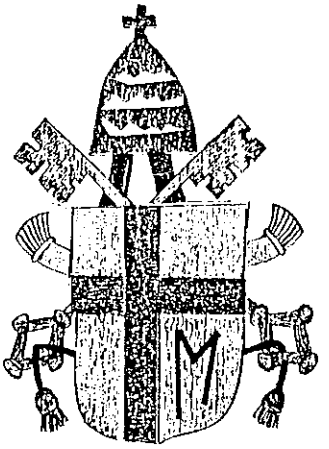

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No 27 – Ninth Year (No 3) 1994

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

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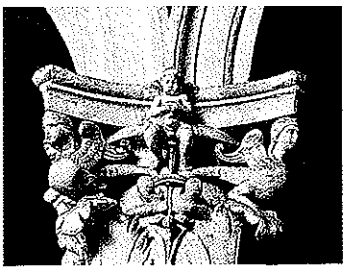
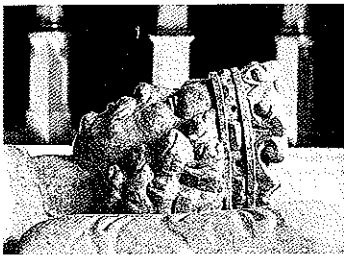




The illustrations in this issue have been taken from the book "The Cathedrals of Wawel" (Krakow Postscriptum, 1993), by Stanislaw Markowiski.

THE MESSAGE OF THE HOLY FATHER for the THIRD WORLD DAY OF THE SICK

February 11, 1995

1. Jesus' gestures of salvation towards "all those who were the prisoners of evil" (*Roman Missal,* Com. Pref. VIII) have always been significantly perpetuated in the Church's concern for the sick. She manifests her attention to those suffering in many ways, among which the establishment of the *World Day of the Sick* is of great importance in the present circumstances. This initiative, which has met with broad acceptance among those who take to heart the conditions of the suffering, seeks to give a new impetus to the Christian community's pastoral and charitable action in such a way as to ensure that this presence will be increasingly effective and incisive in society.

This need is especially felt in our time, which sees whole populations tried by enormous hardships as a result of bloody conflicts whose highest price is often paid by the weak. How can we fail to acknowledge that our civilization "should realize that, from different standpoints, it is a *sick* civilization generating deep alterations in man" (*Letter to Families,* no. 20)?

It is *sick* because of its raging egoism, because of the individualistic utilitarianism often proposed as a model for life, because of the negation or indifference which is quite often displayed in regard to man's transcendent destiny, because of the crisis in moral and spiritual values, which so deeply troubles mankind. The "pathology" of the spirit is no less dangerous than physical "pathology", and they influence each other.

2. In my message for last year's World Day of the Sick I wanted to recall the tenth anniversary of the publication of the Apostolic Letter *Salvifici Doloris*, which deals with the Christian meaning of human suffering. On this occasion I would like to call attention to the approaching tenth anniversary of another highly significant ecclesial event involving the pastoral care Or the sick. With the Motu Proprio *Dolentium Hominum* of

February 11, 1985, I instituted the Pontifical Commission—which later became the Pontifical Council—for Pastoral Assistance to Health Care Workers, which, through multiple initiatives, "manifests the Church's concern for the ill by helping those engaged in serving the sick and the suffering so that the apostolate of mercy to which they are devoted will meet the new demands with increasing effectiveness" (Apostolic Constitution *Pastor Bonus*, Art. 152).

The leading event associated with the next World Day of the Sick, which we shall celebrate on February 11, 1995, will take place on African soil, at the Yamoussoukro Sanctuary of Mary, Queen of Peace, in the Ivory Coast. It will be an ecclesial gathering spiritually linked to the Special Assembly for Africa of the Synod of Bishops; at the same time, it will be an occasion for sharing in the joy of the Ivory Coast Church, which is marking the centennial of the arrival of the first missionaries.

Coming together for an anniversary which is charged with such emotion on the African continent, and particularly at the Marian Shrine of Yamoussoukro, invites us to reflect on the *relationship between pain and peace*. This is a very profound relationship: when there is no peace, suffering spreads and death expands its power among men. In the social, as well as in the familial, community, the decline of peaceful uderstanding translates into a proliferation of attacks on life, whereas serving, advancing, and defending life, even at the cost of personal sacrifice, constitute the indispensable premise for authentically building individual and social peace.

3. On the threshold of the third millennium, peace is, unfortunately, still distant, and there are abundant signs of a possible further retreat. The identification of the causes and the search for solutions quite often appear laborious. Even among Christians bloody fratricidal struggles are sometimes seen to take place. But those who set about listening to the Gospel in an open spirit cannot grow weary of recalling for themselves and others the necessity of forgiveness and reconciliation. They are called to the altar of daily, ardent prayer, together with the sick all over the world, to present the offering of suffering which Christ has accepted as a means to redeem mankind and save it.

The source of peace is the Cross of Christ, in which we are all saved. Called to union with Christ (cf. *Col* 1:24) and to suffer like Christ (cf. *Lk* 9:23; 21:12-19; *Jn* 15:18-21), the Christian, with the acceptance and the offering of suffering, announces the constructive power of the Cross. Indeed, if war and division are the fruit of violence and sin, peace is the fruit of justice and love, whose summit is the generous offering of one's own suffering, spurred—if necessary—to the point of giving one's life in union with Christ. "The more man is threatened by sin, the more burdensome the structures of sin which today's world bears in itself are, the greater the eloquence is which human suffering in itself possesses. And the more the Church feels the need to have recourse to the value of human sufferings for the salvation of the world" (Apostolic Letter *Salvifici Doloris*, no. 27).

4. To value suffering and offer it for the salvation of the world are, indeed, themselves an action and mission of peace, for from the courageous witness of the weak, the sick, and the suffering the loftiest contribution to peace can flow forth. Suffering, in fact, stimulates deeper spiritual communion, fostering the recovery of a better quality of life, on the one hand, and promoting a convinced commitment to peace among men, on the other.

Believers know that, in associating themselves with the sufferings of Christ, they become authentic workers of peace. This is an unfathomable mystery, whose fruits are, nevertheless, plainly detectable in the history of the Church and particularly in the lives of the saints. If there is a suffering which provokes death, there is also, however, according to God's plan, a suffering leading to conversion and the transformation of man's heart (cf. *2 Co* 7:10): it is the suffering which, as a completion in one's own flesh of "what is lacking" to Christ's passion (cf. *Col* 1:24), becomes a reason for and source of joy, for it generates life and peace.

5. Dear Brothers and Sisters who suffer in body and in spirit, it is my wish that all of you will be able to recognize and accept *God's call for you to be workers of peace through the offering of your pain*. It is not easy to respond to such a demanding call. Always look trustingly towards Jesus, the "Suffering Servant," asking Him for the strength to transform the trial afflicting you into a gift. Listen with faith to his voice repeating to each of you: "Come to me, all who are weary and oppressed, and I will give you rest" (*Mt* 1:28).

May the Virgin Mary, Mother of Sorrows and Queen of Peace, obtain for every believer the gift of steadfast faith, which the world greatly needs. Thanks to it, indeed, the forces of evil, hatred, and discord will be disarmed by the sacrifice of the weak and the infirm, joined to the Paschal mystery of Christ the Redeemer.

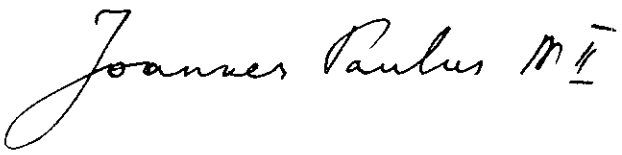
6. I now address you, doctors, nurses, members of associations, and volunteer groups that serve the sick. Your work will be authentic witness and concrete action for peace, if you are willing to offer true love to those with whom you come into contact and if, as believers, you are able to honor in them the presence of Christ Himself. This invitation is addressed in a very special way to the priests and men and women religious who, through the charism of their Institutes or a particular form of apostolate, are directly engaged in pastoral care in health.

While expressing my deep appreciation for all you do with abnegation and generous dedication, I hope that everyone taking up the medical and paramedical professions will do so with enthusiasm and unselfish good will, and I ask the Lord of the harvest to send numerous and holy workers to labor in the vast field of health, which is so important for announcing and witnessing to the Gospel.

May Mary, the Mother of the Suffering, be at the side of those undergoing trials and sustain the efforts of those who devote their lives to serving the sick.

With these sentiments, I wholeheartedly bestow a special Apostolic Blessing upon you, dear people who are ill, and upon all who, in whatever manner, are close to you in your manifold material and spiritual needs.

From the Vatican, November 21, 1994.



Christ, the First Evangelizer, Proclaimed the Gospel to the Sick

STATEMENT BY HIS EMINENCE FIORENZO CARDINAL ANGELINI, PRESIDENT OF THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTENCE TO HEALTH CARE WORKERS

(Vatican City, April 1994)

The *Instrumentum Laboris* in paragraph 71 recognizes that in Africa "Catholics do wonderful work in the field of health care", but encounter a serious obstacle in everything that "other types of care, traditional healers, sects, and the independent Churches" promise and carry out in this area (see also paragraph 88). The *General Report* states that "health and illness take on very significant proportions in the life of the African populations, to the point that they constitute a "pastoral challenge" for the action of the Catholic Church.

These references do not, however, seem to fit into the global focus of the new evangelization, which is intended to draw inspiration from five essential tasks: proclamation of the Gospel, inculturation, dialogue, justice and peace, the mass media. In reality, each of these aspects is specifically connected with pastoral care in health.

Christ, the "first evangelizer" (*Instrumentum Laboris*, 8), *above all proclaimed the Gospel* to the sick and the poor in spirit and in body. If *inculturation* is sought in Africa and particularly "evangelization of cultures" (in *Instrumentum Laboris*, no. 27), what cultural approach could be more universal, available, and urgent that the one used by Christ Himself, who, as confirmed by the Apostolic Letter *Salvifici Doloris* (the tenth anniversary of whose publication is being celebrated), made concern for those suffering into a "gospel", by virtue of which the parable of the Good Samaritan is a "key word" to understand the commandment to love one's neighbor? (Cf. Encyclical Letter *Veritatis Splendor*, no. 14) In Africa, evangelizing culture to a great extent means having to deal with experiences of suffering, illness, and death.

Dialogue, in particular (first of all, ecumenical dialogue, and then dialogue with Islam and with traditional religion or religions), is viewed as essential to the new evangelization. We must stress the basic preparatory function, as regards dialogue, of cooperation in the field of health policy and care. Whereas 13.11% of the Africans are Catholics, 17% of the healthcare institutions existing in Africa are Catholic, and they represent almost a sixth of those included in the census of the universal Church. This means that in Africa those visiting the "temple of suffering", as I call the hospital (the most frequently visited temple in the world), are more numerous than those baptized within the Catholic Church. My department is now presenting a second listing of the Church's healthcare facilities around the world. Research extended to 21,757 facilities, with 3,665 in Africa. Data gathering is still going on. Pastoral care in health, as the most elementary activity emerging from the theology of suffering, in view of the seriousness of the health problems afflicting the African continent, should be regarded as a priority witness for the new evangelization.

Either the new evangelization is the work of the entire African Church (Bishops, priests, permanent deacons, men and women religious, and lay people, both consecrated and nonconsecrated), or it will risk the failure experienced in the past when the Church communities were often "ecclesiastical colonies" (*Lineamenti*, no. 7). Indeed, after the catechists, who in Africa amount to half of all those in the universal Church (*ibid.*, 27), health workers make up the largest proportion of all the Catholics, of whatever profession or occupational level, who carry on their apostolate in Africa. Unfortunately, it is not an organized army. The Synod should recall how urgent it is for the Bishops delegated by every Episcopal Conference for pastoral care in health to study common programs on a regional level and in elesiastical areas to coordinate this special form of evangelization.

It is necessary for pastoral care in health to become a subject included in the formation of priests, religious, and catechists, and for it to be accompanied by training in specialized moral theology and bioethics, with the introduction of specific courses in major seminaries, schools for catechists, and advanced institutes for pastoral education, as ours in Abidjan, and at large health facilities,

as in Senegal, and, in aition, with the encouragement, support, and development of Catholic Associations of physicians, pharmacists, nurses, obstetricians, and volunteers.

The proposal of my office is that, in conformity with the five points illustrated by the *Instrumentum Laboris*, which will presumably be repeated in the document concluding this assembly of the Synod, there be introduced a clear text including a concrete directive on how to distinguish the new evangelization by way of the element of pastoral care in health as well, which does not stop at the right and proper care of the sick, the suffering, the weak, and the elderly, but is a redemptive approach to man carried out in the name of Christ, and following his example

In Africa, more than in any other continent, a decisive "battle for life" is being combatted today. Unfortunately, in this connection there is a lack of clarity and, above all, unity in action and in bold initiatives. The establishment of the Pontifical Academy for Life in March 1994 seeks, among other things, to respond as well to this urgent need. I take this occasion to recall the figure of Professor Jérôme Lejeune, first President of this Pontifical body, who died on April 3, 1994, on Easter Sunday, a world-renowned scientist and exemplary Christian, an authentic "Apostle of Life", as the Holy Father called him.

Africa cannot remain in a stage of unpretentious, thoughtful observation and intense preparation in every field of science, culture, and pastoral practice; rather, it must strengthen its awareness of being a precious "reserve" of living Christian faith, vigorous and heroic, ready to be transfused or transplanted into continents which, though glorious for their history, like Europe, urgently need spiritual and moral rebirth. Thank you, African brothers! The next millennium is also in your hands, in the hands of your martyrs.

Pastoral Care in Health and Its Role in Fostering and Shaping Vocations

STATEMENT BY CARDINAL FIORENZO ANGELINI, PRESIDENT OF THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS, AT THE NINTH ORDINARY ASSEMBLY OF THE SYNOD OF BISHOPS ON "CONSECRATED LIFE AND ITS MISSION IN THE CHURCH AND THE WORLD"

(Vatican City, October 1994)

While bearing in mind that both the *Lineamenta* and the *Instrumentum Laboris* have included some suggestions formulated by our Council, I regard it as very important to stress two aspects which it would be appropriate to introduce into the final document.

1. The considerable and sometimes decisive influence of Pastoral Care in Health on fostering vocations to consecrated life.
2. The major contribution to initial and permanent formation made by the exercise of Pastoral Care in Health.

1. The Impact of the Healthcare Ministry on Fostering Vocations to Consecrated Life

It is significant that the religious orders and institutes making more radical choices and practicing a rigorous religious life are not experiencing a vocation crisis. This is a clear example of the fact that the vocation to consecrated life is something serious requiring a courageous and definitive decision—that is, a consecrated one.

Since suffering is a universal human condition, in serving the suffering it is easier to encounter God's call to full, total, definitive consecration. Lamentably, there are a number of "national vocational plans" or *rationes fundamentales* for formation drawn up by religious institutes which completely overlook the relation between service to the suffering and fostering vocations. An ambiguous conception of volunteer service to the suffering contributes to this gap.

At present, many forms of care of the sick and of the indirect health apostolate are car-

ried forward by volunteers, whose generous contribution represents a consoling participation by lay peopleùespecially by the youngùin evangelization.

Some decades ago, Catholic Action was a seedbed of priestly and religious vocations. From among Catholic volunteers—55% of all active volunteers in Italy, for instance—vocations do not arise, but, on the contrary, it seems that in many cases the volunteer commitment is regarded as sufficient and as replacing a total, definitive commitment. Moreover, it is useless to offer justifications for the phenomenonùquite widespread in Latin America, for exampleùof a growing number of young religious who prefer not to enter the priesthood, but to remain in the clergy rather than be lay brothers. In reality, there is a fear of making a definitive choice.

Consequently, in fostering volunteer work, we should see it as an instrument which prepares for and enriches—but does not replace—consecrated life. Above all, modes of voluntarily serving the suffering may constitutes a valuable means to help the young to make a more generous, difficult, radical, and definitive choice through vows. A vocation emerging or being discovered in serving the suffering has the basis for perseverance.

2. The Healthcare Ministry and Initial and Permanent Formation in Consecrated Religious Life

Consecrated life is going through a twofold crisis today: on the one hand, a serious lack of vocations and, on the other, where vocations exist or are even increasing, there is crisis in perseverance or exemplary witness. The two aspects of the crisis have the same causes.

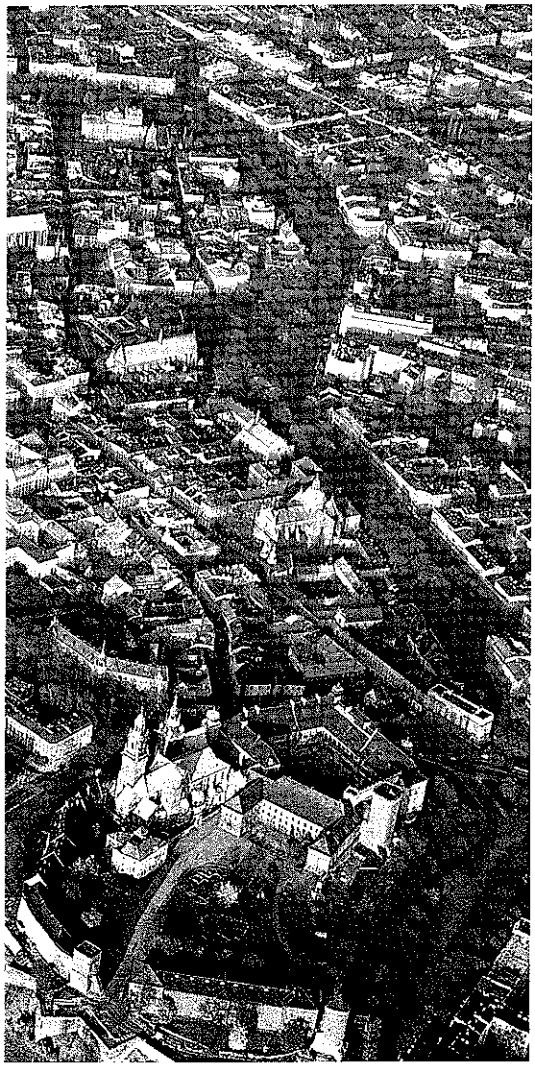
1. There is insufficient insistence in formation on prayer, soul of the inner life and the apostolate. Lamentably, stress on liturgical and community prayer frequently leads to setting aside personal prayer.

2. A dangerous or at least arbitrary reading of the so-called "signs of the times" which is characterized by individualism, a scanty sense of community, and laxity: there is much talk of poverty, but people enjoy an enviable and irresponsible economic security; the choice of chastity for the Kingdom lacks the necessary ascetical support; a certain promiscuity, quite ingenuous, which is also a sign of immaturity; an obedience which is often sought from others, but is not practiced personally.

3. The irrational conviction or illusion that to carry out an effective apostolate it is necessary for all the means and instruments to be secular: no religious habit or distinctive sign of one's state, full availability to the individual of audiovisual means, justifications for gaining access to bank accounts for one's own use and to credit cards; abandonment of cloistered areas, but not to make the religious house available to those with real need; the practice of hospitality to the detriment of a minimum of regular observance. Lay people want religious to be with them, but not to be like them.

4. A mentality commonly resembling that of employees or unions, oblivious to the fact that religious assistance is a divine precept.

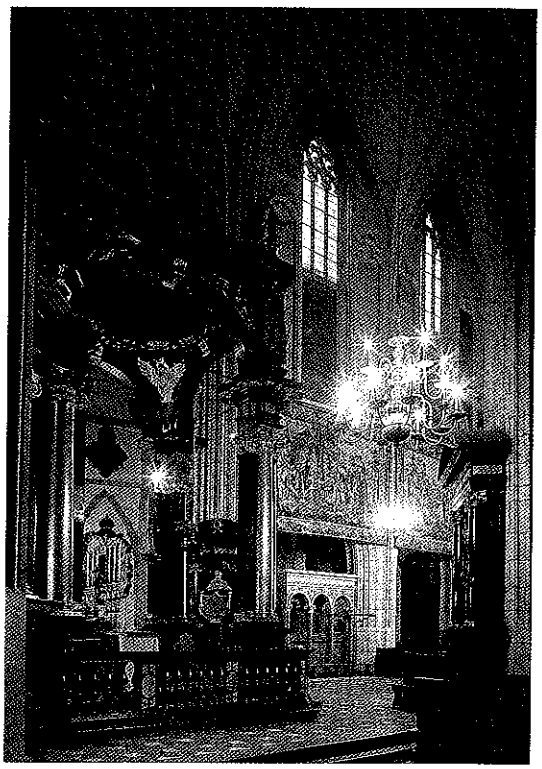
It is urgent to recover conduct by men and women religious which will bear witness to the supernatural dimension of consecrated life.



Consecrated Life and Serving the Sick and the Suffering

A STATEMENT PRESENTED AT THE ORDINARY ASSEMBLY OF THE SYNOD OF BISHOPS

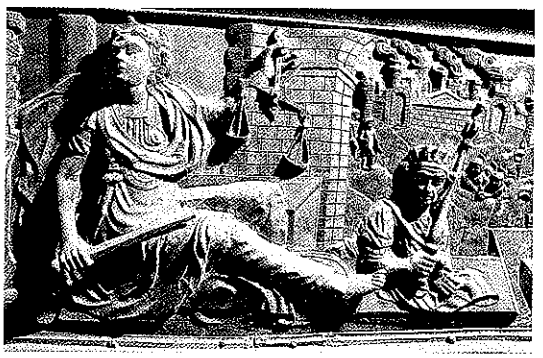
(October 1994)



If to serve the sick and the suffering is an integral part of the mission of the whole Church, as John Paul II affirms in *Dolentium Hominum* (no. 1), what is the specific role which consecrated persons engaged in such service are called to play?

Through a more precise and closer examination of nos 95 and, above all, 105 of the *Instrumentum Laboris*, it is possible to give an answer to this question while bringing out some of the tasks of men and women religious and other consecrated persons carrying out their mission in the complex and delicate world of health

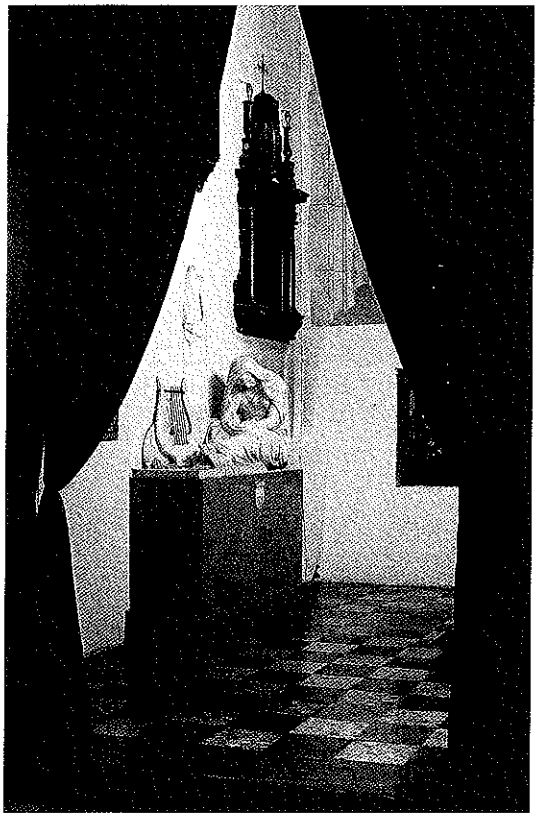
1. The first task is to remind the Church community constantly of Isaiah's words, applied to Christ by the Gospel (*Mt* 8:17): *He has taken up our infirmities and shouldered our illnesses* (*Is* 53:3). Does not the Church perhaps need to develop to a greater extent the *Marian* dimension, made up of "silent closeness in pain", of grandeur becoming acceptance and service for the poor, the weak, the victims of disease and death? In the churches sometimes displaying a fa'ade of power and suess, denying by their appearance of comfort and selfconfidence the bleeding body of their Lord, there is little room for receiving the sick and the suffering



The basic step consecrated persons must take to perform this task is constituted by the authentic, joyful experience of the *merciful Christ* The power of their charism, indeed, before appearing in works and services, must shine in a *newness of life* wherein the characteristic traits of the *divine Samaritan, the physician of souls and bodies*, are reproduced. Is their *mission* in the Church community and in the world not perhaps essentially expressed first of all in this witness?

We ask the Pastors of the local churches to help us to live out authentically and effectively our mission of serving the sick, based on the charism of our Founders and Foundresses.

2 Another contribution which consecrated persons involved in the world of health and suffering are called to make to the



Church community consists of their being artificers of *healthy and healing* communion. If the charism of merciful charity necessarily leads to establishing communion with the poor, the sick, the excluded, and the least, that they may feel themselves to be part of a single family, indwelt by the Lord, there is no doubt that such communion remains imperfect until it is accompanied by relations with other sectors of the people of God where a style of authentic communion shines forth. In recent years, Church structures have arisen which have fostered communion. On the level of the universal Church, *the Pontifical Council for Pastoral Assistance to Health Care Workers* deserves to be recalled for having shown sensitivity and attention towards religious, offering them support and resources for reflection and encouragement. Alongside luminous forms of witness, however, we should still consider the existence of various stumbling blocks, for which the different groups in the Church communion equally share responsibility. There are numerous examples: insufficient efforts by consecrated persons to communicate their charism to diocesan priests and the laity; little esteem for the health care ministry on the part of some pastors; inadequate consideration of the contribution the *consecrated woman* can make to all forms of ministry in the world of health.

The relevance of this last instance is more fully understood in the light of the John Paul II's Encyclical *Mulieris Dignitatem*. If "God entrusts man to each and every one", the Supreme Pontiff states, "this entrusting particularly concerns women, precisely on aount of their femininity." (no. 30). This is valid above all in a sociocultural context wherein the successes of science and technology, fostering unhomogeneous progress, may "also involve a gradual *disappearance of sensitivity to man, to what is essentially human*". "In this regard", John Paul II continues, "our days in particular are awaiting the manifestation of that 'genius' of women which will ensure sensitivity to man in every cir-

cumstance: to the fact that he is a man!" (*ibid.*)

If what the Holy Father says is valid for every context, it is especially so for the world of health and suffering, where man, experiencing the fragility of his own being, may easily fall victim to violence or indifference. A more active and jointly responsible participation by consecrated women in the mission of the Church in the world of health would lead to significant changes (if we recall that there are 350,000 women religious working in health care).

We ask our Pastors to:

— devote attention to religious and priestly vocations dedicated to serving the sick;

— involve us more in those sectors of diocesan pastoral care corresponding to our particular charism;

— to use to greater advantage the "genius" of women consecrated in the health world;

— to support facilities directed towards creating communion, cooperation, and sharing.

3. A third task of consecrated persons is situated in the sphere of the Church's mission, which consists of perpetuating, in the *here and now* of the ecclesial community and of society, Christ's therapeutic and liberating action.

One of the challenges which consecrated persons active in the realm of health and suffering are called to face involves adequately joining the Gospel of *charity* to the Gospel of *suffering*. There is a Gospel of suffering (cf. *Salvifici Doloris*, 18 and 26), which we might perhaps more appropriately term the *Gospel of the Suffering*, that is implemented by bringing out the value acquired by human pain when it is transformed into a gift, into love. There is a Gospel of charity which, through service performed in the name of the Lord, with competence and warm humanity, contributes to proclaiming the value of the human person, whose dignity remains intact even when physical and psychic illness compromises the integrity of the body and of the spirit. Experience tells us that in order for the sick to be able to accept the Gospel of suffering and proclaim it, thus becoming the active subjects of evangelization (cf. *Christifideles Laici*, 53), they need to be reached first by the Gospel of charity.

In the first place, consecrated persons working in the field of health and suffering are called to evangelize *contagiously*, contributing to creating a diaconal community seeing the sick and the suffering as its *lords and masters*-true icons of Christ to be served with love and devotion. It is necessary for service to acquire a marked symbolic value and for the gestures to recover *health* to become signs of *salvation*. In order for this to happen, we must develop deep sensitivity to the signs of the times, grasp the most urgent needs, and respond to them with the agility typical of one who, with lightweight equipment, is ready to follow the motions of the Spirit, who leads us to build the Kingdom where there is a nonkingdom, on the outskirts, in the desert, on the frontier, where out of love for one's brothers and sisters one risks one's life and one's health.

Contagious evangelization is followed by the *missionary* variety, by *explicit announcement*. Here horizons are called to expand, taking into account the profound sociocultural transformations of our times, which are powerfully reflected in the health world. The healthcare ministry must make an impact on the culture dominating our society and determining modes of living, suffering, and dying. It is important for the advancement of more humane care to be combined with a commitment to offer responses bearing Gospel values and salvific resources.

We ask our Pastors:

— to spur us to be prophetic in our choices;

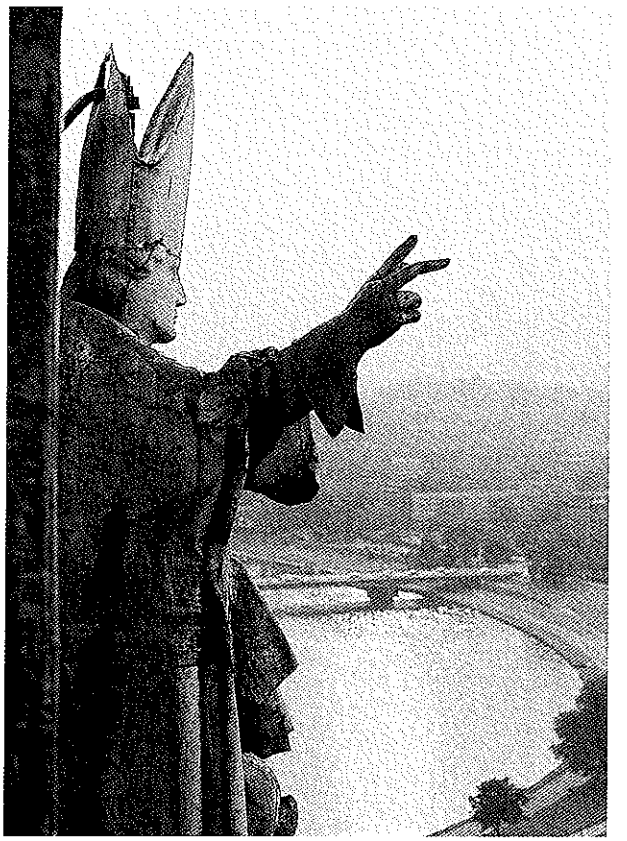
— to support the persons and institutions engaged in pastoral guidance and formation and in bioethics research;

— to remind us unceasingly that the ultimate horizon of our efforts and services is salvation.

Thank you!

Rev. ANGELO BRUSCO
Superior General
of the Ministers of the Sick
(Camillians)

Magisterium



Addresses by the Holy Father
Messages to Congresses

Church Sees Christ's Face in the Sick

At the General Audience on Wednesday, June 15, the Holy Father returned to his catechesis on the laity's role in the Church, speaking again of the sick. In his reflection, the Pope referred to the faith of those whom Jesus healed in the Gospels. By working miracles, "Jesus wants to inculcate the idea that faith in him, inspired by the desire to be healed, is meant to bring about spiritual salvation, which counts more." Here is a translation of the Holy Father's address, which was the 91st in the series on the Church and was given in Italian.

1. In an earlier catechesis we discussed the dignity of those who suffer and their apostolate in the Church. Today, let us consider, more specifically, the sick and infirm, because the trials to which health is subjected, today as in the past, stand out clearly in human life. The Church must take to heart the need to be close to and to share in this painful mystery that links so many people of every era to Jesus Christ's state during his Passion.

Everyone has some health problems, but some have more than others, like those who suffer from a permanent affliction or who are subjected, by some irregularity or physical weakness, to many ailments. One need only go into a hospital to discover the world of the sick, the face of human pain and suffering. It is impossible for the Church not to see and help others to see in this face the features of the *Christus patiens*, and not to remember the divine plan that leads these lives in precarious health to a higher order of fruitfulness. There has to be an *Ecclesia compatiens*: with Christ, and with all those who suffer.

2. Jesus showed his compassion for the sick and the infirm, revealing his great kindness and tenderness of heart; he was also prepared to save those suffering in soul and body by means of his power to work miracles. He therefore worked many cures, so many that the sick flocked to him to benefit from his miraculous power. As the Evangelist Luke said, numerous crowds assembled not only to hear him, but also "to be cured of their ailments" (*Lk* 5:5). In his dedication to freeing those who approached him from the burden of sickness or infirmity, Jesus allows us to glimpse the special intention of God's mercy in their regard: God is not indifferent to the sufferings caused by disease and offers his help to the sick through the saving plan that the incarnate Word reveals and fulfills in the world.

3. Indeed Jesus considers and treats the sick and infirm in the light of the saving work he was sent to accomplish. Bodily cures are part of this work of salvation and at the same time, they are signs of the great spiritual healing he brings humanity. This loftier intention of his emerges clearly when he first forgives the sins of a paralytic, brought before him to be cured; then, aware of the unstated objections of some of the Scribes and Pharisees present about the exclusive power of God in this regard, he declares: " 'But that you may know that the Son of Man has authority to forgive sins on earth', he said to the paralytic, 'I say to you, rise, pick up your mat and go home' " (*Mk* 2:10-11).

In this case and in many others, Jesus wants to show by a miracle his power of freeing the human soul from its sins and purifying it. He cures the sick in view of this superior gift, which he offers to all men: in other words, spiritual salvation (cf. *Catechism of the Catholic Church*, no. 549). The sufferings of illness cannot cause us to forget the overriding importance of spiritual salvation for everyone.

4. Therefore in this perspective of salvation, Jesus asks for faith in his power as Saviour. In the case of the paralytic just mentioned, Jesus responds to the faith of the four people who had brought him the sick man: "Jesus saw their faith", says Mark (2:5).

He asks for faith from the father of the epileptic, saying: "Everything is possible to one who has faith" (*Mk* 9:23). He was deeply impressed by the centurion's faith: "You may go; as you have believed, let it be done for you" (*Mt* 8:13), and the Canaanite woman's: "O woman, great is your faith! Let it be done for you as you wish" (*Mt* 15:28). The miracle worked for the blind Bartimaeus was attributed to his faith: "your faith has saved you" (*Mk* 10:52). Similar words were spoken to the woman with a haemorrhage: "Daughter, your faith has saved you" (*Mk* 5:34).

Jesus wishes to inculcate the idea that faith in him, inspired by the desire to be healed, is meant to bring about spiritual salvation, which counts even more. From the Gospel episodes cited, we know that sickness, in the divine plan, can prove to stimulate faith. The sick are spurred to live the time of their illness as a more intense period of faith, and thus as a time for sanctification and for a more complete and conscious acceptance of the salvation that comes from Christ. It is a great grace to receive this light about the profound truth of illness!

5. The Gospel attests that Jesus associated his Apostles with his power to heal the

sick (cf. *Mt* 10:1); and thus, when he took leave of them before the Ascension, he indicated the cures they were to work as one of the signs of the truth of the Gospel preaching (cf *Mk* 16:17-20). The Gospel had to be brought to the world, to all peoples, amid humanly insurmountable difficulties. This explains why in the early days of the Church many miraculous healings occurred, emphasized in the Acts of the Apostles (cf. 3:1-10; 8:7; 9:33-35; 14:8-10; 28:8-10). In later periods, there have always been cures considered "miraculous", as is attested in authoritative historical and biographical sources and in the documentation of causes for canonization. We know that the Church is very demanding in this respect. This corresponds to her duty to be prudent. However, in the light of history, one cannot deny many cases which in every age prove the Lord's extraordinary intervention on behalf of the sick. Nevertheless, although the Church always relies on this kind of intervention, she does not feel dispensed from her daily obligation to comfort and care for the sick, both with her traditional charitable institutions and with the modern network of healthcare services.

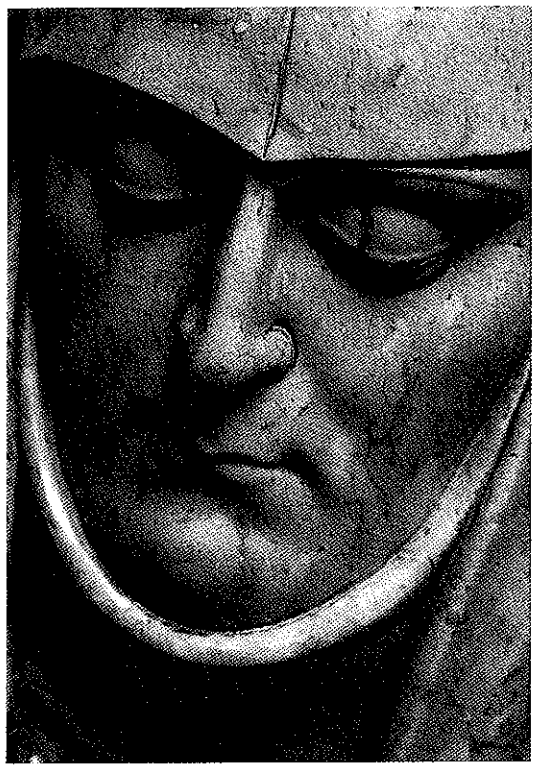
6. Indeed, in the perspective of faith, sickness assumes a greater nobility and proves particularly effective in helping the apostolic ministry. In this regard, the Church does not hesitate to state her need for the sick and their sacrifice to the Lord in order to obtain more abundant graces for all humanity. If in the light of the Gospel illness can be a time of grace, a time when divine love more deeply penetrates those who suffer, there is no doubt that by their self-offering, the sick and the infirm sanctify themselves and contribute to the sanctification of others.

This is particularly true for those who are dedicated to the service of the sick and the infirm. This service is a way of sanctification, like illness itself. Down the centuries it has been a manifestation of the love of Christ, who is precisely the source of holiness.

This is a service that requires dedication, patience, and sensitivity, together with a great capacity for compassion and understanding, all the more so because, in addition to medical care in the strict sense, the sick also need moral comfort, as Jesus advises: "I was... ill and you cared for me" (*Mt* 25:36).

7. All this contributes to building up the "Body of Christ" in charity, both through the effectiveness of the sacrifice of the sick, and through the practice of virtue in those who care for them or visit them. Thus the mystery of the Church, mother and minister of charity, is realized. Thus painters such as Piero della Francesca have painted it: in the *Polyptych of Mercy*, painted in 1448 and preserved in Borgo San Sepolcro, he shows the Virgin Mary as an image of the Church in the act of spreading her mantle to protect the faithful, who are the weak, the poor, the disheartened, the people, the clergy and consecrated virgins, as they were listed by Bishop Fulbert of Chartres in a homily written in 1208.

For an effective exercise of the therapy of love, we should strive to make our humble and loving service to the sick share in that of the Church, our Mother, of which Mary is the perfect example (cf. *Lumen Gentium*, nos. 64-65).



The Pope Suffers for the World's Families

On Sunday, May 29 the Holy Father led the Angelus for the first time in St Peter's Square since returning from the Gemelli Polyclinic. Here is a translation of his message which he gave in Italian before reciting the Marian prayer.

Dear Brothers and Sisters,

1. I thank the Lord for allowing me to meet you here again at my usual place of work after several weeks spent in hospital.

I would again like to take this opportunity to express my gratitude to all who in recent days were at my side with their constant care: the doctors, professors, nurses, sisters and all the personnel of the Agostino Gemelli Polyclinic and the Vatican. My thanks also go to the many people from Rome, Italy, and every continent who in so many ways assured me a constant remembrance in their prayers. To each and all, my heartfelt thanks.

2. Today is the liturgical Solemnity of the Holy Trinity, which presents the *mystery of God* for our meditation, as Christ has revealed it to us—a great mystery, which exceeds our minds, but speaks deeply to our hearts, because in its essence it is none other than the unfolding of that rich expression of St John: *God is love!*

Precisely because he is love, God is not solitary and, although one and unique in his nature, he lives in the reciprocal indwelling of the three divine Persons. Love is essentially self-giving. Being infinite love, God is the Father who gives himself completely in begetting the Son and engages in an eternal dialogue of love with him in the Holy Spirit, the personal bond of their unity.

What a great mystery! I like to point it out particularly to families in this year specially dedicated to them. In the Trinity the *original pattern of the human family* can be discerned. As I wrote in the *Letter to Families*, the divine "We" is the eternal pattern of that specific human "we" formed by a man and woman who give themselves to each other in an indissoluble communion that is open to life (cf. *Letter to Families*, no. 6).

3. Dear brothers and sisters, next Sunday, the feast of Corpus Christi, the Church in Italy will gather spiritually in Siena for the conclusion of the National Eucharistic Congress being held this week. It is a very important stage in the *great prayer of Italy and for Italy*. The Church recognizes the Eucharist as the source and culmination of her life. In it she relives Christ's redeeming sacrifice and is nourished with his body. From it she learns that spirit of service and communion that she needs in order to be the sacrament of the unity of human beings with God and with their brothers and sisters (cf. *Lumen Gentium*, no. 1). I hope that all Italian Catholics will deeply live this moment and draw from it inspiration and strength for their ecclesial life and social witness. May the Blessed Virgin help everyone to prepare worthily for this unique, providential ecclesial event.

4. Lastly, it is to Mary that with particular affection we turn our gaze at the end of this Marian month in which we lifted up to her motherly heart the desires, petitions, and tears of all humanity. May Mary, the merciful Mother, hear the prayers of the Christian community. May she especially bless young people and families, and obtain for all, particularly for nations unfortunately still at war, the priceless gift of harmony and peace.

And through Mary I would like to express my gratitude today for this gift of suffering again linked with the Marian month of May. I am grateful for this gift. I have understood that it is a necessary gift. The Pope had to stay at Gemelli Hospital; he had to be away from this window for four weeks, four Sundays; he had to suffer—he had to suffer as he did 13 years ago.

I meditated on all this and thought it over again during my hospital stay. And once again I found at my side the figure of Cardinal Wyszyński, Primate of Poland (yesterday was the 13th anniversary of his death). At the beginning of my Pontificate he said to me: "If the Lord has called you, you must lead the Church into the third millennium". He himself had led the Church in Poland into its second Christian millennium.

This is what Cardinal Wyszyński said to me. I understood that I have to lead Christ's Church into this third millennium by prayer, by various program, but I saw that this is not enough: she must be led by suffering, by the attack 13 years ago and by this new sacrifice. Why now, why this year, why in this Year of the Family? Precisely because the family is threatened, the family is under attack. The Pope has to be attacked, the Pope has to suffer, so that every family and the world may see that there is, I would say, a higher Gospel: the Gospel of suffering by which the future is prepared, the third millennium of families, of every family and of all families.

I wanted to add these reflections during my first meeting with you, dear Romans and pilgrims, at the end of this Marian month,

because I am indebted to the Blessed Virgin for this gift of suffering and I thank her for it. I understand that it was important to have this discussion in the presence of the world's powerful ones. Again I have to meet the powerful of this world and I must speak. With what arguments? I am left with this subject of suffering. And I want to tell them: understand it, understand why the Pope was in hospital again, suffering again: understand it, think it over!

Dear friends, thank you for your attention, thank you for this, your community of prayer, in which we can again recite the Angelus.

The Lord Sanctifies Those Who Suffer

The role of suffering as a special apostolate in the Church was the subject of the Holy Father's catechesis at the General Audience of Wednesday, April 27. Through the Cross, he said, the Gospel of suffering is revealed as the path to the Resurrection, a sharing in the newness of life in which all sorrow will be turned into joy. The Holy Father's address was the 90th in the series on the mystery of the Church and was given in Italian.

1. The reality of suffering is ever before our eyes and often in the body, soul and heart of each of us. Apart from faith, pain has always been a great riddle of human existence. Ever since Jesus, however, redeemed the world by his passion and death, a new perspective has been opened: through suffering one can grow in self-giving and attain the highest degree of love (cf. *Jn* 13:1), because of him who "loved us and gave himself for us" (*Eph* 5:2). As a sharing in the mystery of the Cross, suffering can now be accepted and lived as a co-operation in Christ's saving mission. The Second Vatican Council expressed the Church's awareness that all who are troubled and oppressed are specially united with the suffering Christ for the salvation of the world (cf. *Lumen Gentium*, no. 41).

In proclaiming the Beatitudes, Jesus himself considered every manifestation of human suffering: the poor, the hungry, the afflicted, those who are scorned by society or unjustly persecuted. Looking at the world, we too discover so much misery in a variety of ancient and new forms: the signs of suffering are everywhere. Let us then speak of them in this catechesis, seeking better to discover the divine plan guiding humanity on so painful a path and the saving value that suffering, like work, has for the whole human race.

2. In the Cross the "Gospel of suffering" has been revealed to Christians (*Salvifici Doloris*, no. 25). Jesus recognized in his sacrifice the way established by the Father for the redemption of humanity, and he followed this way. He also told his disciples that they would be associated with this sacrifice: "I tell you truly, you will weep and mourn while the world rejoices" (*Jn* 16:20). This prediction, however, is not the only one, nor is it the final word, because it is completed by the announcement that their pain will be changed into joy: "You will grieve for a time, but your grief will be turned into joy" (*Jn* 16:20). In the perspective of Redemption, Christ's passion is oriented towards the Resurrection. Human beings, too, are thus associated with the mystery of the Cross in order to share joyfully in the mystery of the Resurrection.

3. For this reason Jesus did not hesitate to proclaim the blessedness of those who suffer: "Blest are the sorrowing; they shall be consoled. Blest are those persecuted for holiness' sake; the reign of God is theirs. Blest are you when they insult you and persecute you and utter every kind of slander against you because of me. Be glad and rejoice, for your reward is great in heaven" (*Mt* 5:4, 10-12). This blessedness can only be understood if one admits that human life is not limited to the time spent on earth, but is wholly directed to perfect joy and fullness of life in the hereafter. Earthly suffering, when accepted in love, is like a bitter kernel containing the seed of new life, the treasure of divine glory to be given man in eternity. Although the sight of a world burdened with evil and misfortunes of every sort is often so wretched, nevertheless the hope of a better world of love and grace is hidden within it. It is hope that is nourished on Christ's promise. With this support, those who suffer united in faith with him already experience in this life a joy that can seem humanly unexplainable. Heaven in fact begins on earth, beatitude is anticipated, so to speak, in the Beatitudes. "In holy people", St Thomas Aquinas said, "there is a beginning of future happiness.." (cf. *Summa Theol.*, I-II, q. 69, a. 2; cf. II-II, q. 8, a. 7).

Human Trials Find Meaning in Jesus' Suffering

4. Another basic principle of the Christian faith is the fruitfulness of suffering and, hence, the call of all who suffer to unite

themselves with Christ's redemptive sacrifice. *Suffering* thus becomes an *offering,* an oblation: this has happened and still does in so many holy souls. Especially those who are oppressed by apparently senseless moral suffering find in Jesus' moral suffering the meaning of their own trials and they go with him into Gethsemani. In him they find the strength to accept pain with holy abandon and trusting obedience to the Father's will. And they feel rising from within their hearts the prayer of Gethsemani: "But let it be as you would have it, Father, not as I" (*Mk* 14:36). They mystically identify with Jesus' resolve when he was arrested: "Am I not to drink the cup the Father has given me?" (*Jn* 18:11). In Christ they also find the courage to offer their pain for the salvation of all, having learned the mysterious fruitfulness of every sacrifice from the offering on Calvary, according to the principle set forth by Jesus: "I solemnly assure you, unless the grain of wheat falls to the earth and dies, it remains just a grain of wheat. But if it dies, it produces much fruit" (*Jn* 12:24).

5. Jesus' teaching is confirmed by the Apostle Paul, who had a very vivid awareness of sharing in Christ's Passion in his own life and of the cooperation he could thus offer for the good of the Christian community. Because of union with Christ in suffering, he could speak of completing in himself what was lacking in the sufferings of Christ for the sake of his Body, the Church (cf. *Col* 1:24). Convinced of the fruitfulness of his union with the redeeming Passion, he stated: "Death is at work in us, but life in you" (*2 Cor* 4:12). The tribulations of his life as an Apostle did not discourage Paul, but strengthened his hope and trust, because he realized that the Passion of Christ was the source of life: "As we have shared much in the suffering of Christ, so through Christ do we share abundantly in his consolation. If we are afflicted it is for your encouragement and salvation" (*2 Cor* 1:5-6). Looking at this model, the disciples of Christ better understand the Master's lesson, the vocation to the Cross, for the full growth of the life of Christ in their personal lives and of the mysterious fruitfulness that benefits the Church.

6. The disciples of Christ have the privilege of understanding the "Gospel of suffering", which has a salvific value, at least implicitly, at all times, because "down through the centuries and generations it has been seen that in suffering there is concealed a particular power that draws a person interiorly close to Christ, a special grace" (*Salvifici Doloris,* no. 26). Whoever follows Christ, whoever accepts St Paul's theology of pain, knows that a precious grace, a divine favor, is connected with suffering, even if it is a grace that remains a mystery to us, because it is hidden under the appearances of a painful destiny. It is certainly not easy to discover in suffering the genuine divine love that wishes, through the acceptance of suffering, to raise human life to the level of Christ's saving love. Faith, however, enables us to cling to this mystery and, despite everything, brings peace and joy to the soul of the one suffering: at times he even says with St Paul: "I am filled with consolation, and despite my many afflictions my joy knows no bounds" (*2 Cor* 7:4).

What You Do for the Least of My Brothers

7. Whoever relives the spirit of Christ's sacrifice is also moved to imitate him by helping others who are suffering. Jesus relieved the countless human sufferings round about him. In this respect too he is a perfect model. And he prescribed the command of mutual love that implies compassion and reciprocal aid. In the parable of the Good Samaritan, Jesus teaches generous initiative on behalf of the suffering! He revealed his presence in all who are in need and pain, so that every act of helping the poor is done to Christ himself (cf. *Mt* 25:35-40).

In conclusion, I would like to leave you, my listeners, with Jesus' own words: "I assure you, as often as you did it for one of my least brothers, you did it for me" (*Mt* 25:40). This means that suffering, intended to sanctify those who suffer, is also meant to sanctify those who help and comfort them. We are always within the heart of the mystery of the saving Cross!

To the English-speaking pilgrims and visitors the Holy Father said:

I extend a warm welcome to the members of the *Societas Sanctae Birgittae* visiting Rome on pilgrimage from Sweden. May your visit to this Eternal City, where St Brigid gave outstanding witness of her love for Christ and the Church, inspire you to follow the Lord more faithfully and to work for the unity of all his followers.

My greeting also goes to the members of the Catholic International Group *Legatus.* I deeply appreciate your commitment to the spread of the faith and your generous devotion to the See of Peter. To the members of the Gregorian Foundation I express my gratitude for their cooperation in the important educational mission of the Pontifical Gregorian University. I welcome the pilgrimage from the Archdiocese of San Antonio led by Archbishop Patrick Flores, and the group of Australian alumnae of Sacred Heart schools. Upon all the English-speaking visitors I cordially invoke the grace and peace of Christ our Risen Savior.

Health and the Family

A letter, dated August 13, 1994, from Secretary of State Angelo Cardinal Sodano to Fiorenzo Cardinal Angelini regarding the Congress of the Catholic International Committee of Nurses and Medical-Social Workers (CICIAMS).

Your Eminence:

On the occasion of the Fifteenth Congress of the Catholic International Committee of Nurses and Medical-Social Workers, to be held in Louvain, August 28-September 2, 1994, with the theme "Health and the Family: The Responsibility of Nurses and Obstetricians," the Holy Father is pleased by the fact that this organization is conducting such reflection, which is particularly timely during the International Year of the Family.

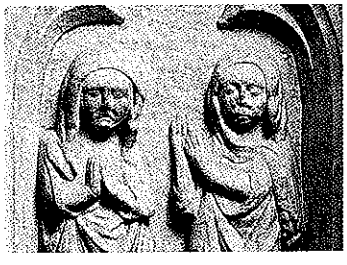
The Pope encourages those attending the Congress and all the members of the nursing and social assistance professions to continue their activity and reinforce their support for couples, especially at the time when, in the great mystery of maternity and paternity, spouses "become co-workers with God to give life to a new human person" (*Familiaris Consortio*, no. 14; cf. no. 28). More generally, through formation for responsible parenthood, with respect for the moral directives of the Magisterium, they reveal the true meaning of all human love. When a child is born, it is important to accompany the spouses and share in their wonder in the face of a new life, fragile, but the source of abundant promise. The Congress' attention to the couple's needs at the time when it is preparing to welcome a child and to the family's spiritual and psychological needs, along with concern for the ethical questions related to the gift of life, recall that the true way of looking at the human being goes beyond purely scientific and technical aspects and offers an integral vision of man, grounded in faith and in Christian anthropology.

The Holy Father is grateful for the tireless service to life performed by Catholics, who, by their profession and their vocation, take upon themselves the care of women and children at the different stages of pregnancy, at the time of birth, and in the perinatal period. Their task is to manifest Christ's tenderness towards every man, at every moment of man's existence. On fostering a sense of the meaning of life in others, they teach love and respect for life and its excelling dignity to the people they encounter. The role they play for families and health professionals is irreplaceable. In effect, thanks to their technical competence, they receive the confidence of all, and through their sense of the human person and the way they do their work they bear witness to the value of life and the dignity of each being, from the moment of conception. It is a true apostolate and an essential expression of charity to defend each embryo's right to life patiently and firmly and make our contemporaries aware of the human being as a person, secretly shaped in the mother's womb, a person upon whom God has set his hand and who is a bearer of the treasures God has filled that person with (cf. *Psalms* 13-15).

His Holiness asks the Holy Spirit to assist all those attending the Congress and wishes them fruitful work so that they will remain at the side of families in times of joy and in the time of suffering, offer in-depth ethical reflection in the professional environments concerned, and help families to fulfill increasingly the mission in the marital and familial sphere which is their responsibility in service to life, in the Church, and in the world. The Pope bestows his heartfelt Apostolic Blessing upon the Congress' organizers and participants, as well as all the members of CICIAMS and their families.

Happy to be acting as a spokesman for the Holy Father, I convey to Your Eminence my cordial and fraternal regards.

ANGELO Cardinal SODANO
Secretary of State of His Holiness



The Physician and the New Evangelization

(The Holy Father's Message for the Eighteenth Congress of the International Federation of Catholic Medical Associations - September 6 1994)

Your Eminence:

1. The *International Federation of Catholic Medical Associations* is preparing to hold its eighteenth congress in Porto, Portugal, September 8-12, 1994, on the topic "*The Physician and the New Evangelization*" Having been informed of this important assembly, the Holy Father commends to you the mission of conveying to the participants his cordial greeting and manifesting his appreciation for the choice of this subject, which markedly signifies the Catholic physicians' wish to take part in the mission of the whole Church, which is engaged in an "*evangelization that is new in its ardor, in its methods, and in its expression*".

2. The Church, founded by Christ, "who came so that they may have life and have it abundantly" (*Jn* 10:10), is called today to firmly unite the announcement of the Gospel to the advancement and defense of the irreplaceable value of human life Her mission is to bear liberating hope to those" in increasing numbers and everywhere in the world—who suffer from the serious attempts made on life from its inception.

A servant of life, the physician is "the servant of this God, who in the Scripture is presented as a *'friend of life'* (*Sg* 11:26)" (John Paul II, *Message to the Catholic Medical Association of Italy,* December 28, 1978). He is "God's co-worker in restoring health to the sick body" (*ibid.*)

3. Some special circumstances bring out the current interest of the topics and problems dealt with by this Eighteenth World Congress. The celebration of the International Year of the Family, the problems occupying the United Nations World Conference on Population and Development (Cairo, September 5-13, 1994), the spread of permissive legislation in the areas of birth control, fertilization, genetic manipulation, and euthanasia, in addition to developmental models which are a cause for concern—all of this calls physicians to reflect; in practicing preventive, diagnostic, therapeutic, and rehabilitative medicine, they must carry out their duties, accepting and professing courageously and openly "*The Gospel of Life*", which was first expressed in the Hippocratic Oath

The advancement and defense of life are essential characteristics of civilization; and to present oneself openly as a Catholic physician first of all means to ensure the safeguarding of this civilization. The prospect of the "civilization of love" which is so greatly desired is none other than that of the "civilization of life"

It is for this reason that the Holy Father has instituted this year the Pontifical Academy for Life, assigning to it "the special function of studying and providing information and training on the main problems of biomedicine and law related to the advancement and defense of life, particularly in their direct relation to Christian morality and the directives of the Church's Magisterium" (Motu Proprio *Vitae Mysterium,* February 11, 1994, no 4).

4. Catholic physicians must be at the forefront to fulfill the duty of evangelization, in exemplary fidelity to the directives of the Magisterium They will be better equipped to make known and comprehend the Church's doctrine if they are able to acquire religious training in keeping with their scientific training.

Cultural preparation and a capacity to disseminate appropriate information on the serious problems posed today by life-related questions cannot be overlooked The Federation is called to take initiatives in this direction. Indeed, the Magisterium's firm stands in the area of advancing and protecting life, from its conception to its natural close, must not be known by way of those combatting and frequently distorting them. Above all, they must be received, studied, and explained by those who have freely chosen to be faithful to them by virtue of their Christian vocation.

Fidelity to the directives of the Magisterium must be not only a formal condition for the individual physician's membership in the Church, but also a distinctive and unequivocal sign for the Associations making up their Federation around the world

5. The courage to *witness* must correspond to the consistency of purpose. Doctors are believable witnesses to the extent that they zealously place themselves at the service of health without overlooking its moral and spiritual dimension. Their testimony is expressed every day whenever they respond to the needs of their patients. Who can perceive better or more fully than physicians the acuteness of the fundamental questions posed by human pain? Who is better or more fully suited to understand the Gospel beatitude "Blessed are the afflicted" (*Mt* 5:5)?

When they relieve sufferings and seek to heal, they are at the same time witnesses to a Christian conception of suffering and of the meaning of life and death.

6. While the world is increasingly in need of solidarity and cooperation, *it is appropriate for the Federation to work ever more closely with the different cultural, social, and charitable institutions* active in the Catholic Church and also with others which, though not Catholic, share the same concern for the world of health policy and care. On an international and national level, this means showing openness and a willingness to cooperate with initiatives carried out together, wherever it is possible and desirable to do so.

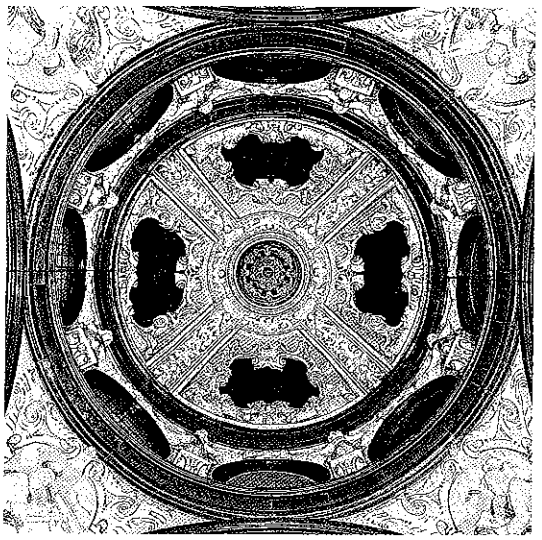
7. The Holy Father insistently invites Catholic physicians to be attentive to the signs of the times so as to recognize the motions of the Spirit therein. Faithful to the primary aims of their Federation, they will be very careful to adapt their norms and activities to the new conditions of our time. The intrepid, admirable strides forward of science and technology demand bold dynamism and flexible creativity in the statutes and an organization effectively making possible cooperation and joint action by the different national Associations. Consciences will thus awaken to the vast world of health care, the voice of Catholic physicians will make itself heard, and their presence will be esteemed.

Along with the Holy Father, the Pontifical Council for Pastoral Assistance to Health Care Workers is close to the Federation, for its mission is to "stimulate and promote the work of formation, study, and action carried out by the different Catholic international organizations in the world of health policy and care" (Motu Proprio *Dolentium Hominum,* February 11, 1985, no. 69).

8. The Pope's fond wish is that the Eighteenth World Congress will mark a significant turning point in the life of the International Federation. May the Most Blessed Virgin, *Sedes Sapientiae and Salus Infirmorum,* a unique model of obedience in faith and of generosity in charity, enlighten and support Catholic physicians. In this spirit, the Holy Father bestows the Apostolic Blessing upon the Congress members, their colleagues, and their co-workers throughout the world, as a sign of divine assistance.

Pleased to be acting as a spokesman for His Holiness, I cordially convey to Your Eminence my best regards.

ANGELO Cardinal SODANO
Secretary of State of His Holiness



Church and Health

Letter dated September 23, 1994, from the Secretary of State, Cardinal Angelo Sodano, to the Most Rev. Javier Osés Flamarique, Bishop of Huesca, head of the Health Apostolate Department of the Spanish Bishops' Conference

Your Excellency:

On behalf of the Holy Father, I am pleased to send a cordial greeting to those attending and participating in the National Congress on *Church and Health* which, with the theme "That They May Have Life", is being held in Madrid, organized by the Health Apostolate Department of the Spanish Bishops' Conference, in order to manifest the road traveled by Spanish pastoral care in health over the last twenty-five years.

The long and careful organization of the Congress in each Diocese and in the different groups, associations, and movements de-

voted to the *health ministry* has made it possible for the meetings at this time to be characterized by organic reflection on the reality of health care, in the light of the Gospel and of all the Church can and must do in the vast world of suffering, wherein Christ has carried out the salvation of men (cf. *Ph* 2:8)

There is no doubt that the best and most successful preparation for this Congress is the period of the last twenty-five years of pastoral care in health, in which the Church in Spain has with special concern fostered its presence in the midst of the sick and persons who suffer; it has fostered adequate preparation of lay people; it has provided a channel for initiatives to care for the dying and has instituted the *National Day of the Sick,* which, having begun in Spain in 1985, has been celebrated in the whole Church since 1993.

The theme of the Congress, *Church and Health,* takes us to the core of the health ministry, since the Church herself, from the outset and over the centuries, has always regarded attention to the sick and those suffering as an "integral part of her mission" (cf Motu Proprio *Dolentium Hominum,* 1). This pastoral concern is a singular prerogative of the presence of the Church, which commits all her energies to supporting the culture of life (cf. Apostolic Exhortation *Christifideles Laici,* 38), in continuing the action of Christ, who came to give life and to give it in abundance (cf *Jn* 10:10)

The twenty-five years being examined by your Congress do not close an epoch, but mark a stage which seeks to be, and ought to be, a starting point on the way to new objectives. As the Holy Father himself recalled on his first pastoral visit to Spain, during his meeting with the sick in Zaragoza, it is basic to the effectiveness of pastoral care concerned with the problems of health and illness that there be *active cooperation by the faithful with their Pastors.* Only through this global effort it is possible to extend the benefits of the health apostolate to hospital facilities and of families' attention to the sick, and thus give rise to increasingly numerous and generous co-workers in *volunteer service.*

The Holy Father deeply hopes that from this Congress there will arise a renewed effort towards cooperation among Bishops, priests, men and women religious, and Catholic Health workers The *healthcare family* which is faithfully inspired by the directives of the Church and opens out as well to the contribution of all people of good will must, above all, be an example of dedication, close cooperation, and intelligent, effective coordination to care for those suffering, especially the elderly, the disabled, the marginalized, and the victims of the new maladies afflicting current society In effect, it is a priority task of the ecclesial community to recognize in the poor and in those tried by pain the image of her Founder, so as to serve Christ Himself in them (cf *Lumen Gentium,* 8)

Therefore, the Church invites those working in this field to discover and fulfill their vocation as *Good Samaritans* (cf *Lk* 10:33-35), who—following the example of Jesus, who went about the world doing good and curing those oppressed by all forms of evil—approach every man or woman who suffers in body or in spirit, seeking to heal that person with the best possible remedies, and reveal the light of Christian hope, which finds full consolation in the Risen Christ, to those immersed in the darkness of pain, along with their relatives

The health ministry and health care, in the broadest sense of these terms, have much in common. Indeed, the health apostolate's contribution fosters growing *humanity in medicine* at all levels The health ministry, increasingly aware of the new ethical and moral problems deriving from the progress of science and technology, must also illuminate—on the basis of faith and the directives of the Magisterium of the Church—the complex and varied situations where it is necessary to defend the sacred value of human life from its conception until its natural end This certainly constitutes the best service to the dignity of the human person and the quality of the person's life.

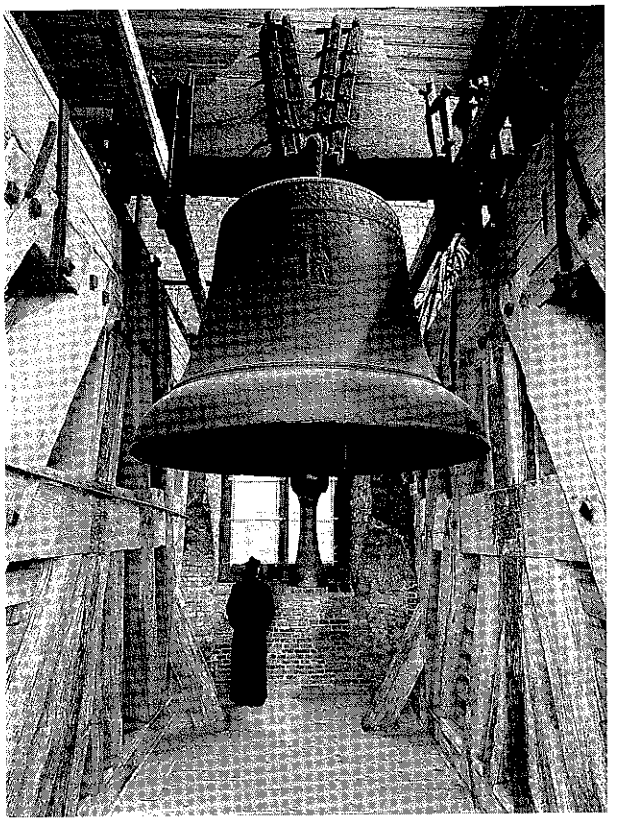
Fostering a *culture of health* is an indispensable condition in order for society to go on advancing towards an authentic *culture of life,* in the perspective of the *health/salvation* which is the work of God's project for man. May the Most Blessed Virgin, whom we invoke as the "Health of the Sick", be our model of the goodness and motherly concern from which an authentic health apostolate must draw its inspiration.

With this fervent hope, and as a sign of affection, the Holy Father bestows his Apostolic Blessing on all those present

On manifesting my sincere admiration for the ongoing work of your Health Apostolate Department, I am also pleased to convey to Your Excellency, my sentiments of respect and esteem in Christ

ANGELO Cardinal SODANO
Secretary of State of His Holiness

Topics



Ten Years after the Apostolic Letter
Salvifici Doloris
New Evangelization for New Hospital Care
Health Care for the Sick in Foreign Countries
Christ the Physician

Ten Years After *Salvifici Doloris*

On February 11, 1984 John Paul II published the Apostolic Letter *Salvifici Doloris,* the first papal document of such breadth devoted to the subject of the Christian meaning of human suffering [1]

The tenth anniversary of this document has been expressly and amply recalled by the Holy Father himself on several occasions [2] Two elements, in particular, justify the conviction that *Salvifici Doloris* among John Paul II's magisterial statements, ought to be regarded as one of the most significant and one which represents a historic date, so to speak, in contemporary papal teaching This is not the case with all the Encyclicals, Exhortations, and Apostolic Letters by the Popes, whose doctrinal relevance is obviously linked to circumstances which may later prove dated Documents, however, like the celebrated address by Pius XII to obstetricians [3] or Paul VI's Encyclical *Humanae Vitae* [4]—just to mention the central topics in bioethics and the relations between medicine and morality—remain so up-to-date that, if we read them carefully today, this fact appears surprising.

The two elements I was speaking of are the development of the doctrine on the Christian meaning of human suffering by way of successive, consistent initiatives by John Paul II and the influence exerted by *Salvifici Doloris* towards a sharper sensitivity to serving those suffering by offering a decisive contribution to pastoral care in health as a relevant instrument for the "new" evangelization which has been hoped for and actively promoted

The Beginning of a Path

The anthropological ecclesiology of John Paul II is characterized by a concept clearly formulated in the current Pope's first Encyclical and insistently repeated in many of his successive documents: *Man is the way of the Church.*[5] The Holy Father himself has explained exactly what is meant by this sentence in his very recent *Letter to Families* "By this expression I wished to refer, above all, to the multiple roads man walks on and, at the same time, wanted to stress how intense and deep the Church's desire is to remain at his side in traveling over the ways of his earthly existence" [6]

Among these "numerous roads", that of suffering is pointed to by the Pope as a *special way.*[7] Now, particularly since the publication of *Salvifici Doloris,* John Paul II has specifically traveled over this road or way, on the level of both witness—having undergone very difficult trials, faced in exemplary fashion—and a series of initiatives aimed at confirming that the Church, not abstractly, but in concrete terms, regards being alongside man, especially when he is weak or needy, as a "fundamental moment of her mission".[8]

The list of such initiatives could be described as interminable, if we consider that on numerous apostolic trips John Paul II has always given priority to meeting the sick, availing himself of the occasion to deepen understanding to an extraordinary degree of the Gospel of suffering It is, however, sufficient to recall the best-known initiatives

A year after publication of *Salvifici Doloris,* on February 11, 1985, the Pope instituted the Pontifical Council for Pastoral Assistance to Health Care Workers by way of the Motu Proprio *Dolentium Hominum,* in which he confirmed that the Church's concern for the suffering and the sick should be regarded as an "integral part of her mission" [9] The aims of this organism, confirmed by the Apostolic Constitution *Pastor Bonus,*[10] have been implemented in the intense activity carried out by the new Office [11] It should be stressed that the annual International Conferences organized by the Pontifical Council for Pastoral Assistance to Health Care Workers have always been concluded with a talk by the Holy Father containing precise directives on the problems, including new ones, posed by the subjects dealt with

In May 1992 the Pope, in a letter addressed to the President of our Office, instituted the World Day of the Sick, beginning on February 11, 1993: its purpose is to arouse both the Church community and civil society so that mankind will become aware of the immensity of the evils afflicting it and again place the problems regarding health policy and care among the priorities for the progress of civilization The Holy Father's messages for this Day, which is to be celebrated for the third time, enrich his teaching on the Christian meaning of human suffering

Finally, coinciding with the Third Plenary Assembly of our Council (March 1-3, 1994), the Pope, with the Motu Proprio *Mysterium Vitae,* also dated February 11, instituted the Pontifical Academy for Life, connected with our Council and closely linked to it, though autonomous in its activity, with "the specific task of studying, informing, and forming on the main problems in biomedicine and law relating to the advancement and defense of life, especially as they directly relate to Christian morality and the directives of the Church's Magisterium" [12]

The mainstay of all these initiatives by the Holy Father is a continuous, impassioned, and courageous magisterium which goes on virtually on a daily basis to defend life, making no concessions to criteria of popularity or consensus, but rather in the spirit of someone accepting a decisive challenge coming from the "anti-civilization", as he calls it, of many sectors of contemporary society

With exemplary catechetical incisiveness, John Paul II, commenting on Jesus' celebrated discourse on the universal judgment, writes, "The judge is the Spouse of the Church and mankind For this reason He judges by saying, 'Come, blessed of my Father For I was hungry and you gave me something to eat; I was thirsty and you gave me something to drink . . ' Of course, this list could be augmented, and numberless other problems could appear on it, also involving marriage and family life We could include expression like these as well: 'I was an unborn child and you accepted me, allowing me to be born'; 'I was an abandoned child and you were a family to me'; 'I was an orphaned child and you adopted and educated me as your child'. And also: 'You helped doubtful mothers, or those subjected to deceptive pressures, to accept their unborn children and give birth to them'; 'you helped numerous families and families with hardships to maintain and educate the children God gave to them' " [13]

This particular side of the Popès pastoral attention has placed stress upon the second element I pointed to—that is, the character to be impressed upon the "new" evangelization.

A New Sensibility to Serve the Suffering

Since the publication of *Salvifici Doloris* the leading papal documents have constantly recalled topics and problems in pastoral care in health; the recent Encyclical *Veritatis Splendor* describes the Gospel parable of the Good Samaritan—regarded by *Salvifici Doloris* as the perfect expression of the "Gospel of suffering" [14]—Das the "key parable for full understanding of the commandment to love one's neighbor" [15]

In the ten-year interval between the two documents, the Holy Father's writings and talks have never neglected the subject of suffering, confirming the postulate formulated in *Salvifici Doloris* concerning the irreplaceable value of pastoral care in health [16] in its twofold dimension: "to do good with suffering and to do good to those suffering" [17]

Pastoral care in health, as service to suffering man, regardless of his condition, race, culture, political ideology, or religious faith, can represent the initial and primary moment of renewed evangelization. In singular fashion it welds together material and spiritual assistance, inasmuch as it reaches the entire reality of the human person—physical, psychic, and spiritual.

If Christians do not opt for this pedagogy, which was Christ's, they will risk not be able to take advantage of the historic occasion offered by Providence in these years, which are experiencing vast trials of pain for mankind.

It must, in fact, be acknowledged that every pastoral focus for a new evangelization needs to move on the basis of a recognition of the fundamental human right to life and to the quality of life. Without this recognition, the human sense of existence is lost.

The Church, with her vision of life, has a vast field of action: a field which is preparatory for catechetical action and Christian formation. To this domain we can trace back the very serious problems of drugs, environmental decay, the crisis in the family and in the institution of marriage, violence, organized crime (especially among minors), the marginalization of the weak (the elderly and the handicapped), the education of the young in school, labor organization, the use of leisure time, and so forth. These are problems which, to be dealt with, require that we start from a clear vision of human existence and its end. However, they also remain problems falling within the integral conception of health, understood not only as the absence of a specific disease, but as psychophysical balance.

In so saying, we do not wish to affirm that pastoral care in health is exclusive, but only to stress that it is an essential component of overall pastoral care, inasmuch as it concerns the problems at the root of human life itself and its ultimate meaning.

This interconnection, moreover, explains why attention to suffering man has, in our time, increasingly brought out the close relationship between medicine—in its broadest meaning—and morality, between strictly medical problems and ethical problems, to the point that bioethics, or the ethics of life, is today a discipline in many respects new and closely linked, in operative terms as well, to the tasks proper to pastoral care in health as overall pastoral care.

The publication of the Apostolic Letter *Salvifici Doloris* and the virtually concomitant establishment of the Pontifical Council for Pastoral Assistance to Health Care Workers represent, so to speak, almost a historical *discrimen* in the magisterial and ministerial action of John Paul II and cannot fail to impress new vigor upon the Church's evangelizing action.

A reflection of this renewed stimulus is the potential effectiveness of the call for, and training in, pastoral care in health in connection with the encouragement and promotion of vocations to the priesthood and consecrated life.

Nearly all the men's and women's religious institutes arising in the Church have the exclusive or supplementary charism of pastoral care in health. An unexpected solution to the vertical drop in vocations to a consecrated state in recent decades—particularly in countries in the northern hemisphere—may be found (we already observe some examples thereof) in reappraising service to those suffering—that is, in the pastoral action of doing good to those suffering. Our Council has thus not failed to send its proposals—and will vigorously support them—for the imminent Ordinary Assembly of the Synod of Bishops, which will be devoted to consecrated life and its mission in the Church and the world.

Previously, the 1987 Synod, devoted to the laity, and the special Synod devoted to Europe (1991) unanimously admitted statements made by us in this regard.[18] All of this has been possible because the journey was undertaken ten years ago with the publication of *Salvifici Doloris*.

Current initiatives to recall this tenth anniversary all move in this direction of increasing the awareness of the Church and society of the problems of health policy and care and assistance to the suffering and the sick. The "Gospel of suffering" leads the way for evangelization because it is the Gospel of hope.

FIORENZO Card. ANGELINI

[1] JOHN PAUL II, Apostolic Letter *Salvifici doloris*, in: *Acta Apostolicae Sedis* 76 11984), pp. 72-158.

[2] Among others, we cite the *Message for the Second World Day of the Sick* (December 8, 1993), which is an extensive reflection by John Paul II on *Salvifici Doloris*; the *Greeting* addressed to participants in the celebration of that Day (February 11, 1994) at the Marian Sanctuary of Częstochowa; the *Address* to the members of the Pontifical Council for Pastoral Assistence to Health Care Workers during the Third Plenary Assembley of the Council (March 3, 1994).

[3] PIUS XII, *Address to Participants in the Meeting of the Catholic Union of Italian Obstetricians* (October 29, 1951), in PIUS XII, *Discorsi e Radiomessaggi*, XIII, 333-353.

[4] PAUL VI, Encyclical *Humanae Vitae* (July 25, 1968), in *Acta Apostolicae Sedis*, 60 (1968), 431-489. Cf. F. ANGELINI, *L'umile fermezza della Humanae vitae a vent anni dalla pubblicazione"*, in *Quel soffio sulla creta* (Rome, 1991), 463-468.

[5] Cf. Encyclical *Redemptor Hominis* (March 4, 1979), 14, in *Acta Apostolicae Sedis*, 71 (1979), 284-285.

[6] JOHN PAUL II, *Pope John Paul II's Letter to Families* Rome, February 2, 1994, 1.

[7] "Man may be said to become the way of the Church in a special manner when suffering enters his life ... Since man, then, through his earthly life walks in one sense or another along the way of suffering, the Church in every period ... should meet man precisely on this way" (*Salvifici Doloris*, 3).

[8] John Paul II, Apostolic Exhortation *Christifideles Laici* (December 30, 1988), 38, in *Acta Apostolicae Sedes*, 81 (1989), 468

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

[10] Apostolic Constitution *Pastor Bonus* (November 20, 1988), arts 152-153.

[11] I am referring to the following activities: the first census conducted in the history of the Church of Catholic healthcare institutions, with census data appearing in a special *Index*, cooperation with the departments of the Roman Curia; the involvement of the Bishops' Conferences (which immediately appointed and delegated Bishops for pastoral care in health); stimulus and support in the Church, on an interfaith basis, and in international health policy; statements and proposals by the Council at the Synod of Bishops' ordinary and special assemblies; publications (the journal *Dolentium Hominum Church and Health in the World* published thrice yearly in separate editions for five languages, along with specialized materials); organizing eight International Conferences on burning issues in medical ethics and pastoral care in health; multiple pastoral visits to a number of countries on different continents and initiation of new projects; creation of the International Federation of Catholic Hospitals; preparation of the *Health Care Workers' Charter*, and the encouragement given the celebration of the World Day of the Sick, beginning in 1992. These activities are described in the yearly editions of *Activities of the Holy See*

[12] For the text of the Motu Proprio *Mysterium Vitae* and the address by the Holy Father announcing this initiative, cf. *L'Osservatore Romano* March 2, 1994

[13] *Pope John Paul II's Letter to Families, op. cit.*, no. 22

[14] Cf. *Salvifici Doloris*, 27ff.

[15] Encyclical *Veritatis Splendor* 14

[16] "Suffering ... is an irreplaceable mediator and originator of goods ... *More than everything else*, it makes way for grace and transforms human souls. *More than everything else*, it renders the forces of redemption present in the story of humanity. In that cosmic struggle between the spiritual forces of good and evil ... human sufferings, joined to Christ's suffering, constitute a special support for the forces of good, opening the way for the victory of this salvific forces".

[17] *Ibid.*, 30.

[18] Cf. The Apostolic Exhortation *Christifideles Laici*, 38 and the concluding *Declaratio* of the Special Assembly for Europe of the Synod of Bishops, no. 10

New Evangelization for New Hospital Care

1. Introduciton

The Hospitaller Order was founded by St. John of God, from Spain, to assist the sick and needy, around the middle of the sixteenth century. John of God died in 1550, leaving a small group of companions, who continued his work of mercy.

The Order quickly spread in Spain, Italy, and the New World and is now present in nearly fifty countries on the five continents.

The Second Vatican Council greatly spurred its renewal, as occurred with many other orders and congregations. Thirty years have passed, and, in the face of the next General Chapter, which will be held at Santa Fe in Bogotá, Colombia, in October, at the same time as the Synod of Bishops on Religious Life, the Order plans to draw up a balance sheet on what the Council suggested, on the action taken in this regard, on what has been achieved, and on the direction it will move in on approaching the year 2000, from the standpoint of evangelization.

The following reflection is presented as the manifestation of the route traveled by an Order which is eminently hospital-oriented and which has made every effort to adapt to the demands of health care in our time and in our society.

2. In Favor of Renewal

Vatican II, which we take as a starting point in time for our reflection, placed the Church in a state of alarm and vigilance. It also did so in the case of religious and of our personal and apostolic life—and, therefore, of our activity, too.

Starting from the early centuries of the Church, the Council presents us with the wonderful appearance of a great variety of religious groupings as an extraordinary event and a major enrichment for the Church herself.

In seeking to restore these values to their original purity and in considering the function of these groupings to be still necessary in the present circumstances, the Church projects a suitable renewal of religious life (*PC*, 1).

There are *three principles for this renewal*: a continual, constant return to the sources of all Christian life—that is, to the Gospel; a return to the primitive inspiration of Institutes—and, therefore, a return to the Founder and to examining the institution's tradition; and adaptation to changing temporal situations (*PC*, 2).

Beginning with these premises, the Order got moving. The precapitular document, in its third chapter, lists the principles which spurred us to do so and the actions performed to this end. Thirty years have passed. Many of us have been leading actors in this movement from the outset; others have gradually been added, joining in at different points.

To accept the need for renewal was to recognize the confusion and value-swapping we had fallen into. I feel this is a normal principle of life, but we were not used to all that. Man is a limited being, and, even without so willing, over the course of history we have let ourselves get carried away by such limits. And it is not always easy for man to integrate this reality. We commit sins of absolutism, perfectionism, inviolability, and false security.

In view of all this, in the course of renewal there have been acts of resistance and differing criteria. The truth is that not all the steps taken on this road have been correct. We have

fallen into illusion and, in some cases, into superficiality; we have stopped more at externals than the demands of deep change And yet this is certain: seeking renewal has brought us much that is good and valid Particularly, it has caused us to breathe new, fresh air, which John XXIII spoke to us about: "We must open the window and breathe fresh air, though someone may run the risk of catching a cold".

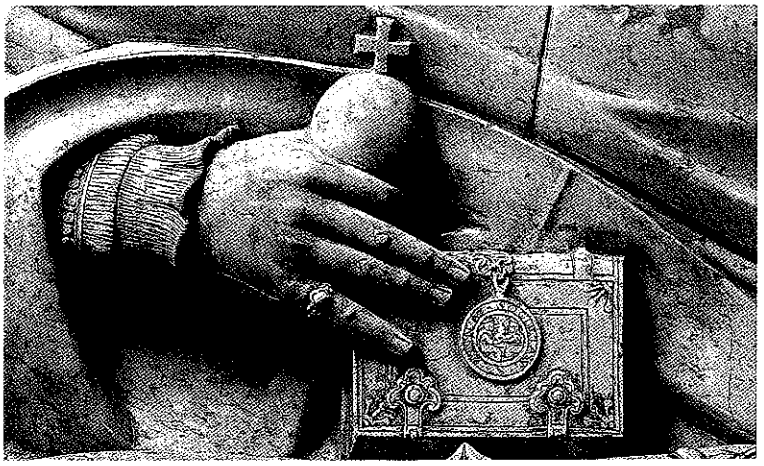
I feel, personally, that it has done us a lot of good And in making this judgment, I would add the three dimensions of our life as well, involving faith, the fraternal aspect, and the apostolate Not all, however, share the same opinion. Indeed, they sometimes look back with regret on certain ways of living which have been abandoned Furthermore, if we look at the changes that have occurred in the world, at certain values which are now different, or that the lack of values, if we consider the forms of behavior of our politicians and, no less, those of our society, we slip into a negative judgment of all situations.

Renewal has not been so effective as was predicted These are arguments, however, which are used to go backwards.

In addition, we have often heard that the Holy Father is seeking to place a check on the openings desired by the Council In reality, such is not the case In his service to the Church, no one doubts his commitment to mankind, to bringing about its growth in values and causing it so live according to the attitudes in keeping with the Gospel project, which is the only one that can make man entirely free.

In the face of certain ways of living, the Pope rebels. He does not accept the possibility that humanity, the Church, and Christians may lose the chance to live out a project of hope and fulfillment: "If we look superficially at this world of ours, the negative facts which may lead to pessimism create quite an impression But this is an unjustified sentiment: we must have faith in God, the Father and Lord, in his goodness and mercy. As we approach the third millennium of the redemption, God is preparing a great Christian springtime, and the dawn of its beginning is already becoming visible" (*RM*, 86)

We are convinced of this. We have come a long way in this last thirty years and, while admitting that not all the steps have been valid, we wish to continue to go forward. And in the document we have presented a compendium of these. As an initial criterion, we have taken personal, community, and apostolic renewal We have especially focused our attention on the apostolate, which leads us to reflect on a caring project in the spirit of St John of God. We may state that from this effort we have obtained some results which stand out. And, with our gaze ever set on our ideal, we wish to go on working, so as to come to embody it in serving the sick



3. Valid Moments Created to Renew the Order

Among the requests of the Council there was also included the rediscovery of the Founder. I think this dimension has been successfully dealt with by Father Brian O'Donnell, our General, on the first day, with the topic "John of God Goes on Living in Time". I can also refer to the specification of the project which, as the Family of St John

of God, the Order wishes to carry out, bringing together "Brothers and Co-Workers for the Mission", as analyzed yesterday by Father Raimondo Fabello. I would simply like to stress three of the points included in paragraph 3.6 of the precapitular document.

3.1. *Movement for Increased Humanity*

It is hard to state that it is now complete, but we can affirm that in the Order today there is a movement towards increased humanity, both theoretically and practically. Some have adopted it to a greater extent; others, less; still others, by their efforts, are constructing it—we can, however, assert that, as a criterion, it is one of commitments taken on and is included in the Order's project for care. At the different levels of health care, which are now designed by health ministries in different countries, this message is also present.

No one doubts that in the Order's project for care there has also been a consideration of total, integral care of the sick, which thus includes the factor of humanity as well. But it is only in the last twenty years—that is, since the publication of the document on *Increasing Humanity* by the previous Father General, Pierluigi Marchesi—that we have thought of speaking of more humane care in the Order. And I feel our contribution has influenced the Church's health-care institutions, too, and, in some places, even public ones.

Taking the theme of humanity as a banner derives from the fact that care is dehumanized. There is insistence today on the contrast between the humanitarian ideals of the health profession and the existence of a concrete reality far removed from those ideals.

The specific content of dehumanization involves turning the sick into objects—becoming things, numbers. They lose their personal features. Their feelings and values are dispensed with. They are virtually transformed into the pathology afflicting them. Dehumanization bears with it an absence of warmth in human relationships—an absence deemed necessary to establish emotional distance; but the sick perceive it as cold indifference to them.

The autonomy proper to the sick is not taken much into consideration. They do not feel they are in charge of their destiny, but, rather, experience conditioning and manipulation leading towards conformity. And the result of all this is that patients are often denied their ultimate options.

In the face of dehumanization, the Order seeks to promote *more humane care,* which leads to recognizing that the sick are "persons". Expressions like "The focus of our attention is the patient", or "The patient is our university", manifest the demand that the patient's autonomy and freedom be respected. They manifest the demand that patients' psychology and needs be taken into account. They manifest an ability to achieve a comprehensive approach to patients, which also contributes to our completion, given all that the suffering of others can offer for our lives.

It also involves a lifestyle, a way of being. Father Marchesi, in his document, offers us a challenge: *To become more humane so as to make care more humane.* For us, called to devote ourselves to care, this represents an invitation to personal growth—and an entire program. It brings with it discernment of the necessary attitudes, an effort to adopt them, since our whole potential is to serve greater humanity. Only those who, in their simplicity, in spite of all their knowledge, discover they need to become more humane can act as a leader in the project for increased humanity.

Moreover, it intrinsically entails—beyond the scope of individual work—implications for the collectivity. In our therapeutic communities, indeed, we musk take into consideration new projects wherein care can be provided through those qualities demanded by the spirit of John of God.

On the basis of Father Marchesi's action in the Order, a year was proclaimed devoted expressly to greater humanity, and much was done in practical terms to apply this criterion. We do not mean to say thereby that we had stood still previously, but in recent years there have been many changes effected in this direction—renewal in the structures of institutions; preparation of pastoral workers in health: Brothers and Co-Workers; special sensitivity to mankind's new needs; the ideal of a more dignified relationship with the sick; the mode of organizing health management; and not only professional, but also human advancement of the Co-Workers. Along with other aspects, these steps, though a great deal still remains to be done, make humane care a reality now at our facilities.

3.2. *Pastoral Action in the World of Health Care*

In this century there has been progress regarding the integral concept of the human being. Stress is no longer placed so much on the two realities composing mankind: matter and spirit. Man is, rather, defined as an indivisible unity. And we accept this in our faith, as it accords with our conviction.

We respect any attitude concerning the intervention of the Transcendent in the creation of the world. We believe this indivisible unity has been created, initiated, and fostered by God our Father, who has made the supernatural come to form part of our being, too, offering salvation as well to our condition as limited beings, in Jesus of Nazareth.

It would take us quite far, however, at this time, to seek to provide justification in the matter on the part of faith. And this is not the place. Nevertheless, I feel it is appropriate to have made this introduction to facilitate comprehension of the criteria from which we start in conducting our reflection.

As the Brothers feel themselves to be Church, the Order, which fosters care facilities, arises from a religious experience fomented by the Spirit, in St John of God. *This is the charism of hospital care*. We participate in this charism, and we are its guardians and those responsible for its development.

It is a theological entity containing in itself salvific action which cures, heals, frees, and manifests itself in assistance to

the sick and the needy, seeking to bring them salvation, medical attention, care, and liberation, which in the hospital environment means health.

The Order is a group of persons in whom, without falling into presumption, the salvation of Jesus Christ has become evident. In Him we have found the meaning of our existence, as St John of God did. This experience has led us to create care facilities wherein we offer health to the sick and the needy with the means available to science today, but also making this experience, to which we are witnesses, a transmission of values, by way of our criteria, our lives, and, therefore, our apostolate as well.

We are Church, and we desire, with all others who are such, to create a domestic Church which will make possible Jesus Christ's action to heal man fully.

We do so with respect for all the co-workers at our facilities, including them on the basis of their real conditions. In offering our healthcare service, we also respect the creed of each of the sick and their relatives.

In the period when our society had a greater sense of the sacred, we devoted less time to these reflections and even to these actions. The religious dimension was perhaps more or less superficial, but it was commonly accepted and experienced by all.

Nowadays, on the other hand, there are many people in our society who live in religious indifference. We are all more determined and decided, and the Order has carried out reflection to orient its apostolate, defining the principles its own work starts from and the goals it seeks to reach, in its twofold reality of conducting care activity and at once being a Sign of Christ's salvific action.

In the precapitular document, there is reference to Pastoral Care in Health in No. 3.6.7. In terms of the road traveled by the Order after Vatican II, we also allude to the new definition of the Hospitaller Vow by the religious of St. John of God, now made without any dualism. In that document there is mention, too, of a reawakening of pastoral action in the Order and of its contribution to the Church in the area of the health ministry. At the same time we observe all the work done by the General Secretariat for Pastoral Care in Health and the creation of Pastoral Councils or Groups at our facilities which work in harmony with everything we have set forth above.

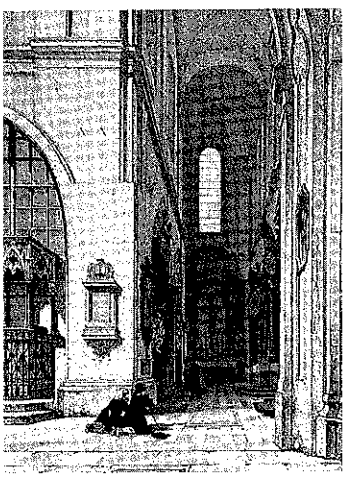
The Lombard-Venetian Province has experience in all of this. It has gone through this change after the Council, and I feel that both the Brothers and many others who are here today—virtually everyone—have been witnesses to and actors in this evolution.

I feel it is exact to state that what has been done is partly a result of the push we received from the Council, of having followed the path of renewal, of having desired to go back to the Gospel and the Founder, and of having sought to adapt our lives and our hospital action to the demands of our time. We are happy and satisfied about this.

3.3. *The Ethical Demands of Our Action*

What we have said about more humane care and pastoral action leads us to the definition of a project for assistance with ethical demands flowing from the criteria defining it.

Since Potter, about 25 years ago, began to use the term "bioethics", as applied to the systematic study of human conduct in the area of anthropological sciences and health care, until



our own day there has been much reflection and an effort to respond to the ethical problems of care and research, in terms of new possibilities.

A lot of space has been devoted to this topic of the ethical dimension of health care by philosophy, theology, and the Magisterium of the Church, always with concern for service to mankind. But the conclusions have not always been in agreement. The last intervention by the Magisterium, *Veritatis Splendor*, sought to provide a service in clarifying and specifying certain aspects constituting abuses in our society, which it deemed appropriate to delineate.

Starting from our Constitutions, the precapitular docu-

ment, in paragraph 365, sets forth the ethical dimension from two standpoints: as an attitude of the Brother or health worker and as a criterion illuminating hospital work. In summary form it draws together the Order's thought on exercising its apostolate.

This is a field from which new pleas proceed every day. But we cannot provide humane care without the ethical demands supporting it. We cannot carry out salvific action with the sick without its being grounded in the ethical demands of the Gospel. We cannot foster the spirit of St. John of God at our facilities without having a project for care based on greater humanity, ethics, and pastoral activity.

All of us, who are living through the hospital's problems daily, in the environments dealing with both acute and chronic conditions, well know the importance of having to respond to actual demands.

Abortion, euthanasia, prenatal diagnosis, fertility treatments, palliative care, the quality of life, emotional relations in psychiatric patients or the psychically handicapped, the subject of freedom, the repercussions of drugs, being close to AIDS victims and their relatives—these are matters which surround us in hospital settings and which are constantly before our attention.

The three principles illuminating care today and completing each other are *beneficence which must be broadened so as to exclude maleficence*—that is, we must do all that can and should be done to serve patients and improve their health; *autonomy,* based on the conviction that the human being must enjoy freedom from all external control and be respected in vital, basic decisions, with all that is involved in the demand for *informed consent* and, finally, *justice,* identified with equity, with the matter of giving to each what that person is entitled to, in the current red-hot debate about allocating health resources, which are increasingly scarce and costly.

We must ground our activity in all of this, but there is no doubt that, more and more each day, health care can lead us into varying situations wherein we will have to reason on the basis of principles which may, however, take us to differing conclusions.

Let us also state with satisfaction that the desire to respond to the demands of renewal, the Gospel, John of God, and adaptation to our world has brought about an ethical reawakening in us. We must define the model for care, the parameters we want to start working from, creating forums for thinking with a good ethical criterion, and according to which the situations may be analyzed which emerge from care at facilities, where, assisted by philosophical and theological thought, with the contribution of the Magisterium, we effect applications to real life, always defending the interests of patients' and everything related to them—and this is nothing but embodying the Gospel spirit.

The experience of Ethics Committees is not very long-standing, like that of Councils for Pastoral Care in Health. In many of the Order's hospitals, however, they are being created, in accordance with the demands of care. Indeed, an Ethics Committee at a facility which is well-defined and made up of appropriate people is a body that, in addition to making decisions at the right time, creates an ethical awareness for action and increases all its members' certainty that they are living out values which give the person dignity.

4. New Hospital Care

The fifth heading of precapitular document was entitled by us "Let Us Reach the Year 2000 with a New Sense of Hospital Care". Father Marchesi, in one of the basic documents, had already explained it to us as a road to be traveled: "Hospital Care of the St. John of God Brothers on the Way to the Year 2000".

It is concern about responding to the demands of our vocation that makes new hospital care possible. It has led us to update our way of being present in the world. It has helped us to face the new instances of human pain, to confront the new illnesses and the new needs emerging from perennial illnesses. Furthermore, renewal, as we previously stated, has made it possible for us to delve into the Gospel and its demands and to examine the spirit of the Founder. How can the Gospel be embodied today? How can John of God be rendered present today in our lives?

The steps we have taken have been guided by our reflections, regarding philosophical and theological contributions and those of the Magisterium itself which particularly affect our charism.

The Holy Father often speaks of new evangelization. The world needs evangelizers who in their words and their lives will be bearers of the salvation of Jesus Christ. However, one must experience salvation in oneself and at the same time be a bearer of salvation to others. The Pope speaks of new evangelization, but not because its content is different—the message of Jesus Christ will always be the same. The novelty is instead found in language, methods, and gestures. We do not mean to say thereby that the previous system was not valid, or that it was null and void, fruitless, or unsound. We mean that there are new challenges today, new exigencies presenting themselves to Christians which it is urgent to respond to.

In order for us to carry out *new evangelization,* we have spoken of new *hospital care.* And for this reason we included a preamble to the fourth heading of the precapitular document. We listed four realities:

— People today are not so unbelieving or so indifferent as they appear. We may say they are incurably religious, with a great thirst for spirituality.

— The Church today must define the relation between faith and culture—or, rather, between faith and cultures. This effort is becoming more and more urgent, for, over against the universal dimension of faith, there stands a presumption of universality on the part of technological culture, a theory which is now being formulated everywhere in the world, but which has brought about division between north and south, rich and poor.

— Evangelization must never—and particularly today—be deprived of the ethical-social consequences it entails. We have already spoken about them. In addition, we must avoid the risk of acting exclusively or predominantly in the dimension of social utility, leaving aside all that is linked to our being Witnesses to the Kingdom.

— Our society is characterized by its inability to achieve true and authentic human relations. There is much talk about communication, but isolation abounds and, as a result, loneliness.

We must be convinced as a Hospital Order of the needs and fragility of the people we deal with. At heart they are filled with our witness and frequently expect nothing but to be invited to enter into the domain of human communion, which is, properly speaking, the domain of God. For this reason we are called to present to the world the contrast existing between our culture, which is a culture of hospitality, and the culture of hostility, which is increasing its dominion daily, and not only in relations among peoples, nations, and ethnic groups, but also in interpersonal relations. Today, more than ever, we are called to be witnesses, in human relations, to the God who loves life (*Ws* 11:26), who mixes with his people and, by his presence, makes the earth hospitable and makes man truly a man.

Convinced of this, we speak of new hospital care, knowing that the message is the same as that of the new evangelization referred to by John Paul II. We confirm the inheritance of "hospitality" received from John of God, but we desire to implement it as he would have in our world.

We want to use different methods, systems, and language. We want to respond to the demands of care in today's world. In this response lies what we call *new hospital care*.

I would like to sketch out where this new care will take us. I in no way intend to be exhaustive. Many aspects have already been initiated and consolidated; others are simply awaiting implementation. And, for the sake of facilitating reflection, I shall present a summary.

— *New hospital care* demands making renewal a permanent attitude in our lives—letting fresh air come in, being open to every scientific contribution which illuminates and enriches the exercise of hospital care, a renewal whose foundation is in the Gospel and in deeper examination of the personality of John of God, a renewal which is not set upon superficial elements, but, rather, secure steps, starting from the depths giving us our very being, in spite of the fact that we consider it limited.

— *New hospital care* demands providing integral care, wherein patients and everything surrounding them are the leading concern. This involves a clearly-defined project for care, based on the Gospel ethic, whose primary objective is to serve the sick as persons and which uses all available means to this end.

— *New hospital care* demands that health workers perform the task of personal growth—both religious and co-workers—open to culture, preparing ourselves in human and professional terms in order to act as leaders for this project. It bears in itself, too, a commitment to become more humane so as to augment humanity, to cause all the attitudes giving meaning thereto, facilitating communication, and removing isolation and loneliness to issue forth in ourselves. Hospitality, more than a task, is the attitude *par excellence* which ought to characterize us, which opens hearts to others, which spurs us to be confident, which makes those we allow to welcome us feel welcomed by us, in turn.

— *New hospitality* demands that we all—believers and non-believers, Christians and religious—travel far along the road of human suffering, which poses questions for us as it does for the sick, the needy, and also those we are close to and which can be the cause of either approaching or drifting away from God.

— *New hospitality* demands that we be sensitive to today's new needs, both because new illnesses have appeared and because the perennial illnesses are undergone at present in other forms and contexts. The Order grasps these new needs and responds with its charism, which is alive; and it is not afraid of the implications which may arise in carrying out its mission.

— *New hospitality* brings with it setting our gaze on the future, as John of God did. If he had adapted to the hospital care existing in his time and been resigned to the perspective he encountered at the Royal Hospital in Granada, he would not have attempted a project for new hospital care, for which we—and care today—are thoroughly grateful to him. We are called to make the spirit of his new hospitality our own, to live the new evangelization with the new hospital care today.

5. Conclusion

I shall conclude with a call for hope. The last thirty years have brought much good to us, to the Church, to religious life. The freshness of the Second Vatican Council has made itself felt.

Our society has made great progress and we can be very satisfied, for it has strengthened the exercise of our hospital mission.

Let us live out our future, then, with great trust. Let us look forward, basing ourselves on John of God and convinced about the project we are engaged in, working to experience our offering in the field of health through the salvation which Christ has brought us.

A salvation which becomes so human, which reaches all men, perhaps without their being aware of it. A salvation whose only message is love. That love which is able to fill every person, even in suffering.

May the Lord grant that all of us, like St. John of God, can be true workers for new hospital care.

Fra PASCUAL PILES
Prior General
of the Hospitaller Order
of St. John of God

The Theological and Ethical Significance of Medical Care for the Sick in Foreign Countries

The Theological and Ethical Significance of Medical Care for the Sick in Foreign Countries In our time, thanks to the extraordinary (and sometimes uncontrolled) use of the *mass media* the problems concerning the sick in developing countries are beginning to enter into collective awareness as no less urgent than those of many patients in our midst Indeed, in certain respects, their needs should be given priority, in view of their incredible indigence, compared to which the deficiencies of our health system appear absolutely insignificant The world civilization in which we are immersed thus causes the "foreign" patient to capture even more attention than our own countrymen

To speak of care (or, rather, *service,* to use a more appropriate term) for the foreign patient exposes us to a twofold risk: on the one hand, that of reconsidering the problem in terms of the needs of the "local" patient and, on the other, that of rhetorically overemphasizing the "goodness" of coming to the aid of so many sick people If the former can, to some extent, make Christianity "bourgeois," unable to see world reality as a single reality affecting it, the latter threatens to reduce the problem to a purely emotional event spurring many health professionals towards this kind of experience more for the experience itself than for the sake of the real help offered others. These are, in short, two limited views, though one tends to contract and the other to expand It is clear, then, that an ethical-theological examination of this problematic requires the precondition of maximum balance and a certain emotional detachment (which is not indifference!). We shall therefore attempt to evaluate, in the light of some considerations of a biblical-theological and ethical order (both natural and theological ethics), the basic motivations, meanings, and sense of direction associated with aid to the foreign patient

1. Evangelization and Human Advancement

If, on the one hand, the need for a thoroughgoing re-evangelization of the western world is deeply felt today, as John Paul II repeatedly and rightfully stresses, this does not mean that we should not also continue and intensify the evangelization of foreigners as well, as *Redemptoris Missio* authoritatively teaches. In this perspective the first series of reflections relates to the dimension of *human advancement,* a commitment totally inseparable from evangelization. The "liberation" of man, a result of truth (and thus of its being announced) is integral liberation: *from* evil and *from all* evil The question to be asked then essentially concerns the relationship established between the announcement of the Kingdom and this integral liberation of man. In this perspective three basic lines of interpretation can be identified

1 The announcement of the Kingdom is also effected *through* human advancement The liberation from illness becomes an element witnessing to the Kingdom: "Go and tell John: the blind see, the cripples walk" (*Mt* 11:5) The announcement of the Kingdom, moreover, requires that it reach "the ends of the earth" (*Rm* 10:18), and human advancement, consequently, must also extend thereto It is not a wish for adventure or (even legitimate) gratification which ought to push people in this direction, but obedience to the will of God

2 The announcement of the Kingdom, furthermore, is effected *in the sharing* of human experience. In this regard, a broad reading of the Christological hymn opening the Letter to the Philippians is fundamental: "Jesus Christ, though of divine nature, did not regard his equality with God as a treasure to be jealously held on to, but He stripped Himself . . in becoming like men" (*Ph* 2:6-7), that is, in fully taking on the human condition. The imitation of Christ urged by so many ascetic teachings in the past (which is a permanent commitment for the Christian) must, in order to be integral imitation, fully immerse itself in the sharing of human suffering, not to take pleasure therein, with subtle and masochistic pride, but to deal with it

3 The announcement of the Kingdom, in short, is believable only if accompanied by *living witness* "Let them see your works and glorify your Father who is in heaven" (*Mt* 5:16) However much faith, truth faith, is always in a certain sense "naked", the witness of works is certainly one of the main ways leading to it which is not disdained, but rather abundantly used by Christ Himself And since it is the Church, at her different levels, that embodies faith and has the task of conveying it, a Church unable to meet the needs of the sick, wherever they are, in concrete terms, is not be-

lievable (and thus does not lead to faith).

In the light of these considerations we can conclude that the role of "medicine for foreigners" (as an expression of human advancement) is related to evangelization in three ways: mediation, sharing, witness. If the announcement must be taken "to the ends of the earth", the same should be done with medicine.

Also within the sphere of the link between human advancement and evangelization, "medicine for foreigners" presents itself as a valid element enabling us to overcome some difficulties encountered by the evangelization of the world, particularly the following.

Ideological pluralism. Contemporary culture is divided into a thousand rivulets of thought and ideological — or, as people say nowadays, "post-ideological" — orientations. The Christian proposal, therefore, risks appearing as just one among many, and the word of God risks being lost in the din of so many preachers, whether religious or secular. Why believe in Christ and not in the Hari Krishna people?

The divisions among Christians. It is useless to conceal the fact: unless there is a radical intervention by the Spirit (we must always believe that He can take the initiative in unforeseeable ways), we shall enter upon the third millennium with this negative reality. And while we are here discussing theological questions, in the world the penetration of the Christian message may be slowed down for this reason as well.

The "prohibitionist" image of the Church. Unfortunately, the Church is often known exclusively or mainly for her vetoes. The "good news" thus risks appearing contradictory—a message of joy, of integral liberation, bristling with problems, demands, and renunciation.

What does medicine have to do with all this? If these are some of the main difficulties encountered by evangelization today, the doctor and all other health workers can contribute to overcoming them, at least in part. Indeed, it is their professional identity itself which serves to resolve them. The doctor is in fact a man who overcomes ideologies, denominational differences, and judgments. What patient would fail to turn to a physician of another political party or another religion or fear a judgment of his moral behavior? "A friend of man and an enemy of illness", as an ancient Persian text rightly described the physician.

Two *biblical icons* can help us understand this better. The first is Christ's command: "Go . . . and heal" (*Lk* 10:3-9). Once again evangelization was not separated from the care of the sick, to the point that the Holy Spirit conferred a special charism in this regard and the care of the sick became a specific "ministry" of the emerging Church.

The second is taken from Paul's letters: "Only Luke is with me" (*2 Tm* 4:11), the Luke elsewhere described as the "dear physician" (*Col* 4:14). The physician (it matters little whether or not it was Luke the Evangelist) was the only one who remained at the side of Paul in the work of evangelization. Without any presumption, I feel that perhaps today's Church in missionary lands can affirm that her great "company" is constituted precisely by medicine.

2. The Dimension of Charity

When we speak of aid to foreigners (and, in our case, to the foreign sick), we usually have recourse to a Gospel teaching whose main force is due to its apparently paradoxical internal contradictoriness. I am obviously referring to love for one's *neighbor*—that is, literally to those who are closest. Now, precisely to explain such love for one's "neighbor" love for those "far off" is often used as an example. In the health sphere itself the key word for all the Church's charitable action towards the suffering is that of the Good Samaritan—that is, for Hebrew culture, "of the good . . . foreigner". It is not the only place where such "foreignness" becomes "closeness": let us recall the Syro-Phoenician woman, the grateful Samaritan among the ten lepers, and the centurion. In this case, indeed, we are even faced with a twofold distance which, for this very reason, reinforces the sense of "closeness": moral distance (the centurion, for the Jews, as a pagan was "impure") and material distance (since the sick are materially distant).

A final motivation on which medical action for the foreign sick is based concerns the *missionary dimension of medicine*. There are three ways to understand it.

The first is *romantic*. Clearly individual and subjective, it draws its motivation from the inward gratification deriving from helping others, while not excluding other motivations, including the Christian ideal. Already present in certain past wri-

tings (among them all, let the name of Cronin suffice, for in *The Keys to the Kingdom,* he explicitly fuses the aspect of evangelization with the medical profession), it has been splendidly witnessed to by noble and always vital figures like Dr. Schweitzer or Marcello Candia. Precisely by virtue of this ideal there are not a few doctors today who, beyond their religious allegiance, wish to experience "missionary" work.

The second is specifically *Christian.* It refers to the "mission" (that is, being sent) as a response to a specific call. One goes not because one would "like" to, but because God asks one to go. If you will, it is the most genuine aspect, which, while not excluding individual attitudes or desires, sublimates them in response to a concrete call from God, in the health sphere as well.

Finally, there is an *ontological* dimension of missionary medicine—that is, a dimension connatural to medicine itself. In other words, medicine is "by nature" (just like the Church) missionary. Dedication to others, to all others, anywhere in the world, is its "universal heart". If in these reflections we have continuously used the phrase "medicine for foreigners", we have done so only to facilitate expression, certainly not to convey a real fact: there is no medicine for foreigners, but one single medicine for man, whether near or far.

This ontological missionary role has no doubt found its specific mode of being in contemporary society, its "secular" face in the loftiest sense of the term, to which we give the name *international medical cooperation.* In this dimension and in relation to the sociopolitical contours of developing countries, "imported" medicine may carry out different functions:

— substitute (when a country lacks the facilities to meet a given health need);

— complementary (when there are facilities, but they are quantitatively or qualitatively inadequate);

— supplementary (when appropriate facilities are accompanied by additional ones, thus leading to an overall upgrading of care).

3. International Solidarity

One dimension which is deeply felt today in secular ethics is the value of solidarity. There are basically three manifestations of solidarity, and all three offer interesting starting points for reflection, for the purposes of our paper.

The first is typically *juridical* and refers to the debtor assuming responsibility for something in *solidum,* on behalf of others—that is, responsibility in the name of another for something he has not done directly.

The second is *anthropological* and concerns one's responsibility for others by virtue of the fact that they are related to one (for instance, as family members or members of a community).

The third has a *sociological* matrix and sees solidarity as a manifestation of justice.

Starting from this threefold acceptation, we can indeed identify our duties as regards solidarity, in the medical domain, with respect to the distant patients for whom we must in some sense "answer" to the Lord, by virtue of that communion binding together the children of one and the same Father in the single human family.

But there is also another aspect wherein the dimension of solidarity becomes particularly evident and some misunderstandings may arise: the relationship between *charity and justice.* In this regard, we shall limit ourselves to offering three elements for reflection.

a) What is due in justice must not be requested for the sake of charity. The health worker's first commitment, then, must not be to abound in works of charity, but to ensure that what concerns justice will be fully respected and implemented.

b) Charity surpasses the strict juridical proportionality of what is due in justice. This means that we must not be satisfied with enforcing and implementing justice if justice is not also completed by the charity surpassing and transcending it. Justice cannot be asked to forgive or to superabound in giving or in self-renunciation, whereas all of this is absolutely connatural to charity.

c) Many of the works of justice are the new name or the new manifestation of the former works of mercy. One can certainly not ask people today to feed the hungry without working for adequate farm policies or to provide lodging for pilgrims without an adequate policy for accommodations.

Obviously, this sense of solidarity, which is, moreover, the soul of international medical cooperation, runs into many difficulties today. Among the main ones we observe individual and social *selfishness* on account of which it is very hard to go beyond the confines of self-interestDor national interestDfor the sake of the interests of others;

— meeting *primary needs,* in the sense that when a nation undergoes economic hardships (and many western countries face such conditions today), there begin to be cuts for cooperation for the sake of guaranteeing the basic needs of one's own population;

— a certain self-absorbed *isolationism* now observable in Europe, which in its most violent manifestations reaches the level of armed conflict and in many others threatens to establish a kind of cultural xenophobia fostered by the ideological orientations of the Old World;

— an inadequate relationship between "far" and "near", in keeping with the dictum that "you should look out for 'number one'" before thinking of others, with the result that there is almost never any room left for the "others", for "we" have already absorbed all our concerns and resources.

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Christ the Physician and the Vocation of the Christian Doctor

Christ the Physician and the Vocation of the Christian Doctor Today everything seems to be going better. Every day major technical success is obtained in the different fields of medicine. And yet, to our wonder, in both physicians and patients there is a continued increase in dissatisfaction.[1] In its ever more unrestrained rush towards progress, medicine, with increasing specialization, has forgotten who man is, to the point of no longer knowing how to define him. Scientific medicine does not realize that the meaning of illness consists of guiding the one affected by it towards the meaning of life.[2]

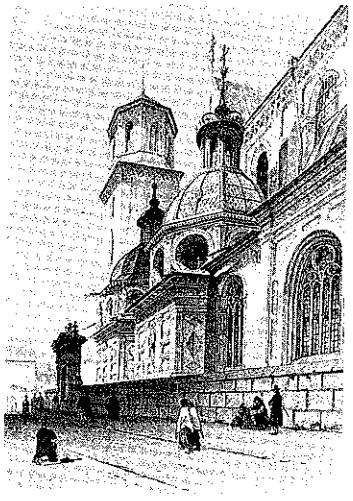
It thus strikes us as urgent to rediscover the meaning of man and medicine, so that science will entirely go back to serving man and no longer serve scientistic ideology.

In the light of the Bible and Tradition, and with the help of the Church, *expert in humanity*,[3] we can deepen the Christian understanding of the medical vocation and propose a Christological clarification to deal with the major questions of bioethics.

Above all, we can turn to the Old Testament to discover how God wishes to offer in-depth healing to sick humanity, wounded by original sin. This presence of evil on earth is opposed to the beauty of creation and the good of man. God also entrusts to man, acting as his co-worker, this science of healing illnesses.

Christ Himself appears as the physician offering his life to save those who are lost. By his attitude, words, and gestures, Jesus shows throughout the Gospels that He has come to bring salvation to men so that they will have life in abundance. On calling the disciples to Himself, He invites them to continue his mission by healing the sick and announcing the Good News of the Kingdom.

Finally, every Christian becomes a sharer in this mission through Baptism and Confirmation. But, in a more special way, all those called to provide care to the sick become the Good Samaritan and continue the mission of Christ to the sick as Priest, King, and Prophet. A doctor's vocation then expands towards a horizon infinitely larger than a merely scientific mission. Much more than a health technician, he appears as the one Christ chooses to take his mercy to those suffering.



1. Foreshadowing of Christ in the Old Testament

The study of the Old Testament enables us to discover three roads to deepen understanding of illness and medicine.

Firstly, there is an intimate link between sin and illness. If illness is not always the direct result of sin by the one it strikes, the sign of the presence of evil in the world remains, however. Creation, which in the beginning was good and willed by God as such, has been altered by original sin and subjected to suffering and the power of death. The trial of illness should, then, always remind man of his condition as a sinner and invite him to set out on a journey of conversion.

But, in the face of medical progress, Ben Sira, as is described to us in Ecclesiasticus (*Si* 38:1-15), had to show the proper place of the physician and treatments alongside the road of faith. Without opposing them, he is able to propose a mode of conduct to be observed which is balanced and respects the levels of both nature and grace in the unity of the human person. The art of medicine must be appealed to, but to "medicate" illness is not enough; one must go down to the very roots of the malady.[4] Since illness is a sign of sin in the world, the prophets announced the advent of a Messiah who would come to heal his people. Behind the image of the Good Shepherd, we are able to discover the foreshadowing of Christ, who comes to save us.

Among the different occupations possible, medicine occupies a special place. As Ben Sira shows, it is not just any occupation. It is true that the health of a people is essential, even in political, economic, and social terms. Every culture's concern for public health is understandable, and Israel did not escape this major concern, as indicated by all the health measures to be found in the Old Testament regarding key moments in life: nourishment and reproduction (marriage and sexuality). However, Ben Sira takes us to another level: to see in medicine an activity which is much more important than an problem of public health. Medicine is an activity specially willed by God for man's welfare. To some extent, we can say that every occupation sharing in dominion over the earth is willed by God, but here there is more than an invitation by God; there is a real vocation in his work by restoring man disfigured by illness. It is an authentic mission making the physician God's co-worker.

Whoever is a doctor must realize this. He is not called simply to do his work in the best way possible, with marked professional awareness, but is called to be deeply conscious of the fact that there is something sacred about his work. The deep meaning of medicine involves coming to restore man, the culmination of creation. The doctor must profoundly grasp the grandeur of his mission (we could call it his vocation). His job is one of the most beautiful and grandiose professions, not because of the prodigies the doctor works with his science, but because this science has been entrusted to him by God. The physician cannot regard himself as the owner of this science he

has received; rather than the repository a science in the sense in which science is understood today (that is, as a technique), he is the repository of an art, a reflection of the creative wisdom of God, who treats the ill through him.

2. Jesus, the Christ-Physician

In Jesus the prophecies of Isaiah are fulfilled on the Servant Suffering. The Father's merciful love is manifested in the Son's gift of love on the cross. Through this light of Redemption coming to enlighten every man, it is the meaning of the life of every man which is called to be transfigured. With the death and resurrection of Christ, with this extraordinary witness of love, every person is invited to discover this vocation: to become a son or daughter of God.

But, at the same time, every instant of life takes on new meaning, having been taken up for each man and in each man, so to speak, by Christ.

Particularly, the world of illness and suffering is illuminated by the light of the Gospel.[5] By way of this mystery of the Incarnation, all human suffering is called to become a sharing in the mystery of the Redemption. If in the Old Testament suffering and illness are reread as signs of sin in the world, with Christ they become a source of salvation, a path of hope. The Cross of Christ has become a fount from which rivers of living water issue forth.[6]

The healing offered by Christ has also taken on a deeper meaning in being bound up with the mystery of the Redemption. More than mere relief or physical healing, Christ's attention to the sick is a sign of the Kingdom of Heaven present among men. Christ's love for the sick and the care He provides them with are the signs of the Redemption taking place in the world. The miraculous healings He grants are the fruit of his passion, which has mysteriously begun, and a foretaste of his resurrection—but also prophetic announcements for all of eternal life and the resurrection,[7] for Jesus did not come to bring exclusively temporal healing, but eternal life. If He did not heal all the sick or withdrew far from the crowds to the mountain to pray to the Father, it was because his mission was infinitely greater, as He Himself affirmed: *"This is, in fact, the will of my Father: that anyone who sees the Son and believes in Him should have eternal life, and I will raise him up on the last day"* (*Jn* 6:40).

3. Jesus and His Disciples

Jesus wants to continue this redeeming mission through his disciples. He manifests this in his teaching. The Good Samaritan who looks after his fellow becomes the sure model which every doctor or nurse must follow to exercise these professions according to a deontology worthy of the mystery of the sick person. The parable of the Good Samaritan is the professional charter *par excellence* coming to guide the actions of those serving the ill.

In becoming incarnate, Christ has shown Himself to be the physician of mankind above all others. In his concern to extend to all men the benefits of his love, He called to Himself certain men to carry on his mission, which is still continuing today through the Church.

The twofold dimension of this mission, the care of the sick and the announcement of the Good News, continues through the work of all Christians. To care for the sick is not just a health or economic problem. It is above all a sign of God's love, which Christ wants to manifest to each man through the Church. He explicitly asks his disciples to care for the sick. It is a specific mission which has been entrusted to Him by the Father and which He now transmits to those He calls to follow Him on the way of holiness. This mission concerns not only health specialists or technicians, but involves every Christian, and particularly priests, who must be attentive to the sick, manifesting the love of God to them and offering the aid of grace with the Sacrament of the Anointing of the Sick. Physicians and other health workers must never forget that they are not the technicians of an extraordinary medical science, but the envoys of Christ to those suffering. More than an organic disorder, illness appears as a disorder affecting the whole person. If this disturbance is manifested on a somatic, psychic, or spiritual level, it will have repercussions on the totality of the person, in all the dimensions of the person's being. It is never a body, a spirit, or a soul that is sick, but always a person. It is the person, this person, that Christ came to save and to whom He wants to manifest his love.

The professional awareness of anyone caring for the sick must

lead that person not only to gain the most perfect competence in the art of medical care, but also to open out to the Christological dimension of this mission If professional responsibility is itself very great, this moral and spiritual responsibility is even greater. If the finality of medical activity is to relieve the ill, its source is none other than the love of Christ poured into our hearts by the Holy Spirit The medical vocation is rooted, above all, in Christ's appeal, spurring us to open ourselves to every form of suffering

4. Medicine: A Call to Holiness and a Vocation

In the last section, we were able to identify a general vocation to holiness involving every man of good will. This vocation

to holiness is an invitation to "adhere to the very person of Christ, to share his life and his destiny, to take part in his free and loving obedience to the Father's will" [8] It is not a question of an ideology or a system of thought Man's faith and action cannot be separated—they are intrinsically linked together Faith leads to a concrete commitment in following Christ. "Jesus asks us to follow Him and imitate Him on the way of love, a love giving itself totally to our brothers and sisters out of love for God: 'This is my commandment: that you love one another as I have loved you'" (*Jn* 15:12).[9]

Every Christian, according to the particular way he or she has chosen to respond to this vocation—some, by way of marriage; others, by way of religious consecration or the priesthood—is called to continue Christ's mission in everyday life, and, more specifically, in the framework of individual activity, of professional duty.[10] In this regard, the occupation of the physician and the nurse... is already a sharing in Christ's mission and itself represents a special vocation, just like the vocation to become an engineer, a farmer, or an artist

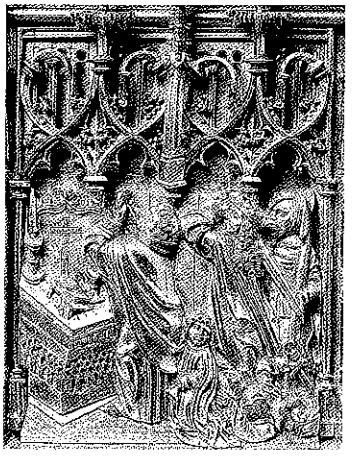
However, in view of what we have said, it appears that this sharing in Christ's threefold mission as Priest, King, and Prophet takes on a much deeper meaning in the context of serving the sick. To cooperation in perfecting creation, which includes care of the sick, there is added a sharing in Redemption, in and through Jesus Christ In the light of the Incarnation, the healing and care offered to the ill are situated in a dimension of redemption and eschatology. The physician, as a health technician, is called not only to repair a damaged organism—however noble this phase is, since it is a question of a human organism[11]—but the care he or she provides is a service to the overall well-being of the person, called to glorify God by his or her life By means of a prophetic and royal mission, physicians are called to the mystery of the suffering person, who must be led to the only Savior, Christ the Physician

"Giuseppe Moscati constitutes an example not only to be admired, but to be imitated, especially by health workers: doctors, men and women nurses, volunteers, and those directly or indirectly engaged in attention to the sick and in the vast world of health policy and care He stands as an example for those, too, who do not share his faith.

"It was, however, precisely this faith which conferred upon his commitment new dimensions and qualities, those typical of the authentically Christian layman. Thanks to them, the professional aspects of his life were harmoniously integrated and supported each other, so as to be lived out as a response to a vocation and thus as cooperation with God's creative and redemptive plan

"The motive for his activity as a physician was not, then, professional duty alone, but the awareness of having been placed by God in the world to work according to his plans, and thus, with love, to provide the relief which medical science offers in alleviating pain and restoring health".[12]

We must, therefore, acknowledge that there is a very specific vocation in being a physician. More than a mere occupation to be performed, it is truly a mission to be carried out, entrusted by Christ. We can, then, speak, in the proper sense of the term, of a vocation—that is, a call by Christ to whoever deals with the sick "The nature of the care and



assistance offered the sick reveals to us that we are not faced with a profession, but with a vocation whose nobility and ideals attain to the vocation to the priesthood Spiritual values play an important role in the exercise of this vocation They are a stimulus for physicians and for those accompanying the sick with a view towards better service to them, practicing their profession with full dedication, and a greater sense of their responsibilities towards man" [13]

To the primary vocation to work to perfect the creation there comes to be added a *second, deeper vocation to take part in the mystery of the Redemption*. If this second vocation can be present *secondarily and occasion-*

ally in other professions, it seems to be included *essentially and permanently* in service to the sick.

This does not follow solely from the lofty nobility of this profession, which Ben Sira was able to bring out quite well (Si 38:1-15), but from Christ's will to take salvation to every man and thus to associate with it all those who are called by his Father.

This means that for a Christian physician it is not possible to separate the care of the sick from the priestly, prophetic, and kingly mission. As we are shown by the parable of the Good Samaritan, this vocation is not exclusive to the Christian doctor. It is situated mysteriously in the work of every physician, whether or not a believer.[14]

We must thus speak of the specific vocation to care for the sick and of a specific call by Christ to continue his redeeming mission to those suffering.

It is in just this way that the Church has understood it, as we see in the history of religious orders. From the beginning of Christianity some of those consecrating themselves to God devoted themselves to serving the sick. But throughout the history of the Church we have been able to see the rise of different congregations whose charism is to care for the sick. We have already mentioned the foundation of the Camillians by St. Camillus De Lellis, of the Brothers of St. John of God, and the Sisters of St. Charles, but we can still observe today the birth of new foundations, like the Little Sisters for Catholic Motherhood or the Congregation of the Brothers and Sisters of Charity, founded by Mother Teresa. The recognition of this occupation as forming part of a religious vocation is the confirmation by Church Tradition that the care of the sick is itself an authentic vocation.

We have thus come to the end of this reflection on medicine as revealed to us by Christ the Physician. In the light of the Old Testament we have seen that medicine belongs to the plan for creation willed by God. The doctor and his science, which he shares with the pharmacist and with the other health professions, cooperate in the work of creation. Health is a precious good which God has entrusted to men. Evil has ushered suffering into the world, but God, in his great mercy, has come to bring salvation and healing to men.

This salvation and this healing are given to us in Jesus Christ, who lay down his life out of love for us—what the prophets announced by their words and their lives. Christ has come to live it out in our midst with his incarnation. In revealing to man his real measure and sublime vocation as a son or daughter of God, he invites each one of us to become a sharer in his nature and mission as a Priest, King, and Prophet, by means of the sacraments of Baptism, Confirmation, and the Eucharist.

The disciples were sent particularly to continue his mission by healing the sick and announcing the Good News of salvation. This mission continues today by means of the Church, which, throughout her history, has been able to direct special care to the sick and, above all, the poorest and most defenseless. In particular, the Christian physician and the different members of the health professions carry on the mission of Christ the Doctor to the sick.

In the face of the major ethical challenges in today's world, this approach to the medical vocation provides us with new light. Behind what some see as a moralism composed of prohibitions, there appears a dynamic of life and love. The physician, enlightened by the Holy Spirit and the Church Magisterium, discovers true freedom, that of being able to love in truth those entrusted to him. Faith does not contradict science and progress. On the contrary, science enlightened by faith allows the physician to serve better everyone who suffers. "We must not be physicians and Catholics, or Catholics and also physicians. We must bind this twofold identity into a single living and perceived unity".[15]

In the face of the demands of love and, on occasion, the limits of our human condition, Christ, through the Church, offers the aid of grace to those turning to Him in humility. What seems humanly impossible becomes possible under the guidance of the Holy Spirit, in the body of Christ which is the Church. It is not a matter of taking responsibility away from man, who renounces his obligations, but, on the contrary, of man's full sharing, with all his capacities, in the single plan of God for him. In Jesus Christ and through Jesus Christ, the physician *takes part in creation and Redemption for the greater glory of God*.

Abbot PHILIPPE GAUER
Doctor of General Medicine and Specialist in the Theology of Marriage and the Family

[1] K. JASPERS, *Il medico nell età della tecnica* (Milan: Raffaele Cortina Editore, 1991), p. 45.

[2] *Ibid.*, p. 19.

[3] PAUL VI, *Address to the UN*, October 4, 1965, *EV* 1 375.

[4] J. M. LUSTIGER, *Le sacrement de l onction des malades* (Paris: Le Cerf, 1990), p. 23.

[5] JOHN PAUL II, Apostolic Letter *Salvifici Doloris*, 15.

[6] Cf. *Jn* 7:37-38. JOHN PAUL II, Apostolic Letter *Salvifici Doloris*, 15.

[7] JOHN PAUL II, Apostolic Letter *Salvifici Doloris*, 21.

[8] JOHN PAUL II, Encyclical *Veritatis Splendor* 19.

[9] *Ibid.*, 20.

[10] Second Vatican Council, *Gaudium et Spes*, 34. "The men and women who to obtain sustenance for themselves and their families do work which also provides opportune service to society can rightfully consider that by their work they prolong the activity of the Creator, become useful to their brothers and sisters, and offer a personal contribution to the accomplishment of God's providential plan in history".

[11] JOHN PAUL II, "More Than a Profession, the Work of the World of Health Care Is, Above All, a Vocation", in *Dolentium Hominum*, 6/3(1987), 18-22: "At all costs the beautiful Polish tradition must be supported: the work of the doctor and the nurse is treated not only as a profession, but also—and perhaps first of all—as a vocation".

[12] John Paul II, Homily by the Holy Father During the Sacred Rite of Canonization of Blessed Giuseppe Moscati, in *Dolentium Hominum* 6/3(1987), 18-22.

[13] JOHN PAUL II, *Project Hope* 14-17.

[14] Second Vatican Council, *Gaudium et Spes*, 22: "Christ, indeed, died for all (32), and the ultimate vocation of man is in effect single, the divine one; we must therefore consider that the Holy Spirit gives everyone the chance to come into contact with the Paschal mystery in the manner known by God".

[15] R. ALLERS, *Christus und der Arzt* (Augsburg: Haas und Grebherr, 1931).

Testimony

Religious Hospitals in Mexico
Center for Humanity
in Health Care
Assembly of Spanish Religious
The Church's Health Role
in Zaire
Education and Bioethics

Religious Hospitals in Mexico

1. Initial Phase (the Colonial Period, 1521-1821, when all Mexican hospitals were religious)

In the sixteenth century these institutions were founded out of a need to evangelize the natives, converting them to the Catholic faith. They were basically centers for propagating religion and were secondarily devoted to protecting health, curing illnesses, and teaching the indigenous how to work within the new order created by the Conquest. We find the best examples in the peoplès hospitals founded by Vasco de Quiroga, first a judge and then Bishop of Michoacán. Love for his fellows was the motive behind these actions.

In that century about 169 religious hospitals were founded. The following may be mentioned among the most notable:

— Hospital of the Most Pure Conception and of Jesus the Nazarene, which began in 1524, founded by Conquistador Hernán Cortés himself so as to carry out this great work for his confessor, Mercedarian Fra Bartolomé de las Casas. This noteworthy institution was the first hospital built in the New World and has greatly influenced the development of Mexican medicine. In our own day it continues to do excellent work in care and teaching.

— The Hospital of St. Lazarus, also built by Hernán Cortés in the same period as the other facility, aimed to isolate leprosy victims, but was, unfortunately, destroyed in 1528 by Nuño de Guzmán.

— People's Hospitals, founded, as we mentioned, by Vasco de Quiroga, with the initial model of Mexico's Santa Fe Hospital, which was followed by many others (about 130) all over his Diocese of Michoacán. This was the first attempt at publicly-guaranteed health care. The vast system functioned until 1808, staffed by Franciscans and Augustinians.

— The Hospital of St. Hippolytus, devoted to psychiatric patients, founded by Fra Bernardino Alvarez in 1567, functioned until December 1804. This was the first such hospital in the New World.

— St. Joseph's Royal Hospital of the Natives, founded in 1556, functioned until 1821 and was run by the Order of Hippolytus.

— The Hospital of Divine Love, founded in 1539 by Bishop Juan de Zumárraga, functioned until 1786.

— The Royal Hospital of St. Lazarus, founded in 1572 by Dr. Pedro López, functioned until 1862.

— The Royal Hospital of the Epiphany and Our Lady of the Helpless, also founded by Dr. Pedro López in 1582, was devoted to assisting *mestizo* children and the newborn abandoned by their parents. It closed in 1604.

— The Hospital of St. Michael of Bethlehem in Guadalajara, Jalisco, founded by Bishop Domingo de Arzola in 1587, was later reformed and expanded by Bishop Antonio Alcalde, whose name it bore for many years. It was initially run by Bethlehemites. It has been an institution notable for its bedspace, surpassing 1000. Doing fine work in care and teaching, it was the site of a Medical School for some time and now functions as a civil hospital.

— Our Lady of Montserrat Hospital, for the incurably ill, was founded by the Bethlehemites in 1590 and continued until January 20, 1821.

— In the sixteenth century there were serious epidemics causing large-scale mortality in the population. Some of the main ones were the following:

— the smallpox epidemic, brought to the new world by a black man who came with the troops of Pánfilo Narváez in 1520 (the natives called it *Hueysahuatl*, and some historians feel that the massacre it produced among the Aztecs was a decisive factor in the success of the Conquest);

— measles, the second epidemic, in 1531 (the natives called it *Tepitonzahuatl*);

— the third epidemic, involving hemorrhaging, in 1545 (it has not been identified clinically);

— the fourth, in 1564, about which we know little, with a high incidence of mortality;

— the fifth, involving *tabardillo*, or exanthematic typhus, was called *Matlazahuatl* by the natives;

— about the sixth, in 1588, we lack specifics;

— the seventh, in 1595, involved *tabardillo*, measles, and mumps (the Indians called it *Cocolixtle*).

As for religious foundations in the seventeenth century, this period witnessed the development of religious orders bearing the name "hospitaller", for their main objective was hospital care. They included the following:

— the Brothers of Charity, founded by Bernardo Alvarez, the first Mexican order, which was followed by other non-native foundations;

— the Brothers of St. John of God, founded in Granada, who built the hospitals of their order;

— the Lay Brothers of St. Augustine of the Institute of St. Anthony the Abbot, an order arising in Vienna;

— the Hospital Order of Our Lady of Bethlehem, founded in Guatemala by Pedro Betancourt;

— there are also other orders, such as the Franciscans

and the Augustinians, who take care of hospitals.

Each of these Orders has a special nature:

— the Brothers of Charity assist psychiatric patients;

— the Brothers of St John of God take care of lepers, while dealing with other illnesses when circumstances so require;

— the Lay Brothers especially care for the victims of fuego sacro, leontiasis, and St Anthony's ailment, illnesses which are mistaken for leprosy;

— the Bethlehemites looked after the convalescent, in particular, taught children doctrine and reading skills, on the lines of a literacy program Specific needs later obliged them to care for other patients.

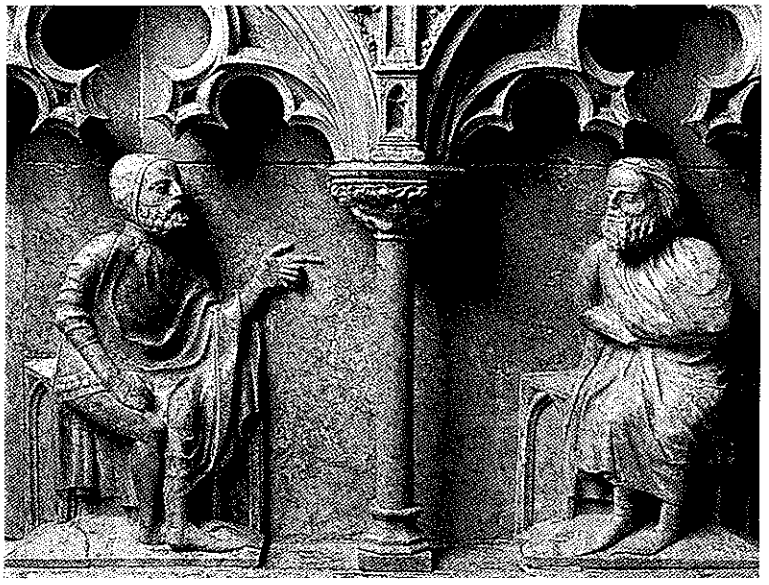
In this framework, the following hospitals may be mentioned as quite noteworthy:

— the Hospital of the Holy Spirit and of Our Lady of Help, 1602-1821;

— the Hospital of St John of God, 1604-1820, which, because of the prohibition of religious orders, was placed under municipal jurisdiction, but went on functioning, first as a hospital for public women and later as a women's hospital until, recently, it was turned into a museum;

— the Hospital of the Divine Savior of the World, founded by a carpenter named Sagayo, devoted to demented women, was constituted between 1687 and 1700 (it later functioned under the name of Canao Hospital, disappearing in 1905 on merging with the General Hospital; some of its patients were sent to the Castañeda General Asylum founded by Porfirio Díaz, whose thoroughly restructured building now belongs to the Health Secretariat;

— the Hospital of St. Peter, for the care of sick and elderly priests, which was founded in 1687 and functioned until 1857, when it came under government control through the Reform Laws;



— the Hospital of the Franciscan Tertiaries, founded in 1761 and reserved exclusively for Brothers of the Third Order, was secularized by the government and finally suppressed;

— the Department of Secret Births, founded in 1774, was placed under the authority of the Archbishop of Mexico in 1821, improved by Empress Carlota, and finally suppressed by the Reform Laws;

— St Andrew's Hospital, founded in 1788 by Bishop Alfonso Núñez de Haro and the last religious hospital to be built in Mexico, was a large general hospital offering wonderful care and teaching until February 1905, when it disappeared on merging with the new General Hospital created by General Porfirio Díaz

In the seventeenth century 28 new hospitals were built in different parts of the country; 15 of them were run by the St. John of God Brothers, 4 by the Bethlehemites, 3 by the Brothers of Charity, 2 by the Lay Brothers, and the others by the secular clergy.

In the eighteenth century 25 hospitals were built around the country; 11 were run by the Lay Brothers, 6 by the St John of God Brothers, 3 by the Brothers of Charity, 3 by the Bethlehemites , and the others by the secular clergy

In the seventeenth and eighteenth centuries there were also large-scale epidemics, including the following:

— in 1642, 1643, and 1648, epidemics of an exanthematic variety beginning in Puebla;

— in 1691, 1692, and 1707, smallpox epidemics;

— in 1736 and 1748, epidemics of an exanthematic kind;

— in 1748, 1762, 1763, and 1779, smallpox epidemics;

— in 1786, 1804, and 1808, smallpox epidemics In these last two, smallpox vaccine began to be used

At the beginning of the eighteenth century the decline of religious hospitals began. The main causes were a radical change in

the mentality of the ruling classes and the triumph of economic liberalism, along with the start of a collapse in the Church's enormous political and economic power.

In 1812, before Mexican independence, laws were already being decreed in Spain which tended to separate hospitals from the Church through abolishment of religious orders.

In 1820 the Spanish Constitution confirmed the suppression of the hospital orders and also prescribed the expropriation of the real estate belonging to hospitals, hospices, homes for the poor and foundlings, confraternities, and religious and lay foundations.

In Mexico Viceroy Apodaca carried out these provisions in Mexico City alone; accordingly, the St. John of God Brothers, the Brothers of Charity, and the Bethlehemites began to be evicted from hospitals. All the city's hospitals became the property of the municipality.

The regency established in the wake of national independence ordered that the possessions of the religious orders suppressed should also become municipal property. The Royal Hospital for Indians was also suppressed.

Some hospitals not belonging to religious orders—such as Jesus Hospital, those of the confraternities, and that of the Third Order—were not affected for the time being, as they were considered to be special foundations.

On November 14, 1844 the Sisters of Charity arrived, to whose care Divine Savior Hospital and St. Andrew's Hospital—the leading facilities—were entrusted.

Midway through the nineteenth century, there were only 750 beds available for the care of the sick.

In 1847 the first national facility arose—August 23rd Hospital—to attend to those wounded in the battles of Padierna and Churubusco against the U.S. invasion.

Interim President Ignacio Comonfort, on June 28, 1856, obtained from the National Congress approval of the Freedom from Mortmain Law regarding the possessions of religious bodies.

When the new constitution was approved on February 5, 1857, the way was opened for the nationalization of the clergy's goods and for the prohibition on founding religious orders to be raised to constitutional status, but the Sisters of Charity were respected, as President Juárez recognized their beneficial humanitarian work.

The Public Welfare Administration was created to control hospitals.

In December 1874 President Lerdo decreed the expulsion of the Sisters of Charity from all the country's hospitals.

On May 5, 1877 President Porfirio Díaz began the nationwide renewal of public welfare.

On February 5, 1905 the General Hospital of Mexico was founded, with mergers involving St. Andrew's, Mothers' and Children's Hospital, and St. Hippolytus Hospital. The colonial period ended and the modern era began.

2. Present

The General Hospital was conceived as a major institution. It was built by the engineer Roberto Gayol and encompasses all branches of medicine: surgery, obstetrics, pediatrics, and all specialties. With a 1500-bed capacity, it quickly became the leading facility for care and scientific research. It also functions as a clinical hospital.

During Porfirio's time, enforcement of the Reform Laws became much less rigid, and some religious hospitals continued as private institutions; it is thus possible to cite Concepción Béistegui Hospital and the French and Spanish Welfare Hospitals.

In 1920 the anticlerical nature of the revolutionary movement was accentuated, with its culmination during the Calles presidency in religious persecution and so-called "Cristeros War", in all its fatality. In that period religious hospitals went underground (1927).

In 1940 President Cárdenas announced that health care was an obligation of the national government and that the new concept of state-sponsored medicine was replacing the previous notion of charity or philanthropy.

To comply with this new approach, the Health Secretariat was formed, joined to the already-existing departments of Public Health and Social Welfare (1943).

An ambitious National Health Plan was drawn up, and the campaign against transmissible diseases was emphasized. The Mexican Social Security Institute and the State Workers' Security Institute were created. In addition, another was created for the Armed Forces, and there later appeared National Institutes for Specialization and Scientific Research.

The first was Children's Hospital, founded in 1943 by Dr. Federico Gómez and soon followed by the Institutes of Cardiology, Nutrition, Pneumology, Neurology, Cancerology, Psychiatry, etc.

In fifty years notable advances in public health have been achieved. Smallpox and mal de pinto were completely eradicated, and poliomyelitis and exanthematic typhus have been nearly eliminated. There has been a significant decrease in the incidence of malaria, leprosy, respiratory diseases in children, and those with a hydric or fecal origin.

Unfortunately, others have appeared, like AIDS, whose frequency is increasing alarmingly,, and cholera, which had no longer been a health problem after the middle of the last century, reappeared. The timely measures taken have kept the incidence of this disease low, with mortality no greater than 2%; its complete eradication is hoped for in the coming years.

In this picture, religious hospitals currently find themselves in the following conditions.

There are about 260 religious hospitals in Mexico. With some exceptions, they are not free and function as private or semi-private health facilities with a capacity under 150 beds and are devoted to the care of the sick in the areas of medicine, general surgery, obstetrics, or pediatrics.

Less than half a dozen perform academic or teaching functions in some way positively

contributing to the development of medicine. Generally, they lack adequate installations for scientific research and work as commercial organizations, charging patients fees which vary according to services; some are quite low and are thus within reach of the masses. The main deficiencies are found in the field of intermediate services for diagnosis and imaging diagnosis. As a whole, they cover less than a tenth of the number of people served by the official hospitals.

Many of them could be expanded if endowed with a suitable infrastructure so as to be considered modern hospitals providing orientation or leadership in medical progress in Mexico.

In view of the official hospital building program, which seems to be reaching the goal set for the year 2000, I think the greatest efforts by health agencies—including government, the Church, and private initiative—should go in the following directions, by way of example: preventive medicine, providing thoroughly clean drinking water, building treatment plants for water that is polluted or contaminated with industrial wastes.

It is urgent for this to be done in the country's outlying areas, inhabited by ethnic groups living in subhuman conditions.

In Mexico, as in other parts of the world, the health system is facing a severe crisis which is not only economic in character, but also moral and social.

Among the best-known economic factors we may cite the following:

— the high cost of preventive and curative medicine;

— poor distribution of available economic resources;

— poor administration;

— the unstoppable tendency in diagnosing illnesses to use the new procedures of advanced technology, such as diagnosis by radiological imaging, magnetic resonance, echography, and others;

— disdain for classical procedures of clinical diagnosis, which permit diagnostic conclusions in a high percentage of cases without resorting to costly procedures in the medical office or laboratory;

— growing bureaucratization;

interference by politicians for electoral reasons;

bad planning which prevents the benefits of modern medicine from reaching distant or outlying areas.

In the social sphere, the leading factor is inequality: the rich have everything, and the poor have nothing.

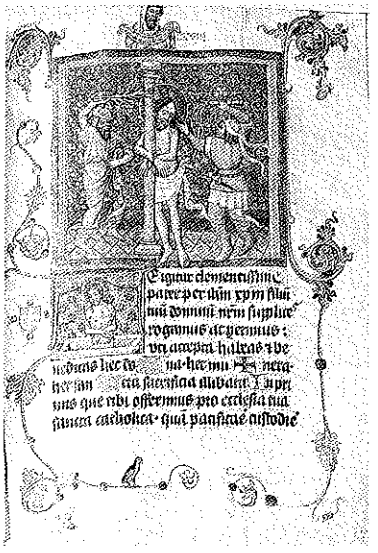
The moral crisis is perhaps the most serious dimension, manifested in the dehumanization of medicine: patients are treated as a herd and individuals have lost their identity, reduced to numbers and disdained in their status and dignity as human beings.

Another tendency is to create a death culture, opposed to life, in which abortion is accepted, as well as other limitations on the couple's fertility, like vasectomy, salpingoclasia, or definitive sterilization by other procedures, and people have come to normalize and assist suicide, in addition to genocide, which utterly fails to respect human rights in embattled areas.

Fortunately, the arrival of the twenty-first century presents a brighter panorama. Firstly, an international goal has been set and there is an effort to reach it; it is announced as "Health for All by the Year 2000." Among us, another encouraging sign is that the re-establishment of diplomatic relations between the Holy See and Mexico—which opens the way for health cooperation making possible a joining of economic, and mainly moral, resources—may allow us to reach that goal of health for all by the year 2000.

An unexpected event brought out our backwardness in a surprising way. The Indian revolt in the Chiapas heights, in the Mayan area populated by Chamulas, Zoques, Tzontziles, Tojolabales, Zinacantecos, and others, revealed the conditions of poverty, nonexistent health care, and cultural lag among millions of our countrymen (January 1, 1994).

I believe that to a great extent this is due to insufficient economic resources being made available to improve that situation, but something more is missing. Just as in the nineteenth century the integration of Indians was carried out at centers where the teaching of the Gospel was joined to love for work and care of health, the same road leading to success in those far-off days could also, I feel, be a source of inspiration now and complete a formula to get us out of this bind.



Convinced of this, I have taken the liberty of requesting that my country's health officials, as a first step, extend a warm and cordial invitation for His Eminence Fiorenzo Cardinal Angelini, in his capacity as the head of our healthcare apostolate, to visit Mexico.

His presence would have enormous moral, and perhaps also material, importance to achieve in-depth regeneration of these ethnic groups, which have drifted away from the good path of love for life, work, and God.

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Center for Humanity in Health Care

In 1989, at a Provincial Chapter of the Spanish Province of the Camillians a project prepared by a group of creative and enthusiastic religious was presented. It was to create a Center for Humanity in Health Care to meet, respond to, and shed light upon a real, concrete need of society, medicine, and the Spanish Church. And it was unanimously approved.

In that project it was stated that it was the needs we came across every day in our work within the Church and society which called us to be realistic and to offer effective, competent, and generous responses and to create gradually a new concept of health more in keeping with the Gospel message, in which there would be adequate consideration of such basic, closely interrelated aspects as the concept of life, freedom-liberation, peace, balance, salvation, faith, hope, and love.

We are permanently struck by forceful signs of the times. The charism of mercy is being requested by a social and ecclesial awareness which has progressively sensitized consciences to those crying out in pain and illness and to the acts of injustice committed against the dignity and value of human life. Concrete initiatives are eagerly awaited in terms of humanity and the health ministry, as we tangibly observe each day in the circles we move in.

Let it suffice to recall here certain dark areas appearing in all their drama: a lack of humanity in care and service, an absence of concrete, valid responses, progressive fragmentation-specialization in current society leading people to a merely one-dimensional view of man, a need for expert reactions by a global health ministry, and the frustration produced by concern for technological efficiency, with an omnipotent will to cure, to the point of therapeutic obstinacy.

Fortunately, "this complex world of health, the scene of so much more injustice and ambiguity today than in the past, challenges men and women religious, who, by vocation and mission, are dedicated thereto on a daily basis" [1]

They also challenge us as Camillian religious and motivate our charism and history. It suffices for us to recall that we Camillians deserved to be called a *nova schola caritatis* (Benedict XIV). We inherit from Camillus his way of acting and carrying out his ministry with the school he provided and exercised with his followers, having them provide care and evangelizing service in his presence, inviting them to occupy the places of both the patient and the nurse, or of the dying as well as the pastor committing their souls to God. We learn from him that lay people are the ever-present occasion to open the arms of mercy: "I learned this from your Holy Father Camillus", some would say in his time. Beside the main door of the Magdalene house [the Order's Generalate in Rome], he had a place where he gathered together some Christians to teach them and encourage them to serve the sick; to teach others to serve the sick, to approach those suffering and lavish upon them appropriate care, was possible by dissolving fears and developing proper action; this is one of the functions of the Camillian religious, for this gift has been granted to him. We should remember the revolution caused by the presence of the first Camillians in Naples [2] Finally, it is we that are committed—for we so promise freely—to assume responsibility for health personnel, for working with healthcare associations, for creating groups, and so on [3] With these premises the Center got started and has since been headquartered at Tres Cantos, a new city in the Province of Madrid, Spain. Humbly, and without great ambitions, it has already come a long way: numerous courses have been offered in different cities in Spain and Argentina; a good many talks have been delivered, organized by the Center or requested by other organisms or institutions; and ten issues of the bimonthly journal *Humanizar* have come out—a readable, agreeable journal dealing in a straightforward way with the topics connected with suffering and health from a Gospel standpoint, always within reach of the sick, health professionals, and those interested in this field.

Today the Center works with the National Secretariat for Pastoral Care in Health of the Bishops' Conference, the schools for the health ministry which have arisen in recent years in Spain, and the training programs of the Ministries of Labor and of Social Affairs. The Center's faculty, including some who have studied at the Camillianum in Rome, receives ever more requests to present courses and talks to already trained groups, parishes, hospitals, nursing homes, diocesan delegations for pastoral care in health, Catholic Charities, and others.

The Center is governed by the Statutes appearing below.

[1] The Pontifical Council for Pastoral Assistance to Health Care Workers, *Religious in the World of Suffering and Health* p. 15.

[2] Cf. S. Cicatelli, *Vida del Padre Camilo de Lellis. Vida manuscrita* (Madrid 1988), p. 102 seq.

[3] Cf. *Constitution of the Camillians*, articles 52, 53, 54, 55, 57.

1 The Center for Humanity in Health Care (CEHS), created by the Order of Ministers of the Sick (Camillian religious) at the Provincial Chapter of the Spanish Province held in Madrid, January 23-27, 1989, is governed by common and specific law and by these Statutes, approved by the Provincial Council on April 18, 1993

2 CEHS is headquartered at Tres Cantos, Madrid, 39 Sector Escultores, and conducts its activities under Fiscal ID no. Q7800497E, assigned to the Camillian religious

3. The purpose of CEHS is to disseminate in the health world the Gospel spirit of mercy and humanity, of which the charism of the Camillians seeks to be a living manifestation

To fulfill this purpose CEHS conducts activities such as seminars, talks, and meetings run by itself or others;

— a specialized library and video center;

— working with other organisms or institutions in the field of health and/or training;

— publications: journals, bibliographical and didactic materials

4 *Governing Bodies*

The governing bodies are the Regulating Authority, the Director, the Executive Council, and the permanent Councils.

4 1. The Regulating Authority is the Provincial Council

4 2. The Director is a Camillian religious named by the Regulating Authority for a three-year period

4 3. The Director is responsible for convening and presiding over the Executive Council;

— applying the orientations and executing the directives of the Executive Council;

— coordinating and supervising the different CEHS activities;

— legally representing CEHS;

— contracting CEHS employees;

— submitting annual budgets to the deliberative vote of the Executive Council;

— proposing to the Executive Council the appointment of the members of the Permanent Councils responsible for specific activities

4 4. The Executive Council is made up of the Director, the Administrator, the Directors of existing Permanent Councils and by other members, religious or lay, proposed by the Director and appointed for a three-year term by the Regulating Authority, which also establishes the number. All the members of the Executive Council can express their views and vote in the Council Decisions shall be made by a majority vote

4.5 The Executive Council meets at least once a year and whenever the Director convenes it or a meeting is requested by a majority of the members

4 6 The Executive Council is responsible for:

— setting CEHS orientations and guidelines;

— programing the Center's activities each year;

— approving the annual bud-

gets to be presented to the Regulating Authority;

— appointing the members of all Permanent Councils;

— giving its consent for contracting CEHS employees

4.7. To approve budgets and make appointments, there must be a quorum of two-thirds of the members of the Executive Council

4.8. The Permanent Councils are teams coordinating and supervising aspects of CEHS activity. The are made up of persons directly involved in those activities which the Executive Council sees as requiring a team in order to function.

5. *Administration*

The financial management of CEHS is the responsibility of one of the members of the Executive Council who acts as the Administrator, under the authority of the Director.

5.1. The Administrator is responsible for the financial management of CEHS;

— keeping accounts, either personally or through others; submitting an annual financial report to the Governing Board;

— preparing annual budgets.

5.2. The CEHS administration has the same relationship to the Province as any other house, receiving assistance therefrom, if necessary, and contributing earnings thereto, if any.

6. *Secretary*

The Secretary, elected from among the members of the Executive Council, is responsible for recording the Proceedings of all meetings and maintaining the CEHS files in an orderly fashion.

7. *Librarian*

The librarian is responsible for keeping the library well-ordered and updating it, with the Director's consent.

8. *Relations*

— CEHS, as an activity of the Province, shall work closely with the Secretariat for Pastoral Ministry and be open to the suggestions and contributions of all the religious in the Province.

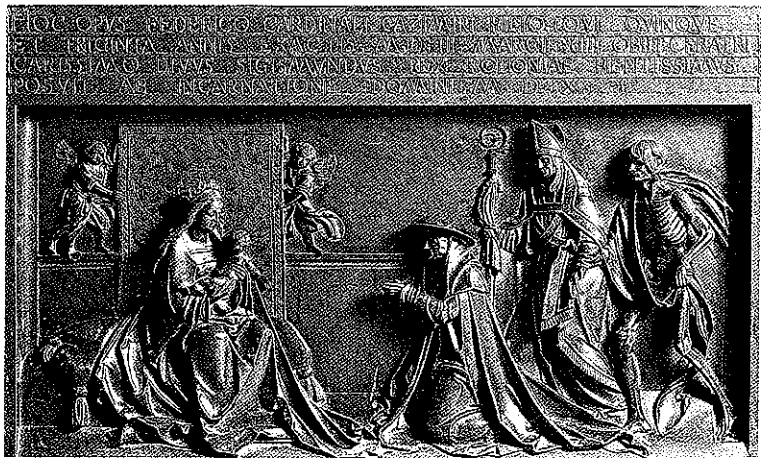
— In programing activities CEHS shall bear in mind the Argentine Delegation.

— CEHS shall also be open to relations with other institutions and organisms in the health world and rely on the contributions of specialists and professionals in this field.

9. *Approval and changes*

The Regulating Authority has the power to approve, modify, suppress, and interpret these Statutes.

JOSÉ CARLOS BERMEJO
Director of the Center



Ninth General Assembly of the Spanish Federation of Religious in Health Care (F.E.R.S.) January 14-16, 1994 - 1994-1996 Action Plan

Introduction

The Ninth General Assembly of FERS was devoted to the central theme "Sent to Provide Care: The Community as a Sign of Healing and Salvation" In this way we completed the reflection begun at the previous Assembly, entitled "In Need of Life and Health"

The conclusions reached at this Assembly also sought to confirm in part those approved at the preceding one and introduce new aspects which matured in the light of this reflection

The governing board, on presenting to you the *1994-1996 Action Plan* on behalf of the Assembly, wishes to renew its commitment to do all it can to comply with the objectives and activities which have been entrusted to it and to promote cooperation and union among the religious working in the field of health and geriatric care.

General Objective

Through fraternal community, to promote humanity and evangelization in the world of health (general and geriatric care).

Specific Objectives

1. *The community as a place of healing and salvation* Knowing that we must become humane in order to convey humanity, since no one gives what he lacks, the religious community must be the realm of health and of the experience of the merciful Christ, fostering a climate of serenity and peace, acceptance, and mutual encounter, with adequate rest and cultivation of the spirit, with prayer and lived contact with God's tenderness.

2. *To seek training as a means of serving better* To contribute to better training of religious and lay people in health care, especially in the areas and disciplines most closely related to professionalism, humanity, and evangelization.

3. *Starting from our sign of healing and salvation, to practice sharing so as to be effective* To promote the spirit in religious life for the health ministry and initiatives fostering intercongregational communion and lay cooperation, the communication of Gospel values to the world of health and social services, advancing the pastoral care of the sick and the presence of workers making an impact on varied fronts, and a response to the "cry of the poor" and to the demands of the health field

Action

1. To strengthen pastoral action at health facilities, nursing homes, and other activities to promote health and social services:

— by drafting an outline for pastoral programing in health to be distributed among the different religious communities;

— by creating pastoral teams where they do not yet exist;

— by working actively with existing pastoral teams; by cooperating with the healthcare ministry on a local, diocesan, regional, and national level

2. To sponsor study days, courses, and seminars for religious and lay people:

— the pastoral care relationship, pastoral programing in health; the theology of religious life in health and the pastoral theology of health care;

— clinical pastoral training, humanity in health care;

— ethics training, ethics committees;

— training on specific topics for religious who have retired on account of age and fostering communication and participation by religious in programing fields initiated by others

3. To continue the courses organized by FERS with the same content now being used (geriatric studies, social work aids, rehabilitation, nurses' aids, volunteers, techniques in interpersonal relations)

4. To create a School for Pastoral Care in Health, to be run by F E R S., with the participation of different groups within the Church.

5. To continue to program intercongregational encounters in the field of health and senior citizens

6. To study the possibility and appropriateness of responding intercongregationally to certain urgent sociomedical exigencies or needs

7. To establish in F.E.R.S. a form of collective representation for nursing homes, especially to achieve joint action in labor negotiations.

8. To organize and present projects and programs to the Ministries of Health and Social Affairs, on a single-congregation or intercongregational basis, through F E R S. as an NGO

9. To continue to send information through the F.E.R.S. National Secretariat in the form of circular letters, brochures, and varied publications which will serve to stimulate, train, and orient religious and communities

10. By way of the governing board, to augment the presence of FERS in the media and in contact with health authorities and bodies through information bringing out the facts and problems of religious life in health care, perspectives and views on key topics, so as to make its values and projects known and create awareness thereof in society

The Church's Contribution to the Health Service in Zaire

A PROPHETIC WITNESS OR SURROGATE CARE?

Introduction

The unprecedented socioeconomic crisis which has affected the whole population of Zaire is making itself felt even more tragically in the field of health.

Since there is no national insurance in this time of major crisis, only the rich can afford adequate care.

1. The Healthcare System in Zaire

It should be observed that health care is organized and provided by way of three networks or sectors:

— the official or government system (46%);

— the private system (12%);

— the religious system run by different Churches (42%)

The last-mentioned network is the only one that survives, for the time being, and guarantees care for the population. The state system is, in fact, virtually extinct, as is the state itself; the services are no longer functioning.

a) *The Private Sector*

As regards the private system, it is available only to the rich who can meet the excessive cost of services; nevertheless, it sometimes provides highquality services by way of very competent personnel that has, moreover, worked previously in the now defunct government system.

This is the situation in the large cities, where university medical professors have opened offices or private clinics on an individual basis or in groups. Some of these clinics have been started by the wealthy, and medical faculty members, specialists, and highly qualified nurses and paramedics work there; these are people who have left the public service (university hospitals, large specialized and general hospitals) because of a lack of pay or infrastructures. This medicine is, of course, a luxury and is profitoriented, beyond the reach of almost the entire population.

There are charlatans, unqualified persons organized to exploit the poverty of ordinary people who are unable to gain aess to medical facilities worthy of this name. They take the liberty of treating the sick who turn to them and do so under conditions which elsewhere no one would dare propose even for animals.

We often find this situation in workingclass localities and in the shantytowns of large cities, where the health service is absent.

It should, however, be acknowledged that in these limitsituations there are authentic medical services in the private sector which are worthy of praise and make a real contribution to the population with limited resources and reduced opportunities. We find them in very isolated spots where the health service is not organized.

b) *The Public Sector*

Only the name of the public sector has remained. Quite often even the buildings are complete ruins. The material has gradually disappeared, ending up in physicians' offices and private clinics. Where public facilities are not closed, they are practically in disuse.

i) Nurses take turns going there, either once a week or every fifteen days, to "guarantee service"—that is, receive the people seeking help.

A. They indicate the sum to be paid in order to be received by the nurse taking them to the doctor (a sum, it is well understood, which is different from the one covering the examination.

B. They tell patients or those aompanying them what they must purchase for this examination; this may involve material for the examination itself or laboratory analyses, or, on other oasions, gloves, syringes, alcohol, cotton wool, etc. Nurses generously propose *their* material or the doctor's.

C. They provide prescriptions for the sick to fill in the nearest city or commercial center, wherever pharmacies are more or less numerous. It is often a long list of the many medicines required. "Pharmacy" should here be understood to be a business or shop where pharmaceutical products are on display at exorbitant prices.

ii) The physician working at a public medical facility shows up there at more or less regular intervals. He only intermittently offers his services, for he spends most of his time elsewhere, at his office, at his private clinic, or in a house where he is employed parttime. It is obvious that his service in the place he is assigned to has become artificial and not very demanding.

The sick are thus left to themselves or to the good will or whims of nurses and auxiliaries.

Doctor-patient contacts and relations are practically nonexistent here. Medical prescriptions act as a bridge between patients and the doctor, who grants only a few minutes to each one, the time needed to consult the pharmaceutical listings.

This kind of service is frequented by people who can afford care, for the costs are quite high. They are mostly the chronically and incurably ill, whose treatment is taken care of by their employers.

c) *The Religious Sector Run by the Churches*

This sector mainly involves the Catholics and the Protestants, including the Salvation Army and the Kimbanguist Church (a local church in Zaire).

In normal times this network covered over 40% of the country's health service, and the Catholic Church alone, 28%. At present, in the light of what we have said about the public and private sectors, the population is falling back upon the socalled missionary sectorthat is, the Churches

There are many reasons for this. It is due to the efforts made by those responsible for this work in the following areas

i) *Personnel management* with more or less sizeable "bonuses" for the purpose of encouraging and motivating health workers to do their jobs well.

a state of poverty, can afford care);

— our facilities must preserve the capacity to *provide adequate compensation* for personnel, both medical and paramedical, so as to maintain necessary dedication and competence;

— we must avoid shortages of material at all costs and ensure the minimum supplies of medicines and equipment needed for the functioning of services;

— growth in the volume of work must be faced without sacrificing quality (indeed, in view of the breakup of the public sector and the inaessibility of the private sphere, our services have been deluged and "overrun"; people seem to find refuge with us, and everywhere in the country, to some degree, our medical facilities are the only ones still

— *We can no longer guarantee supplies* In our country all essential medicines are on the market, but prices are beyond the reach of our health facilities, if we want the population to pay

— No matter how paradoxical it may seem, in this period we are prompted to open medical services in different areas and also to enlarge existing ones, both to serve a part of the population deprived of care on aount of the nonfunctioning of public services or to compensate for the inadequacy of the private service present and to decentralize the services which have grown too large

2. The Health Service and the Political Crisis

At the apex of the economic, social, and political crisis, the

In spite of the present hardships, there is an attempt to ensure *spiritual and professional guidance* for workers through pastoral organization and ongoing training By these means health professionals are sensitized to the irreplaceable role of each person in bringing about the change in mentality needed to usher in a government based on law and justice for our country

ii) *Management of material and finances* where we face contradictory challenges:

— financial *access* must be maintained to quality care in keeping with the motivations behind our facilities (in other words, costs must be lowered so that our population, reduced to

capable of adequately admitting those sick and seeking help

iii) *Apparently, all of these challenges are irreconcilable, and, indeed, they are if we are left to ourselves*

— *To maintain affordability* we must lower the cost of our care so that the povertystricken population can pay for it, in spite of minimal purchasing power, which is eroded daily by inflation that has gotten out of control at all levels

— *To manage inflation* and ensure compensation for personnel, price regulation for the services provided to the population would be needed Now this population, impoverished in all respects, is unable to afford proper care.

cycles of sackings and violence in interethnic struggles have dealt a mortal blow to national organizations in health care (pharmacies, production units, etc.) and have hastened the collapse what still endured of the health system. The breakdown in bi-and multilateral cooperation has completed the decline of the entire system.

The Churches' medical activity has striven to withstand, but has not been able to do so for long The national leaders of the different NGOs working in the health field have formed a committee to coordinate the international aid sent to meet the needs of stillexisting medical institutions. We have launched an SOS to the CIDSE NGOs, which have generously responded to

our appeal (*Misereor*, Dutch and Belgian MEMISA) According to our verification, from November 1991 to July 1993 *Misereor* distributed 36 tons of medicine, MEMISA, 13 tons, and Belgian Secours Catholique, 10 tons.

Even now MEMISA is preparing to distribute shipments in three regions: the two Kasais, Northern Kivu, the South, Maniema, and Kinshasa A Canadian mission, Collaboration Santé Internationale, has just informed us of a shipment of 40 essential medicine kits for health centers and hospitals by the end of March Protestant and Kimbanguist leaders have also launched appeals and received aid But the needs of Zaire are immense All of this help is far from inundating the country with medicines or meeting needs There are exigencies which the NGOs do not want to see or hear mention of

3. Distributing Aid and Services

In 1983 Zaire signed the *Alma Ata Declaration*, adopting the policy and strategy of Primary Health Care From a medical standpoint, moreover, the country is divided into 306 rural and urban Health Zones. Out of 106 functioning Zones, the Catholic Church, through the Medical Works Office, manages 71 in all, but is present in over 200. We have 121 hospitals and 600 clinics. The aid received is distributed among all the operative Zones and, as far as possible, among the medical groups working in the nonfunctioning Zones as well

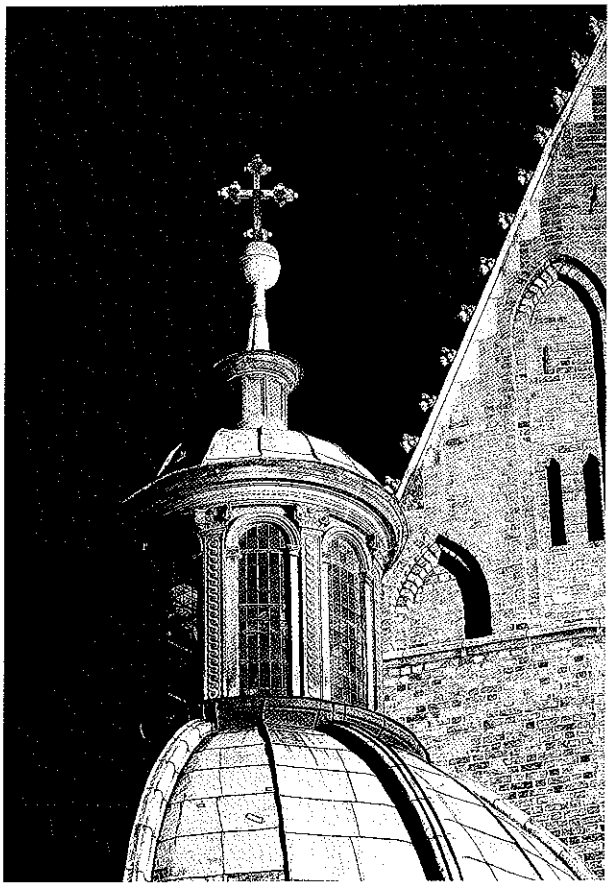
Conclusions

We are quite aware of doing less than we should. International humanitarian aid does not suffice to meet all the needs of this country, ten times as big as France

For this reason we have prepared an ambitious action plan which we shall submit to everyonès attention, to enable our facilities to do their job fully.

Indeed, in the humanitarian aid reaching us, the NGO donors refuse to support institutions, bonuses, or the salaries of personnel. Under these conditions, can we go on ensuring service or even getting aid to beneficiaries—that is, to the population? Indeed, organization presupposes everything mentioned under the first heading: *supervision and evaluation*.

We therefore request support and encouragement for action to restore normal government administration



Education and Bioethics

"In the world of health, we are witnessing a stage of great interest because of the moral subjects related to biology and medicine".[1]

Though bioethics is a term coined by Van Rensselaer Potter in 1971, the word signifying life and ethics goes back to the world of Greek thought. It was Pope Pius XII who, during his Pontificate, addressed numerous talks, messages, letters, and allocutions to the most varied human groups, clearly distinguishing himself in his words as a father and pastor for those jobs and professions connected with health care: doctors, lay and religious nurses, pharmacists, odontologists, and obstetricians. Consequently, if we had to identify the start of this new discipline, which has now spread under the name of "bioethics", we would have to include his name first of all, since in both the number and the content of his writings he undoubtedly established the principles for the norms of natural and Christian morality in the health field.

Let us recall that bioethics not only deals with the doctor-patient relationship, but also includes a concern for the specialties connected with the field of medicine, such as biotechnology, genetic engineering, experimentation in general and mental health, and so on. This study also embraces a broad range of social topics, like public health, the work environment, demography, and so forth and involves experts in such areas as law, philosophy, and sociology. The field of medical morality is very slowly acquiring solidity, following in the footsteps of the evolution of medicine.[2]

There are numerous organizations around the world dealing with biomedical ethics, like the Society for Health and Human Values in McLean, Virginia; the Centre d'Ethic Medicale in Lille, France; King's College, London; The Linacre Center for the Study of the Ethics of Health Care, London; the Centro de Bioetica at the Faculty of Medicine and Surgery of the Catholic University of the Sacred Heart, Rome; the Institut Borja de Bioética in San Cugat, Barcelona; and the Department of Bioethics at the University of Navarra, Spain. A complete listing of organizations around the world is provided by the *International Directory of Bioethics Organizations* published by the National Reference Center for Bioethics Literature at the Kennedy Institute of Ethics, Georgetown University.

In our country, Argentina, the teaching of bioethics is just beginning. In a survey conducted for a symposium held at the Catholic Pontifical University of Chile on "Contemporary Problems in Bioethics" in 1988, we asserted that we could speak of authentic teaching of biomedical ethics only on examining the program sent to us by the Catholic University of Córdoba. From that date until the present the panorama has changed little. Recently, the Faculty of Medicine of the University of El Salvador was added to the list with significant offerings in this field, but if we take into account the growing number of schools in the country, we can scarcely state that undergraduate training in biomedical ethics is universal. The overall picture reveals inadequacy, and we well know from personal academic experience that what each professor can offer individually, by commenting on the ethical dimension of a particular clinical case or on analyzing a new technological advance, is only a spot remedy as regards the undisputed need to give students in medicine and related disciplines well-ordered knowledge.

We may state that medical schools share with the university the function of transmitting culture at the same time as they take on the specific role of providing professional training. The curricula we have been able to analyze to a greater or lesser degree tended to optimize scientific-technical training, in accordance with the time we are living through, though, lamentably, this is sometimes far removed from the reality of health care in our environment. Except for isolated cases, we do not offer training which enables the student to identify the ethical aspects entailed by every act of medicine and help those involved in a crisis situation to make free decisions while maintaining personal values—decisions centering on the knowledge and acceptance of truth, decisions not affected by guilt or fear (that is, by the influence of one's milieu).[3]

Having established this grounding for a short history of biomedical ethics and a quick overview of what is happening in our country, we may state that the problematic of medical ethics could be succinctly expressed as follows: the beginning and end of human life, the transmission of human life, and mastery over human life.[4] At the August 1986 FIAMC Congress in Buenos Aires these subjects were dealt with in depth. I think it is fitting to recall here the opening message sent by Pope John Paul II, who stated, ".. The topic selected for this Congress—'Medical Progress and Respect for Human Life'—is undoubtedly important, at a time when, in so many parts of the world, human life is threatened, at both its earliest points and final stages, with the voluntary cooperation of those practicing the medical profession. There is an imperative need to do all we can to ensure that the dignity of each person and the sacredness of every human life will be reaffirmed as the very core of health care and the indispensable condition for the progress of medicine".

Let us recall that the history of the Church is the history of the salvation of humanity—Christ, the physician of bodies and souls. The Gospel states, "Jesus traveled through all of Galilee, teaching in the synagogues and spreading the Gospel of the kingdom, curing illnesses and ailments" (*Mt* 4:23). The Magisterium has spoken to recall, define, and clarify subjects connected with morality and medical ethics and has done so intensively in this latter half of the century, in keeping with the technological advances in medicine.

Our work at this time centers on making known the need to create bioethics departments at the faculties of medicine in our country, seeking to specify the content for undergraduate instruction and set goals for their functioning. We take as our model the work of A. Spagnolo and E. Sgreccia, along with that of D. Tettamanzi.[5] Taking into account the above-mentioned problematic of medical ethics,

we might say that the presuppositions to be dealt with in a department of biomedical ethics include the following, among others.

— The need to defend human rights.

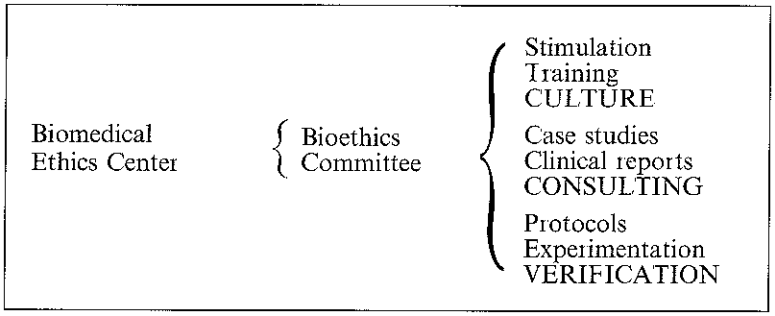
— The dignity of the human person.

— The complexity of problems in the field of biomedicine.

— The different positions in a pluralistic society

— The interdisciplinary evaluation and analysis of problems

— The economic problem in the health field



— The effect of government on the individual.

— The need for solid training of health workers

— The need to defend the person's life and health in situations of risk

As regards its functioning and the aforementioned activities, we present the following framework, which we feel may clarify the context by situating a biomedical ethics department or center in relation to a bioethics committee.

In an effort to summarize these varied functions, we may state that, on a theoretical level, there are three fundamental aspects: *culture, advising/consulting, and verification/control*

The *cultural* function [6] must be performed through an educational program at both undergraduate and postgraduate levels dealing with the problem of dehumanization in medicine, the rights of the sick, and, in general, the new questions posed by technological and scientific advances in the health field. This is an urgent need, valid for universities and public facilities, as well as private organizations. In the work setting, this relation to culture would be completed by lectures, round-table discussions, and refresher courses enabling medical-technical and nursing personnel to become aware of realities in the necessary area of knowledge represented by biomedical ethics

The *consulting* function concerns the special situations which may arise during treatment of certain pathologies—for example, the need to initiate a therapy, even if it implicitly entails risk to the patient, and to inform him thereof; or the decision to suppress such a therapy when in a specific case it has been perceived to be disproportionate. This consulting can and should be evaluated by a biomedical ethics committee, which, in so acting, does not seek to take on moral or civil responsibility for the medical act or relieve conscience in this regard, but aspires to become an aid which, through study and correct analysis of the problem, will provide an adequate response.

Finally, the *verification/consulting* function concerns the analysis and ongoing evaluation of the protocols for research and clinical experimentation. We feel control is urgent in this area of conflict which often masks special economic interests arising from intense competition in pharmacological, medical, and surgical experimentation. Experimentation is necessary, but it must be oriented towards the person's welfare and, by extension, towards that of society

The significance of the ethical aspects usually present in medical decisions is a fact of real transcendence in the sphere of professional practice.[7] Let us recall that ethics belongs to a large group of sciences globally described as "anthropological," those whose subject for analysis is man as such, though they differ in that each considers a distinct aspect of that subject with its own method. The specific task of ethics is the study of a concrete dimension in human reality, that of free activity—i.e., *responsible conduct* which is, therefore, imputable. Responsibility and imputability are two intimately connected concepts. The former is a characteristic proper to human action; the latter, a quality of human actions consistent with responsibility.[8]

We must seek a response to incessant technological and scientific advances in the field of medicine by structuring a curriculum which combines philosophical-theological and biomedical disciplines, followed by practice in medical action to orient precise decision-making in limit situations.

Let us, then, recall the words of Pope John Paul II in the Encyclical *Veritatis Splendor* "The development of science and technology—splendid testimony to the capacities of human intelligence and tenacity—does free mankind from posing basic religious questions, but, rather, stimulates it to deal with the most painful and decisive struggles, such as those of the heart and of moral conscience" (*VS*, 1).

Prof. HUGO OBIGLIO, M.D.
Vice-President, International Federation of Catholic Medical Associations

[1] J.E. Elizari Basterra, *Bioética* (Madrid: Paulinas, 1991)

[2] *Ibid.*

[3] Cf. Hugo O.M. Obiglio, "La enseñanza de la ética médica desde una perspectiva cristiana: La experiencia argentina", in M. Lavados, J. Monge, C. Quintana *et al.*, *Problemas contemporáneos en bioética* (Santiago de Chile: Ed. Universidad Católica de Chile, 1990)

[4] Gottfried Roth, "¿Se puede enseñar la ética médica?" in *Enseñanza de la moral médica a los estudiantes de medicina*, Sixteenth FIAMC World Congress (Buenos Aires, 1987).

[5] Cf. A. Spagnolo and E. Sgreccia, *I comitati di bioetica. Lo stato dell'arte. storia, diffusione tipologie dei comitati di bioetica nei vari paesi* (Rome: Ed. Orizzonte Medico, 1991), p. 133

[6] *Ibid.*

[7] Carlos Quintana Villar, *Nociones fundamentales y aplicadas de la ética clínica* (Pontificia Universidad Católica de Chile, Facultad de Medicina, 1991)

[8] D. Basso, *Los fundamentos de la moral* (Buenos Aires: CIEB, 1993), first edition, pp. 13-18.

Activity of the Pontifical Council

Talks
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The Responsibility of Catholic Health Care Workers: Humanity in Medicine and Service to Life

Address by Fiorenzo Cardinal Angelini at the Congress of Human Life International in Irvine, California, April 6, 1994

It is a source of joy and intense emotion for me to be speaking today to such a large group of Catholic health professionals in this great and noble country, at the forefront in research and progress in medical science and technology.

With you, millions of people are ideally and spiritually present, professionals and volunteers at over thirty thousand Catholic healthcare facilities all around the world—and also at non-Catholic facilities—who are called to bear witness to our hope, rooted in solid faith in the supreme, absolute value of the life and dignity of the human person.

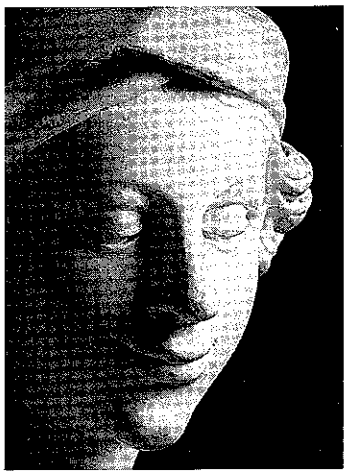
I thus thank the organizers of this gathering for the opportunity afforded me to share some reflections with you which join together our vocation, profession, and mission as persons active in the field of health policy and care.

Four circumstances, I believe, charge this encounter with meaning.

We are now celebrating the *Year of the Family* proclaimed by the United Nations, an initiative which the Catholic Church has enthusiastically supported.[1] Secondly, less than two months ago the *World Day of the Sick* was celebrated; this event, beginning in 1993, has increased attention to the suffering and the sick in the Church, in all institutions, and in men and women of good will.

Thirdly, on March 1 of this year, at the outset of the Plenary Assembly of the Pontifical Council for Pastoral Assistance to Health Care Workers, the Holy Father instituted the *Pontifical Academy for Life,* an organism whose aim is to study—and provide information and instruction on—the main problems in biomedicine and law connected with the advancement and defense of life, especially in their direct relation to Christian morality and the directives of the Magisterium of the Catholic Church.[2]

Finally, this year marks the tenth anniversary of the publication of the *Apostolic Letter Salvifici Doloris,* the first—and broadest—document of the Church's Magisterium on the Christian meaning of human suffering and of service to those suffering.[3]



I would also like to add another circumstance which is only apparently less relevant. After four years of work, there has been a definitive draft, through the initiative of our Office, of the *Health Workers' Charter,* which, as a timely summary, brings together all the directives of the Church's Magisterium in the area of morality and bioethics, particularly those which have appeared in recent decades.

Nine years ago, when the Council I am honored to head was instituted, one of the first aims indicated for it was to disseminate, explain, and defend the Church's teachings in the field of health and foster their introduction into healthcare practice.[4]

The Catholic Church—though aware that current progress in science and technology, while opening up fascinating horizons on the very sources of life, also poses multiple and novel questions of a moral nature which man cannot overlook without risking steps which may prove irreversible[5]—is firmly convinced that, in serving life, she cannot fail to encounter science and its most authoritative representatives.[6] It is precisely in the awareness of this harmonious convergence of science and faith in celebrating, advancing, and defending life that the Church's Magisterium has intervened—and continues to intervene—on the most delicate problems of bioethics, by receiving, valuing, reinforcing, and illuminating the patrimony of authentic human civilization.

The deontological code of the Catholic health care worker does not contradict—but ties in with—the commitments dictated by the Hippocratic Oath. And it is not by chance that this oath is found in ancient codices with the text graphically arranged in the form of a cross.[7]

This also confirms that, in serving man and human dignity, the Catholic Church shares "all that is good and true" among those not professing faith in Christ.[8]

Every threat to and act of aggression against life is a direct threat to civilization—indeed, as the Holy Father has written, it expresses an "anti-civilization",[9] inasmuch as it strikes a blow against the patrimony of values, whose foundation and support is life itself.

At the same time, the Church, during her two-thousand-year history, has sustained and defended a right and proper "humanization" of medicine, convinced that this task is particularly urgent in our time, if we consider that "in loving, generous acceptance of every human life, especially if weak and ill, she is today living out a fundamental moment in her mission, all the more necessary the more dominant a 'culture of death' has become" [10]

In this framework, I would like to limit myself to some reflections on the responsibility of Catholic health care workers today and on the need for their renewed courage in offering a consistent witness in the society and environment in which they labor

The Responsibility of the Catholic Health Care Worker

The responsibility of Catholic health care workers is not a matter of religious allegiance. They are not and should not feel different from other health care workers, of whatever religious faith or ideology, but must be aware that their faith in God, the Creator of life, and their faith in Christ, the Redeemer and Giver of life, increases their responsibility for offering everyone an example of fidelity to the principles they profess

The action of Catholic health care workers is, indeed, called to translate into a testimony of humanity in medicine and service to life—inseparable aspects, for real humanization is not conceivable without establishing the principle of the sacredness of life and the most lofty dignity of the human person

This sense of responsibility requires adequate, constantly updated moral training, for which all needed instruments are available today. This is a field in which deficiencies and gaps in both individuals and professional associations are often worrisome. The prejudice persists that the teaching of the Church on morals and bioethics is constituted by a series of "no's", whereas it is extremely positive and stimulates ever more careful, rigorous research to the point of scrupulousness

Every "no" by the Church is accompanied by a motivation which, in the final analysis, is a "yes" to life and its inviolability.

If we get down to specifics—to actual practice—full respect for life, for all life, and for the life of each human being, involves recognizing in every member of the human species a person to whom the same dedication is due from conception until the final moments of earthly existence. This basic question concerns inalienable rights which health care workers—be they researchers, scientists, doctors, paramedics, administrators, or health policy-makers—must not neglect.

The following inalienable rights should be asserted firmly and courageously

— Fertilized eggs, embryos, and fetuses must not be donated or sold, must not be denied progressive development in their mother's womb, and must not be subjected to any kind of exploitation

— No authority, not even that of the father or mother, can make an attempt on their life.

— The manipulation and dissection of embryos and fetuses, abortion, and euthanasia must not be carried out by those engaged in serving life.

— The seeds of life must always be protected.

— The human genome, of which each generation is only the guardian, must not be the object of speculation for ideological or commercial purposes

— The composition of the human genome is the patrimony of all humanity and, therefore, must not be patented

— In keeping with the Hippocratic tradition and the tradition of the Church, the health

care worker must reject all deliberate deterioration of the genome, all exploitation of gametes, and any induced alteration of reproductive functions.

— The alleviation of suffering, the healing of illness, the safeguarding of health, and the correction of hereditary defects are the essential aims of the Catholic health care worker, while preserving all due respect for the dignity and sacredness of life.

The Church's full support for greater knowledge of the procreative process accompanies these orientations with a view towards reconciling them with responsible parenthood, as well as the invitation to donate organs and to conduct nonharmful scientific research on man's physical and psychic integrity and pharmacological investigation to relieve suffering and augment the person's overall well-being. As the Holy Father recently wrote, all the specialties growing out of the ancient trunk of anthropology—such as biology, psychology, and sociology—may be said to revolve around medicine, which is at once a science and an art serving man's life and health.[11] We well know, however, the extent to which, in terms of both theory and practice, we are daily confronted with these duties corresponding to specific inalienable rights—a task requiring training and competence, but also courage and enthusiasm in fostering and defending life.

The Courage for Consistent Witness

Appropriate training alone is not enough. In order for training to translate into coherent testimony, renewed courage is needed which, on the one hand, must be nourished by a sincere Christian life and, on the other, must value cooperation to the utmost—indeed, communion among all Catholic health care workers, who are not merely a professional group, but are, rather, called to be a leaven fermenting the dough. A sincere Christian life cannot neglect the support of prayer.

Experience does not follow a previously written script, and the problems presenting themselves daily to health workers in terms of preventive, diagnostic, and curative medicine have an unrepeatable uniqueness which is not always easy to situate in the framework of principles to be abided by and concrete directives to be followed.

And, furthermore, health care workers are not judges, but are often called to become teachers and guides—or, if you will, traveling companions—of the persons under care. Accordingly, they must not only be faithful to moral norms, but encourage and promote those norms in their work environment. This requires vigor, wise patience, and methodology, for which personal and community prayer is an indispensable support.

It may happen—and how often does!—that, having carried out their professional duty, Catholic health care workers observe the need to say to patients, "Now that I have done my job, according to the possibilities and limits of my training, why don't we turn together to God, the Lord of life, to receive his inspiration and aid?" This attitude does not overstep the professional sphere, but integrates it in such a way that it can provide a positive consummation for care itself.

In 1957 Pius XII acceded to my request that he write a "*Physician's Prayer*." I regard it as particularly timely today, relating as well to the link between health care workers' activity and their service to life, performed with a humane and humanizing attitude.[12]

Prayer is an integral part of the exercise of the Catholic health worker's profession and mission. Indeed, where science and technology are confirmed to be impotent or insufficient, the gap must be filled by charity, whose interior language is precisely prayer. Prayer, though, is also support for our courage. There is no courage if boldness is lacking in regard to the ideal we are seeking to affirm. And since the ideal is the furthering and defense of life, we can draw the necessary courage from prayer to Him who has come to give life and give it in abundance.[13]

In addition to prayer, however, a new spirit of communion must develop among Catholic health workers.

A Spirit of Communion

As an expert on humanity and a forerunner in history of public healthcare institutions, the Church today is widely and specifically involved in the field of health policy and care. Her voice is heeded more than anyone might think, precisely because her credibility is extraordinarily convincing in this sphere—a heroic witness, even to the point of martyrdom, if we consider that in the last twenty years nearly three hundred missionaries—priests, men and women religious, lay volunteers, and particularly health care workers—have been killed as martyrs—that is, while bearing witness through dedication to others.

Indeed, especially in announcing the Gospel where it is not yet known or is persecuted and obstructed, the Church initiates her witness by offering aid to the weakest and most marginalized. The outpatients' department and care for those suffering precede the building of a place of worship and doctrinal catechesis. This universal and ecumenical action is possible precisely because faith in and love for life are the most universal and deeply-felt exigencies of the human heart.

The firmness with which the Catholic Church's Magisterium defends the life of each human being from conception to natural death is not, therefore, a defense of some against others, or regardless of others, but of everyone—it is a defense of humanity and its essential values.

Unfortunately, within the Church community there is a lack of necessary coordination among persons, organisms, and institutions with the mission of acting as a channel for disseminating, explaining, and defending the Church's teaching.

To use a term which is certainly improper, but forceful, I would say that Catholic health workers around the world are an army—an army, however, which risks being left unarmed. Our voices, along with our witness, must become unanimous, but in order for that to happen, we

must create or recreate Church communion—this is the only way we can be recognized as the followers of Christ [14]

I remain convinced that our main faults do not involve commission, but omission: a human respect is widespread which, while nourishing our passivity, reinforces the impending threats to life

Our sense of duty, then, and the awareness of our responsibility need to be supported by love Indeed, "in the Messianic program of Christ suffering is present in the world to release love, to give rise to works of love for our fellows, to transform all of human civilization into the '*civilization of love*'" [15]

The instinctive love we nurture towards our life can be transformed into altruistic generosity, if in the face of every human being, regardless of race, tongue, skin color, religious faith, or political orientation, we recognize a being sharing in the same life which has been given us by God

When love turns into communion within us, it becomes capable of giving rise to inexhaustible forms of sharing and community

In hospitals and clinics, at the medical schools of Catholic and secular universities, and in associations of doctors, paramedics, hospital administrators, and volunteers, training must be programmed which, in addition to ensuring adequate instruction on morals and bioethics, will foster *effective professional guilds*

No less urgent and necessary is *cooperation with pastoral workers in the health field* and, through them, with the *Pastors of the Church* Too often Catholic health workers act independently of what we could call "evangelization carried out through the pastoral ministry in health" It must not occur that the pastoral worker replaces the doctor or paramedic, or vice versa Their action must constitute a single, global approach: one and the same are the life we are called to serve and the human person to whom it has been entrusted

Over nearly ten years of activity by the Pontifical Council for Pastoral Assistance to Health Care Workers there has been a perceptible advance towards coordination and collaboration

Whenever I meet with health workers, I repeat that from their collaboration, from your collaboration, I have received a great deal

In reiterating, then, the exhortation to experience and live out the grandeur and nobility of your profession and mission, I thank you for today's encounter and for everything you do—each according to your own responsibility—to bring everyone to understand that the Church's favored path is to place herself at the side of those suffering

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

[1] ".. The Church joyfully hails the initiative organized by the United Nations in declaring 1994 to be the International Year of the Family" JOHN PAUL II, *Letter to Families* (February 2, 1994), no 3

[2] JOHN PAUL II, Motu Proprio *Vitae Mysterium* (February 11, 1994), no 3

[3] In *Acta Apostolicae Sedis* 76 (1984), pp. 75-115

[4] JOHN PAUL II, Motu Proprio *Dolentium Hominum* (February 11, 1985), no 6.

[5] Motu Proprio *Vitae Mysterium* no 1.

[6] SECOND VATICAN COUNCIL, *Message to Men of Thought and Science*, December 8, 1965

[7] As displayed in a thirteenth-century Byzantine codex conserved in the Vatican Library

[8] SECOND VATICAN COUNCIL, Dogmatic Constitution *Lumen Gentium* 16

[9] *Letter to Families*, no. 13.

[10] JOHN PAUL II, Apostolic Exhortation *Christifideles Laici* (December 30, 1988), no. 38.

[11] Cf JOHN PAUL II, *Letter to Families* no 12

[12] I shall transcribe a passage from this prayer: "O Divine Physician of souls and bodies, Jesus the Redeemer , grant that, in following your example, we may be paternal in showing compassion, sincere in counseling, diligent in offering care, free from deceit, gentle in heralding the mystery of pain and death—Dabove all, that we may be firm in defending your holy law of respect for life against the assaults of egoism and perverse instincts As physicians who exult in your name, we promise that our activity will constantly proceed in the observance of the moral order and with a commitment to its laws" Cf. PIUS XII in F ANGELINI (ed), *Discorsi ai medici* (Rome, 1960), p 588.

[13] *Jn* 10:10.

[14] *Jn* 13:35.

[15] JOHN PAUL II, Apostolic Letter *Salvifici Doloris* 30

Fifteenth World Congress of C.I.C.I.A.M.S.: Health Care and the Family

Belgium, September 2, 1994

In conveying my greeting to the participants in this Fifteenth World Congress of C I C I A M S, I would like to state how pleased I am with both the topic selected for these sessions and the broad, complex manner in which it has been dealt with and examined

As the Holy Father recalled in his *Letter to Families,* published last February 2, among the numerous *paths* on which the Church walks alongside man during his earthly pilgrimage, the family "is the first and most important one".[1] Man, indeed, comes into existence through a family and, on leaving the family, habitually fulfills his own vocation, giving rise to a new family nucleus.

The family is an image of the Church to the point that, since the origins of Christianity, it has also been called a "domestic church".[2] We understand, then, why the whole Church, associating herself with the initiative of the United Nations in proclaiming 1994 the International Year of the Family, recognizes in this celebration one of the significant stages of the itinerary in preparation for the Grand Jubilee of the Year 2000.[3]

The link between the concept and reality of the family and the reality and concept of health policy and care is one of the most fruitful ties If, indeed, the family is one of the leading ways of the Church, a special way is also the one marked by the entry of suffering into the life of every human being.[4]

Your experience alongside those suffering is certainly inexhaustible and an incontestable confirmation of both the familys basic contribution to the fields of prevention, therapy, and rehabilitation and the difficulties encountered by health care when the sick lack the warmth of a family Their suffering then goes through a particularly obscure phase and needs supplementary love which can be offered only by those who have known and experienced love within the family.

This insufficiency in love deriving from the absence of a real family is, in fact, itself an illness, a lack of health, and, at the same time, the privation of a basic instrument to safeguard and recover health.

The rights of the family are closely connected to the rights of the individual When the rights of the family are attacked in society, basic human rights are also mortally wounded,[5] and civilization becomes sick.[6]

It is quite significant that in the midst of the International Year of the Family the Holy Father instituted the Pontifical Academy for Life,[7] closely linked, in carrying out its functions, to the Pontifical Council for Pastoral Assistance to Health Care Workers, which I am honored to head. This new and prestigious pontifical body is already at work, and it will certainly make a valuable contribution to your professional, moral, and spiritual training as well.

The family is the cradle of life, and, in this sense, it is the unalterable, sacred, and inviolable patrimony of mankind.[8]

However, precisely in the course of the year devoted to the family, at the initiative of the United Nations itself, the World Conference on Population and Development is about to be held in Cairo; as may be deduced from the preparatory documents, there might emerge therefrom one of the most serious and irreparable attacks on both life and the institution of the family, which is the temple and guardian of life

You are familiar with the Church's concern and commitment to avoiding this aggression against life and the family From the Holy Father to the major departments of the Roman Curia involved, there has been a succession of initiatives which will certainly bear fruit

Concern and commitment whereby the Church stands at mans side, and particularly at the side of the weak, the sick, and the suffering, who have always been the first to pay the price of decisions inspired by egoism, hedonism, and laws based on calculation, not love

The day after leaving the hospital where he had been admitted during his most recent illness, the Pope, alluding to his imminent meeting with the President of the most powerful country in the world, with impassioned fervor and deep bitterness declared that as a barrier against the risks of an attack on life and the family he had nothing to offer but his pain and the pain of the world.[9] A humble offering, but charged with the power and wisdom of the Cross.[10]

On closing this Congress of yours, whose sessions have been devoted to multiple problems whereby the family is linked to the world of health policy and care, may a solemn commitment be renewed in each of us to defend this supreme value, wherein God has wanted to incarnate Himself for the redemption and salvation of the world

In the aforementioned *Letter to Families,* the Holy Father addressed an explicit invitation to lay associations as well, for them to be firmly anchored in Gospel truth and comprehend what great goods marriage, the family, and life are.[11]

May they understand this and bring it to be understood, especially through witness, for it is to witnesses, in particular, that the Church entrusts the treasure of the family and the proclamation

of what the Pope calls the "Gospel of the Family".

You that serve those suffering have the authority and the credibility of people daily experiencing the irreplaceable value of the family.

— Respond to the help you receive from the families of those you care for, giving them help in the difficulties and trials they face.

— Make the most of the generosity of relatives by contributing to the health education which is a condition for psychological and spiritual well-being.

— Not only professionally, but humanly and spiritually, remain at the side of the family and families.

— May the medical facilities where you offer your service be the "hospital family" in which those admitted will find an extension of their own family nucleus.

— Be close to the relatives of the suffering, involving them in your healing ministry.

— Attend to your own training, both personally and as an association, particularly in regard to the increasingly complex, serious, and urgent problems of bioethics, in the awareness that your profession and mission are to serve the primary and absolute good of life.

May the Most Blessed Virgin, the center and heart of the Family of Nazareth, accompany your Association and each of you—She who at the foot of the Cross was designated by her Son the Mother of all humanity.

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

[1] JOHN PAUL II, *Letter to Families* (February 2, 1994), no. 2.
[2] SECOND VATICAN COUNCIL, Dogmatic Constitution *Lumen Gentium*, no. 11.
[3] JOHN PAUL II, *Letter to Families*, no. 3.
[4] Cf. JOHN PAUL II, Apostolic Letter *Salvifici Doloris*, no. 3.
[5] *Letter to Families*, no. 17.
[6] *Ibid.*
[7] JOHN PAUL II, Motu Proprio *Vitae Donum* (February 11, 1994).
[8] JOHN PAUL II, *Letter to the Heads of State* regarding the World Conference on Population and Development (March 19, 1994).
[9] At the *Angelus* of May 26, 1994.
[10] Cf. *1 Co* 1:17-24.
[11] *Letter to Families*, 23.

Opening Address at the Eighteenth F.I.A.M.C. World Congress: Health Care and New Evangelization

Porto, Portugal, September 8, 1994

I sincerely thank the presidency of this Federation for inviting me to deliver the opening address at this Eighteenth World Congress of *the International Federation of Catholic Medical Associations*. I thank and greet the many distinguished friends whom I have known for some time, as well as those I am meeting today for the first time. A special greeting to the President, Dr. Thomas Linehan, and to Monsignor James Cassidy, the Ecclesiastical Assistant.

Having been in your midst for so many years, I am fond of the phrase healthcare family. A Congress, whether national or worldwide, is like a family gathering where we either meet or recognize one another, while, in either case, feeling at home.

This Congress of yours, in its authentic nature, is, then, and ought to be, a family gathering; and, as is done in a family, I prefer to speak in friendship.

For the past three days the United Nations World Conference on Population and Development has been taking place in Cairo—the first of its kind, as never before on such a high level. There was a desire to link concepts and phenomena such as population and development-economic, of course—with a clear understanding that there can be no development and, therefore, well-being for all if we do not arrive willingly or unwillingly—at population control. You know the degree of commitment with which the Holy See has followed the preparation and unfolding of this Conference. In his letter to the Heads of State and Government of last March 19, Pope John Paul II spoke anxiously about the feared and foreseeable theoretical and practical conclusions this World Conference might reach. Going to the heart of the problem, the Pope clearly stated that what was at stake was life, regarding which man, through power-wielding bodies, seeks to be not a servant and beneficiary, but a judge. The Church is, however, aware that in carrying on her battle for life she cannot limit herself to condemning aggressions against it, but must work constructively and ever more boldly and authoritatively. Consequently, in this same year, the Holy Father instituted the Pontifical Academy for Life, with the specific task of "studying and providing information and training on the main problems in biomedicine and law relating to the advancement and defense of life, especially as they directly relate to Christian morality and the directives of the Magisterium of the Church" (Motu Proprio *Vitae Mysterium*, 4). The first President was our dear friend and colleague, Professor Jérôme Lejeune, a man of the utmost integrity, a courageous and indomitable Christian, a world-renowned scientist, a tenacious confessor of the Magisterium of the Church, and a person singing the praises of life.

The *Health Care Workers Charter* will be available as soon as possible, prepared and published by the Pontifical Council for Pastoral Assistance to Health Care Workers. It begins with the description of the health care worker as a "minister of life". Indeed, the first article of the *Charter reads*: "Health workers' activity has the lofty value of *service to life*. It expresses a deeply human and Christian commitment, taken on and carried out as an activity that is not only technical, but involves dedication and love for one's fellow. It is a form of witness".

This, then, is the theme of your Congress: "Health Care and New Evangelization". *Health Care* in this context, seeks to indicate service to life in generation, over the course of existence, and in dying; *new evangelization* means a new or renewed commitment to proposing and witnessing to the Gospel, which is, above all, a Gospel of life, for Christ "came to give life and give it abundantly" (*Jn* 10:10)

To connect service to life with announcing the Gospel is not a sectarian decision As regards the sacredness and inviolability of human life from conception until natural death, the Gospel has added nothing to the Hippocratic Oath, but has limited itself to endorsing it What the Gospel has added is the supernatural value of life, the instruments capable of truly respecting—always and in any event—the basic human right to life, to all life and to the life of each human being.

It is significant that a medieval codex bears on a parchment the text of the Hippocratic Oath, arranged graphically in the form of a cross I shall never tire of repeating that to be Catholic physicians does not mean to be physicians different from others, but to be marked by a religious designation; it simply means—or ought to mean—that one is as much, and more, of a doctor in comparison to others because one is rightly and properly exemplary The Christian faith and the directives of the Magisterium of the Church have the single aim of helping us to be faithful to a duty of justice—service to life—which in the Gospel is particularly consecrated and enriched, inasmuch as life is considered therein not only in an earthly perspective, but in a transcendent and eternal one

If this is the witness which the individual Catholic physician is called to bear, such witness must be enormously amplified through the Catholic associations and organizations working in the area of serving life Your Federation brings together a considerable number of doctors who—please excuse the rather bold image—have sworn on the Gospel at least to be thoroughly faithful to the Hippocratic Oath This oath affirms and confirms a rational truth and a duty of natural justice; adherence to the Gospel seeks to translate itself into faithful witness and at the same time into a source of strength to maintain with fidelity the commitment that has been made.

On the battlefield of the advancement and defense of life, science and faith, along with religion and law, are not in combat, but simply good and evil, the rational and the irrational Perhaps in no other field is religion so closely related as in that of advancing and defending life, almost to the point of superimposing itself on human reason

Truly, on the road of life, the two are traveling in the same direction.

As the din of aggressions against life is becoming more deafening and chilling—for they now go beyond the crimes of abortion, euthanasia, diverse genetic manipulations, and contraception, asserting themselves deliberately against conscience and reason in multiple, crude manifestations of incivility and the overthrowing of the most elementary human values—organisms like yours must succeed in making their voices heard to say, "We are here, too!" We are here, too, with our Christian witness arising from an authentic faith generating courage, love of sacrifice to the point of heroism, love for and fidelity to the Pope, for he is the Vicar of Christ on earth, and prompt, constant, and complete acceptance of his doctrinal teaching.

Respect for, docility to, and acceptance of the Church's Magisterium regarding the varied problems connected with human life and forming the context of what is now called "bioethics" more than ever before constitute recognition of and witness to the authenticity and quality of our faith

The Church does not impose, but offers her ministerial and teaching service. It is up to us as doctors, if we so desire, not only to call ourselves, but truly to be Catholics, to accept—if need be, even with intellectual humility—these services proper to the teaching Church.

Not to accept the Church's Magisterium—in the case of physicians declaring themselves to be Catholic—may be the result of ignorance or pride. To accept and respect the Church's Magisterium only in regard to what we find pleasing and satisfying to our intelligence is not a correct norm for Christian consistency; intellectual humility gives us peace of spirit, the strength for needed unity so as to evangelize effectively, while making all scientific research corroborating that very Church Magisterium both possible and meritorious.

All of this, however, my dear friends, cannot come to pass without a Christian life nourished by prayer, by frequenting the Sacraments of Penance and the Eucharist, by observing the precepts of the Church, and by performing the works of spiritual and material mercy. Finally, the presence of your priests and ecclesiastical advisors or assistants should never be a formal or almost staged appearance, but represent pastoral involvement: the representatives of the Church are in your midst, placed there to serve you and guide the Church herself This is the word of the Gospel: the forces of evil cannot, in fact, prevail, and no evil may be regarded as greater than to attack human life In substance, this is the relation between health care and a new evangelization, for without *serving life* there can be neither health nor a new evangelization

For leading organizations such as your Federation, I believe the time has come to proceed simultaneously towards a

simplification and a rediscovery of specific aims Simplification means programming and dynamism, creative capacity in choosing the times and new modes for presence and intervention in biomedical sciences, national and international congresses, universities, hospitals, dispensaries, leprosariums, and families A concern for the essential means to study new statutory norms in keeping with the requirements of todays society, relieved of useless bureaucratic formalities, but informed by practicality and speed in linkage and action There follows a need for loyal, fraternal cooperation with other similar bodies, including those of other religions which are nonetheless committed to the same objectives as we are, an unceasing effort to train the younger generations of physicians, above all, in a subject, bioethics, which, foreseeably, is destined to have a larger and larger role in the future of the biomedical sciences

Catholic physicians and health workers—that is, people committed by vocation, profession, and mission to serving and defending life—are not a marginal platoon, but a major force, just as the approximately 40,000 Catholic healthcare institutions present and active around the world are not a secondary fraction Let us ask ourselves unhesitatingly, What effect does your Federation have globally on Catholic healthcare organizations?

Let us not waver in recognizing this: for us, for our medical world, especially in terms of organizations, the *new* evangelization means, above all, to decide to bear witness to the Gospel—it is new, then, not because it is different or renewed, but because it is finally reinforced, in keeping with the signs of the times, and exerting a pull on public opinion through the generous commitment of its service in charity and justice

It is sad and painful that in many countries in the world, including those with a strong Christian and Catholic tradition, the Church's positions in defense of life are made known and disseminated—and, obviously, often deformed—more by those combating them than by those sharing them Personally, I could not have entirely devoted my life as a priest and bishop to the world of health policy and care without the generous, continuous, and expert contributions of lay people And if the Pastors may be somewhat to blame for not having sufficiently utilized them, lay people today at the highest levels of expertise cannot and must not refuse to be spokesmen for the Pastors message in defense of life The Church—or, rather, the whole ecclesial community—is called to a new and more pronounced active presence to free the world from a contradiction threatening to choke it. Indeed, while the charter of fundamental human rights grants a leading place to the basic human right to life and the quality of life, from the same source directives and initiatives are coming out at this time which attack life

I invite you, then, at the opening of this Congress, to show new courage and dynamism in mutual cooperation National or regional differences are of small account in comparison to what unites us The subject chosen for this Congress is proof thereof It is up to you, to all of us, to demonstrate it with our deeds

May we be aided by the Most Blessed Virgin, Mother of Science and Wisdom and Health of the Sick; may we be aided by the Holy Doctors, from St Luke to St Giuseppe Moscati, and those recently set before us by the Church for our admiration, that they may be imitated by us

Cardinal FIORENZO ANGELINI

Concluding Remarks by Cardinal Angelini at the Spanish National Congress on Church and Health

The topic of your Congress, which has now reached the end of its sessions, may be formulated, in both conceptual and historical terms, in the words of the Second Vatican Council: "As Christ was sent by the Father 'to announce the good news to the poor, to heal those with a contrite heart', 'to seek out and save what was lost', *so, too, the Church surrounds with affectionate care those who are afflicted by human weakness—indeed, she recognizes in the poor and the suffering the image of her Founder, poor and suffering, is concerned about relieving their indigence, and in them seeks to serve Christ*" [1]

The scope and nature of the salvation brought by Christ is in proportion to the breadth of human pain

The incarnation of Christ was a taking on of human pain, which the Lord cared for *in the sick in spirit*,[2] in the least of all,[3] in the *anguished and oppressed*,[4] and in the *physically ill* In fact, Jesus "traveled through the whole region of Galilee, taught in the synagogues, announced the Kingdom of God, and healed *all the people's illnesses and infirmities*".[5]

Called to continue the work of Christ, the Church, from its inception, sought to place herself among men as a mediatrix of salvation For the Church, concern for the sick and the suffering, in both theological and historical terms, is an "integral part" of her mission [6]

The historical confirmation offers the loftiest and most heroic pages regarding the presence and activity of the Church in the world

Where medicine is today an achievement of civilization, the Church has been a forerunner; where it is still far from this goal, the Church is the first—and, in a number of countries, the only body—to assume responsibility for this duty of justice and charity

If, then, we wished to trace out the history of the Church from the standpoint of attention and service to those suffering, we would obtain a picture of commitment which marks the fundamental stages on the journey of the Christian community

over the centuries, from its origins until today.

In the world we live in, which is witnessing extraordinary progress in science and technology, the figures on infirmity and death are still frightful. The appeal for health is not only an appeal for life, but for survival. In reality, not only can there be no well-being without health, but events demonstrate that without the commitment of all to the health of all there can be no peace. Indeed, the first duty of justice concerns the first of the basic human rights, which is the right to life.

As the Gospel theme of your Congress—"that they may have life"—has confirmed, in advancing and defending life—all life and the life of every human being—the Church is called today to distinguish her mission, which is the mission of the One who came to give life and to give it in abundance [7]

Human health and salvation are concepts which do not simply stand side by side, but which complete each other to the point of identification

The Churchs evangelizing mission to the sick and the suffering directly aims at what is essential—that is, *communion*. By evangelizing those suffering, the Church realizes herself, for the suffering brother or sister—and every human being suffer—shas the same name as Christ, by whom we shall be judged to be just if we have managed to recognize Him, meet Him, and serve Him in those who suffer [8]

The Pontifical Council for Pastoral Assistance to Health Care Workers, which I am honored to head, is at your side in your daily commitment to more incisive and organic pastoral care in health

May the meeting which you have been holding not be a passing occasion, but confirm the will to work together with courage, creativity, and love.

The harvest of human pain is boundless On the generosity of your commitment will depend, as well, the needed increase in the workers laboring in this harvest.

[1] *Lumen Gentium* 8
[2] Cf *Mt* 9:9 seq; *Lk* 7:14, 8:2
[3] Cf. *Mk* 9:42; *Mt* 25:40-45, 11:25 seq
[4] Cf. *Mt* 11:28 seq
[5] *Mt* 4:23.
[6] Cf. Motu Proprio *Dolentium Hominum* (February 11, 1985), no 1.
[7] *Jn* 10:10.
[8] Cf *Mt* 25:40-45.

Your Voices Ring Out Expertly and Harmoniously in the Field of Pastoral Care in Health

Introductory remarks by Rev. José L. Redrado, Secretary of the Pontifical Council for Pastoral Assistance to Health Care Workers, at the opening of the National Congress on Church and Health in Madrid, September 26-30, 1994

1. I bring to the Spanish Church the greeting of the Pontifical Council for Pastoral Assistance to Health Care Workers and, in particular, that of its President, Cardinal Fiorenzo Angelini, who will be taking part in the closing ceremony of this major Congress.

At this time, on greeting you personally at this meeting, I cannot conceal my emotion: I greet you with peace; I greet you with my thanks; I greet you, wishing you happiness, health, and outstanding success, with many fruits for all: the sick, those working in the health apostolate, professionals, and volunteers

2. The Spanish Church is holding this event after long preparation, which must rightfully be borne in mind; without this trajectory in time over at least twenty-five years, the Congress would not be the crowning touch, as it is, in a vast experience of stimulating and encouraging Pastoral Care in Health in Spain; it would not be a meeting for reflection, enriched by the contributions of numerous groups, nor could it illustrate its past with the memory of the milestones which have gradually built up the pastoral reality in which we find ourselves and which have made possible this moment.

I myself have shared with many of you the beginning of this experience; I have for long shared in meetings and places which the history of Spanish Pastoral Care in Health cannot forget. And now, at my current post in the Vatican Curia, for the past eight years I have followed, step by step, your growth, your maturity, and so many new initiatives which are no doubt the result of your sensitivity and the ecclesial focus inspiring all your work

3. This Congress takes up some of the basic pillars on which the edifice has been built of what is today the spirit and the reality of Spanish Pastoral Care in Health. I am referring to the Congress bold formulation of the cultural roots influencing the persons behavior in the face of pain, illness, and death. I am also referring to the second aspect you examine—that is, the analysis of the best means to convey the healing dimension of the Gospel, by concrete signs, so as to establish a cultural of health on the basis of the spiritual dimension of the human being and the Churchs contribution to the ethical problems posed today in this field Finally, you will deal with guidelines for spurring and consolidating evangelizing action by the Spanish Church in the world of health and illness.

4. I would like to bring out in these words of greeting the wonderful sign of collegiality and sense of teamwork represented by the holding of this Congress, evidently the result of your enthusiasm, your constancy, and your magnificent capacity for organization. Collegiality is reflected vividly in this assembly, which has brought together all sectors of Spanish Pastoral Care in Health and opens out to other conferences and organizations

so as to form this grand polyphonic choir, which is the universal Church in the field of health.

Some voices, such as yours, are expert, well-trained, and harmonious; others, no less valuable, offer their best efforts in order to sing in collegial fashion—perhaps with different scores, different cultures—a single song for the glory of God, through love for their suffering brothers and sisters. As with instruments in an orchestra, all the voices are necessary: some are heard more than others, not because they have taken the lead, but for the sake of harmony. I tell you with sincerity and realism: the voice of Spanish Pastoral Care in Health is called to resonate with richer tones and more forcefully within this huge worldwide choir which is Pastoral Care in Health.

The Pontifical Council congratulates you on the generous enthusiasm which has encouraged you in preparing the Congress and spurs your efforts. It is my wish that the your conclusions, inspired and enriched by the sanctifying grace of the Holy Spirit, will contribute to renewing and consolidating the Spanish health apostolate. May that same grace accompany, in peace, all your projects involving creativity, training, and assistance, so as to shape the health world under an authentic sign of life and hope for our sick brothers and sisters.

Chronicle of the Activity of the Pontifical Council in 1994

The activity of the Pontifical Council for Pastoral Assistance to Health Care Workers in 1994 has brought out the specificity, current interest, and significance of the tasks entrusted to it by the Holy Father.

The Pontifical Council, in addition to normal responsibilities of the Secretariat, has responded to certain inquiries from the bishops on specific topics of a bioethical or pastoral nature and contributed to documents and meetings. On these occasions as well, the cooperation of the Council's Members and Consultors has been decisive.

The Council has sought to establish increasingly intensive contacts with the bishops. There have been many meetings at headquarters with the bishops called to Rome for both *Ad Limina* visits and the Assembly of the Bishops' Synod. There has been active correspondence with many others on the same questions. The following Bishops' Conferences, among others, have participated in meetings at our office during their *Ad Limina* visits: El Salvador, Panama, Guatemala, Peru, Bangladesh, Puerto Rico, the Dominican Republic, Ecuador, and Cuba.

Similarly, contact has been maintained with the Pontifical Representatives around the world.

1. Celebration of the Second World Day of the Sick

On February 11, 1994 the Church celebrated the Second World Day of the Sick.

This time Poland was the host—after Lourdes, last year—for the official celebration of the World Day. Cardinal Angelini presided at the ceremonies, held at the Marian Sanctuary of Częstochowa. Ample information on this event may be found in issue no. 26 of *Dolentium Hominum*.

2. 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. The Academy is institutionally linked to the Pontifical Council for Pastoral Assistance to Health Care Workers, while preserving juridical autonomy.

The fortunate bond between the two institutions was seen at the simultaneous holding of the Ninth International Conference organized by the Pontifical Council and the First Plenary Assembly of the Pontifical Academy for Life. Not only were the two meetings held at the same time and in the same place, but there was broad agreement in the subjects covered. On the one hand, the title of the Ninth Conference was *To Know, Love and Serve Life* and, on the other, that of the Plenary Assembly of the Academy for Life was *Rational Foundations for the Sacredness of Life at All Stages of Existence.*

The First Plenary Assembly of the Academy, November 26-27, 1994, also commemorated its first President, Professor Jérome Lejeune, who died the previous April, through a statement by Cardinal Angelini on the famous scientist, described by John Paul II as a great Christian of the twentieth century and a defender and apostle of life.

3. Third Plenary Assembly of the Council

The Plenary Assembly of the Pontifical Council for Pastoral Assistance to Health Care Workers took place at the Vatican, March 1-3, 1994, with the participation of the Council's Members and Consultors (cf. *Dolentium Hominum,* no. 26).

4. Participation in the Special Assembly of the Synod on on Africa and in the Ninth Ordinary Assembly of the Synod

Cardinal Fiorenzo Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, took part as a permanent member in the two assemblies of the Synod held during the year, April 10-May 8 and October 2-29, 1994

For the two assemblies the Pontifical Council made a contribution to both the consultative-preparatory stage and the actual sessions A positive reception was accorded both the publications specially prepared by our Office and Cardinal Angelini's statements on concrete topics; they drew the attention of many Synod Fathers to the importance of Pastoral Care in Health, for both evangelization in Africa and the renewal and mission of consecrated life in the Church and the world. The two texts by Cardinal Angelini are included in this issue

5. Interdepartmental Meetings

January 10. Cardinal Angelini gave a talk on "Organ Donation and Transplants" at the Chancellery Palace for the Penitentiary Fathers at the Patriarchal Basilicas

March 9. Rev. José L. Redrado, O.H , Secretary of the Pontifical Council, took part in the interdepartmental meeting, entitled "For Peace in 1995", held at the Pontifical Council for Justice and Peace.

March 18 Council Official Rev Jean-Marie Mpendawatu took part in the meeting of the Coordinating Commission of the Roman Curia for the ecumenical activities held at the office of the Pontifical Council for Promoting the Unity of Christians.

March 22 Cardinal Fiorenzo Angelini took part in the sessions of the Presidential Committee and the Eleventh Plenary Assembly of the Pontifical Council for the Family, devoted to "Women: Spouses and Mothers, in the Family and Society, on the Eve of the Third Millennium", in preparation for the United Nations' Fourth World Conference on Women, to be held in 1995 in China

March 26 At the Pontifical Council for the Laity a meeting was held with representatives of the Curia departments to prepare a report on the activities of the Holy See over the last ten years concerning women's rights, as a prelude to the UN's Fourth World Conference on Women to be held in Beijing, September 4-15, 1995. Monsignor Italo Taddei, Consultor to the Council, took part.

June 9. In the context of the Pontifical Council's cooperation with the Diplomatic Corps accredited to the Holy See, Cardinal Fiorenzo Angelini presented a report for the attention of the ambassadors from Latin Amer-

ca, Spain, Portugal and the Philippines

June 13-14 Cardinal Angelini took part in the Extraordinary Consistory called by John Paul II, attended by Cardinals from around the world

October 13 and 20. Rev. Felice Ruffini, M.I., Undersecretary of the Council, took part in meetings of the interdepartmental study group on the renewal of the Pontifical Academies held at the office of the Pontifical Council for Culture

December 16 The Coordinating Commission of the Roman Curia for Ecumenical Activities met to consider recent developments in this field Council Official Rev Jean-Marie Mpendawatu represented our office

6. Participation at Meetings and Conferences

April 6 Cardinal Fiorenzo Angelini, accompanied by Rev. José L Redrado, O H , Council Secretary, and by Monsignor James Cassidy, Consultor to the Council, traveled to Irvine, California, to take part in the Thirteenth World Conference organized by Human Life International, entitled "Called to Be Missionaries". Cardinal Angelini spoke on "The Responsibility of Catholic Health Care Workers: Humanity in Medicine and Service to Life".

April 8-9 Professor D. Casa represented the Pontifical Council as an observer at the Third Round-Table Discussion of the National Ethics Committees of the Member Countries of the Council of Europe, held in Stockholm

April 17-20 Rev Kevin O'Rourke, O.P , Consultor to the Council, represented our office at the Eighteenth Annual Conference of the Council of International Organizations for Medical Sciences (CIOMS), which took place in Mexico City

May 2-12. Rev Christian-Marie Charlot, Secretary of the Pontifical Academy for Life, formed part of the Holy Seès Delegation to the sessions of the Forty-Seventh General Assembly of WHO, held in Geneva

May 4. Monsignor James Cassidy, Consultor to the Pontifical Council and President of the Federation of Catholic Healthcare Institutions, took part in the meeting of Catholic International Organizations (OIC) held in Rome

May 26 Cardinal Fiorenzo Angelini spoke on "The Ethics of Transplants and Genetic Manipulations" at the Sixth Scientific Meeting of the Gold-Medal Group in Public Health held in Rome during the Forty-Fourth Italian National Congress of Clinical Pathologists

September 2 Accompanied by the Secretary of the office, Cardinal Fiorenzo Angelini traveled to Louvain, Belgium for the Fifteenth World Congress of C.I.C.I.A.M.S., entitled "Health and the Family: The Respons-

ibility of Nurses and Obstetricians". In addition to delivering the closing address, Cardinal Angelini presided at the Eucharistic celebration marking the end of the Congress.

September 8-12 The International Federation of Catholic Medical Associations held its Eighteenth World Congress in Porto, Portugal. Cardinal Angelini, Rev. Redrado, and Msgr. Cassidy (the Federation's Ecclesiastical Assistant) took part. Cardinal Angelini delivered the opening address on "The Physician and the New Evangelization".

September 12-16 Rev. Victor Feytor Pinto, Consultor to the Council, represented the Holy See as an Observer at the Forty-Fourth Session of the Regional Committee of WHO for Europe, held in Copenhagen.

September 20-24. Council Official Rev. Mpendawatu took part, in his capacity as a Member, in the second session of U.N.E.S.C.O.'s International Bioethics Committee held that organization's headquarters in Paris.

September 26-30 Cardinal Angelini, Rev. Redrado, and Rev. Ruffini participated in the sessions of the National Congress entitled "Church and Health: That They May Have Life", organized in Madrid by the Spanish Bishops' Commission on Pastoral Care in Health. Rev. José L. Redrado, O.H. greeted participants at the beginning on behalf of the Council and Cardinal Fiorenzo Angelini delivered the closing address.

October 7-11. Council Official Rev. Jean-Marie Mpendawatu and Rev. Domenico Casera, M.I., Professor at the Camillianum, offered lessons on the healthcare apostolate for the Catholic health workers of THIES, Senegal.

November 16 At the 1994 award ceremony for the Alfonso Motolese Prize, won by Professor Rosario Brancato, Director of the Department of Ophthalmologic Sciences at the University of Milan and Cardinal Fiorenzo Angelini, the latter spoke on "Catholic Healthcare Institutions Around the World". The ceremony took place at the New Cultural Proposals Foundation.

December 5. In the context of continuing theological education for women religious organized by the Spanish Section of the Regina Mundi Pontifical Institute, Rev. José L. Redrado, Council Secretary, began a course on the health apostolate scheduled to continue until 1995.

December 8-12 The Twentieth National Congress of the Catholic Medical Association of Italy formed part of the Association's Fiftieth Anniversary celebrations, which began on June 8, with a Solemn Concelebrated Mass at the Church of San Carlo ai Catinari (Barnabite Fathers), at which Cardinal Angelini presided. Cardinal Angelini, in his capacity as National Ecclesiastical Assistant of the Catholic physicians, spoke at the Congress, entitled "Medicine and the Human Person: The Expectations of Future Generations".

7. Pastoral Visits and Journeys

January 24-28 Cardinal Angelini made a pastoral visit to India, accompanied by Rev. José Redrado, Council Secretary, and Mother Maria Maurizia Biancucci, Superior General of the Benedictine Sisters for Reparation to the Holy Face of Christ. He visited many health facilities, meeting patients, professional staff, nursing sisters, and hospital chaplains.

April 29 Council Undersecretary, Rev. Felice Ruffini, spoke on "Evangelizing Through Suffering" at the Congress on Pastoral Care in Health organized by the Office for the Healthcare Ministry of the Diocese of Conversano-Monopoli, Italy.

May 24 For the one-hundredth anniversary of the founding of the Little Workers of the Sacred Hearts, a women's order, Cardinal Angelini presided at a concelebrated Mass at the Paraplegic Center in Ostia, Italy.

October 30-November 5 Rev. José L. Redrado, O.H., acting as Spiritual Assistant, accompanied the Catholic Pharmacists of Italy on their pilgrimage to the Holy Land.

November 20 Cardinal Angelini, accompanied by Fr. Redrado, Monsignor Zygmunt Zinowsky, Official of the Congregation for the Doctrine of the Faith, and Mother Maria Maurizia Biancucci, Superior General of the Benedictine Sisters for Reparation to the Holy Face of Christ, traveled to Kupienim, Poland for the inauguration of work with the elderly by these religious at the John Paul II Home.

November 30 Accompanied by the Undersecretary, Fr. Ruffini, and by Professor Franco Splendori, Member of the Pontifical Academy for Life, Cardinal Angelini journeyed to Moscow as a guest of honor of the Russian Academy of Medical Sciences to take part in celebrations for the Fiftieth Anniversary of its founding. Cardinal Angelini, in the company of the Apostolic Nuncio, Archbishop Colasuonno, and Archbishop Kondrusiewicz, spoke in a large hall, to an audience which included the Prime Minister and government officials.

8. International Conference

The Ninth International Conference organized by the Pontifical Council for Pastoral Assistance to Health Care Workers was held at the Vatican, November 24-26, 1994. It bore the title "Homo Vivens Est Gloria Dei: To Know, Love, and Serve Life". More than two thousand people from 102 countries attended the sessions. Leading figures participating included six cardinals, fifteen ambassadors to the Holy See, five ministers of health, and the Director General

of WHO, Dr Hiroshi Nakajima, among others

The Conference topic, "To Know, Love, and Serve Life", preceded by the biblical maxim in Latin, *Homo vivens est gloria Dei,* refers explicitly to God, the origin of all life. To the extent that life is known, it is loved, and only by loving it can it be served. The triad of knowing, loving, and serving provided the spirit in which the theme of life was dealt with at the Conference.

To conclude the sessions, the Holy Father, in a single address delivered to both Conference participants and the Pontifical Academy for Life, brought out how much cooperation between science and faith is capable of doing to advance and defend life. "Science and faith", stated John Paul II, "do not consume their relationship in the sphere of abstract knowledge of the mystery of life, but introduce the intelligence and the heart into experimental knowledge of all those values which are grouped around the reality of living. They must work together to build around the basic human right to life the proper hierarchy of every other individual and social human right, for the alternative to a culture of life is nothing but the negation of life and, with it, of every other human right."

9. Publishing Activity

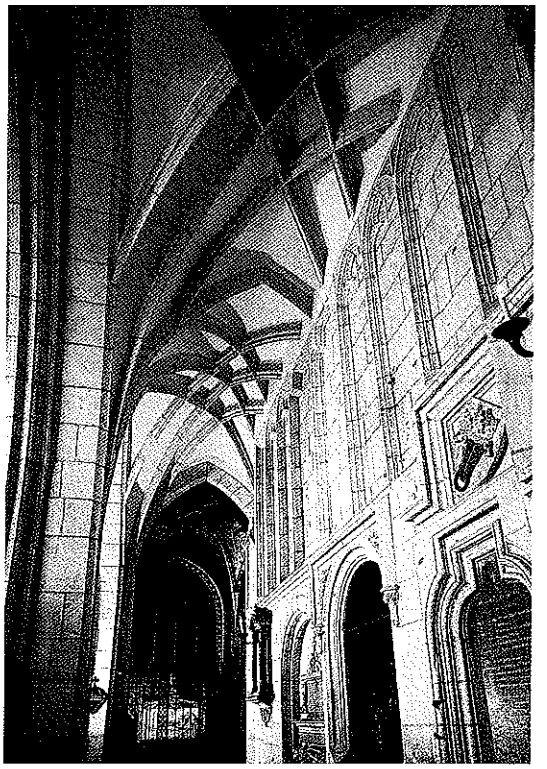
Out of the abundant publishing effort made by the Pontifical Council, three works, in particular, stand out:

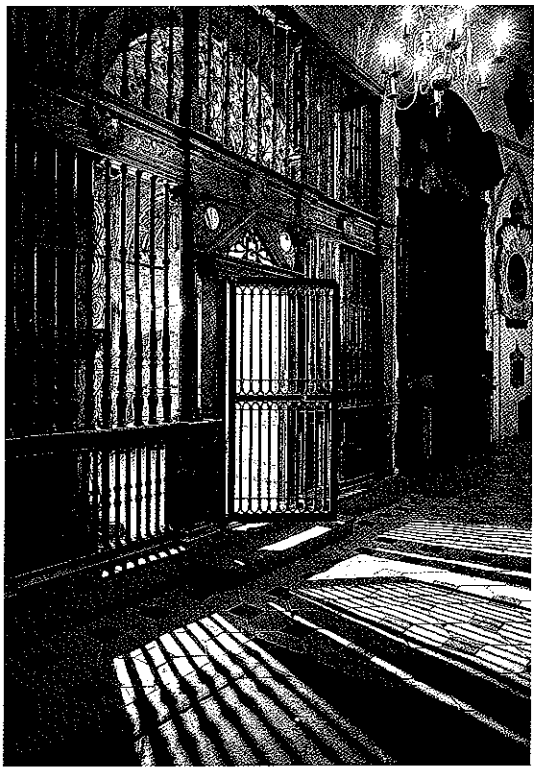
1) *The 1994 Index* - The second edition follows that of 1986, which included 12,500 Catholic healthcare institutions. The recent edition, revised and enlarged, contains information on 21,757 Catholic health facilities: *Ecclesiae Instituta Valetudini Fovendae Toto Orbe Terrarum Index*

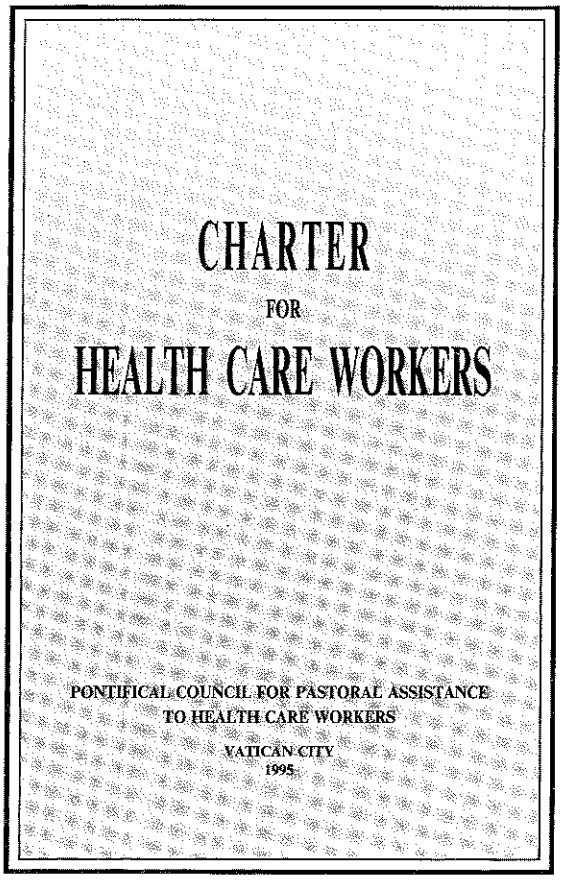
2) *The Health Care Workers Charter* - Divided into three major partsprocreation, living, and dyingthe Charter organically deals with all the subjects and problems concerning life, from its conception to its natural end. The result of long, careful, and complex work by experts, the Charter fills a gap which has for some time been observed not only in the Church, but also by those identifying with the Church's primary commitment to advance and defend life. After broad dissemination of an Italian edition, the Spanish, French, and English editions have come out.

3) *Curate Infirmos and the Consecrated Life* - A supplementary text, published in Spanish, French, and Italian, edited by the Pontifical Council as a preparation for the Synod on Consecrated Life and including articles by authoritative representatives of the Roman Curia and Consecrated Life in regard to the healthcare apostolate in relation to religious vocations, charisms, the health work of religious, and the challenges of new evangelization.

The Holy Father named Rev. José Luis Redrado Marchite, O.H., Council Secretary, Consultor to the Pontifical Council *Cor Unum*.







The result of long, careful, and multidisciplinary preparation, *The Charter for Health Care Workers,* has now been published, through the initiative of the Pontifical Council for Pastoral Assistance to Health Care Workers

It is certainly a source of satisfaction that the Congregation for the Doctrine of the Faith has approved and confirmed, both fully and swiftly, the text of the *Charter* which was submitted to it—one more reason to recognize its thorough validity, as well as a concrete confirmation of the effectiveness of the interdepartmental cooperation which was expressly desired by the Motu Proprio instituting the Pontifical Council for Pastoral Assistance to Health Care Workers

There are many reasons why we must know, disseminate, and apply the directives contained in this deontological code for health workers. This publication fills a gap which has been clearly observed not only in the Church, but by all those identifying with the Church's primary task to advance and defend life

The extraordinary progress of science and technology in the immense field of health policy and care have made bioethics, or the ethics of life, a discipline in its own right Hence the need—rigorously responded to by the *Charter for Health Care Workers*—to provide an organic, exhaustive summary of the Church's position on all that concerns affirming the primary, absolute value of life in the health field—of all life and of the life of every human being

Consequently, after an introduction on the figure and essential tasks of health workers—or, rather, "ministers of life"—the *Charter* groups together its directives around the threefold subject-matter of *generation, living and dying*. And so that subjective interpretation will not prevail over the objective value of this content—as often happens—in drafting the document there has almost invariably been a preference for drawing upon the words of the Supreme Pontiffs or of the authoritative texts published by the departments of the Roman Curia. These references plainly demonstrate that the Church's position on fundamental problems in bioethics—while maintaining the unalterable limits of advancing and defending life—is highly constructive and open to the true progress of science and technology, when firmly joined to that of civilization.

At the beginning of the *Charter* it is stated that the health worker's activity is "a form of Christian witness".

With humility—but also with pride—we can thus regard this *Charter for Health Care Workers* as an integral part of the "new evangelization", which, in serving life, particularly in those suffering, following the example of Christ's ministry, encounters its decisive dimension

It is hoped, then, that this tool will come to form part of the initial and ongoing training of health workers, so that their witness will be a demonstration that the Church, in defending life, opens her heart and her arms to all men, for Christ's message is addressed to all.

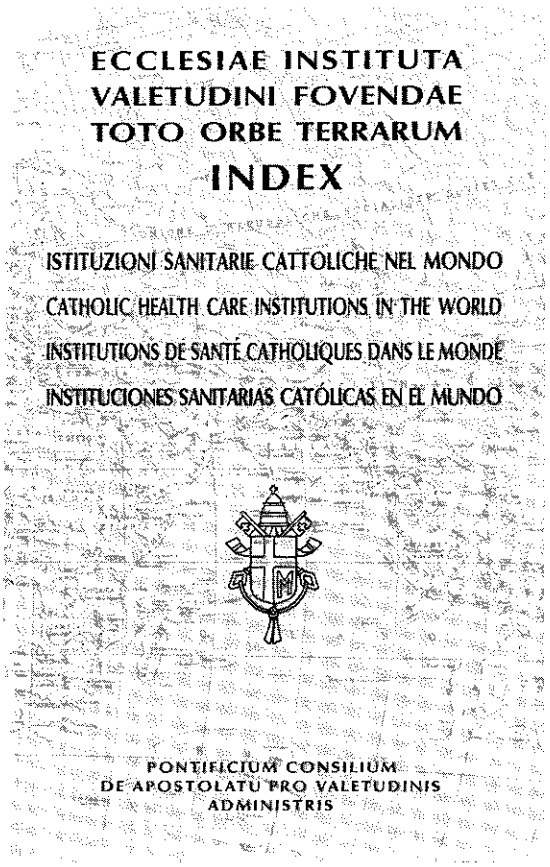
Cover Price: 15,000 Italian lire, plus shipping costs

Special discounts are offered for large orders.

Requests for the *Charter* and payment should be sent to

The Pontifical Council for Pastoral Assistance to Health Care Workers

Via della Conciliazione, 3
00193 Roma
Tel.: 06-6988-3138, 6988-4720, 6988-4799
Fax: 06-6988-3139



The Pontifical Council for Pastoral Assistance to Health Care Workers is now making available the second edition of the census of the Church's healthcare facilities, entitled *Ecclesiae Instituta Valetudini Fovendae Toto Orbe Terrarum—INDEX*. This directory brings together data on 21,757 facilities in 12,596 localities distributed among 135 nations.

Hospitals constitute 34% (nearly 7,000) of the total number of facilities connected with the Church and run by religious institutes or dioceses.

Nursing homes (4,700 worldwide) constitute the second most numerous category among Catholic healthcare facilities; representing nearly 23% of the total, they are mainly located in the developed countries (81% in Europe alone). Clinics are the third largest category (about 20% of the total) and are to a great extent located in developing countries, with 1800 in Africa (44% of the total) and nearly 1550 in Asia (37,5%). There are about 160 leprosariums in all, with 77 in Africa and 61 in Asia.

The Church maintains over 1000 rehabilitation facilities for the disabled, mainly in Europe.

The extent, effectiveness, and leadership of the Church's commitment to health care, both quantitatively and qualitatively, are revealed by the census figures, which are, moreover, still incomplete as a result of the objective difficulty in gathering all relevant data.

This directory, then, is not just a list of names, addresses, and numbers. Ongoing contacts and a day-by-day commitment to research were required to complete it. Before taking shape as a listing of information, this volume, at the stage of data gathering, demanded an exchange of knowledge and was the occasion for deeper examination of the topics and problems connected with health policy and care which Catholic medical facilities all over the world must face.

It is precisely these characteristics which make this volume a precious instrument for consultation by the Church hierarchy and Catholic organisms: Papal Representatives, Bishops' Conferences, diocesan Bishops, national and international associations of Catholic physicians and health professionals, universities and libraries, groups, movements, specialists, and individuals directly involved with health policy and care.

The directory has helped experts to map out specific areas with a high risk of pathology and greater healthcare needs through quantitative and qualitative analysis of certain facilities (leprosariums, centers for the disabled, nursing homes).

Particularly for religious orders and public institutions, the INDEX constitutes an essential data base to program commitments, reorganize territories and activities, and redistribute and rationalize resources.

To aid in disseminating the directory and thus facilitating new editions, the Pontifical Council needs support for its efforts.

The volume, of over 1000 pages, costs 100,000 Italian lire, or the equivalent in U.S. dollars, plus shipping charges.

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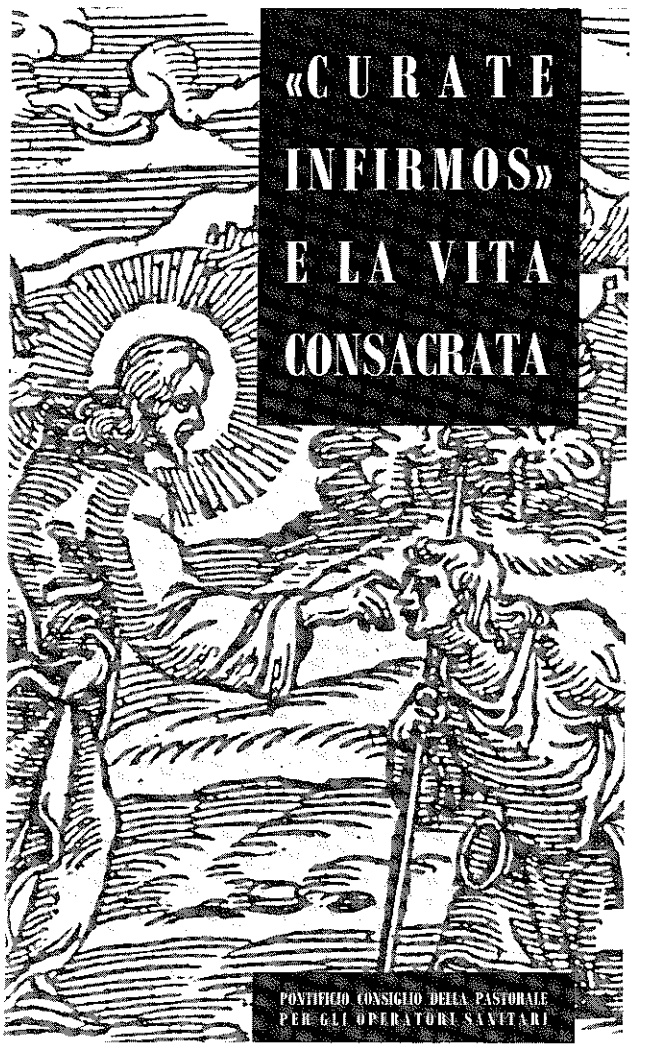

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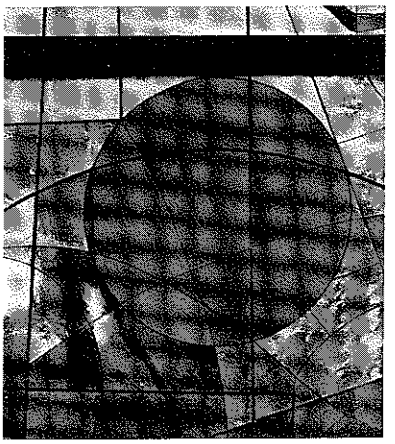

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