentarily the lives of everyone; in addition, we are all somewhat ill because a perfect physical/metal/spiritual wellbeing does not exist in time. Indeed, one passes one's days acquiring, losing and reacquiring a state of health. In addition, what is the personal experience of a worker, a pastoral worker as well, of his or her ageing, his or her illness, his or her disability and his or her death?

All of these factors mean that a common state of suffering emerges, albeit in different forms, that is specific to a shared human matrix, and which can unite people beyond the roles of being a worker and a person who is helped. Indeed, there is a human solidarity in suffering. This means that social/health-care assistance and pastoral assistance is an encounter between people who are wounded in their humanity.

Each, in his or her suffering and to the extent that it is possible and thanks to the help of those who may assist or accompany him or her, is called to the responsibility of 'endowing' his or her suffering with 'meaning'. Pastoral care is a reading of problems in the light of the Word of God, the 'reconstruction' or the 'repairing' of a capacity to listen to God which is disturbed or annulled by suffering; it is help in finding 'one's own' sense of faith for 'one's own' suffering; and it is witness to the love of God through the actions of believers.

If we speak about physical healing, this is something that very often is impossible, but help, including pastoral help, is directed towards the healing that is borne witness to by Augustine in his *Epistola* 99,2: 'I do not know how this happens but when a member suffers his pain becomes less if the other members suffer with him. The alleviation of pain does not derive from a sharing out of the maladies themselves but from the comfort that is found in the charity of others'.

We can also express this healing by saying that even when one no longer aims at a physical recovery that is no longer possible, one must seek courage, moral strength and faith. To sum up: the ability not to lose direction even when the body is going downhill.

So to complete the initial definition, assistance, including pastoral assistance, is an encounter between two sick people who help each other at a stage of life in the light of the Word of God. But if we read pastoral care as a gift of the Word of God to a sick world, is pastoral care in health an aspect of the pastoral care of the Church or is it pastoral care of the Church?

Notes

[1] Giovanni Paolo II, *Alzatevi, Andiamo,* (Mondadori, Milan, 2004), p. 158 (translator's note: the translation is from the original Italian)

[2] Giovanni Paolo II, *Alzatevi, Andiamo* (Mondadori, Milan, 2004), p. 62 (translator's note: the translation is from the original Italian).

[3] Cf. Jagielka J., *La pastorale degli ammalati nell'azione e nell'insegnamento di Giovanni Paolo II (1978-1992)* (Rome 1997), p. 57.