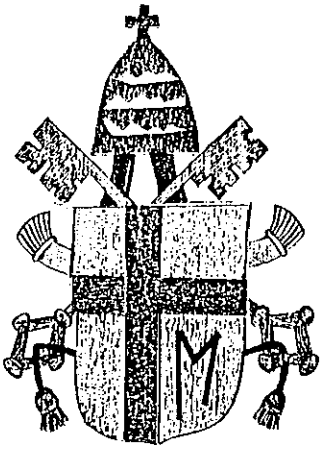

# DOLENTIUM HOMINUM

No. 23 – Eighth Year (No. 2) 1993

JOURNAL OF THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS

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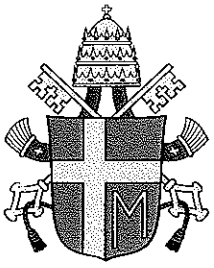


Venerabili Fratri Nostro

**FLORENTIO** S.R.E. CARDINALI **ANGELINI**

Dies Aegrotis Mundialis magnum habet momentum et pondus, quia peculiarem sane curam in adversa valetudine affectis semper locavit catholica Ecclesia, ex cuius sinu gremioque per saeculorum decursum complures exstiterunt homines, qui in languentes morbisque variis vexatos operam suam sollertem contulerunt. In proposito hoc nostra quoque aetate perstare volumus, unde hominis dignitas quamtumvis aegrotationibus impliciti plane agnoscatur eiusque in societate locus vindicetur.

Quin immo cunctis demontrare volumus adversa valetudine impeditos vulneribusque vitae sauciatos primas agere partes in salutis mysterio, quippe qui Christi patientis prae se ferentes effigiem multum conferant ad redemptionis comparationem.

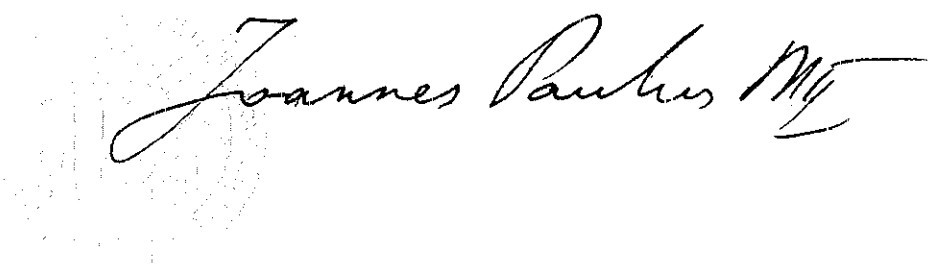
Cupimus ideo Nos christiana haec documenta ut magis magisque solidentur et quoquoversus diffundantur, quamvis communis mens hodie aliter sentiat ac diiudicet. Quapropter gaudentes resciimus a. d. III Idus Februarias Diem Aegrotis Mundialem Lapurdi iri celebratum, ut, ubi frequentes aegrotantes convenire consueverunt caelestis Matris beneficio sanitatem petituri, ibidem religiosa pietas plenius ostendatur et Ecclesiae sollicitudo.

Itaque ut commemoratio haec clarius peragatur et magnificentius, virum praestantem mittere statuimus, qui personam Nostram tueatur Nostramque simul cohortationem

mentemque significet. Ad te autem, Venerabilis Frater Noster, cogitationem Nostram convertimus, qui aptissimus visus es ad eiusmodi officium sustinendum, cum in his rebus et laudabiliter quidem iam diu verseris. Idcirco te Missum Extraordinarium renuntiamus ad diem illum celebrandum, ubi res ipsa postulaverit, de Nostro in aegrotantes studio loqueris deque Nostra Mariali pariter pietate.

Universis tandem benevolentiam Nostram ostendes, quae omnes complectatur, omnium aerumnas soletur omniumque erigat animum. Benedictionem demum Nostram Apostolicam universis participibus et adstantibus deferre largiter velimus, quae sit supernorum donorum nuntia et laborum levamen.

Ex Aedibus Vaticanis, die XV mensis Decembris, anno MCMXCII, Pontificatus Nostri quinto decimo



# "You Shall Speak of Our Predilection for the Sick"

To Our Venerable Brother,
His Eminence
FIORENZO Cardinal ANGELINI



The World Day of the Sick is particularly important because of the Church's special attention to all those suffering from a lack of health. Within the Church there has arisen over the centuries a multitude of men and women who have placed all their intelligence and talent at the service of the sick and the needy. To perpetuate this dedication in a time like ours, when man's dignity is frequently threatened by new illnesses, we want this dignity to be clearly recognized and we claim the recognition due it in society. Furthermore, we wish to reiterate that those who are wounded in their bodies or debilitated by illness occupy the first places in the Mystery of Salvation, for they are a living image of the Suffering Christ and are joined to the Mystery of Redemption. In this way, we want these teachings to be increasingly assimilated and broadly disseminated, in spite of a general, very widespread mentality which is systematically opposed to them. For this reason, I am pleased to inform you that on February 11 the World Day of the Sick will be celebrated in Lourdes, where traditionally so many sick people gather to ask for health through the intercession of their celestial Mother, in order to manifest more fully religious piety and the Church's concern. To give this commemoration a special significance and solemnity, we have decided to designate you to represent our Person. We have thought of you, venerable Brother, given your long experience over many years in this field. In bearing witness thereof, we thus designate you as our Special Envoy for the Celebration of this Day. On our behalf and in our place you shall convey to the sick our concern and our Marian piety. And you shall also convey to the sick our benevolence and our great desire to alleviate all distress in them and elevate their souls.

Finally, we would like you to grant our Apostolic Blessing abundantly to all those participating and attending, as a pledge of divine gifts and a sign of the alleviation of all pain.

At the Vatican, December 15, 1992, in the fifteenth year of our Pontificate.

JOHN PAUL II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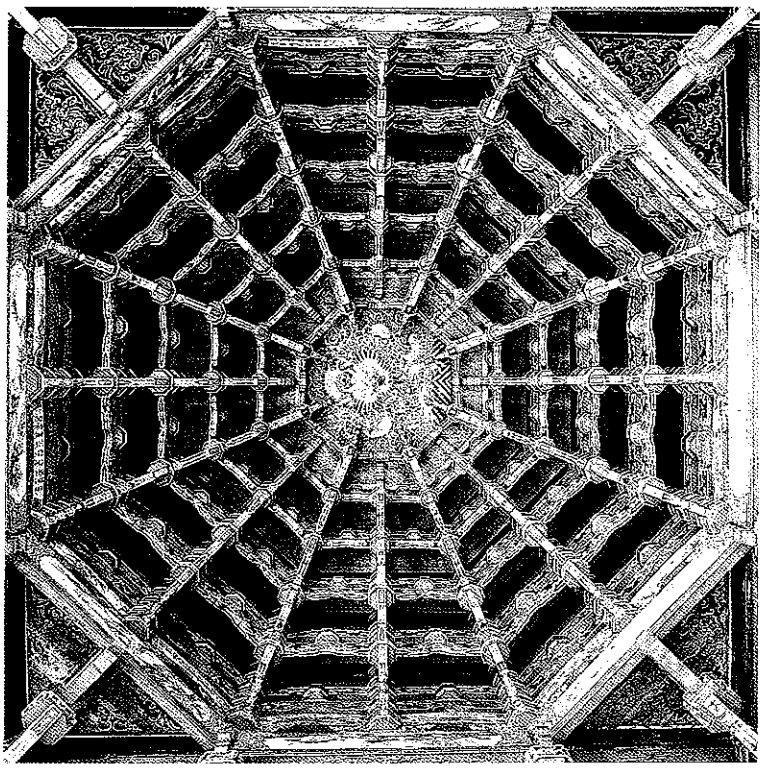
# *The Celebration of the First World Day of the Sick*





# The Celebration in Lourdes

On February 11, 1993, commemoration of Our Lady of Lourdes, the First World Day of the Sick was celebrated around the globe It was instituted on May 13, 1992 by Pope John Paul II, to stimulate greater awareness in the Church and civil society of the extent of the misfortunes afflicting humanity and the recognition that health and medical care are among the core problems affecting the progress of civilization. February 11, 1993 was a special day in the context of the Church's overall pastoral ministry and action and a reference point for a series of initiatives for the express purpose of making the People of God more aware of human, ethical, and spiritual needs in the world of health care and suffering as a basic path for the Church's mission. Lourdes celebrated this important Day with special splendor and solemnity by virtue of both the liturgical commemoration of Our Lady of Lourdes and the presence at the Sanctuary for this memorable occasion of the Pontifical Mission, made up of Fiorenzo Cardinal Angelini, Head of the Delegation; the Reverend Fathers José L. Redrado, O.H. and Felice Ruffini, M.I., Secretary and Undersecretary, respectively, of the Department; Father Henry Joulia, Director of the Sanctuary Press Bureau; and Monsignor Boleslaw Krawczyk, Master of Ceremonies of the Pontifical Household. The Ambassadors to the Holy See of several countries (Cuba, Paraguay, Greece, Uruguay) attended the reception of the Pontifical Delegation, as well as numerous pilgrims, especially health professionals accompanying the Holy Father's Special Envoy; Bishop Sahuquet of Lourdes; Bishop Jaeger of Nancy; Monsignor Renzo Fratini, Advisor to the Nunciature in Paris; the priests in charge of the sanctuary; the French Minister for the Handicapped and Road Accidents, the Hon. Michel Gillibert; the Governor of the Upper Pyrenees Region, the Hon. François Leonelli; and the Mayor of Lourdes, the Hon. Philippe Douste-Blazy. Having begun on the morning of February 10, 1993, the Mission of the Holy Father's Special Envoy ended on the morning of February 12. There were many pilgrims—including the sick and disabled with their families, health workers, religious, priests, and bishops—who had come to Lourdes for this occasion to pray, reflect, and share, together with Cardinal Angelini, the condition of those suffering in spirit and body.

There were three outstanding moments in the events and celebrations connected with the World Day of the Sick.

1. *Prayer*: over 25,000 pilgrims participated in the different ceremonies, which were carefully prepared and realized, with all due solemnity. The culmination of the pilgrimage was undoubtedly the Eucharistic Concelebration on February 11 presided over by Cardinal Angelini, with the participation of ten bishops and nearly one thousand priests; over twenty-five thousand pilgrims attended. The impeccable order, magnificent choir, and rich liturgy lent special splendor to the Celebration, which took place in the Basilica of St. Pius X. As a conclusion to the pilgrimage, another Eucharistic Celebration was held on the morning of February 12 at the Grotto, with thousands of pilgrims in attendance. It was the final religious ceremony to thank Our Lady of Lourdes for all the spiritual benefits received through her maternal intercession and take leave of her.

2. *Round Table*. Along with Cardinal Angelini, representatives of national and international institutions, health-related Catholic organizations on an international level, governments, and associations for the sick, the disabled, and health professionals offered their contributions.

3. *Visits by the Mission*. The Pontifical Mission visited a center for patients on dialysis connected with the Sanctuary and the unit for the chronically ill and the elderly at the Lourdes public hospital. The Special Envoy, accompanied by the Mission, visited the Gospel School on the morning of February 12—an oasis of spiritual renewal where young people between 18 and 30 devote a year of their lives to deepening their faith under the motherly gaze of Our Lady of Lourdes.

In concluding this short account, I feel I should stress the *warm welcome* given the Special Envoy and the Pontifical Mission by the Church Authorities and French civil and political leaders on arrival, during the stay, and at their departure from Lourdes; a *constant, lively remembrance of the Holy Father*, as conveyed in the different events and celebrations by the Envoy, civil and political authorities, bishops and priests, and the pilgrims present; and the distribution and grateful acceptance among those attending of the rosaries, holy pictures, and other religious articles blessed by the Pope and entrusted to his Special Envoy for this occasion.

Rev. JEAN-MARIE MUSIVI MPENDAWATU
*Official of the Pontifical Council*

# The Church Is Close to Those Suffering

*Fiorenzo Cardinal Angelini's words on arriving in Lourdes*

I sincerely thank the civil and religious authorities present for their warm welcome, particularly the Hon. Michel Gillibert, Minister for the Disabled and for the Victims of Life's Accidents, the Hon. Douste Blazy, Mayor of Lourdes, and the Most Rev. Jean Sahuquet, Bishop of Tarbes-Lourdes.

I am here, as the representative of the Holy Father, to preside over the celebration of the First World Day of the Sick.

In designating Lourdes as the site of this celebration, the Holy Father, John Paul II, has above all sought to reaffirm the Church's concern for the sick and the suffering and the meaning she finds in suffering, when undergone in a dimension which is Christian and Marian.

The World Day of the Sick is, however, also the Day for the Sick. The Church is close to those suffering not only with sentiments of affectionate sharing, but with service offered with exemplary generosity by the numerous Catholic healthcare institutions, health professionals, pastoral workers, a host of volunteers, priests, religious, laity, and multiple groups, movements, and associations.

From this place, witness to limitless sufferings and sublime hopes, a message should on this occasion go out capable of shaking the conscience of all men, called to lay the foundations, in service to suffering humanity, for a civilization which will recognize in solidarity and love the basis for justice and peace among all individuals and peoples.

Thank you.



# Meaning and Finality of the World Day of the Sick

*Cardinal Angelini's meeting with pilgrims*

Dear brothers and sisters, what we have seen and heard—but especially the presence of so many of you—offers the measure of the importance and meaning of the first World Day of the Sick, which we are preparing to celebrate.

In instituting this World Day of the Sick, the Holy Father, John Paul II, stressed two aspects: he indicated the aims and suggested the way to celebrate it.

The *aims* are to make the People of God—and, consequently, the different Catholic healthcare institutions and civil society itself—aware of the need to ensure the best care for the sick; to help the ill to find value in suffering, in human and, above all, supernatural terms; to involve dioceses, Christian communities, and religious families particularly in the healthcare ministry; to foster the increasingly valuable contribution by volunteers; to recall the importance of the spiritual and moral formation of health professionals; and, finally, to further understanding of religious assistance to the sick among diocesan and regular priests, as well as those living and working with the ill.

*The way* to celebrate this Day is to translate it into an intense moment of prayer, sharing, and calling attention so that everyone will recognize in the face of their infirm brothers and sisters the Holy Face of Christ, who, in suffering, dying, and rising again, effected the salvation of humanity.

The world is familiar with suffering and death in dramatic forms, but in spite of 2000 years of Christianity, it ignores or gets only a pale glimpse of the hope of *resurrection*. It was to give us this hope that Christ assured us that by serving the suffering we serve his own Person.

It was to indicate to us the divine value of suffering and service to those suffering that He invited us to consider his pain and serve

others as if we were serving his own Person. He, who has risen, is the reason for our resurrection from pain—he is the life flowing from suffering and death.

We are called to awareness and service as regards suffering and death in the ill; to bend under the cross, passively accepting its weight; to serve in the sick the life going beyond suffering and death, the suffering which becomes a victory over weakness, strength for all.

When the Lord said he had not come for the healthy, but for the sick, he did not make a distinction, but wished to stress that we are all sick in either body or spirit—or in both body and spirit.

Not only health professionals are at the service of those suffering, but the sick are as well, for Christ, in the Temple itself, taught us to do good with suffering and to do good to those suffering, revealing in this truth the mystery of his redemption through the incarnation, passion, and death.

The World Day of the Sick is the Day which calls all men to be aware of their condition of fragility and infirmity.

In celebrating this day in a place of prayer and grace, of hope and acceptance, we pray to the Lord together that, with the mediation of Our Lady, he will free us from the infirmity of insufficient faith, inundating us with the grace capable of giving meaning to suffering and service to those suffering.

We believe, O Lord, but increase our faith. In faith is the strength to accept pain and the courage to serve our brothers and sisters who suffer. Faith is the door which opens on love, as we experience firsthand in this place, for over a century the scene of extraordinary witness to love.

May the Day of the Sick be a hymn to life intoned by faith in the God of life.



# Indispensable Principles for Health Policy and Care

*Cardinal Angelini's words at the Symposium on the themes of the Day*

In the sick we not only combat sickness, but we promote and defend life—or, rather, we combat illness to promote and defend life.

In carrying out this mission, faith and adherence to the teaching of the Church do not create limitations for either science or scientific research, if both hold firmly to the aim of promoting and defending life in its integral meaning and in every human being, with no discrimination. Under this aspect, the World Day of the Sick is a Day assembling the best forces to place them at the service of health policy and care.

The socialization of health care has increased the problems linked to professional ethics, but especially to the form of general ethics called precisely "bioethics" because it is an ethics of life.

Every reflection on the subjects concerning health policy and care, especially for those wishing to draw inspiration from the teaching of Christ transmitted and explained by the Magisterium of the Church, involves acceptance of and witness to certain indispensable principles; I feel it is necessary to recall the following, which are not the only ones, but represent the presupposition for real health care.

— Increasing humanity in care, freeing it from bureaucratic depersonalization, from all discrimination and instrumentalization, and particularly from the temptation of separating it from patients' psychological and spiritual needs.

— An attitude of defending and promoting life, from conception to its natural close, with constant attention to the dignity of the human person. Diagnostic, preventive, therapeutic, and rehabilitative medicine must adapt to respect for the human person, of whatever state of health, age, social condition, or religious faith.

— The courage to bear witness to our Christian and Catholic faith in the awareness that it does not constitute a divisive factor, but one of openness to the constructive cooperation of all health professionals of good will who recognize in life and its dignity the primary value to be defended and promoted.

— To work at all levels in accordance with personal responsibilities so that health policy, in administrative terms as well, will be conducted without wasting resources, using them suitably, transparently, and effectively.

— To attend to the initial and ongoing training of health workers, fostering their participation in professional associations which will be responsible for supplying guidelines according to the special needs posed by different contexts

— To make the World Day of the Sick at different levels, national and local, an occasion for verifying the extent to which prior commitments have been fulfilled This verification may be effected by accompanying the celebration with meetings such as today's. To this end, with the proper modes and time periods, the Pope's annual message for the World Day of the Sick should be read, studied, reflected upon, and disseminated.

— Catholic healthcare institutions should request from those responsible for Church communities increasing involvement by priests, men and women religious, and the laity in the field of health education and care of the ill—especially home care—particularly if they are elderly and disabled

— Catholic health professionals should seek the full cooperation of pastoral workers in this field, and the latter should actively collaborate with them, with the conviction that the sick will not be integrally cared for if spiritual assistance is not provided for, with respect for the varied expressions of religious faith.

Today's brief symposium seeks to stress that the celebration of the World Day of the Sick must be at once a moment of prayer alongside the sick for their physical and spiritual relief and an opportunity to reconsider and examine, under scientific and technical aspects, subjects and problems in health care

While we pray for those suffering, we commit ourselves—through prayer as well—to being worthy servants of Christ, whom we must recognize in every sick and suffering person.

# Lourdes: The Sanctuary of Communion and Faith in Saving Pain

*Cardinal Angelini's words at the evening paraliturgy*

This paraliturgy—celebrated at the onset of the *night,* on the vigil of the *day* which, everywhere on earth, the Church for the first time wants to devote to the sick—is a symbol of that night of the body and the spirit marked by suffering and illness.

We are, however, holding this celebration in a place of prayer and hope, waiting for the Lord who is coming.

There is a suffering which is according to God, which leads to salvation, whereas there is a suffering according to the world which produces death (*2 Co* 7:10).

The suffering which is according to God is faith in sharing in the sufferings of Christ, and, like Christ Himself, it is useful for the salvation of all (*Salvifici Doloris,* 27).

May Our Most Blessed Lady—who, in appearing to the humble and holy girl, Bernadette Soubirous, revealed to her the redemptive significance of suffering—beseech the Lord to grant us the strength to understand, accept, and find value in our pain and the world's pain.

On the evening of February 10, 1858 Bernadette Soubirous certainly did not imagine the events in which she would be the main actor and witness the following day.

Alongside her, and together with her, on this vigil of the celebration of the first World Day of the Sick, we implore from Our Lady the gift of being able, through our loving dedication, to comprehend and find value in the meaning of the sufferings weighing upon the weak, the innocent, and the defenseless—the weight of infirmities, violence, injustice, and abandonment; the consequences of hatred, egoism, and so many threatening "new maladies" marking our time.

Upon this boundless infirmity of mankind may the healing hand of Christ descend through the intercession of Our Lady.

May the generous commitment to serve our suffering brothers and sisters accompany our entreaty, the concrete will to take on re-

sponsibility for their pain under the sign of hope coming to us from faith

May the dawn of the new day find us prepared and vigilant, ready for that apostolate of charity which the contemporary world needs so much. Together with Mary, the Mother of Christ, who was at the foot of the cross, we pause alongside all man's crosses today (cf. *Salvifici Doloris,* 31).

In Lourdes, the sanctuary of pain and hope, of acceptance and the offering of suffering, but also of the gift of peace and joy, the Church will tomorrow experience a solemn moment of communion and faith in saving pain.

Let us prepare ourselves spiritually for this day, which we intend to live out in accordance with the aims assigned to it by the Holy Father on instituting the World Day of the Sick.



May our pilgrimage be fulfilled under the sign of a firm, generous promise: the promise to serve our suffering brothers and sisters to bear witness, through this service, to our fidelity to Christ.

# Service to the Sick and the Suffering: The Basis for a Civilization of Love

*Cardinal Angelini's homily at the Basilica of St. Pius X in Lourdes on February 11, 1993, First World Day of the Sick.*

On the day of the commemoration of Our Lady of Lourdes, the Church, in the very person of the Holy Father, whom I am honored to represent, is celebrating the first World Day of the Sick in this place of grace and hope.

For the sick and the suffering throughout the world and for all of us called to serve in them the very Person of Christ, this must be a Day on which we spiritually renew our Baptismal promises, which are condensed in the will to follow Christ faithfully—He who became incarnate "not to be served, but to serve" (*Mt* 20:28) and to heal every illness of body and spirit.

My gaze, at this moment, is not turned exclusively towards you gathered here, dear sisters and brothers, but towards the immense throng of faithful, of the infirm, of persons somehow in need who from the days of Mary Immaculate's appearing to the humble Bernadette Soubirous until the present have come on a pilgrimage of prayer, penance, and offering, for themselves or their brothers and sisters, to this grotto, which spiritually calls to mind the grotto which illuminated the world when the Son of God was born as a man among men.

At the Lourdes sanctuary the thousands of Marian sanctuaries in every part of the world recognize and encounter each other and gather together the prayer of humanity so that, by the mediation of Our Lady, the Mother of God and of men, it will be presented in the name of Christ to the Father of every grace and consolation.

As on a natural level, on a spiritual one as well, man needs a motherly presence and care. And the Virgin Mother of God, who with her prayers helped the first nucleus of the Church, also intercedes now before her Son so that all the families of the peoples, both those adorned with the name of Christians and those still unaware of their Savior, may be happily gathered together in a single people of God in peace and concord (cf. *Lumen Gentium,* 69).

The World Day of the Sick is, above all, a day of prayer that the numberless physical and spiritual infirmities afflicting mankind will be healed, but particularly that those suffering, through the offering of their affliction, may become mediators of divine aid and an occasion, for all their brothers and sisters, for manifesting, by service to the sick and the suffering, that solidarity which alone can lay the foundations for a civilization of love. This is, in fact, the truest, most profound, and most evangelical meaning which the Holy Father has wished to indicate by instituting this World Day for the Universal Church.

In celebrating the divine mysteries, "together with Mary, the Mother of Christ, who was at the foot of the Cross, we pause alongside all the crosses of man today" (*Salvifici Doloris,* 31) to bring comfort and cooperation in redemption.

This is a Day of prayer, but also a Day to make or renew a commitment, as indicated by the Holy Father in the words "to do good with suffering and to do good to those suffering." A commitment which, while revealing the healing value of suffering, vindicates

for service to those suffering the most noble meaning of the salvific message of Christ The healing value of suffering is bound up with the first among works of justice and love, which is service to those suffering. In this commitment, to which both the infirm and those called to serve them in the most varied ways are called, there takes shape the highest, most necessary, and most valuable unity of the human race, which in love for life celebrates the Author Himself of the gift of life.

A tie which is not only ideal, but extremely concrete, today joins Lourdes to Assisi.

As in the city of St. Francis the Church, gathered around the Pope, prayed together with all mankind for peace, so today in Lourdes she prays with all mankind, that from solidarity in suffering there may arise communion in serenity, joy, and peace. Peace, indeed, is the work of justice, and justice is first of all a common commitment by all men of good will to associate themselves with the redemptive and healing action of Christ, who in suffering defeated pain and in undergoing agony and death defeated death May our prayer rise up today to God so that all those responsible for government will recognize and implement their duty to serve in the advancement and defense of life.

In this service the foundations will be laid for the only possible new world order in justice and peace

And, with prayer, the most heartfelt and pressing invitation to discern in the preaching and implementation of the Gospel of suffering that "new" evangelization which explicitly or implicitly the world awaits.

To all of you, dear patients and all suffering in body and spirit, may the grace be granted to discover in the offering of your tribulation the highest gift and the most effective lesson against all egoism and all violence.

And you, health professionals, doctors, nurses, and volunteers, called to a most noble ministry, at the feet of Our Lady renew your commitment to make your service the most credible witness to your adherence to the Gospel.

Priests, men and women religious, pastoral workers in health care, souls consecrated to caring for those suffering—renew your dedication today.

We know that to combat illness and its consequences science is not enough and medical facilities are not enough, but what is needed is a heart able to give itself, a heart making us tireless in giving, strong in consoling, persevering in love, capable of sharing the suffering which can be shared only in love.

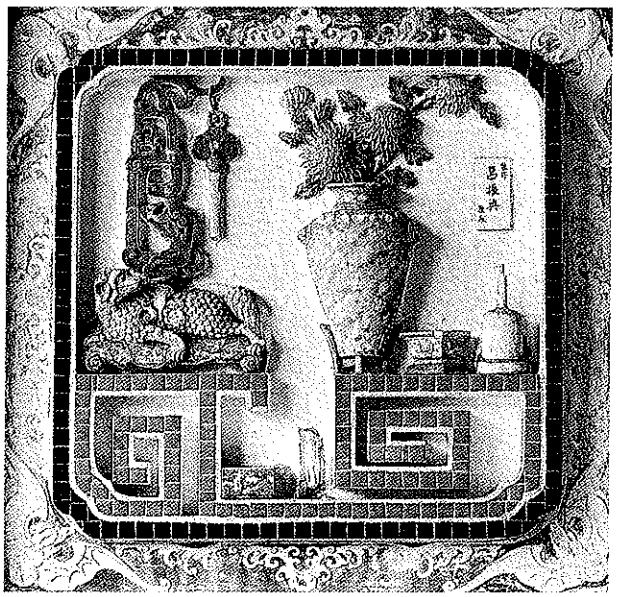
Let the measure of our gift be set by the extent of the misfortune to be healed and not by the fragility of our strength.

From the Lord, the physician of souls and bodies, let us draw the courage and strength not to abandon our commitment.

The Day we are celebrating cannot come to an end in this ceremony. It is the first of many days from which we seek inspiration for our work. We can say we have known and made known the Lord only if we have recognized Him and caused Him to be recognized in those suffering, in those who, as the last along the earth's roads, will be the first in the encounter with God.

Sub tuum praesidium confugimus, Sancta Dei Genitrix, nostras deprecationes ne despicias..... We take refuge in You, Holy Mother of God; hear our entreaty, You that have always been invoked by the Church as Health of the Sick.

Amen



# Words of the Mayor of Lourdes

*At the reception in honor of Fiorenzo Cardinal Angelini, Extraordinary Envoy of His Holiness John Paul II. Thursday, February 11, 1993, Hôtel De Ville*

Your Eminence, in order to confer upon this World Day of the Sick its full importance and enable it to radiate out universally, His Holiness John Paul II has wanted it to be celebrated in Lourdes on February 11th, the day consecrated to Our Lady.

In order to give this ceremony its full meaning and stress his loving concern for those who undergo suffering on account of illness, the Holy Father has chosen to be represented in the City of Mary by the person carrying out the delicate mission of heading the Pontifical Council for Pastoral Assistance to Health Care Workers.

I am thus greatly honored to extend a respectful welcome on behalf of all the citizens of Lourdes to Your Eminence, in your capacity as personal envoy of the Supreme Pontiff.

The city of Lourdes is very sensitive to the Holy Father's concern and appreciates the extraordinary favor of having Your Eminence with us.

The presence in Lourdes this morning of Mr. Gillibert, Minister for the Handicapped, to represent the government, emphasizes the importance which the civil authorities attach to this celebration.

And to demonstrate, if there were a need to, the international nature of this World Day of the Sick and the Handicapped, Lourdes with pleasure welcomes Mr. Adriano Bompiani, Italian Minister for Social Affairs, who has come to the City of Mary together with numerous public figures.

In his message, the Pope addresses "an invitation to recognize in the face of our suffering brother the face of Christ, who, by his suffering, death, and resurrection, has effected the salvation of mankind."

How can we dare to pass indifferently by one who suffers? How can we fail to reach out to him to come to his aid?

Those who at Lourdes, in the heart of hospitality, voluntarily place themselves at the service of the sick, know that assistance to these people is indispensable to offer them the necessary comfort in their darkest hours.

For over a century millions of human beings have come to lay their concerns, their misfortunes, their illnesses, and their desperation at the feet of a humble grotto.

All yearn for hope; for this reason they follow the road traced out—better than by the hands of men—since eternity and followed for over a century by Bernadette: they go to Massabielle.

They come to soothe their wounds and quench their thirst at the fount issuing forth from a smile by Our Lady amidst the tormented fingers of one of our humble children.

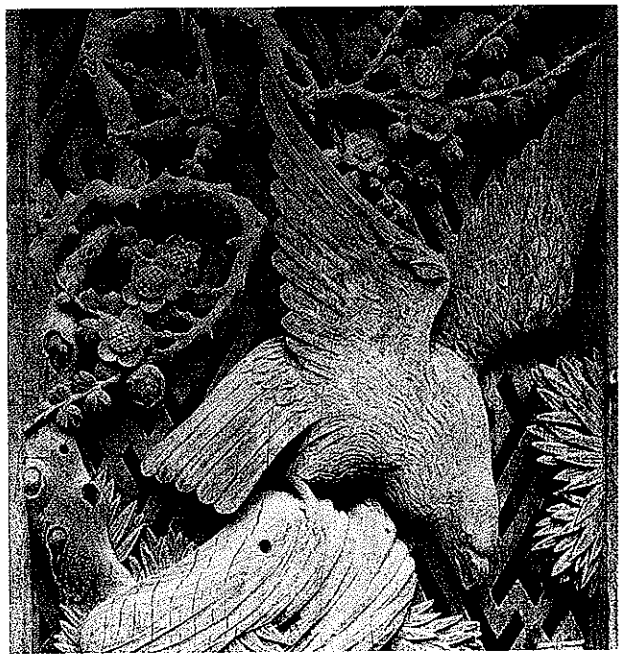
At Lourdes they find another light. In a world so full of egoism, excessively narrow corporatisms, sometimes bellicose nationalisms, the tendency to remain locked in oneself, racism, antisemitism, and extremist individualism, all of this constitutes a very strong current at present.

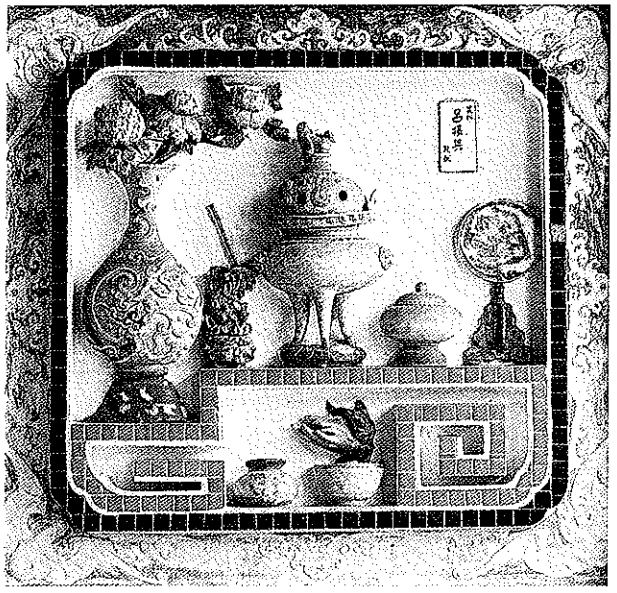
For those affirming the "primacy of the spiritual," which places the human person at the center of every action and proclaims necessary solidarity among men, combatting these tendencies is a daily obligation.

And here I believe the message of the Church inviting everyone to go beyond oneself and working for reconciliation, not division. What is new is the current need for this thought of the Church in the context of the close of the century and the millennium.

Hence we may comprehend why the Holy Father has chosen Lourdes to celebrate this first World Day devoted to the sick.

Allow me, Your Eminence, to be the spokesman for the citizens of Lourdes in asking you to convey to the Holy Father, John Paul II, our filial and unfailing affection.





# Lourdes: The Way of the Cross and of Resurrection

Since Our Lady appeared to poor Bernadette on the rock of Massabielle, every man has felt at home in Lourdes No one, however, will be surprised if on the eve of the celebration of the First World Day of the Sick we pause for a few moments to consider the importance of this place and its message in the lives of those wounded in body and soul.

In agreeing to carry out the mission God entrusted to her, Mary manifested the role of divine grace in the whole Christian life

St. Luke invites us to contemplate God's work in his creature from the moment of the Annunciation. The angel greets her as "Full of grace" (*Lk* 1:28).

Mary presented herself to Bernadette as the Immaculate Conception, the supreme sign of grace present in her. Everything in Mary's life is in the hand of God. "In your heart, O Mary, no obstacle to Infinite Love," we sing. In the eyes of Bernadette and all believers, Mary appears as the creature that, in her beauty and in the splendor of the Creator's will, seems to be beyond all disturbance.

Who comes to Lourdes? Of course, those who should be shocked at the appearance of such beauty. Do we not find those who could legitimately believe they have fallen out of God's hand, those disfigured by illness, mistreated by life? Do they come to hear a ready word of consolation which, according to many nonbelievers, will have them await the afterlife to become reconciled to the joy of living, an equality in destiny?

Let us look at the words of the Gospel more closely. Mary is "full of grace." The splendid image of saved creation. She knows, however, from the moment of her encounter with Simeon, that a sword will pierce her heart

A more correct vision of Our Lady thus does not leave out suffering as regards her privilege, the grace of her mission

Mary is the woman who, here at Lourdes, can speak to all, no matter what they suffer or undergo. She is familiar with suffering, and in spite of suffering and through it, she leads the pilgrim on the road of the joy God begins to fulfill from the present day on.

At Lourdes those exiled from grace come back home, and beauty is restored to all Suffering is not removed or exalted, but borne

Mary, full of grace, was led to the foot of the cross: a curious destiny! She had been associated with God's life-giving work; she had given her humanity to the Word of God. And now death was accomplishing its work before her: Jesus, her child, was rejected, disdained, and tortured He suffered and died. This spectacle took place before her eyes. What remained of the promises of grace? They appeared to have been forgotten, annulled. However, grace was fulfilled: *Stabat mater dolorosa juxta crucem*. Mary stood there, firm in faith and hope at the foot of the cross.

But if Mary remained firm in the face of the horrible sufferings of her Son, she does not take her eyes off our sufferings either, along with those of everyone coming to Lourdes to bear his or her cross. She fully accomplished the words of her Son: "What you did to the least of my brothers you did to me."

At the foot of the cross, we understand Mary's secret. Her eyes and her motherly heart perceive the sufferings of the Son, but faith reveals to her gaze, in the water and the blood of which St. John speaks to us, the immense love saving the world—the only love capable of making Christ's offering on the cross fruitful.

The water and the blood testify that God's promise is fulfilled.

— Water purifies: the water of Baptism and the water of penance at Lourdes. "Go and drink from the fount and wash yourselves." We know it—the true rock from which the water of life flows is Christ.

— The blood of Christ cries out the perfect love with which He loves us. This love awakens and summons our own. In the Eucharist we receive the Body and the Blood of Him who gives his life with Love. At Lourdes Mary asks, "Go and tell the priests to come here in procession." The crowds come to worship and receive this gift of love.

On the cross suffering and love are exhibited. The suffering passes, but, in the words of the Apostle Paul, love and charity do not.

To remain standing with Mary at the foot of the cross, we must learn to love. John is present because he has certainly learned to heed love rather than fear. The Gospel calls him "the disciple whom Jesus loved," but does not indicate his name. Perhaps to allow all those striving to overcome their fear of loving to take their place at the foot of the cross?

Mary knows the weight of suffering in human lives; she does not suppress it, but transports us in her act of faith and hope. She changes our gaze, our complaints, our anguish. How beautiful it is to hear Christ say to us, "Here is your Mother," and we can in turn take Mary with us.

What does she teach us? She assures us that the cross of suffering leads to the Glory of life and salvation. It is to the glory of the cross and the resurrection that Mary Immaculate owes her innocence; Mary Magdalene, her penance; the Good Thief, his hope of paradise; and the centurion, his faith: "This man was truly the Son of God."

In Lourdes, the sufferings placed on the cross of Christ receive a mysterious, amazing fruitfulness.

– Some rediscover innocence of heart and forgiveness here.

– Some rediscover faith here.

– Some receive the promise of paradise here.

– Bodies are sometimes relieved of pain here, but hearts very often open to new, eternal life.

Lourdes is undoubtedly a grotto in which, on February 11, 1858, for the first time, Our Lady appeared and spoke to Bernadette. In keeping with the message addressed to the teenager, Lourdes has become a way of the cross and of resurrection for those willing to come here poor and small, like Bernadette. The Church rejoices on seeing so many children respond to the Mother of God's invitation. For this reason, she has on different occasions built such large chapels in this land of Bigorre.

Most Rev. JEAN-PAUL JAEGER
*Bishop of Nancy*
*and Responsible for Pastoral*
*Care in Health in France*



# How can patients and disabled truly occupy their rightful place in society?

It is a great pleasure for me to represent the World Health Organization on this very special occasion, celebrating the World Day for Sick People here in Lourdes. The Holy See and the World Health Organization have a large common ground of shared values as regards health, the care for the sick and disabled, and the humanization of medicine. For me personally it is also a much welcome occasion to meet again an old friend, His Excellency Cardinal Angelini, whose vision and drive have made a great contribution to the work of the Holy See in the field of health in recent years!

The theme of today's round table—How to ensure that patients and disabled people occupy their rightful place in society and in the Church—is a very important, very interesting and very difficult issue. For the World Health Organization, protecting the human dignity of individuals and of vulnerable groups in societies is not only an important ideal but also an integral part of the strategies we believe societies must

adopt if they want to seriously improve the health of their populations, now at the end of the twentieth century. There are two major reasons why we so strongly believe in these principles, principles that are firmly based in the Health for All policy which is WHO's credo in the health field:

First, we believe policies and programmes in health must rest on a firm basis of human rights, on ethical values of respect for the human being in general and of the sick, suffering and disadvantaged in particular. Without such a fundamental basis we will soon go wrong in our search for practical solutions for health care in a world so preoccupied with economic considerations and technical solutions as that which we face today!

Second, WHO is utterly convinced that the individual human being, whether so-called in good health, sick or disabled, can have a very important contribution as regards his/her own health. This not only has to do with the individual efforts to strengthen health through more healthy lifestyles but also with regard to enhancing therapeutic methods when disease strikes or as a help in coping better with any lasting infirmity or disability.

For these reasons, such concerns are dealt with extensively in the European Health for All policy and its 38 targets which is the basic fundament for all that WHO does in the European Region, a policy adopted by the official government representatives of all our Member States at the Regional Committee in 1984 (and updated in 1991) representing the 850 million people and 47 countries located within an area from Greenland in the north, to the Mediterranean in the south and the Pacific Ocean in the east.

Let me just mention as an example 4 of the 38 targets that have particular relevance to the subject we are discussing here today:

*Target 1*: this addresses directly the question of inequity in health and pledges to reduce such inequities between social groups and countries;

*Target 2*: this target recognizes that all individuals—old or young, healthy or sick, disabled or not—have their own potential for living a physical, social or economic active life and that improving the possibilities for people to do so must be a major aim in national health development efforts;

*Target 3*: states that by the year 2000 handicapped people should have the physical, social and economic opportunities to

allow at least for a socially and economically fulfilling and mentally creative life;

*Target 30* states that people in need of long-term care should benefit from services which, inter alia, offer self-help groups and patients' associations active participation in planning and implementation of services.

Despite all possible preventive and rehabilitative efforts, there will always be some people with permanent functional impairments and disabilities, but they need not be socially handicapped! It is mainly the physical and social environment that determines the effect of an impairment or a disability on a person's ability to lead a satisfying and productive life.

People are handicapped only when they are denied the opportunities generally available in their community to enjoy family life, education, employment, housing, access to public facilities, freedom of movement and the accepted standard of living.



The integration of disabled people in their community is far from satisfactory in most European countries today. Nowhere have all obstacles been overcome, despite the important steps taken by some countries to eliminate or reduce barriers to the full participation of disabled people. In many cases, disabled children and adults are still excluded from school because of their limited mobility or because those responsible for them are not sufficiently aware of their abilities and potential Children with disabilities are too often confined to life in institutions that are more custodial than educational. Disabled people are often denied employment or given menial and poorly paid jobs, even though it can be shown that with proper assessment, training and placement, most can satisfy the prevailing work norms. Finally, the disabled are often denied the right to self-determination in their life and future development, as well as their chance to take part in the social life of their community. This deprivation is a result of physical, social and economic barriers that have often been caused by ignorance, fear or indifference. This socially inflicted deprivation is especially acute with regard to the mentally disabled

A major effort is needed to change the situation. This will involve extensive campaigns, aimed at all age groups, and designed to make people conscious of the human being within the disabled body. Special programmes should be arranged to help disabled people to develop their skills in daily living, in sport and in social interaction. Strict building and town planning codes should ensure easy access and open up functional possibilities for different types of disabled person. High priority should be given to the design of improved technical aids for the disabled. Public funding should cover the extra cost for the disabled of specially designed housing, transport and tools for daily life, work and leisure. The disabled should be assured paid occupations commensurate with their residual functional capacity. All disabled people, whether in institutions or in their own homes, should be guaranteed all the basic human rights, including the right to self-determination in their own lives, to a reasonable degree of privacy, to sexual relations, and to participation in community life. However, most important of all will be the need to ensure that the disabled themselves exercise a decisive influence on the design of such policies and programmes, at both national and, particularly, local levels.

Thus, there are a number of important, practical issues that must be faced "head-on" if one wants to improve the situation for patients and the disabled. These questions not only pose practical and technical challenges but also important questions of attitude, as they often mean a different relation between patient and provider in society and between high risk/disabled groups of people and society in general

A typical example is how to make patients better able to contribute actively to solving their own health problems. It is not enough to provide a general health education for the population! A person who gets sick must not only have the right to, but also in practice receive the necessary information regarding his/her own situation. What type of disease is this? What are the expected symptoms? What can be done about it? How can I actively contribute to reducing the effect of my disease? These are important questions since in our society it is quite normal to keep such information away from people—because they are elderly, because we believe they cannot

stand to be given a serious diagnosis (such as, for example, cancer) or because they are children and we therefore have to "think for them". Needless to say, the message has always to be adapted to the individual—for instance, if it is a child—but the basic principles of openness in information must remain the same!

This means that special educational material for patients must be produced and must be made available, at the appropriate time, most preferably by the treating physician. In certain instances, special technology should be made available for the patient to use. Today for instance, measuring blood pressure is something that no longer is the prerogative of treating physicians only but something the individual patient can be properly taught, thereby getting a monitoring instrument which can very much help in the daily management of disease. Another example is from diabetes where better education and giving patients the possibility of measuring their own blood sugar can have a major influence on not only the well being of patients, but also on the long term, serious side effects (such as kidney failure, amputations, blindness and premature death).

In this context, patients should also be presented with treatment alternatives, when such ones exist. A typical example is the choice between an operation and physiotherapy for a back problem, or the choice between bypass surgery and angioplasty in heart disease. How many doctors today give enough information of such alternatives so as to give the patient a true choice?

We must also be willing to give importance to the voice of patients in a more organized way. We, the physicians, tend to look a patients as someone we do something for—not with! Furthermore, we tend not to follow the long-term effects of treatments, of the quality of life and daily functioning of the patients we treat. Therefore, patients' organizations are extremely valuable sources of advice for public health authorities and health care providers in decisions related to treatment and care. They are also very valuable tools for providing mutual support for individual patients, not least those with chronic diseases and disabilities. Patients' organizations, therefore, should be given a much stronger role in our health care systems.

For the disabled and the chronic sick, the right to have changes carried out to their living and working environment to

make easier daily living, transport, work, is extremely important. A disabled patient, whose house has been refitted to suit

his/her disability, whose wheelchair can circulate in the local neighbourhood, whose car has ben modified to bring the person to work and whose workplace is friendly and poses little obstruction in the performance of basic functions, has become an economic and socially active citizen—which, in WHO's terminology, is the definition of health itself!

So what are the major changes to be made? Surely there are technical changes that can help the patient or the disabled overcome the obstacles in their daily environnement. Surely there are economic changes that make it possible for the sick and the disabled to obtain the additional support needed and still maintain a reasonable quality of life. Surely it is the medical treatment and nursing care required to keep body and mind functioning—e.g. hip replacement to help him/her walk back into society in old-age.



However, these are the easy matters. The difficult challenger lie in the minds of us all. They lie in the minds of the sick and disabled themselves, who must be given information, trust and inspiration to gain the confidence that they can contribute and the spiritual energy to turn their frame of thinking away from one of dependence and passivity towards one of drive and initiative. The challenge lies to change the mind of the health care provider—the physician, the nurse and others. They must change their deep-routed perception of themselves as the "know all", as the scientific decision-makers treating a symptom or a disease only! They must learn to recognize not only the patient as a whole human being in intimate relation with his/her local environment but also as an individual who has the right and should be given the opportunity to exercise a true choice with regard to the treatment. Thus, the professional mind-set must be one of technical expertise, of great objectivity in outlining different alternatives, of a supportive adviser that tries to help the patient make the best choice and, finally, of one that respects that choice and takes it fully into account in subsequent action.

Finally, the challenge lies in changing the attitude of society itself. Ensuring that the handicapped or sick person occupies a place in society that he/she should is a serious challenge to the attitude and political will of societies and, first and foremost, to the political leaders that adopt the official policies, choose the value systems on which they should be based, work out the laws that empower their enforcement and vote the budget that makes it possible.

To get such changes, public debate and public exposure are indispensable in today's society. I am very grateful for the occasion that these meetings give for mobilizing the prestige of the Church for an issue of such profound importance in today's Europe.

JOE E. ASVALL, M.D
*Regional Director for Europe World Health Organization*

# Lourdes: Symbol of Hope and Grace

We thank Providence for having permitted us to be in Lourdes for the celebration of such an important liturgical occasion, since this place has become a "symbol of hope and grace under the sign of the acceptance and offering of salvific suffering," as John Paul II stated in his letter of May 13, 1992 to Cardinal Angelini.

We must acknowledge, in a spirit of openness to the truth, that devotion to Our Blessed Lady of Lourdes has at this sanctuary been a source of healing and spiritual consolation for innumerable groups of pilgrims and the suffering. We, as practitioners of the healing art, who are in daily contact with illness and bodily decline, who strive by the light of reason to investigate all the functions of the organism, no matter how hidden, in an effort to provide care and healing, pause in meditation before the prodigy of certain cures, but, above all, we gratefully recognize the discovery of the "meaning of suffering" which this place of worship makes possible, for both patients and ourselves.

I believe it is important to recall the nature and significance of suffering.

In *Salvifici Doloris* John Paul II points out to us that, in a proper sense, suffering is a "pain of the soul," although in the psychophysical unity moral sufferings and corporal pain (sufferings) may be more or less markedly intermingled.

No matter how much the words "suffering" and "pain" can, to a certain extent, be used as synonyms, physical suffering appears when "the body aches" in some way, whereas moral suffering is "pain of the soul." It in fact involves pain of a spiritual nature, and not just the "psychic" dimension of pain accompanying both physical and moral suffering. The breadth and multiform character of moral suffering are certainly not less than those of a physical kind; but at the same time it almost seems less identifiable and less within the reach of therapy (no. 5). And shortly thereafter he insists, the Old Testament, in dealing with man as a psychophysical "whole," frequently joins "moral" sufferings to the pain of certain parts of the organism—the bones, the kidneys, the liver, the viscera, the heart. In reality, it cannot be denied that moral sufferings have, in turn, a "physical" or somatic component and are often reflected in the state of the whole organism (no. 6).

This mixture is found particularly in the chronic patient, in the nonself-sufficient elderly, in the disabled, in whom awareness of their bodily limitation, while not producing physical pain, frequently prompts feelings of frustration and discouragement over restrictions upon their capacity for social relations and passive abandonment to misfortune.

### The Meaning of Suffering

For centuries man has wondered about the *reason* for suffering.

The answers have been many and varied.

For religious men, suffering has often been seen as the expiation of guilt. But the Old Testament initially instructed believers correctly in this regard: what has been termed the "scandal" of the sufferings of Job—a just, God-fearing man—shows us that not all suffering is the result of guilt and represents punishment, but all suffering, however, constitutes a trial.

For its part, the New Testament offers the dimension of redemption, even beyond justice: the incarnation, passion, and resurrection of Christ express victory over sin and definitive suffering, in both an eschatological and a temporal/historical sense.

In short, the New Testament tells us, man's suffering, when accepted with faith, is the light of salvation; it is a sharing in the suffering accompanying the life and, above all, the death of Christ.

Hon. ADRIANO BOMPIANI
*Italian Minister of Social Affairs*



# Mary *Is Salus Infirmorum* Because She Is the "Immaculate Conception"

"On the liturgical commemoration of Our Lady of Lourdes, whose Sanctuary at the foot of the Pyrenees has become a kind of *temple of human suffering*, we draw near—as She did on Calvary, where her Son's cross rose up—the crosses of pain and loneliness of so many brothers and sisters to bring them comfort, to share their suffering and present it to the Lord of life, in communion with the whole Church.

"May Our Lady, 'Health of the Sick,' and 'Mother of the 'Living,' be our support and our hope....'" [1]

The Holy Father's personal choice in linking the celebration of the *World Day of the Sick* to the feast of Our Lady of Lourdes spurs us to seek the motivations behind this act. They cannot have been purely emotional, or of some temporal variety, but only theological—indeed, my personal opinion is that they definitely were.

His final entrusting of the Day to Our Lady as *Salus Infirmorum* and "Mother of the Living" cannot fail to persuade us that for the Pope Lourdes is a continuing sign of the bursting forth into our history, as an itinerant People, of Mary, the *Immaculate Conception*—that is, of Her regarding whom the infinite goodness of God established that, "as a woman had contributed to inflicting death, so a woman should contribute to giving life ...; she has given the world Life Himself, who renews all, and has been enriched by God with gifts consonant with such an office." [2] She in whom the global, total health of body and soul has already been achieved through the merits of her Son, Jesus and is "...the image and beginning of the Church, which is to find fulfillment in the future age; she thus shines now before the pilgrim People of God as a sign of sure hope and consolation, until the Day of the Lord comes."[3]

Mary is, therefore, *Salus Infirmorum* because she is the *Immaculate Conception*.



**Perennial Devotion to Mary**

In the community of believers Mary has been so venerated and loved since antiquity, although the title under consideration appeared in later centuries

In Rome Our Lady has been addressed as *auxilium et solamen nostrae infirmitatis* since the second half of the third century.[4] Pope Stephen I, writing in 256 to the Bishop of León and Astorga, points out that "ante lavacrum salutare lapsi omnes sunt et quidem primum fideles absolvuntur passione Christi, dein meritis beatae Deiparae: ille ad unitatem filiorum Dei reducit, haec vero sanitatem ac uniuscuisque sancitatem redonat." [5] Several other Pontiffs adopted this focus in the following centuries.[6]

It is equally present in the Church Fathers, both Latin and Oriental, who, though not articulating the doctrine of the *Immaculate Conception* [7] as it was to be clarified and matured over the course of time, regard Mary as the Mother of God, "full of grace," (*Lk* 1:28), the defense of man's health.[8]

Peter Chrisologus thus affirms that "...the Virgin truly became the *mother of the living* by means of grace, She who was the mother of those who by nature were destined to death." [9]

In the fifth century Sedulius wrote, "There was only one woman on account of whom the door to death opened, and also one alone is the woman through whom *life returns*." [10]

And Venanzio Fortunato wrote this wonderful hymn: "O excelling beauty, O woman *who are the image of salvation,* powerful in the fruit of your womb and pleasing in your virginity, *through you the world's salvation deigned to be born and restore the human race,* which proud Eve brought into the world." [11]

We shall close this overview of the Latin Fathers with Fulgentius of Ruspe, who writes, "...Divine goodness has implemented this plan to redeem the human race: by means of a man, born of a single woman, men *have had life restored*." [12]

There is a greater wealth of texts in the Oriental Fathers and Liturgy. Cyril of Jerusalem writes, "By means of the Virgin Eve death entered; it was necessary for *life, too, to come* by means of a virgin—indeed, from a virgin...." [13]

Pseudo-Gregory Nycene states, "...From the Holy Virgin the tree of life and grace has blossomed.... The Holy Virgin has in fact become a *source of life for us*.... In Mary alone, immaculate and ever virgin, the shoot of life flourished for us, for she alone was so pure in body and soul that with a serene mind she replied to the angel...." [14]

Roman the Melodious writes, "Joachim and Ann were freed *from the dishonor of sterility,* and Adam and Eve, from the *corruption of death,* O Immaculate One, by your nativity. Your people celebrates it today, having been freed the slavery of sin, exclaiming to you, 'The sterile one gives birth to the *Mother of God and wetnurse of our lives*.' "[15]

Proclus of Constantinople states, "Eve has been healed.... We thus say to her, 'Blessed are you among women' (*Lk* 1:42), the only one who *nursed the pain of Eve,* the only one who dried the tears of the afflicted one...." [16]

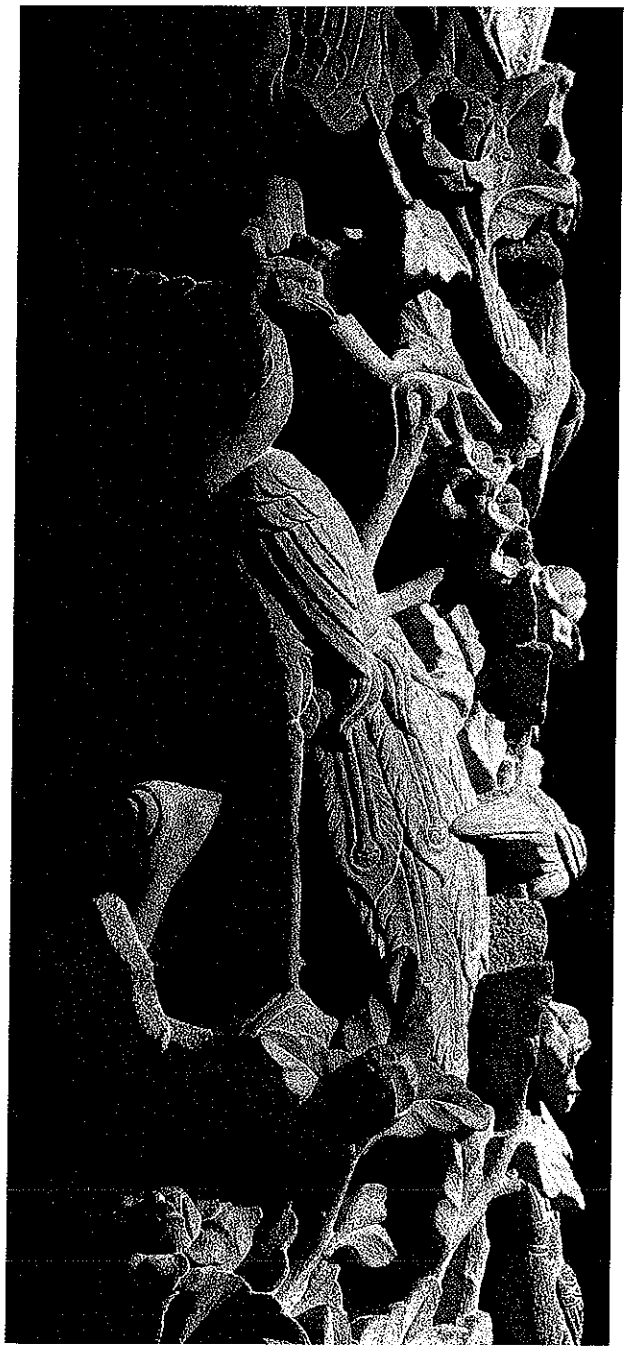
In the liturgy of the Oriental Church from the first to the sixth century there was an abundance of texts. We shall include just a few.

"For Eve, corruption; for you, incorruptibility. For her, death; *for you, on the other hand, life... The Doctor, Jesus, has appeared for us through you! To heal everyone, as God, and save*.... Hail, Immaculate and Merciful One; hail, Bulwark of the world...." [17]

"Immaculate Mother of Christ, glory of the devout, we magnify you.... You are life, O Chaste One, *having given life* to those who magnify you...." [18] "Hail—for *you pain is extinguished*.... Hail, inexhaustible 'treasure' of life.... Hail—you are medicine for my members. Hail, my soul's salvation."[19]

"...O Virgin, immaculate maiden, save those who seek refuge in you." [29]

"Immaculate Mother of God..., we who have acquired your protection...and are freed through your prayers from dangers



and guarded at all times by the cross of your Son, all of us magnify you with devotion as we ought... Our refuge and our strength are you, O Mother of God, powerful help of the world. By your prayers protect your servants from every need, O sole Blessed One." [21]

We shall conclude this quick look at the witness of the Church's early centuries with a selection from the Greek hymns which serves as a summary: "Most Holy Mother of God, do not abandon me during my lifetime and *do not entrust me to any human protection, but take care of me yourself and have mercy on me*." [22]

**At Lourdes Today**

On Thursday, February 11, 1858, Our Lady at Lourdes entrusted to little Bernadette Soubirous the message of hope and light for men who were sick and suffering in spirit and in body. And it was another Thursday, February 11, 1993, when the Holy Father sent Fiorenzo Cardinal Angelini to Lourdes as his Personal Envoy to celebrate the *First World Day of the Sick*—a fortuitous, but happy coincidence marking God's choices in time.

Perhaps this is not a sign. And yet gives us the opportunity to bring out the extent to which the inspired words of the Supreme Pastor of the Church of Mary's Son, Jesus, are in keeping with the Message of the White Lady at the Grotto of Massabielle.

In the conversations with the heavenly vision narrated by Bernadette we are struck by the personal relationship Our Lady established with her. "She looks at me as one person looks at another. *She uses formal address with me. She speaks to me in dialect.*" [23] A marvelous lesson from Heaven. All human creatures, including the smallest and poorest, the simplest and least educated, *have the right to be respected as persons*. This is the recurring theme which John Paul II gives resonance to in his *Letter Instituting the World Day of the Sick* [24] and the *Message for the Initial Celebration.* [25]

The Pope, who has placed *man* at the center since the start of his pastoral service, becomes the soul and voice for those most alone and suffering by invoking and demanding respect and consideration for the *person,* who is untouchable in his inalienable rights.

Bernadette was asked by Our Lady for penance and prayer for sinners. And she was made to feel the full weight of the Son's Passion. During the vision of February 25th she experienced its effects. Marie Pailhes, who stood beside her, was to relate, "She seemed to be bearing all the world's suffering." [26] Until her death Bernadette bore in her body the

sufferings of the Passion—invisible, but excruciating. "I am ground like a grain of wheat," she was to state at her life's close.[27]

And John Paul II writes in the *Letter* instituting the Day, "Lourdes...is at once a place and symbol of hope and grace under the sign of acceptance and the offering of salvific suffering." And it is a place which bestows the message that "love is stronger than death," as announced by the Fifteenth Station of the Via Crucis, with the enormous tombstone swept aside on the morning of the Resurrection.

In the Homily delivered at the St. Pius X Basilica on the morning of February 11th before the 25,000 people in attendance, Fiorenzo Cardinal Angelini affirmed that "...the Day ought to be a moment in which we spiritually renew our Baptismal promises, which are summarized in the will to faithfully follow Christ, who became incarnate 'not to be served, but to serve' (*Mk* 20:28) and to heal every illness of body and spirit."



The water gushing from the rock of Massabielle which the gentle, white Lady indicated to Bernadette is a "sign of Christ, from whose side there issue forth water and blood to cleanse us of sin. It is in the recollection of Baptism and the celebration of Reconciliation that this water takes on full meaning." [28] The Lourdes Parish Missal proposed that day for the celebration of the Eucharist the reading of this passage on the Passion, and she, Bernadette, did not know it. Our Lady had guided her to represent and live out her Son's Passion for sinners.

And it was only on the day of the Annunciation, Thursday, March 25, that the "Lady dressed in white...with a skyblue sash and a yellow rose on each foot of the same color as her rosary," [29] revealed her name: *I am the Immaculate Conception*. How can we avoid interpreting this to be a specific choice closing relating Mary's being "full of grace" and her descent to Lourdes, in the midst of the itinerant People—weary, discouraged, sick, and disoriented—to the moment of the Incarnation. Immense throngs of pilgrims over the last 135 years have flocked to this "City of Assent to the Will of God"—as Cardinal Angelini described Lourdes on several occasions during his visit—to implore light, hope, and health in body and soul.

In Lourdes we encountered confirmation of the fact that *Mary is Salus Infirmorum because She is the Immaculate Conception*.

Rev. FELICE RUFFINI, M.I.
*Undersecretary of the Pontifical Council for Pastoral Assistance to Health Care Workers*

[1] JOHN PAUL II, *Message for the Celebration of the First World Day of the Sick*, from the Vatican, October 21, 1992.

[2] VATICAN II, Dogmatic Constitution *Lumen Gentium*, no. 56.

[3] *Ibid.*, no. 68.

[4] FIORENZO Cardinal ANGELINI, *Maria Salus Infirmorum nel mistero e nella storia della salvezza* (Rome: Orizzonte Medico, 1970), n. 37, p. 134.

[5] *Idem*.

[6] See *Ibid.*, pp. 134-140.

[7] See the entry *Immacolata*, in S. De Fiores and S. Meo (eds.), *Nuovo Dizionario di Mariologia* (Italy: Paoline, 1986), pp. 679-708.

[8] For this topic we have consulted G. Gharib *et al* (eds), *Testi mariani del primo millennio* 4 vols. (Italy: Città Nuova, 1988-1991).

[9] *Sermon 140*, 4; PL 52, 557B.

[10] *Hymn* 1, 58; CSEL 10, 153; PL 19, 753.

[11] *In Laudem Sanctae Mariae*, PL 88, 276-284.

[12] *Faith, to the Deacon Peter*, 18; CCL 91, 716-752; PL 65, 675-700.

[13] *Catechesis*, XII, 15; PG 33, 741.

[14] *Homily on the Annunciation*; La Piana, 548-563.

[15] *Hymn of the Nativity of Mary*. Maas-Trypanis I, 276-280.

[16] *Fifth Homily on the Mother of God*, PG 65, 715-727.

[17] *Kondakia to the Virgin Mother of God*; BZ 58, 329-332.

[18] *Hymn in Honor of the Virgin Mary*, BZ 18, 345-346.

[19] AKATHISTOS, I. The Annunciation; Horologion, 887-900.

[20] *Megalinaria Festivi. Hymn for Christmas*. BZ 18, 347.

[21] *Tropari Ciclo Settimanale. Theotokoia Feriali*. Horologion, 787-815.

[22] *Tropari Ciclo Giornaliero*, Horologion, 270.

[23] I. BORDES, *Lourdes. Seguendo i passi di Bernadette* (MSM 1991), p. 16.

[24] See *Dolentium Hominum*. Journal of the Pontifical Council for Pastoral Assistance to Health Care Workers, no. 20 (1992), pp. 3-6.

[25] *Dolentium Hominum*, no. 21 (1992).

[26] BORDES, p. 23.

[27] *Ibid.*, p. 55.

[28] *Ibid.*, p. 84.

[29] *Ibid.*, p. 15.

# The First World Day of the Sick: Echoes from Around the World

The Holy Father's appeal has had vast repercussions around the world—a stirring and often moving response. Reports are still incomplete (not all countries have as yet informed us), but the data available to us are extremely significant and consoling.

We shall at once stress the grateful satisfaction of the infirm, universally united in suffering and love to the whole and a great part of humanity

The Bishops' concern, the Nunciatures' attention, the diligence of medical facilities, hospital chaplains, and women religious, the commitment of volunteers, the presence of other faith communities (such as Moslems and Protestants in a number of countries), physicians and civil society everywhere (along with the authorities), special initiatives, and involvement by organizations—all of these have provided stirring responses to the panorama of suffering in human, scientific, and religious terms.

Sentiments and emotion have played a role, but also the effective concreteness of works, sharing, and prayer

Creating awareness of "the need to guarantee the infirm better care," as the Pope stated in his Letter of May 13, 1992, encouraging the sick "to find value in suffering," the involvement of communities, families, and volunteers, the importance of training health workers and of religious assistance to the sick, experiencing together this "intense moment of prayer, sharing, and offering of suffering for the good of the Church," "recognizing the Holy Face of Christ in the face of our sick brother"—these were the major recommendations indicated by the Holy Father to make this celebration fruitful.

The response has been unanimous and generous, enthusiastic beyond all expectation.

There was also immediate, intense preparation for the Day The Pontifical Council for Pastoral Assistance to Health Care Workers had sent the Nunciatures, all the world's Bishops' Conferences, medical associations, and various organizations proposals for the different moments of the preparation and celebration, in addition to the Holy Father's Letter. It had also put out a booklet for the Day and a videocassette entitled *The Value of Suffering,* which has been universally received with appreciation and satisfaction, prompting comments such as "I have admired the impeccable execution and enormous didactic value!"; "an important aid to create greater awareness among the faithful of the suffering around them" (Ivory Coast); "it bears the hope which the Holy Father offers the whole world" (Iran); "an intelligent and modern pastoral initiative" (Guatemala); "it will significantly contribute to the evangelization of this country with so many trials" (Nicaragua). These are some of the numerous remarks by Nuncios on the videocassette—just one small facet of the abundant, frenetic correspondence to prepare the Day

In many countries, in keeping with local conditions, it was possible to organize in unitary fashion through both printed material (articles and posters) and associations. The Nunciatures have done valuable, timely, and painstaking work, along with the Bishops' Conferences. In carrying this out, the vitality of the dioceses and operative possibilities of course played a major role.

In celebrating the Day the same model has been used almost everywhere: a religious celebration attended by the local Ordinary, meetings, visits, and gifts to the sick, official ceremonies, and conferences.

We would like to illustrate the wonderful gestures of solidarity, special initiatives, studies and information disseminated, renewal of facilities prompted by this occasion, comfort and hope. Because of space limitations,

we cannot include herein the full reports from all countries But we feel dutybound to allude in summary fashion to at least some points while taking into account the difficulties in certain contexts.

## Africa

*Burkina Faso* "The Holy Father's *Message* was disseminated by the Bulletin of the Diocese of Bobo-Dioulasso, and celebrations were organized in other churches as well."

*Burundi* "... I am deeply grateful for this useful instrument of evangelization" (in reference to the videocassette).

*Cameroon* "An identification of healthcare institutions; a substantial collection of funds and the setting up of commissions to administer and distribute them. A week of meetings for prayer and talks. The core of the celebration took place at Jamot Hospital, with a solemn concelebrated Mass Visiting the sick in the wards and praying with them—that was the loftiest witness. The sick were served a fraternal lunch, and a kitchen was specially fitted out in the hospital courtyard This Day is becoming a springboard for Column of Fire (the charismatic prayer community) to witness to their expressions of compassion

*Ivory Coast* " At the start of the celebration the statue of Our Lady of Lourdes donated by that Sanctuary was blessed. Then there was an act of trust read by a sick women. Professor Aholi, President of Ivory Coast's Catholic Medical Association and Superior of the Pallottine Community, spoke. Over a hundred sick people attended and many of the disabled in wheelchairs Two of them took the offerings to the altar The celebration of the first Day was welcomed with interest and sympathy by both Catholics and Moslems"

*Egypt* The Patriarch of Alexandria is grateful for the videocassette, used in several gatherings, particularly with the sick,"so that they can live out their suffering with strength and turn it into an apostolic instrument"

*Ghana*. The Day was inaugurated at the Cathedral of the Holy Spirit in Adabraka, Accra, with an address by the Archbishop and a talk by the Hon S.G. Obimpeh, Minister of Health: ". The Catholic Church in Ghana has always been an important partner for the government in the field of health... The Nation appreciates and thanks the Church for its dedication.. and for the importance attached to the moral and spiritual education of health workers" "This occasion of the World Day of the Sick is also a moment to reflect on values, to foster an attitude of listening, and to make a renewed commitment" (address by the Most Rev. James K. Owusu). The Church offers her services in 27 hospitals, 59 clinics, 3 nursing schools, 2 orphanages, and 4 pharmaceutical factories and also implements programs such as Primary Health Care and health education and AIDS projects, among others.

*Madagascar* The Bishops' Health Commission translated into Madagascan the Letter instituting the Day, which was celebrated at all the medical facilities. The main event took place at Antananarivo Hospital (700 beds), with the attendance of administrators and representatives of the Protestants National television and the mass media in general provided broad coverage, stressing "the universal dimension of the celebration." Every diocese received the Pope's *Message*. 4,000 copies were printed for distribution A solemn celebration was held at the Cathedral. The liturgy and related services were prepared by the medical *Inspecteur*, a Sister working at a dispensary, and a nurse, with the help of doctors, midwives, and nurses from different facilities in the city. The congregation was deeply moved on seeing the doctors traverse the central nave of the Cathedral, hand-in-hand with sick or disabled people Medical instruments were included in the offertory.

*Rwanda* Gratitude is expressed for the videocassette, a "document bearing hope" Through the efforts of the Pontifical Council for the healthcare ministry, 400 dossiers were sent to all the country's dioceses and parishes, to all the medical *formations* and schools, and to all the religious congregations and secular institutes. The Bishops' Conference included the Day in the liturgical calendar *Ordo* The celebration was also agreed upon with the Health Minister, who in a letter stated that the Day of the Sick would be held in keeping with plans established jointly with the Church. At the St Paul National Pastoral Center in Kigali, a celebration for handicapped children brought together a large number of children and parents At the Hospital Center the Archbishop celebrated Mass, with the attendance of the Health Minister, the Belgian Ambassador, representatives of WHO and UNICEF in Rwanda, and hospital personnel The Gikondo Health Center organized the celebration with AIDS patients; there was an interfaith approach, with the participation of Protestants and Moslems The Butare University Parish in the south mobilized the whole campus around the sick. The Bare Parish took up a collection which raised 4015 francs for the ill

*Sierra Leone* In the course of a paraliturgy presided over by the new Apostolic Nuncio, the Most Rev L. Travaglino, assisted by the Bishop of the Diocese of Makeni, the Most Rev G Biguzzi, the Day opened in Luinsar Parish with the awarding of a papal decoration to three Saverian priests and three St. John of God Brothers who are among the founders of the hospital regarded as the best in the country In the afternoon the Eucharist was celebrated at the Hospital. The Apostolic Nuncio and the Bishop visited all the rooms in the facility, taking a little gift package to each patient as a sign of solidarity and comfort.

The Day closed with a fraternal supper for all the men and women missionaries of (Luinsar).

## Central America and the Caribbean

*Costa Rica.* A preparatory circular letter was sent out to parish priests, hospital chaplains, and extraordinary ministers of the Eucharist. The motivation for the Day was made known extensively through the media, in both broadcasts and articles. The Archdiocesan Commission for Pastoral Care in Health published a guide for pastoral workers in this field. The Day was a key moment for bringing out the value of the hospital chaplain and increasing awareness of the significance of suffering and pain, while renewing interest in the pastoral care of prisoners, drug addicts, and the disabled.

*Cuba.* The Ambassador to the Holy See is grateful for the opportunity to accompany Cardinal Angelini to Lourdes as the representative of a government and a people that have strongly committed themselves to public health programs under particularly difficult conditions. Fra Colliga of the St. John of God Brothers has informed us that the Day was successfully held in the different dioceses.

*Dominican Republic.* The Cardinal Archbishop of Santo Domingo presided over a meeting with women religious to prepare the event. The celebration took place in the Hall of Santo Domingo's Catholic University, with the attendance of the Undersecretary of the Ministry of Health. It was organized by the Catholic Medical Association, and emphasis was placed on reflection and study. An interdisciplinary group of specialists from the Pan-American Health Bureau, the Mater et Magistra Pontifical University, the Ministry of Health and Welfare, the Dominican AIDS Foundation, the National Health Institute, the Daughters of Charity of St. Vincent De Paul, the Mercedarians, and the Adorers of the Most Holy Sacrament spoke on the topics officially included. The audience was made up of professors, health professionals, university students, religious, and members of the Catholic Medical Association. The closing ceremony took place at the hospital's Chapel, with the participation of sick people, physicians, nurses, and administrative personnel. Press coverage was good.

*El Salvador.* There was a solemn concelebration, presided over by the Archbishop at Sacred Heart Basilica, in the presence of numerous sick people, many of whom received the Anointing of the Sick. The press attached importance to the event.

*Nicaragua.* In every diocese the Bishops distributed the Holy Father's *Message* to Pastors and religious communities, as well as the movements responsible for pastoral care in health. The ceremony was also broadcast over the radio. Some dioceses programmed a Week of the Sick, and in the parishes specific activities were carried out, with house-to-house visits to the sick. There were solemn celebrations for the Day in the different Cathedrals in the presence of many sick people.

## North America

*Canada.* In many dioceses the Bishop took this occasion for a special pastoral visit to the sick. One Archdiocese organized a systematic visit to all the healthcare institutions in its territory. Different publications on the Day have come out.

*Mexico.* The community of the Servants of Mary traveled to the Sanctuary of Our Lady of Guadalupe, where the solemn celebration of the Day took place, and attended the sick people present. At the psychiatric sanatorium of St. John of God a series of conferences was planned. Physicians offered their reflections at St. Raphael's Clinic. At the end of the Day there was a festive evening arranged for patients, relatives, and health workers.

## South America

*Argentina.* The first national conference on "Humanity in Medicine and Pastoral Care in Health" was organized. Training courses for chaplains, religious in nursing, seminarians, and others were planned.

*Bolivia.* The celebration was included in the course of the first International AIDS Symposium, organized by Catholic Charities. The Holy Father's *Message* was solemnly read in the presence of the Health Minister, and there was coverage by the Bolivian press.

*Brazil.* The Day produced excellent results all over the country. At Our Lady of Lourdes Sanctuary in Sao Paolo thousands of sick people attended with their families. Different newspapers published the Letter instituting it and the Holy Father's *Message*. Sao Paolo's Radio America broadcast news of the event.

*Chile.* The Day included Holy Mass and prayers, with the sick in attendance as well. It was communicated that on September 15th, the feast of Our Lady of Sorrow, in every diocese a series of events aimed at the sick will culminate; they will help communities to become aware of the relationships to be developed with the infirm.

*Colombia.* A special booklet was devoted to the celebration, with selected Church documents, lectures, and chronicles; there was a survey of the celebrations held at the St. John of God Brothers' medical facilities throughout Latin America; programs and activities were organized; a letter was sent to the sick, health professionals, relatives, parishes, volunteer groups, and Catholic healthcare associations to explain the aims of the Day. The celebration featured moments for study and action in the diocesan Church, collaboration with men and women religious, the formation of four commissions made up of St. John of God Novices.

and collaborators in different health sectors. There was enormous enthusiasm from the moment the Pope's *Message* was made known and a preparatory Triduum. All hospital wards took part, and those responsible for Occupational Therapy offered noteworthy contributions and participation. It was a real Church celebration. Some patients have remarked, "How good it would be for us to celebrate the Day of the Sick every month."

*Peru.* On Sunday, February 7, 1993 Mass was televised nationally from the Parish and Clinic of St. John of God in Arequipa. There followed a preparation of health personnel, February 810, and study days organized by the St. John of God Brothers in collaboration with the Archdiocese of Lima and the Institute of St. Camillus in that city. On February 11 there was a solemn Eucharistic celebration attended by the sick and health workers. In the case of some children from the St. John of God Clinic, the celebration included a day at the seashore, thanks to the kindness of the Rotary Club, which provided for a "lovely stay" in the coastal city of Mollendo.



*Uruguay.* Gratitude is expressed to the Pontifical Council, which has proved quite helpful to physicians. A "most solemn" celebration was held in Montevideo: ten Masses (one every hour) at the Sanctuary of Our Lady on the outskirts of the city, with thousands of worshippers. A special bulletin was put out by the Dehonians to create awareness. The "missionaries of the sick" as a group provided a deluge of ideas. It proved to be a "very beautiful experience of solidarity, prayer, and fraternal living which created closer ties within that Church community."

*Venezuela.* At the Plenary Assembly of the Bishops' Conference in Caracas, each Prelate was given "a number of brochures." The mass media were brought into play. There was a solemn celebration presided over by the Bishop at the St. John of God Hospital; some infirm priests and the hospital chaplains concelebrated, and patients, women religious, and seminarians attended.

## Asia

*Indonesia.* A Seminar of the Catholic Association for Voluntary Health Service, Physicians, and Nurses was held, with talks and a celebration.

*Iraq.* In Baghdad there was a solemn Mass in the Latin Rite Cathedral in which four Archbishops representing different rites took part; numerous priests, sisters, and lay people attended.

*Lebanon.* The Pope's *Message,* translated into Arabic, was distributed to those responsible for Catholic hospitals, the pastors of parishes, and all religious and lay institutions. A press conference was held. The solemn mass at St. Elie Antlias was well attended, with the participation of the Minister of Health, the Director General of CRL, the President of the Medical Association, the President of the Hospital Unions, the Major Superiors, doctors, nurses, patients and their relatives. A similar ceremony took place at the twelve Catholic hospitals in Lebanon. In the spirit of the Day, at some hospitals a marked reduction in fees was applied for all patients, and there were free examinations at some day hospitals. Two delegations of students offered patients money they had collected. Radio and television broadcast interviews with patients. The Day is regarded as "a beautiful gesture by the Pope, a great grace, and a felicitous occasion for evangelization."

*Philippines.* There was a solemn celebration at the Cathedral with 200 patients and a large assembly in attendance. A procession accompanied by the bells of the city and the singing of the *Salve Regina* took place. Similarly, in the dioceses of Dumaguete, Isabela, and Basilian there were visits to the sick, Masses, and prayers. In one parish a rosary was distributed to each patient. At the Our Lady of Piat Sanctuary in the Archdiocese of Tuguegarao, two people claim to have been miraculously healed. In the diocese of Pagadian, during the prayer for healing those participating placed their hands on the heads of the sick. The Holy Father's *Message* was read on the radio.

*Turkey.* The Day was a major event at the Marian Sanctuary, with the church full, in spite of its being a workday and quite cold. In Istanbul special awareness was created among young people, and a good-sized group of secondary and university students showed interest.

## Europe

*Bulgaria.* The Holy Father's *Message* was broadly disseminated, the Bishops' Conference devoted attention to the program, and there was a particularly solemn celebration at the Nunciature.

*England.* There were celebrations in all the dioceses. Preparation included a daily Rosary. Mass was celebrated at Westminster Cathedral. The Day was observed at St. Peter's Residence. A procession took place, and the Holy Father's *Message* came out on television (Channel 3).

*Hungary.* Circulars were sent to all priests by the Bishops, who asked them to devote unceasing attention to the sick. The Catholic press, especially the weekly *Uj Ember,* stressed the Holy Father's intentions.

*Ireland.* The Holy Father's *Message* was distributed to all the Bishops. The Holy Father's Letter was studied, and suggestions were made for the celebration by hospital chaplains and the Bishops' Health Commission. In Armagh Archdiocese there was a celebration in every parish. In Dublin Archbishop D. Connell created a committee. Booklets with prayers and reflections were published, and there were Masses and ceremonies at various hospitals. On Sunday Holy Communion was taken to the sick at home. Volunteers and charitable organizations were quite active.

*Italy* The Bishops' Conference disseminated the Holy Father's *Message* The Secretariat of the National Council for Pastoral Care in Health has listed various publications (*Fraternità, Millestrade, Verona fedele, La Voce, Il Notiziario, Il nuovo amico, etc.)* which have devoted entire pages to the Day. Interviews were conducted and made public by the Religious Information Service (for instance, comments by Bishop Bianchi, in charge of the healthcare ministry nationally, Fr. Redrado, Secretary of the Pontifical Council, and Fr Ruffini, Council Undersecretary.

In *Bari-Bitonto* there was an Hour of Adoration for vocations to the health apostolate and encouragement of voluntary service at hospitals.

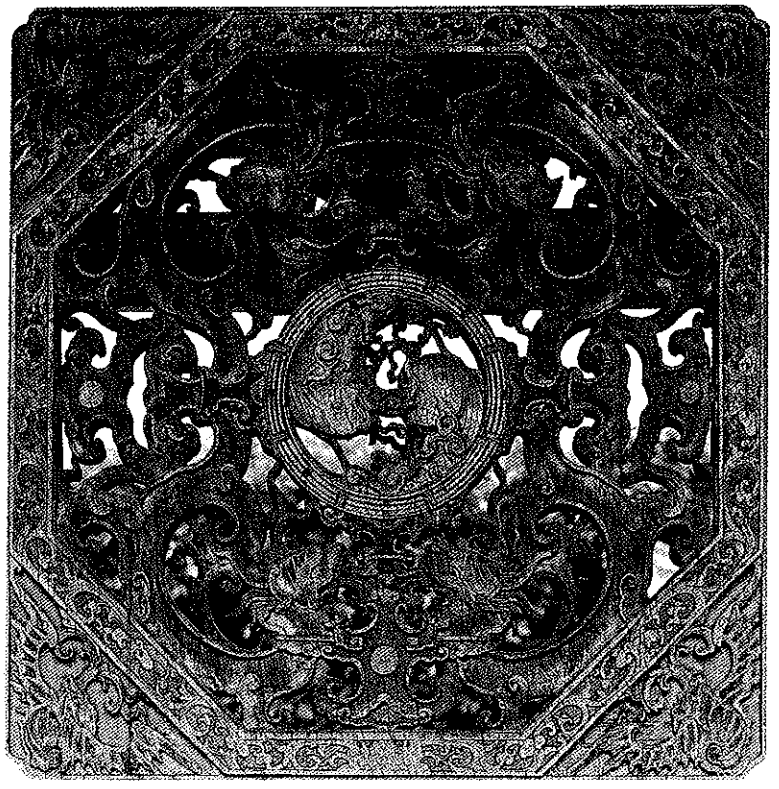
san Office. Augusta Perugia Radio broadcast the celebration live.

*Verona Misericordia* distributed 24,000 copies of a text addressed to the heads of families.

In *Pesaro* there were manifestations of solidarity towards those suffering during the liturgy presided over by the Bishop.

In *Pescara* the Day was prepared for about two months, and a solemn celebration took place at the sports forum near the public hospital.

In *Milan, Verona, Urbino, Spoleto, Norcia, Treviso, Caltanissetta, Albano, Mirano, Albenga, and Chiavari* there was broad dissemination of the





In *Brescia* there was a booklet with the Holy Father's *Message,* a letter from the Bishop, and the *Proceedings* of the Diocesan Meeting of Health Workers. The Bishop visited the hospital that day There was a concelebration at the Holy Mary of Grace Basilica, special solemnity at the St. John of God Brothers' Institute of the Sacred Heart, with good press and radio coverage.

In *Chieti* there were celebrations at the St Camillus Sanctuary of Bucchianico, the birthplace of the Camillians' Founder; a large throng assembled, including patients, the elderly, young people, volunteers, and women religious. There was a meeting for health workers in the dioceses of Abruzzo and Molise and a talk by the Superior General of the Camillians.

In *Perugia* brochures and holy cards were prepared, along with press releases from the Dioce-

Holy Father's *Message* and celebrations at hospitals, with the participation of Bishops and large groups of patients, health workers, volunteers, and men and women religious.

In *Rome,* at St. Peter's Square, a celebration was planned to coincide with the one at Lourdes. At the close, the Holy Father, in his brief farewell, stated, "On this first World Day of the Sick, an ideal bridge links us, gathered here at St. Peter's, the heart of Christendom, with those who have come together on the esplanade of Lourdes. It is a spiritual bond, founded on faith, dear sick people and pilgrims, and sustained by the intercession of Mary Immaculate."

*Malta* The Archbishop sent a copy of the Holy Father's letter to the Minister of Social Affairs, the Parliamentary Secretaries for Health and the Elderly, the Chief Government Medical Officer,

and the President of the Catholic Medical Association It was disseminated by different organs of information The Maltese government took part quite actively in the celebration of the Day During the week the ill who were confined to their beds were given the opportunity to make free telephone calls to relatives or friends in Malta or abroad Many volunteers, including musicians and actors, organized a show for sick children at the Karen Grech Pediatric Hospital The Mass celebrated in the chapel of the hospital by the Archbishop was attended by the President of the Republic, with ministers and personalities Malta television broadcast the celebrations

*Poland.* The Ambassador to the Holy See conveyed the telegram from the Polish Health Minister addressed to Cardinal Angelini on the occasion of the Day in which he expressed his solidarity with actions in favor of the sick and the certainty that these actions would foster greater sensitivity among health workers to pain and respect for the rights of the ill



*Russia.* While Mass was celebrated at two hospitals in Prague, in the presence of the Apostolic Nuncio, the Catholics of Moscow and St Petersburg also experienced the joy of celebrating the first World Day of the Sick. Recently, thanks to Moscow Catholic Charities in particular, various associations have appeared in Moscow bringing together Christian physicians and health workers (not just Catholics, but also Orthodox). On February 10, the vigil of the Day, the Apostolic Administrator of European Russia, Archbishop Tadeusz Kondrusiewic, celebrated Holy Mass at the Church of St Louis of France in Moscow "The Catholic Church," the Archbishop stated, "for the first time in its history is celebrating the World Day of the Sick We pray today for the world of suffering, for the physicians who do their utmost for our health, and especially for the Christian physicians working with Catholic Charities in Russia We pray, above all, for the world's sick." On Thursday, February 11, the Archbishop celebrated a solemn Mass at the Parish Church of Our Lady of Lourdes in St Petersburg The Catholic community of the Baltic city gathered in prayer and spiritual communion with those coming together on the Lourdes esplanade and at St Peter's (cf. *L'Osservatore Romano,* Feb 21, 1993). *Scotland* The Holy Father's letter was sent to all the local pastors, hospital chaplains, and religious communities, as well as some hospitals There were visits to the sick at medical facilities and at home, with special prayers

*Spain* The Missionary Day of the Sick has been celebrated for some years on the Solemnity of Pentecost In 1981 a Day for increasing awareness of the disabled in the Christian community was held, and in 1984, a Day devoted to health and the sick The national Day of the Sick was instituted in 1985, as a direct response to requests from the "world of suffering." The objective was to raise awareness and educate people concerning the reality of pain, request action by political leaders, and, above all, engage in shared prayer The Bishops' Pastoral Commission was quick to clarify that taking part in the Day did not mean "tranquillizing one's conscience, falling into sentimentalism, enjoying a spectacle, or advancing claims." The Day had to preserve its ecclesial character, be lived out by a united community, and also ensure that the sick would be the main actors in both preparing and celebrating it

In 1985 the theme of the Day was "I Was Sick, and You Visited Me." It was followed by "The Sick Evangelize Us" (1986), "More Humane Treatment" (1987), "The Most Neglected and Needy Sick" (1988), "The Family Alongside the Sick" (1989), "The Caring Community" (1990), "Jesus and Health" (1991), "Church and Health: Discover the World" (1992)

The Spanish Church thus welcomed with joy the Holy Father's instituting the World Day of the Sick In recent years he has been able to observe a growing participation and consequent improvement in the service of the healthcare ministry In many Spanish dioceses, moreover, fresh initiatives were taken precisely as a result of the celebration of the Day: residences for the disabled, AIDS victims, drug addicts, and terminal patients

The Spanish Church in 1993 prepared and lived out the first World Day of the Sick under two aspects: on February 11, in communion with the whole Church, and on May 16, with a vast program developed by the national team and the diocesan delegates for pastoral care in health The central theme, which served for reflection and prayer, was "To Live Through Dying." The following elements were included to accompany this motto during the celebration: a message from the Healthcare Ministry Department of the Bishops' Pastoral Commission; catechesis for children, young people, and adults; and a special issue of the journal *Labor Hospitalaria,* along with prayer and reflection in all the dioceses

We are pleased to conclude this overview of celebrations of the first World Day of the Sick by adopting the words written by Rev Lionello Torosani, chaplain responsible for the Celio Military Polyclinic in Rome, after having expressed the fruits prompted by the Day: "... With the lights now out, February 11, 1993 is also a memory in the history of man, a photograph, a discourse, a sentiment But, in addition to all of this, it is also a commitment And as such it is not exhausted, but has, rather, become concrete, and now, in silence, service goes on No one, until next year, will write another line in the newspapers, but all the health workers, sisters, volunteers, priests, and soldiers will write out their phrases on the hearts of the sick"

Monsignor ITALO IADDEI
*Consultor to the Pontifical Council*

# *Magisterium*

***Excerpts from Addresses by the Holy Father***

# Anointing Brings Spiritual Healing

*At the General Audience of Wednesday, 29 April, the Holy Father resumed his catechesis on the mystery of the Church In the 30th talk of the series the Pope discusses the sacrament of the Anointing of the Sick Here is the Holy Father's address, which he gave in Italian*

1. The reality of the priestly community can be said to be fulfilled and revealed in a particularly meaningful way in the sacrament of the Anointing of the Sick, about which St James wrote: "Is anyone among you sick? He should summon the presbyters of the Church, and they should pray over him and anoint him with oil in the name of the Lord, and the prayer of faith will save the sick person, and the Lord will raise him up. If he has committed any sins, he will be forgiven" (*Jm* 5:14-15).



As we see, the Letter of James recommends initiative on the part of the sick person who, personally or through his loved ones, asks for the priests to come. It could be said that the common priesthood is already being exercised here in a personal act of participating in the community of life enjoyed by the "Saints," that is, by those who have been consecrated in the Holy Spirit whose anointing is sought. But the Letter also shows us that giving help to the sick through anointing is a duty of the priestly ministry performed by "presbyters". This is another time when the priestly community is realized through harmonious and active participation in a sacrament.

2. The initial basis of this sacrament can be found in Jesus' care and concern for the sick. The evangelists tell us that from the very beginning of his public life Jesus showed great love and sincere compassion towards the sick and all the other needy and suffering who sought his help. St Matthew states that he "cured every disease and illness" (*Mt* 9:35).

For Jesus the countless miraculous cures were the sign of the salvation which he wanted to bring to mankind. Frequently he showed the clear connection in meaning between them, as when he forgave the paralytic his sins and only afterwards worked a miracle, in order to show that "the Son of Man has authority to forgive sins on earth" (*Mk* 2:10). His vision does not stop at mere bodily health: he also looks to the healing of the soul, to spiritual salvation.

3. Jesus' way of acting belongs to the plan of his messianic mission, which the prophecy in the Book of Isaiah had described in terms of healing the sick and helping the poor (cf. *Is* 61:1f; *Lk* 4:18- 19). It is a mission which, even during his earthly life, Jesus wanted to entrust to his disciples so that they would give help to the needy and, particularly, healing to the sick. The evangelist Matthew, in fact, tells us that Jesus "summoned his twelve disciples and gave them authority over unclean spirits to drive them out and to cure every disease and every illness" (*Mt* 10:1). And Mark says that they "drove out many demons, and they anointed with oil many who were sick" (*Mk* 6:13). It is significant that in the early Church not only was this aspect of Jesus' messianic mission already highlighted and many pages of the Gospels devoted to it, but also the work he entrusted to his disciples and Apostles in connection with his mission was underscored.

4. The Church has made her own the special concern which Jesus had for the sick. On the one hand, she has promoted many endeavours of generous service to their care. On the other hand, with the sacrament of Anointing she has given and continues to give them the healing touch of Christ's own mercy.

In this regard it should be noted that sickness is never a mere physical evil; it is also a time of moral and spiritual testing. The sick person has great need of interior strength in order to triumph over his trial. Through sacramental anointing Christ reveals his love and bestows on the sick the interior strength they need. In the parable of the Good Samaritan, the oil poured in the wounds of the unfortunate man on the road to Jericho is a simple means of physical care. In the sacrament, the anointing with oil becomes the efficacious sign of grace and spiritual salvation, through the ministry of priests.

5. In the Letter of James we read that the anointing and the priestly prayer have as their effects salvation, comfort and the remission of sins. The Council of Trent (DS 1696), in commenting on the text of James, says that this sacrament confers a grace of the Holy Spirit, whose internal anointing, on the one hand, frees the sick person's soul from sin and the remnants of sin, and on the other hand, gives him relief and strength, in-

spiring in him great trust in the merciful goodness of God. Thus he is helped to bear more readily the discomfort and pain of illness, and to resist the devil's temptations with great force. In addition, the anointing sometimes obtains physical healing for the sick person as well, when that is advantageous for the salvation of his soul. This is the Church's doctrine, which the Council of Trent expounded

Therefore, in the sacrament of Anointing there is a grace of strength which increases the sick person's courage and resistance. It causes spiritual healing, such as the forgiveness of sins, which is accomplished by the sacrament itself through the power of Christ, if there is no obstacle in the soul's disposition. And it sometimes brings physical healing. This is not the sacrament's essential purpose, but when it does take place it shows the salvation given by Christ in the abundance of his love and mercy for all the needy, which he already revealed during his earthly life. Even now his heart beats with that love which continues in his new life in heaven and is poured out upon his human creation through the power of the Holy Spirit.

6. The sacrament of Anointing is thus an effective presence of Christ in every instance of serious illness or physical weakness due to advanced age, in which the "presbyters" of the Church are called to administer it.

The traditional term for this sacrament was "extreme unction," because it was considered to be the sacrament of the dying. Vatican II no longer used this expression, so the Anointing could be better seen as the sacrament of the seriously ill, which it is. Therefore, it is not right to wait until the last moment to ask for this sacrament and thus deprive the sick person of the help which the Anointing gives the soul, and sometimes even the body. The relatives and friends of the sick person must, at the proper time, express his desire to receive the sacrament in the case of serious illness. This desire is to be presumed, unless it was rejected, even when the sick person is no longer able to express it formally. It is part of his adherence to Christ through faith in his word and acceptance of the means of salvation instituted by him and entrusted to the ministry of the Church. Experience also shows that the sacrament gives a spiritual strength which changes the way the sick person feels and gives him relief even in his physical condition. This strength is especially beneficial at the time of death, because it helps in the passage to the afterlife. Let us pray every day that at the end of our lives we may be given that supreme gift of sanctifying grace which, at least in anticipation, is already beatifying!

7. The Second Vatican Council emphasizes the Church's commitment to assist with this holy Anointing at the time of illness, old age and, finally, death. "The entire Church," the Council says (*Lumen Gentium,* no. 11), asks the Lord for a lessening of the sick person's sufferings, and in this way she shows Christ's love for all the infirm. The priest, the minister of the sacrament, expresses this commitment of the Church, "the priestly community," of which the sick person is still an active, participating member doing good works. For this reason, the Church exhorts the suffering to unite themselves to the passion and death of Jesus Christ in order to obtain from him salvation and a more abundant life for the entire People of God. Indeed, the purpose of this sacrament is not only the personal welfare of the sick, but also the spiritual growth of the whole Church. Seen in this light, the Anointing appears as it really is: a supreme form of that participation in the priestly sacrifice of Christ, of which St Paul said: "Now I rejoice in my sufferings for your sake, and in my flesh I am filling up what is lacking in the afflictions of Christ on behalf of his Body, which is the Church" (*Col* 1:24).

8. Ever greater attention must be drawn to the contribution which the sick make to the development of the Church's spiritual life. May everyone — the sick, their loved ones, their doctors and others who care for them — always take into account the value suffering has as a way of exercising the Church's "universal priesthood," by offering "spiritual sacrifice," i.e., one's sufferings in union with the passion of Christ. May everyone see in the sick the image of the suffering Christ (*Christus Patiens*), the Christ who, according to the prophecy in the Book of Isaiah about the servant (cf. *Is* 53:4), bore our infirmities.

We know, by faith and experience, that the sacrifice made by the sick is very fruitful for the Church. The suffering members of the Mystical Body are the ones who most greatly contribute to the intimate union of the whole community with Christ the Saviour. The community should help the sick in all the ways indicated by the Council, also out of gratitude for the benefits which it receives from them.

# The Commandment of Love Is Put into Practice

*On Friday, 1 May, at San Vito al Tagliamento, the Holy Father visited the disabled children at an institute named "La Nostra Famiglia" [Our Family] During his address the Pope spoke to the children and encouraged their parents and those who work with them, reminding them of Christ's promise that whatever is done to the little ones is done to him.*

"Let the children come to me; do not prevent them, for the kingdom of God belongs to such as these..... Then he embraced them and blessed them, placing his hands on them" (*Mk* 10:14-16)



1. Dear children, like Jesus, I too, would like to embrace and get to know each of you personally. Unfortunately, this is physically impossible, and I am sorry. However, in embracing your friend who welcomed me in the name of all of you, in spirit I want to hold close to my heart each of you, the residents of the centre called "Our Family."

I want to assure you that I am very happy to be here among you and to meet your loved ones together with you. I thank you because you have given me the opportunity to know this beautiful, welcoming, great house of San Vito al Tagliamento, which is your home.

I have had the opportunity to greet some of you on other occasions, especially on 24 September 1979, when you visited me at my home in Rome.

Today I have come to your house and with all my heart I want to exchange the joy of this meeting. I have the impression that I have known you always; today I feel at home, among my own family: in "our family."

2. What a beautiful, precious institution "Our Family" is! This special association lives out what Jesus taught us and commanded us to do. It bears witness to and seeks to put into practice the commandment of love in a clear, tangible form, with self-denial and daily fidelity.

It came into being through the priestly zeal and ardent, generous heart of Fr. Luigi Monza, who founded it so that it could be a hearth of divine charity. It was created so that, through gestures of true solidarity translated into works of service to the needy, it could manifest the Church's motherly solicitude for the little ones and thus exalt the sacred value of every human life. This is the miracle of the love which is nourished by faith!

It is an optimistic, active love which is able to find new ways to express and restore to people, especially the most defenceless persons, respect for the great dignity which is theirs because they are formed in God's image and likeness (cf. *Gn* 1:26).

As I thank Mrs. Zaira, President of "Our Family," for the words she addressed to me, I express my great appreciation for this institution in which the Gospel precept of charity is lived in such a concrete manner.

3. At this point it is he, your founder, Fr. Luigi Monza, who comes to my mind, this Milanese priest who loved to say: "Good must be done well. The Lord will ask us to give an account, not of the great amount of things we have accomplished, but of the little good we have done well" (*Don Luigi ci parla*, p. 39). From heaven he now guides and protects this work of his and is spiritually with us in this moment of joy and festivity.

What would Fr. Monza say on such a special occasion?

He would smile upon you, dear children, with the affection of a father or mother. To you, the parents, fathers and mothers, he would say to act so that your love for these children of yours may be ever tender and living, in order to discover in them a little more each day the presence of Jesus who knocks at the door of your family.

To you who work in the various sections he would renew the invitation to feel your responsibility for these children before God, and with love and sacrifice perform the task you have assumed (cf. *Una proposta di vita*, p. 95). And do so with tireless generosity.

To you, the beloved "Little Apostles of Charity," he would address an exhortation to grow in the spirit of giving, living your particular charism in unfailing fidelity and working in the Church and with the Church to be "a leaven in today's society of the same charity which the first Christians had" (from the *Fundamental Principles* of the spirituality of Fr. Luigi Monza).

Last of all, to you friends and supporters of this work, spirituality groups, young people involved in the volunteers, Fr. Luigi

Monza would assure you that whatever you do and will do on behalf of the work with sacrifice and self-denial will be to your credit in eternity. This is what Jesus says in the Gospel: "Whatever you did for one of these least brothers of mine, you did for me" (*Mt* 25: 40).

4. Making the sentiments of your spiritual father my own, I would like to confirm and encourage your commitment and the mission of all those who devote themselves to the service of children, working actively for their physical rehabilitation and their total human and spiritual development.

I entrust your work, your suffering and your hopes to our Lady, our heavenly Mother.

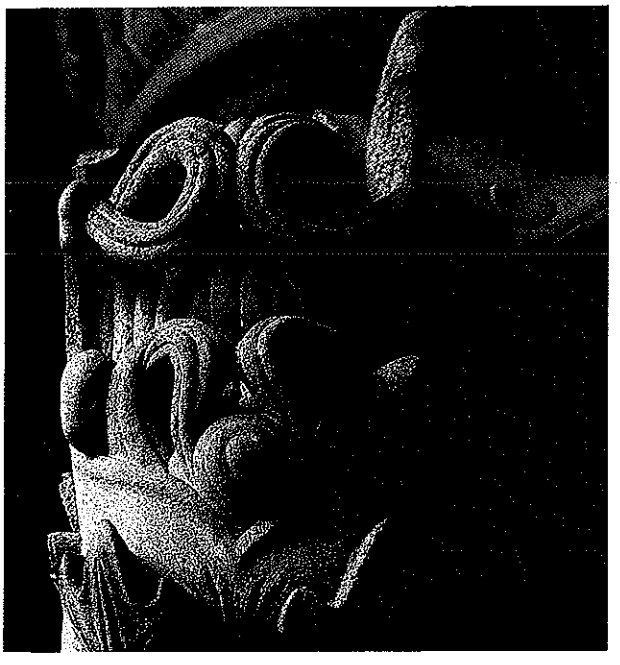
In your chapel I saw her image in the stained glass window. I know that in a very short time many of you will have the good fortune to go on pilgrimage to Lourdes.

Pray to the Blessed Virgin; pray to her for the Pope, too.

Call upon her often, commending yourselves to her and entrusting to her motherly heart all your plans and all your daily concerns. Let her take you by the hand. Mary is our most loving Mother.

For my part I assure you that I shall always remember you and all those who work in this house.

Now, sad to say, I must go. However, I am leaving you a gift: I am giving you my Blessing. It is the Lord himself who through the Pope blesses all of you in the name of the Father and the Son and the Holy Spirit.



# To Renew Society by Respecting Life

*The Holy Father's meditation at the Angelus on Sunday, January 31, 1993*

Dear Brothers and Sisters:

1. All over the earth, the World Day for the victims of leprosy is now being held. Since the prophetic voice of Raul Follereau denounced the inhuman abandonment lepers lived in, many years have gone by during which attention to leprosy has increased and a great deal has been done to cure it. But the fact that a disease like this, though terrible, continues to take its toll in victims only because they are not given adequate treatment remains a source of scandal. Dear brothers and sisters, how many sufferings would disappear or at least be mitigated if egoism diminished and solidarity increased! The objective of this celebration does not consist of just requesting the material and spiritual support indispensable for all those affected by this disease, but also arousing public opinion to the dramatic conditions of poverty and injustice in which a great part of mankind finds itself. *It is necessary, above all, to overcome indifference,* a real leprosy of the spirit.

It is necessary to become promoters and builders at all levels of an authentic culture of hope which will defend and protect human *life*.

2. *A new commencement of respect for life to renew society* is precisely the topic of World Life Day, to be celebrated next Sunday. At that point I shall be on a pastoral visit to some countries of the beloved African continent, where the sense of nature, life, and the family is so strong.

Dear brothers and sisters, I would like the problem of life, intimately related to that of the family, to be at the center of everyone's attention. As the Italian Bishops opportunely reaffirm in their message for this celebration, it is necessary for people of good will "to unite and spur social and civil structures to create the conditions for a more widespread and demanding morality. The first commitment involves laying the basis for a new policy of the family."

What is most surprising, especially in the most economically advanced countries, is the

ease with which an evident contradiction is accepted; on the one hand, interest in the defense of nature and care of human life is logically growing, with the help of the most advanced techniques; on the other, in a broad sector of public opinion and in much national legislation, the right to life of the recently conceived human being is denied.

Human life is an *indivisible good;* it is a *wonder* which must always be discovered with new amazement; it is a *gift of God,* sacred and inviolable, which must be welcomed with gratitude.

3. May Mary, the Virgin Mother of the Word of God made man, obtain for us the grace of superseding current ideological contrasts causing disorientation in this decisive matter so that the recognition of the dignity of human life, from its conception to its natural close, will become *the common starting point* for building a solidary world and a future of peace.

*After reciting the Angelus, His Holiness addressed the following greeting to some groups present.*

I greet the Neocatechumens' communities of the Parishes of Holy Mary of Grace and St. Bartholomew of Tuto in Scandicci, Province of Florence, who have come to pray at the Tombs of the Apostles and strengthen the bonds of communion with the Successor of Peter.

I address a special greeting to the *young people of Catholic Action in Rome* who, this year as well, while marching along the streets of the city, have come to St. Peter's Square for the closing of the *Month of Peace.*

Dear young people, with this display you wish to say to everyone that *Jesus is the Word able to convey true peace* to whoever receives Him. Make yourselves an echo of this Word in your families, in your schools, and among your friends.

It is my hope that this solidary initiative you have organized on behalf of the children of Peru will yield the wished-for fruit. Together with your representatives, I am happy to release these two doves now, a sign of peace in freedom.



# Suffering Has Saving Power for the Life of Christ's Church

*While in Uganda, the Pope visited St Francis Hospital in Nsambya, the country's largest Catholic hospital, which has served more than 400,000 patients since its founding in 1906. The hospital has 361 beds, more than one third of the patients are being treated for AIDS. In a brief address on 7 February the Pope assured the sick of the Church's commitment to care for the suffering.*

Dear Friends,

1. With great affection in the Lord Jesus Christ I am very pleased to greet *representatives of the sick and disabled* of Uganda here at Saint Francis Hospital in Nsambya. My cordial good wishes also go to the doctors, nurses, and medical professionals devoted to their care.

In a few days, on 11 February, the Feast of Our Lady of Lourdes, the universal Church will celebrate the first World Day of the Sick. This celebration has been established in order to manifest the Church's concern for the sick and her commitment to care for their physical and spiritual needs. These are essential aspects of the Church's witness to Christ in all the countries in which she is found.

Here in Uganda, the Church's mission of ministering to the sick is carried out by numerous hospitals and health-care centres, including this hospital, established by Mother Kevin Kearney, foundress of the Franciscan Missionary Sisters for Africa, in 1906. Since then, it has grown steadily and expanded its programmes and services until it is now the largest non-government hospital in the country. The extensive medical, rehabilitative and home-care services provided are impressive, and all is done in that spirit of charity which comes from the example of the Lord Jesus himself, who promised to bless those who serve the least of his brethren (cf. *Mt* 10:42). In the name of the whole Church, I gladly take this occasion to thank those who, following the example of the Good Samaritan, bring compassion and help to the sick in their hour of need.

2. *My dear sick and disabled brothers and sisters:* Saint Paul taught us that in a mys-

terious way our sufferings, when joined to the redemptive sacrifice of Christ, take on a saving power for the life of his Church. He wrote to the Colossians: "I rejoice in my sufferings for your sake, and in my flesh I complete what is lacking in Christ's afflictions for the sake of his Body, that is, the Church" (*Col* 1:24).

"I rejoice!" How difficult it often is for you to rejoice, when pain, illness, the loss of physical strength and the separation from loved ones can lead you to impatience, frustration, loneliness, and even to the verge of despair. *Suffering finds its meaning and fulfilment only in faith and charity*: in the faith that our patient endurance "works for good with those who love God" (*Rom* 8:28), and in that charity which causes us to take up our cross each day (cf. *Lk* 9:23) in order to follow Christ, who won our salvation by laying down his life for his friends (cf. *Jn* 15:13; *Gal* 2:20). We have full confidence that we indeed "complete what is lacking in Christ's affliction for the sake of his Body, the Church." Your brothers and sisters in Uganda need you: they need your prayers and your generous self-sacrifice! Your patient endurance can help bring them life and hope, if you embrace the will of God without reserve, trusting that you will be able to do all things in him who gives you strength (cf. *Phil* 4:13).

The Church, together with all men and women of good will, is deeply distressed at the great number of individuals in Uganda, particularly children and young people, who are suffering from AIDS, and at the untold hardship which this disease has brought to families, communities and the nation itself. Today I wish to make my own the words of your Bishops, who wrote: "This situation which is affecting everybody in the country needs to be confronted in solidarity, with much love and care for the victims, with much generosity to the orphans and with much commitment to a renewed way of Christian moral living" (Pastoral Letter of the Uganda Bishops *Let Your Light Shine*, no. 28). The sick too have a special role to play in meeting the challenge of AIDS: you can *offer your suffering for the spread of Christ's truth and love throughout this beloved nation*. I encourage you to "let your light so shine before men, that they may see your good works and give glory to your Father who is in heaven" (*Mt* 5:16).

3. I now entrust to Bishop Henry Ssentongo, President of the Medical Bureau of the Uganda Episcopal Conference, the *written message* I have addressed to all the sick and disabled in Uganda. In doing so, I offer fervent prayers to God, through the intercession of the patron of this hospital, *Saint Francis*, the Poor Man of Assisi who bore in his body the marks of Christ's passion, that he will help all the sick of Uganda to offer up their sufferings "as a living sacrifice, holy and acceptable to God" (*Rom* 12:1) for the well-being of the people of this country and the whole world. May the prayers of Mary, Health of the Sick, and of Saint Charles Lwanga and the Uganda Martyrs, sustain you in this resolve. To all of you and your families, and to the doctors, nurses, administrators and staff of Saint Francis Hospital, I cordially impart my Apostolic Blessing.



# A Special Bond Joins Rome to Lourdes: A July Pilgrimage to Conclude the Roman Synod

*The day after the Pope's return from Africa was the feast of Our Lady of Lourdes and the first World Day of the Sick. Cardinal Camillo Ruini, His Holiness' Vicar for the Diocese of Rome, celebrated Mass in St. Peter's Basilica, where many of the infirm and volunteers who accompany pilgrimages to Lourdes had gathered. At the end of the Mass the Holy Father addressed the group in Italian from the central loggia within the basilica and imparted the final blessing.*

Dear Brothers and Sisters,

1. I am particularly happy to greet you this evening, at the end of the Mass presided over by the Vicar, Cardinal Camillo Ruini, on the liturgical feast of Our Lady of Lourdes. On this first World Day of the Sick a spiritual bridge unites us gathered in St. Peter's, the heart of Christianity, with all those gathered on the esplanade at *Lourdes*. It is a spiritual bond founded on faith, dearly beloved infirm people and pilgrims, and sustained by the intercession of Mary Immaculate.

In my mind and heart I have vivid images of *Africa* on the day after the apostolic pilgrimage I made to Benin, Uganda and Khar-

toum. I had the joy of meeting many fervent ecclesial communities; I especially entrusted to the Mother of God all those who suffer, the victims of famine and war, those stricken by serious illness, particularly by AIDS, so that in them the healing power of the Gospel may be manifest.

In particular I thank each of you present here, dear administrators, chaplains, members of the *Opera Romana Pellegrinaggi* and you, the stretcher-bearers, volunteers and coworkers of UNITALSI who, as you do every year, have helped with generous devotion in today's inspiring Eucharistic and Marian celebration.

2. Furthermore, today's celebration offers me another opportunity to entrust to Mary Most Holy the *Roman Synod,* a pilgrimage of renewal and ecclesial communion. With deep gratitude to the Mother of God for the efficacious protection we experienced in recent months, we ask her to help us to bring the Synod journey to a successful close in an attitude of sincere openness to the will of the heavenly Father and in constant attention to the demands of the new evangelization.

In order to express our gratitude and implore her further assistance in the implementation phase of the Synod, at the end of the Synod sessions the Diocese will go on pilgrimage to Lourdes, 4-10 July. At the feet of our Lady the Church of Rome will confirm its commitment to generous service of the Gospel and will entrust its future to the Mother of God.

Now, before imparting my blessing to those of you gathered here and all those joining us through radio and television, let us make our profession of faith together in song, as they do at Lourdes at the end of the candlelight procession



# *Topics*

***The Church and the Sick in the New Catholic Catechism***

***Health Policy and Care in Africa***

# The Church and the Sick in the New Catholic Catechism

H. E. FIORENZO Cardinal ANGELINI



*The new Catechism of the Catholic Church,* approved by John Paul II on June 25, 1992 and promulgated by him in the Apostolic Constitution *Fidei Depositum* of October 11, 1992, seeks to be a "reference text for a catechesis *renewed* at the sources of the faith" [1]

When read and meditated on in the perspective of the universal Church's recovered awareness of the importance of pastoral care in health—which has been decisively expanded by John Paul II [2]—the new *Catechism of the Catholic Church* offers significant and suggestive orientations.

One is, indeed, struck by the following characteristics, above all, of the new *Catechism* as regards pastoral care in health and the criteria used in distributing this material.[3] This is certainly a *novelty* in the *Catechism of the Catholic Church* which has not been brought out sufficiently in initial reactions to its publication.

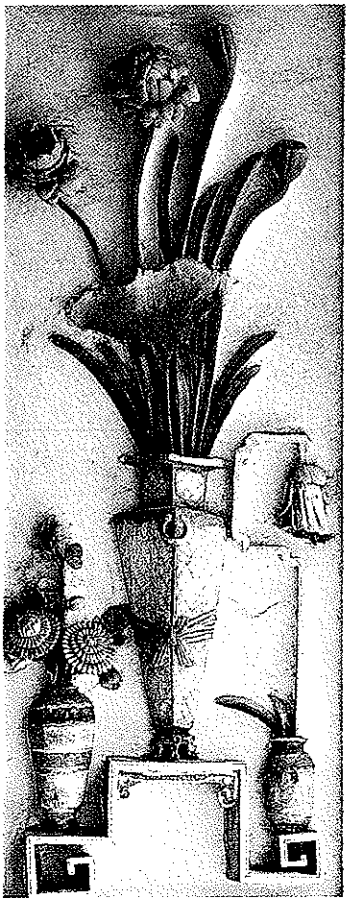
Justifiable stress has no doubt been placed on the new *Catechism's* aim of calling attention to the fundamental elements of the *unity* of the faith,[4]

But I believe one of the aspects which best illuminate and foster this unity on a pastoral level is precisely the Church's constant attention throughout her history to the condition of those suffering and to the indispensable need to provide them with care [5]

## Terminological and Conceptual Novelties

In regard to the healthcare ministry, we are struck, first of all, by the terminological and conceptual recovery of this aspect of the Church's vocation and mission in the new *Catechism*

Indeed, anyone scanning the *Catechism's* Index will encounter no less than 100 terms referring to the standard topics of pastoral care in health [6] This circumstance is all the more singular if one considers that the *Catechism* is a doctrinal *summa* and not a collection of pastoral directives [7] But there is no doubt that the vast consultation carried out in the stages of preparation, initial drafting, and revision of the new *Catechism* contributed to this recovery—consultation which, over the last years, enabled the Episcopate and the Bishops' Conferences, above all, to take note of the new interest in the problems of health policy and care and, therefore, of the importance of the health ministry for the Church. It should also be stressed that the Index provides only a slight indication, inasmuch as it does not contain all the terms related to the concepts dealt with.[8]



The *Reference Index* of the new *Catechism* is of equal interest, for it alludes to basic documents in pastoral care in health, such as certain fundamental addresses to physicians by Pius XII, the Encyclical *Humanae Vitae,* the Apostolic Constitution *Sacram Unctionem Infirmorum* by Paul VI, and the Instruction *Donum Vitae* from the Congregation for the Doctrine of the Faith on respect for human life at its origin and the dignity of procreation—though one may be surprised, given the relevance of a possible allusion, at the lack of reference to the Apostolic Letter *Salvifici Doloris* by John Paul II, whose encyclicals, letters, and exhortations are, moreover, amply cited, and a large part of these documents is also included in the new *Catechism* In other words, many of the basic texts of Sacred Scripture, the Magisterium of the Church, and the patristic tradition regarding the healthcare ministry are recalled by the new *Catechism*.

This terminological and conceptual recovery has made possible the introduction into the new *Catechism* of another element: whereas in the *Roman Catechism* reference to pastoral care in health was virtually exhausted in treating the sacrament of the Anointing of the Sick, in the new *Catechism* two novelties are observed which obviously influence the distribution of the subject: first of all, there is acknowledged an integral notion of *health in terms of both the individual and society,* in addition, *the content of pastoral care in health falls under different headings in the exposition of the catechetical material*.

As for the notion of health, the new *Catechism* directly refers to the notion of life,[9] in regard to which full respect for and care of health form part of observance

of the Fifth Commandment, which not only forbids killing, but calls for respecting our own life and the lives of others and loving our neighbor as ourselves[10]—a personal dimension, but also a social one, as no. 2288 states: "Life and physical health are precious gifts given by God. We must take care of them, taking into account the needs of others and the common good. The *care* of citizens' *health* requires the contribution of society so that there will be living conditions enabling people to grow and reach maturity: food and clothing, housing, health care, basic instruction, work, and social security."

There is, then, a complete superseding of the concept of health merely in terms of charity and assistance—the promotion and defense of health are regarded as a duty of social justice: the health of man, but not just physical health, for that would lead to dangerous social discrimination and the "perversion of human relations."[11]

This different approach to the problems of health policy and care in the new *Catechism* also acknowledges another demand which is particularly noticeable in the area of relations between health care and moral norms, between medicine and bioethics—i.e., the need for moral directives which are not just negative, but charged with value as proposals, as we may observe when the new *Catechism* deals with human life at its origin,[12] equality among men and the duty of universal solidarity,[13] abortion,[14] scientific experimentation,[15] the privileged attention to be reserved for the weak, and the need to imitate Christ's own attitude towards the sick.[16]

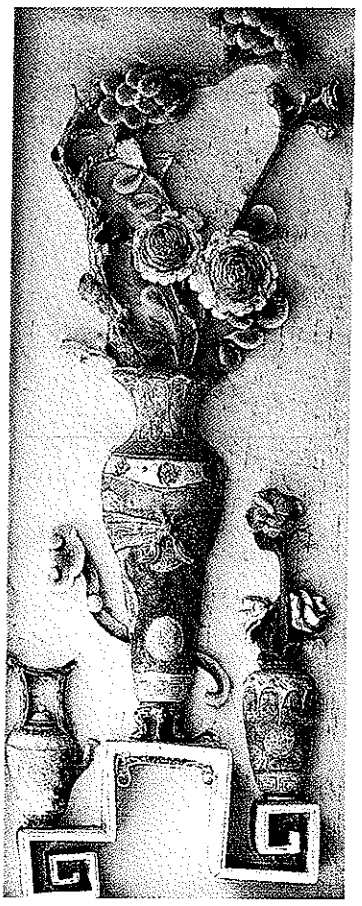
In addition, this formulation has motivated the introduction of elements proper to pastoral care in health into all four parts of the *Catechism*.

In the first part, *The Profession of Faith,* initially illustrating the *Creed,* we pause over the Christian meaning of human suffering, which is participation in the suffering of Christ,[17] and the psychosomatic unity of the human person, in addition to our "sick nature."[18] In the first part as well, liberation from diseases is regarded as a "Messianic sign" opening to comprehension of the meaning of suffering in God's salvific design.[19]

In the second part of the *Catechism* (*The Celebration of the Christian Mystery*) the meaning of the healings performed by Christ is again recalled—a meaning taken up once more when there is mention of the sacraments of Baptism, Confirmation, and the Eucharist,[20] and, of course, those which the *Catechism* calls "the sacraments of healing" (the sacrament of penance and reconciliation and that of the anointing of the sick).[21]

In the third part, which is more practical (*Life in Christ*), we pause over the right to the quality of life and to respect for the human person in the framework of the notion of the *common good,*[22] and then over the topics cited concerning the promotion and defense of life and the works of mercy.[23] It is interesting to notice that the Catechism regards it as binding for Christians to devote free time and proper holiday rest itself to the care of the sick.[24]





In the fourth part (*Prayer in Christian Life*) the efficacy of the prayer of entreaty and intercession in suffering, with reference to Our Lady.[25] It is also pointed out that "one can enter into prayer regardless of one's state of health,[26] while "deliverance from evil" and from the "trials" afflicting the human condition is at the heart of the prayer given us by Christ Himself.[27]

### Catechizing Pastoral Care in Health

The new Catechism "is intended to encourage and assist the drafting of new local catechisms which will take into account the different situations and cultures while carefully preserving the unity of the faith and fidelity to Catholic doctrine".[28]

Two conclusions impose themselves upon us: the healthcare ministry must enter into the individual or local catechisms and, in entering therein, it must take into account differing situations and cultures.

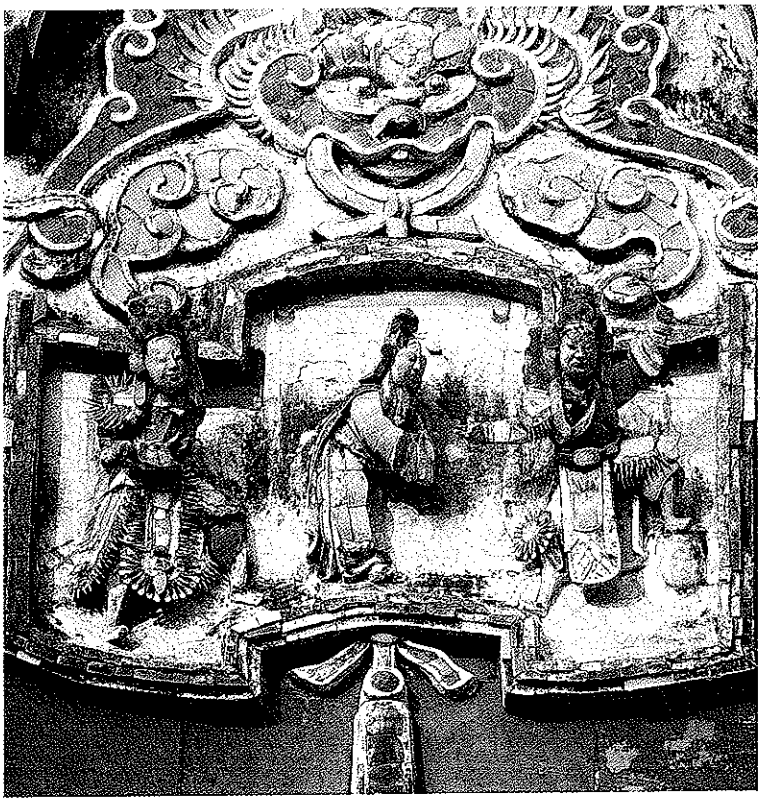
As to the *first conclusion*, it may be regarded as an established fact that pastoral care as such cannot dispense with the health dimension, both because this has always been the Church's action in following her Divine Founder's example[29] because suffering and illness, either actually or potentially, concern all human being[30]—a truth confirmed by John Paul II on asserting that man is the "way of the Church" and is such in a special manner when suffering enters into his life.[31] Moreover, the new *Catechism*, in freeing the elements of pastoral care in health from a rigid classification and, so to speak, distributing them throughout the broad subject-matter dealt with by it, offers confirmation of the need to fuse it into the aggregate of the catechesis to be faithfully conserved and integrally transmitted.

The *second conclusion* requires particular reflection. If the individual or local catechisms must take into account different situations and cultures, it is the task of those drawing up such catechisms to know and understand the dimensions of suffering, illness, and the need and urgency of health and spiritual assistance to the sick in the varied situations and cultures.

Without getting lost in academic disquisitions on the relationship between evangelization and human advancement, it is clear that even an initial evangelization, in order to be effective, must contribute to removing some obstacles deriving from the inhuman and subhuman conditions of the very people to whom the announcement of the Gospel is addressed.

If in mission countries the building of an outpatients' department has frequently preceded or at least coincided with the building of a place of worship, it is because the missionar-





ies, like Jesus, took the care and healing of the infirm as a departure point for approaching peoples. These sick of all ages are a vast throng today in the regions of the world decimated by hunger, malnutrition, endemic diseases, and intolerable sanitary and health conditions

Catechetical training must, therefore, stress this aspect of enormous social relevance. Furthermore, the innumerable references in the new *Catechism* to *poverty* and the *poor*,[32] can very often be applied to the sick and the suffering, for whom a new solidarity is called for, the condition for peace and justice in the world

In conclusion, the new *Catechism,* with this reminder of the need to take into account the different *cultures* of the peoples, is situated in an anthropological dimension which by its very nature has immediate, concrete repercussions—in pastoral terms—on the sphere of moral, spiritual, and religious assistance to the infirm Indeed, in suffering man sensibility is sharper and more delicate, and the catechetical approach must thus be more attentive

With the new *Catechism,* then, the stock of instruments of evangelization through pastoral care in health comes to be enriched

[1] JOHN PAUL II, Apostolic Constitution *Fidei Depositum,* 3

[2] It is sufficient to recall the first and broadest pontifical document on the Christian meaning of human suffering, *Salvifici Doloris* (February 11, 1984), the establishment of the Pontifical Council for Pastoral Assistance to Health Care Workers (February 11, 1985), the constant concern of the Holy Father for the suffering and the sick, as well as his interest in the problems of health professionals and the health ministry, and, finally, the creation of the *World Day of the Sick* to be celebrated annually, beginning in 1993, February 11th, the Commemoration of Our Lady of Lourdes.

[3] In the references which follow I shall specify the *numbers* of the new *Catechism*

[4] After having spoken of the convergent contribution of all the Catholic Bishops, of their Bishops' Conferences, of their Synods, and the institutes of theology and catechesis in the preparation of this *Catechism,* the Holy Father describes it as a "symphony" of faith Apostolic Constitution *Fidei Depositum* 2

[5] ".. The Church, guided by the example and teaching of her Lord, has never ceased to do her utmost in the service of the weakest . This attention to whoever is in need must increasingly involve the entire Church community, so that each, and particularly the person in difficulty, can attain full integration into the life of the family of believers" (John Paul II, *Address to Participants in the Seventh International Congress Organized by the Pontifical Council for Pastoral Assistance to Health Care Workers* (Nov 21, 1992). Cf *L Osservatore Romano,* Nov. 23, 1992

[6] Overlooking the terms regarding specific subjects (abortion, contraception, euthanasia, transplants, etc.), we may recall fundamental concepts amply illustrated in terms of the healthcare ministry, such as *Anointing of the Sick, Apostolate* to the sick, *Birth, Compassion, Cross Diakonia, Dignity* (of the sick human person), *Heal, Healing Health, Integrity* (of the human person), *Life Love Mercy, Patience, Physician, Regeneration Reparation, Save, Sick, Sickness Suffering, Tribulation Weakness.*

[7] "This Catechism is given [to the Pastors of the Church and to the faithful] so that it will serve as a reliable, authentic reference work for the teaching of Catholic doctrine and particularly for drawing up local catechisms. It is also offered to all the faithful who wish to deepen their knowledge of the inexhaustible riches of salvation (cf. *Jn* 8:32) " (Apostolic Constitution *Fidei Depositum,* 4)

[8] Some of these terms are implicitly included in others For example, [in the Italian edition] the word *sanità* is missing, but, as we shall see, the concept is dealt with; under the various attributes associated with *Christ* the reference to Christ/Jesus as a "physician" is lacking, but the allusion in fact appears several times (cf nos 1421, 1503-1505, 1848); for this, however, the reader is referred to the entry *Medico* ['physician'] Similarly, *assistenza sanitaria* ['health care'] is not found in the Index, but does appear in the Catechism (cf no 2288).

[9] Cf. no. 2258.

[10] Cf. nos 2289-2330

[11] If morality calls for respect for bodily life, it does not, however, make it an absolute value. It is opposed to a neopagan conception tending to promote the *cult of the body* and to sacrifice everything to it, to idolize physical perfection and sports success On account of the selective choice which such a conception effects between the strong and the weak, it can lead to the perversion of human relations" (no. 2289) On the integral concept of the person, see also nos. 362 seq

[12] Cf. nos. 2270-2275.

[13] Cf. nos. 1934-1942

[14] Cf nos 2270-2272

[15] Cf. nos 2292-2298.

[16] Cf nos. 1503-1505

[17] Cf nos 164-165; 618:1010 seq.

[18] Cf nos 262, 457

[19] "In freeing some men from the earthly evils of hunger, injustice, illness, and death, Jesus left certain Messianic signs. ." (no. 549).

[20] Cf. no. 1151; 1293-1294; 1351

[21] Cf nos 1422-1532. This is the most extensive part of the new *Catechism* devoted to pastoral care in health.

[22] Cf nos 1900 seq ; 1906; 1907; 1909: " . The common good requires *social welfare* and *development*.. Development is the synthesis of all social duties Of course, it is up to authority to act as an arbiter, on behalf of the common good, among the different special interests It must, however, make available to each person what he needs to lead a truly human life: food, clothing, *health,* work, education, culture, suitable information, the right to found a family, etc "

[23] Cf. nos 2443 seq.

[24] "Sunday is traditionally consecrated by Christian piety to good works and the humble services which the sick, the infirm, and the elderly need" (no 2186).

[25] Cf nos. 2929-2636; 2673-2679

[26] No 2710.

[27] Cf. nos 2846-2854

[28] JOHN PAUL II, Apostolic Constitution *Fidei Depositum.* 4

[29] "As Christ was sent by the Father to 'give the Good News to the poor, to heal those with a contrite heart' (*Lk* 4:18), to 'seek out and save what was lost' (*Lk* 19:20): so the Church, too, surrounds with affectionate care those who are afflicted by human weakness; *indeed,* she recognizes in the poor and suffering the very image of her Founder, poor and suffering, takes care to relieve their indigence, and aims to serve Christ in them" (*Lumen Gentium,* 8).

[30] Cf. F. ANGELINI, "Pastorale e pastorale sanitaria," in *Quel soffio sulla creta* (Rome, 1990), pp. 181-186.

[31] Apostolic Letter *Salvifici Doloris,* 3.

[32] Cf. nos. 64, 238, 489, 544, 559, 709 ff., 724, 832, 852, 886, 915, 1033, 1351, 1373, 1379, 1506, 1658, 1825, 1941, 2053, 2172, 2208, 2408, 2443 ff., 2544 ff., 2660, 2710, 2713, 2833.

# Health Policy and Care in Africa

***The article by Fr. Renato di Menna, a Camillian, is our contribution to the Special Assembly of Bishops for Africa, which will begin on April 10, 1994***

## INTRODUCTORY REMARKS

In broad terms, the developing countries are found in the southern hemisphere I have considered using the subtitle "Health Situation in Africa and Prevention as a General Health System" to indicate that my paper deals particularly with the health problems of the African continent and brings out the necessary contribution of a general health system based on prevention rather than curative medicine for the fight against disease

The perspective adopted is pastoral, starting, insofar as possible, from the existentially concrete to arrive at the realization of man as the image of God. It is in this sense that the social documents of the Magisterium spur us in this world to be "salt of the earth," or, as we read in the letter to Diognetus, "what the soul is to the body "

"The Church's mission," states the *Decree on the Apostolate of the Laity,* "is not just to carry the message of Christ and his grace to men, but also to animate and perfect the temporal order with the evangelical spirit " [1] In other words, we are invited to transform persons and environments through the existential assimilation of the word of faith. Pastoral action becomes fruitful and effective when the conversion of the one evangelized, through his full adherence to Christ and his transformation, comes to animate the specific areas of life.

In the context of these considerations I shall set forth my research in two parts: in the first I shall begin by sketching a balance of the state of health in Africa, comparing it to that of different developing countries; in the second, by means of the analysis of concrete situations I shall seek to corroborate the theoretical indications in the first part Of course, insistence on prevention does not mean denying the importance of curative medicine. I shall conclude with some considerations on the faith motivations which must found a new culture of authentic and solidary sharing

## First Part: CONSIDERATIONS ON THE HEALTH SITUATION IN AFRICA

### A) A Sketch of the Balance of Health in Africa

1. *Some Information on the Global Health Picture in the Third World*

The copious annual volume of statistics put out by the World Health Organization gives us detailed information on the current health situation and stresses the following five points generating concern: the resurgence of malaria and, more generally, the recurrence of different tropical diseases which were thought to have been eradicated; the endemic blindness of adults and children in many rural areas of the third world; the absence of a worldwide pharmaceutical policy; lack of responsibility in the demographic process, with its two contradictory aspects: aging in the north and spontaneous growth in the south; and, finally, abuse of tobacco, which in the industrialized countries today provokes devastation in every age group. Drugs, in all forms, and AIDS should certainly be added [2]

Those investigating the causes of illnesses can show us a long list of statistics and statistical comparisons effected with a scientific method and intent in regard to the real state of health in developing countries

In starting from a shared intuition, they have done research on some thirty factors traditionally deemed to be indicators of a peoples health. For instance, they have sought to identify a peoples life expectancy at birth, the infant and young peoples mortality rate, and the overall mortality rate, the summary fertility index, the overall birth rate, the population growth rate (natural and real), the index of per capita income, the educational level, and the average daily consumption of calories per person.

The comparisons later established among the results obtained on different continents enable us to discern the variations in health between one continent and another On the basis of such comparisons, unfortunately, Africa proves to be the sickest and the poorest The data concerning life expectancy, infant mortality, and overall mortality, annual income per capita, and literacy rate represent the poorest results

To provide some specific references, the statistical sources inform us that a European's life expectancy is over seventy years, a Latin American's is sixty-five, and an African's, between forty-five and fifty. The differences in infant mortality are even more evident: whereas there are ten deaths for every 1000 live births in Paris and Brussels, there are seventy-five in Buenos Aires, 120 in Rango, and 150 in Bangui. In addition, whereas a Parisian doctor has under 1000 patients, his Egyptian colleague has 4650, and an Ethiopian physician, 70,000 [3]

Per capita income in the industrialized countries is $9322; in Asia, $3709; in Latin America, $1839; and in Africa, $775. The synthetic fertility index in industrialized countries is two children per woman; in Asia, four; in Latin America, 4 2; and in Africa 6 5. Population growth in

Asia is 2 1%; in Latin America, 2.5%; and in Africa, 3%

We wish to add a positive note, however: life expectancy, though inferior to that on other continents, has shown a certain improvement over the last twenty years. This means that the overall state of health has, in spite of everything, improved

2. *Comparing Health Conditions in Different African Countries*

In this connection I shall present only the differences regarding life expectancy, the infant mortality rate, and the overall mortality rate

*Life expectancy* at birth—in other words, the average duration of a man's life, is under fifty in the sub-Saharan countries [4] In a few countries (Tunisia, Ivory Coast, and South Africa), it is over fiftyeight. In the remaining nations of Africa it is between fifty and fifty-eight.

*The infant mortality rate* in the sub-Saharan region and Angola is over 116 per 1000; in Madagascar, Zimbabwe, Kenya, and the Congo it is under 83 per 1000 In the other countries on the continent it is between 83 and 116.

*The overall mortality rate* (sub-Saharan, Angola, Mozambique, and Madagascar) is over 16 per 1000; in Tunisia, Libya, Egypt, Ivory Coast, and South Africa it is less than 12 per 1000; in other countries it is between 12 and 16 per 1000

On the basis of this comparison we observe that the health of the sub-Saharan countries is poorer than that of the continent as a whole. This region virtually coincides with the area of major endemias.

We could extend research into regional health differences within a single country to deal with differences in health behavior among the various ethnic groups and among city and country dwellers, but in view of the purpose of this paper, I feel the information already provided is sufficient for an initial appraisal of the state of health in developing countries, particularly in Africa.

We have discovered that in the third world the African continent is the one presenting the least satisfactory health data and the poorest economic conditions. In examining variations in health on the continent, we have also glimpsed the possible causeandeffect relation between local conditions and illnesses and, therefore, the need for prevention to treat disease in its causes.

Finally, we understand that by introducing prevention into the fight against disease, the health world expands to embrace all a country's living forces, particularly social and economic professionals. The latter, then, are invited to conceive of the dynamic of economic policy in terms of an authentic solidarity at the service of the dignity of the person.

In the next section we aim to bring out the elements in this health picture to discover the priorities of a prevention project as a general health system

## B) A Prevention Project Based on Comparing Health Factors and Life Expectancy

The question posed now is to discover what factors predominantly determine the current state of health of Africa We certainly do not mean to exclude the value and necessity of curative medicine, but we wish to ascertain whether health in Africa is not, above all, a problem of prevention; and, if so, we are asked about the priorities to make prevention truly effective

Research has been carried out by the System and Research Team of the Enda-Tiers Monde Center in Dakar [5] Following an econometric model, the team has sought to establish the simplest possible mathematical relation between the specific health level—termed "variant to be explained"—and the most decisive factors in that state of health. The latter are called "explanatory variants"

1. *A "Research Model" Variant to Be Explained and Explanatory Variants*

*a*) Choice of Variants to Be Explained

In our research the "variant to be explained" (the state of health in Africa) and "the explanatory variants" (the factors determining this state) have been established by comparing the statistics we have referred to

At first the researchers intuitively felt that the African health status could be indicated synthetically by life expectancy, the overall mortality rate, or the infant mortality rate, but they wondered which of the three factors could best express it emblematically.

To get an answer they compared data involving life expectancy with overall mortality rate, and infant mortality rate. In regard to both of the latter, there was an evident tendency towards a decrease: life expectancy decreases when both overall and infant mortality increase The significance is obvious: life expectancy is closely linked to overall mortality and infant mortality; it can, therefore, be accepted as the most relevant, emblematic indicator of the health status of the African population.

*b*) Choice of the Explanatory Variants

Selection of the explanatory variants proved to be more complicated At first twenty-six variants were chosen [6] capable of measuring economic activity,

health resources, nutrition, urbanization, health education, and the greater or lesser healthiness of the environment. Later, to discover their connection with the state of health, they were compared to life expectancy, chosen as the leading indicator of the state of health.

The variants which have been shown to influence health (life expectancy) decisively are the percentage of girls attending school, the literacy rate, the percentage of the population with access to potable water, and the number of inhabitants per nurse and per doctor.

At first sight these results caused amazement and even a certain incredulity. They appear to be in open contrast to many timehonored notions about the factors debilitating health in Africa. Intuitively, one would think of poverty, malnutrition, lack of medicines, the tropical climate, and so on. The "model," on the contrary, situates the education of women and literacy in the first position and virtually overlooks the relation between life expectancy and a nation's per capita income, the number of calories consumed per person, and the health budget.

In the face of these reactions, the Enda researchers carried out verification by calculating the relation between life expectancy and per capita income in Africa, Asia, Latin America, and the continents as a whole. The check globally confirmed the initial result. I say "globally" because the comparison between life expectancy and per capita income in the continents as a whole introduces a certain novelty: starting from a certain relatively high income level on up, we observe that a further increase is accompanied by an improvement in health status. But beyond another, higher level, a contrary movement begins: while income continues to increase, life expectancy decreases. As a consequence, if we take into account the results of the comparison between life expectancy and the twenty-six reserve variants, it is legitimate to conclude that health, as has happened in Europe, may be the product of a long process of development, but other factors may also accelerate its realization—specifically, educational variants, land improvement variants, and certain health facilities.

## 2 *Critical Presentation of the Results*

In the educational variants we discover the links among life expectancy, educational level, and literacy rate.

The meaning of this variant deserves attention. The intuition that health education is an important factor for health is common, but our econometric model goes beyond a simple confirmation of that intuition and gives it primacy, telling us that the education of women is decisive for health.

The reasons explaining this preference seem evident and objective. It is women, in fact, who reproduce society biologically and culturally. They are mothers and at the same time educators. If educated well from a medical standpoint, as those responsible for the healthfulness of family conditions they can positively improve the behavior of all in this regard. Many studies demonstrate that the education of mothers constitutes a decisive element for child health. In the measure in which training of mothers increases, the percentage of infant mortality declines in whatever socioeconomic situation the family finds itself in.

In the variant relating to environmental improvements, we find a connection between life expectancy and the percentage of the population with access to potable water. This does not cause surprise, for man has long been convinced that potable water is decisive for health. This result should, however, be set alongside a very burdensome reality: in the sub-Saharan countries the population with access to potable water does not exceed 50%. It is, then, understandable that life expectancy in these countries is relatively low. We shall come back to this subject in the second part.

Finally, in the variant of health facilities, the econometric result prefers the variant "nurse" to that of "doctor." The meaning of this preference ought perhaps to be sought in the fact that in Africa the doctor, unlike the nurse, works more in the city than the country and even in the country doctors are more engaged in administrative tasks than directly professional ones.

It should also be stated that a nurses work reflects the needs of preventive medicine better than a doctor's: the physician is oriented more towards curative medicine. In effect, it is the nurses who in Africa deal predominantly with preventive action such as vaccinations and prenatal care. In this context the meaning if the results of research is clear: in Africa the impact on health of preventive medicine is greater than that of curative medicine.

At this point we can formulate an initial global evaluation of research heretofore conducted. Research tells us with sufficient clarity that for the health of Africa prevention of illness, when undertaken as a "general health system," through health education, environmental upgrading, and the proliferation of basic health facilities, has an impact on health superior to that of curative medicine.

These results have been compared to the ones obtained with alternative models and the same overall consistency has been found. However, in spite of the result's notable reliability, we

feel we should check it against certain concrete situations. This is what we aim to do in the second part by examining causeandeffect relations among environment, medical resources, and health

**Second Part:**

## THE INTERACTION OF ENVIRONMENT, MEDICAL SERVICES, AND HEALTH

### A) The Health/Environment Relation

The problem posed now is to discover whether the relations

among the illnesses found in Africa and African environmental conditions (access to water and nourishment) are of such a nature as to justify a health strategy mainly oriented towards prevention.

We shall thus set forth this section by calling attention to the following three points: 1) environment and illness; 2) environment and nutrition; 3) health and environmental decay.

1 *Environment and Illness*

*a*) Pathogenic Environment

The major tropical diseases find favorable terrain in Africa. In spite of progress in the fight against these illnesses, the WHO program still recognizes six: onchocerciasis, trypanosomiasis, leprosy, schistosomiasis, tuberculosis, and filariases.

In the equatorial and tropical zone, the warm, humid climate favors the multiplication of insects and the illnesses they carry: trypanosomiasis, malaria, and yellow fever. In the same area food production, though regular, is composed, above all, of farinaceous elements. The result is a protein deficiency predisposing local people to endemic diseases.

In the tropical zone, in alternate seasons the spread of illnesses communicated by carriers is caused the quality of the water. During the dry season, the watering places become scarce, and water gets stagnant, turning into a breeding-ground for disease. During the rainy season grass grows and favors the movement of carriers. A new outbreak of malaria then occurs, along with other illnesses: schistosomiasis, onchocerciasis, and salmonellosis.

In the arid or semiarid zone the same phenomena are produced as in the zones with alternate seasons. This is, however, characterized by a longer and more rigorous dry season and by a shorter period of rains with years of drought. If there are successive years of drought, the meager harvest provokes malnutrition in proteins and calories, which impoverishes the organism and increases vulnerability to different local diseases, particularly those threatening cell-mediation immunity, like measles, gastroenteritis, tuberculosis, and leprosy. In this zone, moreover, sharp variations in temperature are responsible for numerous ailments of the respiratory tract, and sand winds represent an aggravating circumstance for conjunctivites and trachomas.

The fight against the major endemics or epidemics threatening Africa begins with awareness of the interrelations among man, environment, and illness. The study of these "medical ecologies" enables us to understand the differences in prevalence of an endemic and to study prevention and treatment, by modifying environmental conditions as well.

*b*) Water and Disease Transmission

According to WHO data in 1980, 80% of world morbidity then arose from deficiencies in the water supply and an unhealthy environment. That year 57% of the Third World population (excluding China) lacked potable water, and 75% lacked all access to sanitary installations.

In effect, stagnant water, its insufficiency, and bad sanitary conditions. Some affirm that dir-

ty water can contain the germs of over 20 infectious diseases. I shall limit myself to providing a few examples in this regard.

I shall start with the diarrheas, which, along with amoebic and bacillary dysentery and gastroenteritis, are, above all, infantile diseases quite common in the third world. Every year, for lack of clean water, they are thought to cause the death of about six million children under five. In the arid and semiarid zones, the great human concentration around the rare water sources multiplies the risks of diarrheas—such watering places are, in fact, used for all purposes.

Dracunculosis or Guinea worm is an illness characteristic of the tropical regions. It is carried by a microscopic organism living in the water. In southwest Nigeria, about a quarter of the active population remains incapacitated each year for some ten weeks on account of Guinea worm.

Schistosomiasis is the most widespread disease, directly linked to the multiplication of irrigation canals and water reserves. According to Sheridan (1985), the parasite propagating it acts endemically in seventytwo countriesin the intertropical zone, and over two hundred million people are affected.

Malaria is the most fatal disease directly connected with water. Every year about 150 million people are affected by malaria, and over a million die of it. Most of the victims of this illness live in tropical Africa. Malaria is provoked by a parasite transmitted to man by the bite of some species of mosquitoes. And the female mosquitoes lay their eggs in stagnant waters.

Lymphatic filariasis (250 million affected) and onchocerciasis, or river blindness (30 million affected), are also transmitted to man by mosquitoes or flies proliferating in the water.[7]

Consideration of these concrete examples enables us to understand better the reason why the statistical model we have followed in the first part indicates the relation between access to potable water and life expectancy to be highly significant. In effect, a great many of the illnesses responsible for the high mortality observed in the intertropical and arid zone of Africa are directly or indirectly linked to water. We feel, however, that in order for a program for access to potable water to have positive repercussions on health it is necessary to combine it with other measures of environmental upgrading and health education.

## 2 *Environment and Food Supply*

### *a*) The Limits and Potential of the African Environment

It seems certain that whereas the agricultural capacity of Asia is tending to improve, that of Africa is showing a decline, beginning in the 1970's.[8] This situation prompts a question: Is African soil capable of producing the food needed by the inhabitants, or must we say that it is fatally condemned to irreversible deterioration which will force Africans into perpetual food dependence?

An argument contrary to pessimism is found in the great importance acquired in Africa by plants of American origin. I am thinking of bananas, mangoes, manioc, corn, and tomatoes. They entered Africa after the fifteenth century and are now key elements there.

The real decline in production over the last twenty years remains, however, to be explained. The reasons are apparently the following: an overall population increase without a corresponding increase in agricultural productivity; rapid urbanization which has diminished the number of farm workers; and, finally, insufficient agricultural policy unheedful of progress and innovation in cultivation systems.

The result has been a marked increase in imports, with Africàs food dependence on other continents, a dependence which has gone from the area of cereals to those of meat and milk. Africa, which had previously been not only selfsufficient in meat, but also an exporter, began importing it from Latin America and Europe. What is disturbing is not so much the size of these imports as the trend being created.

### *b*) Nutrition Balance and Health

Thanks to imports and food aid, the overall nutritional picture is not perhaps so catastrophic as one might think. The proper average daily calorie intake is estimated to be about 2100/2200; the World Bank's statistics now indicate 2200 calories as the average in Africa.

It is obviously a good average, but like all averages this one must also be read cautiously. It conceals many inequalities where the most vulnerable groups (women and children) are the most disadvantaged. According to a WHO study, about 250 million third world women (Africa, Asia, and Latin America) from 15 to 49 suffer from nutritional anemia. In Africa 63% of pregnant women are thought to be anemic; in Asia, 65%; and in Latin America, 30%. For nonpregnant women, the percentage of anemics is 40% in Africa, 57% in Asia, and 15% in Latin America.[9]

As for children, malnutrition seems to affect the 12 year age group, above all. It is undoubtedly due to inadequate weaning.

As we stated in the first part, our "model" does not regard malnutrition as a decisive variant for life expectancy, perhaps because only very marked malnutrition produces significant morbidity and mortality. We note with surprise, moreover, that African diets are less imbalanced than is generally thought. Indeed, numerous fruits provide very lowcost nourishment.

3. *Environmental Decay and Health*

In addition to the precarious situation of the environment from an agricultural standpoint, there is environmental decay representing one of the main causes of Africa's socioeconomic difficulties—I am referring to desertification and erosion. These processes have negative effects on both the economy and health of the continent at the same time.

Environmental decline directly affects health when it provokes the appearance of a new pathogenic factor; there is an indirect effect when a reduction in food supplies, a lengthening of the time spent working, or a scarcity of essential goods, such as potable water or building materials, cause a weakening of persons as a result.

Weakness predisposes people to all the diseases we mentioned in speaking about the transmission of illness due to a lack of potable water or an unhealthy environment. We may add some details.

Infantile mortality seems higher in arid zones than in wet ones, and life expectancy, lower. We cannot, however, affirm a causeandeffect relationship, but desertification certainly aggravates the health situation in the zones becoming arid. Tuberculosis is also directly linked to insufficient nourishment and an unhealthy environment, where water and sanitation are lacking. Finally, population movements, along with an increase in population density due to desertification, facilitate the spread of sexually transmitted diseases.

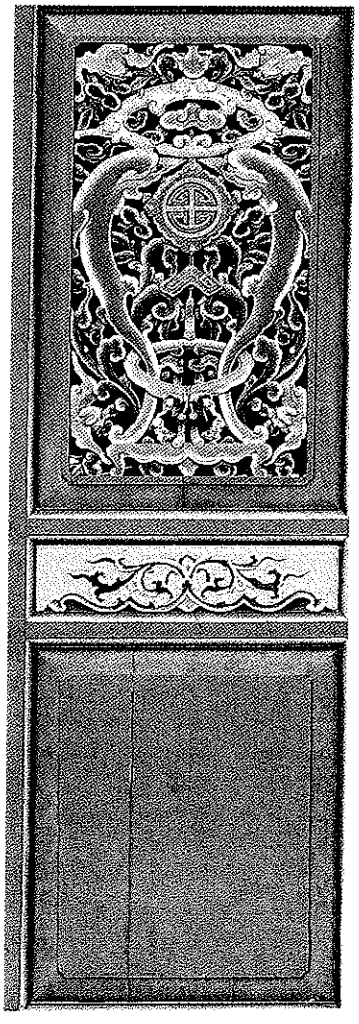
As for the special consequences of erosion, we observe that the modifications it produces in forest ecology also change the behavior of disease carriers. The new groups arriving in deforested lands introduce new diseases which can easily infect the natives, who are not immunized, and the latter in turn transmit their diseases to the newly arrived. An example of yellow fever due to erosion was the epidemic which hit Nigeria (1986-1987). 12,000 people died, and those affected were estimated to be at least 50,000.[10]

To sum up, desertification and erosion disturb ecological equilibria and thus weaken systems of production and inhabitants' health. These disturbances cause new pathologies to arise and accentuate the endemic pressures already existing in a place. Real prevention, therefore, necessarily depends on environmental protection.

**B) Medical Resources and Level of Health**

The average level of health in Africa, as we stated earlier, is tending to improve: in recent years the overall mortality rate has diminished, and life expectancy has increased by a few years. It is not, however, a very convincing improvement, since general possibilities remain mediocre. Environmental conditions and their transformations have not been integrated into an adequate health strategy. The resources made available for health are insufficient and badly distributed.

In this regard what I said in my article on "Structures of Sin" in medical care in developing countries ought to be repeated, as regards budgetary allocations for health, badly distributed medical infrastructures, primary care, and the initiative in Bamako, Mali, but, in view of the space available, I shall refer readers to the article itself, published in *Camillianum,* no. 3 (June 1991).



## CONCLUDING REMARKS: CONFIRMATION OF THE "MODEL'S" PRIORITIES

After the above considerations, we can understand better why life expectancy is so low in Africa: the unhealthiness of the environment makes the inhabitants weak and vulnerable. Food deficiencies merely make that unhealthiness and vulnerability manifest. Inadequacies in "basic health care" and the lack of medicines only aggravate morbidity, especially in infants.

The difficulty of hospitalization—institutions are often permanently overcrowded—has particular repercussions on complicated births. In rural areas, as far as 100 miles away from a hospital, the smallest emergency may have a fatal outcome.

To sum up, the three factors determining health selected by our "model" as of priority importance for a strategy of preventive medicine remain quite clear: 1) Women are the key to prevention in the home: they are responsible for the beginning of life and the care of infancy, the hygienic conditions of food and the household, the family's attitudes to health—in a word, health at home. 2) Access to potable water and environmental upgrading are strategic variants in this system: it is a question of overcoming illness by going back to its cause, modifying the terrain where the germs of disease multiply and are transmitted. 3) Finally, the construction of a solid network of basic health services is justified by ur-

gent needs and by the vast unhealthy areas in Africa.

It is evident that, with greater life expectancy, hospitals should also be multiplied and provided with services capable of fostering a higher quality of life for all.

## CONSIDERATIONS FOR AUTHENTIC AND SOLIDARY SHARING

### 1 *General Considerations*

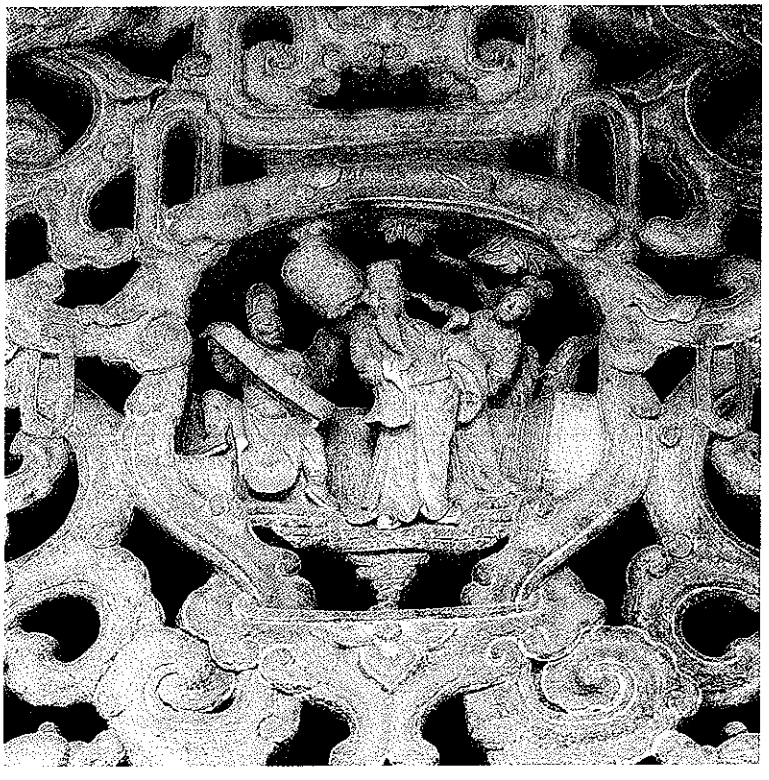
Our observations up to this point lead us to grasp something else as well: contrary to what is commonly said, prevention is very expensive. Environmental improvements, with access to potable water for all and a halt to desertification, demand the efforts of all the earth's inhabitants, not just the Africans. If the industrialized countries do not decide to follow the way of authentic, solidary sharing with determination, the state of health of the African continent will remain weak and vulnerable.

In this respect, "it will be necessary," as John Paul II affirms in *Centesimus Annus*, "to abandon the mentality of regarding the poor (persons and peoples) as a burden and a nuisance seeking to consume what others have produced. The poor request the right to share in the enjoyment of material goods and put their capacity for work to good use, thereby creating a juster and more prosperous world for all. The elevation of the poor is a great occasion for the moral, cultural, and even economic growth of all mankind." [11]

The Pope's thought, unfortunately, is opposed by a mentality which absolutizes the economic, for which even health becomes an element enabling the economic motor to run. "In the world economy," Medicus Mundi President Bernard Hours laments, "there prevails a planetwide management of health systems supported by the World Bank. In accordance with this management, profit-oriented criteria will be adopted more and more often. The policy of the multilateral donors will be oriented towards collaborators deemed reliable and safe. An NGO will soon be granted the health management of entire districts and this," Bernard concludes, "will not fail to provoke changes in the attitudes of the associations dealing with health development." [12]

But the Pope insists, "There is something which is due to man because he is man, on account of his dignity and likeness to God, independently of whether or not he participates in the marketplace, of what he possesses and





can therefore sell, and of the means for purchasing he has available This something must never be disregarded, but rather demands respect and solidarity (the social expression of love), which is the only adequate attitude in the face of the person." [13]

2. *Faith Motivations for Effective Solidarity*

At this point we can ask ourselves what the Church's place is in the context of this universal solidarity. We find the answer by considering the Church's mission. The Church exists to *evangelize*: "Go and announce the Good News." But evangelization is also the work of integral human advancement. The two aspects are intimately connected: "Evangelization would not be complete," Paul VI affirms in *Evangelii Nuntiandi*, "if it did not take into account the way in which the Gospel and man's concrete personal and social life constantly make an appeal to each other. For this reason evangelization involves an explicit message, adapted to diverse situations and constantly updated, on the rights and duties of every human person" (*EN*, 29).

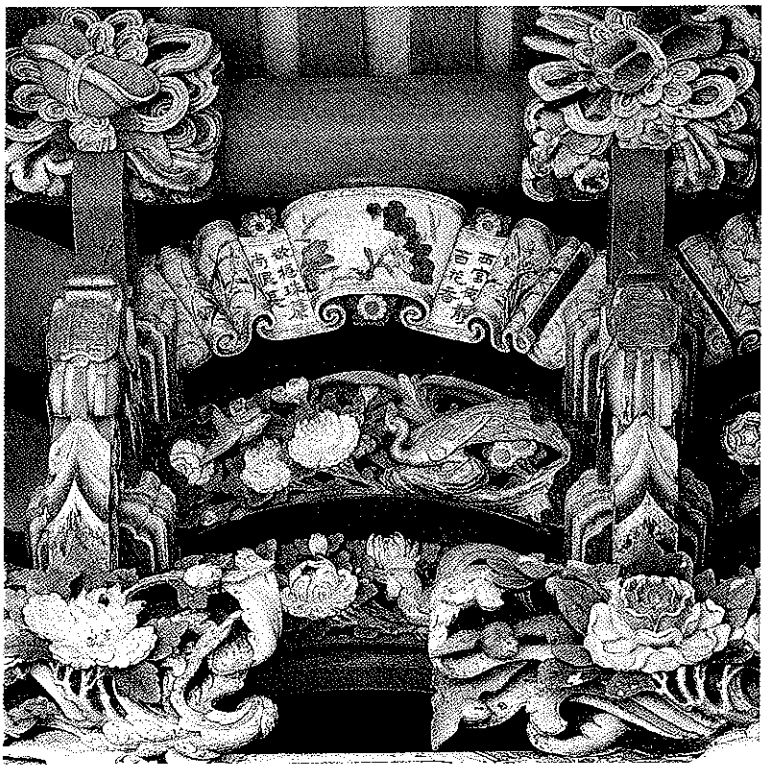
The Church deals with "concrete," "historical" man, with *each man*, for each has been included in the mystery of redemption and Christ has united Himself to each forever through this mystery. It follows that the Church cannot abandon man and that *this man is* the first way the Church must travel along in fulfilling her mission ..., the way traced out by Christ Himself, a way which immutably passes through the mystery of the Incarnation and the Redemption" (*CC*, 53).

On the basis of this principle, *Centesimus Annus* affirms that the social documents of the Church, as documents of the Magisterium, are part of the evangelizing mission of the Church, together with the many other documents of this kind." It is deduced therefrom, the Encyclical continues, that the *social doctrine* itself possesses the value of an *instrument for evangelization* as such it announces God and the mystery of salvation in Christ to every man and, for the same reason, reveals man to himself" (*CC*, 54)

We wish to recall that if a Church without sacraments would not be the Church of Jesus Christ, a Church without solidarity, without charity towards those suffering poverty and illness, would likewise not be recognized as the Church of Christ: "From this they will all recognize that you are my disciples, if you have love for one another" (*Jn* 13:34-35).

On the level of activity and concrete commitment to deve-





lopment problems, one must distinguish between action by the Hierarchy and action by the Catholic laity Whereas the Hierarchy has the specific task of teaching, governing, and sanctifying the Christian people, lay persons have the task of animating the temporal order in the Christian perspective and thus have a direct, core commitment to social and political action

Christians must not, however, reduce the Church's mission to the dimensions of a merely temporal project "The comprehension and welcoming of the Kingdom of God imply the Church's and the Christian's commitment to liberation and to socioeconomic and political liberation, but the Kingdom of God does not coincide with social conditions, even if ordered according to justice. The Kingdom of God comprehends, but also transcends the social and temporal order, as the human person is in the world, but transcends the world in his nature and in his destiny." [14]

In Jesus Christ, firstborn of a host of brothers, man becomes the brother of man, the son of the same Father, a son of God. To become a son of God meansCC to be called to take part in the very life of God; it means to become a brother of the other sons of God and involves a duty of fraternity towards all men Brotherly love will then be the characteristic expression of our being human: la quality of our humanity will be measured by our capacity to love; what will give meaning and value to our human experience will be the magnitude of love of which we are capable.[15]

From these principles we can deduce that development does not consist so much of reducing poverty as rather of "building a world in which every man, without exceptions based on race, religion, or nationality, can lead a fully human life, liberated from the slavery imposed upon him by men .; a world where freedom is not a vain word and where poor Lazarus can sit at the same table as the rich man" [16]

This shared responsibility will be possible only if founded not by a bond created by human activity, but by a gift man has received from the Creator: the bond making us children of God and brother and sisters in Jesus Christ.

Rev RENATO DI MENNA, M I.

[1] Cf *Apostolicam Actuositatem* 5.

[2] G BERTON, C GUIOCHON, and M. PERRIN, "Santé: aux grands maux, quels grands remédes?" (Dossier), in *Croissance* no 339 (June 1991), 26.

[3] *Ibid*, 24

[4] In Mozambique and Madagascar life expectancy is the same as in sub-Saharan countries.

[5] The members of the System and Research Team at Dakar's Enda Tiers-Monde Center are Philippe Engelhard, an economist at the University of Dakar who at Enda deals particularly with research coordination; Moussa Seck, a biologist from the University of Minnesota specializing in vegetable biology and epidemiology; and Taoufik Ben Abdallah, a researcher in the sociology of groups and development economics

[6] Cf P ENGELHARD, M SECK, and T BEN ABDALLAH, *Vivre et mourir en Afrique Santé P. population et développement* (Dakar: Enda Edition, 1988), pp 7784.

[7] The ENDA researchers deal with the relations between health and environment in the second part of their book *Vivre et mourir en Afrique* For further study of the problem, see D SHERIDAN, *L'irrigation promesses et dangers* (L'harmattan-Earthscan, 1985); P. NICOLAS, *Eau et Assainissement,* Colloque de Nouakchptt ENDA-ENA (February 1988).

[8] *Populorum Progressio* 47

[9] Cf WHO, *Information* no 4 (1983).

[10] P ENGELHARD, p 145.

[11] Cf *Centesimus Annus,* 8

[12] G BERTON, in *Croissance,* no 339 (June 1991), 30

[13] JOHN PAUL II, "Esiste qualcosa che è dovuto all'uomo perché uomo," in *L'Osservatore Romano* (May 23, 1991), 1

[14] Cf *ibid.*

[15] A MATTIAZZO, "La cooperazione con i paesi in via di sviluppo: l'insegamento della Chiesa," in *Quaderni Cuamm* no 18 (December 1985), 9-12.

[16] *Redemptor Hominis* 10.

# *Witness*

***1992 Plenary Assembly of the Catholic Health Association of Canada***

***Providing Care for Immigrants in Rome***

***Report on the Madagascar Healthcare ministry in 1992***

# 1992 Plenary Assembly of the Catholic Health Association of Canada

*A report presented by the Most Rev. Jean Gratton, the CECC's representative on the ACCS Board*



**Introduction**

As the delegate of the Canadian Bishops' Conference on the ACCS Board, it is once again my pleasure to present to you this short report on the most significant activities of the Association over the course of the year.

The Association is formed by members in different categories:

- 8 provincial or regional Associations;
- 37 trustees;
- 149 Catholic clinics (19 in French-speaking dioceses and 24 in English-speaking dioceses);
- 136 associated organizations.

The Association publishes a journal, *ACCS Review,* distributed to 1770 subscribers, and a quarterly bulletin, *ACCS Info,* sent to our members

The ACCS Council has 19 members, with 12 lay people, 6 religious, and myself. Last year new general regulations went into effect; the members of the Council are now elected by correspondence thanks to the participation of our provincial and regional Associations, clinics, and trustee members.

The ACCS annual balance, which is applied to some fifteen educational programs, reaches one million dollars

**The Mission of Healing**

The Association's mission reflects one of the most important aspects of the Church's mission: the work of healing. The ACCS is permanently committed to increasing awareness among Catholics of this aspect, basic to the Christian vocation. To this end, we are currently preparing a theological manual which can be used by Catholic clinics, parishes, and perhaps schools, so as help people understand more clearly that the mission of healing is an essential part of the general apostolate of the diocesan Church. The formula of a practical manual has been preferred to that of a theoretical statement on the ministry.

The ACCS has also reached an agreement with the CECC to have the World Health Day in Canada commented on in the liturgical calendar. All using that calendar will be invited to meditate on the mission of healing in the course of their liturgical celebrations, to underline the fact that health care is an integral part of the mission of the entire Church, and recall that each is responsible for his lifestyle and personal health.

**Concerns of the Trustees**

Our 37 trustees (mainly religious congregations) have abundantly contributed to orienting the work undertaken by the Association so that our clinics will find a place in our national health system as a whole. In the course of the past year, we carried out a vast survey among our trustees with a view towards gaining insight into their intentions and programs for the next ten years. The positive results of this survey will help our planning, and probably that of the Association's members, at least for a number of years to come.

**Healthcare Reform**

During the past year the Association closely followed the new measures adopted by most provinces to rationalize health care and sought to foresee this reform's effects on Catholic facilities.

The ACCS has provided moral and strategic support to the Bishops, to the trustee members, to the Catholic Health Associa-

tion of New Brunswick, and to the Associations of four or five other provinces in their direct efforts to maintain the Catholic identity of their facilities The Bishops of New Brunswick have played a key role in their province, where reform measures adopted by the government have been particularly draconian.

ACCS and ACSNB members have deeply appreciated the support received from the CECC and its president, Archbishop Marcel Gervais, with the letter he sent to the Bishops of New Brunswick. The letter was later picked up by the mass media.

The ACCS is closely following developments in other provinces as provincial health ministers consider different types of regionalization of services. This procedure has already had direct effects on the Catholic facilities in New Brunswick and Saskatchewan. At this writing, the Catholic Health Association of Ontario is carrying out a dialogue with the government of the province on revising the *Law on Public Hospitals*. The ACSO is strongly supported in the positions it has taken by the Catholic Bishops' Conference of Ontario.

In the course of the ACCS annual Assembly held last May, some speakers presented a report on the effects of the health reform throughout the country. We all had the privilege of listening to the Most Rev Donat Chiasson, Archbishop of Moncton, who spoke on the consequences of this reform for the mission of the Church

**Ethics**

On of the main tasks of the ACCS concerns the field of ethics. The ACCS represents a reference point on all ethical questions regarding health care raised by medical facilities and the mass media

The euthanasia debate has taken on increasing importance with the Wenman bill on terminal patients, a proposal submitted to the House of Commons, in addition to the Nancy B case. The Association has done a great deal in this field. Our observations on the Wenman bill seem to have been appreciated, especially by the parliamentary committee. The ACCS is grateful for the support received from the CECC on the position it has taken.

After the presentation of those observations, the ACCS and the CECC were invited by the national leadership of the Pro-Life Movement to a day-long meeting to study the means to adopt a joint approach nationwide on the euthanasia question.

The *Guide to Healthcare Ethics*, approved by the CECC in February 1991, is now in its third edition. We continue to receive requests each day, and they even come from the United States and Australia. The booklet is being used increasingly as a basic instrument for sessions in health ethics education organized virtually all over Canada

Forty representatives of the various health professions will meet in October for a symposium entitled "Christian Reflection on Euthanasia." It will provide an opportunity to study ethical questions raised by euthanasia in the light of Catholic teaching. Papers and discussion will center on taking positions and formulating practical guidelines. The symposium's conclusions will be published.

**Canadian Health Law**

One of the main parts of the ACCS mission statement consists of dealing with health care under all aspects The Association must thus make sure that the Catholic healthcare system remains viable It is affiliated with the Health Action Group, a lobby linking us with seven other national health organizations, and the Canadian Health Coalition, which pursues similar objectives.

The ACCS has submitted a report to the Dobbie-Beaudoin Commission on the Constitution to share its concerns regarding the Canadian Health Law, which could be endangered by budget restrictions imposed on the health sector The ACCS has requested that a social charter including the five basic principles of security/health (universality, protection in the same terms in similar situations, accessibility, transferability, and administration by a public body) form part of the revised Constitution.

**Pastoral Care**

Another important function of the ACCS consists of providing the necessary services to its members in the field of pastoral care. Last June, twenty-nine Francophone students and twenty-three Anglophone students successfully completed a five-week pastoral course offered by the ACCS, which also provides a grant to two lay people for this training

Our educational director is currently organizing the National Congress of the Canadian Association for Pastoral Education, to be celebrated in Ottawa It is just one example of the modes of collaboration the ACCS pursues with other organizations in view of shared purposes.

**Collaboration with the CECC**

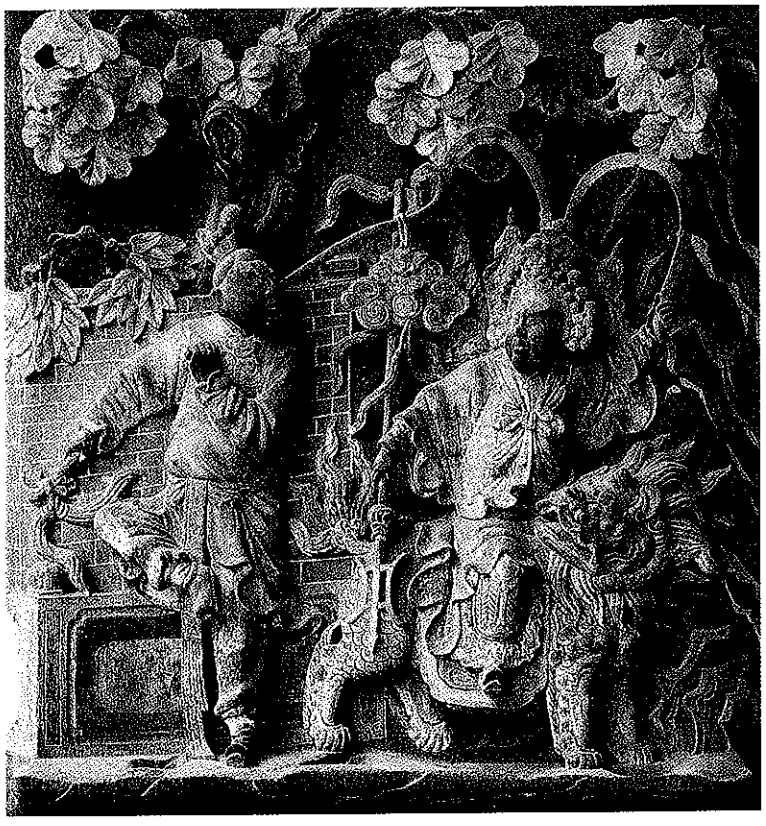
CECC and ACCS held a meeting to discuss the health apostolate. It was quite fruitful, and I would personally like to thank all the people who have taken part for their interest in the efforts realized to increase Catholics' appreciation of the healthcare ministry. Among other results of that meeting, it was decided to include the ACCS on the agenda of the CECC meeting.

At the request of the CECC, a staff member of the ACCS attended a meeting organized in New York by Cardinal Fiorenzo Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers. The main purpose of the meeting was to examine the possibility of creating an international association of Catholic healthcare institutions. The ACCS sent a report on this meeting to the CECC.

I hope this brief account will give my brothers in the episcopate a better idea of the work being done by the Catholic Health Association of Canada. I feel fortunate to be your representative on the Association's Board.

Most Rev. JEAN GRATTON
*CECC Representative*
*on the ACCS Board*





# Providing Care for Immigrants in Rome

## Introduction

In Rome there are at least seventy associations and coordinating bodies of immigrant communities at work, with varying degrees of recognition, and over forty associations dealing directly with refugees, fugitives, and migrants. Among these there are some involved in ensuring that immigrants' primary needs will be met and others mainly struggling to obtain and protect their rights

In the pastoral field of solidarity and human advancement, the Church has for some years maintained facilities for service and attention aimed at the needs of migrants, such as refectories, counseling centers, and hostels. At the same time a project for basic and specialized health care has developed which, beyond diagnosis and treatment, has sought indepth knowledge of this area in epidemiological and ethnocultural terms. In Rome Diocesan CARITAS is among the most zealous supporters of these efforts to provide social and medical assistance to immigrants. Starting from the activity of a mobile medical center, we have now reached the point of maintaining an outpatient facility with diverse specialties capable of offering first-rate care.

## The Medical Center for Immigrants

The CARITAS/Rielo outpatients' clinic is organized according to an interdisciplinary program structured into five levels The first level involves receiving and directing those turning to this service by way of an orientation/health education center and an efficiently organized data bank The second level involves cross-cultural medicine and mental health; its defining element is the medical interview and therapeutic responses adapted to those anthropological peculiarities which, if disregarded, often frustrate all attempts at action. The third level is clinical medicine, divided into its basic and specialized components; at present clinics are functioning for gynecology, pediatrics, ophthalmology, dentistry, neurology, orthopedics, pneumology, otolaryngology, dermatology, and cardiology. The fourth level involves instrumental diagnosis, including endoscopy, echography, electrocardiography, and electroencephalography The fifth level involves treatment, including pharmaceutical and surgical services.

Members of the Fernando Rielo Association for Medical Care and Research run the CARITAS Health Service for Immigrants and combine intense activity in medical investigation in collaboration with some of the most prestigious universities in the world with their efforts to provide care. Their insights and proposals have contributed notably to international conferences drawing together leading experts in the field of "migration medicine" to exchange views and share up-to-date information.

But, above and beyond this scientific dimension, the priority goal of the Medical Center's volunteer doctors is to strive for more humane, respectful medicine, in the joy of helping and sharing diversity through the typical experience of medical action, drawing inspiration from the Holy Father's teaching that "...in carrying forward the work of evangelization missionaries have always associated assistance and care of the sick with the preaching of the Good News" [1]

## Groups Using This Service

Official sources as of December 31, 1990 listed 780,000 foreigners in Italy, 630,000 of whom came from outside the European Community (219,000 of these became legal immigrants through Law No. 39/1990). Over 200,000 foreigners are present in Rome, representing about 7% of the city's population; most are of non-European origin and only about 20% have the necessary authorizations

The special characteristics of immigration in Italy—and even more so in Rome—include diversity, marginal employment, living underground, and a state of transience The *diversity* involves the social extractions of migrants, encompassing students, refugees, workers, and exiles. The *transitory state of migrants* characterizes the foreigners (most of those coming from the Horn of Africa and Eastern Europe) hoping to settle permanently overseas The aspect of *illegality,* corrected in part by the Martelli Act, is still quite frequent, generating an underground world of "shadowy men" unnoticed by official statistics The groups pertaining to this universe are very different in characteristics and motivations

— Some stop at Rome temporarily while awaiting departure for countries such as Canada, the United States, and Australia, which will officially accept them.

— Some (North Africans and Asians from Pakistan, Bangladesh, and Sri Lanka) work to earn what they need to go back to their countries of origin

— Some intend to settle in Italy; these are often fugitives, students, and workers.

From 1983 to 1990 over 60,000 free examinations were provided by a team of more than 150 medical and paramedical volunteers Those receiving care represent over 80 countries, with

the following continental distribution:

— 69% Africa: 43.5% from the Horn of Africa, 9.6% from North Africa, 9.8% from North Equatorial Africa, and 5.9% from South Equatorial Africa;

— 21% Eastern Europe;

— 3.1% Middle East;

— 1.8% Latin America.

The most heavily represented age group is 20-29, constituting 60% of the patients. Only 6% are over forty; the remaining groups are distributed around the mode value with an almost normal progression.

Male patients predominate among users of these services, representing 66%. A reversal of this tendency has recently been described, related to the growing number of mothers and children turning to the clinics for basic medicine. The female presence among immigrants, steady at 27.4% in 1984, has clearly increased in recent years, settling at about 45.5% in 1990.

The educational level of those visiting the outpatients clinic has been seen to be surprisingly high: 9% university, 48% secondary school, and 35% elementary. Only 3% state they have no diploma whatsoever.

In a sample representing 300 individuals, 6.44% were students; 44.6%, unemployed; 19.6%, domestics; 12.4%, street vendors; and 11.8%, employees on the lower end of the services sector.

The health profile emerging therefrom is substantially that of a healthy migrant exposed to the risk factors proper to an uncomfortable, poor, and precarious existence. The proportion of pathologies typically described as imported is completely irrelevant; the infectious diseases are generally related to the unsanitary conditions under which immigrants are forced to survive.

**Diagnosis**

The diagnoses performed on the population examined at the outpatients clinic are codified according to WHO's *International Classification of Diseases, Traumatisms, and Causes of Death*.

Pathologies of the *digestive tract* were observed in 8.7% of the patients, including rare intestinal parasitoses, acute and chronic diarrheas, and hepatopathies.

*Dermatological* pathologies were present in 5.4% of those examined, mainly involving dermatomycoses, pruriginous syndromes, eczemas, and disreactive conditions.

Pathologies of the *urinary tract* were diagnosed in 4% of the patients, mostly gonococcus-caused and other urethrites, cystitis, pyelitis, and pyelonephritis.

It is appropriate to consider that most of the pathologies reported up to now have been acquired in Italy, as a result of maladjustment, precarious sanitary conditions, and promiscuity. *Orthopedic-traumatological* pathologies reach 7.5%, including both osseous and muscular symptomatology.

As regards the *genital apparatus*, a 0.5% level is observed for andrological pathologies (orchitis, epididymitis, prostatitis, and disturbances of sexual potency) and 6.2% for gynecological problems (disturbances in the menstrual cycle, vaginitis, leukorrheas), aside from the question of maternity care.

Only a small percentage (0.4%) manifests *metabolic endocrine pathologies*, with the presence of mellitus diabetes and dysthyroidisms.

The pathologies of the *hemolymphopoietic apparatus* (0.6%) are almost exclusively the prerogative of the female population; mainly sideropenia anemias are involved.

*Dental pathologies are much more frequent*, at 14.6%; this fig-

ure reveals, more than anything else, good access to the dentistry service, in view of the ubiquitousness of tooth disease.

*Heart disease* appears in 1.3% of the cases, with rare instances of valve disorders of a rheumatic origin and hypertensive cardiopathies. *Peripheral vascular* disturbances (1.8% and probably underestimated, given the reticence about revealing them) consist of varices of the hemorrhoidal plexus and the lower limbs.

*Neurological* pathologies reach 0.3% and include rare disturbances of movement, peripheral neuropathies, neurites, and infrequent trembling syndromes. *Psychiatric* disturbances (1.1%) particularly arise from maladjustment and appear in the form of the syndromes of "uprootedness."

*Respiratory* and *otorhinolaryngological* pathologies are, on the other hand, frequent, including the clinical pictures of TBC, bronchitis, pneumonia, flu syndromes, tonsillitis, pharyngitis, and otitis, which are largely seasonal and related to living conditions. *Ophthalmological* pathologies (4.8%) include infections (blepharitis, conjunctivitis), problems with refraction, and strabismus.

**Conclusions**

If until the Act of Indemnification in Italy (No. 39/1990) it was imperative to assist whoever was deprived of the right to health care, the way to provide care that will meet personal needs is becoming the problem at present. This care requires the intelligibility of needs, not only linguistically, but also ethnoculturally.

*In this regard, an experimental clinic for cross-cultural medicine has been created where the migrant is assisted* by an anthropologist and a psychologist as well so as to bring out those elements which in a markedly western doctor-patient relationship would appear marginal and negligible. This formulation proves to be almost indispensable in approaching patients who are even more penalized in having to overcome incomprehension and uncertainty and manifest expectations, customs, and needs.

The experience at such facilities is passed on to the organs of public health, which is well equipped technically while bereft of individual-oriented, personalized procedures and rendered sluggish by protocol and bureaucracy and insensitive to the nonstructural elements which are nevertheless at the root of marginalization and social handicap. The recommendation to "do good to whoever suffers and do good by suffering" [2] fully embodies the spirit which must animate the health worker caring for the immigrant. It appears even less rash to consider that the cross-cultural model offers the western physician the chance to rediscover the root of medicine itself, its vital sap—that is, the doctor-patient relationship and solidarity. The latter, however, "cannot be reduced to simple collaboration. It is a Christian virtue which, in the light of faith, tends to surpass itself and clothe the Christian dimension in complete gratitude, forgiveness, and reconciliation." [3]

PIERO CHIAPPINI, M.D.
ANTONIO CURRÀ, M.D.
*Fernando Rielo Association for Medical Care and Research*

[1] JOHN PAUL II, Motu Proprio *Dolentium Hominum*, no. 1.

[2] JOHN PAUL II, Motu Proprio *Dolentium Hominum*, in *Dolentium Hominum*, no. 1.

[3] J.L. REDRADO MARCHITE, O.H., "Iglesia y salud en Africa," in *Información y noticias*, no. 122 (1991).

# Report on the Madagascar Healthcare Ministry in 1992

Our Commission's Office, which represents the different types of pastoral activity in the health field, met four times in the course of the year, in February, April, September, and December.



1. 1992 activities included the following areas.

*a*) Father Zevaco presented a paper at the Second Plenary Assembly of the Pontifical Council for Pastoral Assistance to Health Care Workers in Rome and visited with Cardinal Angelini, President of the Council. The text of his talk was published in the journal *Dolentium Hominum,* no. 20 (pp. 45-47). He also maintained close contacts with the physicians and chaplains at the hospitals in Tana.

*b)* Those responsible for the Office have frequently worked to form health personnel in spirituality (in contact with groups such as CCS, Catholic physicians, and Catholic medical students).

*c*) The hospital chaplains held their second meeting (February 57, 1992), with 34 people participating (two Bishops and representatives from twelve more dioceses)

**Conclusions**

Bishop Pierre Zevaco has shared with us his joy in observing the evolution of the Chaplains' Teams since 1988, particularly under the aspect of *Pastoral Teams*.

The 1992-1994 period began with the constitution in each Diocese of a *Health Commission,* as has been done in Antsiranana and Tuléar.

There has been an intensification in every Diocese of the spiritual motivation of health personnel, with special attention to young *medical students*.

One of the points for reflection at the next meeting will be evaluation of the use of the *press* at hospitals.

One subject deserves attention: the Nursing School at the Ankadifotsy Clinic, which has trained seventeen people who can serve in the medical facilities supported by the Catholic Mission in Madagascar. It has been closed, however, during the 1992-1993 academic year.

Fr. Albert Vermeulen, one of the main actors in pastoral care at hospitals, died while engaged in his work in September 1992.

In May 1992 a Permanent Formation Session—quite usual here—was held for nursing sisters.

2. In the *1993 Program* the schedule includes a Permanent Formation Session, May 21-23, 1993, for nursing sisters; it will focus on the following topics: tuberculosis, sexually transmitted diseases, respect for life, collaboration with public health services.

Christian Health Sessions (April 23-25, 1993) have been projected as a joint meeting with four delegates per Diocese, including two doctors (one Catholic and the other Protestant, if possible), one paramedic, and one pastoral worker in health or chaplain.

In an *illustrated booklet on AIDS,* Dr. Lesbordes discusses psychological and medical aspects, in openness to human and religious concerns. An edition of 40,000 black-and-white copies is planned on, with a series of questions and answers in the Malgache language and French, as well as an edition in Lakroa. Our Health Commission is considering a color version of the text in collaboration with Fr. Ranaivomanana and DINEC. This would be a timely, appropriate follow-up to our Pastoral Letter on AIDS.

The *World Day of the Sick* has been scheduled for February 11, the date of the universal commemoration. We are carefully considering the best way to ensure the impact of this event.

As regards the *handicapped,* a report was sent to Rome in July 1992 after completion of a survey on the Church's presence among the disabled.

There are ten Church institutions at the immediate service of the handicapped. The Permanent Commission has furnished some significant observations (July 1992).

Two delegates from Madagascar FKMS took part in the Pontifical Council's Seventh International Conference in Rome, November 1921, 1992, on "Disabled Persons in Society."

With respect to *Catholic health facilities,* Sr. Marie Agnes drew up a list of hospitals, clinics, maternity centers, hospices, dispensaries, PMI's, emergency assistance, care programs for the disabled and lepers, etc.

The following religious women are engaged in health care:

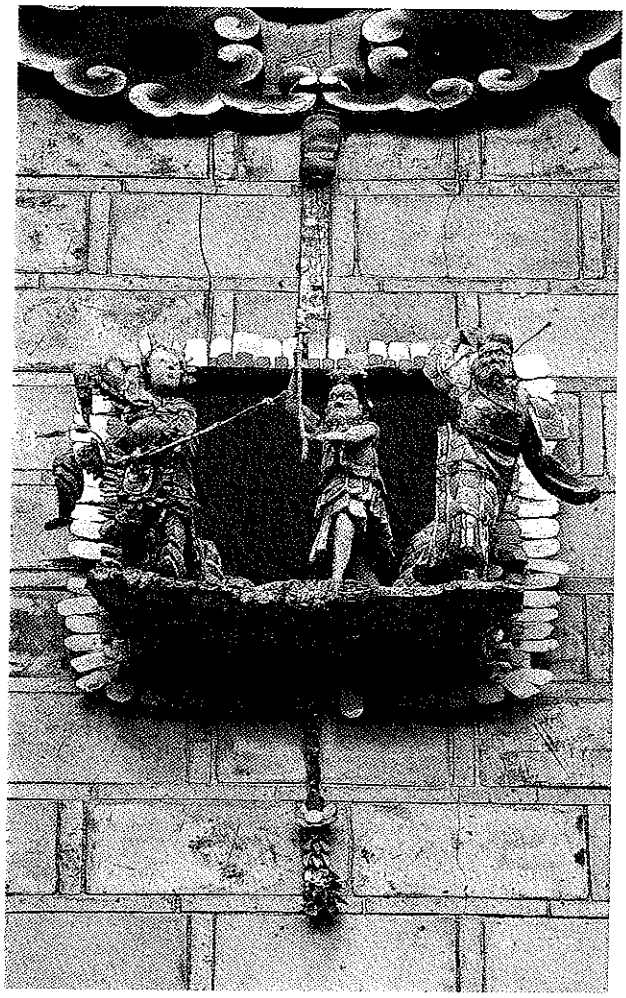
- Hospitals, clinics, and maternity centers ..... 53
- Hospices and care of the disabled ..... 28
- Dispensaries and emergency care ..... 148
- Treatment of lepers ..... 47

Total 276

*Diocesan Health Commissions* exist in Antsiranana (Fr. Félix Bekalo), Mahajanga (Dr. Candide), and Tuléar (Dr. Rakotomavo).

Rev. ALBERT PERRIER
*Secretary of Bishop Zevaco*

# *Activity of the Pontifical Council*



***Talks***

***Chronicles***

# Recognition for the Church in Health Care

*Cardinal Angelini's words of gratitude for the award granted him by the Moscow Academy of Medical Sciences on January 16, 1993.*



Distinguished President,

The honor which the prestigious Moscow Academy of Medical Sciences has wished to confer upon me today is a source of profound satisfaction for me.

Indeed, I regard this gesture and the initiative accompanying it not so much in reference to my own person, but as recognition of the work of the Church, of the Holy Father, John Paul II, and of the Pontifical Council I am honored to preside over.

Since it was instituted the Pontifical Council for Pastoral Assistance to Health Care Workers has in fact sought, in cultural openness and full availability, to work for an increasingly constructive encounter of all the forces engaged in medical science and professional practice that recognize the most suitable conditions for fraternal cooperation in the field of health policy and care.

The historical stages in the evolution of medical science have all been marked by the contemporaneous involvement of the Church in service to the sick and the suffering, in the areas of care, prevention, and health education, to provide aid to brothers and sisters in need, without any discrimination. This is, moreover, the field in which the Church's action seeks and can find converging contributions by all people of good will and all the organizations serving the human person and affirming the person's dignity and sacredness.

In expressing my gratitude to the President, Board of Directors, and Members of the Academy, I would also like to recall that it was precisely from this Academy that in I received the first invitation to visit Russia, and that was the beginning of other cultural and scientific encounters, especially at the Vatican, with the participation of prominent members of this celebrated Academy at the International Conferences organized by the Pontifical Office it is my honor to head, with topics involving science, practice, and social-medical assistance of special importance and urgent concern at present.

The Catholic Church seeks to be actively close to those working at the service of suffering man in scientific research and its applications and regards this cooperation as a presupposition for and instrument of a civilization based on solidarity and peace. This February 11th, the liturgical commemoration of Our Lady of Lourdes, I shall be going to the Grotto of Massabielle as John Paul II's special representative to preside over the celebration of the first "World Day of the Sick," instituted by the Supreme Pontiff himself. The sanctuary of Our Lady of Lourdes, who is *Salus Infirmorum,* will be even more markedly the center of convergence for the suffering people of the whole world. The sick in every part of the world, including those belonging to different faiths and nonbelievers as well, will be spiritually present and spiritually represented. I shall bear, all of us shall bear in our hearts, all the sick in Russia, too: all health professionals, scientists, physicians, nurses, technicians, and volunteers, and for all we shall pray, through the intercession of Our Immaculate Lady of Lourdes, *Salus Infirmorum,* to Christ Jesus, the Good Samaritan of history, of all history, of all time.

Thank you, distinguished President!

# Missionary Start in Quilon, India

*Cardinal Angelini's words to mark the beginning of missionary activity on Indian territory by the Congregation of Benedictine Sisters for Reparation to the Holy Face of Our Lord Jesus Christ and the inauguration of the Holy Face of Jesus House on January 26, 1993.*

Last December the cause of canonization of Servant of God Abbot Hildebrando Gregori, Founder of the Sisters for Reparation to the Holy Face of Our Lord Jesus Christ, was officially initiated in Rome. On that occasion I wrote and repeated that it was a starting point which we can already regard as a goal. One of the first fruits of this goal is precisely the inauguration on the continent of Asia, here, in India, of the first community of the Congregation which Abbot Gregori regarded as his favorite child.

Following in the footsteps of the Founder himself, and with the spread of devotion to the Holy Face, the community is today arising which bears the name of the Holy Face of Our Lord Jesus Christ

The spiritual testament of the Servant of God, Abbot Hildebrando Gregori, closed with the promise of an assistance and aid which would never fail his spiritual daughters A concrete, tangible proof of this assistance and aid are the new vocations which today, precisely in Europe, are giving life to a new springtime for the Congregation The community which, in the presence of the Mother General, we are inaugurating today is a reflection of the life and apostolate of the Father It is arising in this region to bear witness to the Gospel through service to the sick, the suffering, and the needy, in whom the Father has taught us to recognize always the most sweet and suffering Face of Christ.

Faithfulness to this commitment will certainly be accompanied by your apostolate, very dear sisters who are our first missionaries; it will not fail to prompt new vocations as well in this land.

And you, most dear sisters who, having left your homeland, will offer your witness and your love in this new field of work, have a large responsibility. On faithfulness to the charism of your Congregation and the credibility of your testimony will depend the fruits and development of your presence. Do not feel alone, because you are not Your most beloved Founder is with you; all of us, as today, shall continue to be at your side with prayer, affection, support, and encouragement.

Your task is great precisely because it is a new start.

If the Lord does not build the house, in vain shall we work to build it. The Benedictine program, *Ora et Labora,* to which your Founder was so rigorously faithful, reminds us of this very truth: prayer is the invocation of God so that He will set his hand to your work, along with you. Everyone expects from you generous dedication and immense charity Unity in charity and communion is the condition for the presence of the Lord.

Let us again listen to the words of Abbot Gregori: "Therefore, go forward, dearest Daughters, with Jesus as Holy Face in your hearts and minds, your ideal " And may Our Lady accompany and bless this beginning. The Father was moved to the point of tears when he recalled that the diocesan approval of the Congregation had come on February 11, feast of Our Lady of Lourdes. He did not imagine that on that date, precisely this year, the Church would celebrate the first Day of the Sick Here is a sign of the times for you. A sign of hope and an exhortation for your apostolate, for all of our apostolate, which we entrust to the maternal protection of Our Blessed Lady.

**TIRANA, Albania**

# The Road to Reconstruction

Invited by the Albanian Ministry of Health, Dr. Tritan Shehu, Cardinal Angelini and Father Redrado, President and Secretary, respectively, of the Vatican Ministry of Health, visited this country on December 28, 1992. They were accompanied by Monsignor Eleuterio Fortino, Undersecretary of the Pontifical Council for Promoting the Unity of Christians. The day-long visit—with a packed schedule, to be sure—consisted of

– a meeting with Dr. Sali Berisha, President of the Republic of Albania;

– a meeting with the Prime Minister, Dr. Alexksandr Meksi;

– a meeting with the President of the Parliament, Dr. Pjeter Abnori;

– a visit to two hospitals—one was under construction and the other was the Polyclinic in the capital, Tirana.

For both the meetings with political leaders and the visits to hospitals we were accompanied by the Apostolic Nuncio, the Most Rev. Dias Ivan, and by the Minister of Health and several experts from the Ministry.

An initial impression which is immediately conveyed is that of poverty and the need for help which the nation requires. This country has been practically destroyed over fifty years of communism and must be rebuilt.

The nation contains three religious communities—Catholics, Moslems, and Orthodox—and the Catholic Church, which is a minority, enjoys great prestige at this moment for its supportive presence among the citizens in this new democratic period.

**MOSCOW**

# A New Hospital of the Catholic Church

Cardinal Angelini visited Moscow once again, January 15-17, 1993; he was accompanied by the Pontifical Council's Secretary and Undersecretary, Fathers Redrado and Ruffini. They took part in the signing of the contract between the Catholic Church and the City for the future hospital which the Pontifical Council is offering to the Church. The contract was signed by Deputy Mayor Krobcenko of Moscow and the Most Rev. Tadeusz Kondrusiewicz, Apostolic Administrator of European Russia for the Latin Rite. The other highlight of the visit was Cardinal Angelini's being awarded a Gold Medal by the Moscow Academy of Medical Sciences; the Cardinal's statement expressing gratitude for this gesture is included in this issue.

A Construction of the hospital began in July 1993, during Cardinal Angelini's latest visit to Moscow

KERALA

# The Benedictine Sisters for Reparation to the Holy Face and Care of the Sick in India

Cardinal Angelini, accompanied by Father Redrado and Mother Maurizia Biancucci, Superior General of the Benedictine Sisters for Reparation to the Holy Face, visited the Indian State of Kerala, particularly the cities of Quilon and Trivandrum, January 24-30, 1993.

The main objective of this visit was the foundation of a new community of Sisters of the Holy Face in the diocese of Quilon. To reach this objective three women religious accompanying us remained in the diocese to begin new efforts in care for the sick and needy according to their charism.

During this trip we were able to hold several meetings in both Trivandrum and Quilon. We also maintained contact with numerous groups of religious, priests, and several bishops in their respective dioceses, as well as civil authorities, like the Prime Minister of Kerala and other Ministers (Health, Environment, and Electricity, among others).

The highlight of the visit was the blessing of the new house in which the three religious remaining in India were to live. It was a simple ceremony, deeply felt and well attended. In all participating there was manifested a marked sense of hope for the new foundation and what it represents as a contribution to the future of religious institutions.

Cardinal Angelini's homily bringing out the significance of the event is included in this issue.

Among the other activities forming part of the itinerary, our encounter with the fishermen deserves mention—it was a display of real joy, friendliness, and welcome—along with stops at different parishes and the cathedral. The event at the Jyoti Niketan Women's College of Quilon should not be omitted; the College is run by Catholics, but receives a majority of students from other religions, with capacity for two thousand.

We also visited a medical center run by the religious of Mother Theresa of Calcutta which takes in elderly and needy patients.

We witnessed the Church's concern, receptivity towards people's needs, and charity manifested in this environment.

Another major event worthy of mention was organized in honor of Cardinal Angelini at the Benziger Hospital in Quilon—it included salutations and addresses, accompanied by song and dance.

In sum, the spirit of hospitality, attention, and brotherliness with which we were treated must be stressed and acknowledged with our gratitude, particularly to the Bishop of Quilon, the Most Rev. Joseph Fernández, Monsignor Ferdinand Kadyavid, and Father George Pereira, who displayed not only great hospitality, but excellent organizational ability.

NEW YORK

# Several Meetings

Cardinal Fiorenzo Angelini, accompanied by Father José Luis Redrado, visited New York, April 14-18, 1993

The purpose of the trip was to take part in several meetings oriented towards the next International Conference, which will take place at the Vatican, November 18-20, 1993; the title is "The Child Is the Future of Society"

Apart from certain exchanges with a view towards the Conference, the main meeting was at the headquarters of UNICEF, with Director General James Grant. In the course of an open, sincere, and practical conversation, several initiatives were dealt with in terms of mutual assistance

Cardinal Angelini's stay in New York also provided the occasion to visit some hospitals, including St. Clare's, St. Agnes, St. Vincent's, and Calvary, where we once again observed the intense dedication and delicate attention offered by the staff of these facilities, creating an atmosphere of solidarity and care St Agnes, for children undergoing rehabilitation, deserves special mention for the effective work we perceived while visiting certain wards and talking with administrators.

ROMANIA

# Fighting on in Hope

Cardinal Angelini visited Romania, accompanied by Father Redrado and some religious under the Mother Maurizia Biancucci, Superior General of the Congregation of the Holy Face, April 26-guidance of May 1, 1993. The main purpose of this visit was to establish contact with the local church and gain familiarity with the state of both health care and vocations with a view towards assisting the sick

Several cities were visited, with a number of contacts among representatives of the local church and health personnel

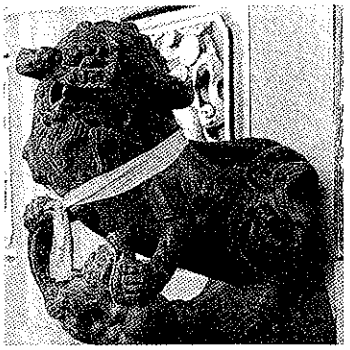
**Iasi.** In this city we carried out the following activities: visit to the diocesan seminary and meeting with professors and seminarians, visit to St Lucy's, the Catholic School of Nursing, along with a meeting with a group of Catholic physicians. At the hospital we celebrated the Eucharist; afterwards there was an encounter with the parents of the young postulants living in Rome in the Congregation of Benedictine Sisters for Reparation to the Holy Face. On the way to Turgu Mures, we visited Cardinal Todea in the city of Reghin, the heroic pastor of his country, beloved by its people. In Turgu Mures we visited the university hospital, conversing with administrators, stopping to see some wards, and meeting with the Catholic physicians

**Blaj.** We had several engagements in this city, including a stop at the hospital, a meeting with the hospital administration, a meeting with the Mayor and City Government, a visit with the seminarians, and celebration of the Eucharist in St John Chrysostom's Greek-Latin Rite

**Cluj.** We visited the university's clinical hospital and the seminary, accompanied by Bishop Gutiu.

**Bucharest.** In the company of Archbishop Robu, we visited the religious community of St. Agnes, responsible for a large nursing home At the Archbishop's residence we met with the President of the Catholic physicians.

The outstanding notes on this trip were the flourishing of vocations, the difficulties faced by society and the Church today in dealing with new situations after the Communist regime, and, above all, the great hope of these young churches. We convey our gratitude to Apostolic Nuncio Bukovsky and Monsignor Zenari for the welcome and hospitality they offered us, to all the Bishops, and particularly to Monsignor Virgil Bercea, Vicar General of Blaj



The Pontifical Council for Pastoral Assistance to Health Care Workers, encouraged by the growing response to and interest in our annual Conferences, has selected the delicate and complex problems concerning children as our next topic for study and reflection.

The subject will be dealt with scientifically using a diversified interdisciplinary approach to provide as complete a vision as possible of its medical, paramedical, pastoral, and social aspects, while also taking into account its philosophical, anthropological, juridical, and moral corollaries

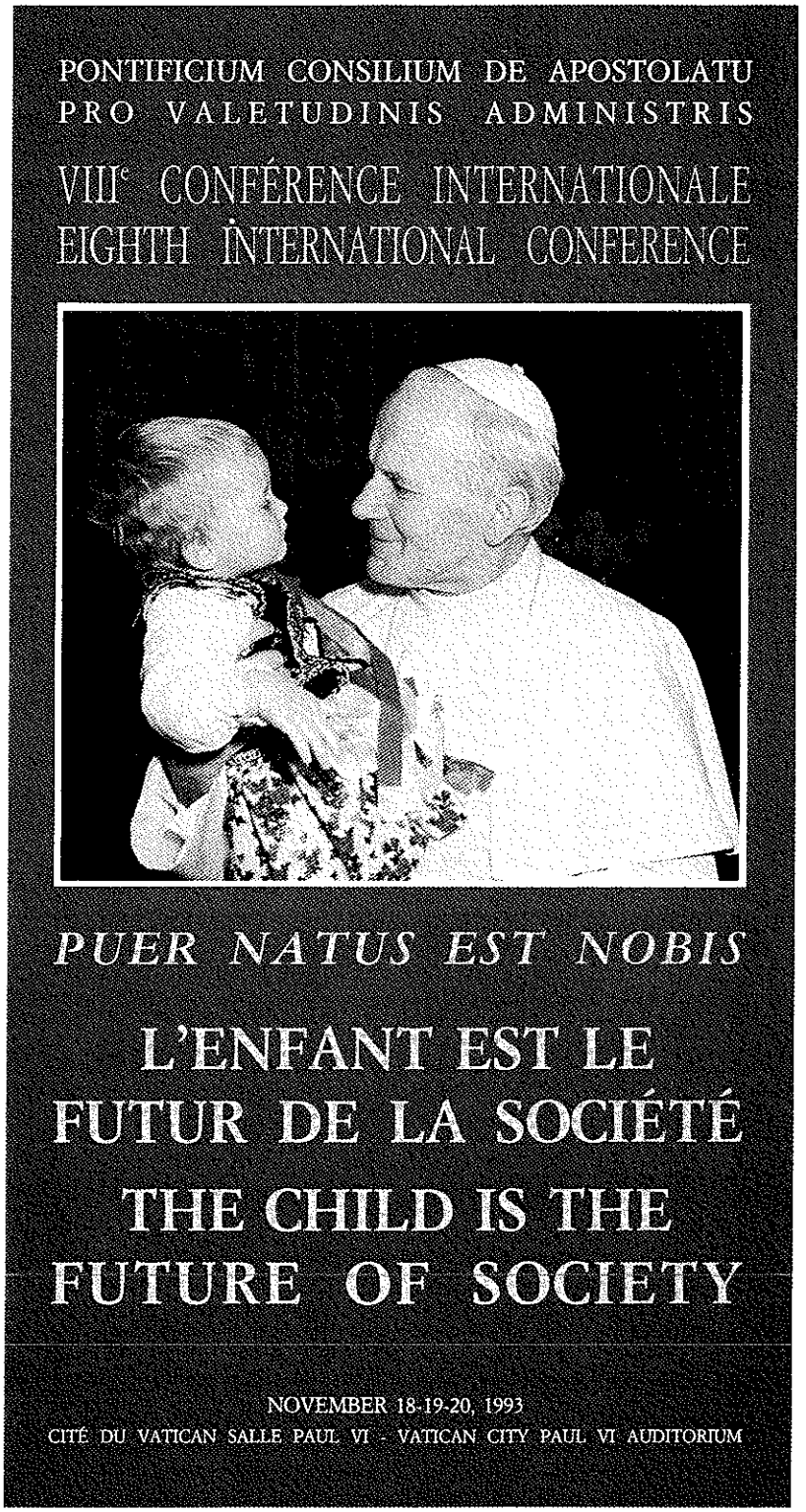
There is no registration fee to take part in the Conference sessions; voluntary contributions will, however, be used towards the aims of the Conference itself and of the Pontifical Council and for sending aid to people in needy countries

Access to Paul VI Hall at the Vatican is from Sant'Uffizio Square To enter you need an ID badge, which can be picked up at the Offices of the Pontifical Council, Via della Conciliazione 3, Rome, upon presentation of personal identification Please let us know as soon as possible if you plan to attend—in any event, no later than October 25, 1993—at the following address:

PONTIFICAL COUNCIL
FOR PASTORAL ASSISTANCE
TO HEALTH CARE WORKERS
00120 VATICAN CITY

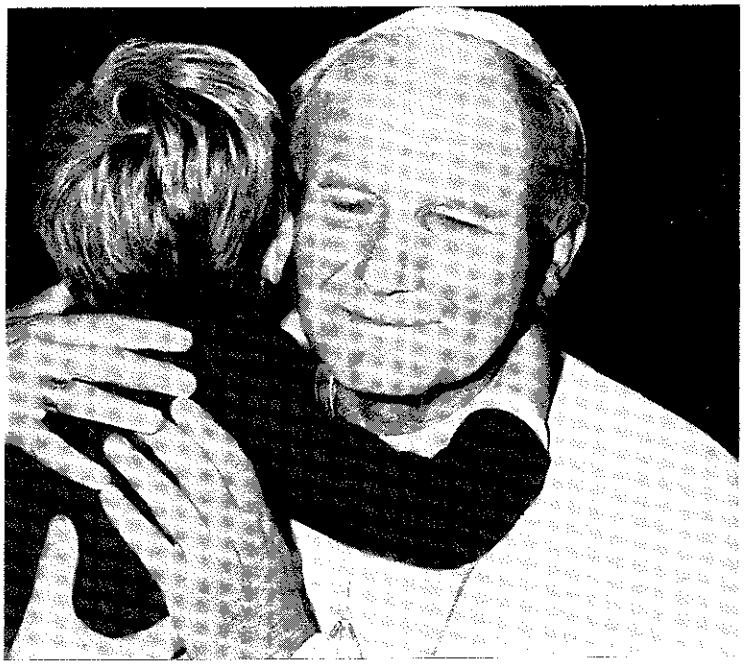
or:

Via della Conciliazione, 3 - 00193 Rome
Tlf.: (06) 698 83138, 698 84720, 698 84799
Fax: (06) 698 83139
Telex: 2031 SANITPC VA



**The Pontifical Council for Pastoral Assistance to Health Care Workers**

**PRESENTS**



# JOHN PAUL II AND THE SICK

## The Value of Suffering

**Produced by**
**VATICAN TELEVISION CENTRE**

***The Pope in the midst of the sick and for the sick. A document of the Magisterium and Ministry of John Paul II in the world of human suffering.***
***John Paul II, who has personally experienced the weight of illness, represents an exceptional witness to the deepest meaning of suffering. A gallery of suggestive, touching images of the presence of the Church alongside the sick. An up-to-date document on the message of solidarity and Christian charity. An example to be admired and imitated.***