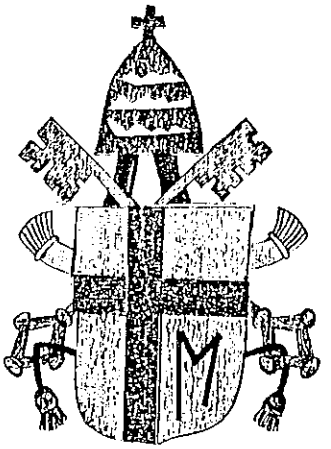

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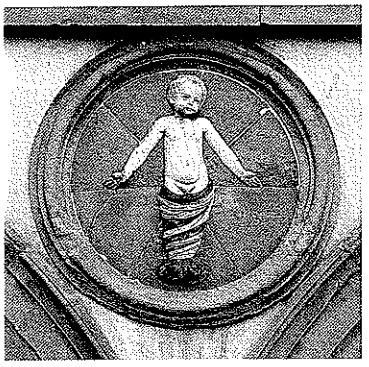
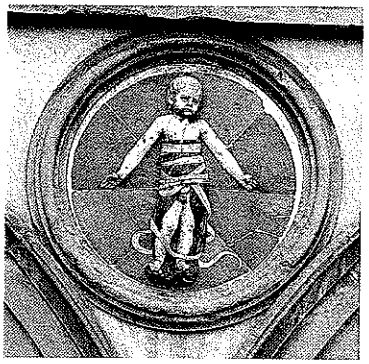
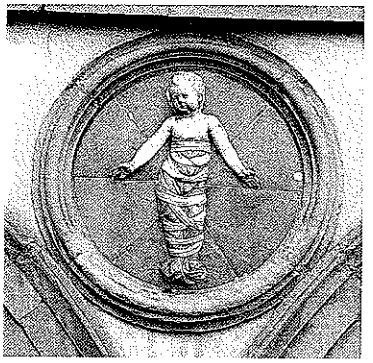
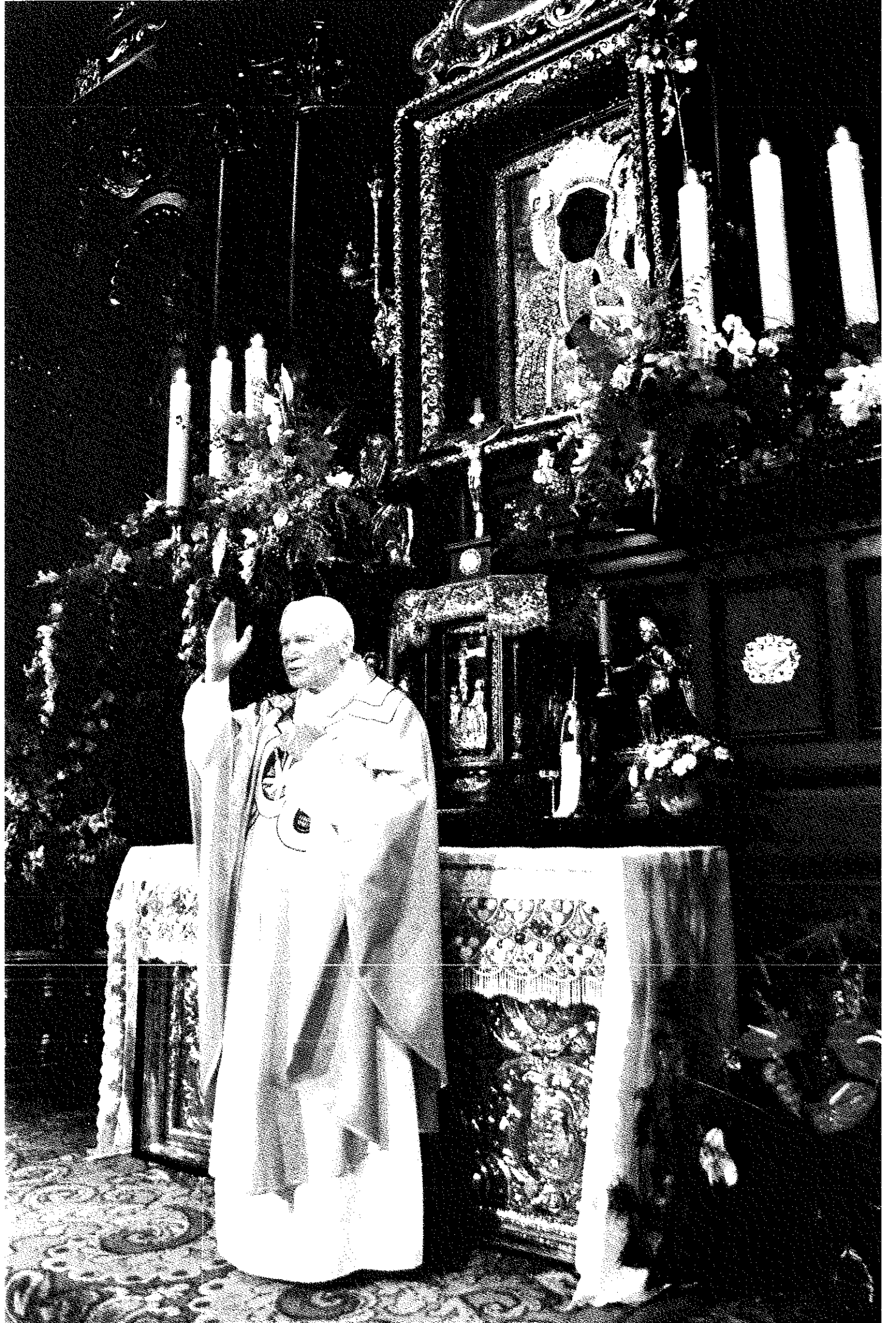






CELEBRATION OF THE SECOND WORLD DAY OF THE SICK

The illustrations in this issue have been taken from the book I della Robbia *on Renaissance glass sculpture, vol. I, by Giancarlo Gentilini (Gruppo d'Adamo Publishers)*



Apostolic Letter Given Motu Proprio *Vitae Mysterium* Establishing the Pontifical Academy for Life Ioannes Paulus PP. II

1 The mystery of life, and of human life in particular, is attracting the increased attention of experts who are drawn by the extraordinary opportunities for investigation that scientific and technological advances offer their research today. While this new situation opens up fascinating horizons for intervention at the sources of life itself, it also gives rise to a variety of new moral questions than man cannot ignore without the risk of taking steps that could prove irreversible.

With this awareness, the Church, which by Christ's mandate must enlighten the consciences of men regarding the moral requirements inherent in their very nature, "having taken into account the data of research and technology ., intends to put forward, by virtue of her evangelical mission and apostolic duty, the moral teaching corresponding to the dignity of the person and to his or her integral vocation" (Congregation for the Doctrine of the Faith, Instruction *Donum Vitae,* no. 1) This is a particularly urgent task in our day, if one considers that "the Church today is living out a fundamental aspect of her mission in lovingly and generously accepting every human being, especially those who are weak and sick. This is made all the more necessary as a 'culture of death' threatens to take control" (Apostolic Exhortation *Christifideles Laici,* no. 38).

2. The Church has been active for many centuries in the healthcare sector and has frequently anticipated State interventions. Through the assistance and pastoral services she provides, she continues today to proclaim the "Gospel of life" in changing historical and cultural circumstances, relying on teachings that are faithful to the Gospel truth and attentive to the "signs of the times." In the healthcare sector, she is particularly aware of the need to broaden all possible knowledge at the service of human life, so that where technology is unable to provide exhaustive answers, "the law of love" may come to light. This law inspires all her missionary activity and urges her to express in a living and practical way the message of Christ, who came that we might have life and have it more abundantly (cf. *Jn* 10:10).

3 When on February 11, 1985 I established the Pontifical Commission that now is the Pontifical Council for Pastoral Assistance to Health Care Workers, I pointed out one of its objectives: "to spread, explain, and defend the Church's teachings on the subject of health care, and to encourage their penetration into healthcare practices" (Motu Proprio *Dolentium Hominum,* no 6) This goal was confirmed for that Department in the Apostolic Constitution *Pastor Bonus* (article 153, paragraphs 3 and 4). All healthcare workers are required to be properly trained in morals and the problems of bioethics (cf. Special Assembly for Europe of the Synod of Bishops, 1991, *Final Declaration,* no 10), to show clearly that science and technology, at the service of the human person and his or her fundamental rights, contribute to the overall good of man and to fulfilling the divine plan of salvation (cf. Pastoral Constitution *Gaudium et Spes,* no. 35)

4. In order to achieve these goals, I have gathered together the suggestions made by those chiefly responsible for pastoral assistance to healthcare workers, realizing that in serving life the Church and science cannot fail to cross paths (Second Vatican Council, *Message to Men of Thought and Science,* December 8, 1965). With this Motu Proprio I am establishing the *Pontifical Academy for Life,* which is autonomous in accordance with its statutes. However, it is connected and works in close relationship with the Pontifical Council for Pastoral Assistance to Health Care Workers. It will have the specific task of studying and providing information and training on the principal problems of law and biomedicine in connection with

the promotion and protection of life, especially as they directly relate to Christian morality and the directives of the Church's Magisterium

5. The Pontifical Academy for Life, located in the Vatican, will be chaired by a President whom I shall appoint, assisted by a Council and an Ecclesiastical Adviser. It will be the task of the Pontifical Academy's President to convoke the Assembly, to encourage its activities, to approve its annual programs, and to supervise its administration in accordance with its own Statutes, to be approved by the Apostolic See.

The members of the Academy, appointed by me, will represent the various branches of the biomedical sciences and those that are most closely related to problems concerning the promotion and protection of life.

It is also planned to associate Members by correspondence.

6. As I invoke divine assistance to the activities of the new Academy, which I shall not fail to follow with keen interest, I am pleased to impart a special Apostolic Blessing to all its members and associates and to all those who will strive to make this initiative as successful as possible.

From the Vatican, February 11, 1994

IOANNES PAULUS II

Appointment of the Members of the Pontifical Academy for Life

• The Holy Father has appointed Professor Juan de Dios Vial Correa physician and biologist, and Rector of the Pontifical Catholic University in Santiago, Chile President of the Pontifical Academy for Life, also naming the Most Rev. Elio Sgreccia, Secretary of the Pontifical Council for the Family, Vice President.

• The Holy Father has named the following persons Academicians and appointed them to the Academy's Board of Directors.

Professor Gonzalo Herranz Rodríguez, Chairman of the Bioethics Department at the Catholic University of Navarra, Spain and Chairman of the Central Commission for Deontology of the General Council of Medical Schools in Spain.

Professor Corrado Manni, Director of the Institute for Anesthesia and Resuscitation at the University of the Sacred Heart in Rome and Member of the Italian National Bioethics Committee

Professor Theo Mayer-Maly, Professor of Austrian Private Law and Roman Law and Member of the Austrian Academy of Science.

Dr. Philippe Schepens, physician in Belgium, Secretary General of the World Federation of Doctors Who Respect Human Life

Rev. Tadeusz Styczen, Professor of Ethics at the Catholic University of Lublin, Poland

• His Holiness has also appointed the following Members of the Pontifical Academy for Life

Professor Kiyoshi Aoki, physician, Co-Founder and Professor at the Life Science Institute of Sophia University in Tokyo, Japan.

Mrs. Mercedes Arzu-Wilson, Founder and President of the Family Foundation of the Americas and Founder and Director of the World Organization for the Family she resides in the United States.

Mrs. Evelyn Billings, physician, promoter of the "Billings Method" for the natural regulation of fertility she resides in Australia

Professor Adriano Bompiani, Professor of Clinical Obstetrics and Gynecology at the Faculty of Medicine and Surgery of the Catholic University of the Sacred Heart in Rome and President of the *Bambin Gesù* Children's Hospital.

Professor Carlo Caffarra, President of the John Paul II Institute for Studies on Marriage and the Family

Dr. Anna Cappella, Director of the Center for Study and Research on Natural Regulation of Fertility at the Faculty of Medicine and Surgery of the Catholic University of the Sacred Heart in Rome.

Professor Teudis Cardozo-Soto, physician and member of the Venezuelan Health Council

Professor Ignacio Carrasco de Paulo, who teaches Moral Theology at Holy Cross University, Rome

Hon. Carlo Casini, magistrate, member of the European Parliament, and President of the Italian Pro-Life Movement.

Professor Zbigniew Chlap, physician, Dean of the Institute of Physiology and Pathology at the Faculty of Medicine and Surgery of the Jagellonian University of Krakow, Poland.

Professor Domenico Di Virgilio, head physician, National President of the Catholic Medical Association of Italy (AMCI)

Professor Wlodzimierz Fijalkowski, obstetrician and gynecologist who teaches Pastoral Medicine at the Major Seminary of Lódz, Poland

Professor Petr Hach, C.Sc., surgeon and *Candidatus Scientiarum* at the Karolinum University of Prague, Czech Republic.

Dr. Thomas Hilgers, obstetrician and gynecologist, Founder and Director of the Paul VI Institute in Omaha, Nebraska, USA.

Rev. Bonifacio Honings, O.C.D., Emeritus Professor of Moral Theology at the Lateran Pontifical University.

Professor Ichiro Ide, head physician, Director of Holy Mary Hospital in Kurume, Japan.

Professor Etienne Kaboré, head physician at the Paul VI Medical Center in Ouagadougou, Burkina Faso.

Professor Abdallah Anton Khoury, surgeon, Medical Director of St. Joseph's Hospital in Jerusalem

Professor Ivan Louts, Director of the Medical College in Leopoli, the Ukraine

Professor Reinhardt Löw, who teaches at the Institute for Philosophical Research in Hannover, Germany

Professor Hugo Obiglio, gastroenterologist, Vice President of FIAMC, the International Federation of Catholic Medical Associations

Professor William O'Connor Moore, who teaches obstetrics and gynecology at the University of Manchester, Governor and President Designate of the Linacre Center, Great Britain

Professor Wanda Poltawska, Director of the Institute for Theology of the Family at the Pontifical Theological Academy of Krakow, Poland

Professor Vicente Rosales, President of the Philippine Natural Family Planning Federation

Professor Gottfried Roth, who teaches Pastoral Medicine at Alma Mater Rudolphina University in Vienna, Austria

Professor Daniel Serrao, physician teaching medical ethics and Director of the Anatomopathology Laboratory at the University of Porto, President of the Catholic Medical Association of Portugal.

Professor Franco Splendori, who teaches Health Service Organization and Programming at Tor Vergata University in Rome, President of the Catholic Medical Association of Rome

Professor Humberto Vieira, Legislative Advisor to the Federal Senate, President of the National Association for Life and for the Family, Brazil

Mrs Christine Vollmer, a Venezuelan, President of the World Organization for the Family, headquartered in Washington.

Professor Wolfgang Waldstein, Emeritus Professor of Law at the Faculty of Theology in Salzburg, Austria.

• Finally, the Holy Father has appointed the following Honorary Members of the Pontifical Academy for Life

Professor Luigi Gedda, Founder and Director of the Gregory Mendel Institute for Medical Genetics and the Study of Twins in Rome

Mother Teresa of Calcutta, Foundress of the Missionaries of Charity.

Mrs. Jérôme Lejeune

Message of the Holy Father to Cardinal Lustiger on the Occasion of the Death of Professor Jérôme Lejeune

A Great Twentieth-Century Christian, A Defender and Apostle of Life

A Monsieur le Cardinal
JEAN-MARIE LUSTIGER
Archevêque de Paris

« Je suis la résurrection et la vie. Qui croit en moi, même s'il meurt vivra » (*Jn* 11, 25)

Ces paroles du Christ viennent à l'esprit, alors que nous nous trouvons face à la mort du Professeur Jérôme Lejeune. Si le Père des cieux l'a rappelé de cette terre le jour même de la Résurrection du Christ, il est difficile de ne pas voir dans cette coïncidence un signe La Résurrection du Christ constitue un grand témoignage rendu à la Vie qui est plus forte que la mort Eclairés par ces paroles du Seigneur, nous voyons en toute mort humaine comme une participation à la mort du Christ et à sa Résurrection, spécialement lorsqu'une mort se produit le jour même de la Résurrection. Une telle mort rend un témoignage encore plus fort à la Vie à laquelle l'homme est appelé en Jésus-Christ. Tout au long de la vie de notre frère Jérôme, cet appel a représenté une ligne directrice. En sa qualité de savant biologiste, il se passionna pour la vie. Dans son domaine, il fut l'une des plus grandes autorités au niveau mondial. Divers organismes l'invitaient pour des conférences et sollicitaient ses avis Il était respecté même par ceux qui ne partageaient pas ses convictions les plus profondes.

Nous désirons aujourd'hui remercier le Créateur, « de qui toute paternité tire son nom », (*Ep* 3, 15), pour le charisme particulier du défunt. On doit parler ici d'un charisme, parce que le Professeur Lejeune a toujours su faire usage de sa profonde connaissance de la vie et de ses secrets pour le vrai bien de l'homme et de l'humanité, et seulement pour cela. Il est devenu l'un des défenseurs ardents de la vie, spécialement de la vie des enfants à naître, qui, dans notre civilisation contemporaine, est souvent menacée au point que l'on peut penser à une menace programmée Aujourd'hui cette menace s'étend également aux personnes âgées et malades. Les instances humaines, les parlements démocratiquement élus, usurpent le droit de pouvoir déterminer qui a le droit de vivre et, inversement, qui peut se voir dénier ce droit sans faute de sa part De différentes manières, notre siècle a fait l'expérience d'une telle attitude, surtout pendant la deuxième guerre mondiale, et aussi après la fin de la guerre Le Professeur Jérôme Lejeune a pleinement assumé la responsabilité particulière du savant, prêt à devenir un « signe de contradiction », sans considération des pressions exercées par la société permissive ni de l'ostracisme dont il était l'objet

Nous nous trouvons aujourd'hui devant la mort d'un grand chrétien du XX^{e} siècle, d'un homme pour qui la défense de la vie est devenue un apostolat. Il est clair que, dans la situation actuelle du monde, cette forme d'apostolat des laics est particulièrement nécessaire. Nous désirons remercier Dieu aujourd'hui, lui l'Auteur de la vie, de tout ce qui fut pour nous le Professeur Lejeune, de tout ce qu'il a fait pour défendre et pour promouvoir la dignité de la vie humaine. Je voudrais en particulier le remercier d'avoir pris l'initiative de la création de l'Académie pontificale « *pro Vita* ». Membre de l'Académie pontificale des Sciences depuis de longues années, le Professeur Lejeune a préparé tous les éléments nécessaires à cette nouvelle fondation et il en est devenu le premier Président. Nous sommes sûrs qu'il priera désormais la Sagesse divine pour cette institution si importante qui lui doit en grande partie son existence.

Le Christ dit: « Je suis la résurrection et la vie. Qui croit en moi, même s'il meurt, vivra ». Nous croyons que ces paroles se sont accomplies dans la vie et dans la mort de notre frère Jérôme. Que la vérité sur la vie soit aussi une source de force spirituelle pour la famille du défunt, pour l'Eglise à Paris, pour l'Eglise en France et pour nous tous, à qui le Professeur Lejeune a laissé le témoignage véritablement éclatant de sa vie comme homme et comme chrétien.

Dans la prière, je m'unis à tous ceux qui participent aux obsèques, et j'envoie à tous, par l'intermédiaire du Cardinal Archevêque de Paris, ma Bénédiction apostolique

Du Vatican, le 4 avril 1994.

The Pontifical Academy for Life

With the Motu Proprio *Vitae Mysterium,* dated February 11, 1994, John Paul II instituted the Pontifical Academy for Life, headquartered at the Vatican.

A circumstance of considerable historical interest deserves to be stressed in regard to the Holy Father's concern for the subjects and problems of pastoral care in health, understood in its broadest sense. The following landmarks are associated with the date of February 11th, the commemoration of Our Lady of Lourdes: the Apostolic Letter *Salvifici Doloris* on the Christian meaning of human suffering (1984), the Motu Proprio instituting the Pontifical Council for Pastoral Assistance to Health Care Workers (1985); the recently proclaimed World Day of the Sick (1993); and, now, the Motu Proprio establishing the Pontifical Academy for Life (1994).

It has been a decade marking a coherent path in the advancement of that "culture of life" which, in the Holy Father's thought, is a "fundamental moment in the Church's mission" in our time (cf. Apostolic Exhortation *Christifideles Laici,* 38).

The Motu Proprio is divided into six paragraphs which explain the finality and structure of the new Pontifical organism in a rigorous synthesis.

At the beginning of the document the Holy Father, by way of introduction, first of all recalls that the mystery of life is increasingly attracting the attention of scholars because of the multiple and novel questions posed by the progress of science and technology; secondly, the Church, having observed the urgency of a response to these questions, by virtue of her mission seeks to propose moral doctrine in keeping with the dignity of the person and the person's integral vocation (no. 1).

In doing so, the Church continues her announcement of the "Gospel of life." It is indeed amply demonstrated that, in this field and in the variety of historical and cultural situations, she has frequently anticipated governmental action; in addition, she "observes the need to deepen all possible knowledge serving human life, so that wherever technology is not in a position to furnish exhaustive responses, she can manifest the law of charity" (no. 2).

However, the Church is not concerned solely with asserting her teaching on life, but aims to work so that it will be disseminated, explained, and defended, above all, for the Christian people and, consequently, for all men, in such a way that it can penetrate into healthcare practice, understood not only as assistance to those suffering and sick, but also as prevention and education for the safeguarding of the human person's psychophysical balance. To this end, in 1985 the Pontifical Council for Pastoral Assistance to Health Care Workers was created; the Pontifical Academy for Life though granted autonomy by the Motu Proprio (no 3)—is now linked institutionally to the Council so as to work closely with it

The purpose of the Pontifical Academy is threefold: "to study and provide information and instruction on the main problems of biomedicine and law relating to the advancement and defense of life, especially in their direct relation to Christian morality and the directives of the Magisterium of the Church" (no. 4).

The Church, then, does not superimpose herself on science, but aims to remain at its side in both research and conclusions/practical applications She seeks to form consciences after studying problems and obtaining proper information on them three tasks which the Church's broad organization throughout the world will help to accomplish adequately And in this regard, the *Statutes* approved by the Apostolic See recommend the Pontifical Academy for Lifès contacts and collaboration with the Roman Congregations for the Doctrine of the Faith and for Catholic Education and with the Pontifical Councils for the Family and for Culture

The aforementioned tasks of studying and providing information and instruction are basic, particularly today, when hasty, inadequate, and sometimes even deviant information seems to prevail over both the study of problems and the training of those who are called to face and resolve them. Indeed, information can be only a mediator between study and training, especially of health care workers—not only Christians, but also those who, though of another religious faith or a different cultural extraction, share with the Church full respect for life.

Furthermore, the Statutes do not fail to indicate specific instruments as regards both study and information/instruction.

In terms of structure, the Pontifical Academy is headed by a President, named by the Pope, who is to be aided by a five-member Council and an Ecclesiastical Assistant

It will be up to the President to stimulate activity, approve annual programming, and watch over the administration of the Academy, in accordance with its *Statutes* and *Regulations*.

The members of the Academy—seventy in all—will be appointed by the Pope and will represent the different branches of the biomedical sciences and of those closely linked to the problems concerning the advancement and defense of life Corresponding members are also contemplated (no. 5).

The *Statutes* specify that selection of the Pontifical Academicians will be carried out with no discrimination regarding their religious faith, provided they agree with the Magisterium of the Church on everything concerning the advancement and defense of human life from conception until its natural close. In this connection, the Pontifical Academicians, on accepting appointment, will sign a "Declaration of the Servants of Life" inspired by the above-mentioned principles

In the choice of Pontifical Academicians the criterion of international representation will also be respected.

The *Statutes* recommend, furthermore, collaboration in the health field with non-Christian doctors and professionals as well.

The variegated composition of the Academy as a *corpus* confirms its notable scientific and cultural openness Though a papal organism, the Pontifical Academy for Life will be mindful of contributions by all scholars, researchers, and scientists of good will.

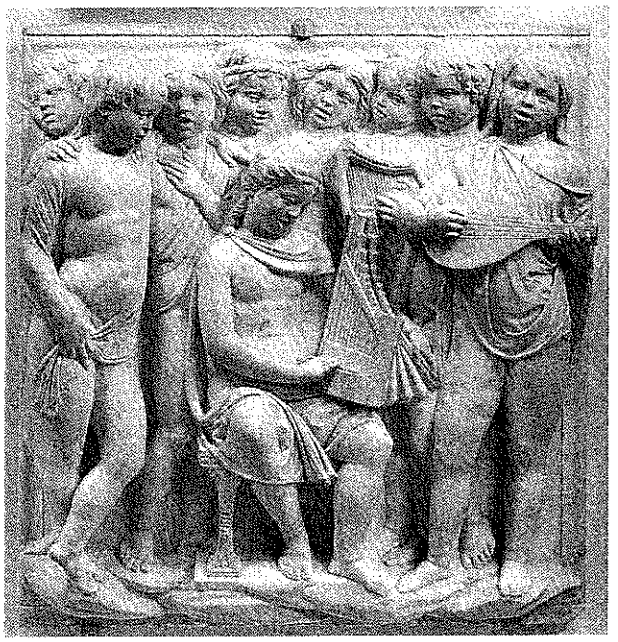
We are all of aware of how the Holy Father is pursuing his commitment to advance and defend life more and more forcefully, making this a cornerstone of his magisterium and ministry in a civilization which, as he has written in his very recent *Letter to Families,* risks presenting itself as an "anti-civilization" (no 13).

Accordingly, in the conclusion to the Motu Proprio, he assures us that he wants to follow with keen interest the work of the Pontifical Academy for Life-*follow,* not predetermine, this work, or condition it, while firmly preserving the absolute principle that the human person's life and dignity are a good and a value to be promoted and defended in themselves.

The Motu Proprio, for its methodology and content, represents an example of a very lofty encounter between science and faith, in the awareness confirmed by the Second Vatican Council that in serving life the Church cannot fail to encounter science (Vatican II, *Message to the Men of Thought and Culture,* December 8, 1965).

FIORENZO Cardinal ANGELINI
President of the Pontifical Council for Pastoral Assistance to Health Care Workers

Pontifical Council



Third Plenary Assembly

To Value the Great Gift of Life

Address by Pope John Paul II to the Plenary Assembly of the Pontifical Council for Pastoral Assistance to Health Care Workers on March 1, 1994

1 I am pleased to meet you on the occasion of the third plenary assembly of the Pontifical Council for Pastoral Assistance to Health Care Workers. It is significant that your session should be taking place at the time when the Church is liturgically living the special season of Lent, during which invitations to prayer and penitence, to conversion and renewal, become pressing priorities. The liturgy in this period emphasizes the value of suffering, which, when alleviated and comforted becomes the opportunity for love; accepted and offered in union with the Sufferer of Golgotha, it assumes redemptive, paschal efficacy.

How is it possible in this context not to recognize the full importance of the Pontifical Council that you constitute and represent? Its task is to show "the Church's solicitude for the sick," carrying out and guiding "the apostolate of mercy" (cf Pastoral Constitution *Pastor Bonus*, no. 152)

I therefore address my grateful and cordial greetings to you: first of all, to Cardinal Fiorenzo Angelini, President of the dicastery, whom I thank for his courteous words and for his rapid sketch explaining the work achieved and yet to be accomplished; I then extend greetings to my venerable brothers in the Episcopate, members of the dicastery, to the Secretary and Undersecretary, to the priests, religious, lay people, consultors and experts I express my most sincere gratitude to all for their intense and enlightened activities over the past two years

Human suffering has been redeemed in Christ's cross

2 The ancient question, posed to the human mind and heart by the existence of pain, recurs in our day on an increasing scale and intensity. One observes with painful amazement that suffering, the result of malice, selfishness and the detestable greed for money and power, are assuming such proportions as to cause dismay.

The gift of life is attacked and violated with regard to millions of unborn babies as well as numerous children condemned by hatred and selfish calculation to having no future At the same time, many families are destroyed and entire social communities are threatened by extinction in the ruthless massacre and holocaust of fratricidal wars.

The Church lives every form of human suffering with deep, heartfelt participation, never giving in to the temptation to become inured or passively resigned, but raising her maternal cry of warning and entreaty, requesting her children to react with a commitment of love and prayer Even when the Christian feels humanly impotent before the tide of evil, he knows that through prayer he can count on the omnipotence of God, who does not abandon those who trust in him

The Church that prays and hopes discovers in faith the answer to the daily question posed by suffering She knows that "it is only in the mystery of the Word made flesh that the mystery of man truly becomes clear" (*Gaudium et Spes*, no 22). She knows in particular that "in the cross of Christ not only is the redemption accomplished through suffering, but also human suffering itself has been redeemed" (*Salvifici Doloris*, no. 19). In Christ, who "opened his suffering to man," man rediscovers his own sufferings "through faith, enriched with a new content and a new meaning" (*ibid*, no. 20).

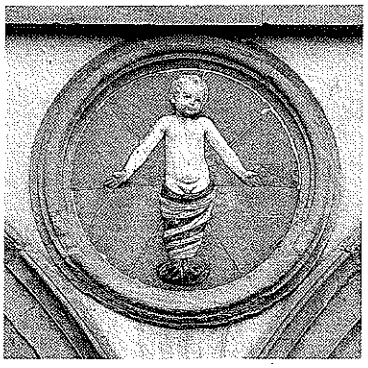
3 Nevertheless, the Church is not limited to offering the enlightened response of faith to those who are suffering, but in accordance with her ancient practice, she assumes the burden of human suffering. In accor-

dance with the example of the divine Master, who "went around to all the towns and villages..., curing every disease and illness" (*Mt* 9:35), she does not tire of increasing her efforts to alleviate humanity's pain and suffering. With this aim, she exhorts every Christian to act like the Good Samaritan in what is "critical for fully understanding the commandment of love of neighbour" (*Veritatis Splendor*, no. 14).

Dear brothers and sisters, it is your task to promote and invigorate this apostolate characterized by serving life, whose value and nobility are particularly radiant in those who suffer. Hence, I cannot fail to be satisfied with the many projects that your dicastery has sponsored with tireless zeal — in sensitizing people, forming consciences, cooperating at all levels and assisting the needy — in support of the magnificent work of safeguarding life when it is threatened. This is demonstrated by your participation in national and international projects for promoting health, by your constant contact with the other dicasteries of the Roman Curia and with the Episcopal Conferences, by your pastoral visits to hospitals, by your publishing activities to disseminate the directives of the Church's Magisterium, by your participation in important international conferences on topics regarding the protection of life, by your effort for interChurch and ecumenical communion, by your concrete attention to specific situations requiring immediate intervention, and finally, by the recognition you have received from the most important world organizations involved in health care. It is demonstrated, finally, by this new Academy for Life, created by the Holy See and presided over by Professor Lejeune.

4 Last February 11th, last, for the second time the Church celebrated the World Day of the Sick. On that occasion I wished to recall the publication of the Apostolic Letter *Salvifici Doloris*. That document was the immediate prelude to the foundation of your dicastery, which, in conformity with the content and indications of the "Gospel of suffering," has so effectively contributed to increasing new awareness throughout the ecclesial community, in service to human suffering.

During the nine years of its existence, your Pontifical Council has experienced constant growth. Hence it is significant that I chose last February 11th to sign the Motu Proprio *Vitae Mysterium*, with which I established the *Pontifical Academy for Life*. Associated with the Pontifical Council for Pastoral Assistance to Health Care Workers, this new institution must operate closely with it, to fulfil its specific task to "study and to provide information and training about the principal problems of law and biomedicine pertaining to the promotion and protection of life, especially in the direct relationship they have with Christian morality and the directives of the Church's Magisterium" (no. 4).



We meet Christ in those suffering injustice

5 In a general effort of evangelization, the Church today is committed to accepting the challenges of society in our time: the boundless and rampant forms of suffering and loneliness are perhaps one of the most disturbing aspects of these challenges.

Dear brothers and sisters, you are called to work in this arduous apostolic and missionary field, supported by faith and strengthened by prayer. In meeting suffering humanity, believers know that they are meeting Christ himself, whose Holy Face is the face of those who bear the endless crosses imposed on them by injustice, violence and selfishness.

One perceives in this service to those who suffer the most fertile ground for vocations. This is confirmed by the growing forms of Christian volunteer work and the number of vocations to the priesthood and to special consecration that are growing in the parts of the world most afflicted by suffering.

In this regard, I am pleased with what your dicastery is doing, in terms of study, proposals and projects, for the celebration of the Ninth General Ordinary Assembly of the Synod of Bishops, which next autumn will address the theme of the consecrated life and its mission in the Church and in the world. Indeed, it is your task to examine in detail the particular charism of religious in serving the sick, considering health and illness as the privileged area for consecrated individuals to preach the Gospel, in the well-founded awareness of the close bond between pastoral work in health care and promoting vocations.

As I entrust your projects and intentions to the Blessed Virgin, "the living icon of the Gospel of suffering," since in her heart "the pain of the Son for the world's salvation was reflected in a unique and incomparable way" (*Message for World Day of the Sick, no. 6, L'Osservatore Romano*, English edition, 22 December 1993, p. 7), I encourage you to persevere in your work with fresh enthusiasm and I impart my Blessing to you and your co-workers as a token of special affection.

Prayer, Action, and Sacrifice for Increasingly Effective Witness

Cardinal Angelini's Words of Greeting to the Holy Father

At the start of the audience, Cardinal Fiorenzo Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, addressed the Pope with the following salutation

Holy Father, I thank you from the depths of my heart for this encounter, which offers us the occasion to convey to you the sentiments of intense gratitude of all the members, consultors, and experts of the Pontifical Council for Pastoral Assistance to Health Care Workers. A thanks equally offered with filial gratitude by the Secretary, Undersecretary, and staff members, both religious and lay

This third Plenary Assembly is taking place in the year of the tenth anniversary of the Apostolic Letter *Salvifici Doloris*, which immediately preceded the institution of our Pontifical Council.

In the Encyclical *Veritatis Splendor*, Holy Father, we have been invited to recognize in the Gospel parable of the Good Samaritan the key parable for the full understanding of love of one's fellow. The humble, but generous effort of those working in and for our Pontifical Council has been and remains one of looking at one's daily work as a ministry of evangelization, a ministry conducted under the maternal protection of Our Lady, described by Your Holiness in this year's Message for the World Day of the Sick as a "living Icon of the Gospel of suffering." In the light of this teaching, our Third Plenary Assembly seeks to be not only a balance sheet for what has been accomplished, but an occasion for us to feel increasingly aware of the urgency of giving our service the qualities of exemplary, forceful witness, attentive, with ever greater generosity, to the dramatic events in the moment in history we are living through, close to Your Holiness with our affection, prayer, action, and sacrifice as well.

Our deepest gratitude for the paternal attention and constant encouragement and support Your Holiness has offered us, accompanying this concern with lofty and providential directives and the daily, heroic exercise of a pastoral ministry of inexhaustible service to humanity

This constant and tireless apostolic dynamism has been extraordinarily confirmed by the inspired creation of the Pontifical Academy for Life, which will certainly be a new and effective instrument for the evangelization of human life, for its dignity and sacredness as an image of God.

Thank you, Holy Father, for having appointed the beloved and distinguished professor, Jérôme Lejeune, President.

The President's Report to the Third Plenary Assembly

Introduction

Every period or phase of activity of an institution—in our case, a two-year period—is almost always marked by an event or an initiative which in some way sheds light upon the whole course of events.

It was only three months after the Second Plenary Assembly of our Council (February 10-12, 1992) when the Holy Father, with a letter addressed to me dated May 13, 1992, informed me of the establishment of the World Day of the Sick, to be held each year, beginning on February 11, 1993. The Holy Father's initiative has to some extent left a characteristic imprint on the last two years of activity by our Department, all the more so inasmuch as we are commemorating this year the tenth anniversary of the Apostolic Letter *Salvifici Doloris* on the Christian meaning of human suffering. An imprint marked by preparation of the celebration of the first World Day of the Sick, by efforts to increase awareness on the level of the universal Church, and by a series of activities which have accompanied the commencement of this initiative, which, as the Holy Father hoped on instituting it, seeks to be "an intense moment of prayer, sharing, offering of suffering for the good of the Church, and calling everyone to recognize in the face of their sick brothers and sisters the Holy Face of Christ, who, in suffering, dying, and rising again, brought about the salvation of mankind."

The past two years have broadly confirmed the current significance of the tasks assigned to our Council, ever more frequently and directly called to give an impetus to the Church's concern for health care workers and those suffering and sick, at a time in the world's history marked by most painful situations in which the Church is asked to intervene. And I am pleased, on opening this Third Plenary Assembly, to share with all of you the longed-for recognition which the Holy Father has on several occasions expressed regarding myself, in a clear reference to the activity of our Department, activity which the Holy Father has wished to describe as "tireless"—and it certainly has been, not only on my part, but on that of all of you, and particularly of the closest day-to-day co-workers. What has been done and what we seek to do is through the effort and merit of all, an effort and merit which are all the more praiseworthy the more they are assiduous, hidden, and even unpretentious—without mentioning the fact that they are sometimes misunderstood, too.

The more the branches lengthen out, all the more solid must the trunk supporting them be and all the deeper must its roots be.

Our Council is approaching completion of its first decade. It is always unwise, in works nourished by faith, to draw up a balance sheet. I shall limit myself to one consideration: pastoral care in health, in the last decade, has entered into the Church's documents, particularly the bishops', more and more insistently. Moreover, constant relations with the Papal Representatives in different countries have initiated what is practically a new activity by them, if we consider their support for and involvement in the Pontifical Council. We can, then, report renewed sensitivity today to an aspect of overall pastoral action which is an "integral part" of the Church's mission. And this is also demonstrated by the space reserved for this subject by the *Catechism of the Catholic Church*. I believe this is a result not only of the exceptional spur given by the Holy Father, John Paul II, but also of the intensive work done by our Council.

This *Report* will be limited to mentioning the work done over the last two years and will divide the material into two parts.

In the first part, the Department's activity will be reviewed in eight points.

1. Activity at our headquarters
2. Meetings with the Roman Curia.
3. Contribution to preparations for the Ninth Ordinary Assembly of the Synod of Bishops.
4. Different involvements and initiatives.
5. Pastoral visits
6. The Seventh and Eighth International Conferences.
7. Celebrating the World Day of the Sick

The second part will examine and provide updating on the decisions made by the 1992 Plenary Assembly.

Part One:
THE ACTIVITY OF THE PONTIFICAL COUNCIL 1992-1993

1. Activity at Headquarters

First of all, I would like to mention the three new volunteers who are offering their services to our Office's Secretariat, including Monsignor James Cassidy of the Archdiocese of New York, President of the International Federation of Catholic Hospitals, headquartered at our Council.

The ordinary work of administration has been accompanied by meetings with and visits by authorities: health ministers and leaders of international health organizations, ambassadors, papal representatives, bishops (particularly those coming to Rome for *Ad Limina* visits), priests, men and women religious, and lay people from all over the world who are interested in the problems of health

workers, health care, and pastoral assistance. In 1993 the members of seven Bishops' Conferences visited our Council, from Poland (January 14), Ghana (February 24), the Ivory Coast (March 30), Zambia (June 3), Malawi (September 20), and Nigeria (December 13)

There have been many meetings at our office on current work, projects, and initiatives: international conferences, preparation of the *Health Care Workers' Charter,* which is now in its final draft and will soon be published, completion of the new edition of the *Index* of Catholic healthcare institutions around the world, the International Federation of Catholic Hospitals, and so on.

In the area of publications, we edit and publish *Dolentium Hominum Church and Health in the World,* one of whose issues each year contains the *Proceedings* of the International Conference organized by the Pontifical Council; we should also mention special publications on *Motivations and Suggestions for Celebrating the World Day of the Sick, Early Evangelization in Latin America,* and *The Church's Attention to the World of the Sick, the translation and publication in Polish (20,000 copies) and Italian (2000 copies) of Louvain Professor J. Schooyans' Abortion and Politics*

In the area of audiovisual material, with the technical assistance of the Vatican Television Center, the Pontifical Council has sponsored the preparation of the videocassette *John Paul II and the Sick* in five languages

2. Interdepartmental Meetings in the Roman Curia

a) *1992*

The President, Fiorenzo Cardinal Angelini, actively participated in the interdepartmental meetings of the Roman Curia, giving voice to the specific needs of the healthcare ministry On September 29, he spoke to the Latin American Ambassadors and families on the role of women in alleviating suffering in the initial evangelization of the New World.

Other representatives of the Council have taken part in the following events

— The Secretary, Rev José L. Redrado, attended a meeting with the Pontifical Council Cor Unum on November 27.

— The Undersecretary, Rev. Felice Ruffini, met with the Pontifical Council for Justice and Peace on March 7

— Official staff member Rev Jean-Marie Mpendawatu met with the Pontifical Council for Promoting the Unity of Christians (April 6 and June 2), the Pontifical Council for Dialogue with Nonbelievers (May 7), and the Pontifical Council for Culture (May 21).

b) *1993*

— The Secretary, Rev. José L. Redrado, in the context of preparations for World Peace Day, took part in a meeting organized by the Pontifical Council for Justice and Peace (March 29), a meeting organized by the Pontifical Council for Promoting the Unity of Christians (November 9), a meeting with representatives of the different Departments at the Secretariat of State to prepare for the World Conference on Women to be held in Peking in 1995 (December 17), and a meeting with the Pontifical Council for the Family (December 18)

— Official staff member Rev. Jean-Marie Mpendawatu took part in an interdepartmental meeting organized by the Pontifical Council for Interreligious Dialogue on "The Church and the Challenge of the Sects and New Religious Movements" (March 18), in a meeting with the Pontifical Council for Promoting the Unity of Christians on the new Ecumenical Directory (April 22), and in a meeting with the Roman Curia's Coordinating Commission for Ecumenical Activities.

3. Contribution to Preparations for the Ninth Ordinary Assembly of the Synod of Bishops

In response to a request for suggestions and proposals, a text on the close relationship between encouraging vocations and pastoral care in health and between formation for consecrated life and the health ministry, in addition to the need for greater coordination among institutes engaged either exclusively or only partially in the health apostolate, was submitted to the Synod's General Secretariat. It has also been noted that the Synod's *Lineamenta* incorporated some of the suggestions formulated; a further text was, moreover, submitted in response to the questionnaires contained in the *Lineamenta* We are committed to supporting our proposals effectively in the course of the Synod Assembly, by way of a special publication as well

4. Varied Encounters and Initiatives

a) *Conferences and Meetings*

To provide a clear idea of the continuity and assiduous of our contacts, we shall review these activities in chronological order.

• *1992*

— January 29 - Rev Jean-Marie Mpendawatu took part in UNICEF's meeting in Geneva on "The Baby-Friendly Hospital."

— January 30-February 2 - The President, Cardinal Angelini, accompanied by the Secretary, Rev José L Redrado, attended a meeting in New York organized by our Council to gather information and receive suggestions on the International Federation of Catholic Hospitals, in the process of being established

— February 25-28 - In Venice, at the Seventh Congress of the European Federation of Catholic Medical Associations (FEAMC) and at the Eighteenth Congress of the Catholic Medical Association of Italy (AMCI), the President delivered an opening address entitled "For a Renewed Alliance Between Medicine and Humanity on the Threshold of the Third Millennium";

— February 26 - Monsignor James Cassidy, a Consultor to the Council, attended a meeting in Washington organized by the Pan-American Health Bureau on "Health Care Workers."

— March 18-25 - At the Conference organized by the Bioethics Center of the Catholic University of the Sacred Heart in Rome on care of the dying,

Cardinal Angelini spoke on the "timeliness of the subject from the standpoint of updated pastoral care in health."

— April 24 - In Capri Cardinal Angelini spoke on "Medicine on the Threshold of the Third Millennium"

— May 1-3 - At the Second International Symposium on Combination Therapies in Catania, Cardinal Angelini received the 1992 Lifetime Humanitarian Award of the Institute for Advanced Studies in Immunology and Aging

— May 4-15 - Monsignor Italo Taddei, member of the Council and of the Delegation of the Holy See, attended the sessions of WHO's Forty-Fifth World Health Assembly in Geneva

— May 14 - At Rome's Bambin Gesù Children's Hospital, Cardinal Angelini delivered the opening address at an international meeting on "Heart Disease in Down's Syndrome"

— May 23 - Cardinal Angelini presented his work *Tra la gente (In the Midst of the People)* and the Italian translation of Professor Jérôme Lejeunes *The Embryo. A Sign of Contradiction,* with a Foreword by the Cardinal himself, at the Turin Book Show

— May 26 - At the Lateran Pontifical University in Rome, Rev. Jean-Marie Mpendawatu participated in the presentation of the Enchyridion *Marriage and Family*.

— June 8 - In Messina, at a special Congress organized by the Italian Society for Pediatric Urology, Cardinal Angelini spoke on "the child as the future of society."

— September 4-6 - Our Consultor, Sister M.F. Vuna Umba, M.D., attended the African Summit in Brazzaville, Congo on "Community Health in Africa," organized by the African governments in collaboration with WHO.

— October 8-9 - Rev. Kevin O'Rourke, Consultor to the Council, attended the International Conference on the Disabled in Montreal.

— October 16 - Cardinal Angelini received an Honorary Doctorate in Pharmacy from the Urbino Free University

— November 28 - At the Congress of Catholic Physicians of Tuscany in Florence, Cardinal Angelini presented a paper entitled "On the Frontiers of Life."

— December 11-12 - In Budapest official staff member Rev. Jean-Marie Mpendawatu attended the Meeting of the National Ethics Committees of the countries of central and eastern Europe and the Symposium on "Bioethics and Culture" organized by the Council of Europe.

• *1993*

— February 19 - Consultor Rev. Bonifacio Honings attended the sessions of the Conference entitled "Life and Society. Recognizing Human Life and Defending It: A Task for All" as Cardinal Angelini's personal envoy

— March 15 - At Palestrina, Rome, Cardinal Angelini spoke on the relations between medicine and morality at the local orthopedic institute

— March 21 - Cardinal Angelini attended the Congress of the Catholic Medical Association of Italy in Florence.

— March 30 - In Rome Cardinal Angelini concluded the Meeting organized by the Camillianum International Institute for the Theology of Pastoral Care in Health on "Consecrated Life in the World of Health: Gestures Announcing the Gospel of Mercy."

— May 3-14 - Our Consultor, Monsignor Italo Taddei, formed part of the Delegation of the Holy See at the sessions of WHO's Forty-Sixth General Assembly in Geneva.

— May 9 - With a lesson entitled "Go and Heal the Sick," Cardinal Angelini contributed to the training course for the management of health services organized by Italian CARITAS.

— June 5-9 - Official staff member Rev. Jean-Marie Mpendawatu took part in Trieste in the Meeting on AIDS organized by the International Institute for the Study of Human Rights, the European Academy of Sciences, and UNESCO

— June 16-19 - Our Consultor, Monsignor James Cassidy,

attended the meeting in Budapest on "Conflicts in Bioethics: Christian Perspectives," organized by the Hungarian Academy of Science.

— June 23 - Cardinal Angelini presented a paper at the Conference held at the Superior Institute of Health in Rome and organized by the Superior School of Public Administration on "Health Care Today."

— September 7-12 - Our Consultor, Rev. Jean-Pierre Schaller, Ecclesiastical Advisor to the International Federation of Catholic Pharmacists (FIPC), attended the extended Symposium in Prague of the European Bishops' Conferences on "Living Out the Gospel in Freedom and Solidarity."

— September 10-16 - Monsignor James Cassidy attended the Conference of International Catholic Organizations (OIC) in Cologne, devoted to the role of the Ecclesiastical Counsellor in such bodies.

— September 11 - Cardinal Angelini, accompanied by Council Secretary Rev José L. Redrado, presided at the Eucharist during UNITALSI's pilgrimage to the Sanctuary of St Gabriel of Our Lady of Sorrows in Abruzzo, where in the presence of over 5,000 people, some of the sick also received the Sacrament of Anointing during Mass.

— September 14-15 - Professors Domenico Casa and Antonino Leocata attended the sessions in Geneva of the Twenty-Seventh Annual Conference organized by the International Institutions of Medical Science (CIOMS), devoted to "Surveying Drug-Effectiveness and International Cooperation."

— September 15-16 - Official staff member Rev Jean-Marie Mpendawatu attended the first meeting of UNESCO's International Bioethics Committee in Paris.

— September 16 - Cardinal Angelini delivered the opening address at the meeting on longevity and the quality of life held in Troina, Sicily.

— October 15-16 - Dr. Jean Dreano, an expert consultant to our Council, spoke at the meeting on "Communication and Pharmaceuticals" in Brussels.

— November 7-14 - At the course on pastoral care in health organized by the St. John of God Brothers in Rome, Cardinal Angelini spoke on "What the Church Expects from the Persons Consecrated to Hospital Care." The Secretary, Rev. José L. Redrado, was responsible for the day devoted to "Programming and Animating Pastoral Care in the Health Field."

— December 3 - In Rome, at the Agostino Gemelli Faculty of Medicine and Surgery, Cardinal Angelini spoke on some ethical and deontological aspects of analgesic treatment, during the Third National Congress of the Italian Society for Clinicians Specializing in Pain Relief.

— December 18 - Our Consultor Rev. Bonifacio Honings represented the Council at the meeting on the elderly organized by St. Raphael's Nursing Home in Rome.

5. Pastoral Visits

Over the past two years as well, pastoral itineraries have been a significant aspect of the Council's activity.

Aside from trips in Italy, ten countries were visited in 1992 —Albania, Chile, India, Lebanon, Syria, Poland, the Russian Confederation, the Dominican Republic, Spain, and the United States—and six, in 1993—France, India, Romania, Russia, Spain, and the United States.

Each visit, in addition to the specific purposes, always has three underlying goals: to support pastoral care in health in the local churches, also initiating or encouraging, where possible, the stimulus of vocations; to foster maximum cooperation among organisms and persons connected with health policy and care; to offer, where necessary or requested, aid in the form of medicines, medical equipment, and so forth.

As can be seen from our chronile of events, the Congregation of Benedictine Sisters for Reparation to the Holy Face has established itself in India in recent years and will soon do so in Poland and, as soon as the Moscow children's hospital is finished, in Russia as well; it has also made contacts in Romania and Africa, too, to mark the implementation of its founding charism with concern for pastoral care in health Response in terms of vocations, thanks to the support of local Bishops, has been extraordinary, confirming the value for formation of this specific field of apostolate.

— *In India* - January 13-21, 1992 - Cardinal Angelini, accompanied by the Secretary Rev. José L. Redrado, the Abbot General of the Silvestrine Benedictines, the Superior General of the Benedictine Sisters for Reparation to the Holy Face, Sr. M Maurizia Biancucci, and some of the sisters of this Congregation, visited clinics, hospitals, leprosariums, and medical centers in Bombay, Trivandrum, Quilon, Ernakulan, Trichur, Mukkiad, and Calcutta; accompanied by the Secretary and the Superior General of the Benedictine Sisters for Reparation to the Holy Face of Our Lord Jesus Christ—January 24-30, 1993—Cardinal Angelini visited numerous hospitals and medical facilities in Kerala, met with Bishops, priests, men and women religious, and lay people devoted to health care, and also presided at the inauguration ceremony for Holy Face Convent, the first house in India of the abovementioned women's Congregation, which is now carrying out a healthcare apostolate there.

In *Russia* - April 11-14, 1992 - Cardinal Angelini, accompanied by the Secretary, Rev José L. Redrado, and by Consultors Dina Nerozzi and Franco Splendori, visited some medical facilities and in Moscow opened the sessions of the National Medical Congress with his paper on "Medicines and Man." On January 16, 1993, accompanied by the Secretary and the Undersecretary, Rev. Felice Ruffini, Cardinal Angelini in Moscow received a gold medal from the Academy of Medical Sciences. On July 25, 1993, the President, accompanied by the Secretary, went to Moscow to lay the first stone and mark the start of work on the *Blagocenter* Children's Hospital for Rehabilitation, in the wake of an agreement between the City of Moscow and the Apostolic Administration for Latin-Rite Catholics The Superior General of the Benedic-

tine Sisters for Reparation to the Holy Face of Christ, Sr. M. Maurizia Biancucci, was also present—the religious from her community were slated to serve at the new facility.

— May 2-6, 1992 - Having been invited by the Patriarch of Antioch and the East, His Beatitude Nashrall Pierre Sfeir, and by civil and political authorities, Cardinal Angelini, accompanied by the Undersecretary, Rev Felice Ruffini, traveled to *Lebanon* and *Syria,* where he met with religious and public leaders and visited medical facilities, conveying the Holy Father's concern and providing medicines, medical equipment, and other forms of aid to the severely-tried local population.

— June 25-30, 1992 - Cardinal Angelini, accompanied by Rev José L. Redrado, took part in the celebration of the seventieth anniversary of the Polish Academy of Military Medicine; in addition to meeting with bishops, priests, and religious, the Council President was in contact with academicians and public leaders with special responsibilities in the health field.

— July 8-11, 1992 - The President, accompanied by the Secretary, took part in the creation in *Santo Domingo* of the Federation of Catholic Medical Associations in Latin America (FAMCLAM). At Mater et Magistra Catholic University Cardinal Angelini received an Honorary Doctorate in Human Sciences.

— September 22-28, 1992 - Chile was visited by the President, the Secretary, and the following Consultors: Rev Lucio Migliaccio, Professor Franco Splendori, Dr. Dina Nerozzi, as well as the expert consultant Professor Gaetano Frajese. In Valparaíso and Santiago they visited medical facilities and met with numerous representatives of healthcare activity. On September 25, Cardinal Angelini received an Honorary Doctorate in Medicine from the Catholic University of Santiago.

— October 3, 1992 - In visiting *Spain,* the President and Secretary took part in the celebration of the 125th Anniversary of the St. John of God Children's Hospital in Barcelona. Cardinal Angelini spoke on "Catholic Hospitals Around the World." On June 11, 1993 the President and Secretary participated in celebrations in Seville directed towards the sick and health workers in the context of the Forty-Fifth Eucharistic Congress. On that occasion, at the St. John of God Hospital, then celebrating its fiftieth anniversary, the sacrament of Anointing of the Sick was administered to the ill persons from different parts of the world.

As pointed out by the news media as well, the stress laid on the participation of those suffering and ill at the International Eucharistic Congress made that aspect one of its leading features.

— December 28, 1992 - The President and the Secretary, along with Monsignor Eleuterio Fortino, Undersecretary of the Pontifical Council for the Promotion of the Unity of Christians, visited Tirana, *Albania,* with a view towards offering concrete aid in terms of care and the health ministry. For this purpose the President met with the Apostolic Nuncio and numerous political and civil authorities.

— April 3, 1993 - Cardinal Angelini took part with a paper and by way of a public discussion in the annual meeting organized in Paris, *France* by the Billings Group. The event brought together in the French capital 400 *foyers-moniteurs* for the Billings method to commemorate the twenty-fifth anniversary of publication of the Encyclical *Humanae Vitae*

— April 21-May 1 - Accompanied by the Secretary and the Superior General of the Benedictine Sisters for Reparation to the Holy Face of Christ, the President traveled to *Romania,* visiting hospitals and nursing homes and meeting with local Church leaders, health workers, and those engaged in the health apostolate. He also met with Cardinal Todea.

6. Seventh and Eighth International Conferences

The annual Conferences have become an appointment of major international significance. Aside from scientific contributions warranting the interest of the maximum organisms concerned with health policy and care, two characteristics have rendered them particularly important: first of all, participation by many representatives of the groups of people affected by the specific illnesses studied at each conference, in addition to scientists, scholars, doctors, and health personnel; secondly, the concluding addresses by the Holy Father, with significant specific orientations.

The Seventh International Conference (November 19-21, 1992) was entitled "Your Members Are the Body of Christ: The Disabled in Society." 9,000 people attended, coming from over 100 nations, and there were papers by six cardinals, six Nobel Prize winners, and the maximum representatives of the international organizations concerned with this subject.

At the end of the Conference, the Director General of the World Health Organization, Dr. Hiroshi Nakajima, conferred upon Cardinal Angelini the WHO Gold Medal in acknowledgement of his contribution to reaching the social objective of "health for all by the year 2000" previously established by WHO.

The Eighth International Conference (November 18-20, 1993) was entitled *"Puer Natus Est Nobis."* The Child Is the Future of Society." There were over 9,000 people at this conference, too, including five Nobel Prize winners and representatives of the leading international organizations providing support for children.

There was vast coverage by the press and other news media of the two conferences, particularly the concluding addresses by John Paul II.

7. The World Day of the Sick

The first World Day of the Sick was celebrated with the greatest solemnity at the Sanctuary of Lourdes on February 11, 1993. Cardinal Angelini, the Pope's Special Envoy, led a delegation composed of the Council's Secretary and Undersecretary, the Director of the Sanctuary's Presse Bureau, Rev Henri Joulia, and Monsignor Boleslaw Krawczyk, Pontifical

Master of Ceremonies The celebration included three moments: a Eucharistic concelebration with ten Bishops and 1000 priests, with 25,000 people attending the Mass; a round table with representatives of national and international organizations and institutions; and a visit by the Apostolic Delegation to health facilities and nursing homes in Lourdes

On February 11, 1994 the second World Day of the Sick was celebrated in Częstochowa.

The Council made a major effort to disseminate the Pope's *Message* for the World Day on both occasions and to encourage a fitting celebration of it around the world. Nor should the political and civil significance of this celebration be underestimated, for it aims at shaking consciences and reminding public officials of their duty to recognize the rights of the sick by way of laws.

Part Two:

VERIFICATION AND UPDATING ON THE DECISIONS MADE AT THE 1992 PLENARY ASSEMBLY

In looking at the *immediate objectives* set by the Second Plenary Assembly, we may regard the following as having been achieved: *a*) a draft of the *Health Care Workers' Charter, b*) creation of the *International Federation of Catholic Hospitals,* and *c*) completion of the second volume of the *Index of Catholic Healthcare Institutions* around the world—research has now identified 21,757 facilities, twice as many as those appearing in the first volume The *Index* can and must be a valid tool for pastoral work in the vast field of health policy and care—in order for it to be such, we must make a serious commitment to disseminating it. In this section the announcement by the Holy Father of the establishment of the *Pontifical Academy for Life* must also be included.

The *Health Care Workers' Charter* required nearly four years of work and has virtually achieved the additional purpose of preparing a handy reference aid containing an up-to-date version of the Church's teaching on all the questions of ethics and bioethics connected with health policy and care. Indeed, the abundant notes distinguishing the *Health Care Workers' Charter,* soon to be published, constitute a real *Enchyridion* of pronouncements by the Church Magisterium on these subjects. It is certainly an important tool for the initial and ongoing training of both health professionals and pastoral workers in this field

These have been the immediate objectives; they should, however, be seen in the framework of a larger commitment, as is, moreover, confirmed by the *Health Care Workers' Charter* itself in its clear and original formulation. There is, indeed, a field in which, I believe, the Council has broadened both its own presence and its influence through continuous, detailed action: the advancement and defense of life.

The establishment by the Holy Father of the **Pontifical Academy for Life** may, without exaggeration, be regarded as a "finishing line" for us. This is brought out, furthermore, by the very date of the Motu Proprio *Vitae Mysterium* establishing the Academy—February 11, 1994, liturgical commemoration of Our Lady of Lourdes In any event, it would suffice to look at the subjects dealt with by the eight International Conferences organized by our Council and all our other activities to obtain confirmation of this fact.

Indeed, if all the work done by the Council in its nine years of existence is analyzed in depth, it is not difficult to identify certain key points which have inspired it.

I said at the outset that the last two years have been "illuminated," as it were, by the establishment and celebration of the World Day of the Sick. In reality, this light has beamed out some of the guiding principles which must constantly accompany our work. Pastoral care in health is pro-life and seeks to serve life. It attempts to do so, *first of all,* by working to convey the spiritual value of suffering; *secondly,* by recognizing and celebrating the grandeur, beauty, and dignity of life in all its expressions; *thirdly,* by evangelizing life in opposition to the numberless acts of aggression it endures.

The rejection of suffering, motivated by its identification with evil (as the Holy Father confirmed in this year's *Message* for the World Day of the Sick), nourishes not only moral relativism, but cancels out the meaning of the redemption effected by Christ through the cross, preventing us from grasping the possibility opened up by the Lord to transform the condition of the sick and of those suffering into a manifestation of grace and love And all this occurs as the questions posed by pain and injustice increase enormously around the world.

We are called to respond with our intelligence and with our

"heart" to these questions, avoiding the dangers deriving from indifference and habit.

We are sustained in this effort by faith in and love for life and the dignity of the human person. We are today witnessing not an impressive ideological crisis alone, but the spread of a contagious ambiguity which is first of all a negation of life. There is a jarring contradiction between technological progress' pretense of attacking the very sources of life and that of justifying such attacks with arguments which in reality introduce discrimination within the absolute, primary, and indivisible value of life and of the human person.

The health apostolate is the apostolate of life, of the *gift* of life.

Finally, our task is to give the new evangelization the quality of an announcement of redemption and liberation in the name of life and under the sign of life. This, and nothing else, is the significance and labor of pastoral care in health. The ethics of life is not a branch of ethics, but a presupposition for ethics.

In this dimension our Council's efforts are directed towards the apostolate of encouraging priestly and religious vocations through reference to the "Gospel of suffering."

As I have sought to do—encountering, moreover, virtually unanimous agreement—in every assembly, whether ordinary or special, of the Synod of Bishops, our Council is marked by the commitment to work so that both the proposal of a vocation and the formation of candidates for the priesthood and religious life—in addition to catechesis for the laity—will draw inspiration from the example of the Lord Jesus and the two-thousand-year-long witness of the Church in concern for those suffering and sick. This is the most concrete, solid, and also gratifying way to follow Christ faithfully.

In terms of specific action to stimulate and encourage vocations, the following points should be mentioned.

a) The Council has acted as an intermediary between candidates for the priesthood and religious life and the respective Institutes and diocesan Superiors. The formation house of the Benedictine Sisters for Reparation to the Holy Face of Christ (Holy Face Convent in Quilon, Kerala, India) is an already flourishing reality which has nevertheless been preceded by numerous direct contacts with the Bishops and with local leaders of the Catholic hospital associations and by widespread distribution of thousands of medals of the Holy Face, devotion to which is manifested in our Office by an image in our Chapel and explanatory leaflets, among other means aiming to promote in-depth awareness of the charism of care of the sick. The same has been done in Poland, Romania, Zaire, and Nigeria, with surprising fruits in terms of vocations.

b) Scholarships have been awarded to seminarians and priests (with three of them providing service at our Office as well) to facilitate their proper training for future work in the health ministry.

c) Our Council has established a fund to maintain a permanent course on pastoral care in health at the Lateran Pontifical University in Rome, with broad and still-growing acceptance among students.

d) Institutes providing training for pastoral care in health have increased in number; there are four in Spain, one of which is affiliated with the Camillianum in Rome. We have worked with the foundation of the Advanced Theological Institute in Abidjan, Ivory Coast.

e) The Council has frequently been consulted and has offered detailed responses on topics and problems concerning pastoral care in health and the related bibliography to assist students preparing papers towards a licentiate or doctoral theses in theology within the specialization of the health ministry.

Conclusion

Our work, then, is not bureaucratic, but an apostolate—that is, what we can and should regard as a privileged way of announcing the Gospel.

This year we are celebrating the tenth anniversary of the publication of the Apostolic Letter *Salvifici Doloris,* which so broadly dwells upon the topic of the "Gospel of Suffering." The aims and tasks of our Council are all situated within the Gospel of Suffering, whose symbolic representative we discover in the figure of the Good Samaritan, pointed to by the Holy Father in the Encyclical *Veritatis Splendor* as the key figure "for the full understanding of the commandment to love one's neighbor" (no. 14).

The years following *Salvifici Doloris* coincide with those of our Council. Let us examine ourselves in the light of this document, especially to grasp therein the reasons to love our work, to devote all our energies to it, and to draw the resources of our spiritual life therefrom.

We regard our daily work as the full realization of our Christian vocation. All of us—each in keeping with his or her state and personal talents—should regard ourselves as assigned to this most advanced frontier of pastoral care. We are not asked to program the results, but rather to program our commitment.

May Our Lady, "a living icon of the Gospel of suffering," accompany our work, sustaining it with unfailing hope.

FIORENZO
Cardinal ANGELINI

The Particular Charism of Religious in Serving the Sick

Introduction

In one of his works, Urs Von Balthasar writes that in the history of the Church, "the Holy Spirit suddenly brings out things that are already known, but which have not been truly reflected upon" [1] To explain his statement he makes use of the examples of some saints. Before St. Francis, he affirms, no one had truly understood the poverty of God and Christ. In the same way, who before Augustine and Ignatius of Loyola had spoken of the love of God in such a profound way or understood so precisely Christ's obedience to the Father?

If we continue with Von Balthasar's examples, we may state that throughout history there have been people who, gaining insight into the weightiest meaning of the Gospel sentence "I was sick, and you visited me" (*Mt* 25), have brought out, in an utterly special way, the validity of experiencing God —that is, of living Christian spirituality—through the exercise of merciful charity towards the sick. St. John of God, St. Camillus De Lellis, St. Vincent De Paul, and many other founders and foundresses of religious Institutes have lived and taught others to live the *whole* Gospel from the standpoint of service to the sick and the poor, following the example of Jesus, who "went about all the cities and villages, preaching the Good News and healing every illness and every infirmity" (*Mt* 9:35)

By living out and perpetuating in time, by way of their Institutes, the special charism received from the Lord, they have contributed to keeping awareness alive in the Church that "service to the sick and suffering" is a privileged road for evangelization and therefore an "integral part of her mission." [2] The flourishing number of religious institutions arising "with the specific aim of promoting, organizing, improving, and extending care of the sick" [3] should thus be viewed as a gift God has made and makes to the Church so that she may truly be an extension of the person and actions of Christ in his attitudes as a physician of souls and bodies [4]

The Ecclesial Dimension of the Charisms of Religious

From the preceding reflections it is evident that the special charism of religious manifested in care of the sick has an *ecclesial dimension*. If to some degree this dimension has also been observed, it is with the reflection of Vatican II that it has imposed itself in a more compelling way on the attention of everyone.[5]

There still remains much work to be done; consequently, on the eve of the Synod on Consecrated Life—for whose successful outcome we are all engaged in prayer and reflection—the following question, though not a new one, spontaneously and legitimately arises: *What course should the religious involved in service to and care of the sick follow so that their specific charism can contribute more effectively to the growth of the Church community?*

Some Routes

Precisely because the question is not new, of course there have already been attempts to answer it. Indeed, documents are not lacking in which interesting analyses and proposals are presented. Among all of them, the text prepared by this Pontifical Council in 1987 particularly deserves to be recalled.[6] All of these contributions suggest elements to work out useful approaches

Identity

The first approach leads us to analyze a set of experiences lived out by individuals and communities among the numerous religious working in health care, especially during and after the Second Vatican Council. They may be classified under the heading of the term *identity crisis*.

— The crisis of *doing*. Adaptation by Institutes to the changed conditions and new modes of presence in the health field has created existential conflicts in those religious who defined their identity and that of their Congregation by starting from what they *did*, confusing the charism with deeds, in life as well [7] Forms of "pragmatism without a soul" have thus emerged, clearly bringing out the fact that the project of consecrated life cannot give primacy to doing over being In contrast to this posture, the vocational path of many young religious has shown that "their identification with the Congregation was animated more by the religious' lifestyle than by the apostolic activities themselves." [8]

— The crisis in *roles* This has taken place on both a social and ecclesial level. The economic and sociocultural progress taking place in recent decades has led to the rise of a new social awareness in government and a consequent incremental flourishing of adequate healthcare institutions and the formation of well-trained groups of health professionals This phenomenon has prompted, on the one hand, a certain loss of leadership roles among religious in health care—a leadership resting on a long tradition—and, on the other, not always smooth relations with lay health workers The questions arising in the spirit of many religious have often taken this form: What is the meaning of our institutions—what significance does our presence in health care have?

From an ecclesial standpoint, the felicitous advancement of the laity has imposed upon the religious involved in health, particularly the non-ordained religious, an often painful effort to search for their identity: what difference is there between a religious and a lay person in practicing a healthcare profession? [9]

Like every crisis, the identity crisis, when lived through creatively, fosters a process of growth

The religious devoted to the world of suffering and health care have had the opportunity to learn in greater depth that, before manifesting itself in the most varied forms of ministry, the charism, which is an *experience of God*, is called to work a transformation of the consecrated person, conforming the person to the merciful Christ. This transformation involves a further unification of the religious' being. The self-image which he has gradually formed throughout life, more or less harmoniously fitting together the different *pieces of himself*, receives a new coloration from the charism, this particular and specific mode of following Christ in a choice of radicalness in Christian life. His whole being, in its historical concreteness—energies, potentialities, tendencies—is consecrated by God and placed at the service of the practice of the works of mercy towards the sick, for the advancement of the Kingdom This renewed link between religious consecration and charism is one of the aspects warranting priority consideration among religious working in health Only in this way will it be possible for them "to witness in a splendid and singular fashion to the fact that the world [of health care and suffering] cannot be transfigured and offered to God without the spirit of the beatitudes." [10]

Through his lifestyle the religious can show the Church community and the world (this is the meaning of witness) that it is possible, even today, in our world, so sated and fragmented, to feel the deep, irresistible attraction of the merciful Christ An attraction which leads to living out the demands of the evangelical counsels and the community life as a means to liberate the potential for love present in one's heart and turn it into a complete gift for one's suffering brothers and sisters.

The service the religious offers to the sick thus takes on the nature of a response. Touched by the merciful Christ, he responds by loving Christ present in the sick.

"Our whole religious life should be permeated with God's friendship so that we may be ministers of Christ's love for the sick It thereby becomes manifest in us in faith ., by which we see the Lord Himself in the sick. In this presence of Christ in the sick and in those offering them service in his name, we find the source of our spirituality." [11]

This way of living out one's consecration already forms part of the mission. "Indeed, the mission does not consist of carrying out particular tasks or a series of activities, but the Gospel impact produced by the radical mode of living of Christ's disciples." [12]

To paraphrase Alvarez,[13] it is possible to affirm that in consecration, when lived out in the perspective of the charism, the religious finds the elements marking his service to the sick. Though materially the same as that provided by other health professionals, the service offered to the sick by the religious acquires specific connotations:

— more than by virtue of an academic degree or technical qualification, it is exercised by virtue of a gift, the charism;

— integrated into the project of religious life, it expresses the radicalness with which the religious chooses God and manifests at the core of work and the relations flowing therefrom the quality of one's relationship with Him;

— when contemplated in these terms, service to the sick is situated at the center of the religious' vital interests; he builds and organizes his life around them;

— even the most technical work is pervaded by charity and performed with a sense of voluntariness, thereby revealing the tenderness of the Father, who bends towards human flesh by way of the religious' humanity;

— without diminishing the exigency of professionalism, the religious knows he is a constant and public professional of the Kingdom; he carries out the gestures of health care (therapeutic, technical, secular gestures) in following Christ: traveling along man's entire way, seeking his integral health, indicating the fullness of life which is in Him, committing himself to discovering the good news already present (for it precedes us) in the life situations encountered, at the facility where he acts

Evangelizing Mission

The second *approach* leads us to dwell upon the contribution of religious working in health to the Church's *evangelizing mission,* identifying the difficulties, challenges, and new opportunities.[14]

It is certain that the complexity and contradictions characterizing the health field require a necessary renew of the modes of presence and action on the part of religious in this vast universe, a real *crossroads* of humanity.

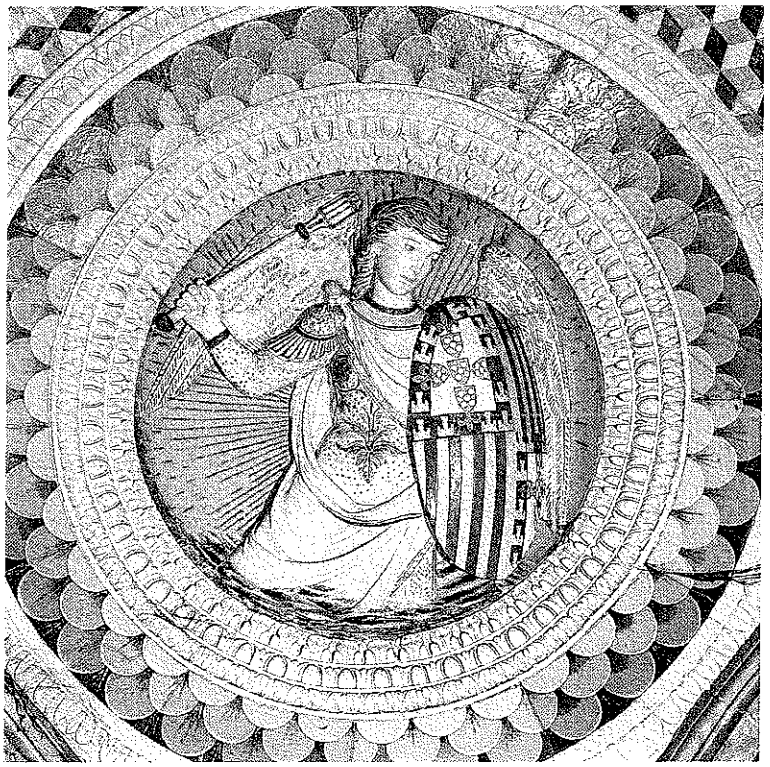
How can we find meaningful ways to live out and convey the Gospel of mercy in a context in which the human person is confronted with the tragedy typical of our time, a tragedy constituted by the contrast between the growing scientific and technical possibilities and the insurmountable reality of suffering, illness, and death? How can we proclaim the Gospel values so that economic and technical imperatives will not suffocate ethical and religious imperatives? How can we move from the mere offering of services to an effective communication of values?

A look at the situation shows us that religious are often not able to combine their vocation with a health profession successfully by managing to make their presence an instrument for evangelization. It frequently happens that people admire the sociomedical services of religious without, however, grasping the root from which they issue or should issue. Everyone knows how hard it is for pastoral workers to make an impact on healthcare facilities by carrying out an incisive, meaningful ministry.

If the service offered by religious in health care is and should be one of evangelization, above all—that is, announcement and celebration of the good news—what roads can be followed so that this will happen in an appropriate way?

Let us mention some steps

— *To evangelize one's way of looking at the world of health* This first step, which is well illustrated in the aforementioned document by the Pontifical Council, is seen to be of fundamental importance. The religious must *love* this world in which he decides to give his life. To love it means to reconcile himself with it, accepting the changes due to the progressive affirmation of temporal realities, the technicalization of medicine and nursing, and the more emphatic rationalization of administration. To love it means to accept its limits and denounce its errors, while remaining capable, however, of seeing its potentialities and valuing its efforts towards improvement. All of creation, as St. Paul states (cf. *Rm* 8:18-27), is tending towards a liberation. It is important to listen and be receptive to the moan of this tension present in the health field, even if it does not always manifest itself according to our categories. In superseding romantic longing for the past and implementing a genuine process of inculturation, the reli-



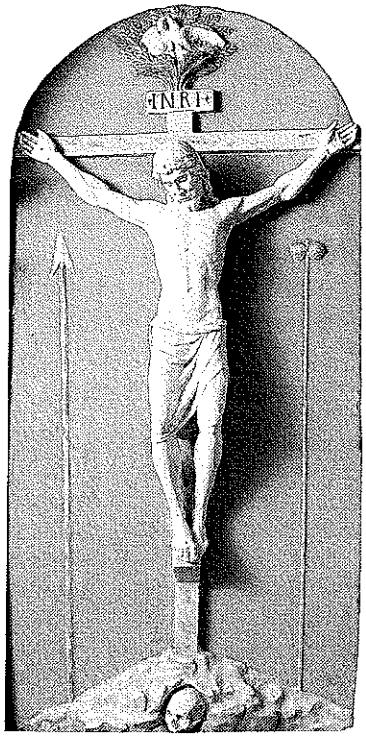
gious is called to see the world of health as a place for the revelation of God, as a place for implementing the Kingdom, as a place for Gospel radicality [15]

— *To make it more apparent that solidarity with the sick, as expressed in care, is, "above all, faithfulness to God"* It is not enough for people to receive services alone from religious, no matter how competent they are, but also the reasons to live This implies that the health service offered by religious does not aim only to reach practical objectives which are publicly useful, but also serves to reconvert a mentality on what well-being, health, self-realization, suffering, life, and death are. In other words, the care provided by religious must be rooted in theological motivations rather than ethical and social motivations. Here certain chapters of crucial importance open up

The first concerns the *philosophy of the activities run by religious,*[16] an important chapter to be worked out continuously in keeping with new needs and the demands of the new evangelization.

The other chapter is constituted by the *pastoral action* of health facilities run by religious In these it is not hard to note the difference between the attention paid to technical and administrative aspects and that given to pastoral aspects And yet it is precisely in the health facilities of religious where the involvement of all sectors present should be made possible so as to create a true Christian community which, while respecting people's convictions, succeeds in bringing out awareness that in care of the sick the strength, love, and tenderness of God—rich in compassion and mercy—are manifested. Under these conditions, the sick can travel a road of salvation, in addition to one of care and healing, making their experience of illness an occasion for growth.[17]

— *To go from the city center to the outskirts.* This terminology, dear to the spirituality of the theology of liberation, can be happily applied to the presence of religious in health care To go from the position of comfort and privilege to that of service, even when uncomfortable



One writer states, "This is the itinerary, the human and spiritual journey of kenosis and the way of solidarity. In this movement a real decentralization takes place: the religious in health care does not revolve around himself, his interests and projects, does not tour the world of health, does not fly over or avoid his brothers and sisters He is in the places of conflict, at the crossroads of life, where events occur, willing to step beyond the borders, open to the immensity of the Kingdom." [18]

This movement from the center to the outskirts leads reflection to two subjects crucial to the lives of religious working in health: the prophetic dimension and preferential love for the poor.[19]

It has rightly been affirmed that the charismatic strength of an institute manifests itself particularly in its capacity always to be new, original, necessary, urgent, prophetic, and evangelically revolutionary. The activity of religious is rendered not very charismatic when it becomes a profession readily accommodating itself, when religious, abandoning the evangelical sensibility of the founder, do not apply discernment, criticism, and enlightened reflection to the complex reality of the world of health, to the deep injustice taking place therein, to the ethical problems it poses How often do *works* become a hindrance, impeding the agility proper to the disciples of Christ, who must hasten wherever need is greatest, ever modifying their list of priorities? Is this not what the founders have done?

Along these lines the subject of the *preferential choice of the poorest* is formulated [20] Such a choice is a constitutive element in the Christian message,[21] which must never be tarnished by saying, "Yes—but" and by hair-splitting, which too often slacken the courage of Christians and religious. There is no doubt: the commandment to love one's neighbor spurs the religious to care for all, rich and poor. Here we find the basis for that healthy pluralism in choices which must characterize the projects of a religious community. The legitimacy of pluralism, however, must never lead the religious to forget that if his heart his called to respond wherever there is a sick person, it must respond particularly where sick people are poor, neglected, and marginalized. And this is not all: If, when he provides service to the poorest, he must help them to gain a sense of their own dignity and of the value they possess in the eyes of God, when he serves the rich, he must be concerned about helping them to become aware of their poverty and of their moral obligation to open themselves to solidarity and sharing.

— *To broaden the horizons of evangelization.*[22] In recent decades, the need has emerged in pastoral care in health to effect certain shifts capable of prompting a broadening of the horizons of evangelization:

– from care of the sick to promote health in all its manifestations;

– from a defense of the principles regulating life and death to education leading people to value life and reconcile themselves with the reality of death;

– from exhortations towards generous, voluntary service to adequate pastoral formation;

– from assistance to the least to their acceptance in the community.

Religious have an important role in helping the Church community to effect these shifts through their inclusion in formation, research, and pastoral programs.

Communion

The third pathway concerns the attitudes and structures of communion [23]—attitudes, for communion is, first of all, a way of being; structures, for communion cannot be maintained without specific organisms, projects, and programs.

There is no doubt that the witness and evangelizing work of religious would have little effectiveness for the growth of the Church if there were not adequate development of *communion* between those consecrated and other groups in the People of God: pastors (bishops and priests) and lay people.

In a not-too-distant past, a large number of religious engaged in health care tended to isolate themselves in their institutions. Hospital chaplains, too, did not emerge frequently from their workplaces to reach the community in the surrounding territory. Communication among the varied groups comprising the People of God was limited. In religious institutes themselves there had arisen the rather pretentious conviction that they were the *only ones* carrying out a specific mission in the world of health.

The progress made to make the presence of religious involved in health care more ecclesial has been notable: there is greater recognition of the charism of mercy typical of numerous religious institutes; we note better participation in common programs; there is acknowledgement of the validity of unitary programming permitting the implementation of global pastoral care; the *intercongregational* spirit has grown. Different organisms on a universal, national, and diocesan level have contributed to this progress. Felicitous initiatives, such as the document *Mutuae Relationes*, have focused the problem in general terms. The contribution by this Pontifical Council to stimulating pastoral care in health under all aspects has revealed itself to be significant and effective. Among the results obtained from various projects carried out, growth in a sense of the Church should be cited. In an ecclesiology of communion, indeed, all the members of the People of God feel called to make available to each other the specific charisms received from God, bringing them to maturity in effective ministries and services.

It is useful to recall that *creating communion* itself amounts to *carrying out a mission*.[24] In fact, the religious who works to tear down the walls of division existing in his person and in his community, who opens himself to the union of spirits and to collaboration with the various forces present in the People of God is already implementing the Church's mission, which consists of creating communion. It is from this experience that the ministry towards the sick draws strength and meaningfulness, a ministry understood as helping those undergoing a division in body and in spirit to find reconciliation and unity.

Conclusion

In the decree of canonization Benedict XIV called St. Camillus De Lellis the initiator of a *new school of charity*. This title may be attributed to many other men and women who have made the merciful face of Christ shine forth in their life and action. From the founders and foundresses there comes the call to be perennially *innovative* in implementing and teaching the way to practice the Gospel command: "Go. Preach the Gospel. Care for the sick."

In a Gospel perspective, every pretense of communicating one's own doctrine and every demand to place oneself in a position of superiority are excluded from such teaching. In the field of charity towards the sick, the disciple who teaches knows that he is the mediator of a science transcending him; he is aware of being the transmitter of a love surpassing him: the merciful love of Christ. He has experienced this love; he wants to announce it faithfully and joyfully.

We receive forceful, loving encouragement from the Founders and Foundresses, meaningfully summarized in the following words of St. Camillus De Lellis: "Continuously and with all diligence, seek to advance more and more in the fervor of charity towards the poor sick." [25]

Rev. ANGELO BRUSCO
Superior General of the Camillians

[1] URS VON BALTHASAR, "Viaggio nel postconcilio," in *Supplementi 30 giorni* (Nov. 1985), p. 47.

[2] Motu Proprio *Dolentium Hominum*, 1.

[3] *Ibid.*, 1.

[4] Cf. the statement by the Second Vatican Council: "Religious should devote every attention so that by means of them the Church can present Christ better each day to Christians and non-Christians—when He is contemplating on the mountain, or announcing the Kingdom of God to the throngs, or *healing the sick and the wounded*, and converting sinners to a better life, and blessing children, and doing good to all, every obedient to the will of the Father, who has sent Him" (*Lumen Gentium*, 46).

[5] Cf. *Lumen Gentium*, 45; *Mutuae Relationes* 134-137.

[6] The Pontifical Council for Pastoral Assistance to Health Care Workers, *Religious in the World of Suffering and Health* (Rome, 1987). For precise references to religious working in health care, two documents by the Italian Bishops' Conference also deserve to be mentioned: *La pastorale della salute nella Chiesa italiana* (1989), nos. 43-48; and *Evangelizzazione e testimonianza della carità* (1990). On the level of biblical, theological, and pastoral reflection, we recall the work prepared in collaboration, *La vita consacrata nel mondo della salute: gesto e annuncio del Vangelo della misericordia*, *Quaderni del Camillianum*, no. 4 (Rome, 1993).

[7] Cf. Sacred Congregation for Religious and Secular Institutes, *The Contemplative Dimension of Religious Life* 199 ff; F. ALVAREZ, "Religiosi nel mondo della salute: inviati ad evangelizzare," in A. BRUSCO (ed.), *Curate i malati. La pastorale della salute nella Chiesa italiana* (Turin: Ed. Camilliane, 1990), pp. 55 ff.

[8] J. LÓPEZ and B. ISUSI, "Los religiosos de vida apostólica en España," in *Dossier DIS* (Madrid, 1978), pp. 16-36).

[9] On the role crisis, see the Pontifical Council for Pastoral Assistance to Health Care Workers, op. cit., pp. 21 ff. On lay involvement in health care, see the Pontifical Council for Pastoral Assistance to Health Care Workers, *The Laity in the World of Suffering and Health* (Rome, 1987). For a concrete vision of the problematic of the relationship between religious and lay people in an Institute consecrated to serving the sick, cf. A. BRUSCO, "Uniti nella comune missione," in *Camillianum*, no. 5 (1992), 9-24.

[10] *Lumen Gentium*, 31.

[11] Regular Clerics, Ministers of the Sick, *Constitution and General Provisions* (Rome, 1983), no. 13.

[12] M. AMALADOSS, "La vita consacrata oggi: la missione," in *Atti del Convegno Unione Superiori Generali* (Rome, 1993), 18.

[13] F. ALVAREZ, *op. cit.*, pp. 166-167.

[14] For this topic see the Pontifical Council for Pastoral Assistance to Health Care Workers, *Pastoral Care in Health and the New Evangelization of Europe* (Rome, 1992), and Alvarez's stimulating contribution "La nuova evangelizzazione del mondo della salute: prospettive teologico-pastorali," in *La vita consacrata* ... cited above, pp. 47-74. For closer attention to the drama connected with the culture of the healthcare environment, see H. FABER, *Pastoral Care in the Modern Hospital* (Philadelphia: The Westminster Press, 1971).

[15] A. BRUSCO, "Vedano tutti quanto di te io sia orgoglioso," in *Camilliani*, no. 56 (1992), pp. 213-216.

[16] Cf. Italian Bishops' Conference, *La pastorale della salute* ... cited above, nos. 54-58.

[17] Cf. Catholic Health Corporation, *A Healing Ministry. The Faith Dimension* (Omaha, Nebraska, 1988). In this excellent text pastoral care in health at the facilities run by religious is broadly dealt with in chapters 19-26, pp. 93-142.

[18] F. ALVAREZ, *op. cit.*, p. 59.

[19] Cf. Congregation for Religious and Secular Institutes, *Religiosi e promozione umana* (Rome, 1980). In this document the "prophetic role of religious in the Church's current commitment to man" (Introduction) is properly brought out.

[20] *Ibid.*, nos. 4-6.

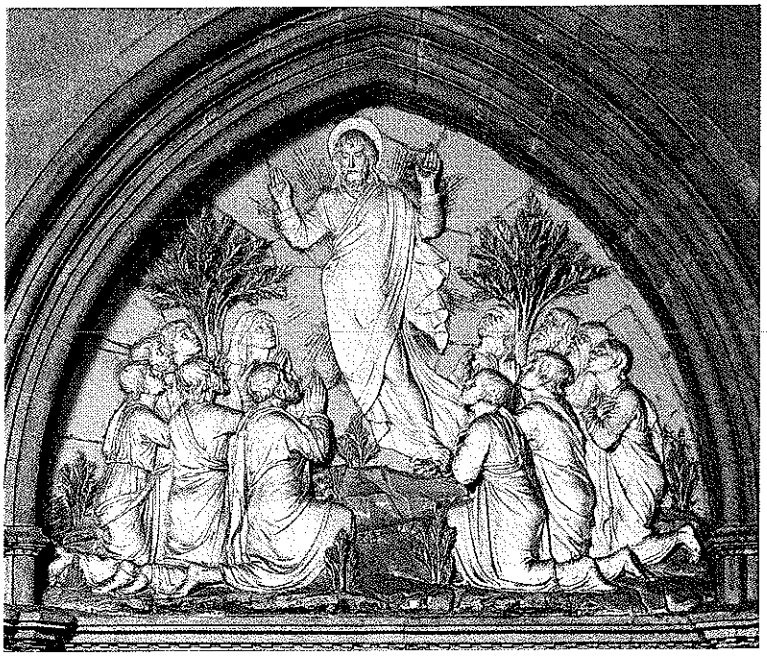
[21] For a presentation of the *preferential choice of the poor* as a constitutive element of the Christian message, cf. L. GONZALES-CARVAJAL, *Con los pobres contra la pobreza* (Madrid: Paulinas, 1991).

[22] For this subject, cf. A. BRUSCO, *Umanità per gli ospedali* (Varese, 1983); F. ALVAREZ, "Il futuro della religiosa nel mondo della salute," in A. BRUSCO and L. BIONDO (eds.), *Religiose nel mondo della salute* (Turin: Ed. Camilliane, 1993), p. 60; S. MARINELLI, *Il cappellano ospedaliero, identità e funzioni* (Turin: Ed. Camilliane, 1993); A. BRUSCO and L. SANDRIN, *Il cappellano d'ospedale, disagi e opportunità* (Turin: Ed. Camilliane, 1993).

[23] The subject of Church communion is dealt with in numerous documents of the Magisterium and has been the object of innumerable studies. We limit ourselves to recalling the document of the Congregation for Institutes of Consecrated Life and Societies of Apostolic Life entitled *Fraternal Life in Community* (Rome, 1994).

[24] *Ibid.*, nos. 58-62.

[25] G. SOMMARUGA (ed.), *Gli scritti di San Camillo* (Turin: Ed. Camilliane, 1990).



Health and Illness: A Special Field for Evangelization by Religious

"Suffering seems to be, and is, *nearly inseparable from man's earthly existence* [and] the Church, arising from the mystery of the Redemption in the Cross of Christ, must *seek the encounter* with man in a special way on the road of suffering. In that encounter, man 'becomes the way of the Church,' and this is *one of the most important ways*" [1]

From observing a condition which is repugnant to man throughout history, John Paul II deduces the teaching—which he receives directly from Jesus Christ's way of acting—that the most intense moment for announcing the Good News that is, for the *evangelization of man*—lies precisely on that *path.*

If there are many times and occasions offering the Church a mode of carrying out her basic mission "of her turning her gaze towards man, directing all mankind's conscience and experience towards familiarity with the depth of the Revelation taking place in Jesus Christ," [2] the dimension of "health and illness" provides the most favorable condition and moment.

Men and women religious who have received from God the gift of a special life option and are called "to make the Kingdom of God take root and become consolidated in hearts and expand it all over the earth," [3]—find in this teaching of the Papal Magisterium a privileged field for implementing this command.[4]

A command addressed not only to the Congregations with this specific charism, but to all. In fact, we observe in history that "missionaries, for their part, in carrying out the work of evangelization, have constantly associated the preaching of the Good News with assistance to and care of the sick." [5] And a great many religious families are devoted to this specific pastoral field [6]

"Letting himself be transformed by Christ, progressively appropriating his lifestyle and attitudes towards suffering man, the religious cooperates effectively in introducing *passion* for suffering man into the Church community, as expressed in tenderness and compassion, in the treatment of pain and in promoting health and life...." [7] And since this is the time of a "new evangelization," [8] to give priority attention to the field of "health and illness" is a wise option, for it will always and everywhere mean choosing one of the *most important ways* of the Church.[9]

Sin and Suffering in the Old Testament

The bursting forth of pain and death into man's life on earth, as an inevitable condemnation and burden of suffering, is a result of the break in friendship with God and the attempt to achieve the climb to heaven by making oneself similar to him (*Gn* 2:16, 3:1-19)

From that instant on, "health and illness" will be intimately bound together to signify sanctity or sin, life or death

In the Old Testament illness is regularly and insistently placed in a close relationship to sin. "There are very many texts in which illness and sin are paralleled, for sin is seen as the cause of illness or, more precisely, because sin provokes the wrath of God, which is manifested in the appearance of illness. Therefore, the parallel is threefold: sin, wrath of God, illness." [10]

Illness in the Old Testament is interpreted as a consequence of the break with God [11]

And its leading to death brings out its absolute incompatibility with the holiness of the living God.

One illness in particular, leprosy, is a visible sign of impurity to such an extent that it contaminates the ritual purity of the community. The leper, expelled from social life because he is unclean, is separated and condemned to live outside of population centers (*Lv* 13:45-46) until he recovers his health. "The presence of one or more lepers in the community during the ceremonies of worship would have made worship impure and thus not pleasing to God." [12]

And ". . man finds it *hard to explain the suffering of one who is blameless*—that is, of the innocent—a tremendous problem, which is 'classicly' expressed in the Book of Job. But it should be added that in the Book of Isaiah the problem is seen in a new light, when the figure of the Servant of Yahweh seems to constitute a particularly significant and effective preparation in relation to the Paschal mystery, at whose core suffering man in all times and in all peoples finds a place beside the 'Man of Sorrows,' Christ" [13]

Sin and Health in the New Testament

In the New Testament the state of man's *illness* enters into the *plan of salvation* to be a sign of recovered *health*. Christ Jesus makes the preferential option of taking the Gospel to the terrain of "health and illness": "Jesus went throughout Galilee, teaching in their synagogues and *preaching the good news of the kingdom and curing all kinds of illnesses and maladies among the people*" (*Mt* 4:23).

On sending the seventy-two disciples on a mission, he gave them this order: "When you enter into a city and they receive you, eat what they put before you, heal the sick who are there and tell them, *The Kingdom of God has come near to you*. . " (*Lk* 10:8-9).

Of great interest is the Greek verb used, *etherápeusen,* which indicates a cure, a therapy This requires the collaboration of the sick Jesus, who sometimes effects different healings (cf. *Jn* 9:6, *Mk* 8:22-23), requests faith from those entrusting themselves to Him Jesus demands complete adherence to his *Word Evangelization* begins

The healings done by the Lord were not aimed at provoking wonder and imposing themselves on the masses because of their miraculous appearance, but were the *sign* that the Father's merciful love had descended in the midst of his people and was working the *salvation* which had been hoped for so long

To John the Baptist, who sent people to ask Him if He was the one *expected,* He sent the answer "Go and tell John what you hear and see: *the blind recover their sight, the crippled walk, the lepers are healed, the deaf recover their hearing, the dead rise again, and the good news is preached to the poor,* and blessed is he who is not scandalized by me" (*Mt* 11:4-6)

At least twice Jesus explicit joins the healing restoring health to the body to the health of the soul: with the paralytic lowered from the roof (*Mk* 2:1-12) and with the one lying beside the Bethsaida pool (*Jn* 5:1-18) Matthew stresses that He healed all the sick so that what had been said by way of the prophet Isaiah would be fulfilled: "He has taken up our illnesses and assumed the burden of our maladies" (8:16-17)

The *Servant of Yahweh,* taking upon Himself the expiation of sins, restores the soul's health and alleviates men's corporeal maladies, the consequence of and punishment for sin And through the *sign* of the gift of bodily health, while acting *on the sabbath, He announced* the new way of honoring God (*Lk* 13:10-17, 14:1-6) *By touching the lepers* He radically changed the relationship between the *sick and those consecrated*—the priests of the old law—charged with bureaucratically recognizing the legality acquired once again

And He introduced a new conception of the relationship with God in worship "In fact, Jesus rejected the old concept of consecration by means of ritual separations and replaced it with a consecration obtained, conversely, through an intense dynamic of communion .. He stated and showed that union with God is obtained and maintained through mercy to others, particularly to the sick " [14]

That touching which was a *sign of sin,* now used to bring people to *health, announces* to man the Merciful Love of the Father and the advent of a new era in which the sole parameter of judgment will be love (*Mt* 25:31-46)

What is proclaimed the *greatest precept* (*Mt* 22:37-40) receives its seal and consecration in the opening act of consummation of the sacrifice, with the command to follow Him on the way of love and the declaration that *No one has a greater love than this to give one's life for one's friends"* (*Jn* 15:12-14)

At the instant when He tells the Father "I consecrate myself for their sake" (*Jn* 17:19), Jesus Christ initiates the process sung by the poem of the Servant of the Lord (*Is* 53:1-10).

And, through Christ's action, the meaning of suffering changes radically It is no longer enough to see therein a punishment for sins

In his teaching, which is usually termed "pre-Paschal," Jesus more than once manifested that *concept of suffering, understood exclusively as a punishment for sin, is insufficient and even improper* Accordingly, when they told Him about some Galileans "whose blood Pilate had mixed with that of their sacrifices," Jesus posed the question "Do you think those Galileans were greater sinners than the others because they suffered this fate ..? Or those eighteen people on whom the tower of Siloh collapsed, killing them—do you think they were more blameworthy than the other inhabitants of Jerusalem?" (*Lk* 13:1-2; 4) *Here Jesus clearly puts into question such a way of thinking, widespread and commonly accepted at that time,* and brings them to understand that the "misfortune" causing suffering cannot be understood exclusively as a punishment for personal sins "No, I tell you," Jesus declares, adding, "But unless you change, you will all perish in the same way" (*Lk* 13:3-4) [15]

And the Church can quite rightly say to the world that "in carrying out the Redemption through suffering, Christ at the same time *raised human suffering to the level of Redemption.*[16]

"Health and illness," taken by Jesus Christ as a *sign to announce* that "the Word has become flesh" (*Jn* 1:14) and the means of Redemption, are a *privileged way* to proclaim the mystery of his passion, death, and resurrection

The Religious State on the Same Way

The religious state, which, by its nature, makes visible Jesus Christ's *way of life,*[17] and has been commanded to evangelize,[18] cannot overlook the way indicated by her Divine Model.[19] Those who have responded to the *gift* of God with a commitment to live out the Evangelical Counsels have chosen to be witnesses to the love of the Father,[20] who did not spare his Son for the salvation of men (*Jn* 3:16)

The Apostle John, who testifies that we have come to know the Father through the Son (*Jn* 1:18), recalling the commandment given by the Lord at the Last Supper, affirms that "through this we have known love: He has given his life for us, and we must therefore give our lives for our brothers" (*1 Jn* 3:16)

St Paul, who invites us to become "imitators of God," asks that this be done in charity, in the manner of Christ, who for our sake offered Himself to the Father "in a sweet-smelling sacrifice" (*Eph* 5:1-2). Consequently, religious are committed to making this Merciful Love visible, embodied and present, by the witness of their lives.

"Health and illness," in terms of patients at health facilities or in the natural environment of the family, constitute the greatest and most universal temple." [21] The *place* of truth for man, where his own limits are revealed to him and the fragility of temporal life, and the basic truths of his existence emerge. A time of reflection on the true, existential values, which have perhaps been kept in a "limbo" within one's soul, and a willingness, perhaps for the first time, to consider how far from God he is, while feeling attracted to renewing dialogue. [22]

In this *place charity,* the sign of the Lord's mission,[23] becomes an *announcement of salvation for the sick,* who gain awareness of the Redemption achieved by the Lord.[24]

Religious life, present in the Church from the start of her existence,[25] has had men and women inspired by God who have taught the following: "evangelize to heal, heal to evangelize," [26] offering authentic witness to the Lord's Merciful Love.[27]

According to what we have stated until now, bearing in mind that evangelization touches every moment and manifestation of man's life, the evidence cannot be denied that the field of "health and illness" is the privileged place where the work of salvation carried out by our Redeemer becomes more clearly visible.

It is the place where the *sign and significance* of the passage from illness to health by applying the fruits of the Sacrifice of the Cross is more tangible, where the consequences of that first act of enmity towards God are newly illuminated—and frequently, with the recovery of the soul's health, that of the body is obtained as well.

If the Announcement of Salvation has always encountered difficulties in being understood by men—Christ Himself experienced them (cf. *Jn* 1:10-11)—it has perhaps reached the maximum extreme today in this regard.

The agnosticism dominating man's culture today produces religious indifference and a lifestyle as if God did not exist. It is hard to speak of his existence and affirm his reality with human reason alone.

Technocratic man, who believes he has achieved control over his external environment and over human interiority, barely has the sensibility to discuss his having emerged from the hands of God.

It is, then, more necessary than ever for evangelization to devote itself to a forceful witness to Love today. [28]

Men and women religious, with their lifestyle, in the domain of "health and illness," are *living pages* of the Gospel.[29] On the basis of the capacity to become a living word of Christ, the question may be sparked which marks the beginning of salvation.[30] There is awareness of being a revelation of God's Love clearly present in the souls consecrated to serving their sick brothers and sisters.[31]

It Engenders "Heroic Witnesses to Charity"

The *announcement of the word* in the field of "health and illness," on the way of Love which Christ pointed to with his life and command, engenders *heroic witnesses to Charity.*

Their number is incalculable. They extend from the great saints who have founded religious families with the specific charism of charity towards the sick to those imitating their deeds who may well be termed virtually "Martyrs of Charity."

By way of example, we shall refer to three instances which differ in affiliation, historical period, and the Church's official evaluation.

The first, which we might term *normal and lacking in official Church recognition,* involves nearly 300 Ministers of the Sick who, in the 400 years in which the Order founded by St. Camillus has existed, in fidelity to the fourth vow to serve the sick even at the risk of one's own life,[32] have died in times of pestilence and fatal infectious fevers. [33]

A free, conscious option to go to a certain death,[34] in order to fulfill the vow out of love for God,[35] for the good of the soul and the body of their sick brothers and sisters [36]

Testimonies considered by their contemporaries to be a "virtual martyrdom," [37] as in the ancient martyrologium we read concerning the Christian community in Alexandria,[38] and regarded by the Founder, St. Camillus, as a new way of union with God in holiness for the "salvation of our fellows "[39]

Until today none of them has been placed on the official list of the saints, but there is no doubt at all that their witness represents *a great and effective Announcement of the Word* [40]

The second comes to us from the long-standing Hospital Family founded by St John of God, with the 71 *Martyrs of Hospital Care* in 1936, during the Spanish civil war, beatified by John Paul II on October 25, 1992

The religious of the Hospital Order binds himself to God with the vow to assist the sick even at the risk of his own life [41] to bear witness to the mercy of God towards those sick in body and in spirit.

Faithful to this vow and to the commitment the Order wanted to maintain [42] at that time of raging hatred for God, they agreed to sacrifice their lives to affirm the eternal vitality of the Announcement of the Word through the witness of the Charity brought by Christ Jesus

These unconquered Martyrs of the Church in our day, " ..preferred a glorious death to ignominiously abandoning the field of their fraternal and charitable apostolate to aid hundreds of poor psychiatric patients and epileptic children, scrofulous and crippled people sheltered at their hospitals for the working class and the lowest strata of the population." [43]

In the midst of these two hospital orders we shall introduce the example of a religious who, not belonging to a congregation with this specific charism, but by the free choice of becoming a missionary, was a *heroic witness to Charity*—Fr. Damian de Veuster, the Apostle of the Lepers on the island of Molokai, of the Congregation of the Sacred Hearts of Jesus and Mary, also called the Picpus Fathers, who departed for the Halfway Islands to replace his brother, Fr. Pamphylus.[44]

A "yes" to God, who, by an unexpected coincidence offered him the chance to reveal with a concrete gesture the consecration of love for Him by religious vows.[45]

To go and shut himself in the hell of Molokai, where the lepers of the Halfway Islands were confined, was a free and conscious response to Bishop Maigret's call.[46]

His sweeping action astonished the world when it became known,[47] but the intention behind it was only to evangelize by attending to bodies with love,[48] in the hope he would be enveloped in the Sacrifice of the Divine Master by following Him all the way to Golgotha [49]

The Church officially recognized him on Sunday, May 15, 1994, in Brussels, when John Paul II declared him Blessed

Conclusion

The historical observation that the Merciful Love of God the Father, made visible by the Son in the preferential choice of passing through man's suffering which has embraced an army of generous souls, leads us to stress

that He acted in this way from the very start of his Incarnation

And He has done so through his Mother, who " ..appeared before Christ on the horizon of the history of salvation" (*Redemptoris Mater*, 3); the one who, as the first among us human creatures, showed the Savior to the world, Mary announced Christ before Christ announced Himself; therefore, Pope Paul VI, in the Apostolic Exhortation *Evangelii Nuntiandi*, called Mary "the star of evangelization" (no 82).[50]

On affirming, "I am the handmaiden of the Lord; let it be done to me according to your word" (*Lk* 1:38), Our Lady, overwhelmed by the infinite God-Love made man in her, ventures forth on a journey which was not at all comfortable (*Lk* 1:39) to take her assistance to her cousin Elizabeth, close to childbirth (*Lk* 1:36) A moment of joy and expectation for woman, which is, however, situated in the field of *health and illness* because of the consequences of original sin (*Gn* 3:16).

And in that specific field we find *the first announcement of salvation*. When Mary greeted Elizabeth, it was revealed to the world that the plan of salvation pre-arranged by God had begun: two as yet *unborn* lives make the *great mystery* of all time present: God-Man's saving man-sin, who exults over the liberation received (*Lk* 1:38-45).

Mary, the Mother of the Lord, "She who in the holy Church occupies the highest place after Christ and the one closest to us," [51] the special model for those consecrating themselves to live out the Evangelical Counsels,[52] points to the code of behavior:

a) faith in God and complete adherence to his project:

"Then Mary said, 'I am the handmaiden of the Lord. Be it done to me according to your word...' And blessed is she who believed in the fulfillment of the words of the Lord" (*Lk* 1:38,45);

b) complete availability and generous service:

"At that time Mary set forth towards the mountains and in haste reached a city in Judea ... Mary remained with her about three months and then went back home (*Lk* 1:39,56);

c) intimate communion with God and deep humility:

"My soul magnifies the Lord and my spirit exults in God my Savior, for He has looked upon the lowliness of his handmaiden . . " (*Lk* 1:48-49).

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[1] *Salvifici Doloris* no. 3 (Hereafter cited as *SD*).

[2] *Redemptor Hominis*, no. 10 (Hereafter cited as *RH*).

[3] *Lumen Gentium* no. 44. (Hereafter cited as *LG*).

[4] *Perfectae Caritatis*, no. 25 (hereafter cited as *PC*): "Let all religious, therefore, animated by integral faith, by charity towards God and neighbor, by love for the Cross and by hope in future glory, *spread the Good News of Christ throughout the world*, in such a way that their witness may be clear to all and our Father in heaven may be glorified" (cf. *Mt* 5:16).

[5] *Dolentium Hominum* no. 1 (Hereafter cited as *DH*).

[6] Cf. The Pontifical Council for Pastoral Assistance to Health Care Workers, *Ecclesiae Instituta Valetudini Fovendae Toto Orbe Terrarum Index* (Vatican City, 1994).

[7] A. BRUSCO, "Introduzione," *Atti (Proceedings)* of the meeting on Consecrated Life in the World of Health (Rome, March 29-30, 1993), in *Quaderni di Camillianum*, no. 4 (1993).

[8] Cf. *Christifideles Laici*, no. 34.

[9] F. ANGELINI, *Quel soffio sulla creta* (Vatican City: Pontifical Council for Pastoral Assistance to Health Care Workers, 1990), p. 169: ". The Church's evangelizing mission in the field of health directly tends towards what is essential-that is, towards creating communion, the involvement of those helping and those being helped. By evangelizing the sick, the Church realizes herself and becomes the Church with the sick. Where she cannot equality, she creates unity, by which the Lord said his disciples would be recognized."

[10] A. VANHOYE, "Consecrated Life in the World of Health: Biblical Foundations," in *Quaderni di Camillianum*, no. 4 (Rome, 1993), p. 20.

[11] Cf. *Ibid*., p. 21.

[12] *Ibid*., p. 22.

[13] JOHN PAUL II, Catechesis at the General Audience on November 9, 1988, in *La Traccia - L'insegnamento di Giovanni Paolo II* no. 11 (December 1988), p. 1570, n. 2.

[14] VANHOYE, p. 23.

[15] JOHN PAUL II, Catechesis. , *op cit*., p. 1571, nos. 3-4.

[16] *SD* no. 19.

[17] *LG* no. 44: ". The religious state more faithfully imitates and continuously represents in the Church the way of life which the Son of God embraced when He came into the world to do the will of the Father and which He proposed to the disciples who followed Him."

[18] *Ibid*. "Hence there derives the duty to labor, according to one's capacity and the nature of one's vocation, whether by prayer or by active works, to bring the Kingdom of Christ to take root and become consolidated in souls and to expand it everywhere on earth."

[19] FIORENZO Cardinal ANGELINI, "The Priest Is Called to Take the Savior's Sympathy to the Sick," in *Dolentium Hominum. Church and Health in the World*, Journal of the Pontifical Council for Pastoral Assistance to Health Care Workers, no. 15 (Vatican City, 1990), p. 60, n. 3: "If Christ, to carry out salvation, took on the condition of the least, suffering unto death on the cross, the priest, continuator of Christ's work, has the duty by vocation to encounter humanity where Christ drew near to it—that is, in suffering. This, and no other, is the way of salvation."

[20] *PC* no. 1: ". All those who, called by God to the practice of the evangelical counsels, profess them faithfully consecrate themselves in a special way to the Lord, following Christ who, virgin and poor (cf. *Mt* 8:20, *Lk* 9:58), redeemed and sanctified men with his obedience, taken to the point of death on the cross (cf. *Ph* 2:8). Accordingly, animated by the charity which the Holy Spirit infuses into their hearts (cf. *Rm* 5:5), they increasingly live for Christ and for his Body, which is the Church" (*Cl* 1:24).

[21] Cf. ANGELINI, "The Priest Is Called . .," *op. cit*., p. 61, n. 9.

[22] Cf. *Ps* 38:2; 4; 39:9; 11; 41:5; *Si* 39:9-10.

[23] Cf. *Apostolicam Actuositatem* no. 8, and the Pontifical Council for Pastoral Assistance to Health Care Workers, *Religious in the World of Suffering and Health* (Vatican City, 1987), chapter 6.

[24] Cf. the Pontifical Council for Pastoral Assistance to Health Care Workers, *Priestly Formation and Pastoral Care in Health* (Vatican City, 1990), p. 12.

[25] Cf. *PC* no. 1.

[26] FIORENZO Cardinal ANGELINI, *Quel soffio sulla creta*, cited above, p. 257.

[27] Italian Bishops' Conference, *Evangelizzazione e testimonianza della Carità. Orientamenti pastorali per gli anni '90* no. 9: "But Christian truth is not an abstract theory. It is above all the living person of the Lord Jesus (cf. *Jn* 14:6), who lives in risen form among his followers. This experience has a precise visage, old and ever new: the visage and features of love. . At all times, and by its very nature, Charity is at the core of the Gospel and constitutes the great sign leading people to believe in the Gospel."

[28] *Redemptoris Missio* no. 42: "Contemporary man believes in witnesses more than in teachers, more in experience than in doctrine, more in life and deeds than in theories ..."

[29] PIUS XII, *Discorsi ai Medici* (F. ANGELINI [ed.], sixth edition [Rome: Edizioni Orizzonte Medico, 1969], p. 4): "Since the very essence of the Gospel lies in the works of mercy (and the proof is found in the words of Christ the Judge, who will admit into the Kingdom only those who have offered the practical worship of mercy), you, like all who are more directly called to alleviate those afflicted in body and in spirit, are the *living pages* of this Divine Book, destined to show the world that Jesus Christ's message is not a dead letter, but a living substance which may always be implemented and is always implemented."

[30] J.L. REDRADO, "Evangelizationand Pastoral Care in Health," in *Dolentium Hominum Church and Health in the World*, Journal of the Pontifical Council for Pastoral Assistance to Health Care Workers, no. 12 (1989), p. 64: ". The living word of Christ must be incarnated in the life of witnesses: it is not information/instruction on Christ; it does not consist merely of sharing life with others (to be good professionals, to solve problems). To be witnesses provokes certain questions in others: Why do they act that way? Why do they live like that? Why are they with us?"

[31] SR. A. LE ROUX, of REPSA (Association of French Women Religious working in the field of health), writes (in *Dolentium Hominum*, no. 8 [1988], p. 49), "... They concretely participate in the Church's evangelical mission: to reveal the Love of God, Father-Son-Spirit, to sick, poor, marginalized men. With their healthcare and social activities, they experience their faith in God and their faith in man; they render Charity concrete, the heart of their apostolic vocation, by the choice, by the way of living interpersonal relationships inherent in their professions."

[32] *Constitution and General Provisions of the Ministers of the Sick* (Rome: Generalate, 1988), art. 28: "We profess by a public vow these evangelical counsels and, according to our charism, we make a fourth vow whereby we consecrate ourselves to serving the sick either at hospitals or in any other place, even

at the risk of our lives, in imitation of the Good Samaritan and following the example of St Camillus, who regarded the sick as "his lords and masters"

[33] Cf F RUFFINI, *La vita per Cristo* (Turin: Ed Camilliane), p 144

[34] S CICATELLI, *Vita del P Camillo de Lellis Manoscritto a cura del P. Piero Sannazzaro* (Rome: General Curia of the Ministers of the Sick, 1980), p 94: "They, knowing that they were all going to a manifest death out of love for God, thanking Holy Obedience, which had judged them worthy of this, were fully aware and willing"

[35] *Ibid.*, p 180: "..Kneeling at the feet of Camillus, they begged him with their arms held out in the form of a cross not to let them lose such a holy occasion to win that crown, which is so closely related to martyrdom.."

[36] *Ibid* p 197: ".. They exhorted each other to die willingly, regarding themselves as most fortunate in having offered their lives out of love for God and for the salvation of their fellows .."

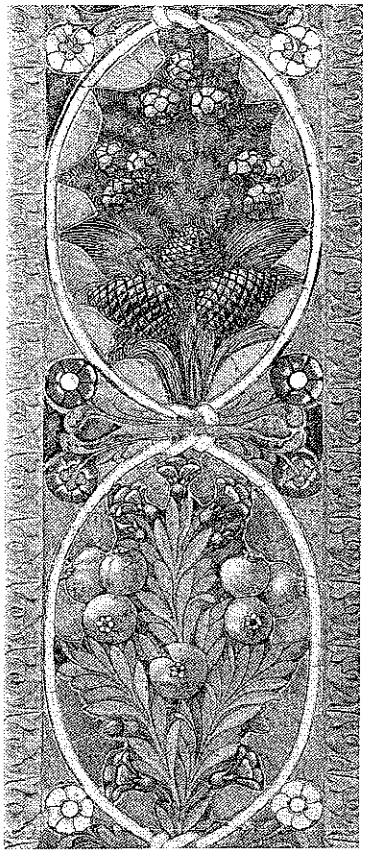
[37] *Ibid*, p 31: "In those infections, in which they lost their present, momentary lives, who can doubt that they have conquered the eternal, heavenly life and that they are worthy to be written in the book of life, in addition to being named in this simple history of mine? Since their deaths were virtually another martyrdom, as we read in the Martyrologium *(in keeping with what Eusebius says too) that in Alexandria..."*

[38] *Martyrologium Romanum a Sanctissimo Domino Benedicto XV Adprobatum* (Taurini-Romae: Marietti, 1925), Feb 28, p 76: "Ibidem (Alexandriae) commemoratio sanctorum Presbyterorum Diaconorum et aliorum plurimorum; qui tempore Valeriani Imperatoris, cum pestis saevissima grassaretur, morbo laborantibus ministrantes, libentissime mortem oppetiere, et quos velut Martyres religiosa piorum fides venerari consuevit"

[39] S CICATELLI, *Vita del P Camillo de Lellis* (Rome: Appresso Guglielmo Facciotti, 1624), p 75: "When their holy death had been communicated in writing to Father Camillus in Rome, he immediately offered their souls to His Divine Majesty as the first fruits of all the others who in the future, by this new kind of death, were to sacrifice their lives for the salvation of their fellows .."

[40] On February 2, 1994, Anniversary of the Conversion of St Camillus, the General Council of the Camillians, meeting with the Provincial Superiors of the Order in Manila, established the "Day Commemorating the Camillian Religious *Martyrs of Charity,*" which is to be observed each year on May 25, the Founder's birthday

[41] F LIZASO BERRUETE, O H , *Arrivederci in Cielo* (Cernusco sul Naviglio - Milan: Ed F B F , 1992), p. 9: "Let the brothers remember that they are obliged to offer bodily care to the sick at our hospitals, bearing in mind what they promised and that everything they do for the sick and the poor out of love for God is done to Our Lord Jesus Christ, as He Himself stated" (art 225)



[42] *Ibid* p. 17: Accordingly, on April 4, 1936 the Superior General, Brother Narciso Durschshein wrote from Rome: "After careful observation and examination of the very serious political situation in Spain..., [it has been decided that] our religious will not abandon the care of the sick until the authorities assume responsibility for them.. Let them remain at the bedside of the sick until compelling circumstances force [the religious] to leave them This will be heroic, in view of the state of anarchy which reigns, but this is what a holy duty demands

[43] *Ibid*, p 9

[44] A SCURANI, *Lebbroso per Cristo—Padre Damiano* (Turin: L D C , 1991), p 11: ".. He received minor orders on October 19, 1863 Precisely at that time his brother Augustus (who had become Fr Pamphylus) was to leave as a missionary for the Halfway Islands, but before departure he fell ill with typhus Brother Damian felt inspired to ask to take his place.."

[45] *Ibid*, p 14: Through the memory of having lain under the shroud cloth on the day of my vows, I have faced the danger of contracting the terrible disease while fulfilling my duty on Molokai"

[46] *Ibid.*, p 13: "Your Excellency, out of all the districts, mine is the one presenting the largest number of lepers Many Catholics whom I know are now confined to Molokai I already have some experience with lepers I ask Your Excellency to send me."

[47] *Ibid* p 20: "The first to break the silence was the Honolulu *Advertiser* 'We had often observed before that the poor lepers isolated on Molokai, where they are without medicines or spiritual assistance, offered Christian heroism the chance to carry out a noble holocaust We feel proud and happy to state that this hero has been found.'"

[48] *Ibid.*, p 15: "I want to convert them to God with affection In fact, if they become fond of the priest, they will readily come to love God."

[49] *Ibid* p 28: "I expect to be eternally grateful to God for this favor. The malady will advance a bit and make my way to the heavenly fatherland more direct In this hope I accept it as my personal cross and strive to bear it, according to the example of our Divine Master Help me with your prayers, I beg you, that I may find the strength to persevere and to arrive serenely at the summit of Calvary"

[50] JOHN PAUL II, at the Angelus on the solemnity of Epiphany, January 6, 1988, in *Insegnamenti di Giovanni Paolo II,* vol XI, 1, 1988 (January-April), Libreria Editrice Vaticana, 1989, pp 32-33, nos 1, 3

[51] *LG,* no 53

[52] JOHN PAUL II, "The Consecration of Religious in the Light of the Mystery of the Redemption," St Peter's, March 25, 1984, Ench Vaticanum, vol 9, no 758: "If the whole Church finds in Mary her first model, with even greater reason you yourselves find it—the persons and communities consecrated within the Church ... She was in fact called by God to the most perfect communion with her Son May she, the faithful Virgin, be the Mother of your Gospel way.."

Pastoral Care of the Sick: Stimulating Vocations to the Priesthood and the Religious Life

I was personally thrilled to be present this morning at the announcement of the establishment of the Pontifical Academy for Life I think anyone concerned about health care can recognize the tremendous importance and potential of this Academy. While it is obvious that we owe our primary debt for its establishment to our Holy Father, Pope John Paul II, it is my personal conviction that this might not have come about had it not been for the dedication of Cardinal Angelini

I have been asked to speak of health care needs as a stimulus to vocations, to the religious life and to the priesthood Many of us who, in one way or another, are deeply involved in health care may tend to forget that there is tremendous potential, not only of attracting wonderful lay people into the health care apostolate, but of attracting laity to consider becoming religious or becoming priests if this is what God is calling them to do.

Mother Teresa of Calcutta has been visiting with us in New York for the past few days. During that time it was my privilege to concelebrate Mass for her and her sisters I think that all of you who know her would agree that after meeting her, listening to her, and speaking with her, you leave elevated, inspired and deeply touched by what is obviously the work of the Holy Spirit Mother Teresa told me that on the 19th of March she will go to China, where she will open another house for her sisters, what she reverently calls a "tabernacle"; from China she will go to Vietnam, from Vietnam to Burma Mother doesn't call them houses because for her the life of a Missionary Sister of Charity must revolve around the Eucharist, and it is the presence of the Eucharist that creates community for them. She believes the presence of the Eucharist makes an infinitely greater impact than she or any other religious could make

Mother Teresa is an Albanian citizen After many years of pleading to do so, she was permitted to enter and to meet with the president, the dictator. She told him that she wanted to open "tabernacles" and then had to explain what she meant. He told her that it was forbidden to have public worship of any sort and certainly forbidden to have the Blessed Sacrament in Albania. He said, "As a matter of fact, you could be put to death."

Mother Teresa did not tell the president that by special permission she was carrying the Eucharist with her. She had a little pyx, which was suspended around her neck beneath her habit. She is convinced that it was the power of the Eucharist that finally moved the heart of the dictator so that he permitted her to open several "tabernacles " It is not inconceivable that Mother Teresa's opening of Albania was what made it possible for our Holy Father to visit there sometime afterward and to ordain four new bishops for Albania, one of them from the Archdiocese of New York. Mother Teresa has "tabernacles" in 105 countries!

Mother Teresa tells a very beautiful story which I would like to share with you.

"A girl came from outside India to join the Missionaries of Charity. We have a rule that the very next day new arrivals must go to the Home for the Dying So I told this girl: 'You saw Father during Holy Mass, with what love and care he touched Jesus in the Host Do the same when you go to the Home for the Dying, because it is the same Jesus you will find there in the broken bodies of our poor.'

"And she went. After three hours the newcomer came back and said to me with a big smile — I have never seen a smile quite like that — 'Mother, I have been touching the body of Christ for three hours ' And I said to her: 'How — what did you do?' She replied: 'When we arrived there, they brought a man who had fallen into a drain, and he had been there for some time. He was covered with wounds and dirt and maggots I cleaned him And I knew I was touching the Body of Christ'" [*A Gift for God Prayers and Meditations,* Harper & Row Publishers: New York, 1975, pp. 56-57]

The first time I read this story it took me back some fifty or fifty-five years when I was quite young. I was teaching a class in Religious Education on a very hot summer day. After class, I left the building Lying on the steps of the building was an elderly man who was very thoroughly drunk. He was filthy I looked at his feet and I thought I was having double vision I bent down and looked closely and I must confess my stomach turned over I felt completely revolted because his feet were covered with writhing maggots I realized that he had been wounded. He had a splint on one leg that had cut into the flesh and apparently had become gangrenous. He had a similar gash on the other foot with the same effect and while, of course, I'm not a medical doctor, I assumed that the maggots were eating away this gangrenous tissue.

I wanted to run It was a terrible dilemma for me. I had never seen anything of this sort But I had the loan of an old car and the training of our faith I literally dragged this man into the car. He was resistent. I took him first to a Catholic hospital, where, I regret to say all, although I carried him into the emergency room, they said they could not handle a case of that sort I took him to the general

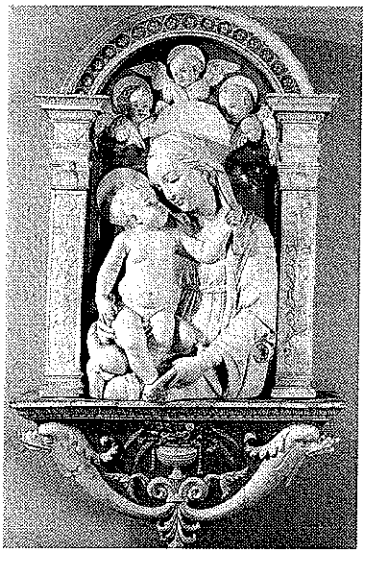
hospital I was amazed and delighted with their reception and with their taking him off my hands I went back a day later. He was clean, freshly shaved, his hair combed, wearing a clean nightdress on white sheets; he looked like a totally different person

But do I tell you that story simply because it's an echo of Mother Teresa's story about the young postulant? No. I tell you because I have been asked to address the question of the health care apostolate's stimulating vocations to the priesthood and the religious life The experience I described gave me a sense of the sacredness of the human person and challenged me to go beyond the rhetoric, beyond the textbooks, beyond the catechism of the day and to accept the reality that here was Christ. I think that's immensely important if we are going to stir up minds and hearts to pursue the possibility of a vocation to religious life or to the priesthood.

That was before I had read *Damien, the Leper* I believe that book, written originally in English, has been translated into many languages Whether or not this is the case, most of you, I suspect, are familiar with the story of Damien. Maybe I was young and impressionable but that had a profound impact on me. This handsome young Belgian man, Damien de Veuster, with a life ahead of him in his own country, had this vision that he simply had to go to work with the lepers in Molokai. He really knew nothing about them Perhaps he had only a romantic idea, but he went, virtually killing himself working for the lepers, setting up a rude dispensary with primitive first-aid type medicines, trying to help those who were beyond physical help He would say Mass for them in a crude little chapel. Despite all of his efforts on their behalf, efforts made difficult because so often they failed to appreciate what he was doing, it still wasn't enough for him

Then one day, you will remember, he spilled some boiling water on his foot and felt no pain. He knew in that moment that he had contracted leprosy. The following Sunday he began his homily not with the words, "You lepers" but "*We* lepers "

Is that too sentimental a story? Are we beyond sentiment? Do we look at the care of the



sick, the wounded, the suffering, the sorrowing purely intellectually? Can we still be inspired, whatever our age, and particularly, can we still inspire the young with the stories of the Damiens of Molokai?

I am convinced that I owe my own vocation, in large measure, to the event concerning the maggots and to my reading, rereading, and praying over *Damien, the Leper* It was to be many, many years later, as the Archbishop of New York, that in response to a plea that I do so, I went to Ethiopia. I had seen, as you have probably seen, quite a bit on television about the famine in Ethiopia. But television had not prepared me for the reality, for seeing thousands of people streaming from the mountains, desperately hungry, with absolutely nothing, having to cross a scorching desert where the heat during the day was indescribable and where the cold at night went right through their bones

I watched a long line of people pouring in to the food stations I would watch them fall. I would watch them stop to bury their dead right there. I would go into the crude tents that had been supplied but that were insufficient to hold the thousands of people who had no home. I picked up a little baby, his eyes covered with flies, which, I understand, is the result of malnutrition, among other things The baby by then was blind. That little Muslim baby died in my hands!

Each such event must intensify our sense of the sacredness of every human life. In my judgment, we must preach and teach and practice in every conceivable way a sense of reverence for every human life, a passionate conviction that every human being is literally made in the image and likeness of God That this is not an abstract; this is *reality*.

I think one of the reasons for a paucity of vocations in some countries, not in all, thank God, but certainly in my own, is perhaps *our* failure, the failure of which some of us are guilty, of not preaching ideals to the young, of underestimating them. We come to believe the propaganda that young people want only rock music and sexual permissiveness. Well, anyone who was in Denver, Colorado in August of 1993 when our Holy

Father came to the United States — after having read the newspapers prior to his coming and seen the television and having been told by the media that it would be much better for the Holy Father to stay home because thousands of young people were going to tell him how much they hate and how much they disagree with him — would have been utterly astonished because the moment his helicopter appeared in the sky the hundreds of thousands of young people who were there broke into an almost unbelievable chorus welcoming him. As soon as our Holy Father's plane touched down they began shouting, "John Paul II, we love you! John Paul II, we love you!" Our Holy Father answered, "John Paul II, he loves you!"

Then our Holy Father talked to them, two or three hundred thousand young people. What did he talk about? The sacredness of human life. It was as basic as that. It was not complicated or sophisticated; it was straightforward teaching about the sacredness of human life. Our Holy Father told them: "Christ died for every human being. Jesus came for you and for me to pick up the pieces of broken lives. Jesus said, 'Come follow Me.' He asks us to be pure and holy and to love all human persons." And the young people cheered and cheered and cheered. Have we lost sight of that? Have we lost sight of their potential for sacrifice?

About two years ago, I wrote a little column in our archdiocesan newspaper, *Catholic New York*, called "Help Wanted: Sisters of Life." After a number of years of working in the pro-life movement in the United States and having seen many, many people sacrificing in many ways (through prayer, letter writing, and efforts to change legislation) I finally became convinced that we needed a religious community totally dedicated to the cause of human life at every level, from conception until natural death. After all, throughout the history of the Church, Almighty God has raised up religious communities to meet human needs and the need of souls, souls threatened in a thousand different ways. I simply wrote:

"This column is essentially a commercial better, a 'Help Wanted' ad. I would like to establish a brand new religious community of women ...

"My community of sisters would take the customary three religious vows of poverty, chastity, and obedience, and a fourth vow to defend human life. ...

"The Sisters of Life would have two primary tasks. First, they would pray — and I mean *pray*. They would spend a significant amount of time each day in prayer. There are many wonderful efforts being carried out at this very moment within the Pro-Life Movement, many sacrifices being made by many people. There is a great deal of praying going on. But no religious community, to my knowledge, is specifically tasked with praying for life as one of its charisms.

"I am absolutely convinced that only prayer can be effective in a huge number of cases. Only prayer can change the hearts of public officials devoted to abortion and/or to euthanasia. Only prayer can move those passionately committed to 'women's rights,' or to the 'right of privacy,' exclusive of all other rights. Only prayer can dissuade some women from having abortions, some doctors from supporting abortions, some families from demanding abortions.

2 .We have a great number of wonderful religious communities in the world. Many meet many of the needs cited [in this column]. None, to my knowledge, however, I repeat, is totally devoted to defense against abortion and [so-called] "mercy-killing" by way of its very charism, its reason for being.

"Write to me if you are interested. There's a long way to go between the *idea* of establishing a new religious community and actually bringing it into existence. ..."

That was just about two years ago. Now there is a religious community in existence in the United States, the Sisters of Life. When I wrote this column many people said, "You're out of your mind! In this day who's going to answer?" I received answers almost immediately from throughout the United States, from Australia, from Canada, and from England. This particular religious community is growing quite rapidly and to me it is illustrative of the fact that the idealism and the desire to sacrifice is still very, very much alive in our young people.

I have been deeply involved in the care of persons with AIDS. When AIDS hit our society in New York, I read all that I could and talked with as many doctors as would talk with me. I felt that I could not appreciate the magnitude of this disease

adequately, however, unless I became very personally involved. So I committed myself to visiting hospitals and washing the sores of, emptying the bed pans of, and talking with one thousand persons with AIDS. After I had met with 1,100, I tried to translate this hands-on experience into action.

I was astonished at how easily I was able to attract volunteers Knights and Dames of Malta, for example, and many ordinary people, to go visit some of the many Catholic hospitals in New York that take care of persons with AIDS in the preliminary and the acute stages. Many of these volunteers are single and could certainly enter religious life or become priests. Everything is there, but *we* have to help them recognize the potential of a religious vocation. If I may turn again to Mother Teresa, there is another wonderful story that she tells:

"There is always the danger that we may become social workers, or just do the work for the sake of the work. It is a danger if we forget to whom we are doing it. Our works are only an expression of our love for Christ. Our hearts need to be full of love for Him, and since we have to express that love in action, naturally, then, the poorest of the poor are the means of expression of our love for God.

"...A Hindu gentleman said that they and we are doing social work, that the difference between them and us is that they are doing it for *something*, and we are doing it for *Somebody*" [*A Gift for God,* pp 41-42]

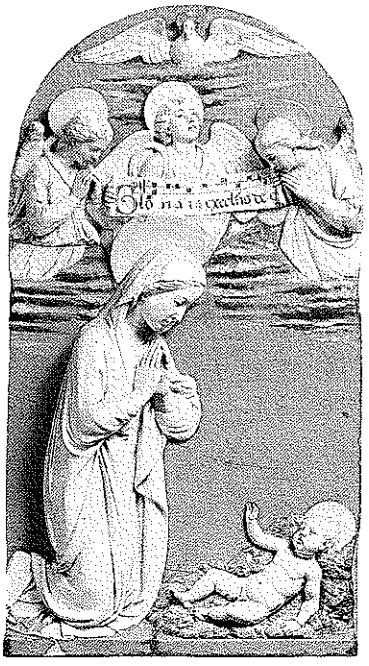
I think that we must, with great courage and without a sense of embarrassment, reach out to the young, help them sort out the needs, present them the ideals We must encourage them, of course, to engage in social, humanitarian, and charitable activities But just as important, we must forthrightly invite them to consider doing essentially the same thing, but with the charism of being a religious or a priest. I think the response could be tremendous!

I can not emphasize too strongly the enormous potential of recognizing the value of suffering. Our Holy Father, in his *Salvifici Doloris,* says:

"..The field of human suffering is much wider, more varied and multi-dimensional [than medicine]. Man suffers in different ways, ways not always considered by medicine, not even in its most advanced specializations Suffering is still wider than sickness, more complex and at the same time still more deeply rooted in humanity itself (no 5)."

Many, many of the religious communities in the world have been established by lay persons who became religious because they had suffered themselves and recognized that, as one Dominican Sister put it, "Suffering can build a bridge into the infinite"

One of the wonderful religious communities that we have in the Archdiocese of New York is called the Dominican Sisters of the Sick Poor Their foundress was Rose Hawthorne, daughter of a famous American writer, Nathaniel Hawthorne. Rose was not reared a Catholic She married a man who was not a Catholic, George Lathrop. They became Catholics, but George began drinking more and more heavily. They quarreled frequently. Rose was terribly resistent to a separation because of the potential scandal. Finally, both of them felt it essential to separate. She went into deep depression and terrible suffering in which she felt herself one with



Christ in the Garden of Gethsemane, the Christ on the Cross who cried out, "My God, my God why have You forsaken me?"

One of Rose Hawthorne's only friends, Emma Lazarus, who became famous in our country for having written the inscription that is on the base of the Statue of Liberty, died of cancer This awoke Rose Hawthorne Lathrop to the needs of the cancerous poor. Cancer was not understood in her day; it was thought to be contagious. The poor had no one to take care of them. Rose began going out into the streets of New York, bodily picking up people, carrying them into a little tenement room that she had rented, fearlessly nursing them with her own hands, even though cancer was considered contagious, and on the basis of this experience established this branch of the Dominican Sisters One of their rules is that they take no money from patients. It is one of the most beautiful communities that we have and was initiated in an appreciation of suffering.

I preach a great deal about suffering I find that young people are attracted by this. When I talk to them about their own pains and sorrows in life, even at tender ages, I remind them that they can unite this with the sufferings of Christ on the Cross and thereby become powerful individuals. I never visit someone seriously ill in the hospital without reminding that individual that if they unite their sufferings with those of Christ they could help save the world. If the person who is sick is a priest or a religious, I remind that individual that Christ did not save the world simply when He was preaching, teaching, and working spectacular miracles, but when He was helpless on the Cross I remind them that in their helplessness they are far more powerful than they were before.

Finally, I suggest if we are going to attract individuals into religious life or the priesthood by way of holding out to them the potential of a health care apostolate, then we have to do what is becoming increasingly difficult today — we must deemphasize the *business* aspect

of health care and the competitive marketing language that even we in our Catholic hospitals have come to use in health care. We must be careful not to look at individuals, sacred persons, as hospital beds. I am not speaking naively. We have 18 Catholic hospitals in the Archdiocese of New York, 16 Catholic nursing homes, 14 Catholic Child Care Institutions, many clinics, special ministries for persons with AIDS, and so on. The annual operating cost of our Catholic Health Care System is $1,500,000,000. So I can not be naive about the cost of health care. We do not have at this time any form of socialized medicine in the United States and, consequently, to raise the monies to support Catholic health care is a tremendous struggle We are bound by many regulatory procedures, many government interventions

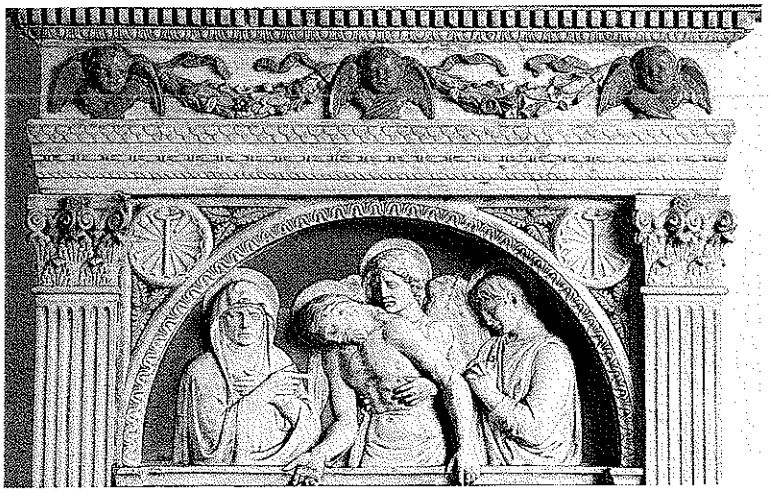
Indeed, as an example, in one of our cancer hospitals, where previously patients lived for only six weeks at most — because they had been referred from acute care hospitals and were about to die — now, because of various palliative medicines which almost completely obliterate physical pain, and for various other reasons, many of these patients live a year, even longer, and many are able to go home for periods of time with home care help. We have recently been warned by our major insurance carrier that we are keeping people alive "too long" and that if we continue to do so, we will loose our health care insurance!

I am very familiar with the commercial and the financial pressures on Catholic health care. I live with it, I breathe it. Yet we must somehow transcend this and not let ourselves begin thinking about patients in terms merely of length of stay We cannot think only about how to meet various governmental requirements, how to move people out of beds, how to move people into beds, how to compete with other hospitals, how to network so that we compete with other hospitals. These are all valid anxieties, but it is so easy to forget that health care is a *vocation,* an *apostolate*. We can not attract vocations to this, I believe, unless we can show that we are deeply devoted to the human person

In conclusion, two brief statements For us — for religious, for priests — the primary concern must be the salvation of the soul of the patient in our care Health care can not stop with the body In working with persons with AIDS, I have discovered that despite all of the efforts to come up with medications that will prolong life or ease life materially, a perfectly desirable goal, we have failed to provide adequate *spiritual* care for persons with AIDS. There may be a tendency to believe that they will not respond to spiritual ministries, that they will look only for what we can do for them as diseased persons, physically or medically But I have found so many who respond when we talk to them about their immortal souls, when we say to them, "I don't care how you contracted AIDS; I don't care what your religion is; I don't care what your sins have been; I don't care what your background has been. You now have a wonderful opportunity to prepare for eternal happiness because God is waiting to receive you into His arms if you will only open yourself to Him " I have seen so many, many die of AIDS, but more serene than many persons that I have seen die of many other illnesses or wounds

There is no magic formula for attracting vocations. In response to one who asks, "Why can't we simply leave the health care field totally to good, decent, dignified, responsible lay persons" I quote Pope John Paul II. Speaking of religious life, he says, "What counts most is not what religious *do,* but what they *are* as persons consecrated to the Lord" [*Message to the Plenary Assembly of SCRIS,* March 1980] Religious and priests bring a special charism just by their *being*. What a tremendous contribution we could make, not to health care in general, but to persons in need, if we could generate through the grace of God multitudinous vocations to the religious and the priestly life!

JOHN Cardinal O'CONNOR
Archbishop of New York
Member of the Pontifical Council



Women Religious and Their Mission in the Field of Health

Introduction

I want my initial words to convey gratitude to the organizers of this Assembly for the invitation I have received and the opportunity offered me to say something about *women religious in health care and their mission*—a group to which I belong

My talk will be based on what women religious have said about themselves I feel this is the way to be most faithful to reality

On accepting the commitment requested of me to speak on this subject, I felt it would be too pretentious to set myself up as a spokeswoman for so many religious without knowing the facts regarding them: the fields where they carry out their apostolic action, the resources they have, the support they get from public agencies and the representatives of local churches, and so on

It was hard for us to obtain general statistical data on action by women religious in health care because they do not appear as such. The *INDEX—Ecclesiae Instituta Valetudini Fovendae Toto Orbe Terrarum* published in 1986 by the Pontifical Council for Pastoral Assistance to Health Care Workers and revised in 1994 offers valuable information revealing the Church's action in the health field

In the second edition, which we are now receiving fresh off the press, information is much broader and more precise, but it is still not possible to see worldwide action by women religious in health care in numerical terms.

If we go by approximate data, the women devoted to health and social services amount to 40% of the total; out of 875,332 religious in the last Pontifical Directory, there are thus 350,139 women in health care around the world. The highest percentage is in Europe (50%), followed by the Americas. 30% of the total is found in Latin America.

DISTRIBUTION OF THE QUESTIONNAIRES RETURNED					
CONTINENTS	REGIONAL ORGANISMS	GENERAL CURIAS	PROVINCIAL CURIAS	COMMUNITIES	TOTAL
Africa	—	—	1	—	1
L America	1	9	25	1	36
Asia	—	—	1	—	1
Europe	3	5	16	6	30
TOTAL	**4**	**14**	**43**	**7**	**68**

In order to hear the voice of these women religious themselves I drew up a questionnaire which was distributed by the Provincial Superiors of my Congregation to different countries in Europe, Asia, Africa, and South America

The response to my request was not long in coming, with 68 replies from these continents.

I think the number is sufficient to grasp the awareness of a high percentage of the women religious involved.

— The lack of input from Asia and Africa is compensated for by the picture conveyed in the questionnaires filled out by the General Curias (21%), since they have institutions all over the world.

— The Provincial Curias (63%) and the Regional Organisms (5%) broadly express the feeling of religious women in Europe and Latin America, a continent where, as we stated, there are a great many of these women.

I take this opportunity to convey sincere thanks to all those religious, Congregations, and Federations that responded to the questionnaire.

After gathering together all this material from the questionnaires, which I use as a source of information, it struck me as appropriate to adapt its dissemination to the method consisting of "Seeing/Judging/Acting." Under "seeing," I present what the women religious in health care say about this sector in relation to

a) the world,
b) the Church, and
c) their concrete reality

Under "judging," I comment on the challenges which the health world presents for this form of religious life.

I identify "acting" with the message women religious in health care are presenting to the next Synod of Bishops

I. SEEING

a) In the World

In developed countries, characterized by pluralism, stress on technology, secularism, and pragmatism, health services, the religious state, are supervised by government and in economic terms cover most of the population.

The demand for professionalism has affected all personnel acting in health, including religious.

In addition, technical-professional qualifications are the only standard for evaluating personnel, to the exclusion of other aspects, such as the human, religious, and ethical dimensions.

We also observe that in these same countries inequalities are growing: those well-off progress while new forms of poverty and

new illnesses are arising which remain outside the domain of public assistance.

As a result, it may be said that the health sector in these countries has one of the highest technical and professional levels while at the same time being one of the most dehumanized areas, for man is reached only from a technical standpoint, almost always to the detriment of human attention

In developing countries, the phenomenon has different nuances: government does not provide for the health care of their citizens, and, given the lack of resources in most of the population to pay for medical attention, people are deprived of this indispensable good for life

b) The Church and the Health Sector

The Church has in recent years paid special attention to health, according to the religious, as confirmed by the documents of the Magisterium of John Paul II, among which the Encyclical *Salvifici Doloris* stands out, the Church's cry of solidarity in the face of pain; the establishment of the World Day of the Sick; and the Pope's multiple addresses to the sick and health workers.

The creation of the Pontifical Council for Pastoral Assistance to Health Care Workers deserves special mention, instituted by John Paul II with the Motu Proprio *Dolentium Hominum* and directed by His Eminence Fiorenzo Cardinal Angelini over its nearly ten years of existence.

The numerous initiatives taken to develop pastoral care in health may be regarded as a special manifestation of the Church's concern for man, especially when he is needy and ill.

On the level of the local Church, we also note this same sensitivity to the world of health, which, joined to a greater sense of belonging to the Church among women religious, is favoring global pastoral care through the specific contribution of each charism

And yet there still exist local Churches, the women add, which do not have a pastoral project in health, and they censure some bishops and priests for their lack of concern over the reality of the sick

c) Women Religious in Relation to the Health Sector

1. *The Feminine Dimension of Women Religious*

As women, these religious in health care have always been characterized by their capacity for generous self-giving, a spirit of service, and closeness to the sick.

The most notable gestures of welcoming and hospitality have been performed by women The receptive traits of charity, delicateness, gentleness, gratitude, sacrifice, solicitude, and special dedication to those suffering are sacramental gestures of the maternal love of a God who is near, merciful, and always faithful, gestures which these religious reproduce through their feminine experience. Consecration, expressed through religious vows, strengthens and tends to bring to fullness the characteristic traits of their femininity These religious in health care are women destined by God to engender, communicate, and care for life.

Through her condition as a woman, this religious contributes to the Church's universal mission, joining her strength to that of the hierarchy and of lay workers and sometimes taking on responsibilities which are more in keeping with the concerns and claims of women in our time

2 *Concrete Action by These Religious Today*

We observe that these women have realistically confronted, not without suffering, the problematic state of the health world at present in developed countries. In some cases they have abandoned the classical forms of care at large hospitals, transferring the community outside the hospital enclosure, professionalizing their services, and adapting themselves to the demands of hospital organization.

These and other factors have contributed to a decrease in the number of religious at the major facilities and a consequent a loss of influence, according to the survey.

In this move by women away from the hospital environment, a sector of vital importance has also been abandoned: teaching at nursing schools, where religious have fostered not only high professional standards, but also the instilling of ethical and moral criteria among future health professionals In this regard it is proper to acknowledge that such religious life in health has spurred major hospital institutions and nurtured, by way of example and teaching, a large part of the healthcare culture prevailing today.

But new social needs have aroused new responses by women's religious life in this field. Accordingly, in small communities close to the environment and way of life of the sick and marginalized, they have created health and hospitality services for drug addicts, chronic psychiatric patients, the elderly, AIDS victims, and others.

In developing countries these women locate mainly in rural areas and conflict zones; in these places they provide for health education of the population, alternative medicine, and training health leaders, in addition to direct care

The ever larger group of retired religious continues its evangelizing action in this field by accompanying the sick or contributing to other pastoral endeavors in health care and in making conditions more humane.

The permanent drop in vocations and the insistent call by Vatican II for communion have fostered collaboration among congregations and with other Church bodies, and joint programs aiming to provide committed, up-to-date responses in this sector are common

Similarly, the reduced role of women's religious life in health has favored greater collaboration with and appreciation of the laity's mission, not just out of necessity, but through a sense of communion and awareness of the laity's function in the Church

Changes in the world in general and in the health area in particular have produced a need for ongoing, gradual, and integral education of these religious which must include theology,

pastoral care, and health ethics in order to deal competently with the exigencies which are constantly emerging.

In the light of this changing situation, women religious in health ask themselves about the validity of their service as a means of evangelization; they wonder if it is a "readable" sign in an environment which is professionalized and technified to the utmost, or whether they should devote themselves to the full, and exclusively, to pastoral care and promoting humanity in medicine.

Furthermore, the new generations of women religious in health are not in harmony with the type of care offered at the large, complex hospitals; they tend to gravitate towards more marginal, less sophisticated services fostering greater closeness and more of a role for the beneficiaries. In the face of this trend, the women ask, How should we form our young sisters? What model for religious life in health can be offered them?

Finally, the religious stress that in a secularized, neo-atheistic world *the health facilities of the Church and of the religious congregations* find it very hard to preserve and strengthen their Christian identity and wonder what means to use. How can the Church support health institutions? What new forms should be promoted so as not to abandon this special field for evangelization?

Before concluding this chapter, I want to describe how women religious in health are living out their fundamental option to follow Christ today. They say greater reflection and examination have been devoted to the theological meaning of consecration, and this has led to living out the mission as complementary to that consecration; new value has also been attached to community life, a sacrament of communion in a fractured, dehumanized world. There has been personal and community growth in faith and charismatic options, fostering a greater sense of identity and belonging and a rereading of the charism in each historical and cultural situation.

II. JUDGING

I shall now take up again some aspects described under "seeing" so as to describe, in the light of the Word of God and the Magisterium of the Church, what helps or impedes the evangelization of the world of health and the way women religious are involved in it.

The developed world we have described presents religious women with a certain inversion of values, with a primacy of the material, the secular, and technology; nevertheless, "the Church's mission of helping the sick is carried out in the spirit of charity prompted by the Lord Jesus Himself, who promised to bless those serving the least of his brothers and sisters (cf. *Mt* 10:22).

The primacy of those human or secular values casts doubt upon the very consecration of the woman religious in health, her very identity as a consecrated person, and she must thus seek essential criteria to ground her option. It is John Paul II who offers them.

"Revive the charism and fidelity to the evangelical counsels through constant spiritual renewal, to which the first place must always be granted in promoting external works (PC, 2). *Respond to the religious and social challenges with an intense inner life, a more vital and profound prayer, a real spirit of sacrifice and renunciation of the mentality of the world and with the unity of hearts and the generosity of witness"* (To the UISG, May 14, 1993).

The human rights of the sick continue to call for integral care; they struggle for the primacy of the value of the person and demand ethical criteria, in the world of health, too, both in individual practice and at facilities. The Church's posture is categorical in this regard, as the following words testify.

"The solicitude of the Church and of her magisterium is manifested, not in the name of a special competence in the sphere of the experimental sciences, but, rather, with the intention of reaffirming 'the priority of ethics over technology,' the 'primacy of the person over things,' and the 'superiority of the spirit over matter'" (*L'Osservatore Romano*, May 28, 1993, the Pope's address to a group of physicians).

The testimony of the woman religious in health in a life of dedication, defending *the rights of the sick* and humanity in care, is itself the concrete response which she must give as a consecrated person. This was confirmed by John Paul II in the words he addressed to women religious when visiting the Rome's Ophthalmologic Hospital (March 22, 1991).

"The charity of Christ (cf. *2 Co* 5:14) *spurs you to do your utmost for the sake of the physical and spiritual health of man, through competent, generous service aimed at the advancement and defense of life and respect for the dignity and fundamental rights of the human person."*

We observe with ever-increasing clarity that it is urgent to overcome individualized action, promoting a presence in communion, creating groups of committed professionals who can forcefully make an impact on basic health organization and approaches The following commentary reinforces this idea

"It is important to work together, not each on his own but in a spirit of communion, respecting the duties of each and trying to value them to the utmost, so that they will contribute to the welfare of the sick and their relatives as well, who live through this event with concern and anguish" (John Paul II's visit to the Sandro Pertini Hospital in Rome, January 3, 1992).

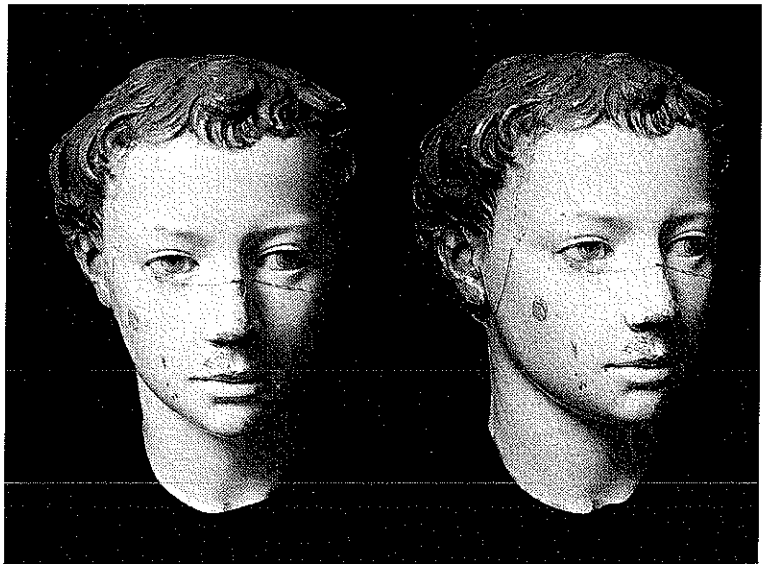
It is appropriate to analyze whether *the move by women religious* from the complexity of large facilities towards new forms of social poverty is motivated by current urgent needs and responds to the signs of the times or whether it is instead a flight from the difficulty of being a leaven for evangelization in the technified, complicated world of health care, especially in the developed countries.

Rather than a flight, the Pope asks us for an effort and tells us we are needed to overcome what continues to be the drama of our times: the break between the Gospel and culture (cf. *EN*, 20)

"Your charity is necessary nowadays in the world of illness and marginalization, as a result of the innumerable stimuli in the opposite direction which can be observed in the affirmation of a mentality and a lifestyle inspired by consumerism, immediate selfinterest, and indifference, which again call into question the great human and Christian values which impregnated the culture of the past" (John Paul II, in his visit to Rome's Ophthalmologic Hospital, March 22, 1991)

The great events in man's life, birth, illness, and death, take place in a hospital environment The Church must support these moments in all her healthcare institutions through the presence of women religious or other pastoral workers and not abandon this special terrain where man asks himself the major questions: Who am I? What is the meaning of my life? Why am I ill? Is God good? What does it mean to die? John Paul II tells us where the answer lies.

"In the cross, and nowhere else, it is necessary to seek the answer to the basic questions man poses for himself on the meaning of life and death, of pain and the final destination of his earthly pilgrimage. Here one must seek the door to hope which does not disap-



point, as well as the ultimate reason for life, lived as a gift of love for God and one's brothers and sisters" (To the sick at the Ophthalmologic Hospital in Rome, March 22, 1991)

In the developing countries, where poverty surpasses every limit, violence is growing, human rights are being violated, the number of the marginalized is increasing, and women religious in health care are challenged to live in solidarity and generosity to serve wherever needs are most urgent, and to fight against unfavorable health policy, proposing an allocation of health resources which will benefit the poorest. It is also our Pontiff who continually encourages women religious in health to live out this prophetic dimension.

"Be close to the least and the abandoned, practice hospitality, promote and sustain all initiatives to serve the suffering, exalt the grandeur and dignity of the human person and [the person's] eternal destiny. Be witnesses to the Church's love for those suffering and to her predilection for those most tried by evil" (John Paul II to participants in the Fourth International Conference of the Pontifical Council, devoted to AIDS, in *Dolentium Hominum,* no. 13 [1990]).

III. ACTING

Women religious in health, in the present circumstances, feel a profound call to *conversion and generosity,* demanding of them a radical commitment to the most urgent situations, wherever human meaning is at stake.

They know that this *conversion* is, above all, a return to the essence of the Gospel, on the basis of which they may respond to the challenges of the world of health.

The generosity of women religious in health care to continue to be a prophetic announcement of God, an announcement of the loving mercy of the Father in a world in pain, helps them and gives them strength to take on the new commitments which appear and enables them to adapt to new styles more in keeping with human needs today.

Message of Women Religious in Health Care to the Synod of Bishops

On the basis of these attitudes of conversion and generosity these women religious propose to the Synod some orientations for action which they regard as a priority, not just for their own religious life as women, but for the good of the universal Church and for the sake of greater evangelization and witness.

1) The need to revitalize bonds between the bishops and these religious in the Dioceses where they work.

We request greater sensitivity from bishops to the health sector, which will be achieved through joint theological and pastoral reflection and ecclesiastical orientations in the area of ethics and morality as regards this same world of health.

The health field is quite complex, and improvising is not possible there; rather, it is ineffective, as is sporadic action. Programs for the healthcare ministry are needed.

2) In training future priests, pastoral care in health should be provided for, so that they will gain sensitivity and preparation to look after and listen to the sick.

Hospital chaplaincies and guidance for the health apostolate require priests with a vocation, in addition to training in all that concerns the questions in health ethics, morality, and human relations at the critical time of illness.

3) Women religious in health care ask for *light and guidance* on the most appropriate and timely way to be present in hospitals and other health facilities, so as to determine whether they should enter fully into health professions, devote themselves more to pastoral work, or abandon the administration of facilities.

4) The Pastors of the local churches should be urged to support the formation of this mode of religious life in the context of pastoral care in health; nursing schools should be recovered, or other institutions for training health professionals with Christian convictions.

5) A permanent relation should be fostered between the parish and the health facilities (hospitals or other types) located in its territory.

6) The Christian community should be made more sensitive to the role of this form of religious life in the Church.

7) The rights of women religious should be defended at public facilities.

* * *

"Do it [all] in a religious spirit out of love for Jesus, and every effort will become slight for you and will bring you great consolation, in the knowledge that you are pleasing Jesus and Our Lady"

(Benito Menni, *Letter* 456.3)

Sister TERESA LÓPEZ BEORLEGUI
Superior General of the Congregation of Hospital Sisters of the Sacred Heart of Jesus
Member of the Pontifical Council

The Place of Pastoral Care in Health at the Synod of Bishops

1. The Importance of a Place

An initial consideration will serve to bring out fully *the importance, and, even more, the specific place which a Synod of Bishops can and should reserve for pastoral care in health.* This importance and specific character depend on the Synod's very sense of life and of the Church's mission in the world.

The experience of the Synods in the wake of the Council (which has now continued for thirty years) and the theological-pastoral reflection accompanying it clearly and precisely define the identity of the Synod and, therefore, its nature, meaning, finality, and characteristics. It is a typically ecclesial identity, inasmuch as *the Synod is an exceptional "place" and "time" in the Church's life and mission.* Indeed, in the presence and participation of Bishops from all over the world, the life of faith and the pastoral concern of the particular Churches are reflected: at the same time, this life of faith and this pastoral concern are stimulated and renewed by the Synod's work.

Particularly, the Synod makes possible and deepens *the experience of communion of and in the Church.* It might be described, in a certain sense, as a kind of "sacrament," or visible and efficacious sign of Church communion. The Synod sessions continually witness to, and at the same time nourish, the communion of the Bishops with the Holy Father, of the Bishops with one another, of the Pope and the Bishops with all the faithful. In the person of the Bishops, the Synod thus becomes a "place" and "time" of encounter and dialogue for the different particular Churches scattered around the world: for mutual knowledge, for an exchange of experiences, for shared reflection, for joint participation in discerning ecclesial and sociocultural situations so as to propose to the Holy Father suggestions, requests, and useful orientations for the exercise of his ministry as Father and Pastor of the universal Church (these are the final *propositiones*).

The foregoing reflects the visible expression of the persons involved, the words and gestures of the Bishops meeting at the Synod, but also, and above all, *the presence and action of the Holy Spirit.* As the "soul of the Church," the Holy Spirit is the first and leading "actor" in the work of the Synod.

Let us listen to the Holy Father, who expressed himself as follows in his closing address at the 1990 Synod: "In the widely diverse circumstances in which the Church of Christ carries out her mission today, *the Synod is at the service of the unity of the Church,* the mystery of communion reflecting in herself the very Trinitarian mystery of God. The Synod constitutes a singular experience of episcopal communion in universality reinforcing the sense of the universal Church, the Bishops' responsibility towards the universal Church and her mission, in affective and effective communion around Peter. Thanks to the institution of the Synod, it becomes possible by periodic stages to make the voice of the different particular Churches be heard and listen to the experiences of our brothers in the Episcopate, as has occurred at this Synod, where, for the first time, representatives of some Eastern countries have taken part" (October 27, 1990).

It is this exceptional sense of "ecclesiality" and episcopal ministry at the Synod which bestows significance on the place it reserves for dealing with the varied pastoral problems of the Church at the present time. And there is no doubt that, among these problems (and not occupying the last place), is pastoral care in health (concerning of illness and health, suffering and death, and, in broader, more meaningful terms, of human life as such). For this reason, the more we know and appreciate the nature, finality, and authority of a Synod, the more we should expect that such an episcopal assembly will consider pastoral care in health more and more explicitly: as regards the Synod on consecrated life, this consideration will particularly refer to the place and role of the persons whose consecration is bound up with the health ministry.

2. Listening to the Word and Life Experience

The reflection and pastoral concern of the Synod of Bishops on various subjects proposed always start from reference to the Word of God. *In principium erat Verbum* the beginning of the Gospel according to John (1:1) also states the logic inspiring and guiding the Synod sessions. And it cannot be otherwise, if the Synod is a special place and time in the life and mission of the Church, that is, of an evangelized and evangelizing community, of a community which "listens religiously to the Word of God" and proclaims it "firmly" (*Dei Verbum,* 1).

The Word inspiring and guiding the Synod sessions *is not only the "announced" word,* which is also present in the written documents of the Magisterium of the Church. *It is, in addition, and no less so, the word "received in existence"* and, therefore, believed, lived out, present and active in the living witness of all the members of the Church. In reality, it is the whole Church in her life experience

that, in Gospel discernment effected with the light and power of the Spirit and under the guidance of the Pastors, becomes a specific terrain from which the reflections, evaluations, and indications of the Bishops at the Synod emerge. As the Constitution *Dei Verbum* states, "The Church, in her doctrine, life, and worship, perpetuates and transmits to all generations everything she is and everything she believes in" (no. 8).

Now, in dealing with "Consecrated Life and Its Mission in the Church and in the World," the next Synod certainly cannot dispense with careful consideration of *the presence of persons in consecrated life within the sphere of the health ministry*. We are faced with a presence which *imposes itself, indeed, in a quantitative sense:* for there are so many religious men, and a very large number of women who live out their consecration to God and their participation in the Church's mission through pastoral care in health.

I am not familiar with the statistical data for the universal Church. I shall limit myself to data for the Church in Italy, where 456 different religious families are variously involved in the apostolate of illness and health: a real "army," if I may be allowed to call it such, of guardians and servants of life in the most difficult and precarious situations. These men and women religious (not just those who have received from their founder or foundress a specific charism to love and care for those sick and suffering) who bear the brunt of the health ministry, who help their suffering brothers and sisters to seek and find the "human and Christian meaning" of illness, suffering, and death, and who introduce energies for greater humanity into places and environments running the risk of turning into places and environments of abandonment and despair.

And if this is an unequivocal fact forming part, in such broad terms, of the experience of pastoral life of so many men and women religious, the Synod's consideration of their mission in the Church and in the world, if it wants to show respect for current reality, must reserve *special care for studying, deepening knowledge of, recognizing and valuing the charism of consecrated life in the field of illness and health*.

3. Suffering Man, the "Way of the Church"

The need for consideration by the Synod of Bishops of pastoral care in health, which involves persons in consecrated life, does not derive only from the *fact* of their singular presence in this field: it also derives, above all, from the *objective place* which illness and health occupy in the Church's salvific mission.

All of us know what this place is, and it is thus not necessary for us to dwell upon it. We have been reminded of that place, in a broad and deep manner, in the light of faith and human experience itself, of the Holy Father's own experience as well, in the Apostolic Letter *Salvifici Doloris* of February 11, 1984.

It suffices for us to recall the initial statement in this Letter and re-read it in terms of the Church's evangelizing mission.

After having cited the well-known sentence in his first Encyclical, *Redemptor Hominis*, in Christ "every man becomes a way of the Church" (no. 14), the Pope affirms, "It may be said that *man in a special manner becomes the way of the Church when suffering enters his life*. Therefore, since man throughout his earthly life advances in one form or another along the way of suffering, the Church at all timesshould meet man precisely on that way. The Church, arising from the mystery of redemption in the Cross of Christ, is obliged to seek the meeting with man particularly on the way of suffering. In that meeting, man *becomes a way of the Church*, and this is one of the most important ways" (no. 3).

The Church *goes out to meet suffering man, with the Gospel*. In fact, evangelization is the central, distinguishing, and, in a certain sense, all-embracing content of the mission of salvation the Church has received from her Lord. He Himself announced the Gospel of the Kingdom of God, of his saving love. He Himself is the personal, living Gospel that the Church, his bride, receives as a gift, with the responsibility of offering it, in turn, to each and every man: "Go throughout the world and preach the Gospel to every creature" (*Mk* 16:15). There is also the *"Gospel of suffering," announced and witnessed to by Christ Crucified and Risen again*. And it is this Gospel which reveals the meaning, both human and Christian, of suffering and dying. It reveals that meaning and at the same time *gives the grace to live it out personally and place oneself at the service of others* so that they, too, may know and live out that same meaning. In this way, the announcement of the Gospel of suffering leads to charity towards the sick and the suffering. As the Pope writes in *Salvifici Doloris*, "Christ has at the same time taught man to *do good by suffering and to do good to those suffering*. Under this twofold aspect, He has uncovered the meaning of suffering in its depth" (no. 30).

In the field of illness, evangelization and human advancement

are thus joined in profound unity. This is the messianic program of Christ, according to the announcement by the Prophet, to whose fulfillment in Himself Christ at the Nazareth synagogue testifies: "The Spirit of the Lord is upon me; he has thus consecrated me with anointing and has sent me to announce to the poor a joyful message, to proclaim liberation to those captive and *sight to the blind,* to set free the oppressed and preach a year of grace from the Lord" (*Lk* 4:18-19) *It is the Church's pastoral program itself,* and, in her and through her, that of all her members: including, of course, the persons in consecrated life.

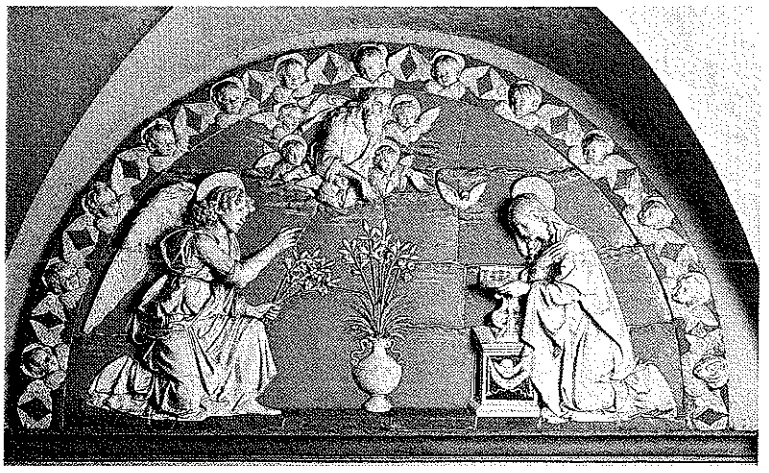
4. A Grace and a Responsibility for All

The Church that with the Gospel and the charity of Christ, goes out to meet the sick and those suffering is the entire Church, in all her members: the grace and the responsibility of announcing the Gospel of suffering and bearing witness to the Lord's love and service for sick and suffering man is for everyone, without exception.

In reality, the Church, in her healthcare apostolate, intervenes with *the variety of the charisms, vocations, and life conditions* of her faithful: therefore, with priests, religious, and lay faithful. With variety and, at the same time, *with that unity* which constitutes the Church's most precious good. *All together, each with his or her gift:* each and every one guided by the same Spirit and directed towards the common edification of the Body of Christ. "The Church," we read in the Exhortation *Christifideles Laici,* "is directed and guided by the Spirit, who grants different hierarchical and charismatic gifts to all the baptized, calling them to be active and responsible, each in his or her own way" (no. 21)

It is interesting to observe that the Synod of Bishops on the "vocation and mission of the laity in the Church and in the world, twenty years after the Second Vatican Council," in 1987 repeatedly considered the sick and those suffering as the end and principle of pastoral care in health. The Apostolic Exhortation *Christifideles Laici* following the Synod I have just cited renewed, reformulated, and developed such considerations in two broad and concentrated sections, nos. 53 and 54, in the significant fourth chapter, entitled "The Workers in the Lord's Vineyard." It immediately states that the sick and those suffering are regarded as "active and responsible subjects" of the work of evangelization and salvation: "One of the fundamental objectives of this renewed and intensified pastoral action, which cannot fail to involve all the members of the Church community in orderly fashion, is to consider the sick, the disabled, and those suffering, not just as the end of the Church's love and service, but *as the active and responsible subject of the work of evangelization and salvation"* (no. 54)

The allusion I have just made to the presence, in the 1987 Synod and the Exhortation *Christifideles Laici,* of the topic of the healthcare ministry in the context of an ecclesiology of communion and mission leads us to believe that the Synod on consecrated life will also not fail to reserve adequate attention to the presence of men and women religious in pastoral concern for illness and health.



5. Pastoral Care in Health in the *Lineamenta* of the 1994 Synod

In the *Lineamenta* for the next ordinary assembly of the Synod, more or less direct allusions to the healthcare ministry by persons in consecrated life are not lacking I do not know if these allusions will be included, or in what form, in the *Instrumentum Laboris* we are awaiting.

If I am not mistaken, the most explicit notes on the subject are found, firstly, in the Second Part, entitled "Consecrated Life in the Church and in the World Today, secondly and thirdly, in the Third Part, devoted to the "Mission of Consecrated Life." In speaking of "new values and dimensions of consecrated life," the *Lineamenta* recall as a fourth topic "The New Social Sensitivity to the Oppressed and Marginalized" ; attention to ethnic minorities and the new poverty in contemporary society has involved new apostolic and missionary modes of presence and options, in new fields and areas of apostolate, even as a concrete response to the *exigencies of Gospel charity and justice,* to the updating of the basic charism, and to the desire to make the Church present and active among the least ones, with whom Christ mysteriously identified Himself (cf. *Mt* 25:35-40)" (no. 27)

In dealing with "The Mission of Consecrated Life in the World," and particularly "a peculiar witness to love for God in the world," they also write, "With their charisms and services, they want to make the Gospel of the Beatitudes and of the works of mercy operative. Consecrated life today enters our society with multiple apostolic services provided to our brothers and sisters, according to the different charisms, in a magnificent expression of the charity of Christ for the integral preparation of persons, from literary programs to the education of children and young people, for the treatment of the sick and the care of those suffering, of the elderly and needy, of the disabled and marginalized in society" (no. 44).

6. A Larger Place for Pastoral Care in Health Is Needed

There is no doubt that in the *Lineamenta* (and, we hope, even more so in the *Instrumentum Laboris*) other elements can already be found which, at least in an implicit or applied manner, illuminate a pastoral presence of men and women religious in the sphere of health care.

On the other hand, there is no doubt that a larger place must be reserved, with direct and explicit consideration, for pastoral attention to sickness and health by persons in consecrated life. And this must be understood in both general or common and specific terms.

In general terms, *the healthcare ministry's "right to citizenship" in the Church's overall pastoral care* should be affirmed. We thereby wish to recall that the health apostolate is a legitimate, necessary, and indispensable part of the Church's pastoral care as such (that is, her action to announce the Gospel and witness to charity). Beyond the theoretical affirmation, which is difficult to observe, we must place ourselves on an operative level. And here there emerges *the responsibility of everyone* as regards that "right to citizenship" : a responsibility not just to defend it, but also and above all to promote it. In a certain sense we may say that *the authenticity and vitality of the Church's pastoral action are measured in no small degree by the esteem* which is reserved and the commitment taken on in the sphere of pastoral care in health. And it must also be added that each sector of the Church's pastoral care (let us recall catechesis, liturgy, charity, and social communications, for example) should always remember that, among its target groups and, at the same time, main actors, it can assume, and in fact does assume, the presence of the sick and those suffering. And in any case, beyond the presence of the sick and the suffering, these different sectors of pastoral care are called not to neglect (in terms of announcement, celebration, service, or communication) the subject of illness and suffering.

Specifically, the Synod of Bishops could *mature reflection to define better the "role" and "place" proper to consecrated persons in the health apostolate,* through a carefully examined comparison between the meaning of religious consecration and mission and the task which men and women religious consistently have in the field of illness and health. It is a theological, pastoral, and spiritual reflection which is still open and for whose sake we shall offer some brief observations.

The first one starts from the *eschatological dimension* which properly and specifically connotes the vocation of persons in consecrated life: they are a "sign," a "more transparent sign" of the coming Kingdom of God, also under the aspect of a fullness of life and happiness. It is precisely faith in future "glory" (the hope of glory, the Apostle Paul would say) which can give "meaning" to the present life in all its situations, even in those of illness and suffering. As a disabled person stated before the Synod, in the Assembly of 1987, "it is of great importance to bring out the fact that the Christians living in situations of illness, pain, and old age are invited by God not only to join their pain to the Passion of Christ, but also to receive in themselves even now and to convey to others the Risen Christ's power of renewal and joy (cf. *2 Co* 4:10-11, *1 P* 4:13, *Rm* 8:10 ff.)" (*Christifideles Laici,* no. 53).

A second observation is suggested to us by religious "consecration," understood as complete and definitive dedication to God as the supreme and only Good: this dedication is the sign and fruit of faith, of personal *assent* to the living and true God. Such faith, the central content of religious life, can thus constitute the most precious aid for the sick and those suffering, who, precisely as a result of illness and suffering, find themselves religiously threatened by doubt or by the rejection of God. As we know, this is the most frequent and insidious temptation for the sick and those suffering: a temptation which St. Thomas formulated with an extremely clear and dramatic syllogism: "If God existed,

there would be no evil at all in the world. But in the world there is evil. Therefore, God does not exist" (*Summa Theologiae,* I,2,3) Only faith manages to break this syllogism: and the faith of one who has radically chosen God by religious consecration can be the greatest act of charity towards someone not succeeding in overcoming doubt and the rejection of God as Creator and Father

the community or institution as such; and the vow of poverty grounds and nourishes a preferential choice of the poor, according to the different human forms of poverty, among which those of the sick and those suffering are most common

7. Culture and New Evangelization

The new evangelization brings with it the announcement of and

lues and principles, especially those referring to the human sense of suffering and dying.

In reality, in the current social and cultural situation, suffering and dying, in the concrete experience of very many people, are the object of notable rejection and exclusion, a state of affairs facilitated by the characteristic traits of our society (at least, of western society) and of our culture, which render the meaning

Religious consecration is for mission: men and women religious, by their charism, share the Church's common mission, which, as we have stated, consists of announcing the Gospel, revealing God's true face and, at the same time, man's true face and, therefore, worship of God and service to man. "According to their charism" means, among other things, a special achievement of that *Gospel radicalism* which is also manifested in a *life of fraternal communion and in the vow of poverty* Precisely these last two aspects can distinguish the presence of persons in consecrated life in the health apostolate. In fact, the life of fraternal communion offers the possibility of actions capable of involving or, in any case, prompting generosity in

witness to the Gospel, of a Gospel also understood as a new and original *criterion for evaluation and action,* and thus for decisions and options, attitudes and forms of behavior

The urgency of such new evangelization also concerns the Christian communities themselves (and, in a certain sense, them, above all), which tend to be comparable, in their judgments and life options, to those who are not Christians, with those living "as if God did not exist" (*etsi Deus non daretur*). The seriousness of this cultural situation which the Church is facing today (and, in her, Christians) emerges from the fact that forgetting or rejecting God inseparably brings with it the eclipse of fundamental moral va-

of illness and suffering hermetically incomprehensible If our dominant culture is *hedonistic* in form, what room can it reserve for illness and suffering, which are not a source of pleasure? And if our society concentrates on *efficiency* and adores only those possessing and acting, how can it accept a life condition which is compromised or deprived in regard to having and doing? And if the culture is becoming markedly *technocratic* and believes that man is the absolute owner and uncontrollable judge even of the manipulations of his very life and death, how can euthanasia be rejected? And in more radical terms, if the culture is materialistic, secular, and atheistic, how can it make the

human and spiritual values of illness and suffering comprehensible?

For all these reasons, pastoral care in health, before manifesting itself, and in order to do so in a series of gestures, works, and institutions, takes root and develops in a *culture capable of locating and proposing the human and Christian meaning of suffering* Pastoral care, as the action of the Church, *Mater et Magistra,* reveals its identity by presenting itself as a *great work of education,* a work destined to prompt and bring about the assimilation of a concrete mentality, a well-defined conviction concerning the meaning of illness. We thus get to the *heart of pastoral care in health,* a heart, as we see, intimately linked to the announcement of and witness to the "Gospel of suffering."

Sharing in the Church's evangelizing mission, men and women religious have a valuable and original place in what I have called "the heart of pastoral care in health."

8. The Good Samaritan, the Inn, and the Innkeeper

In the Gospel we find certain words of Jesus which appear as at once brief and extraordinary, concentrated in significance and singularly effective. They are words defining the identity of the Lord Jesus' being, life, and mission. One of those sentences is the following: "The Son of Man has not come to be served, but to serve and to give his life as a ransom for many" (*Mt* 20:28).

Another sentence states, *"It is not the healthy who need a doctor, but the sick. I have not come to call the just, but sinners"* (*Mt* 19:12-13). In this way, Jesus describes Himself as a "physician," a "doctor for the flesh and the spirit," as St Ignatius of Antioch calls Him (*Ad Ephesios,* 7,2), and as the evangelists present Him even before.

The Church is a continuation of Jesus in history, a living sign of his presence among men, his Body and his Bride. The Church shares in the "therapeutic" mission of her Lord and Savior. She is the "inn" to which the Good Samaritan takes the man wounded by bandits to be healed (cf. *Lk* 10:30-35).

St. Charles Borromeo, in a homily on September 18, 1569, in commenting on this Gospel episode, says that *the Good Samaritan stands for Christ, just as the inn stands for his Church:* "That foreign Samaritan stands for Christ the Savior, who is a stranger on account of his divinity. To heal the wound of the human race he leads us to the inn (that is, to the Church)." And he then calls attention to the innkeeper, describing him as a *symbol of the Pope* and of the Bishops: "And on departing he leaves two coins for the innkeeper, that is, for the Head of the Church." To heal the inn does not suffice, a house receiving, protecting, and permitting repose. The innkeeper is needed, the person caring for the wounded man with intelligence and love.

Jesus is the Good Samaritan, the Church is the inn, and the Pastors of the Church are the innkeeper.

Accordingly, in updating the Gospel fragment and St. Charles' commentary, may we be allowed to see in this innkeeper the world's Bishops who are gathered together *cum Petro et sub Petro* at the Synod. From Jesus, the Good Samaritan, they receive the two coins (that is, the Old and the New Testament, according to the common interpretation of the Church Fathers); but they also receive the wounded man, humanity aching in flesh and in spirit. Precisely the two Testaments (that is, the Word of God) are the key to interpreting the mysterious and humanizing sense of suffering and are the greatest principle and force for initial healing, which man needs absolutely: that of knowing and living out the human and Christian meaning of suffering and dying.

The subject of the Synod is certainly consecrated life and its mission in the Church and in the world. But the "innkeeper" cannot forget that there are sick people and people who are suffering even among men and women religious, as he cannot forget that the persons in consecrated life also have their own place in pastoral care in health. They, too, are called in their way to embody the figure of the Gospel innkeeper in the Church and in the world.

Most Rev
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Bioethics Centers and Committees: Cultural Origins and Current Status

Introduction

The events worthy of historical attention, as well as the institutions arising in society, readily allow us to observe the occasions which their appearance or proximate origin signifies, but they require more demanding and complex reflection when we are asked what their remote causes are: indeed, one thing is the *prophasis* (the proximate occasion), to use the language of the historian Polybius, and another is to seek the *aitia,* the profound reason. The deeper motivation for the appearance of bioethics centers and bioethics committees is related to the role of bioethics itself.

For bioethics centers and committees, then, reasoning on historical needs and causes requires us to consider the cultural and epistemological origins of bioethics itself. For this reason we cannot speak of bioethics centers and committees without recalling the motives for the rise of bioethics, its epistemological justification, and its foundation as a judgment of ethicity.

The Reason for a New Discipline

Twenty years after the appearance of the term in literature and the birth of the movement of ideas concerning bioethics, today it is possible to reconstruct its historical and conceptual evolution (1).

In the face of the new achievements of biology and medicine in the field of genetic engineering, pharmacological experimentation, and artificial fertilization, physicians and researchers themselves very quickly felt the need to question themselves about their own work, trying to locate the *limit* beyond which research itself cannot be taken and, above all, the *criteria* by which to evaluate the applications which the knowledge acquired would permit: "The biologist and the physician," writes Serres, concisely indicating the need for ethical reflection in the biomedical field, "become moralists at the moment when knowing amounts to choosing" (2).

On the basis of this need for responsibility, *various currents of thought* have arisen leading to the delimitation and definition of the fields of investigation in bioethics.

In the United States, bioethics first arose as a cry of alarm over the survival of humanity in the face of the possibilities for destruction posed by the progress of science and biotechnologies, with deep concern over the safeguarding of the ecosystem and the biosphere.

The very title of Van Rensellaer Potter's *Bioethics A Bridge To the Future,* where the term "bioethics" is used for the first time, already contained this thesis and this concern (3).

After Potter, who defined bioethics as "reflection on how to use knowledge for the good of society," H. Jonas, in Germany, also spoke of the *ethics of the future* and the "negative" criterion for verifying today's options, a criterion consisting of excluding a foreseeable future catastrophe so as to decide on action in the biomedical field (4).

Together with the reflection of the so-called "prophets of doom," as Potter and Jonas have been labeled, another thread of thought has gradually been asserted in the United States: the Hastings Center, founded in 1969, which deals with the ethics of research and experimentation on man, and the Kennedy Institute of Ethics, founded in 1971, which broadens the perspective to the problems of the health professions, research, demographic policy, and social medicine and defines bioethics as "the systematic examination of human conduct in the field of the life and health sciences, insofar as this conduct is examined in the light of moral values and principles" (5).

In Europe, on the other hand, bioethics has reflected more directly on human rights and the major concepts of medical ethics and deontology, a reflection which developed after the well-known Nuremberg trials, in 1946, where those responsible for the terrible crimes committed during Nazism were condemned, including some doctors who had carried out dangerous experiments which had frequently caused the death of prisoners at concentration camps (6). For this form of reflection, typically European, bioethics has offered, and continues to offer today, a critical justification for principles and foundations, while at the same time dealing with the complex clinical and professional problematic.

The relations among the aforementioned disciplines (particularly among medial deontology, legal medicine, and bioethics) were specified in a declaration drafted in Erice, during the Fifty-Third Course on "New Trends in Forensic Hematology and Genetics: Bioethical Problems," February 18-21, 1991, and approved in May of that year by the Board of Directors of the Italian Society for Legal Medicine and Insurance.

This Declaration, known as the *Erice Charter or Document,* indicates, among other things, the fields for bioethical research: "As ethics applied to the biological realm (which designates a universe much more extensive than that of medicine), bioethics encompasses traditional medical ethics and extends even further, including: *a*) the ethical problems of all the health professions; *b*) behavioral research, regardless of its therapeutic appli-

cations; *c*) the social problems associated with health policies, work-oriented medicine, international health, and policies of demographic control; *d*) the problems of animal and vegetable life in relation to human life" (7)

The Epistemological Justification for Bioethics

At the same time bioethics was asked to justify its epistemological identity and its own field of reflection.

To clarify this point we must start from the analysis of the statute for the experimental method, on which medical and biological knowledge is grounded

The question posed might be formulated in the following terms: Is bioethics a true discipline, with a precise field of application, responding to a need and application within the medical sciences, or should it instead be conceived as a mere approach or comparison involving different disciplines (biology, medicine, philosophy, law, religious morality, and so on)? Is it a mixture or does it have a well-specified function of in-depth study covering a new territory and requiring new speculation? An initial response was to conceive of bioethics as a "bridge" between *pure research and its applications*. research is not thought to require ethics, but the moment for applying new discoveries. This recognition is true, but not sufficient, for it amounts to asserting that all scientific research which is not applied is neutral, and this is not true

The need for bioethical reflection in the sphere of the experimental sciences also appears, in fact, in regard to other phases of experimentation:

1) the *course of research* (methodological reservations, precision in communicating results, transparency in procedures which may even be verified by other researchers);

2) the *planning* phase (that is, as regards the researcher's intentions, which may be good, or, on the contrary, perverse, or simply utilitarian);

3) the *experimental* phase, properly speaking, with all the problems of experimentation on man (informed consent, experimentation on children, psychiatric patients, those who are not conscious, and fetuses); But the function and justification of bioethics issue, above all, from a need for integration as regards the experimental sciences.

Indeed, the experimental method from Galileo on has been based solely on the knowledge of the phenomenology of events and the observation of data of a *quantitative* order which may be observed, computed, and compared; therefore, it tends to reduce reality: (8) for this reason we cannot prescind from integration with reflection on values, norms, and anthropological aspects, with which the experimental procedure cannot deal. If, for instance, we carry out research on the human embryo, we cannot limit ourselves to observing procedural aspects and clarifying the intentions connected with the study, but it is necessary to ask ourselves about the status and value of the human embryo itself This question prompts other ethical questions: when the full content of reality has been brought out, we then understand the ethical exigencies concerning ends, means, risks, and so forth (9).

Consequently, the tie between science and ethics (or, rather, between scientific research and ethical inquiry) is not a question of options, but a many-sided, nascent exigency within scientific procedure itself

Of course, if the question arises within research, the answer not only demands integrating the experimental aspect into the ontological and axiological perspectives concerning which that research manifests itself, but it becomes necessary to work out criteria for judgment which cannot be exhausted by scientific inquiry, but refer to ultimate principles and values of a different order

Today, in fact, bioethics enables us to open or reopen dialogue between the Church and the scientific and technological world. Science and technology characterize today's world

The Ethical Foundation in Bioethics

In recent times, bioethical reflection has in reality been intensifying around these even more radical topics: Where can we ground ethical judgment? Who can provide the measure enabling us to distinguish between the licit and the illicit? What are the foundations (principles or norms) and how can their validity be grounded? In the panorama of meta-ethical reflection it is possible to locate in summary fashion at least four orientations, two of which prescind from a *Weltanschauung* based on truth, inasmuch as they start from the assumption that it is impossible to ground moral criteria on the level of truth (noncognitive approach) (10)

The division between the noncognitive and cognitive positions is constituted by what is known as "Hume's law," which establishes the impossibility of deriving value judgments (expressed by propositions containing imperatives) from judgments of fact (expressed in an indicative form), inasmuch as an unjustified value premise is said to be implicit (11) This is the

so-called *is/ought*, or *sein/sollen* question repeated by G. Moore in contemporary analytical philosophy with the phrase "naturalistic fallacy." As a result, those believing that the is/ought division is unresolvable (the noncognitive position) share a skeptical and agnostic posture in the ethical field, asserting the unknowableness of ethical values; on the other hand, those arguing for the overcoming of the naturalistic fallacy (cognitive approach) admit the possibility of knowing values.

The first mode of grounding ethical judgment might be termed descriptive: values and principles are grounded on description (that is, on the empirical observation of facts, or the moral phenomenon) (12). It is, then, a proposal in evident contrast to Hume's law, for it is history which is thought to produce values (historicist orientation); social behavior is said to provide indications on good and evil (sociologistic orientation): value is no longer an ideal towards which one tends or which permits giving a meaning to human life, but it is the ethos, social custom.

To derive value judgments from judgments of fact on an ethical plane leads to the most radical relativism and, in the bioethical sphere, to the legitimization of the status quo and to tolerance of multiple forms of conduct and customs. If the practice of abortion, neonatal euthanasia, and artificial fertilization is a socially shared custom, its moral licitness is deduced: then bioethics is deprived of a foundation and orientation, dissolving into the multifarious streams of social customs and behavior patterns.

According to some thinkers representing this current, the sociobiologists, the only "objective" foundation for ethics is the evolutionary principle, which is thought to have guided the rise and differentiation of life forms in the world and to guide the development of societies at present. The evolutionary principle is explained, moreover, according to the dynamics of adaptation.

This assumed and apparent objective principle would add legitimacy to eugenicism in the conduct of scientific research and medical applications.

But since descriptive ethics does not satisfy the exigency of an absolute grounding of moral judgment beyond time and history, what should moral value be grounded on? Another response may be identified in the proposal of moral subjectivism. According to the subjectivists, since obligation cannot derive from being, the ultimate foundation for moral judgment should be sought in the agent subject who establishes values and determines the principles and norms for action (13). The only grounding value would be freedom, the subject's choice.

In this way, inquiry into and discernment of what is objectively good or bad are lacking, with, at the same time, a denial of any role for reason, except that of committing the will to carry out the value "chosen." In ethics, then, an absolute truth would not exist (truthless ethics), but as many truths as the subjects capable of expressing their convictions, preferences, and emotions, of "creating" their moral values.

On an ethical level, subjectivistic grounding brings with it the most radical relativism and, in the bioethical domain, proposes the exaltation of individual freedom and autonomy, a freedom and autonomy limited only by the "duty" to carry out what has been established as good or to avoid what as regarded as an evil. We have observed, and continue to observe, the proposals of this orientation: the voluntary interruption of pregnancy, the demand for sexual modification, voluntary sterilization, and the living will. But how can we accept the existence of as many freedoms as there are moral subjects? And if truthless ethics annuls all possibility of intersubjective communication, how can community life in society be regulated? One response to the radical noncognitive approach maintained by the subjectivists is offered by intersubjectivism (that is, the attempt to extend the bases of the moral foundation to various subjects) (14). In this way, subjectivism opens itself to the possibility of a public ethics, an ethics of social action, which is, however, always relativized according to agreement with or in the moral community.

But intersubjectivism at root moves in a noncognitive perspective: it is not a question of knowing and grounding moral value objectively, but value is decided by the moral community. In this context, reason takes on the role of an instrument, of calculation of what, according to the currents converging in this direction, may be useful, pleasant, or shared by most subjects.

Intersubjectivistic grounding is referred to by neo-utilitarianism or social utilitarianism, prima facie or weakly pluralistic deontology, neo-contractualism, communicative ethics, phenomenological ethics, the formal ethics of goods, and principialism.

Time limitations prevent us from setting forth the content of the thought currents listed, and we shall thus confine ourselves to evaluating some consequences of applying neo-utilitarianism or social utilitarianism to bioethics, in relation to the philosophies of Bentham and Mill.

If the reference value for neo-utilitarianism is to maximize pleasure and minimize pain, with the maximum freedom for each member of the moral community, we can deduce therefrom, among other things, an overvaluation of the capacity to feel or not feel pain, to suffer or to enjoy, and a reduction of the person to feeling or not feeling. It follows that a) nonsentient individuals (e.g., embryos before the nervous system structures appear) are not regarded as persons and do not require protection); b) the elimination of those suffering or provoking suffering in others (e.g., fetuses with malformations or the newborn with serious disabilities) is justified; c) the suppression of human individuals is permitted for the sole purpose of preventing them from suffering excessively (hence the assent to voluntary abortion even in an advanced state of pregnancy, provided the method is not painful for the fetus). This position is set forth by Engelhardt in his *The Foundations of Bioethics* (15).

We must also devote a few words to a current of thought which has been successful in the

United States and which tries to reconcile several principles (hence the term principialism) that have gained notable acceptance in the history of medical thought (16):

1) the principle of beneficence/nonmaleficence, present in ancient and medieval medicine, which has legitimized so-called "medical paternalism";

2) the principle of autonomy, dominant in and typical of modern times, which grounds patients' rights;

3) the principle of justice, which inspires the contemporary era and places society and social justice at center stage. This principle is expected to regulate the major problem of allocating resources

These principles, valid in themselves, are frequently used not in mutual subordination, but as offsetting and checking each other in order to leave room for relativism in concrete solutions. Some specialists have given a better arrangement to this model, with primacy for the principle of beneficence and the ethics of virtue; we are referring to Pellegrino and Thomasma, who could be grouped together under the personalistic model (17)

But the real overcoming of noncognitive ethics and the recovery of reason in working out moral judgment have been possible, in my view, thanks to the objective grounding of the norm, where the term "objective" means 'real' or 'ontological' (that is, capable of being independent and superior to utility and compromise) (18)

This ethical justification, renewed in so-called ontologically grounded personalism, refers to Aristotelian-Thomistic teleological metaphysics, which founds the obligatory nature of moral action on being, on human nature, a nature understood not only in a biological sense (*bios*), but in a metaphysical sense: that characteristic human nature which renders each person, from fertilization until death, an *unicum* of soul and body, a spiritualized body, an embodied spirit. And on the human person, on this nature, there are grounded the obligatory nature of the defense of physical life, the value of freedom/responsibility, the value of society, and so on.

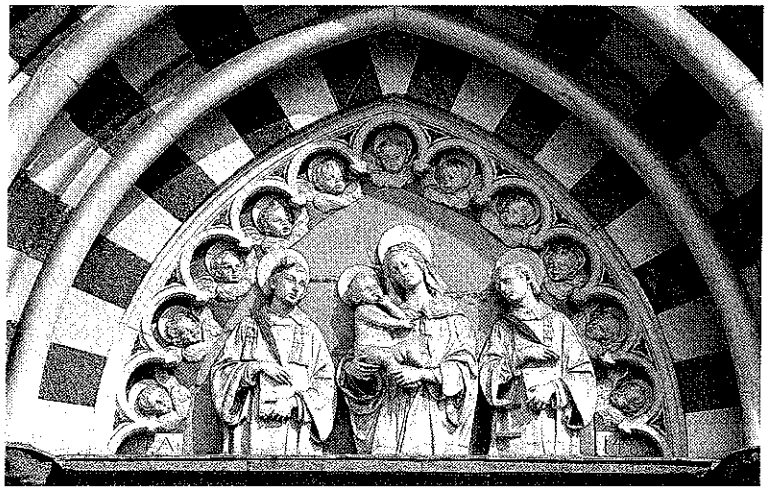
"The origin and foundation of the duty to respect human life absolutely must be found," we read in no. 50 of the Encyclical *Veritatis Splendor*, "in the dignity proper to the person and not simply in the natural inclination to conserve one's physical life. Human life, while a fundamental good of man, thus acquires moral significance in regard to the good of the person, who must always be affirmed for his or her own sake..." (19).

Bioethics Centers and Committees

Around the new discipline of bioethics there have arisen bioethics centers, on the one hand, and bioethics committees, on the other. And these centers and committees have caused bioethics to develop

Whereas the bioethics centers are places for study, research, and publications, bioethics committees have, from the outset, assumed the form of organs for consultation and provided a place for encounters, in a pluralistic context and with an interdisciplinary methodology, of different representatives of the varied sectors of activity related to human life and health, where the members, adequately trained, are called to deal with the diverse ethical problems which gradually become evident and attempt to reach operative solutions which are as consistent as possible with the basic values and principles which the committee itself declares in its statute (20)

We have purposely used the term "bioethics committees," though they are usually called



"ethics committees," precisely to emphasize the need for the "motors" of these committees to be the different centers for reflection on bioethics, as special places to develop as well the itinerary for training the committee members.

a) Bioethics Centers

Since 1969, when the philosopher Daniel Callahan and the psychiatrist Willard Gayling founded the Institute of Social Ethics and the Life Sciences, located in Hastings-on-Hudson, New York, known as the Hastings Center, until the present there have arisen numerous bioethics centers linked to university campuses and private bodies

We shall cite only the leading examples The Joseph and Rose Kennedy Institute for the Study of Human Reproduction and Bioethics, at Georgetown University (Washington, D.C.), founded in 1971 and now known as the Kennedy Institute of Ethics; the Pope John XXIII Center in Massachusetts; the Center for Medical Ethics in St. Louis, Missouri; the Centre de Bioètique, at the Institut de Recherche Clinique in Montreal; The Thomas More Center and St Vincent's Center in Australia; the Instituto Borja de Bioética in San Cugat del Vallés, Barcelona; the Centre d'Etudes Bioethiques at the Catholic University of Lovain, Belgium; the Instituut voor Gezondheidsethiek in Maastricht, Holland; the Centro di Bioetica at the Catholic University of the Sacred Heart, Rome; the Department of Medicine and Human Sciences at the Scientific Institute of St Raphael's Hospital, Milan; the Ethics and Medicine Project at the Lanza Foundation, Padua; Politeia, Centro per la Ricerca e la Formazione in Politica e in Etica, Milan; Centro di Bioetica at the Gramsci Institute, Rome.

Only some of these centers are closely connected to university departments; these are the most significant ones, culturally

The ethical orientations followed by these centers have been summarized above By way of example, the intersubjectivistic approach is adopted by Politeia, whereas the Bioethics Center at the Catholic University of the Sacred Heart has an ontologically-grounded personalistic orientation.

Among the bioethics centers existing today (there are already more than one hundred of them around the world), some declare in their statutes that they follow the teachings of the Catholic Magisterium. We furnish a list of nearly all of them in an Appendix, but it must be stressed that in fact only some (as we shall clarify below) follow Catholic teaching, while others take a critical stand on *Humanae Vitae* and homologous artificial procreation, etc

1 *The Bioethics Center at the Catholic University of the Sacred Heart, Rome*

As you know, the Center, located at the Gemelli School of Medicine and Surgery, was founded in 1985 and has developed within an academic environment inspired by very precise principles which have become the Center's guiding focus. Specifically, the Center aims to base itself constantly on criteria of scientific method, fidelity to the Catholic vision of life, and attention to the problems posed by scientific progress and social evolution

After the establishment of the Bioethics Institute, provided for by the academic authorities in March 1992, with the functions proper to university institutes, the Center has taken on new goals and pursuits and presents itself as a supplementary organism of the Institute itself.

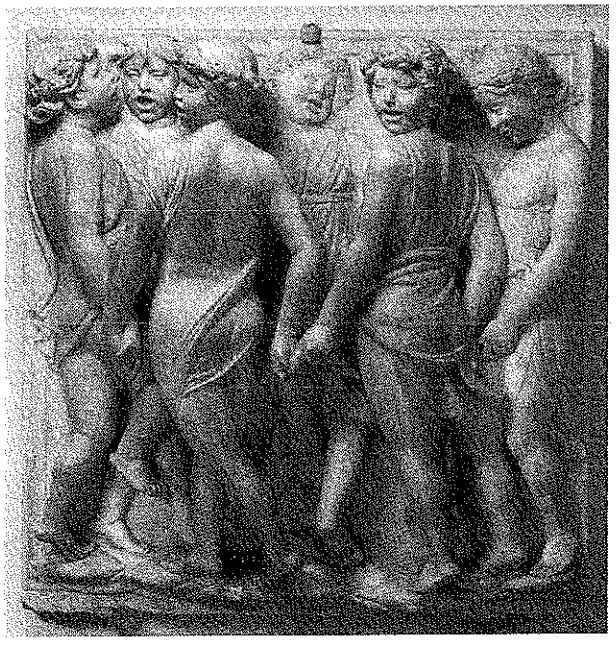
The aims of the Center are thus as follows:

– to provide suggestions and orientations to the Institute and the Medical School on the strategies for philosophical and ethical research and on ethical training, both within the School and the University and on a national and international level;

– to promote and organize training outside the School on topics concerning bioethics and medical ethics;

– to establish and maintain relations, cultural exchanges, and collaboration on training with bioethics centers and analogous institutions in Italy and elsewhere

The governing body is constituted by a Board of Trustees made up of the Rector, the Dean of the Medical School (as permanent members) and by eighteen others designated by the Rector from among expert doc-



tors, biologists, philosophers, jurists, moralists, and theologians. The Executive Committee establishes the guidelines for the Center's activities, approving the corresponding annual programs and contributing directly to their implementation.

The Center carries out its main activity by disseminating bioethical thought in the immediate area by way of Pontifical and public universities, professional associations, local health administrations, schools, and cultural groups.

The Bioethics Center works closely with the Institute to publish and disseminate thought, particularly through the journal *Medicina e Morale,* which is its official organ.

Along with this action to augment bioethical culture, which also manifests itself outside the universities to a great extent, our consulting work at hospitals and other clinical and research facilities is significant, in terms of both specific clinical cases and ethics committees, in order to evaluate protocols for experimentation.

As for its ethical orientation, the Bioethics Center, as I stated, embraces ontologically-grounded personalism, whose ultimate criterion is the person as a reference point.

At this time, the Center is joined to the University Institute, with a Director, two researchers, two Assistant Professors, and six doctoral candidates.

2. *Linacre Center*

Founded in 1977, in keeping with the wishes of the Catholic Bishops of England and Wales, the Center, whose Executive Committee is made up of medical and health experts, aims to serve the community, particularly doctors, nurses, and those devoted to research and scientific work who daily face multiple difficulties.

The Linacre Center acts on three levels: 1) research, 2) teaching (by organizing courses for doctors, administrators of nursing schools, and medical students and periodic seminars); 3) consulting, particularly for the Catholic Bishops' Joint Committee, the Churches' Council for Health and Healing, and HOPE (Health Care Opposed to Euthanasia).

3. *Borja Bioethics Institute*

A center for research, teaching, and dissemination of bioethical topics, it arose in 1975 as an autonomous institute affiliated with the Faculty of Theology in Barcelona. In 1984 it became an independent body, establishing itself as a private, legally recognized foundation.

As regards research activity, it embraces all the problems in bioethics and responds to the needs of the Institute's members or requests from the Catholic Church, government, or health facilities.

Teaching activity is aimed at doctors, biologists, pharmacists, nurses, and also students trained in philosophy or theology who seek specialization.

There is some disagreement among members regarding the most delicate problems we have referred to.

4. *The Pope John XXIII Bioethics Center*

An international bioethics institute founded in 1972 and located near Boston, Massachusetts, the Center is devoted to the following areas: *a*) research on subjects such as genetics, transplanting fetal tissues, and ethics committees, with plans for analysis in the near future of the problems connected with mapping the human genome and health reform in the United States; *b*) teaching, with annual meetings on different topics ("The Family and Faith" is the subject for 1994); *c*) consulting, with 400 inquiries each year, by telephone or in writing. It publishes the monthly journal *Ethics and Medicine*.

5. *The Thomas More Center*

Founded at the beginning of the 1980's, at the request of the National Civic Council of Australia and located in Sydney, with a branch in Victoria, some years after its establishment it supported the creation of St. Vincent's Bioethics Center. Closed in 1988, the Center reopened in 1989, with the aim of disseminating Catholic teaching in the general population, especially among the young. Together with teaching work carried out in seminars and summer courses, the Center conducts research and publishes a quarterly bulletin and monographs.

6. *L.J. Goody Bioethics Center*

Founded in 1985 in the Archdiocese of Perth, Australia, the Center does consulting for those wishing to improve teaching of the Catholic Magisterium regarding morality, including both health professionals and married couples; it is a reference point for ethics committees at Catholic hospitals, Bishops' Conferences, and government itself.

7. *The Institute for Biomedical and Family Ethics*

The Institute, affiliated with the Manila Center for Research and Communication, was founded in 1992 to respond to requests from health workers and governmental and nongovernmental bodies.

8. *The Institute for Humanism in the Health Sciences*

Established at the University of Anahuac in Mexico City, its principal aim is to teach bioethics in fidelity to the guidelines of the Magisterium of the Catholic Church.

The Institute does research, teaching, and consulting and publishes the Catholic University of the Sacred Heart's journal *Medicina e Morale* in a Spanish edition entitled *Medicina y ética*.

We have confined ourselves to describing the centers providing the contributions which are most in agreement with the pastoral work of this Council.

b) Bioethics Committees

Anyone looking for the historical roots of bioethics committees usually refers to a 1976 sentence of the Supreme Court of the State of New Jersey, USA, as the date of the first formal establishment of a bioethics center, though it must be acknowledged that in 1971 a medical-moral guide of the Canadian Catholic Bishops proposed crea-

ting medical-moral commissions at each Catholic hospital, with certain basic tasks, including education and training, particularly to apply in unitary fashion the *Ethical and Religious Directives for Catholic Health Care Facilities* issued by the National Conference of Catholic Bishops of the United States that same year (21)

But there is no doubt that only after the sentence of the New Jersey Supreme Court on March 31, 1976 regarding the case of Ann Karen Quinlan was a bioethics committee officially established, and from that time on numerous problems related to the role such committees should play began to be delineated.

Along with that contingent motivation leading to the creation of a bioethics committee, there has subsequently emerged a desire to propose such committees even in ordinary situations, as, for example, with protocols for clinical experimentation or special circumstances which might present themselves in the context of health care and the totality of biomedical progress (that is, as an emergency body, the bioethics committee is needed in provide support and as a constant reference point in everyday practice)

If we wish to summarize the different functions of a bioethics committee, it seems that basically three may be hypothesized: a cultural function, a consulting function, and a verification function.

The cultural role may be performed in educational programs related to the problems of humanity in medicine, patients' rights, and the new questions in medical ethics in general. This is an aim seen to be urgent at every public or private hospital, in terms of the current state of disorganization and dehumanization at hospitals. This educational/cultural task may center on organizing discussions, lectures, and courses for professional updating on the topics in bioethics, thereby permitting increased ethical awareness among medical and nonmedical staff members

The consulting function concerns different cases in need of special assistance which may appear frequently or occasionally. It is increasingly comprehensible that the physician at a hospital, when faced with the question, for example, of whether or not to initiate therapy with serious consequences for a patient or to suspend life-prolonging therapies with no apparent benefit should request the opinion of a bioethics committee. This does not mean, of course, the physician's relinquishing moral or civil responsibility or an alibi for someone's conscience, but at best an additional aid to those who must make decisions, which will thus be better motivated and informed.

The function of verification concerns examining research and clinical experimentation protocols: this role, regulated in Italy by the Ministerial Decree of April 27, 1992, is surely all the most needed one, on account of both the apparent or hidden interests connected with clinical research and the complexity of the forms of competence required, as well as the new frontiers which are opening daily to pharmacological, medical, and surgical research. Let it suffice to recall the experimentation on man of the AIDS vaccine or the possibility of experiments on embryos, fetuses, children, psychiatric patients, or the terminally ill. Experimentation is necessary and should enjoy society's support and guarantees, but it ought to be oriented to the good of the person and at the same time of society, while avoiding considering the person as an instrumental object for society.

As regards institutional repercussions, on the basis of the current situation, three distinct levels, with varying, specific functions may be hypothesized (and have in fact been implemented in different countries).

The first level is central, national (federal) or supranational. It is expected to deal with significant problems involving the general population (e.g., the topics of genetic manipulation, artificial procreation, protection of the embryo, options for national healthcare economies, and so on). This level, then, could be proposed for technical guidance affecting government action for the purpose of drawing up basic laws. For instance, at this level the Italian National Committee for Bioethics is situated. In addition, its specific mission should be to issue "recommendations" and "guidelines" to reinforce ethical-deontological orientations at a peripheral level.

The second plane is institutional or academic or involves professional associations or regions. It is present within each research institute, whether or not it is financed by the central government, or in universities or medical and nursing associations, or in regional administrative structures.

The specific task of such committees relates, above all, to research and clinical experimentation, strictly deontological and professional problems, for which indications are offered to safeguard patients' rights at regional and local hospitals.

Finally, a third level concerns localities, either hospitals or local health administrations, with specific functions linked to clinical case studies and guiding and training professionals.

In the action of bioethics committees one of the key points concerns the moments for making judgments on the different situations submitted to their at-

tention The pluralistic context in which bioethics committees are formed inevitably leads to establishing bodies which vary in composition and tendency, with undoubted repercussions on ethical judgment, which runs the risk of differing greatly from one committee to another, even when similar cases are involved

In the face of the these multiple ethical orientations, bioethics committees today find that they must confront a major challenge, that of having to arrive at the broadest possible ethical convergence, which does not mean to seek a "minimum" common denominator in ethics, but to share the "maximum" respect due to man, so as to offer effective legislative, or, more generally, normative criteria for society

In the area of such research, there are certain fixed points to be taken into account

1. Civil and penal laws in a country, which both the physician and the citizen are obliged to respect and observe and which do not exclude the case of "conscientious objection" inasmuch as it has been provided for by law; when a law is objectively immoral, the need may arise for "civil disobedience" for the purpose of changing it In any event, the law creates moral obligations (with the limitations I have just set forth) which we cannot elude.

2 Codified medical deontology, both national and international. Although deontology does not deal with all the ethical aspects of health problems, it nevertheless contains a basic ethical inspiration and provides indications tending to bind the conscience of professionals The international confederations of medical associations (the European Community, for instance, issued *Principles of European Medical Ethics* in January 1987) and the World Medical Association (e g., the Helsinki *Declaration*) issue continual updates of their deontological codes.

3 Declared human rights rendered explicit in international charters and conventions, beginning with the UN Charter of December 10, 1948 and the *Convention on Safeguarding Human Rights and Basic Freedoms* (Rome Pact) of November 4, 1950, and including all the conventions, declarations, charters, recommendations (with varying degrees of binding legal force) which more and more often give Member States indications of an ethical nature, embracing biomedical problems as well.

We feel the deontological codes and different international statements on human rights can represent ethical criteria to be shared by each bioethics committee Of course, for committees arising at religiously affiliated institutions the indications of their own religious authorities (a Catholic hospital, for instance, must follow the indications of the Magisterium of the Catholic Church) provide a further, vaster vision for guidance. Hence the appropriateness of creating such committees at Catholic facilities.

Reflection on the diverse points considered has led us to observe some of the optimal characteristics which should be taken into account and, in addition, the appearance of possible "degeneration" in bioethics committees, particularly those connected with public facilities, which ought to be avoided at all costs if people want them to continue to work according to the original spirit leading to their establishment.

Above all, we feel that a basic, widely recognized prerogative of these committees should be to play a consultative, rather than decision-making, role, by subordinating themselves to moment when each professional must make his or her own decision This involves, then, the bioethics committee's offering its competence to facilitate the ethical character of decisions, without taking the place of the physician or the researcher or the patient As a result of this characteristic, the opinion formulated by the ethics committee will never be binding, precisely because the ultimate responsibility lies with the one who has requested the opinion

Another salient characteristic is to be consistent with the ethical parameters declared in committee's regulations and statute. Indeed, we feel it is obligatory and indispensable, from an ethical standpoint, for each bioethics committee to make its ethical identity explicit, stating the ethical parameters to which it wishes to subject itself. This favors the work of the committee itself and represents an act of honesty towards those requesting an opinion.

We also think independence in reflection and decisions and impartiality should be guaranteed; and it is, therefore, necessary for bioethics committees not to be bound specifically to the administration of the facility at which they work or to pharmaceutical companies planning to conduct experimentation on their products. Furthermore, the members of such committees should not have either direct or indirect relations with the researchers submitting their experimental protocols for an ethical opinion, to cite one example

We have already stated that a number of dangers lie in wait for bioethics committees, dangers which, in our view, result from a certain "degeneration" in their role and functioning, rather than deriving from their intrinsic meaning and original motivations. For instance, it may occur that such committees represent an annulment of the moral and civil responsibility of the professional decision-makers, a trend which is particularly evident in the United States In addition, arrogating to themselves tasks not their own, they may conflict with professional associations, which are responsible for recalling deontology through the corresponding commissions The politicizing of ethics committees in terms of both insistence on the rules for adherence to a party and factiousness among researchers could lead to the creation of a new syndical organism or to a new base for allotting power.

Finally, a race to create numerous peripheral committees for the purposes of the bodies instituting them should be avoided, as in the case of the committees established within the pharmaceutical industry.

Final Considerations

As a conclusion for the foregoing, we think it should be stressed that all the functions and activities requested of bioethics committees cannot dispense with a direct or indirect linkage with bioethics centers, where reflection on basic ethical-philosophical problems is possible.

Indeed, it is necessary to offer anyone getting training or actively engaged in biomedical work a systematic ordering of the fundamental criteria and anthropological reference points involved, and we feel this is the function of bioethics.

Without such fundamental reflection, bioethics committees would become instruments without content, probably linked only to a contingent praxis, and would arrive at heterogeneous solutions spontaneously connected with the dominant values of each of their members.

In the creation of these institutions believers cannot and must not be absent. In fact, the Church needs continual references to train people and study the problems posed by new discoveries in the biomedical field and their applications.

It is, then, necessary to prepare those who are to form part of bioethics committees or direct bioethics centers with a Catholic inspiration and provide for centralized coordination of such institutions so as to carry out work in common and make a greater impact on public discussion of these topics.

Finally, the presence of Catholics on so-called "secular" bioethics committees should be supported: it is a duty to convey to others the contribution of Christian wisdom. But it may happen that Catholic members will have to stand up to positions they do not share which bring into question basic values of the human person; in that case, their duty is to dissociate themselves from the committees opinion, manifesting and justifying their vote against it, and only on this condition can they continue to form part of that committee.

Most Rev. ELIO SGRECCIA
Secretary of the Pontifical Council for the Family
Consultor to the Pontifical Council for Pastoral Assistance to Health Care Workers

BIOETHICS CENTERS WITH A CATHOLIC INSPIRATION

(According to Their Statute)

- Bioethics Center of the Catholic University of the Sacred Heart, Rome
- Department of Medicine and Human Sciences at The St. Raphael Scientific Institute, Milan.
- Mauriziano Bioethics Center, Turin.
- Sicilian Institute of Bioethics, Palermo.
- Ethics and Medicine Project, Lanza Foundation, Padua.
- Center for Bioethical Studies, Louvain
- Linacre Center, London.
- Borja Institute of Bioethics, Barcelona.
- Pope John XXIII Bioethics Center, Boston
- Thomas More Center, Victoria, Australia.
- St. Vincent's Hospital Bioethics Center, Sydney.
- L.J. Goody Bioethics Center, Perth.
- Institute for Biomedical and Family Ethics, Manila
- Institute for Humanism in the Health Sciences, Mexico

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9 K. Jaspers, *Il medico nell'età della tecnica* (Milan: Cortina, 1991)

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Second World Day of the Sick

Marian Shrine
Of Jasna Góra
Częstochowa, Poland

I Turn to You, Mother of Jasna Góra!

Chronicle of a pilgrimage to Częstochowa for the Second World Day of the Sick, February 11, 1994

The Pontifical Council for Pastoral Assistance to Health Care Workers organized a pilgrimage to the Sanctuary of Our Lady in Częstochowa, Poland, February 9-12, 1994, to celebrate the Second World Day of the Sick. The Italian delegation was headed by His Eminence Fiorenzo Cardinal Angelini, accompanied by Rev. José L. Redrado, O.H. and Rev. Felice Ruffini, M.I., Secretary and Undersecretary, respectively, of the Council; Monsignor Boleslaw Krawczyk, Pontifical Master of Ceremonies; and numerous official staff members, consultors, and relatives, as well as chaplains and representatives of Catholic physicians and pharmacists.

On arriving at the city of Krakow, in the same chapel where the Holy Father used to receive the faithful, an encounter took place with the Metropolitan Archbishop, Franciszek Cardinal Macharski. On greeting him on behalf of all present, Cardinal Angelini wished to reaffirm the need to pray in accordance with the intentions of Our Lady, recalling that suffering had always represented the greatest manifestation of life, just as the death of Jesus on Calvary had.

Immediately thereafter there was a visit to the Center for Family Health, directed by Professor Wanda Poltawska, grouping together specialists in different fields of medicine, particularly diagnostics and the application of the natural method for births.

The next morning the Eucharist was celebrated at the Krakow Cathedral, beside the tomb of the martyr St. Stanislaw, patron of Poland. In this place Cardinal Angelini wished to stress the example which the Polish people had always provided for the whole world through their martyrdom, with numerous persons slain for the Faith. From St. Stanislaw to the present, after 400 years of the Roman Pontificate, this people had given the entire world a man, the Holy Father Karol Woytila, "the Pope who had come from afar," whom Divine Providence had established as the Vicar of Christ among men, in a time of great changes due not only to the fall of walls, but also to the fall of ideologies.

After a brief visit to the city of Wadowice, the Holy Father's birthplace, which concluded with a prayer in the old church where the Pope was baptized, and another at the new St. Peter's Church, they continued towards the city of Oswiecim to visit the concentration camps of Auschwitz and Birkenau, places for reflection on the power of hatred, which can set men against each other to the point of the most terrible and abominable acts of cruelty against the person.

In the afternoon they continued the visit to Our Lady of Czestochowa and greeted Metropolitan Archbishop Stanislaw Novak, bringing out the potency of the Polish people's faith and that of the sick throughout the world, in whose faces it is possible to perceive that of Christ in pain, bleeding, but alive, which spurs valor and heroism.

During the visit to Immaculate Conception Hospital, a modern, well-equipped facility with multiple specialties and functions, there was an encounter with the sick in the Chapel and in the different wards, and the presentation of a gift (an operating table), offered by the Pontifical Council for Pastoral Assistance to Health Care Workers in commemoration of the World Day of the Sick. During the encounter it was stressed that the word "love" is used often at the hospital, but seldom applied, and charity, only a droplet of water in the ocean of suffering, but an immense sea in the heart of those manifesting it, should be offered selflessly to others. A special greeting was also conveyed to the Chaplains representing the Church at hospitals, in whom, as in all other health workers, patients should see spiritual fathers chaplains who are usually not thanked sufficiently for the love and charity they show.

On the morning of February 11, commemoration of Our Lady of Lourdes, after prayer to the Black Virgin, with the offering of a candle given by the Holy Father and taken to the Sanctuary by the Pontifical Council's delegation, a round table was held, entitled "Ten Years After the Apostolic Letter *Salvifici Doloris*," with presentations by different experts from Italy, Poland, Spain, Belgium, and the United States, during which there was emphasis on the centrality of the sick in the world of health care. Immediately thereafter a concelebrated Mass took place, at which Cardinal Angelini presided with Cardinals Jozef Glemp, Franciszek Macharski, and Henryk R. Gulbinowicz, as well as the Apostolic Nuncio in Poland, the Most Rev. Jozef Kowalczyk and more than thirty bishops and three hundred priests from several Polish dioceses and other parts of the world. The ceremony took place in a Sanctuary filled with nearly 30,000 pilgrims, including the sick and those accompanying them, health and Church officials, and members of the faithful from all over Poland and other countries, such as Italy, Spain, Belgium, Chile, the United States, France, Lebanon, and Zaire.

The ceremony, solemn and moving, accompanied by sacred music sung by a choir with organ accompaniment, was dedicated to Our Blessed Mother, who was asked to help us all, with the offering of our sorrows, anxieties, and concerns so that peace might return to the world:

"To you, Mother, who forgave those who killed your Son, we, your humble children, offer forgiveness to our enemies; at your feet, Mother of Jasna Góra, Mother of Love, Trust, and Certainty, we lay the tribute of what we are, asking for the peace of our Jesus." In the homily Cardinal Jozef Glemp stressed the special significance of this Day Afterwards the Anointing of the Sick was administered to the sick attending the Mass.

Cardinal Angelini thanked Our Lady of Częstochowa for having giving us the Holy Father, Pope John Paul II, Vicar on earth of the suffering of Jesus Christ and he himself a son of suffering, since, though enjoying excellent physical health, he suffered for all humanity. In the afternoon, after praying the Holy Rosary with the sick, another encounter was held with health workers, during which it was emphasized that just as a red cross stood out on the chest of each, so the Cross of Christ, which was Charity, Love, Faith, and Hope, should be in their hearts

During the return trip the next day, surrounded by the whiteness of the falling snow, Cardinal Angelini, in another prayer to Our Lord, exhorted us to pause to reflect on all we had experienced in the course of the whole pilgrimage: the visit to Our Lady, following the Lord so as to be *totus tuus* with Him, and asking Jesus to be able to live so as to love, to do good to those suffering, and bear witness to our own suffering itself Finally, on coming back home to Rome, while making plans for all of us to gather next year for the Third World Day of the Sick, in silence, by the Lord's grace, in his presence we all felt like little children, humble and poor, in need of his mercy, and also fortunate, prosperous brothers and sisters if we compared ourselves to the Polish people and those living in suffering, not only socioeconomic, but, above all, physical and spiritual.

Dr. ANTONINO BAGNATO
Secretary of the Catholic Medical Association of Rome

Welcoming Address by the Most Rev. Stanisław Novak, Archbishop of Częstochowa

Your Eminence, Cardinal Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, dear pilgrims, beloved patients, and representatives of health workers in Poland and Częstochowa, headed by the Prefect and the President of the city.

Welcome to Częstochowa, to Jasna Góra, the famous sanctuary of the Mother of God, the Healer of the Sick Blessed are those who come in the name of the Lord, bearing in your hearts faith in Christ and in the efficacy of the intercession of Mary, his Mother. Blessed are you who bear in your hearts a deep concern for the suffering and sick.

With special veneration I wish to welcome His Eminence Fiorenzo Cardinal Angelini, who is coming to the Second World Day of the Sick with a group of pilgrims from the beloved nation of Italy. Your Eminence, you are coming in the name of His Holiness John Paul II, bringing us, as one of his closest collaborators, the blessing and the "grace of Peter." You come to us as President of the Pontifical Council for Pastoral Assistance to Health Care Workers For a long time your great love for those suffering and the sick has been known, your special solicitude in timely service. In different ways you have demonstrated it abundantly, as well as your love for the Polish Church.

Eloquent signs of your concern for the world of the sick and for those serving them are the World Days of the Sick, which Pope John Paul II announced precisely during your presidency After the First World Day of the Sick, celebrated in Lourdes on February 11, 1993, you are organizing the Second World Day of the sick in Czestochowa, at the great Marian Sanctuary of Jasna Góra. We cordially thank you for this choice

In reality, many people come here in good health, but more frequently the sick come, with their debilities, with their physical and spiritual sufferings. For centuries in this place Mary has been consoling them, giving them strength, and curing them. Signs of this motherly activity are the innumerable inscriptions, mementos, and votive offerings. Your Eminence, I greet you cordially in Jasna Góra and thank you for the choice of our sanctuary as a place for prayer and reflection on human suffering. At the same time I cordially greet your collaborators at the Pontifical Council and all your guests

I convey a cordial welcome to the beloved pilgrims participating in the Second World Day of the Sick, who have come from Italy, Chile, Spain, Portugal, Russia, the Czech Republic, Slovakia, and other nations of the world. May Mary hear and bless you.

Finally, on behalf of the guardians of the Sanctuary, the Paulist Fathers, always receptive to pilgrims, I greet everyone present in the miraculous chapel and the representatives of the civil authorities, including the Director of the Hospital of Our Lady, who is pleased with the gift of an operating table which he is receiving today, thanks to Your Eminence For this valuable gift, I myself convey my heartfelt thanks to you.

Dear pilgrims, we wish you rich spiritual fruits from this Second World Day of the Sick in Częstochowa.

Greeting of the Superior General of the Fathers of St. Paul, Rev. Jan Nalaskowski, at Jasna Góra, Częstochowa

1. The Mystery of the Place

For over 600 years the Sanctuary of Jasna Góra in Częstochowa, with the mystery of the special presence of Our Lady, has radiated out and exerted its attraction through her holy Image.

For over 600 years the generations of the pilgrim People of God have experienced in this holy place of the Church the blessed nearness and efficacious intercession of Mary. Thanks to her maternal love, as the Second Vatican Council affirms, she cares for the brothers and sisters of her Son who are still pilgrims exposed to the hardships of life until they reach the eternal fatherland.

We must confess that, for over 600 years, we, the Fathers of St. Paul, guardians of this holy mystery, together with numerous pilgrims, have been witnesses to the Mother of God's attitude of affection and protection towards every man arriving here, but, above all, towards those coming who are spurred by difficult, problematic, and painful situations.

2. Special Pilgrims: The Sick

In difficult moments, when concerns increase, fraticidal wars grow, injustices and human sorrows multiply, and evil and sin intensify, the Holy Father John Paul II calls the whole Church's attention to the mountain of Jasna Góra, convinced that here help will come to us, according to the will of God.

Inspired by a special charism, the Peter of our days proclaimed the Sixth Day of the Young. Today he has invited Cardinal Fiorenzo Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, to organize the Second World Day of the Sick at Jasna Góra significant and moving events.

With deep veneration we present to Our Lady this entire group of persons who suffer, together with the hierarchy of the Church and the clergy, representatives of health care, and all the participants in this pilgrimage coming from our country and Europe, particularly from Italy and Spain, and from nations outside Europe, especially Peru.

3. Desires

Together with the Holy Father, we entrust to the protection of Our Lady of Sorrows all those taking part in the Second World Day of the Sick, asking her to introduce all of us into the depth of the mystery of Redemption, which she herself, like no one else, experienced at the feet of Christ suffering on the cross.

May the Father's eternal love, manifested in the history of mankind through the Son and the maternal intercession of Mary, draw near to all of us, and to every man!

May the Second World Day of the Sick remain in the memory of the Church as an encounter with Christ, the physician of souls and bodies.

Tenth Anniversary of the Apostolic Letter *Salvifici Doloris*

I. The Gospel of Suffering

The most solemn celebration of the second World Day of the Sick is taking place this year in this extraordinary and famous Marian Sanctuary, just as last year it was held at the Marian Sanctuary of Lourdes.

Like Mary at the foot of her Son's Cross, the Church, as a community of the faithful, on this day wishes to stand at the foot of the numberless crosses of "so many brothers and sisters who are at this time afflicted by fratricidal wars, languish in hospitals, or mourn for their loved ones who are victims of violence."[1]

This Day, however, cannot and must not be circumscribed to the brevity of its duration—it is only an expression of an intensified moment of commitment which seeks to be an integral part of our ongoing Christian witness. Indeed, man, "the way of the Church," is such in a completely special manner when suffering enters his life.[2] This is the "way" the Church wants to travel over, for this was the way chosen by Christ.

This year—and this specific date—marks the tenth anniversary of the publication of John Paul II's Apostolic Letter *Salvifici Doloris* on the Christian meaning of human suffering.

To the subject of "salvific pain" the Holy Father has also devoted the profound reflections of his Message to the world for the celebration of this second World Day of the Sick, reflections seeking to be a response of faith and hope to the distressing questions rising to God from those suffering in spirit and in body—a response in the name of Mary, under the sign of Mary, and in imitation of Mary, Health of the sick and the suffering, Mother of saving pain and love, "living icon of the Gospel of suffering."[3] An answer we all seek from the depths of our heart, for we can grasp the meaning of our life and of the human condition through this response alone.

The history of Marian devotion presents us with a surprising

fact: the Marian feasts in the Church outnumber those of all the saints. The *Marian Calendar* reveals to us that every day of the year, in the different churches scattered all over the world, Our Lady is celebrated under the most varied titles.[4] All of these titles, however, have in common the celebration of Our Lady's goodness and protection towards those suffering—titles which suggest invocations leading us to understand and accept the salvific value of suffering. Indeed, Our Lady is celebrated in her mercy, compassion, maternal mediation, extraordinary wisdom, humility, acceptance of the will of God, and faith in adversities.

As you know, the Apostolic Letter *Salvifici Doloris* was the first and broadest solemn document a Pontiff has devoted to the subject of pain, its value, and its healing power. In this document the Holy Father speaks of the "Gospel of suffering," for "in the cross of Christ not only has redemption been carried out through suffering, but suffering itself has also been redeemed."[5] The "Gospel of suffering" is, then, the announcement of salvation promised and implemented through the sacrifice of Christ, who, in taking on human nature and the human condition, wanted to become incarnate in the weakest and neediest.[6] No human creature has accepted and experienced this Gospel of suffering in himself or herself as Our Lady has she lived it out in the poverty of the house in Nazareth, in the humiliation of the stable in Bethlehem, in the drama of the flight to Egypt, in the fatigue of humble work with Jesus and her husband Joseph. But "it was on Calvary that the suffering of the Blessed Virgin Mary, alongside that of Jesus, reached a peak which is indeed hard to imagine in its loftiness from a human standpoint, but certainly mysterious and supernaturally fruitful for the purposes of universal salvation."[7]

For centuries at this Marian shrine, countless throngs of pilgrims and faithful have felt "their hearts beating in the Mother's heart."[8] "The Mother of Jesus was in fact preserved from sin, but not from suffering. The Christian people for this reason identifies with the figure of Our Lady of Sorrows, discerning its own pain in hers. In contemplating her, each of the faithful is more intimately introduced into the mystery of Christ" and its salvific value.[9]

The Day of the Sick is a day not only *for* the sick and *alongside* the sick. It is an occasion to ask those suffering to offer their affliction for the salvation of the world.

From this "mountain of light" (Jasna Góra), Mary rises up as a sign that illuminates, for "she shares our human condition, but in a complete transparency of grace."[10]

Brothers and sisters who are ill, who, sustained by faith, face evil in all its forms without becoming discouraged and yielding to pessimism, listen to the Holy Father's invitation "to grasp the possibility opened up by Christ of transforming your situation into an expression of grace and love."[11]

"We ask all of you that suffer," the Pope says in the Apostolic Letter *Salvifici Doloris*, "to support us. We ask precisely you that are weak to become a source of strength for the Church and humanity. In the terrible combat between the forces of good and evil, which our contemporary world displays before our eyes, may your suffering in union with the cross of Christ be victorious!"[12]

Offer your tribulations for those who, tried to the point of desperation, await someone who will recognize the presence and the suffering Face of Christ in them. May your offering and your prayer be the offering of this Eucharist, in which the memorial of the passion and death of Christ is renewed. In this gift, deeply felt and generous, arduous, but precious, you will discover—as the saints' experience demonstrates—the mysterious joy promised by Christ to those entrusting themselves to Him in their tribulation: "Come to me, all of you that are weary and burdened with the weight of life: I will give you rest! Take my yoke upon yourselves and learn from me, who am meek and humble in heart; you will thus find rest for your souls, for my yoke is sweet and my burden is light."[13]

Health workers and those engaged in the pastoral care of the suffering—priests, men and women religious, doctors, paramedics, and volunteers—feel your ministry to be a continuation of the very ministry of Christ, who, with an explicit command, sent his disciples to heal and to cure the sick.

See yourselves in the figure of the Good Samaritan, "the key parable for the full understanding of the commandment to love one's neighbor."[14]

Suffering and the need to accompany those suffering are growing beyond measure in the world.

The tens of thousands of children who die every day because of the injustice raging in the world beg for our help; the millions of refugees forced to leave their homeland ask for it; the elderly, disabled, and victims of the "new maladies" afflicting mankind entreat it.

From all of them there emerges a request for life and respect for the dignity of the human person, on whose behalf Christ became incarnate, suffered, died on the cross, and rose again.

On this day and in this place of grace, may our prayer and the offering of ourselves rise up to God by the mediation of Our Lady. In the very words of the Holy Father, let us repeat the invocation with faith: "O Mary, Mother of mercy, watch over us so that the cross of Christ may not be rendered vain."[15]

[1] JOHN PAUL II, *Message for the Second World Day of the Sick*, 1.

[2] Cf. JOHN PAUL II, Apostolic Letter *Salvifici Doloris*, 3; cf. Encyclical *Redemptor Hominis*, 10, 14.

[3] *Ibid.*, 6.

[4] Cf. F. G. HOLWECK, *Fasti Mariani, sive Calendarium Festorum S. M. V. Deiparae* (Freiburg im Brisgau, 1892).

[5] JOHN PAUL II, Apostolic Letter *Salvifici Doloris*, 19.

[6] Cf. *Ph* 2:2-9.

[7] *Salvifici Doloris*, 25.

[8] JOHN PAUL II, *Homily Delivered at Częstochowa on June 4, 1979*.

[9] JOHN PAUL II, *Message for the Second World Day of the Sick*, 6.

[10] JOHN PAUL II, Encyclical *Veritatis Splendor*, 120.

[11] *Message for the Second World Day of the Sick*, 9.

[12] *Salvifici Doloris*, 31.

[13] *Mt* 11:28-30.

[14] Encyclical *Veritatis Splendor*, 14.

[15] *Ibid.*, 120.

II. We Must Respond to Suffering with Love

Your Eminence, Your Excellencies, Ladies and Gentlemen, all the distinguished participants in the Second World Day of the Sick gathered together at the Shrine of Jasna Góra!

Exactly ten years ago, here, in Częstochowa, alongside Jasna Góra, the third Bishop of Czestochowa, the Most Rev. Stefan Barela, was dying. On February 11, in the final twenty-four hours of vigil at his side, the priests and physicians caring for him received the Apostolic Letter *Salvifici Doloris* from the Holy Father, John Paul II.

An emotion-filled reading of the Letter on that memorable night made it possible to contrast two experiences: the reality of death and the reality of faith in the saving power of pain.

Having been invited to take part in the Round Table whose purpose is to consider the Apostolic Letter, I shall take the liberty of speaking on two questions:

— The mystery of illness and death and, more broadly, of suffering;

— The sole possibility of rereading this mystery in the person of Jesus Christ, the God-Man, who "took upon Himself the sufferings of all."

Death, though putting an end to so many sufferings, is regarded by us as the synthesis of the multiple human sufferings in which the sick person participates; it is a mystery before which man most forcefully experiences his impotence, limitation, and insufficiency; it is a reality in the face of which everyone, at least briefly, rebels and manifests opposition, asking the question "Why?"

No science, no ideology, no intellectual argumentation gives suffering man an existential, satisfying answer to that dramatic "Why?"

The only satisfying answer which can possibly be accepted is Christ alive and suffering on the cross, the God-Man; not knowledge concerning the God-Man, but He Himself in the encounter with each suffering individual and with all the sufferings of the whole world. Hence the need to seek God so as to feel Him to be Nearby, Present, and Real. We must seek Him in reading, in listening to the Word of God, in taking part in the Sacraments, in our neighbor, particularly the one who is needy, in prayer.

Only the suffering of the God-Man, accepted voluntarily out of love for men, has a meaning and a salvific meaning freeing man forever from sin and from every evil. His suffering alone is the indispensable condition for the glory prepared for every person saved in the Kingdom of Love and Truth.

That saving meaning of Christ's suffering in fact pervades the whole person, who suffers in the measure in which man consciously takes up his cross, joining his suffering to the cross of Christ.

Therefore, in the Church, "...precisely suffering pervaded by the spirit of the Sacrifice of Christ is an irreplaceable mediator and forger of the indispensable goods for the salvation of the world. ... In the cosmic struggle between the spiritual powers of good and evil, human sufferings, joined to the redeeming suffering of Christ, become a special support for the power of good, opening the way to victory for these salvific powers" (*Salvifici Doloris*, 27).

But each suffering man uniting his pain to Christ is, in the words of John Paul II, the Church's greatest treasure—not something uncomfortable and useless, then, but a treasure.

The creative power of human suffering, when joined to the suffering of Christ, expresses itself not only in the possibility of its acceptance by suffering man, for the salvation of the world: suffering contains the power generating love in other men, generating works of charity towards one's neighbor, the attitudes of assistance and service towards the sick and needy.

It is not greatly significant whether or not a suffering man can recover health or not, whether or not he can live for many years, or whether he has only a few hours of life left. What matters is for his suffering to encounter the response of love from other men. This will help the sick to discern the meaning and accept their suffering, joining it to the saving suffering of Christ.

To look at human suffering from the standpoint of the person of Christ lays the foundations for the civilization of love; the elimination of Christ from human suffering generates the civilization of death.

We thank God because, in our time, when the contemporary world is bearing in itself an unimaginable weight of the structures of evil and sin, the Holy Father has chosen precisely Częstochowa as the site of the Second World Day of the Sick. At the Sanctuary of the Mother of God of Jasna Góra, all of us together, the sick and the healthy, can ask Our Lady, as at Cana in Galilee, for her maternal intercession before her Son.

We ask her to obtain

— for the world, the grace to understand that peace can be constructed only with love;

— for all the suffering, the faith that their generosity, joined to Christ, is the source of power for the Church and mankind;

— for those involved in public health, the conviction that every gesture of service to suffering man is at the root of the construction of a world of love;

— for all of us, the certainty that we are living in the mystery of redemption carried out by Christ and being achieved in the Church until the end of time.

I believe that the sufferings of the third Bishop of the Diocese of Częstochowa, dying close to Jasna Góra ten years ago, are bearing fruit in the unfolding of our encounter today at Częstochowa.

I believe that the sufferings of each of us present here, when joined to the sufferings of Christ, will become a seedbed of the civilization of love wherever we go.

WANDA TERLECKA

III. The Christian Must Be a Sign of Love

Introduction

How do the individual members of CICIAMS—that is, men and women nurses, midwifes, and sociomedical workers—deal with suffering? What action is now undertaken by CICIAMS and what are the future strategies to make *Salvifici Doloris* a real, available instrument for emergency personnel?

I. By the very nature of its activities and the option involved in these professions—that of providing care—the members of CICIAMS, over long periods, and almost incessantly, deal with the intense, and sometimes inhuman, suffering of their fellows To experience health and hope in the face of suffering and to be a witness is not always easy.

Proof of this is the fact that almost all nurses and midwives, internationally, request information, training, and literature on the "meaning of suffering" and the way to treat seriously ill patients, including the dying. There are many seminars, conferences, and articles appearing in *CICIAMS News* which deal with this topic.

Outsiders observe, respect, and appreciate the fact that the nurses and midwives of CICIAMS are able to confront their actions, their compassion, and their own anguish—all in a spirit of deep Christian faith It frequently happens that nonmembers invite their colleagues who are Catholic nurses and midwives, who in the end bear witness to authorities that our members can be useful where others have withdrawn for sociocultural reasons I am referring here concretely to our association in India, where only Catholic nurses and midwives care for AIDS victims and remain at their side.

Thanks to our excellent international relations, the General Secretariat of CICIAMS has managed to obtain funds from the Indian authorities which have served to establish centers accepting AIDS patients in major cities. Our Catholic colleagues provide care, above all, to AIDS victims who have been abandoned.

Non-Catholic paramedics even refuse to approach AIDS patients But suffering, on whatever plane of human existence it is found, affects us deeply, and we, as nurses, must ask ourselves, "What is the meaning of suffering?"

What is the attitude of nurses and midwives towards the world of human suffering and to what extent do the members of CICIAMS try to find an answer to the question of the meaning of suffering? The attitude of nurses and midwives to patients is different from that of physicians. The doctor is responsible for man's therapeutic and physical suffering. Nurses and midwives care for people in their totality, surpassing the bodily care of the physical well-being of those suffering. Hence the orientation towards man's whole life, with attention to patients' major life concerns. In numerous countries in Europe and the Americas nursing systems have been introduced which attend to man as a whole. Through its national associations in Europe and the Americas CICIAMS has always promoted integral nursing systems, where it is required to pay attention to man in his totality and in his religious dimension.

We observe that in secularized societies those suffering and dying are concerned about vital questions, and the nurse or midwife speaks up for the patient, translating religious needs and attempting to work with pastoral care. In most cases, it is not just a matter of the patient, but also of the family members, who sometimes confront guilt feelings, anguish, and despair and are unable to express their religious needs or do so by way of anger at God and at Church structures or through indifference and fatalism

Nurses and midwives need training and guidance, and we should thus not be surprised that the presentation by Mr. Velázquez of the United States at the Asian Conference of CICIAMS in Japan in 1993 received great attention and that the article appearing in *CICIAMS News* has been requested by our colleagues around the world. Mr Velázquez shows that nurses and midwives, along with emergency personnel, can attend to the religious needs of patients and what measures they can take to assist those suffering, in collaboration with pastoral carers

But CICIAMS also has a sociopolitical function To treat human suffering translates as well into structures, such as health care. What is the degree of human dignity in health care and how do science and technology act towards the world of human suffering?

Nurses and midwives have the task (by way of their associations) of making their presence official at certain facilities, by gaining places on ethics committees, for instance, where they can present the immediate needs of the sick or, with the collaboration of other paramedics, place patients' exigencies in an ethical framework

Training is needed to do so, but also firm grounding in one's own religious life.

Different CICIAMS associations have been asked by their superiors to help to seek reasonable responses to suffering and develop ethical techniques for care and research for the sick and those suffering, such as WVKVV in Belgium and REPSA in France

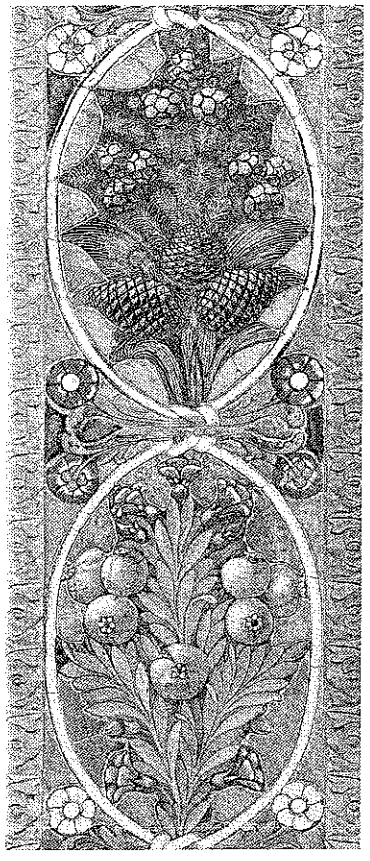
It is a pity that nurses and midwives are often compromised, without further training, in the professionalization and mechanization of their profession. An enormous task is reserved in this area for Catholic professional associations Are we perhaps unaware of the needs of our colleagues?

Many of our colleagues active in the care of the seriously ill, the dying, the disabled, psychiatric patients, and elderly and demented people pose the following question: What is the meaning of this immense suffering? When these nurses and midwives do not possess a deep faith and do not feel that all suffering con-

tains in itself a source of salvation and hope, they come to undergo the "burn-out" syndrome

It should be observed that in many Western countries there are women religious and colleagues possessing deep faith and working in palliative care at psychiatric institutions and in assistance to the elderly. In the face of this, no association can close its eyes to the stress and "burn-out" of its members

Furthermore, the CICIAMS associations in Belgium, the



Netherlands, and Ireland are quite concerned about this problem.

The results of inquiries directed at those associations indicate the seriousness of the problem and at the same time show the power of support by colleagues inspired by the Catholic religion. Where non-Catholic colleagues withdraw, we remain present, for Sister Léontine, defender of palliative care in Belgium, wrote, "It is a privilege to be a Christian because in His Name we are the symbol of love "

For many CICIAMS members the beatitudes are truly an orientation (*Mt* 5:1-12).

II. How can nurses and midwives overcome the confrontation with suffering and how do we all participate in the suffering of Christ? Many nurses and midwives choose the profession whose goal is to cure and which offers the chance to provide care and be close to the sick, the wounded, and the disabled. To have "a meaning" for others signifies following the example of Christ, since evil is defeated through suffering and the message of life resounds.

Nursing, assistance at childbirth, and care have in many countries been deeply influenced by the covert technology of professionalism, and there is an endeavor to "be close by" and to "have a heart" in a world which has so often become too harsh

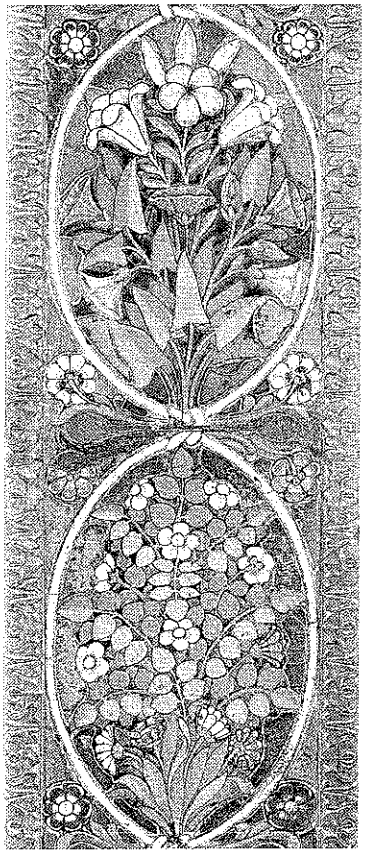
We know that in numerous Western countries greater humanity is requested at clinics We see nurses and midwives clearly manifesting a wish to have more time available for remaining with patients for longer periods.

Frequent displays of "white-coat rage" , as we have observed in the Netherlands, Belgium, and France, are not just manifestations of discontent over pay, but equally reflect a very explicit request to reduce work pressures so as to have more time available to spend with patients

In spite of this, in contact with wounded, broken people, paramedics apparently have to deal with their own vulnerability or with the fact of having been wounded, in turn. This encompasses a precise challenge: in relations arising from care, nurses are required to grow and surpass themselves.

In many CICIAMS associations in Europe—and also in Africa—nurses and midwives are taught how to behave towards patients; in these areas Gabriel Marcel's "I-you" method is frequently used, and there is emphasis, above all, on stimulating personal growth in the relationship with the patient. In Asian countries Catholic paramedics forcefully stress the triumph of love in suffering and translate it into a stimulus for increased relations between personnel and patients. This was witnessed to last year by the Japanese woman religious Teramato at the CICIAMS Asian Conference: as a Catholic nurse she was always assigned to the most marginalized patients, such as the victims of tuberculosis, for instance

Until ten years ago, in Japanese society there was a tremendous fear of TB, and only Catholics were willing to care for these patients In that mission Sister Teramato was convinced she could overcome her own fear and anguish in the face of TB: it was this fact which led her to be as close as possible to



those abandoned patients. Her account fascinated those attending the Conference. This nursing religious was described by many people as an excellent human being, honest and just, with her heart directed towards an admirable purpose The nurses and midwives wishing to follow that example and develop professionally to help their fellows more successfully, to be closer to patients psychically, morally, and religiously, are the Good Samaritans of our time.

This also means that nurses and midwives dare to denounce certain defects in health care and to defend solidarity, which, in the Western world, risks being lost as a result of economic recession.

It is very significant for nurses and midwives and emergency personnel that the World Day of the Sick is commemorated in a place of pilgrimage in honor of Our Lady These peoplès profession aims to care for the sick, a profession which is embraced by women, above all. In Europe and the Americas, 85% are women; the men's 15% has not varied over the last fifteen years. We find male colleagues in the technical areas of nursing and in administrative roles in particular.

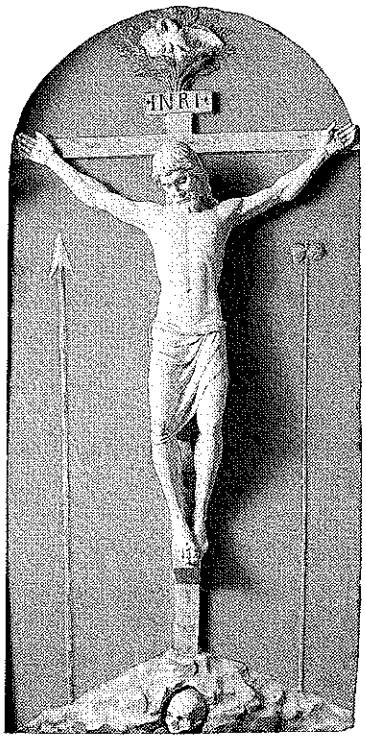
To be a woman and to be a mother involve presence and care Our Lady, as the universal Mother, takes on a completely unique accent in the profession of nurses and midwives Just as Mary accompanied her Son in his suffering, throughout his life, until Calvary, so nursing personnel accompanies patients until the end of their lives

Many nurses and midwives working in wards with the chronically ill, with patients destined to die, remain at their side as did Our Lady; and as She was a relief for those surrounding Christ, so nurses and midwives often represent a relief and a consolation for the members of the patient's family.

The fact of "being close," as concerned mothers, is quite important in our African associations. Frequently in those countries women are the bond of the family: they look after children, till the soil, take care of all the neighbors in their village, preparing their meals, and so on Our African colleagues often speak of their profession by starting from their role as mothers. To care means "to be close" and afterwards to act in a corporeal-technical manner, and not the other way around This is what is stated in the CICIAMS reports we receive from the Ivory Coast, Burundi, Zaire, Kenya, and South Africa.

Conclusion

To celebrate the World Day of the Sick represents a holiday for Catholic paramedical and emergency personnel. Last year the CICIAMS General Secretariat decisively promoted it through its national associations From a first reading of definitive 1993 reports, we know that out of 48 member associations about 30 have regarded February 11 as a holiday for the personnel accompanying the sick.



This year CICIAMS is also promoting the special Day, above all with a subject like *Salvifici Doloris* Suffering touches the deepest roots of existence, and it is a privilege for nurses and midwives and emergency personnel to be able to assist the sick and those suffering

AN VERLINDE

Secretary General of CICIAMS
Consultor to the Pontifical Council

IV. Suffering Leads to Joy

On February 11, 1993 the First World Day of the Sick was held in Lourdes. It is a special key to interpreting the ministry to the world of suffering and illness. On February 11, 1994 it was held at Jasna Góra, Częstochowa A moment of prayer and reflection, a profound event, thanks to awareness of the special encounter with Our Lady, Health of the Sick.

Concerning Weakness

Suffering, in addition to being physical, may be spiritual or moral. Most of the time one aspect accompanies the other. If we conceive of man as a psychophysical whole, we can understand why physical pain frequently provokes a spiritual slump Psychological sufferings are, in turn, reflected in the physiological dimension. This is observed, above all, in the nervous system and is a ready cause of stress and, in the long run, of so-called "psychosomatic disturbances" The ill subject is, then, the human person in all his or her interconnected dimensions

When living through or treating human suffering we must always consider the transcendental element in the individual, who, unlike plants and animals, is capable of asking about the meaning of pain and suffering. And individuals can calculate the risk and the seriousness of their own illness. Among other things, they recognize suffering as the experience of evil and, in addition, of their own limitation and debility No one should object to the observation that suffering represents a tangible symptom of physiological limits. Moreover, it brings out rational or moral impediments, including loneliness, disorientation, and impotence, which are emblematic experiences.

Frequent questioning as to the causes and meaning of suffering is directed towards God, especially if the pain touches us personally. On approaching the sick, one must always bear in

mind the aspect which surpasses the purely physiological dimension In fact, it is a person who is suffering in spirit as well and who probably feels alone with the malady Here the most lacerating questions arise on the meaning of pain, particularly when seen in relation to God.

Why such tremendous sufferings? Why at this precise time? Why me and not others? Certainly, if God existed, He would not make me suffer so. How can I call God "Father" in this situation? These are questions which often take on the form of accusations against God and, in certain cases, of blasphemy They sometimes even lead one towards a crisis in faith They are not questions asked by others It may happen that I myself am walking along this path Remember that you are only a man And may it please God that you can at least be a man in that situation. Do not think according to earthly frameworks Consider the fullness of your dignity, which is great and demanding.

Concerning Pain

The experience of physical pain takes us back to the limitedness of our bodies, above all It is a kind of sensation arising under the stimulus of ruined tissue. Pain receptors appear as blind nerve endings in the skin and organs and may be activated by various stimuli Of course, the intensity of the painful sensation is regulated by the analgesic system, whose action consists of attenuating the pain-producing impulses which reach the pain centers in the brain.

Pain manifests itself as a sign of alarm mobilizing the organism to defend against danger, both external and internal The physiological mechanisms at the root of pain are basically in that sort of alarm system, indispensable to recognize the appearance of negative phenomena. Paradoxically, if that system were lacking, we might die without even being aware of the negative physiological processes taking place Of course, pain may be provoked by external factors, e g., mechanical, chemical, thermic, or electrical But in many other circumstances pain may originate in the presence of evil in the world. Many accidents and many tragedies related to pain are manifested as a result of a blameworthy lack of attention or carelessness regarding oneself or others We are referring here to the whole domain of care in a broad sense. Many precautions, prophylaxis, simple prudence, are ignored and contravened. Particularly today, an increasingly frequent phenomenon is superficiality in contacts and in regard to other persons In extreme cases, hatred and pride infiltrate themselves as logical consequences of human evil

Much pain and suffering arise from options which are even perverse, the result of erroneous views on power and economics. In substance, the moral degradation of power and the desire for gain are sources of suffering. All of these positions have nothing to do with the logic of charity, the only appropriate option for man with respect to other men. And there is more: love should come to be the ground and end of life.

Concerning the Cross

A sensible, worthy response by man to the question on the meaning of human suffering proceeds from the cross of Christ: "If anyone wants to come after me ., let him take his cross and follow me" (*Mt* 16:24; cf. *Mk* 8:34, *Lk* 9:23). The thought of the Master of Nazareth concerns two basic questions:

— the Cross (suffering) is a reality forming part of man's life;

— by opting for the imitation of Christ in obedience to the Father, man makes his cross —by overcoming evil—an instrument for reaching God.

In following this thought, the suffering Paul states, "Now I rejoice in the sufferings I undergo for your sake and complete in my flesh what is lacking to the sufferings of Christ for his Body, which is the Church" (*Col* 1:24). He meant adherence to and union with the Lord on the way of self-perfection.

Jesus made his voluntary suffering an instrument to take on all the evil existing in the world, which He overcame in the spirit of an absolute—and love-filled —obedience to the Father's will The Apostle Paul, through his union with Christ, observes in his tribulations a kind of embodiment of the sufferings of the Cross of Jesus. In doing so, he personifies the redemptive sufferings of Christ, who continues his work in Paul for the whole Church.

It may be said that in the New Covenant Christ rescues man from both sin and suffering Man goes on suffering, experiencing pain while combating evil, but now he is a sharer in the graces proceeding from the cross and resurrection of Christ Suffering is subject to goodness, eternal salvation, and the fulfillment of the ultimate purpose of man and, in him, of the world. "Blessed are those who weep, for they shall be consoled" (*Mt* 5:4; cf. *Lk* 6:21).

Suffering is understood by Jesus as a transitory phase on the way leading to full life, to eternal joy. That is why Paul could write, "Indeed, the momentary and slight weight of tribulation produces for us an eternal magnificence of glory . " (*2 Co* 4:17) And he states elsewhere, " . .We are co-heirs with Christ, since with suffer with Him to be glorified with Him. I believe the sufferings of the present time cannot be compared to the future glory which will be manifested in us" (*Rm* 8:17-18). And St. Peter also teaches in the same spirit: "...Rejoice over the share you will have in the sufferings of Christ so that, when He appears in his glory, you, too, may exult and rejoice" (*1 P* 4:13).

Concerning Death

In the face of their own death, the terminally ill feel impotent and sometimes afflicted Tumors, when advancing quickly, clearly demonstrate the debility of the human body AIDS, which eliminates one by one the capacities for human activity,

speaks through suffering, life, and roads followed in the past Many terminal states originate the questions asked by the sick and others concerning life. How much pain, how much suffering

The suffering of the terminally ill takes on the character of a specific *mysterium,* anguish joined to intense disturbance which would like to say, "Enough!" The ill themselves struggle and invoke the end to everything But no one, not even they, can with impunity decide to intervene in the mystery of the encounter with the cross of Christ. No one can take away from God a life called to fulfill itself according to a logic which is not of this world. On the contrary, at that point it helps to look towards the final goal, the longed-for communion with God, and entrust to Him one's sufferings—if they are inevitable —and the mystery connected with them.

In the situations of fleshly decay, it is a good to see the sign of suffering as the road leading to God. The great and wished-for good is able to prompt the strength to overcome all suffering. It is the need to live with one's own suffering, to accept illness positively. All of this also requires adaptation to the major physical and spiritual fatigue inherent in the path of pain and suffering

Existential limitations, typical of and specific to each man, should suggest an attitude of serenity, of peace with oneself, and, finally, of joy over the gifts attained Those living the experience of the cross of Christ in this way can console others, the healthy, with the graces which have been granted to them Divine grace enables people to convey to others positively the value of accepting sufferings, of casting off resignation, and of nourishing hope. In this case, Divine Providence is the source of a positive acceptance of the circumstances of suffering.

Concerning Mystery

Suffering and pain always remain as an individual property of each man. It is he who obtains from them the ways of perfecting his humanity. And yet, weakness, what is sinful, is a spur at the depths of human nature towards keeping at a distance decisions involving man's personal dignity. Such matters normally appear in a different light according to whether they affect others or ourselves What we are or will be capable of remains a mystery which, in the final analysis, each of us will live through personally. May I always keep abreast of my humanity, even in pain and suffering God, help me. Christ, be my model

ANDRZEJ F. DZIUBA
Professor at the Catholic University of Lublin Poland

V. Serving the Sick

Doctors have gathered today in Jasna Góra in a special way. We are here to serve the sick and provide the greatest possible well-being to those needing it most urgently.

Our profession's characteristics are vocation and service. Doctors are constantly obliged to seek what is best, for attention to the sick must form part of the process of creation This service becomes a realization of our vocation only when we are aware of the fact that the human being (and, therefore, the sick) is more than just a substance and biological needs.

The Holy Father John Paul II has stated that the basis and aim of the social order is the human being.

We doctors have the privilege of concretely taking part in human life; we share the joys and sufferings of our patients: joy over the birth of a man, suffering over the death of an individual and or in the face of a person's family problems

No one is so aware as we are of the fact that human beings have their own honor and are unique personalities. How great is the honor of a man who suffers, of a man whose personality has been forged in faith!

We praise the immense power of the spirit and the joy of the sick able to join their suffering to Christ's

Service in the medical field also makes us patient, especially when our professional capacities are exhausted; it is then that the patient's trust supports us in action and research

To comprehend suffering is part of our responsibility and our vocation To comprehend means to identify oneself with the sick. All doctors know it is that which produces the best results in our service. How vile and dangerous the dehumanization of medical service is for us!

In patient care we must try to ask ourselves constantly whether what we are doing is done properly and to the best of our capacity, for the main object of our

attention is the sick person (that is, the human being)

The participation of the military medical service in this gathering is not without justification

We identify with the highest values of man We believe in the need for our service, exalt the loftiest virtues of the human being, and know what our task and place are

The military doctors do their work with the people who need them most, and not only within the country They currently form part of the United Nations Peace Missions in Lebanon, Syria, and Yugoslavia For us being called to perform this kind of service brings fulfillment

We are responsible for one another as human beings, and this is the basic truth of medicine. To protect man's life at all levels is our obligation and our vocation We identify with the highest values of man (that is, with his faith) It is our responsibility to share with the sick the best we have and draw therefrom enrichment of our values and identification of ourselves in faith

Dr ANDRZEJ KALIWOSKA
Brigadier General,
Head of the Polish Military Physicians and Hospitals

VI. Health Workers: Seeing the face of Christ in the Sick

It is a great honor for me to be here in Częstochowa on this second World Day of the Sick

I am most grateful to our Holy Father, Pope John Paul II, for setting this day aside as a special occasion to remind the whole world of our responsibility to the sick Every year this date stirs the consciousness of all people to the needs of the sick and suffering among us This is a day for the sick themselves, to enable them to see beyond their sufferings to the ultimate purpose of all suffering and to unite their pain to the pain of Christ

This day is especially important to doctors, nurses, and all healthcare professionals who work with the sick They carry on the work of Christ in caring for the sick and suffering They must always be aware of the dignity of their profession They must be able to see beyond their patients' faces to the Face of Christ This is the one they are really serving The whole area of health care depends on the people working in this area of human life Everything depends on them—and what an awesome responsibility it is in the modern world All Catholic doctors, nurses, and healthcare professionals must be aware of their commitment to Christ in every patient they encounter This is a day for them to renew their commitment to their profession On the day of graduation from medical school, doctors take the Hippocratic oath that they will do no wrong to their patients, but protect them—and all human life That commitment is much more difficult today, and yet it is much more important for the medical profession and all human life at every stage of development

The Shrine of Our Lady here at Częstochowa continues to manifest the mission of the Church in health care All over the world the Blessed Mother has manifested her care for the sick, as seen in her miracles of healing. In St. Luke's Gospel (*Lk* 9:4), it is recalled that Christ sent out his apostles "to preach the Kingdom and to heal the sick." The Church has always continued this mission to heal the sick Even today, in our modern world, the Catholic Church is the single largest provider of medical attention on earth, with thousands of health-care institutions At the Pontifical Council for Pastoral Assistance to Health Care Workers we are striving to bring together all these facilities around the world under the International Association of Catholic Health-care Institutions (AISAC) We are striving to get all the thousands of Catholic doctors to be united with one another and with the Church in the International Federation of Catholic Medical Associations (FIAMC) worldwide We hope that in these Associations Catholic doctors, nurses, and all healthcare personnel will be drawn closer to the Church and Christ Himself, as He carries out his mission

We are celebrating today the Tenth Anniversary of *Salvifici Doloris,* which appeared exactly one year before the institution of the Pontifical Council for Pastoral Assistance to Health Care Workers This is the youngest department of the Roman Curia, but in the last nine years it has grown and developed under the leadership of Cardinal Angelini into one of the busiest and best-known works of the Holy See worldwide Every year the Council's International Conferences have attracted thousands of health professionals from many countries Each of these meetings deals with the vital theme for the healthcare field The Council's journal, *Dolentium Hominum,* is currently printed in separate editions for four languages and sent to every corner of the globe For

the first time there has been an effort to unite the many thousands of Catholic medical facilities and millions of health specialists everywhere under the leadership of the Pontifical Council for Pastoral Assistance to Health Care Workers

All Catholic healthcare institutions are celebrating this World Day of the Sick, but we pray here that this moment set aside for the sick will be observed not only by Catholics around the world, but by all people of good will We pray to Our Lady of Częstochowa that all healthcare institutions and all the sick and suffering of the world will observe this occasion as a special day not only for the sick, but for all those called by God to minister to the sick as Christ did.

Monsignor
JAMES P. CASSIDY, Ph D
President
of the International Association
of Catholic Healthcare Institutions
and Ecclesiastical Assistant
to the International Federation
of Catholic Medical Associations

VII. The Different Worlds of Suffering

As one of the representatives of the Spanish Federation of Men and Women Religious in Health Care and of pastoral care in health in Spain, I would like to present a brief pastoral reflection on the Tenth Anniversary of the Apostolic Letter *Salvifici Doloris* and its impact on the world of health

Those of us working in health care live through the suffering of others as the experience of a mystery, but, above all, as a task and challenge to our own solidarity Accordingly, in our centuries-long tradition of hospital work, human suffering has always prompted the response of action in willingness to offer "effective help, insofar as possible" (*SD,* 28).

Such action, however, in no way conceals from us "the grandeur contained in that specific mystery" (*SD,* 4) On the contrary, perhaps we, more than anyone else, understand that man, wounded by evil, needs not only love, but also meaning and significance

The mystery of physical and moral pain affects the whole of creation "We well know that until the present all creation has continued to moan, as in birthpangs," St. Paul tells the Romans (*Rm* 8:22).

In this framework, the experience of illness may become a moment favorable to salvation, within which the dialogue between Creator and creature takes shape and deepens

Salvation is a good greater than health When health is lacking, life does not lose its beauty and value if it is conceived in a context of faith. The power of faith casts a different light on the mystery of human suffering and helps us to discover the Paschal values.

Suffering is an inevitable guest of mankind. It visits the nursing mother, the playing child, or the elderly who pray. No time of life, no age, no social class is free from its presence.

Some are born or live with it; some have to face it inopportunely; some use it as an excuse to shirk their responsibilities

Furthermore, what might be termed a "sick society" really exists, wearied by its conflicts and interests and debilitated by different evils—from conspicuous consumption to drugs, or from dehumanization to injustice.

The sick man, perhaps for the first time, observes that he no longer has complete control over his own world Two important dimensions of existence are felt to be in danger: one's own existential value and the sense of personal wholeness

The sick person perceives a kind of violation of his or her own wholeness which occasions an emotional reaction manifested in various fears: fear of separation, fear of pain, fear of physical rejection, fear of death The loss of wholeness is sometimes perceived more deeply on a social rather than personal level. Illness may entail psychological isolation from one's own social system, with related feelings of abandonment, loneliness, or separation deriving therefrom

Modern man, perhaps more than in the past, is inclined to rebel against destiny The road to acceptance is long and tortuous A succession of varying sentiments—fear, rage, sadness, guilt, and hope—mark the path of one's response to suffering

Like every crisis, the encounter with illness also bifurcates in two directions: one approaching God and the other moving away from Him.

In this context, I ask, "What ought to be done with pain?"

Suffering is not easy to understand or explain It represents a tremendous expression of hu-

man imperfection. In a certain sense, pain is a mystery more than a problem. A problem is a difficulty one can resolve and free oneself from. A mystery is part of our reality and matures in awareness thereof. The more one lives the spirit of mystery, the easier it is to interpret and give meaning to our existence.

Christ therefore goes out to meet the sick. Christ filled suffering with meaning. Infirmity is filled with hope and acquires the Paschal plenitude.

It is there, in pastoral terms, when faith invites us to see our illness in this perspective, translating our crosses into the chance for a new life, aware of the fact that God's thoughts are not our thoughts and God's ways are not our ways.

For us, the blind man is physically handicapped. Christ sees a believer in him. For us, illness is an injustice; for God, it is a moment of grace and maturation; for us, mourning or adversity may be a reason for sadness —for God, a moment of humanization and salvation.

For us limitations are a source of frustration; for God they are an invitation to humility and confidence in Him.

Each of these "little deaths" can become a moment of redemption, a hope of resurrection, if we contemplate them from the standpoint of God.

Once more, it is clear, the God of life is a concerned God. Whoever accepts Christ's invitation will discover that the cross—that is, suffering—does not lead to darkness, but to light, not to loneliness, but to the hope of those raised up.

These are human situations where pastoral accompaniment is able to discern and evaluate each moment and, at the same time, seeks to recognize and strengthen the capacity God has given to every man with a view towards spiritual and human growth in the direction of maturation and interior purification, the overcoming of nonconstructive attitudes, and serene acceptance of the inevitable.

If the world of suffering summons the world of love and solidarity (*SD*, 29), the process of liberation in which humanity is involved may also be said to find its point of maximum realization and confrontation precisely in the evangelization of suffering, in solidarity with wounded man, in the fight against all pain and against natural, induced, or institutional causes of evil.

It is within this global process that pastoral care in health is located; for this reason, on this tenth anniversary, we thank His Holiness for publishing the document on suffering, a document which has served us not only for reflection, but for renewal, filling the world of health and the health ministry with content.

We are grateful for the invitation and our presence at this Marian Sanctuary of Our Lady of Częstochowa. May She, the celestial Shepherdess, illuminate the sick at our side.

Rev. JESÚS ZURBANO, M.I.
Spanish Federation of Religious in Health Care

VIII. Healing Throughout Salvation History

Introduction

This message is addressed to the members of the Hospital Order of St. John of God, to their co-workers, and to the sick whom they feel privileged to serve as their brothers and sisters.

Aim

The Second World Day of the Sick, on February 11, 1994, as the Holy Father, John Paul II, writes in his message for this day, will call the attention of all men to the Christian meaning of suffering.

The World Day of the Sick speaks to each of us on both a human and a religious level.

On a Human Level

Humanly, none of us can hope to be able to lead a life which at one time or another is not directly or indirectly touched by some form of illness. On our path through life all of us will sooner or later be forced to stop and seek healing for ourselves or someone close to us.

Illness, infirmity, and pain always form part of human experience.

Suffering is an experience making us both humble and thoughtful. From the suffering brought on by an illness, in fact, there inevitably emerges the age-old question: *"Why?"*

On a Religious Level

The whole story of salvation is, in the final analysis, a story of healing. The ministry of healing finds its source in Sacred Scripture, that *"great book on human suffering."* [1]

In illness, pain, and suffering, man's instinctive reaction is to turn to God to ask to be healed. *'And then a leper came up and prostrated himself before Him, saying, 'Lord, if you want to, you can heal me"* (*Mt* 8:2).

Jesus the Healer

"I do want to heal you," is Jesus' response to the leper

It is in Jesus that we find the Christian command to heal. It is clear from the Gospel that for Jesus preaching and healing constituted the main components of his mission

When John the Baptist sent his disciples from the jail to ask Jesus, *"Are you the one who is to come or should we await another?" Jesus replied, "Go and tell John what you hear and see the blind recover their sight, the lame walk, the lepers are healed, the deaf recover their hearing, the dead rise again, and the good news is preached to the poor"* (*Mt* 11:2-5)

One of the most evident realities in the Gospel is that Jesus came to heal man.

And it is equally evident that He fulfilled his mission by going *"all over Galilee, teaching in their synagogues and preaching the good news of the kingdom and curing every kind of illness and infirmity among the people"* (*Mt* 4:23).

Whoever is struck by the fact that such a large part of the Gospel of Matthew is devoted to this aspect of the Lord's mission is certainly not mistaken.

Jesus healed the whole person He did not divide the person into a soul destined to be saved and a body destined to suffer

The Church and Healing

The Church continues Jesus' mission in time.

The Church is communion—not an ideology detached from time and historical reality The Church is made up of men who live and love, who are assailed by a multitude of temporal and spiritual realities. Suffering is at once a temporal and a spiritual reality.

All Christians, by virtue of the fact that they have been baptized in Christ, are called to be the sacrament of Christ's ongoing presence and mission in today's world. Each of us is called to spread the good news and achieve the Kingdom of God here and now.

The Church's mission and, consequently, the mission of each Christian can be none other than Christ's.

Our basic mission, like that of our Divine Master, is to heal man, to give him back his wholeness, to make him new Jesus *"summoned the Twelve and gave them power and authority over all the demons and to cure illnesses And He sent them to announce the Kingdom of God and to heal the sick"* (*Lk* 9:1-2).

It is clear that the command to heal does not represent for the Church a mere option among others in carrying out her mission. It is not one service among a number of alternative services which the Church may or may not offer. It constitutes an integral part of the Church's life and action *"The Church cannot remain insensitive to all that serves man's true welfare, just as she cannot remain indifferent to all that threatens him"* [2]

John of God

John of God was an ardent follower of Christ and a faithful contributor to the Church's mission.

Follower of Christ

In following Christ faithfully, St. John of God devoted his life to the sick. And he learned from his own suffering and from the Gospel the lesson which the World Day of the Sick seeks to convey to us. He transformed his life by transforming every day of his life into a day for the sick!

Minister of Healing

As a faithful minister of healing, John of God abandoned all concern for his own future, giving himself entirely to the sick—especially the most neglected and forgotten among them.

In him, attention to the physical needs of the sick never took the place of pastoral care, or the response to their spiritual needs. On the contrary, he achieved a wonderful synthesis between these two activities, which we Christians engaged in the Church's healthcare apostolate today try to imitate and perpetuate

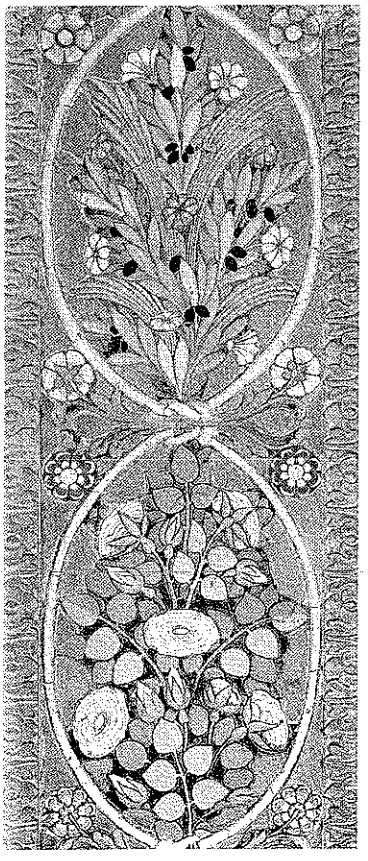
Conclusion

For this reason the health workers rallying today under the banner of St. John of God applaud the Holy Father's initiative in introducing the World Day of the Sick and commit themselves to assimilating and spreading its spirit.

We pray that, through the mediation of St. John of God, celestial Co-Patron of the Sick, the Most Blessed Virgin Mary, whom we honor as the Mother of Hospital Care, and Jesus, the Divine Physician, this World Day of the Sick will make all human suffering salvific, for both the person afflicted and the whole of mankind, as did the suffering and death of the Son of Man on the Cross

Brother
BRIAN O'DONNELL, O.H.
Prior General

[1] Pope JOHN PAUL II, *Salvifici Doloris*, no. 6.
[2] Pope JOHN PAUL II, *Redemptor Hominis* no. 13.



Eucharistic Celebration at the Jasna Góra Sanctuary

Greeting of the Apostolic Nuncio, Most Rev. Józef Kowalczyk

Your Eminence:

I wish to convey our most respectful and cordial welcome to Your Eminence and to the distinguished members of the pilgrimage led by you.

We are very grateful to the Holy Father and to the Pontifical Council for Pastoral Assistance to Health Care Workers for having wanted the most solemn celebration of the Second World Day of the Sick to take place here, at the Sanctuary of Jasna Góra, so dear to the faith and the history of Poland. And we wish to express deeper gratitude on recalling that this Day is made even more meaningful by the Tenth Anniversary of the Apostolic Letter *Salvifici Doloris*, so important for reflection on and organization of pastoral care in health.

At this Eucharistic celebration we spiritually join the faithful of the Catholic world, entrusting to the intercession of Mary, *Salus Infirmorum*, the Holy Father's intentions for this Day. In particular, we request:

— *for sick or suffering persons, corporal and spiritual comfort, that they may live through their pain serenely, and even joyfully,* in the certainty that they are completing the sufferings of Christ for the sake of His Body, which is the Church;

— *for health care workers,* that with the eyes of faith they may always recognize in the sick and suffering the presence of the suffering Jesus;

— *for public leaders,* a new springtime of spiritual energies, competing with one another in effective solidarity to favor the neediest;

— *for all Christians,* the grace to be intimately introduced into the mystery of Christ and of his salvific pain.

We ask God to grant abundant graces to Your Eminence and to the worthy members of your staff, so that in the Pontifical Council presided over by you pastoral care in health may always find light, encouragement, and support, for the glory of God and the good of the Church.

Suffering: Gift and Treasure

The homily by Józef Cardinal Glemp, Primate of Poland, for the Second World Day of the Sick, celebrated in Jasna Góra at the Basilica of the Assumption of Our Lady, on February 11, 1994

1. The Presence of Jesus Christ in Mary and in the People of God

Before Holy Mass we listened to many splendid words, in both the Chapel of the Miraculous Image and the John Paul II Room Considerations have been expressed on what suffering is, how to face it, and how the words of the most beautiful document of the Holy Father, *Salvifici Doloris,* should be received in today's world But all of them, in comparison to the words we hear in the liturgy, particularly in the Holy Gospel, are in another dimension.

In the liturgy we hear the Divine Word In the first reading there was reference to the constant wisdom of God, which manifests itself so wondrously in Mary. In St Paul's letter, on the *fullness of time*. In the Gospel we are faced once again with the scene in Cana, in Galilee. They are not human words. In the Word of God that time and those truths become present in our midst. It is the Spirit, it is the Wisdom of God who speak them to us. Here the fullness of time is achieved Cana in Galilee is here. This is the truth On listening to the revealed word in the liturgy, we experience the presence of God in the word In today's word, especially in the Holy Gospel, Our Lady was present together with her word The words spoken that day to the servants in Cana, "Do all that he tells you," still resound in our midst.

The presence of Our Lady in the world has a special connotation—just as the Most Holy Mother was with Jesus Christ from the moment of his conception, She and She alone, in the Holy Spirit, until Calvary, until the final instant of his life, so she is borne into the glory of the heavens together with her Son.

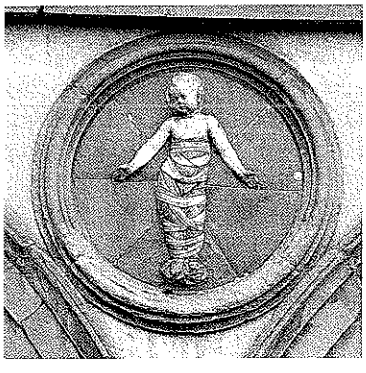
As Christ is miraculously present in the Church, with various ways of being present among us, so Mary is present in the Church and in the world. A presence which is particularly manifest at the sanctuaries. The site of Jasna Góra was chosen by her over 600 years ago. Generation after generation comes here, in the different vicissitudes the nation passes through. Today, February 11, is the commemoration of Our Lady of Lourdes. More than 140 years have now passed since Our Lady expressed her will to be there. We know how it began: through a simple girl, Bernadette Soubirous. Mary expressed the wish to be in the Lourdes grotto. This is the reason for the immense throng of pilgrims flocking to Her, to be there, where She is present in the world, for She does nothing but draw us near Christ, smoothing the way leading to Him, facilitating the understanding of every mystery, of all the depth of adherence to the life of Christ. As at Lourdes the sick, the poor, and those suffering gather, so at Jasna Góra this Day represents a special gathering.

2. The Christian Meaning of Suffering

Here, especially as those who are ill, we want to make a gift of our sufferings to Our Lady and at the same time ask God, by her mediation, for succor, health, and strength. But, above all, we must be convinced that suffering is not associated exclusively with the sick, but also affects the healthy. We are all subject to suffering, although each in his or her own way. We see people wounded, slain, suffering. And we see (I ask you to observe) that *frequently those wounded are serene, smiling, while those at their side weep, for they suffer even more*. There is also suffering originated by human misery, by the pain of another individual. We learn to grieve, to suffer with others, and this is profoundly human. When those suffering can share their pain with others, this pain is relieved. Hence the calls for humanity in the world of medicine and health care. For delicate, sensitive treatment of the sick. The sick should, in turn, know that the healthy approaching them have their sufferings and sorrows. St. Paul has brought us to discover this. He showed what he bore inside. He, who was healthy, said that he rejoiced in the sufferings in which he found himself. Sufferings which *completed what was lacking to the sufferings of Christ* (cf. *Col* 1:24). He could say that because Christ goes on living. The Church, his Mystical Body, which also suffers in her physical dimension, lives. As a result, each pain, when joined to Christ, takes on a grandiose significance. Indeed, suffering has most important functions which it must fulfill in the Church and in the world. If people do not know how to use suffering by orienting it towards some good, by offering it as a gift for a great cause, suffering may be wasted —in loneliness, in doubt, in despair. There arises here the idea of organizing care of the sick and at the same time solidarity among all those suffering which shares in suffering—that is, those managing to offer help.

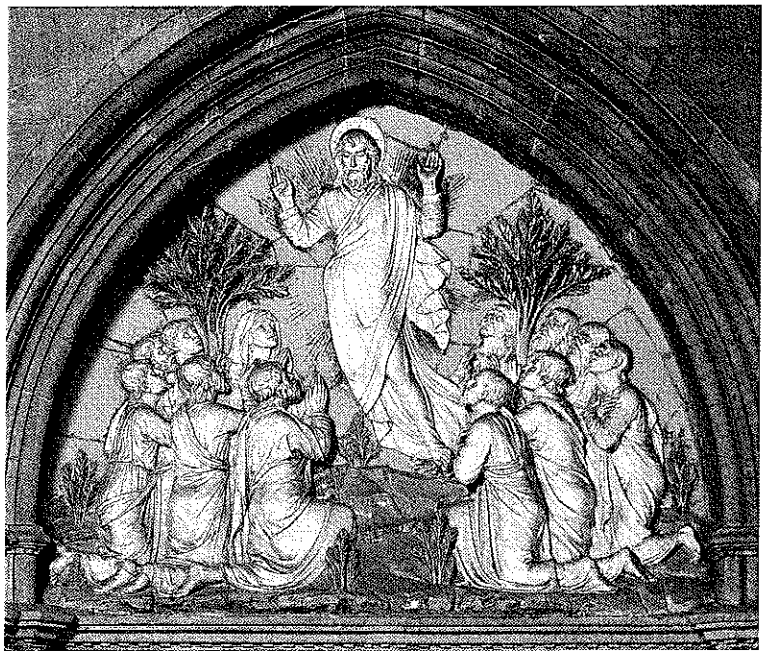
3. Church and Family

Yes, the sick and those suffering have tasks which they must carry out. I shall not list them, for all can define one for themselves. I would just like to dwell on the possibility of offering our sorrows, our sufferings, and our setbacks for two ends. The first task is general: to offer pain and suffering for the Church. The Church is holy and apostolic and proclaims the Gospel, but she also traverses the paths of the world, coming to grips with earthly things. To offer one's sufferings for the Church means, above all, to offer them for the Holy Father, for his pastoral concern on behalf of all the Churches, for educating each individual in goodness, for the protection of men. And frequently we ourselves do not realize that the sin dominating man is the worst of evils because it brings about the loss of salvation and thus sets the stage for us to lose God. It is the worst misfortune, and the Church strives to check those tending towards the annihilation of their own soul through sin. In this the role of suffering is extraordinary. That is why offering one's pain for the Church is very significant.



The second specific function concerns the present year, which we are dedicating to the family. It is a task adopted by pastoral programs, not only in Poland, but in the whole world; and there are many institutions which deal with the problems of the family, a key place for solving so many social difficulties. For Polish families, for the families of the whole world, that they may be united; for the sacramental families, that they may understand the presence of Christ in their homes, in their environment—our sufferings must be offered as a gift. Marriage is not just husband and wife, but also the bond produced linking together them and Christ. He loved the Church so much, and the sign of that love is the love of the couple joined in matrimony. This awareness should pervade our couples, our families, that they may represent little cells, microcommunities whose members succeed in loving and forgiving one another. And this is the second objective which I propose. There is a need for us to offer our sufferings as a gift to strengthen families.

We realize once more that all pain and all suffering, when conceived evangelically, together with Christ, are a great gift and a great treasure which it is not licit to squander.



The Church Embraces with Love the Whole Human Family Wounded by Suffering

The Eucharistic celebration in the Vatican Basilica at which the Holy Father presided on the afternoon of Friday, February 11, on the feast of Our Lady of Lourdes, with the participation of the sick and pilgrims organized by the Roman Pilgrimage Institute and UNITALSI, was rich in significance. During the Liturgy of the Word the Pope delivered the following homily

"The Omnipotent has done great things in me" (*Lk* 1:49).

1. Dear Brothers and Sisters! The feast of Our Lady of Lourdes today invites us to unite ourselves spiritually to the numerous pilgrims who trustingly go to the Grotto where She in whom the Omnipotent has done great things for mankind appeared. In spiritual pilgrimage, we go to the spring flowing from the rock, and there we encounter the faith of Bernadette. In her as well the Lord has done great things: He has confirmed, with the eloquence of miracles, the truth of the Immaculate Conception of the Virgin Mary.

Let us go to Lourdes with our bundle of sufferings, but supported by the hope of finding light and comfort. We are united by the desire to encounter Her who received in her virginal womb the Word of God made flesh for our salvation.

What are we told by the White Lady of the rocks? "I am the Immaculate Conception." I am the pure Temple that God has prepared for Himself to establish his dwelling among men and *form a family with them,* to heal all their infirmities.

The font flowing from the Grotto of Lourdes, has issued forth as a *sign of the presence of Mary among the suffering,* and we invoke Her under the title of "Health of the Sick."

A great many persons have experienced the power of this spring: sometimes in their body, and always in their spirit.

2. Uniting ourselves to Mary, a pilgrim in faith, we strengthen ourselves in the conviction that every instant of life is a precious moment of grace which educates us to receive Christ as our secure hope.

In the Apostolic Letter *Salvifici Doloris,* whose tenth anniversary is being celebrated

precisely today, I was able to observe that Our Lady, "a witness to her Son's passion with her presence, and a participant in it with her *compassion,* offered a singular contribution to the Gospel of suffering.... In effect, She has special qualifications to be able to assert that She is 'completing in her flesh—as previously in her heart—what is lacking to the sufferings of Christ' " (no. 25)

We are gathered together today in St. Peter's Basilica to celebrate the Second World Day of the Sick. Dear people who are ill, you are the representatives of a great pilgrimage: that of human suffering, which heads towards Lourdes from every part of the world to find new strength in the light of "suffering with Christ."

At this moment we are united in prayer and by the offering of our sufferings to all who experience in their members the weight of infirmity and the discomforts deriving therefrom; we feel particularly close to the pilgrims who have gone to Częstochowa, to Our Lady of Jasna Góra, in Poland. There, at the feet of the Mother of God, the "Great Pilgrimage" led by Cardinal Fiorenzo Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers and my Delegate for this occasion, is gathering.

3. Mary, who advances at the front of the People of God in the pilgrimage of faith, precedes all of us: in prayer, in thanksgiving, in supplication. The greatest miracle of Lourdes is that precisely there such a prayer of our time had its beginning. A prayer keeping us open to God's "surprises," including the "surprise" of suffering, a prayer helping us to live in a spirit of fraternal sharing.

The great family of believers in this Year of the Family wants to embrace every human family touched by suffering with singular affection. To the family, a little "domestic church," is entrusted, first of all, acceptance of every human life, whether healthy or sick, from its beginning until its end. The Christian family, moreover, is open to the world: following the example of Our Lady, it becomes a temple of God and sanctuary of the alliance, wherein the trusting oblation of daily sufferings finds a place, in union with the Eucharistic Sacrifice for the salvation of all humanity. The family that prays will never lack the awareness of its basic vocation: to be a way of *communion,* united to those suffering, nearby and far-off.

4. Dear Brothers and Sisters! In the silence of prayer it is granted to us to observe the inexpressible cry of Christ, echoing in the world of human pain: *the cry of those* "who complete in their flesh what is lacking to the sufferings of Christ" (cf. *Col* 1:24). Those who are afflicted by every kind of illness, particularly children, the elderly, the defenseless, and the victims of all types of human wickedness, uplift a "powerful cry" together with Christ over the world and over the great evils pervading it. It is a cry *for the victory* of love over hate, of peace over war; it is a powerful voice uplifted for justice and peace, as we approach the year 2000.

5 "The Almighty has done great things for me, and Holy is his name" (*Lk* 1:49). Our Lady of Lourdes shows us the way and the goal. As pilgrims amidst life's hardships, we, too, strive to run out to meet Christ the Lord (cf. *Ph* 3:12; 14).

The great Pilgrimage of the afflicted, over the paths of faith, *can meet with the annual pilgrimage of the young.*

The young love the elderly, the sick, the abandoned. In their energetic generosity, they are particularly close to these through multiple forms of volunteer work. The young and the sick thus meet as they head towards the same Source: Christ, from whose side there issue forth rivers of living water (cf. *Jn* 7:38), as proven by the abundant witness of youthful generosity to be found at Lourdes and the other Shrines! Like the Good Samaritan, they are able to stop alongside those in pain, moved to compassion by the call of love (cf. *Salvifici Doloris,* nos. 28-29). The world of suffering must meet the world of the young! *The future belongs to them, but they belong to you,* sick and elderly, just as children are the future of the family, but at the same time belong to the present of those who have begotten them.

6 Beloved! The World Day of the Sick poses for us once again values which families, nourished by living faith in Christ, are able to transmit in the proper light. The Year of the Family which the Church is celebrating forcefully recalls these basic points, also entrusted to your prayer and your reflection.

"Together with Mary, Mother of Christ, who was *at the foot of the Cross* (cf. *Jn* 19:25), we pause alongside all the crosses of man today" (*Salvifici Doloris,* no. 31). We know that every pain joined to the cross of the Redeemer is a source of strength for the Church and mankind.

May the Immaculate Conception, "Health of the Sick," guide, protect, and console us. Amen.