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The illustrations for this issue include examples from Andrzej Laczynski (ed.), Kraków-Pickny i Baśniowy, 1993: stained glass windows in the Basilica of Our Lady of Peace in Yamoussoukro, the Ivory Coast, and blue majolica scenes from the life of St. John of God in Casa de Saude do Telhal Church Portugal



The Encyclical *Evangelium Vitae* Is a Message of Hope

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At the *Angelus* on Sunday, April 2, 1995, John Paul II, implicitly responding to the numerous pessimistic interpretations appearing in leading exponents of the mass media of his eleventh Encyclical, reaffirmed that *Evangelium Vitae* was a “message of hope” addressed to all, but especially to believers and to all persons of good will. “Gospel” in fact means “good news,” and to speak of the *Gospel of Life* means to recall the good news concerning life. Furthermore, as the First Letter of the Apostle Peter reminds us (3:15), fidelity to Christ requires us to be ever “ready to respond to anyone asking the reason for the hope” which is in us. Previously, in the book-interview *To Cross the Threshold of Hope*, John Paul II had affirmed, “I categorically reject every accusation or suspicion regarding a presumed *obsession* on the part of the Pope in this field”; and he had added, “We cannot permit ourselves forms of permissiveness which would directly lead to trampling upon human rights and even to annihilating values which are basic not only to the lives of individual persons and families, but to society itself.”

In reality, what the Encyclical *Evangelium Vitae* invites us to do is much more than what it indicates as being forbidden to do. Its “no’s” are as many “yesses” to life; indeed, whereas the “no’s” respond to a painful and bitter observation, the “yesses” call believers and those identifying with the rational and evangelical motivations in support of life, from its conception to its natural close, to translate this basic, unrenounceable duty into an “ecumenism of works” (no. 91)—and without fearing “hostility and unpopularity” (no. 82), but rather seeking to “promote serious, in-depth encounters with all, including nonbelievers, on the basic problems of human life, in the places where thought is developed, as well as different professional environments, and wherever each person’s existence unfolds on a daily basis” (no. 95).

We are not far from the truth in affirming that the real *novelty* of *Evangelium Vitae* is precisely in its positive, constructive slant.

Indeed, whereas the condemnation of contraception, sterilization, abortion, artificial fecundation, genetic manipulation, and euthanasia repeats traditional doctrine and the teaching of the Church’s Magisterium, confirmed, above all, in recent decades by all the Pontiffs, and particularly by Pius XII and his successors, *Evangelium Vitae* reiterates that teaching with special breadth and firmness, but does so by accompanying its condemnation with the illustration of indications and directives of lofty human and pastoral value and by specifying all the instruments suitable for promoting a new culture of life capable of checking and defeating the expanding culture of death. And in this regard the perspective broadens out to the utmost, for “the defense and promotion of life are not the monopoly of anyone” (no. 91); indeed, “the Gospel of life is not exclusively for believers: it is for all—it is a value which every human being can grasp even in the light of reason and which thus concerns all of us necessarily” (no. 101).

At the root of this teaching is a concept of life which for man is a reason for pride and joyful hope, the presupposition for mankind’s harmonious life in community. Indeed, *Evangelium Vitae* specifies, “Man is king and lord not only of things, but also, and, above all, of himself and, in a certain sense, of the life which is given him and which he can transmit through the work of generation carried out in love and with respect for God’s design. However, his lordship is not absolute, but *ministerial*: it is a real reflection of the one, infinite lordship of God.” It follows that “as, indeed, in the face of things, even more in the face of life, man is not the absolute master and unquestionable arbiter, but—and in this lies his incomparable grandeur—the *minister of God’s design*. Life is entrusted to man as a treasure not to be wasted, as a talent to be put to interest” (no. 52). In the apparent limit of this lordship of man over life, there takes shape the very high mission of *service* which every human being, individually and as a member

of the human community, is called to exercise. An absolute lordship over the primary good in life—as experience teaches—could only translate into a continued risk of subjecting life to the will of others and negating it

In the concluding section of *Humanae Vitae* Paul VI—referring to Vatican II and especially to the Council's message to men and women devoted to thought and science—had previously invited researchers and scientists to gain ever greater knowledge of the laws of nature connected with human procreation, so that the rational foundation for the Church's teaching would be increasingly manifest. In *Evangelium Vitae* John Paul II, expressly citing the Hippocratic Oath (no. 89), attributes to human reason the right and duty to respect human life and its sacredness completely, freeing the field from the prejudice according to which reason and faith, science and the Gospel are thought to move in ideological and operative spheres which are not only distinct, but differing and even opposed, whereas, in the area of life, "nothing and no one can authorize the killing of an innocent human being, whether a fetus or embryo, child or adult, aged, incurably ill, or in agony. Moreover, no persons may request this homicidal gesture for themselves or for others entrusted to their responsibility, nor may they consent to it explicitly or implicitly. No authority may legitimately impose it or permit it" (no. 57).

In reminding *health workers* (doctors, pharmacists, obstetricians, and all those at their side as regards advancing and defending life) of what is forbidden for them to do, the Encyclical confirms the concept and forms of "serving" life which they are called to fulfill. It is a matter not only of the right/duty of conscientious objection, but also of those numberless forms of action which always and in any event translate into help for those seeing their own life or that of others in danger. And if "in the case...of an intrinsically unjust law, like the laws admitting abortion or euthanasia, it is never licit to comply with it or take part in a public opinion campaign in favor of such a law or give it the support of one's vote," the task of wide-ranging action to form consciences remains a priority—action which, first of all, interpellates the Christian community (theologians, pastors, teachers, those responsible for catechesis, and families). Furthermore, as concerns *public leaders*, the Pope, after having recalled their duty to make courageous choices in favor of life in the sphere of legis-

lative provisions, with fatherly realism and great sensitivity acknowledges that we should not regard it as "illicit collaboration to offer one's support for proposals aiming to limit the harm...and to diminish the negative effects on the level of culture and public morality" of a prospective law in favor of abortion or euthanasia, or, in any event, restricting the basic human right to life (no. 73). Hence the Church's commitment to contribute to creating favorable conditions for the development of a culture of life. And John Paul II himself, aware of how much there is to do in this delicate field, in 1992 wished to institute the *World Day of the Sick*, to shake consciences regarding the right to the best quality of life for the suffering and the sick and, above all, in 1994 he created the *Pontifical Academy for Life* with the specific task of "studying and providing information and training on the main problems in biomedicine and law concerning the advancement and defense of life, particularly as they directly relate to Christian morality and the directives of the magisterium of the Church." The Members of this Academy are not only scientists professing the Catholic faith, but also representatives of other Christian denominations or other religions who nevertheless identify with the Church's doctrine on the value and inviolability of human life. Furthermore, in closely linking the Pontifical Academy for Life, as the *Motu Proprio* instituting it states, to the Pontifical Council for Pastoral Assistance to Health Care Workers, the Pope wanted to confirm that life, from its origins, is entrusted in a special way to health workers, for the art and science of medicine exclusively aims to advance and defend life from conception until its natural close. Indeed, medicine, by its specific nature, works to reinforce the progress of life over the years: it deals with all life's phases, concerned with improving its quality to the utmost.

In addition, the Encyclical stresses the specific contribution to a new culture of life which can and must come from the universities as well, particularly from Catholic universities and bioethics centers, institutes, and committees (no. 98). At a time when there is sharper awareness of science's lack of neutrality in ethics and morals, especially in medicine, bioethics must be regarded as an indispensable part of the training of health workers in particular.

There is, however, a further aspect which should be taken into account to evaluate the

meaning and significance of *Evangelium Vitae*. The opposing concepts of “death culture” and “life culture” do not involve a contrast between two forms of civilization, but rather between the only possible civilization—that is, the “civilization of life”—and barbarism. The “culture of death” is, in fact, a nonculture. Indeed, “whenever human life is dealt with,” nature and culture are very closely connected (no. 53). And John Paul II—who, in the Apostolic Letter *Tertio Millennio Adveniente* (November 10, 1994), indicated among the failings of the children of the Church today scanty acceptance of the teachings of Vatican II—indirectly invites us to reread, in the Council texts, that definition of *culture* which is perhaps one of the deepest pages to emerge from the Council. In fact, *Gaudium et Spes* states:

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“By the general term *culture* all those means by which man perfects and applies his multiple gifts in soul and body are understood to be indicated; *he seeks to subject to his power* the cosmos itself through knowledge and work; *he makes social life more humane* in both the family and all of civil society, by way of progress in customs and institutions; finally, over the course of time, *he expresses, communicates, and conserves* in his works major spiritual experiences and aspirations, so that they may be useful for the progress of many—indeed, of the whole human race” (no. 53). When culture does not serve life—and is thus not a “culture of life”—it arrives at that relativism and subjectivism which in the field of morality can only generate disorder.

As a result of a need for rapid information, as well as an inclination towards sensationalism, very often pontifical documents are not presented by the mass media in their wholeness. *Evangelium Vitae*, in order to be understood in its harmonious order and constructive value, should be read carefully and in its entirety. If painful tones prompted by the anguished observation of the very serious attempts on life carried out every day in the world are not lacking in the document, its pages are nevertheless marked by well-grounded hope, for, as the Pope writes, “a one-sided picture would be provided which could lead to sterile discouragement, if denunciation of the threats to life were not accompanied by the presentation of the *positive signs* at work in the current situation of mankind” (no. 28). Positive signs which the Pope expressly calls “signs of hope,” among which

he lists “the growth in many strata of public opinion of a *new sensibility increasingly opposed to war* as an instrument to solve conflicts among peoples..., along with *the ever more widespread aversion of public opinion to the death penalty*, even as only an instrument of social ‘legitimate defense,’ in view of the possibilities available to a modern society to repress crime effectively in ways that, while rendering inoffensive those who have com-



mitted crime, do not definitively deprive them of the chance to reform themselves” (no. 27).

These are the positive signs of the culture of life, which through his Encyclical John Paul II helps us to discover, support, and bring to maturity in the ecclesial and civil community.

FIORENZO Cardinal ANGELINI

The Gospel of Life: Sacredness and Inviolability

An *Extraordinary Consistory* of the Cardinals on the problem of threats to human life was held, April 4-7, 1991. Broad and careful discussion brought out the extreme seriousness of the situation and the urgent need to deal with the challenges which the new threats posed for all mankind and particularly for the Christian community. The Cardinals, by a unanimous vote, wanted the Pope to make this challenge his own, reaffirming the value of human life and its unconditional inviolability. As for the form, most of them preferred an encyclical precisely because the situation, regarded as dramatic, demanded a solemn papal statement. John Paul II welcomed the request and wrote a *personal letter* to each bishop, asking for his cooperation so that the papal document would be characterized by episcopal collegiality.

It is interesting to note that Pope Wojtyla called attention to the resemblance to the time of Leon XIII's Encyclical *Rerum Novarum*, of May 15, 1891: Just as, a century ago, it was the working class that was oppressed in its basic rights, and the Church with great courage took up its defense, proclaiming the sacrosanct rights of the person of the worker, so now, when another group of people is oppressed in its basic right to life, the Church feels she must give a voice, with the same courage, to those without a voice. Her cry is always the Gospel cry in defense of the world's poor, of those threatened, disdained, and oppressed in their human rights.¹

The present Encyclical, which is the fruit of the contribution of bishops around the world, thus seeks to be a "*precise, firm reaffirmation of the value of human life and its inviolability*."² However, bearing in mind the situation involving heretofore unknown dimensions and characteristics in threats to life, the Pope wishes first of all to *denounce* this circumstance of a death culture, especially so as to *announce* a culture of life. Following in the footsteps of the papal document, which first presents the negative side—that is, the anti-life mentality—and then its contrary—that is, the pro-life position—I shall structure my introduction

into three moments: denunciation of the anti-life situation, announcement of the religious value of life, and human and Christian commitment to life. As regards Christian commitment, I shall further specify that the Encyclical conceives of the Church as a people of life concerned about being a people for life.

1. Denouncing an Anti-Life Environment

The Council Fathers of Vatican II had already denounced and deplored crimes against and attacks on human life, in a page which is reaching its maximum drama today. Thirty years later, the Pope has adopted these words of denunciation and censure, convinced that he is thereby interpreting the sentiment of the upright conscience of every man of good will. "All that is against life itself, such as every form of homicide, genocide, abortion, euthanasia, and also voluntary suicide; all that violates the integrity of the human person, such as mutilations, tortures inflicted upon the body and the mind, and efforts to violate the intimacy of the human spirit; all that offends human dignity, such as subhuman living conditions, arbitrary jailings, deportations, slavery, prostitution, traffic in women and young people, or, in addition, the ignominious working conditions whereby workers are treated as mere tools for profit, and not as free and responsible persons—all these things, and others like them, are certainly shameful and, while ruining human civilization, defile those who act in this way even more than those undergoing them, greatly offending the honor of the Creator."³

However—and this is what *Evangelium Vitae* observes—the current situation is characterized by a new event which glaringly involves other and even greater concerns regarding human life. This life is stricken particularly when still hidden in the mother's womb or when about to end. It is here that a new aspect presents itself which is so iniquitous that it is no longer licit to remain silent: the crimes of abortion and euthanasia, through mobilization of the support of large sectors of public opinion, are claimed as authentic rights of individual freedom which,

as such, ought to be recognized and authorized by law itself and provided gratis by doctors and health workers.⁴

1.1 *A Fearful Moral Collapse*

It can escape no sensible man that we are witnessing a fearful collapse of morality—that is, the capacity to distinguish between true good and true evil. When practices are legalized which were once branded as criminal and rejected by the common moral sense, it must be said that we have touched bottom as regards immorality. When action against nascent and terminal life is rendered acceptable and even respectable because they are presented as signs of human freedom and civil progress, the time has come to denounce, in no uncertain terms, a loss of moral sense on both a personal and social level. This denunciation becomes even more urgent when medicine itself, which by vocation is ordered towards the defense and solicitous care of life, lends itself to carrying out these acts against the human person.⁵ Such action not only disfigures the face of this noble science serving life, but also—and above all—proves self-contradictory and degrades all those who practice the medical/healthcare profession.

It suffices to consider that medical/healthcare activity is “an encounter between a trust and a conscience. The ‘trust’ of a man marked by suffering and illness, and thus in need, who entrusts himself to the ‘conscience’ of another man who can assume responsibility for his need and approaches him to assist, care for, and heal him.”⁶ The death culture denounced here includes among those cultivating it even people whose specific task is to serve life. We have certainly reached a collapse in medical deontology—that is, a collapse in the Hippocratic Oath. It is truly a source of concern that this collapse should take place precisely when medical science and surgical technology are arriving at novel results demonstrating that man is to a certain extent capable of mastering not only nature, but also his own body and psyche.

This is why the Encyclical does not hesitate to describe the outcome of the moral collapse as dramatic on a legislative, social, and personal level in addition to the world of medicine and health care. If the very widespread phenomenon of eliminating many nascent or dying human lives is extremely serious and disturbing, no less serious and

disturbing is the decline in the moral sensibility of consciences—it is *the eclipse of conscience itself*, which increasingly labors to perceive the clear distinction between good and evil as concerns the basic value of human life.”⁷

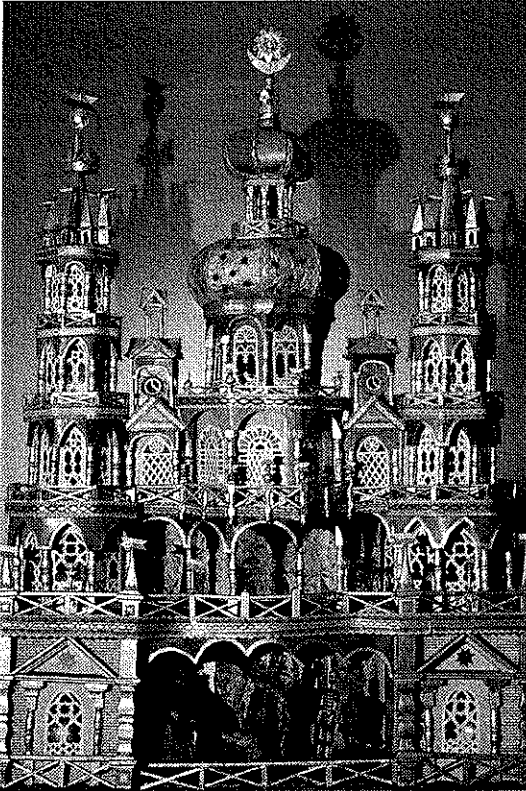
1.2 *The Radical Reason for Denunciation*

At this point it should be noted, to grasp the deepest reasons for the denunciation, that the first killing of an innocent was clearly branded by God Himself as a criminal act crying out to God from the ground (cf. *Gn* 4:10). The Creator of life could not leave unpunished the act of the one who had shed his brother’s blood, for blood—that is, life (cf. *Dt* 12:23)—especially human blood, belongs to God alone. Therefore, whoever attacks the life of a man attacks God Himself, for he offends not only the right of that man, but also, and first of all, the right of God. A few texts in Sacred Scripture are sufficient to bring out this absolute divine right. Job appeals even to irrational beings so that they will bear witness: “But ask the beasts and they will teach you, the birds of the air, and they will tell you, and reptiles on the earth, and they will instruct you; the fish in the sea will recite to you. Who in all of this does not see that the hand of Yahweh has made these things? He, who holds in his hand the soul of every living being and the breath of every human body.”⁸ The mother of the prophet Samuel concisely states, “The Lord makes people die and live, go down to the depths and come back up.”⁹ In short, only God can proclaim, “It is I who bring about death and cause people to live.”¹⁰

From this lordship of God, there most evidently follows—for God has first written it on the heart of every human being and then placed it at the center of the Old Testament—the commandment “not to kill” (*Ex* 20:13). For this reason Pope Wojtyła can and must affirm that “the Lord’s question to Cain, ‘What have you done?’ is also addressed to contemporary man so that he will gain awareness of the breadth and seriousness of the attacks on life by which the history of mankind continues to be marked.”¹¹ This divine question “translates the experience of every man: in the depth of his conscience, he is called to the inviolability of life—of his life and that of others—as a reality which does not belong to him, for it is the property and gift of God the Creator and Father.”¹² As Cain could not flee from that divine question because it was written by the Creator of life in the intimacy of his being,

so no man of any time, of any place, of the most disparate culture, can flee from it

Obviously, if this is valid for any attack on life, the question, *a fortiori* and with greater reason, concerns the interruption of the life of the *nasciturus* and the suppression of the life of the dying. Hence the harsh denunciation of the perverse logic of the various kinds of abortion, and, more precisely, of eugenic abortion as a result of a prenatal diagnosis. This diagnosis, far "from being just an instrument to identify possible care



needed for the as yet unborn child, too often becomes an occasion to seek abortion. And eugenic abortion, whose legitimation in public opinion arises from a mentality—abusively regarded as consistent with the demands of the 'therapeutic'—which accepts life only on certain conditions and which rejects limits, handicaps, and infirmities."¹³ This sophism of a right to the quality of life has arrived not only at the right/duty to resort to abortion, but also to justify refusing the most elementary care and even food to children born with serious handicaps and illnesses. In other words, as quite indicative of the moral collapse, people have come to justify the barbarous act of infanticide.¹⁴

Just as severe, and for the same reason, is the denunciation of threats facing the ter-

minally ill—that is, the incurable or the dying. We are confronting a cultural and social context which is now incapable of bearing and dealing with suffering, for it is regarded exclusively as an evil to be eliminated at all costs. Not by chance we come across a mentality which is less and less inclined to recognize life as a value in and for itself—that is, as a primary and fundamental quality of human existence, because it is given to us by God. In other words, as in the initial phase of existence there is recourse to the criterion of the quality of life, so, at the final stage, there has been an attempt to impose a conception of quality of life in terms of efficiency and psychophysical enjoyment. Death should be regarded either as an absurd end—if it is a life still to be enjoyed—or as a liberation from a useless existence devoid of all meaning. This is the terrain of the euthanasia culture—that is, of the perverse logic of "sweetly" putting an end to either one's own or another's life when it is regarded as a dead weight.¹⁵

Without wishing to deny that life in such situations becomes a major trial—indeed, a tough challenge for both patients and family members because it is filled with hardships compromising the balance of personal, familial, and social life—euthanasia forces everyone to pose the question concerning the origin, meaning, and destiny of life. The Council Fathers noted in 1965 that "in the face of the current evolution of the world, an ever-growing number of people with new acuteness pose or feel the capital questions: What is man? What is the meaning of pain, evil, and death, which in spite of all progress continue to exist? ... What is there after this life?"¹⁶ The Encyclical *The Gospel of Life*, as was stated, seeks precisely to be a reply to these questions regarding life, pain, and death.

2. Announcing the Religious Value of Life

John Paul II, sustained by the grace of the "Gospel of life" and with the strength of the holy law of God, seeks to share with every Christian and with all the members of the Church, as the people of life, in addition to every man and woman of good will, "the uplifting responsibility of *serving life*. It is a responsibility," he specifies, "which demands that we work so that justice and solidarity will grow and, by building an authentic civilization of truth and love, a new culture of human life will assert itself. To all the members of the Church, *the people of life and for*

life," the Pope continues, "I address the most heartfelt appeal that, together, we may give this world of ours new signs of hope and life."¹⁷

2.1 *Life: The Creator's Work of Love*

The first sign of hope is undoubtedly the fact that human life is the work of God's creative love. The book of Genesis narrates how, in an increasing scale of values, the Creator has given being and existence to all creatures. The creation of heaven and earth begins with things like the light, the firmament, and the waters and continues with the creation of slithering living beings, with which the waters are to teem, and winged creatures, that are to fly over the earth (cf. *Gn* 1:3-22), concluding with the creation of man: "Then Yahweh God formed man with the dust of the ground and blew into his nostrils a breath of life; so man became a living being."¹⁸ It is the assent of God, full of love, to man's life, as the Council Fathers stress: Man "does not, in fact, exist except because, as created out of love by God, he is always conserved by Him out of love, nor does he live fully in accordance with truth unless he freely recognizes Him and entrusts himself to his Creator."¹⁹ This love of God for his favorite creature, man, male and female, also derives, in excelling fashion, from the fact that man has been created in the image and likeness of God. Indeed, it is proper to love to produce a likeness between the lover and the beloved.²⁰ In one of her dialogues, the great saint of Sienna makes this clear in exalting and gratifying terms: "What was the reason for which You placed man in such great dignity? Certainly the inestimable love with which You have looked at your creature[s] in Yourself and have fallen in love with them; out of love, indeed, You created them; out of love You have given them a being capable of savoring your eternal Good."²¹ The Creator's love for man is manifested, then, in having given him the capacity not only to know, possess, and freely donate himself and enter into communion with other persons, but also to know God, to give himself freely to God, and to enter into a communion of love with God. The Creator has so loved man that He has given him the dignity of being a person and thus the capacity to act as a person.²² In this regard, I like to quote the question and answer of one of the leading exponents of Greek patristics: "What, then, is the being that is to come into existence surrounded by such consideration? It is man, great and wonderful living figure, the most precious in the whole creation in the eyes of God; it is man—it is for him that heaven and earth and

sea and the totality of creation exist."²³ This religious value of human life, conferred by the Creator upon every human person, is clearly taught in Sacred Scripture, which reveals "that man was created 'in the image of God,' capable of knowing and loving his Creator, and that he was constituted by Him over all earthly creatures as their lord, to rule them and make use of them for the glory of God."²⁴ The man conceiving himself to be a creature of the Creator's love is aware that "*his life is not entrusted to his own poor resources . . . but is the object of a tender and powerful love on the part of God.*"²⁵ However, the Creator's love does not stop here; God wants to be the Father of this human creature of his and thus constitutes him in a state of grace—that is, in a harmony with himself, with others, and with the whole creation. In short, "Yahweh . . . planted a garden in Eden, to the east, and there placed the man He had formed."²⁶ This is how far the love of God the Creator and Father for man goes: He made him not only good, but constituted him in such friendship with Himself and in such personal, social, and cosmic harmony that they are surpassed only by the glory of the new creation in Christ.²⁷

2.2 *Life: Work of the Redeemer's Love*

Causing his coming to be proclaimed with the words "I announce to you a great joy, which will be for the whole people: today a savior, who is Christ the Lord, is born to you in the city of David" (*Lk* 2:11), the Incarnate Word of God wanted to reveal that "every human birth brings into the world a living reflection of God and of his love."²⁸ This love in fact calls every human being to take part in the fullness of divine life in Christ, for Christ, and with Christ. As "Life" (cf. *Jn* 14:6) Jesus presents the core of his redeeming mission in these unequivocal terms: "I have come that they may have life and have it in abundance."²⁹ "In truth," the author of *Evangelium Vitae* writes, "his words refer to that 'new' and 'eternal' life which consists of the communion with the Father to which every man is gratuitously called in the Son by the work of the Sanctifying Spirit. In this communion with God unity among men, destined to be one in Christ, is also fulfilled perfectly."³⁰ This is why we must turn to the redeeming love of Christ, "the Word of life," to grasp the maximum grandeur and preciousness of human life. The good news of life "is a concrete, personal—eminently personal—reality: it is *the very person of Jesus*."³¹

As for the grandeur of human life—and this is what matters—it suffices to consider the mystery of the Incarnation, not only be-

cause it raised human nature to the hypostatic union, but also because it raised our human nature—that is, the life of every human being—to an unfathomable sublimity and dignity. “With the Incarnation the Son of God united Himself in a certain sense to every man. He worked with human hands, thought with a human mind, acted with a human will, and loved with a human heart. Being born of the Virgin Mary, He truly became one of us, like us in all ways except in sin.”³²

As for the preciousness of human life—and this is what matters even more—it suffices to bear in mind his *kenosis* to the point of death on the cross for our life. Jesus lived in poverty so that we men could become rich by means of it (cf. 2 Co 8:9). John Paul II writes, “Jesus lives out this poverty throughout his existence, culminating in the cross, where the maximum precariousness of life coincides with glory: ‘He humbled himself, becoming obedient to the point of death, and death on the cross. For this reason God exalted him and gave him the name which is above every other name’ (Ph 2:8-9). It is precisely in his death,” the Pope comments, “that Jesus reveals all the grandeur and value of life, inasmuch as his self-giving on the cross becomes a source of life for all men” (cf. Jn 12:32).³³ It is, then, from this love of the Crucified Redeemer that the grandeur and preciousness of human life, of every human life, derive. Therefore, if man wishes to comprehend thoroughly the value of the sacredness of his life and the dignity of his being a person, he must enter into Christ’s death and life. He must appropriate and assimilate the whole reality of love, for him, revealed in the mystery of the Incarnation and the Paschal mystery. He will then understand what is meant by “God so loved the world that he gave his only-begotten Son so that everyone who believes in him will not perish, but receive eternal life” (Jn 3:16).

The blood of Christ thus reveals, on the one hand, the incommensurable love of the Father and of the Son and of the Holy Spirit for every man and at the same time manifests the preciousness of human life in the eyes of God Himself, who has in this way wished to announce the religious value of the life of every human being from conception until natural death. The Gospel of life is, then, the announcement of the love of God the Creator and Father for human life, revealed to us in the creation by means of the Word of Life,

but, above all, in the Redemption, by means of the Word of Life Incarnate. This is the summary of the announcement of the Gospel of life, which, according to the Pope, John expresses as follows: “What was from the beginning, what we have heard, what we have seen with our eyes, what we have contemplated and what our hands have touched—that is, the Word of life (for life became visible; we have seen it and bear witness to this, and we announce to you the eternal life that was with the Father and became visible to us), what we have seen and heard we announce to you as well, so that you may also be in communion with us....”³⁴

3. Human and Christian Commitment to Life

In the face of the threats proceeding from the pretense of legality in the areas of abortion and euthanasia and from an ideal of democracy which does not recognize or protect the divine right of every human being to life—but which, indeed, betrays it—the Pope makes his own the cry of the prophet Isaiah. “In the name of God—the source and guarantor of life—and in the name of man—made in the image of his Creator—I address to each and every person an impassioned appeal, which I would like to be extremely persuasive. Like the prophet Isaiah in the past, I, too, feel that the Lord is asking me not to show undue respect for anyone, to declare to the people its crimes and to cry out loudly to all mankind (cf. Is 58:1): *Respect, defend, love, and serve life—every human life!*”³⁵

3.1 A Commitment to Respect, Defend, and Promote Life

John Paul II’s cry seeks to engage everyone for action so that the “rationale of force” will be replaced by the “force of reason,” and the “arbitrary disobedience of man,” by the “lordship of God.” Only then will the life of every human being again possess its primary, fundamental value, guaranteed by God, for only then do man’s life and death return to the originating hands of God the Creator and the provident hands of God the Father.³⁶

Then it will be grasped, by virtue of reason, that the respect, defense, love, and service regarding every human life are required by God Himself, for in the life of every human being his image is reflected. Then every pro-life commitment starting from this origi-

nal and basic truth encounters its deepest motivation and most categorical exigency. Whoever still has doubts is invited to meditate on these words of God: "Of your blood—that is, of your life—I shall demand an account. I shall demand it of every animal, and of man. Of man as regards his fellow man I shall demand account for human life. He who sheds the blood of man, by man shall his blood be shed, for in the image of God was man created" (*Gn* 9:5-6).³⁷ This is why the commandment concerning the sacredness and inviolability of human life resounds at the core of the decalog and binds each and every man "You shall not kill" (*Ex* 20:13)—that is, "do not cause the death of the innocent and the upright" (*Ex* 23:7)—is a universal human obligation, written on the heart of every man and woman. The defense of life is not "a monopoly of anyone," John Paul II specifies, "but the task and responsibility of all."³⁸ "The Gospel of life," the Pope further states, "is not exclusively for believers: *it is for all*.... It is in fact a value which every human being can also grasp in the light of reason and therefore necessarily concerns all."³⁹ The author of *Evangelium Vitae* does not stop, though, at the prohibitive meaning of the Fifth Commandment—that is, the ultimate barrier beyond which one cannot pass "It also possesses a profoundly positive value which may be formulated as follows: 'Promote life.' In this sense, the same precept spurs us, with no limitations, towards the maximum of love which gives itself, welcomes, and serves."⁴⁰ From this standpoint, the Gospel of life opens towards a great variety of human commitments to life, as regards the as yet unborn, abandoned children, the terminally ill, and the dying. In specifying somewhat this positive commitment to respect and promote life, Pope Wojtyla writes, "How many initiatives of assistance and support to the weakest and most defenseless have arisen and continue to arise, in civil society, on a local, national, and international level, carried out by individuals, groups, movements, organizations, and a range of others! There are still many spouses who, with generous responsibility, are willing to welcome children as 'the most precious gift of marriage' Nor is there a lack of families that, beyond their daily service to life, are able to open themselves to welcome abandoned children, children and young people with problems, the handicapped, and the elderly who find themselves alone. A good many centers to assist life, or similar institutions, are organized by persons and

groups that, with admirable dedication and sacrifice, provide moral and material support for mothers facing difficulties who are tempted to resort to abortion. There also arise and spread *volunteer groups* committed to offering hospitality to those without families, those experiencing special hardship, or those needing to find an educational environment helping them to overcome destructive habits and recover the meaning of life."⁴¹ It goes without saying that in these and similar initiatives hosts of Christians take part; however, it is noteworthy that the Pope makes an appeal to Christians which is, as it were, specific and proper.

3.2. *A People Of and For Life*

"To all the members of the Church, a *people of life and for life*, I address the most urgent invitation for us together to give this world of ours new signs of hope, working so that justice and solidarity will increase and a new culture of human life will assert itself, for the construction of an authentic civilization of truth and love."⁴² Pope Wojtyla grounds this appeal on the fact that the Church is the "people that God has acquired for Himself so that it will proclaim his wonderful works" (*1 P* 2:9). The Church has indeed received from Jesus, sent by the Father to announce to the poor a joyful message (cf. *Lk* 4:18), the Gospel as announcement and source of joy and salvation. Therefore, "to evangelize," Paul VI wrote, "*is the grace and the vocation proper to the Church, her deepest identity*. She exists to evangelize."⁴³

Now, to evangelize is an action involving all the members of the Church, inasmuch as, by virtue of baptism, all participate in the prophetic, priestly, and kingly mission of Christ. Evangelization, then, is a specifically and properly ecclesial act and consists of three dimensions which are inseparably interconnected: announcement, celebration, service. Consequently, if the Church is the people of life and the people for life, this means that such a people must announce, celebrate, and serve life.⁴⁴

It is interesting to note that this evangelizing action in favor of life derives from our being a people of life: *Agere sequitur esse*. "We are the *people of life*," the Pope explains, "because God, in his gratuitous love, has given us the *Gospel of life*, and by this very Gospel we have been transformed and saved. We have been reconquered by the 'author of life' (*Ac* 3:15), at the price of his precious blood (cf. *1 Co* 6:20, 7:23; *1 P* 1:19),

and through the cleansing of baptism we have been incorporated into Him (cf. *Rm* 6:4-5; *Col* 2:12), as branches that from the same tree draw sap and fertility (cf. *Jn* 15:5). Interiorly renewed by the grace of the Spirit, 'who is the Lord and gives life,' we have become a *people for life*, and as such we are called to behave."⁴⁵

Therefore, if we are sent to evangelize life, it is not so much an obligation imposed from outside as a mission arising from the depths of our being Christian—that is, from our incorporation into Christ. In any event, to perform this evangelizing action in favor of life, in the way most in keeping with its intrinsic value, it is necessary for a contemplative gaze to fill our soul and that of others with religious wonder—a gaze turned, above all, towards being rather than to having and enjoying. A gaze "arising from faith in the God of life, who has created every man, making him as a prodigy (cf. *Ps* 139:14). It is the gaze of someone seeing life in its profundity, grasping its dimensions of gratuity, beauty, and provocation for freedom and responsibility. It is the gaze of someone not seeking to take possession of reality, but welcoming it as a gift, discovering in each thing the reflection of the Creator and in each person his living image (cf. *Jn* 1:27, *Ps* 8:6)."⁴⁶

When we have this gaze, then the life of every created being, but especially of every human person, becomes a sharing, in a manner proportional to his capacity, in the divine Life. Every life and every vital movement have their origin in this Transcendent Life. "To it souls owe their incorruptibility, as, thanks to it, all animals and plants also live, receiving a weaker echo of life. To men, beings composed of spirit and matter, Life gives life" (*1 Jn* 1:1).⁴⁷ It is through this contemplative gaze at life, filled with religious wonder, that the desire—or, rather, the compelling need—of the people of life to announce, celebrate, and serve life must arise and be constantly nourished.

The announcement of the Gospel of life is thus focused on a living God who not only is close to every human person, but invites all men to a communion of life with Himself—that is, to share in his eternal life. The announcement of life is really the announcement of Christ. "He, in fact, is 'the Word of life' (*1 Jn* 1:1). In him, 'life has become visible' (*1 Jn* 1:2); indeed, He Himself is 'the eternal life that was with the Father and has become visible to us' (*ibid.*). This same life, thanks to the gift of the Holy Spirit, has been communicated to man. Ordered towards life

to the full, 'eternal life,' the earthly life of each person also acquires its full meaning."⁴⁸ This is the surprising novelty which the people of life announces as a people for life: the Gospel of life "is identified with Jesus Himself, who contributes every form of newness and overcomes the 'old age' deriving from sin and leading to death."⁴⁹ This announcement also surpasses even the most daring expectation of man, for it reveals the height to which man's dignity has been upraised, out of pure love on God's part. In truth, to what a sublime height grace makes nature rise: "What is mortal becomes immortal; what is perishable, imperishable; what is ephemeral, eternal; what is man, a god."⁵⁰

This announcement of openness to a sure hope of eternal life is at the same time an affirmation "of the inseparable bond linking person, personal life, and corporeality, and the presentation of human life as a life of relation, a gift of God, the fruit and sign of his love."⁵¹ This announcement also proclaims in a special way the extraordinary relationship between Christ and each man agreeing to know and recognize His Face in every human face.

It goes without saying that such an announcement involves precise consequences for both every individual person and the whole society. Human life is sacred, because it is a gift of God, and inviolable because it belongs to a human person. Human life should thus not only not be suppressed, but also be protected with all solicitous and loving care and attention. This respect for life demands that science, technology, and legislation always be ordered towards man's good and integral development.⁵² As for legislation on abortion and euthanasia, John Paul II specifies that "it is never licit to agree to it or participate in an opinion campaign in favor of such a law or vote for it."⁵³ Unfortunately, "believers often fall into a sort of dissociation between Christian faith and its ethical demands regarding life, thus arriving at moral subjectivism and certain unacceptable forms of behavior."⁵⁴ In short, the announcement is made up not only of words, but also and above all by courageous acts which may be and often are unpopular.

I shall now deal briefly with celebration and service by the people for life. Like the psalmist, the people of life, in personal and community prayer each day, praises and blesses God, who has woven together the being and existence of every human person in the mother's womb. "In every child who is born and in every man who lives or dies we recognize the image of the glory of God: this

glory we celebrate in every man, the sign of the living God, icon of Jesus Christ."⁵⁵ The Pope quotes an observation by Paul VI in this connection: "Yes, in spite of its sufferings, its dark mysteries, its fatal transitoriness, this mortal life is a most beautiful event, a prodigy that is always original and moving, an occurrence worthy to be sung in joy and glory."⁵⁶

This is why, in the most significant and salutary manner, the people of God updates its pro-life announcement, when it celebrates with its Head and Spouse, Christ the Life, the sacraments of life. Indeed, in the celebration of the sacraments the full truth is expressed on birth to life, nourishment of life, suffering, and death. Pro-life celebration is the recognition that human life should be related at every stage to human-divine Life in Christ. The people of life, when celebrating its pro-life mission, "cannot fail to burst into hymns of joy, praise, and thanksgiving for the inestimable gift of life and for the mystery of every man's being called in Christ to share in the life of grace and endless communion with God the Creator and Father."⁵⁷

However, pro-life announcement and celebration must become service to life on an everyday basis. The words of announcement and the rites of celebration should be experienced in love for others and in self-donation. Our existence must turn into authentic and responsible welcoming of the gift of life for the sincere and grateful praise God, who has given and redeemed life.⁵⁸ The pro-life service of the people of life must draw strength from the model of Christ—that is, act as He has acted: be close to every man, but especially those who are the poorest, the neediest, the hungry, the naked, the as yet unborn, the elderly alone and suffering, and the dying. This service becomes even more urgent and binding for those believing that all they do for each of these persons is done for Christ Himself.

In this way service to the life of each and every person is a sharing in the kingly mission of Christ, a sharing which is more urgent and pressing than ever today to change a culture of death into a culture of life.⁵⁹ The Encyclical *Evangelium Vitae* is thus a clear and unmistakable announcement of the inestimable value of human life in and for itself which seeks to involve every person, especially the people of life, to make a commitment to life.

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¹ Cf. JOHN PAUL II, *Letter to All Our Brothers in the Episcopate on "The Gospel of Life"* (May 19, 1991), *Insegnamenti* XIV, 1 (1991), 1293-1296.

² JOHN PAUL II, Encyclical *Evangelium Vitae* (Vatican City: Libreria Editrice Vaticana, 1995), no. 5 (Hereafter cited as *EV*).

³ *Gaudium et Spes*, no. 27, quoted in *EV* no. 3.

⁴ Cf. *EV*, no. 4.

⁵ Cf. *ibid*.

⁶ PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS, *Charter for Health Care Workers* (Vatican City, 1994) (Hereafter cited as *HWC*).

⁷ Cf. *EV* no. 4.

⁸ *Jb* 12:7-10.

⁹ *I S* 2:6.

¹⁰ *Dt* 32:39.

¹¹ *EV* no. 10.

¹² *EV* no. 40.

¹³ *EV* no. 14.

¹⁴ Cf. *ibid*.

¹⁵ Cf. Cf. *HWC* no. 147.

¹⁶ *GS*, no. 10.

¹⁷ Cf. *EV*, no. 6.

¹⁸ *Gn* 2:7.

¹⁹ *GS*, no. 19.

²⁰ ST. JOHN OF THE CROSS, *Ascent of Mount Carmel*, III, 13, 5.

²¹ ST. CATHERINE OF SIENNA, *Dialogues* 4, 13.

²² Cf. *Catechism of the Catholic Church*, no. 347. (Hereafter cited as *CCC*).

²³ ST. JOHN CHRYSOSTOM, *Sermones in Genesim*, 2,1: PG 54, 587D-588 A.

²⁴ *GS*, no. 12; cf. *Gn* 1:26; *Ws* 2:23; *Si* 17:3-10.

²⁵ Cf. *EV*, no. 31.

²⁶ *Gn* 2:8.

²⁷ Cf. *CCC* no. 374.

²⁸ Cf. *EV*, no. 1.

²⁹ *Jn* 10:10.

³⁰ *EV* no. 1; cf. *Jn* 17:21.

³¹ Cf. *EV*, no. 29.

³² *GS* no. 22.

³³ *GS* no. 22.

³⁴ Cf. *I Jn* 1:1-3.

³⁵ *EV*, no. 5.

³⁶ Cf. *EV*, 39.

³⁷ *Ibid*.

³⁸ *EV* no. 71.

³⁹ *EV* no. 101.

⁴⁰ Cf. *EV*, nos. 75-76.

⁴¹ *EV*, no. 26.

⁴² *EV*, no. 6.

⁴³ PAUL VI, Apostolic Exhortation *Evangelii Nuntiationi* no. 14; cf. *EV*, no. 78.

⁴⁴ Cf. *EV* no. 78.

⁴⁵ *EV* no. 79.

⁴⁶ *EV*, no. 83.

⁴⁷ *EV* no. 84.

⁴⁸ *EV*, no. 80; cf. *EV*, no. 81.

⁴⁹ *EV*, no. 80.

⁵⁰ ST. GREGORY OF NYSSA, *On the Beatitudes* Sermon VII, PG 44, 1280.

⁵¹ *EV* no. 81.

⁵² Cf. *ibid*.

⁵³ *EV*, no. 73.

⁵⁴ *EV*, no. 96.

⁵⁵ *EV*, no. 84.

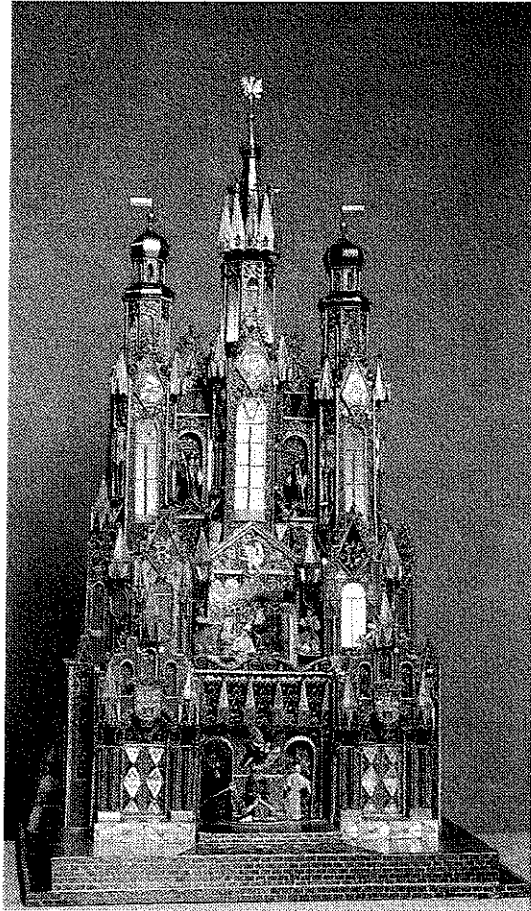
⁵⁶ *EV*, no. 84; PAUL VI, *Pensiero alla morte* (Brescia, Italy: Istituto Paolo VI, 1988), p. 24.

⁵⁷ *EV*, no. 83.

⁵⁸ Cf. *EV*, nos. 86-87; *Jm* 2:14-17.

⁵⁹ Cf. *EV*, no. 87.

Magisterium



*Excerpts from Addresses
by the Holy Father*

Disabled Persons Reach Responsible Acceptance of Their Situation Through an Encounter with the Suffering and Risen Christ

Disabled persons reach responsible acceptance of their situation thanks to an encounter with the suffering and risen Christ." This was stressed by John Paul II while receiving participants in the meeting organized by the Apostolic Movement of the Blind in an audience held in the Clementine Room on the morning of Friday, December 9. The Holy Father addressed this group with the following words

Dear Brothers and Sisters!

1. I am happy to welcome you on the occasion of the meeting which the Apostolic Movement of the Blind has organized for the families of its members and sympathizers, with the theme "Together for the Family." Through this encounter you have wished to remind yourselves and the civil and ecclesial community of the need for solidarity in the family and among families, so that all may enjoy a good which is so great—the family community. I thank you for this visit, which provides me with the opportunity to join my voice to yours in support of such an important cause.

2. With you, dear people, I wish, above all, to reaffirm a right inseparable from the gift of human life: *the right to the family*. This is a right which cannot be denied anyone. It is not so much a social claim as a human principle, a truth concerning man and woman. In the Letter to Families, I recalled that "God 'wants' man as a being similar to Himself, as a person. This man, every man, is created by God 'for his own sake'." This concerns all, including those who are born with illnesses or handicaps. God entrusts man to himself, placing him at the same time in the hands of the family and society, as their task. Parents, in the face of a new human being, have, or should have, full awareness of the fact that God 'wants' this man 'for his own sake' " (no. 9).

3. When a disabled person is born into a family or one of its members is affected by a serious disability, a set of emotions is unleashed in the hearts of all: anguish, fear,

shame, modesty, impotence, pain. The family risks locking itself in, often fearful that others cannot understand. Then a sense of rebellion against everything and everyone, including God, may get the upper hand. Additional courage and faith are needed in such circumstances: only faith illuminates the darkness of mysterious conditions before which reason cannot provide itself with an explanation.

The disabled—as you are well aware—reach responsible acceptance of their situation thanks to an *encounter with the suffering and risen Christ*, whose presence can to some extent come to be experienced in the witness of *believing communities* which, *in generously sharing the problem*, open it to a prospective solution, illuminated by the joyful announcement of definitive salvation. Then episodes similar to those we read in the Gospel accounts are relived.

4. On the road to Jericho, for instance, there rises the cry of Bartimeus, born blind. Jesus has become aware of him, calls him, and addresses to him a friendly word, giving him the strength to begin again, to go on hoping. To liberate man from evil, from the marginalization caused by his difficulties, requires the capacity to be with the other so as to share his condition.

On the road to Bethany, Martha runs to meet Jesus and reproaches him for having arrived only when her brother Lazarus is already dead. Jesus exhorts her to believe and affirms, "I am the resurrection and the life." Even her sister Mary weeps at the feet of the Lord and repeats the words which are also ours in the face of innocent pain: "Lord, if you had been here, my brother would not have died!" (Jn 11:33). Jesus is deeply moved and weeps. He then goes to the tomb and raises Lazarus up.

Christ is the Lord of life: He saves man in his entirety and responds to his disturbing questions by proposing Himself as the one who welcomes, loves, and saves. He does so

habitually through the witness of the Community actively living out the Gospel of solidarity and welcome. The Italian Bishops, in their pastoral orientations for the nineties, have called for this fundamental value: "It may be easy," they affirm, "to help someone without welcoming him fully. To welcome the poor, the sick, the foreigner, the prisoner, and the disabled is in fact to make room for them in one's time, in one's home, in one's friendship, in one's city, and in one's laws"

(*Evangelization and Charitable Witness*, no 39).

My wish, dear people, is that these words will encounter in your Association, and particularly in families, the generosity needed for such a demanding commitment. I entrust you to the protection of Our Lady and of St. Joseph, while with all my heart bestowing the Apostolic Blessing upon you, your loved ones, and all the groups of the Movement of the Blind.

Be united to Christ in prayer

Sharing in the Lord's Passion leads to victory over death

(On Wednesday morning January 18 the Holy Father had a private meeting with the Prime Minister Sir Julius Chan, at the Apostolic Nunciature. He was then taken to St Joseph's Church for a prayer service during which he met and blessed the sick. After the reading of the Gospel the Pope preached the following homily in English).

Dear Brothers and Sisters,

1. Grace and peace to you in Jesus Christ!

I am pleased to have this opportunity to meet you and to say a few words of encouragement. *Caring for the sick and the suffering has always been a special concern of the Lord's followers.* From the Church's earliest days, when missionaries brought the Good News of the Gospel to far distant lands, they also brought love and compassion for people suffering from disease. It was this charity which caused many native peoples to welcome these messengers of Christ and made them wish to learn about God who inspired such selfless acts of kindness.

This is why I come to you today, to assure you that the Church, like Christ himself, is close to you who suffer. She commends you to the Lord. She prays that he will give you the consolation and hope which will bring you peace.

2. *Human suffering is a great mystery* but our Christian tradition helps us to understand it. As we are told in the First Letter of Peter, we may be called to experience suffering in our lives, but only through a faith which is tested shall we obtain the salvation of our souls (cf. *1 Pt* 1:6,9). *The only way to share in Christ's glorious victory over sin and death is by being united with him in his Passion.* It is Jesus' Death and Resurrection which show us the meaning of human suffering. Believers who suffer in union with Christ and surrender themselves to him help make his salvation known to others.

When you suffer with Christ, you show that you are blessed because, as the Lord

himself tells us in the Gospel passage, you have not taken offense at him (cf. *Lk* 7:23). Jesus' Passion and Crucifixion is not a stumbling block for you, but a source of joy and hope. Accepting your suffering in this way, you allow others to see the true dignity of the human person. You reveal a God who loves us so much that he became one of us in order to share our pain and sorrows. You make known the truth that God will transform death itself into a beautiful future where "he will wipe away every tear" (*Rv* 21:4) from our eyes.

3. Dear friends, you see how important you are! So as you suffer in union with Christ *be united to him in prayer.* Remember Job: after enduring terrible pain and affliction, he prayed for his friends and "the Lord accepted Job's prayer" (*Jb* 42:9). You too can pray very effectively for your fellow men and women, for the Church and for the world.

I wish to encourage you: May you know ever more deeply the presence of Jesus himself as you try to embrace him and his Cross. My prayers and the prayers of the Church are with you always.

And I should say that the beatification of Peter To Rot should give great encouragement to all of you, to all the suffering Churches, suffering persons, suffering families.

He is a martyr and martyrdom is suffering. And he as a martyr, as a blessed of Papua New Guinea and Solomon Islands, is a patron for all of you. He is an example of how to live in grace, being a son of God, and secondly, he is also your intercessor. Pray to him, invoke him in your sufferings, for your needs. You and Peter are of the same continent, of the same nation, of the same Church. You are near to us.

You are reaching the whole Communion of the Saints and God himself in his mercy.

May God and the Virgin Mary bless you all

Cause of Christian unity entrusted to prayers of the sick

(On Saturday December 10 during his visit to Loreto the Holy Father greeted a group of sick people gathered in the central nave of the Shrine. "By the grace of God illness may also become the opportunity for a deep experience of faith even a 'domestic liturgy' in which secretly and simply a spiritual sacrifice of priceless value is celebrated", the Pope said. Here is a translation of his address which was given in Italian)

Dearly beloved Brothers and Sisters,

This meeting with you, sick people here in the Shrine of Loreto, in the Year of the Family and on the day in which the "great prayer for Italy" comes to an end, takes on a particularly important meaning.

Thinking of the *House of Nazareth*, where Jesus grew and became strong (cf. Lk 2:40), I like to think that it was precisely in the Holy Family that he learned from the example of Mary and Joseph, in the concrete reality of everyday life, *his concern for people in difficulty*. Knowing the unselfishness of the Virgin, who hastened to help her cousin Elizabeth after the Angel's announcement (cf. Lk 1:39-56), and ready to intervene on behalf of the bride and groom in difficulty at Cana in Galilee (cf. Jn 2:1-11), it is not hard to imagine her at the bedside of the sick in Nazareth, with her son Jesus beside her.

We are in the *Year of the Family*. Sooner or later, to a greater or lesser degree suffering and illness enter every home. It is certainly a trial, but *it can become an extraordinary time of growth*, and sometimes a rescue from certain forms of aloofness and misunderstanding. Being close to an ill member of the family, in addition to being a concrete testimony of love, can also be a way of telling him: let us forget our misunderstandings, let us be friends again. And all this without words, only with the gesture of closeness and of willing and affectionate assistance.

By the grace of God, illness may also become the opportunity for a *deep experience of faith*, even a "domestic liturgy", in which secretly and simply a spiritual sacrifice of priceless value is celebrated. Mary most holy offers it to the eternal Father through Christ, the merciful and faithful Priest, who knows and understands our infirmities from his own direct experience.

So, dearly beloved, Loreto makes us think of Nazareth and Nazareth represents every home, every Christian family. In these families *you sick people have an irreplaceable task* to be an *inexhaustible source of peace*

and unity through your prayer and witness. I say this also in reference to the Italian nation, and especially to the great Family of the Church. In particular, I entrust to your prayers the cause of *Christian unity* insistently implore, through the intercession of the Virgin, the complete unity of Christians in faith and love.

I sincerely thank you for your presence, and I impart a special Blessing to you, for your consolation and that of your loved ones.

At the end of his meeting with the sick, the Holy Father spontaneously greeted the crowd of faithful gathered outside the Shrine of Loreto.

"*Alma Redemptoris Mater*". We are in Advent and this is the Advent antiphon. I hope that this "*Alma Redemptoris Mater*" will also be for you the "*Stella Maris*" and the path that leads to Jesus, to the sacred altar, to the Holy Family and also to the New Year. I thank Loreto for this wonderful day, for this warm welcome, and above all, for the motherly protection implored by this visit.



Topics



Care for the Terminally Ill

*Hospital Ethics
Committees*

*John Paul II
and the Suffering*

Christian Attitudes in Care for the Elderly Who Are Terminally Ill

20

I lack special credentials to speak to you today. I am relying on Dr. Guijarro's invitation, which is virtually a command for me, because of the obligation to reciprocate his professional attentions. I am also moved by the desire to work with the organizers in presenting in these sessions what we might term the "spirituality of the Good Samaritan."

As a Bishop, I must be a teacher of Christian life. For that very reason, I could not refuse to speak here today on the Christian way of living alongside the incurably ill elderly. I also have a particular reason to take part in these encounters: I am the son of an incurably ill elderly woman and experience the painful course of her progressive collapse close at hand.

I speak to you, then, as a Bishop, as a witness to Jesus and his Gospel. And I also want to speak to you as an ordinary Christian venturing to present to you what I myself have gradually been learning on accompanying my mother along her long, slow *via crucis*.

Contact with an elderly person who is incurably ill is a reality affecting many of us. As a result, the content and demands of the Fourth Commandment of God's Law attain a breadth they previously lacked.

More broadly still, the basic commandment of love for our neighbor in our society encounters a new area which we might formulate as follows: What must we do to honor our parents when they reach the state of the incurably ill elderly? In practical terms, what does it mean to love these elderly persons as we love ourselves and treat them as we would like them to treat us in the same circumstances?

From a social standpoint, we might formulate the same ques-

tion in other terms: What does it mean today to respect people's basic rights when they reach the state of the incurably ill elderly?

In the following pages you will find abundant material from my personal experience. Many of you are not in the same situation. You care for patients who are not your relatives. I have decided to leave the text as it is because I could not have done otherwise. I speak to you about what I have thought and am experiencing personally. I assume that you will not find it hard to establish the needed analogies and modifications.

1. We Need to Learn

Mankind—today's Church—needs to learn to live with the elderly ill. Perhaps this is one of the leading new experiences of humanity facing current society.

There are a lot of people constantly reminding us of the bitter, unjust pain of the children dying prematurely because of a lack of sanitation in the Third World; we see posters and slogans reminding us of the damage done by hunger and thirst in many African and Asian countries.

But almost no one tells us of the need to draw near to the long agony of our own elderly, who need us to bear the weakness of their bodies and the solitude of their hearts on their slow path towards death.

The lengthening of life has changed the proportions of society, is modifying the balance among the members of our families, and places new moral demands before us—all on account of the multiplication of the elderly. We did not take them into account, and they prove to be nearly a fourth of our population. We did not take them into account and they prove to be part of our family.

While mankind devotes itself to exploring space, it turns out that much closer to us are these unexplored and unknown spaces of life—the deficiencies, needs, and sufferings of the elderly who are terminally ill. One must have the courage to go into these spaces, travel through them, explore and investigate them; and, above all, one must have the courage to accompany them on their long fall into the darkness of psychic and biological disintegration.

Today the elderly sick, the old who are terminally ill, are the major moral demand facing many families. We need to take them into account, make room for the incurable old—make room for them materially in our homes, in our cities, and most of all in distributing our time and our whole life.

The physical reality of these illnesses, their psychic consequences, their processes of deterioration, and the way to relieve them and accompany them on this frightening road is a long apprenticeship which lies ahead of all of us—researchers and health professionals, relatives and carers, the Church and public institutions themselves.

2. To Live in Truth

The true image of human life is not the one presented to us by the media. They portray for us a life in keeping with our tastes and fantasies. They deceive us, with our own complicity. The truth is that long months and years of decay, impotence, growing incapacity, and physical and psychic dissolution now form part of our lives.

It has always been very hard to get a real, objective idea of what human life is like. We hu-

mans tend to totalize the experience of each age, imagining our lives as the indefinite prolongation of the best in each age and each moment we are living through. Everything else strikes us as an accident.

Little by little, over the years—Dand with significant effort in realism and courage—man comes to realize that his life is an arc beginning in childhood and youth which rises in the mature years and then descends until disappearing in the silence of death. The world goes on, and we are no longer among the living. The wisdom books of Sacred Scripture, the Psalms, and the literary and religious texts of all cultures contain admirable testimony of this wonderful effort by the men of all times to discover the real dimensions and the true face of human life on earth.

None of this is possible without acknowledging that temporal death, our disappearance from the stage of this world, forms part of our real life. Any attempt at hiding the truth of death as part of our lives is a falsification of ourselves and, even more deeply, a falsification of our way of being in the world and taking up our own lives.

This concealing of death is more intense and more serious in our world of today, where the task of an ever larger number of people is exclusively to deal with the reality of death and learn to experience it in a noble way.

On this basis another facet of the questions appears. The truth of the life of those of us living with these elderly people who are incurable consists of helping them to proceed on their pilgrimage to death. The life of someone ignoring the needs of the elderly close at hand cannot be true, human, or just. The elderly are our neighbors most in need of help and love. They have an absolute need for others to experience their own weakness with them and for us to accompany them on the pilgrimage of their final years.

To this end certain attitudes are necessary which I would like to describe for you briefly

3. To Recognize the Dignity of the Sick in Practical Terms

Illness does not diminish the dignity, value, or greatness of persons. They are unable to work, solve any household problems, or even hold a lively conversation.

But they continue to be children of God. In them, too, God's plan is fulfilled: "Let us make man in our image and likeness." The incurable elderly, in their weakness, are an image of God in a way men cannot be at any other time in their lives.

God is the powerful and fruitful God of creation, but also the weak God of the cross, agony, and death. The God manifesting Himself to us in Our Lord Jesus Christ is a strong, almighty God who for the sake of love enters into the sphere of our own humanity and personally experiences the anguish of solitude, agony, impotence, and death. What better image could there be of this impotent God than the person of a father or mother deprived of their strength, of the luster of their eyes, of the dynamism of their conscious life?

Faith helps us to discover their dignity and their grandeur beyond their physical debilities and their spiritual fading. To see them as beloved children of God, bearers of the inner flame of immortality and the divine life, uplifts them in our sight and suppresses any perspective which is selfish, cruel, ungenerous, complacent, or disdainful.

Attitudes and possible actions involving abandonment, contempt, or a refusal to appreciate and care for their lives are radically excluded from a Christian mind and heart. On the contrary, whoever succeeds in keeping alive a vision of human life illuminated by faith in creation and the vocation to eternal life feels moved towards greater concern and tenderness in the face of the mystery of a spiritual grandeur hidden and humbled by the weaknesses of nature.

Faith in the resurrection changes our way of seeing illness

and the weakness of death. The incurable elderly shares in the agony and the scandalous weakness of Christ on the Cross. But the darkness of Calvary is always followed by the splendor of Easter Sunday. The broken body and the spent gaze of the elderly are transfigured before us if we see them as a very brief transit on the way to the brilliance of the resurrection.

A Christian sees the incurable elderly as a citizens of heaven whose destroyed body will be transfigured into a glorious body like the raised body of Christ, by virtue of his power to subject all things to Himself, including the destructive forces of death (cf. *Ph* 3:21).

In the agony and weakness of Christ the debility and affliction of all men are to some extent included. Christ is the Head. In his death we all die and learn to die in worship and hope. The incurable elderly are trapped in the arms of death, but their death is not a desperate death—it is the hope-filled death of Jesus Christ.

To live close to them is a way of personally living through the reality of death with Christ, in the elderly and in oneself. To be alongside the bed or the wheelchair of the elderly sick is like being with the Virgin Mary at the foot of Jesus' Cross. She suffered the full pain of death. But She never doubted the grandeur of her Son the Redeemer. On Calvary She lived through the pain of all the deaths of her children. She never doubted their dignity or their greatness. She never stopped loving them.

Love ushers us together into the redeeming mystery of Christian death. The numerous acts of renunciation which the carer is forced to accept are a way of sharing personally in the limitations and renunciation of others and announce the reality of death with pained compassion.

We painfully experience the death of our loved ones, but at the same time there grow in us certainty and hope in their resurrection and in ours, in universal and definitive glory.

4. To Be Able to Discover and Accept What Others Offer Us

Someone might be surprised at this heading. What can the incurably ill elderly offer us? I am certainly not thinking of their paltry savings accounts

In the moral and human sphere, living with the terminally ill provides realism, a capacity for judgment, and for that very reason serenity and freedom in facing any other life event. More than once, on reading the press or listening to friends' comments while we remember the experiences of illness, we consider that we waste our lives on childish nonsense and get enthusiastic about things that are worth very little

Indeed, some modes of preaching and presenting Christianity which strike many as innovative and progressive prove weak and empty when one observes that they are useless to console the dying or sustain the fortitude of those sharing closely in their agony

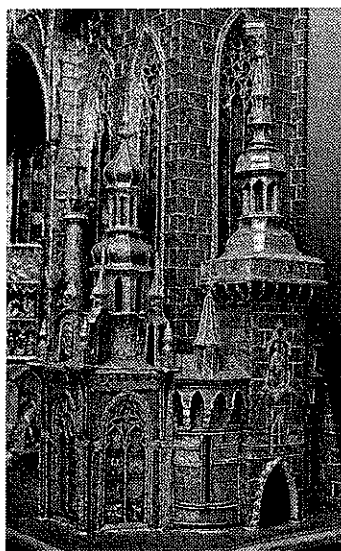
Terminal illness is a stage in life wherein the temporal tapers away and the truth of death and the promises of eternal life are brought closer and closer. Whoever spends hours in the company of the dying elderly experiences this extreme situation in which all life is now past, with almost no prospect for the future. The only real and possible future is an actual encounter with God and the gift of eternal life

In care for the incurable elderly the hope of an eventual cure has no place. Caring for other sick people involves the major incentive of possibly helping them get well and return to normal life. With the incurably ill there is no such hope. Care providers know this illness will end with the triumph of death. But we Christian carers know that death is not a definitive stage. Love, concern, time, and the sacrifices devoted to helping and relieving the incurably ill remain in the great patrimony of the communion of the saints,

where all the good actions of the Kingdom endure

The sick take us to the gate of heaven. If they walk towards God and we accompany them with affection, we can arrive with them, through faith and love, right up close to the mystery, as far as the threshold of eternal life and the recondite secret of God. Indeed, loving attention to the dying elderly is a continuous exercise in faith and hope concerning the nearness of eternal life

In current life we all have a lot of things to do. We come in, go out, speak, write, buy, and sell. To care for the terminally ill is different. It apparently serves no purpose. They cannot even give us back a smile, but our presence gives their lives content, offers them a kind world in which to go on living; it helps us to enter into the depths of humanity and the world, the world



of love and spiritual presence which do not pass away and are eternal goods by the grace of God

5. To Accept the Gift of Life with Gratitude, with Its Wealth and Its Limitations

The care of the incurably ill accustoms us to touching the limitations of life and the greatness of the gifts we have received. The surprising thing is not that our lives should crumble—the wonder is a body made up of well-organized minerals has been able to support the life of our spirit for so many years.

This experience sometimes proves very hard and may be a source of profound temptations, such as discouragement, despair, and indifference towards all life's manifestations, resentment over the happiness of others, and depression in the strictest sense. But there are also positive and advantageous ways of undergoing such situations and being stronger than all these temptations and dangers.

Without acts of rebellion, without insolent questions, with gratitude, with hope, we learn to value and give thanks for the gift of life. Pain is a revelation of God. Whoever rejects the former rejects the latter. Those accepting it already have the door of revelation and glory open before them. We cannot understand God's truth without living in the truth of our lives as manifested by pain undergone in love.

Not can we value health, nature, human relations, and the depth and strength of human love in their full truth until we have gone through the experience and trial of fellowship in the consummate pain of incurable illness and death.

The profound truth of our life is that it is a gift and communication of goods. God gives us life out of love; our parents' love is the vehicle for God's gift. In love we grow and through love we communicate and dedicate ourselves to others. It is necessary for us to go back to God with love, with our love and the love accompanying us. Caring

for the terminally ill must be experienced as an act of love whereby we deposit our whole life in God's hands and the exhausted bodies of the children born of his love

The truth and the grandeur of our life consists of living through it with love in its real dimension as a gift received from God which is offered to others and which is returned to God when—and in the way—He decides

6. Unselfish, Active Love

In the Sermon on the Mount, Jesus tells us to love our enemies. It is not that the incurably ill are comparable to enemies. But the profound meaning of this command by the Lord does concern us: In love for our enemies the Lord is recommending universal love, generous, willing love, love which is limitless and unreturned. "For if you love those who love you, what reward will you receive?"

To love and serve the incurably ill in many cases means loving and serving those who are no longer capable of esteeming, thanking us for, or, even less, returning our service. This service thus represents the burden and the grandeur of generous, unselfish love

In exchange, it gives us the chance to enjoy the highest moral experience possible on earth, that of spontaneous love—resembling the action of God Himself—without expecting anything in return, for the simple pleasure of serving and for the intrinsic value of love as the supreme way of living and of being in the world. In this service the Lord's command is fulfilled: "Be merciful. Be perfect, as God Himself is merciful and perfect" (cf. *Mt* 5:48; *Lk* 11:44)

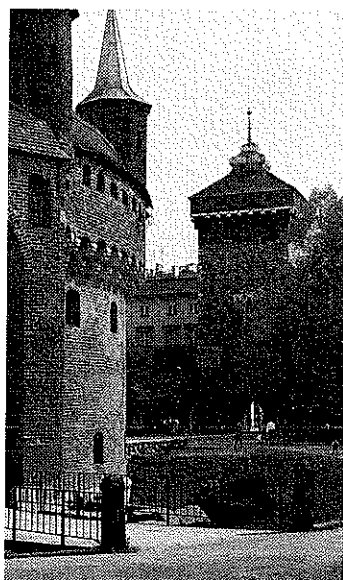
From a human standpoint this experience is priceless. To serve the sick is to assume responsibility progressively for their lives, like a father or a mother, gradually reorganizing one's life according to the other's needs. In this way, the in-

credible transformation of parents into children and of children into parents takes place. One reaches the point of exercising authentic spiritual maternity or paternity over one's parents. They gave us life; we can now sustain theirs in more painful and indigent circumstances.

7. To Keep Hope Alive

Caring for the elderly who are incurably ill is a harsh trial for hope. Carers know that, even if they win some battles, they will lose the war. The elderly will not get well. And yet the motivations for hard work and the demanding daily acts of renunciation must be kept alive.

There is a radical consideration capable of sustaining hope at that critical time. 'I know that in the end my brother will rise again,' Martha said to the Lord (cf. Jn 11). On caring for the sick, you know that one day they will discover the attention now



being given without their realizing it and they will be able to thank us for what they are now receiving passively. This weakened and broken body we now care for with veneration will rise again, glorious and radiant. The traces of our affection and attention will remain thereupon forever

But there are other stimuli which are closer at hand. Even if the sick do not now realize the care they receive, even if the days and months should lengthen out indefinitely, love enables us to maintain enough communication with them in order to see in their eyes the joy and peace of being loved, accompanied, and looked after in their needs.

The sick who are loved feel dignified by the attention shown them by the people close to them. Their self-esteem and inner peace are sustained by the basic experience of feeling loved, cared for, attended to. In this experience the sick maintain awareness of their own dignity and value

Incurable, lengthy illness undergone in solitude and without care demeans and debases the sick in their own eyes. The same illness, when undergone in the midst of the love and care of generous, hope-filled people, is dignifying and purifying. In this respect, even if illness eventually overwhelms patients, it can never blemish their dignity or subject the rest of us to fatalism about death

8. To Face Difficulties with Fortitude

Accompanying the incurably ill is a long pilgrimage through the desert, an increasingly silent and uninhabited desert. Weariness, frustration, and abandonment are frequent temptations among caregivers

For that very reason it is important to keep the reasons for hope alive. Where there is hope, there is fortitude and constancy

Those taking charge of the life of one of these patients know that they are carrying the cross of the Lord. Our Lord is carrying all of us in the weight and injustice of his cross. To

bear the weight of one of these patients is to help the Lord to carry the weight of the world on his shoulders

On this way of the cross, with the lives of our incurable neighbors on our backs, we must increasingly descend to darker regions, more demanding circumstances, more consuming acts of renunciation. But this deepening penetration into the sea of weakness and impotence also means reaching states of greater generosity, voluntary action, self-giving, and transfusion of life.

All of this is at once a realistic and authentic way of entering with Christ into the mystery of redemption. We die a little so that others may live. And as we die for others, we also enter into a new life of love and hope which is worth much more than the opportunities lost. The sick are the sacrament and road of our purification and our own redemption.

9. To Cultivate Magnanimity

On recalling this beautiful virtue, I am referring, above all, to the capacity to overcome the minor domestic difficulties which are inevitably engendered by the significant pressure the sick exert on the people around them.

Those engaged in serving the sick feel their influence on all areas: the hours for sleep are changed; comings and goings must be adjusted; they never know what can be done the next day; they are burdened by doubt as to whether or not things are being handled correctly. All the minor details of everyday life become problematic and difficult as a result of the patient's increasing problems: cleaning, the time for breakfast, cooking, taking medicines.

In order for all these small pressures not to destroy the tranquillity of the environment and for family life not to get tense, in order not to lose peace and joy, magnanimous hearts and sometimes nerves of steel are needed.

We must be able to start over as often as necessary. Nothing and no one can disturb the peace, harmony, and confidence which caregivers need, as do the sick themselves in order to feel around them the required companionship of affection and tranquillity.

10. To Take Advantage of the Situation for Spiritual and Human Growth

The care of the incurably ill elderly requires good health, a good state of mind, and, above all, notable psychic stability. Around the patient many moments of alarm, exhaustion, and disappointment are generated which must be overcome with realism and serenity.

But it is also true living with the sick helps us to obtain the maturity which the sick require. To see pain so close, to be able to relativize many other things, and to have to multiply acts of generosity without recompense prepare us for adopting these same attitudes in many other life situations, with our nearest rela-

tives, with friends finding it hard to understand our limitations, with those passing by us without realizing what we are going through.

Life with the sick helps us enter into an understanding, generous lifestyle which is very deeply assimilated and very sincerely personal and enables us to accept many things, to embrace the limitations and defects of others with benevolence and compassion. Let us say that living with the incurably ill is at once a school of hard realism and, for that very reason, also a school of mercy and compassion. I believe these are the best notes of authentic human and Christian maturity.

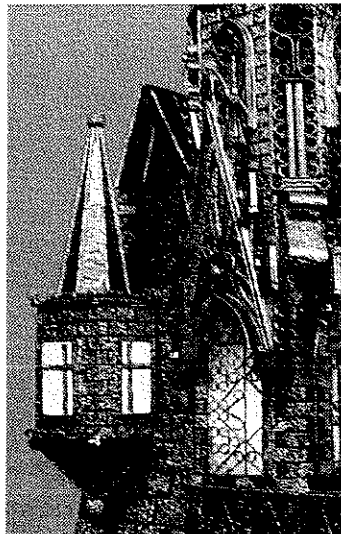
11. Maturation of the Family

The sick also bring family relations to a crisis point. There are times when one does not know what to do with them. Lodging, the costs of treatment, and the distribution of burdens and sacrifices may prove to be problems. Daughters must take their husbands into account; sons, their wives. Parents fear children's reactions. And sometimes there are mutual recriminations for what people have been unwilling or unable to do.

In some instances, the presence of the incurably ill elderly in a household can be a bomb making the family explode into mistrust, criticism, and resentment. The sick are like detonators making all concealed selfishness burst and destroying the appearance of kindness and false trust of which many families are made.

But when the family is built upon real love able to give without receiving, not judging others, and forgiving and understanding, the sick accelerate and multiply this love. All must give what they can in a real tournament of affection and good will; all take care to mitigate the sufferings and weariness of others; there is attention to the sick and at the same time to the tiredness and suffering and sacrifices of those accompanying them, in a real competition to display generosity and affection.

At the end of the illness the family must be surer of itself, more convinced that true love is



an indestructible foundation, more purified of other claims based on self-interest and egoism, lacking generosity and mercy.

12. Maturity and Humanity in Society

Often, at Christian meetings, we tell one another—with a certain grandiloquence, to be sure—that we want to make a new world. The sick, virtually without wishing to, are giving us a chance.

I understand that the index of humanity and the degree of evangelization in a society and culture are clearly seen in the way the sick are treated.

The family or society which puts aside the sick, which keeps them out of sight—even if it later seeks to tranquilize its conscience with money—is a dehumanized family or society that is cruel, conquered by selfishness, and at heart hardened—a captive of the idol of its own well-being and of self-worship.

A humane society inspired by respect for the Christian faith wishing to live in agreement with the humanistic insights of

Christianity must be a society that seeks to provide a genuinely human atmosphere for its elderly up to the threshold of death, and to that end it devotes money, research, jobs, family aid, and alternative methods. A whole system of attention and care to bring humanity to a difficult stage in people's lives which we ourselves have contributed to creating and which is called old age and long, incurable decrepitude.

If there is a place here for a political suggestion, I would say the following: It is good to build nursing homes when they are necessary. But it would be more proper for a humanistic policy to help families to be in a position to care for the sick at home. Housing, streets, subsidies, and communication—everything has to be thought through freshly, in terms of the presence and personal and family needs of the incurably ill elderly.

A word of thanks and admiration for all of you working as professionals in the world of the incurably ill elderly. I am referring to the men and women religious who do so as a way of living out their whole dedication to God and to serving the King-

dom of Heaven, to doctors and all the paramedical and auxiliary workers, to all who directly or indirectly help them to live, at facilities or at home. I include myself among you.

Do not let yourselves be discouraged at any time. Do not lose sight of the immense values in your task. Try to perfect your knowledge and professional capacity constantly, but never forget the human, Christian, and virtually mystical dimensions of your profession and of your daily efforts.

Every day, in the pleasant moments of relaxation, seek the face of the Lord, and you will hear his wonderful words: "What you have done to these elderly of mine you have done to Me." "Do good and give without expecting anything in return, and you will be sons and daughters of the Most High. Be merciful as your Father is merciful. Give, and it will be given to you, an abundant, overflowing measure, for the same measure you apply to others will be used to measure out to you" (cf. Lk 6).

Most Rev. F. S. AGUILAR
*Archbishop of Pamplona
and Bishop of Tudela*

Ethics Committees at Hospitals: A Commitment to Training

1. The Need for Bioethics

Over the course of the last twenty years there was been an ever-clearer realization that it is not possible to deal with the problems posed by the management of the new powers brought into play by biomedical progress with categories exclusively deriving from scientific and professional motives.

Bioethics emerges from this awareness. The most significant motivations for it may be summarized as follows.¹

a) First of all, the conviction that medical/biological progress must serve man and man must

not be made its servant—that is, the conviction that the increased potential for acting on man's life has an ethical frame of reference.

b) The need, within a pluralistic society (on the verge of disintegrating into a multiplicity of disparate realms of discourse), for the elaboration of this ethical frame of reference to be grounded rationally, clarifying arguments to the utmost.

c) The need for the argumentation employed in public debate to be guided by ethical rationality—that is, aimed at the universalization of rights and duties

and not guided by simple strategic rationality, made to negotiate for special interests.

d) The need for an adequate correlation between ethics and law in such a way that, on the one hand, ethics is not relegated to a private domain and is taken up as a critical demand for the legal order in civil life, and, on the other, legislative action is utilized to the utmost in its specific functions—particularly to control abuses and avoid discrimination.

e) And, finally, the opportunity to create within the institutions most directly involved in

the management of the new medical/biological powers (hospitals, research institutes) special ethics committees with the task of activating, by way of dialogue based on arguments and interdisciplinary exchange, 1) consulting connected with the ethical decision-making process and 2) the support and stimulus of ethical training

2. From Bioethics to Ethics Committees

At least three types of committees must be distinguished, though all are rooted in the needs bioethics has been responding to over the last twenty years²

Ethics Committees for Research and Experimentation

The first to be instituted, promoted from 1964 on by the Helsinki Declaration, they are now regarded as elements intrinsic to the strategy for protecting human subjects involved in experimental protocols. This type of committee is defined as follows by the "Norms for Proper Clinical Practice" issued in July 1991 by the European Community and adopted by Italian law: "an independent body, made up of medical and nonmedical professionals whose task is to verify the protection of the security, integrity, and human rights of the subjects participating in a specific test and thereby provide assurance to public opinion."

National Ethics Committees

Expressing a national need in all cases, they include ethics commissions instituted to respond to specific questions thus for limited periods, as well as permanent committees. The first nation to create a permanent structure was France, in 1983. In 1990 Italy also created a similar structure, as "a forum where the different ethical visions in our society are called for the purposes of comparison and contrast."

Ethics Committees at Hospitals

This type of committee has been appearing more recently. The decisive impulse behind the

establishment of such committees came from the President's Commission in the US, which in 1983, in its report on interrupting intensive care (*Deciding to Forego Life-Sustaining Treatment*), suggested setting them up at hospitals with the following functions.³

a) Analysis of decisions on the care of patients unable to decide for themselves.

b) Analysis of medical decisions with ethical implications, with the option of referring some cases to a tribunal with appropriate jurisdiction

c) Setting up social, psychological, spiritual, or other forms of counselling for patients, relatives, doctors, or other health workers

d) Formulating directives on problems such as interrupting treatment, diagnosing death, dealing with pain, obtaining consent, the use of screening, and so on

e) Promoting or directly running educational programs to increase awareness in all involved (including the general public) of the ethical problems of medicine.

Even though in Italy and Europe this kind of committee—mainly found in clinical practice—seems to be not very widespread a decade after its appearance, the assumptions motivating its emergence and swift development in the US and Canada (where more than half the hospitals have a functioning ethics committee) are being perceived increasingly in our socio-cultural context as well. They are the assumptions on the basis of which *bioethical sensitivity* has gradually been reinforced among us, too, a sensitivity, in the face of increased potential to act upon man's life, generally aiming to verify the human measure of medicobiological strategies, as regards the conditions, times, and modalities to be decided upon. With respect to bioethical sensitivity in general, hospital ethics committees also manifest the need to activate tools capable of promoting bioethical reflection *within* the facilities where new medical/biologi-

cal technologies are being employed

The validity of the above-mentioned assumptions, at least in the Italian context, seems to be authoritatively confirmed by the *Proposal to Establish Ethics Committees* drawn up in 1992 by the National Bioethics Committee⁴

3. Ethics Committees at Hospitals: Specific Functions

The functions around which the convergent ethical orientation of committees has progressively been structured are the following⁵

Ethical Analysis of Clinical Cases

This has perhaps revealed itself to be the function which is most typical and relevant to the very nature of contemporary bioethics. We can indeed state that its legitimation, particularly in the clinical area, is based on the awareness that certain kinds of cases posing conflict are being faced more and more often and that to handle them deontological norms are insufficient and legal norms are inadequate—we are dealing with case histories to be considered on a specifically ethical level. The creation of special ethics committees responds to the need to provide the decision-making process related to these case histories with argumentative dialogue and interdisciplinary debate. What is mainly needed in order for ethics committees to perform this function validly is, first of all, a method. The more it is decided to focus the work of ethics committees on the analysis of particular cases, rather than on the confrontation of general principles, and analysis involves different areas of competence proper to disciplines and different moral formulations, the moral transparent and rigorous the analytical method must be. In modelling itself on the demands of this first function, it is understandable that the ethics of ethics committees must reserve singular attention for method.

Ethical Training and Sensitizing

An ethics committee today is situated in a cultural context

characterized in an increasingly evident manner by the *widening rift* between diagnostic-therapeutic functions and moral wisdom. Precisely today, when medical practice is encountering increasingly complex and delicate ethical problems, university and post-university training continues to ignore ethics as a condition for the proper exercise of medicine. And, generally speaking, inappropriate attitudes thus assert themselves, such as *technologicalism*, where everything that is technically realizable becomes licit as well; *paternalism*, in those always certain they have acted according to science and conscience; *mercantilism*, in those managing new diagnostic and therapeutic technologies according to criteria inspired only by profit. All three attitudes signal the crisis of practical reason in medicine. Ethics committees can contribute to overcoming this crisis if they are capable of representing a "workshop for training in ethical judgment"

The work of training and sensitizing can be aimed more specifically at the personnel in a single ward, clinic, or department. Similarly, in broader terms it can be aimed at all the personnel at a hospital and even outside the hospital itself, at the entire community, by way of courses, seminars, and meetings, in such a way that debate on the ethical problems of the biomedical field will involve the largest number of participants

Formulation of Institutional Directives

How should access to a certain diagnostic technique be regulated? What criteria should govern activation or suspension of certain intensive therapies?

In what manner can certain actions, such as obtaining informed consent to care, be performed uniformly? In keeping with the increased *availability* of diagnostic and therapeutic means, greater *conflict* in the

doctor-patient relationship, the *contraction* of healthcare resources, and marked cultural *pluralism*, there is emerging a need for regulation to which, as in the cases exemplified, it is neither possible nor appropriate to respond through the systematic introduction of legal norms. The impossibility is due to the very structure of legal action, which is constitutively based on the possibility of determining certain "typical" situations; this cannot always be done with clinical cases, which are linked to unique and unrepeatable circumstances and are thus hard to fit into the framework of an article in a law. Indeed, there are some who on principle deny the appropriateness of legal action out of fear that professional activity requiring initiative and the taking on of personal responsibility will be excessively regulated.

Developing the ethical dimension of regulation in these cases constitutes the necessary assumption if we wish to keep clinical practice from becoming the object of ever-tighter surveillance by government. And yet, to render this ethical regulation rigorous and authoritative, areas of competence and adequate tools must be made available at each type of health facility (hospital divisions, university clinics, scientific institutes)

Evaluation of Ethical Aspects in Research

In relation to this last function, we must recognize that there are diverse solutions on the international scene. In some cases (particularly the United States), ethics committees for research (Institutional Review Board or IRB) are clearly different from hospital ethics committees concentrating exclusively on clinical problems. In other cases hospital ethics committees also evaluate the ethical aspects of research. This second option is favored by the fact that in modern clinical medicine, current prac-

tice and research tend to be increasingly connected. This is particularly valid for hospitals which are also linked to universities and are thus constitutively open to research and training. An ethics committee at this type of healthcare facility which sought to deal solely with clinical cases would be forced to make a very difficult, if not arbitrary, distinction. On the other hand, there are also good reasons supporting the contrary option: the position that hospital ethics committees must remain outside the problems of research and experimentation. The reasons adopted most widely are the following: first of all, it is hard for an ethics committee to harbor all the competence needed to make an adequate scientific evaluation of increasingly complex protocols; in addition, it is observed that medical/biological research, having become ever more complex, has also turned into a leading commercial enterprise, an activity which is more and more costly and requires more powerful instruments than ethics committees in order to be controlled socially.

4. Hospital Ethics Committees: Reasons For and Against

We must recognize that discussion on ethics committees, initiated by important conferences in the second half of the 1980s,⁶ now threatens to remain at a standstill. The reasons seem to derive, above all, from a sort of "pause for reflection" needed to adapt a kind of institution emerging from a medical and cultural context that is different in many respects to the specific situation in Italy. In this "pause for reflection" some procedural questions in particular must be more carefully considered—that is, with greater attention to the Italian context

a) Should ethics committees continue to be activated (as they now are) on a voluntary basis alone, or should they be made mandatory by law?

- b) Is it desirable for current diversity in the structure of ethics committees to continue, or would it be better to impose certain standards?
- c) Particularly, what procedures should be followed for access and consulting? What value

should be attributed to committee opinions and the directives they frame? Above all, what guarantees for their independence should be established at the facilities where they are located and where they serve as consulting bodies?

In addition to this timely "pause for reflection," the standstill seems to be motivated by a persistent opposition between the reasons for and against. These reasons appear at different levels, each of which must be carefully considered

REASONS AGAINST	REASONS FOR
<i>Institutional Level</i>	
In an already intensely bureaucratized atmosphere, establishing ethics committee would introduce complications and burdens	Precisely in a bureaucratized context, the ethics committee creates room for discussion outside the rigid framework structuring communication between health workers and patients
<i>Clinical Level</i>	
"Ethics committees are a cause for concern. Their establishment might weaken the decision-making authority of the doctor, the only one responsible for the care of the patient, the only one authorized by the patient to make decisions."	The committee is not consulted in order to delegate responsibilities which are and must remain the doctor's, but to take on one's responsibilities with greater awareness.
<i>Research Level</i>	
To subject a research project to an ethics committee means to place obstacles in the way of scientific research, compromise its fruitfulness, and damage its objectivity.	The atmosphere of mistrust between scientific research and society is very negative; it leads to greater misinformation to protect experimentation and to slowing awareness of the social urgency of some research.
<i>Deontological Level</i>	
Embellishing as "ethics" what is an integral part of professional conduct means diminishing its obligatoriness.	The objective of ethics committees is to spur constant integration of the ethical dimension into clinical practice
<i>Ethical Level</i>	
In an ethically fragmented cultural context, real dialogue is impossible. Only ethically "homogeneous" committees are possible.	It is decisive for each committee, whether homogeneous or pluralistic, to adopt an ethical perspective as its constitutive standpoint rather than positions associated with labor unions, specific professions, or partisan interests.
Even if a dialogue can be established, the contractual basis for committees is unable to provide a valid foundation for ethical decisions	The utilization of dialogue which the committee clearly implies does not mean acceptance of a lack of demarcation between what can be negotiated and what is absolutely non-negotiable
<i>Legal Level</i>	
To attribute to ethics what is a right means to bring proper behavior into the precarious sphere of more or less optional benevolence.	The need to regulate modern medicine cannot and must not be translated into the language of law.

5. A Commitment to Training: The Lanza Foundation Proposal

In view of this "nascent state," characterized by the perception of the resources which the establishment of ethics committees can activate (support for the ethical decision-making process, promoting ethical sensibility), as well as the awareness that under certain conditions such resources might be thwarted (just one more bureaucracy to delegate ethical problems to), action towards ethics committees must necessarily be oriented towards "training." It is through the formulation of a valid *educational system* that we can reasonably hope that ethics committees will achieve their potential.

This is the field where the Lanza Foundation (particularly the Ethics and Medicine Project) seeks to focus its activity. The basic idea motivating the choice of funding ethics committees is the conviction that, if adequately adapted to the specific medical and legal situation in our cultural context, these bodies can notably contribute to:

a) developing ethical sensibility in concrete professional practice;

b) overcoming the inclination towards ideological opposition which is so recurrent in Italian bioethical thinking, on the basis of the complexity and uniqueness of specific cases;

c) perfecting a methodology for decision-making by starting from real-life problems posed by the therapeutic relationship and research;

d) activating real communication between society in general and the more limited groups of specialists directly engaged in producing and managing the new knowledge and power of biomedicine.

After having devoted its initial phase of activity (1988-1993) to identifying the orientations manifested in current bioethical reflection⁷ and to organizing a series of interdisciplinary seminars exploring the areas which are ethically "hot-test" in medicine and care,⁸ the Ethics and Medicine Project of

the Lanza Foundation has focused its attention on ethics committees by inaugurating a series of *Training Courses* on this subject. Adopting the didactic approach as their specific characteristic, the courses are structured into two levels, *Basic* and *Advanced*. The common objective is to acquire knowledge, competence, and attitudes enabling participants to take an active part in carrying out the functions typical of a hospital ethics committee:

— ethical analysis of clinical cases;

— promoting and directing educational programs;

— development of guidelines;

— evaluation of the ethical aspects of research.

With the same objective, the second level extends, structures, and goes more deeply into the topics considered previously.

From March to May 1994 the first Basic Course was offered. Structured into five day-long teaching units, it was attended by fifty registered students, mostly doctors (with different specialties, but also nurses, philosophers, jurists, and psychosocial and pastoral workers). A second Basic Course was scheduled for March to May 1995, and every two years those completing the Basic Course would have the chance to attend the Advanced Course.

The Basic Courses are structured as follows

Objectives

a) To offer a survey of the development of ethics committees, both nationally and internationally;

b) To trace out the theoretical frameworks within which committees take shape clinically, ethically, and legally;

c) Particularly as regards the ethical nature of these bodies, to propose and verify a model for bioethical argumentation which is capable of orienting the work of a committee;

d) To foster the participants' experience in performing the functions typical of a committee;

e) To provide participants with the basic documentation needed to take part in debate on ethics committees: especially significant articles, documents es-

tablishing them, guidelines, indices, and bibliography.

Content

a) The First Teaching Unit, focused *historically and institutionally*, deals with the following topics:

— the creation and development of ethics committees;

— assumptions and motivations depending on different cultural contexts;

— typical functions of committees;

— ongoing experience and debate, both nationally and internationally.

b) The Second Teaching Unit, focused in terms of *ethical foundations*, deals with the following topics:

— the passage from bioethics to ethics committees;

— the ethical nature of these committees;

— the choice of an ethic for ethics committees: theories on ethical foundations;

— a working method for committees: models for ethical and bioethical argumentation.

c) The Third Teaching Unit, focused on *ethical training*, deals with the following topics:

— self-education strategies for the members of ethics committees;

— educational strategies formulated by the committee;

— planning and directing a program for ethical training and sensitizing;

— working out, applying, and verifying some practical tools: the statute and regulations, procedures, guidelines.

d) The Fourth Teaching Unit, focused *in legal terms*, deals with the following topics:

— the functions and nature of law: theoretical reference models;

— ethics and law in bioethics;

— the legal value of ethics committees' directives and opinions;

— ethics committees and the Italian legal system;

— ethics committees as an instrument for protecting human rights in the field of biology/medicine.

e) The Fifth Teaching Unit, focused *in professional terms*, spurs participants to examine

the work of an ethics committee for the purpose of concrete verification of contributions by the different professions represented on the committee

Method

a) The method gives priority to the *formal lecture*, whose purpose is to provide paradigms and categories by which to shape these new bodies in a context where they are still undefined.

b) In both extensive and intensive terms, the method values *working groups*, whose purpose is to simulate actual committee conditions. They are entrusted with the special function of concrete exercise in the dialogical-discursive style typical of bioethics and ethics committees: patient argumentation, methodological clarity, openness to public debate, awareness of the multiplicity of values at stake, integration of the various rationales involved in bioethical discussion.

c) The method employs an approach to ethical argumentation based on case studies. To carry out this approach the Lanza Foundation's team has prepared a *Protocol for Ethical Analysis*, which enables trainees to:

- organize the ethical analysis of clinical cases submitted to the Committee for consultation according to an adequate logical ordering;

- identify different ethical problems by bringing out the values at stake;

- catalogue the different solutions hypothesized and grasp the reasoning behind them;

- determine the depth of contrasts and foster well-grounded decisions;

- identify the specifically ethical aspects of cases and provide an adequately differentiated outline to adhere to the ethical dimensions in all of their consequences;

- help to avoid sterile ideological polarization and inconclusiveness;

- foster conceptualization rooted in experience;

- promote the structuring of operative frameworks able to orient decisions quickly when similar situations arise.

6. Prospects for Training and Research

When bioethics is institutionalized and bodies dealing explicitly with ethical problems, as do ethics committees, are promoted in the world of health care, there is a risk that this occurrence will be experienced as an interference.

This resistance can be overcome by moving in the direction of adequate attention to the *clinical dimension* of bioethics. Such conformity is achieved when the ethics practiced on ethics committees is clinical ethics that is, grounded both ethically and clinically. The overcoming of medical resistance also requires a further direction: adequate attention to the *professional dimension* of bioethics. This demands, on the one hand, that medical and health-care professionals more consciously take on direct responsibility in working out the rules required for appropriate handling of the new problems posed by biomedical progress and, on the other, that a productive relationship be promoted among the different modes of regulation generated by bioethics of course, the deontological-professional mode, but also the legal and ethical modes.

By overcoming facile simplification—the result of absolutizing each mode of regulation (professional, legal, or moral)—tension must, rather, be maintained among these strategies for norms.

Can ethics committees become an instrument for administering this tension productively?

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¹ Cf. C. VIAFORA (ed.), *Vent'anni di Bioetica* (Padua: Gregoriana, 1990), particularly "Bioetica oggi: un quadro storico e sistematico," pp. 21-76.

² See the presentation by M. H. PARIZEAU, "Comités d'éthique," in G. HOTTOIS, M. H. PARIZEAU (eds.), *Les mots de la bioéthique* (Brussels: De Boeck Université, 1993), pp. 69-76. See also the entry *Comitati di etica* by A. ANZANI, in S. LEONE, S. PRIVITERA (eds.), *Dizionario di Bioetica* (Acireale-Bologna, EDB-ISBN, 1994), pp. 162-167.

³ PRESIDENT'S COMMISSION, *Deciding to Forego Life-Sustaining Treatment* (Washington, DC: U.S. Government Printing Office, 1983), Appendix F, pp. 431-457; "Hospital Ethics Committees: Proposed Statute and National Survey."

⁴ NATIONAL COMMITTEE FOR BIOETHICS, *Proposal to Establish Ethics Committees* (Rome: Presidenza del Consiglio dei Ministri, 1992), pp. 34-35.

⁵ Among the leading commentators in international debate on ethics committees we find G. J. ANNAS, "Ethics Committees in Neonatal Care: Substantive Protection or Procedural Division?" in *American Journal of Public Health and the Law*, vol. 74 (1984), no. 8, pp. 843-845; D. C. BLAKE, "The Hospital Ethics Committees Health Care's Moral Conscience or White Elephant?" in *Hastings Center Report* (Jan/Feb. 1992), pp. 6-11; A. M. CAPRON, "Twenty Questions about Ethics Committees," in *Ethics Committees Newsletter*, vol. 1 (1984), no. 4; N. FOST, R. E. CRANFORD, "Hospital Ethics Committees: Procedural Aspects," in T. BEAUCHAMP and I. WALTERS (eds.), *Contemporary Issues in Bioethics* (Belmont: Wadsworth, 1989), pp. 290-297; R. MCCORMICK, "Ethics Committees: Promise or Peril?" in "Law, Medicine, and Health Care," vol. 12 (1984), no. 4, pp. 150-155; W. REICH, "Perché i comitati di etica? Una valutazione dei diversi modelli," in S. SPINSANTI (ed.), *I comitati di etica in ospedale* (Cinisello Balsamo: Paoline, 1988), pp. 15-37; R. M. VEATCH, "An Ethical Framework for Hospital Ethics Committees," in BEAUCHAMP and WALTERS (eds.), *op. cit.*, pp. 298-304.

⁶ Some of the major figures contributing to this discussion are presented in C. VIAFORA, *Fondamenti di bioetica* (Milan: Ambrosiana, 1989), particularly "Conclusioni: dalla bioetica ai comitati etici," pp. 317-326. Also see G. GERIN (ed.), "Funzione e funzionamento dei comitati etici" (Padua: Cedam, 1991); P. CAITORINI, "I comitati d'etica negli ospedali," in *Aggiornamenti Sociali*, no. 6 (1988), pp. 415-429; F. COMPAGNONI, "I comitati etici in ospedale," in *Bioetica e Cultura*, vol. II (1993), no. 3, pp. 59-73; S. SPINSANTI (ed.), "I comitati di etica in ospedale" (Cinisello Balsamo: Paoline, 1988); "I comitati di bioetica. Storia, analisi, proposte" (Rome: Orizzonte Medico, 1990); V. GHETTI (ed.), "I comitati etici" (Milan: Angeli, 1988); D. TETTAMANZI, "I comitati di etica e l'etica dei comitati," in *Bioetica. Nuove frontiere per l'uomo* (Casale Monferrato: Piemme, 1990), pp. 491-505; C. VELLA, P. QUATTROCCHI, A. BOMPIANI, *Dalla Bioetica ai Comitati etici* (Milan: Ancora, 1988); L. BATTAGLIA, "La questione dei comitati etici: un'ipote-

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⁷ Cf. the material gathered together in *Vent'anni di bioetica and Centri di bioetica in Italia*

⁸ "Quaderni di Etica e Medicina", edited by P. BENCIOLINI and C. VIAFORA. The following works have been published: *Etica e sperimentazione medica. Da cavia a partner* (1992); *La relazione che garantisce. Problemi etici nel rapporto medico-paziente* (1993). Scheduled to be published: *La diagnosi prenatale. Problemi etici in ginecologia. Cure ed eccesso di cure. Problemi etici nelle terapie intensive. Il bambino lungodegente. Problemi etici in pediatria. L'anziano cronico non autosufficiente. Problemi etici in geriatria. Dal manicomio al territorio. Problemi etici in psichiatria*

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The Christian Meaning of Suffering: John Paul II and the Sick

Introduction

At the Vatican, Paul VI Hall, on April 5, 1984, under a spacious, high dome, sick and disabled people from several continents, including a group of lepers from India, gathered together.

In this mosaic of races, cultures, and languages, sick people from Poland were also present. Alongside the sick and disabled there was a numerous group of former prisoners at Nazi concentration camps, too.

The sick were accompanied by nurses, guardians, and doctors. A festive, expectant atmosphere reigned. In the first row, in front of the podium, the bed-ridden ill were gathered.

John Paul II entered the hall, enthusiastically received with "bravos," cries of joy, and songs. After a moment silence fell, as they eagerly awaited the Pope's words.

"I ask all of you that suffer to help us. Precisely you that are weak—I ask you to be a source of strength for the Church and humanity. In the terrible struggle between the forces of good and evil, for which our contemporary world is the stage, may your suffering in union with the cross of Jesus Christ prevail!"¹

Again a big ovation and cries of joy were heard. An ecstasy of delight was visible on the faces of the sick.

After the talk, the Holy Father rose and approached the sick—first, those reclining, then those in wheelchairs, and, finally, the sick filling the rows of seats. He passed among 700 people, young and old, white and nonwhite, from near and far, from the Pope's homeland.

John Paul II did not avoid any of them. He greeted each one, placing his hand on their heads, making the sign of the cross, and blessing. He embraced some of them, bowed to others, and exchanged brief words with still others, offering rosaries and receiving the gifts of their hearts: letters, drawings, and verses.

The Pope passed among the sick and was with them; particularly charged with energy, joy, and encouragement, he distributed gestures of dedication and goodness, words of support and protection, and all took them in, experiencing indescribable, unique, and unrepeatable emotions. Some wept with happiness and joy; others were petrified by the inability to express previously prepared words. You got the impression that the whole soul was coming out of the sick body to express joy and thanksgiving for this encounter.

Two days later, the train went back to Poland. The priests celebrated Mass en route. The sick shared impressions and carried off their joy and hope. The doctors, on the other hand, did not hide their deep astonishment: during this difficult pilgrimage of nine days, in the group of 300 patients there was no instance of an illness worsening, no complaint, and no medical intervention either. This phenomenon could not fail to be related to the special objective of the pilgrimage: to elevate the spirit and heal through the meeting with John Paul II.

Today it is hard to count how many such encounters John Paul II has held at the Vatican and during apostolic journeys, in Poland as well. It is even harder to imagine all the sick who have heard the Pope's words by way of radio and television. They constitute the vast family of the suffering, not divided by national borders, political systems, or linguistic differences. In the dark secrets of suffering they find the light; in solitude, a protector.

In this way, on the basis of this experience, the idea arose to reflect on John Paul II's addresses to the sick and suffering in different parts of the world.

It is likely that no doctor in his professional life has had contact with such a large number of the sick as the Polish Pope has. We know this contact is of singular nature. It is a collective bond, sometimes massive, but at

once—quite paradoxically—extraordinarily personal. The psychotherapeutic phenomenon of John Paul II is based on the fact that he draws to himself increasingly large groups of sick people and does so in a systematic, persevering manner which is worthy of admiration; moreover, both parties receive something and come closer together in a natural, spontaneous, and authentic way. In this encounter masks fall and a complete frankness of extraordinary intensity is reached. It is not unusual for certain patients to experience states of transformed awareness.

"Fear Not"

In almost every general audience John Paul II speaks on human suffering and addresses suffering people. On each apostolic journey an important place is held by encounters with the sick and disabled. The Holy Father's attention in a seemingly selective manner turns to the suffering, but the scope of suffering here surpasses the limits of physical and/or mental illness. Although those afflicted by illness or invalidity are here in the first place, the homilies nonetheless encompass all those suffering in any way: as a result of physical pain, loneliness, old age, hunger or thirst, humiliation or oppression, intimidation, loss of support by the family or those close to them, and, finally, the accidents of destiny or catastrophes, social, economic, or political injustice, and terrorism.

The command "Fear Not," asserted at the very start of the Pontificate, on October 28, 1978, penetrated deeply and permanently into human thoughts and hearts.

"Fear Not." You are not alone; I am with you, and you, with me; we are together. We are joined by something deeper than physical community; we are penetrated by something stronger than common human solidarity. Therefore, "Fear not."

This is the way André Frossard, author of the most beautiful book on John Paul II, understood those words.

"This—'Fear not'—was probably aimed at the world, where man fears man, where life is

feared at least as much as, or more than, death, where the untamable energies man has available are feared, where everything, nothing, and sometimes fear itself are feared."²

John Paul II says, "Fear not" to the contemporary world. On arriving in his homeland, plunged into fear and apprehension over the present and the future, he said, "Peace be with you, Poland." How necessary those words then were, and how much we need them now, continually.

Certainly, in no human period has man experienced such intense and massive existential fear as he now does. John Paul II in Turin stated that "it is probably most deeply felt by those most fully aware of the whole human situation who at the same time have accepted the death of God in the human world." This fear is hidden or compensated for in different ways, both psychological and technological. It has found expression in different terms: *homo technicus*, *homo politicus*, *homo economicus*, and so on, and also in the consumer model for living. "Man shudders at death. Man fears death. Man defends himself before death," John Paul then said. But as if in contradiction to his nature and his fear, the more the human being fears, the more he creates a giant, mad potential for death. For himself—although it seems to him that it is only for others.

Contemporary fear of the human being is real, as potential threats to the human being and the world are real. To kill people wars are not needed now: "Now people commonly kill each other."

Man fears because, as a result of total negation, he is finally left alone: "metaphysically alone... internally alone."

Therapeutic Power

The Pope's visits to other countries, particularly the trip to Mexico and the countries of Latin America, were to some degree expected to be rivaled by the Polish encounters. Those expectations were, however, surpassed by reality. Not without

reason the summer of 1979 was called the summer of the millennium. John Paul II brought his compatriots two especially valuable gifts: *joy and hope*.

The sight of hundreds of thousands, even millions, gathered together provoked intense and unrepeatable impressions, releasing an immense potential of psychic energy and also prompting a deep sense of security, emotional relaxation and strength, in belonging to and identifying with the incalculable mass of people, aware of their power, thanks to unity of purpose and mutually accepted values. The powerful radiation of feelings of joy and the sense of exaltation at that historic time led to a build-up, as expressed in explosions of enthusiasm. Emotional and intellectual approval was manifested of the Holy Father's words and gestures, along with the discharging of great passion.

The reality of the pilgrimage to Poland was seen to be more splendid than anticipated. It exceeded the dreams and messianic visions of our great romantic poets.³

Mutual Influence

Indeed, on the first day of the visit there was a special interaction between the Pope's conduct, gestures, and looks and the responses of the faithful. John Paul II reacted to each signal of enthusiasm by the throng, observing it, perceiving the different signs addressed to him, and frequently remarking on them informally. The direct responses by the faithful took the form of acts, gestures, and attitudes reflecting—more freely than usual—their emotional and spiritual states. The massiveness of the encounters, never before witnessed, created a suitable language for direct, immediate understanding with the Pope.

What made the biggest impression, perhaps—though beyond the threshold of explicit awareness for most people—was the fact that the Pope spoke in Polish. A special force for therapeutic action emerged from the personality of John Paul II.

"It is true," André Frossard states in regard to him, "that heaven showered two charismas

upon him. The first is that his very presence acts, as everyone was able to observe on the day of his installation, when, even before he said three words, the diplomats could be seen crying in the official stands. The second gift is the capacity for investigating causes which are very distant in history and very lofty, theologically" (Frossard, p. 88).

On enquiring into the reason for his popularity, and, above all, for the powerful influence of John Paul II on people, Frossard rightly considers that "the clarification of this phenomenon should not be sought in mass psychology, but only in the psychology of John Paul II, in the exceptional coherence of his person. In John Paul II, Gospel, vocation, and person are one—as rarely happens—and precisely this inner, literally nuclear coherence causes him to irradiate. I surmise that the secret of that force with which he attracts the multitudes is concealed here" (Frossard, pp. 100-101).

The Pope's Words to the Sick

The Pope speaks to the sick in clear, comprehensible language, not leaving any doubt, and, in addition, his discourse bears an emotional charge which is irresistible.

The Pope has an extraordinary capacity to give back to words their true, original meaning. His messages addressed to the sick are written in a language of special literary—and sometimes poetic—value. Yet it seems that the real influential forcefulness of the Pope's words is determined by their compatibility with the author's attitude and conviction. Thanks to the use of repetition and adequate intonation, the Pope achieves maximum intensity in oral expression.⁴

A surprising property of John Paul II's homilies is that when he speaks to the thousands, and even millions, of faithful gathered together, each of the participants gets the impression—indeed, is convinced—that he is speaking to him or her individually. Those hearing the Pope on radio or television get the same impression



The Holy Father has the gift of establishing immediate visual contact with a large number of listeners and the gift of penetrating individually with his word. This positive therapeutic effect is achieved thanks to his excellent intonation, to the precision of his movements, and to simple, but expressive gestures.

"From Heart to Heart"

John Paul II treats his special inclination towards the sick and suffering as one of the most important obligations of his service. In speaking on the meaning of illness, he stressed that, among other things, in this way there is proposed to man "an extraordinary occasion to achieve the peak of human possibilities: the ability to accept illness, the will to experience illness and the sufferings accompanying it as a spiritual gift of love in complete submission to the divine will."⁵

This type of encounter, and this conversation "straight from heart to heart," is also an elementary condition which must be fulfilled in the process of psychotherapy. This influence, based on a special emotional bond between patient and therapist, is thus a bilateral process. Sentimental approval accompanies its acceptance, and the knowledge of the patient is balanced by the knowledge of the therapist. The question posed by the eminent Polish psychiatrist Antoni Kepinski is therefore essential: "Who gets more out of psychotherapy—the patient or the doctor?"⁶ The full extent of the query may be applied to the Holy Father's encounters with the sick, for they take place on a horizontal level, with bilateral emotional exchange, and there is also a process of mutual knowledge. Moreover, all occurs in a concrete emotional atmosphere of unity which approaches so-called "therapeutic community," an elementary reality in psychotherapy. This specific therapeutic relationship of the Pope with the sick and the suffering results from deep understanding of and empathy with their concerns and burdens and also from a humanitarian per-

ception of values which must not be taken lightly in the sick, including those worst off. This, too, is the spirit in which he habitually addresses health professionals at all levels: "Let us not take lightly the human and spiritual energy of the sick."⁷

Weakness in Infirmary, Strength in Suffering

The Pope's statement that his Pontificate rested upon the sick and suffering had immediate repercussions. Two days after his election, even before taking office and overriding tradition, John Paul II visited the Gemelli Hospital to see an old friend who was seriously ill, the Most Rev. Andrew Deskur.

In his talks the Holy Father set the strength and power of suffering joined to prayer against human weakness in infirmity. This paradigm later appeared several times in words to the sick and became the core of his considerations on the Christian meaning of suffering.

Secondly, the Pope established common ground in experiencing suffering for those who help by suffering. For the weak can also provide help, while at the same time needing it. Through prayer they can offer strength, even if immersed in the impotence of illness. In appealing to them also to devote their energy to the intentions of the Pope, "who, in his significance, is very weak, too," John Paul II created a horizontal level of common interaction. Only that level guarantees success in psychotherapeutic influence. Here another secret of the success of the Pope's homilies to the sick lies hidden.

The Pilgrimage of National Hope: The Second Visit to Poland

Different objectives were assigned to the Pope's second visit to his country. There is no doubt, however, that one of the most important purposes was to fortify national hope and bring together a suffering society torn

apart for political reasons. The therapeutic nature of this pilgrimage was thus manifested.

The Holy Father arrived in Poland and visited his suffering countrymen, who had been harmed and sometimes humiliated. The suffering, then, were not just the sick and the disabled, but almost everyone. John Paul II responded to this suffering in all his homilies. All the Pope's addresses are thus heavily laden with fortitude, support, and, above all, hope. The Pope encouraged personal effort so that traumatic internal reality would turn into a spiritual victory, so that immediate suffering and the torment of daily life would be seen in a longer time perspective.

The Pope brought out the magnitude of the sufferings of the Polish people during the second world war most emphatically in the homilies devoted to the beatification and canonization of Maximilian Kolbe.

"Maximilian Kolbe," the Pope said, "through his death in the concentration camp, in the bunker of hunger, in a particularly expressive manner, confirmed the drama of mankind in the twentieth century. Yet the profound and true motive seems to be this: the priest—martyr in especially clear fashion—manifested the central truth in the Gospel—the truth on the power of love."

"This son of the Polish land, who fell on his Calvary, in the cell of death from hunger, 'laying down his life for his brother,' comes back to us in the glory of holiness. Love is more powerful than death."⁸

With special gratitude former prisoners at Auschwitz and other Nazi concentration camps heard these words. The canonization of their companion in imprisonment was experienced by them as a compensation for their torment and suffering.

Old Age Is a Time of Harvest

Although old age is not itself an illness and must not always be linked with suffering, John Paul II often voices support of special rights and privileges to which the elderly are entitled.

"The halo of old age is great experience, and its pride, the fear of God" (*Si* 25:4-6). John Paul II draws a personal reflection from this maxim: "We must see precisely the old with more respect (You shall honor!). For to them families owe their existence, education, and maintenance, at the price of their burdensome toil and, on occasion, many sufferings."

"They cannot be treated as if they were not necessary. Even if they sometimes lack strength to carry out even the simplest activities, they have life experience and the wisdom often lacking to the young."⁹

On finishing his visit to Germany in November 1980, John Paul II met with the elderly. Speaking of old age, he compared it to the last part of a great symphony wherein the major themes of human life powerfully resound. Old age is a time of harvest of what has been experienced and achieved, but also of what has been suffered and withstood.

The meaning of suffering in old age was related by the Pope to the redeeming sense of Christ's suffering. He used lovely, expressive prayers in this connection: "You do not shed your tears alone, and none of them is in vain" (cf. *Ps* 56:9); gold melts in fire (cf. *1 P* 1:7); under the press the grape is changed into wine. He also recommended to older people the wisdom contained in the well-known saying "If you are alone, visit the one who is even more alone than you."

Finally, he dealt with a very intimate subject: the consolation of the nearness of death.

"From the moment of birth we are approaching death, but in old age we are yearly more aware of its nearness. The great school of life and death also leads us to someone's tomb. It does not just send us before a death bed. The elderly have experienced more of these lessons in life than the young and experience them increasingly. This is their great advantage on the way to that threshold, which

we often imagine unilaterally as an abyss and night. What lies beyond that threshold seems nebulous to us; and yet those who have preceded us are, more frequently than we think, allowed by God to care for us and accompany our lives with their love."¹⁰

These words were received with deep gratitude

Among the Victims of Leprosy

Encounters with the sick in African countries and the Amazon region (mainly with leprosy victims) were quite special. The Pope's contact with these patients consisted more of being with them than delivering addresses.

For health reasons direct contact and the danger of infection were avoided. Nevertheless, the world saw the photographs where the Pope greeted the lepers, touched them, and kissed some. Only someone with personal experience of the disability of these patients can grasp what a great barrier in terms of physical appearance as well has to be overcome. Both parties the sick and the Holy Father experienced clearly ambivalent sentiments: distance and closeness, the need for contact and the impossibility of understanding one another, the necessity and impossibility of coming together.

"Strangers Passing By in an Absurd Universe"

John Paul II also shows interest in the manifestations of social pathology: delinquency, terrorism, and drug addiction as well. "Drug addiction and alcoholism," His Holiness stated in November 1991, concluding the Seventh Vatican Conference [of the Pontifical Council for Pastoral Assistance to Health Care Workers], "because of their intrinsic seriousness and devastating spread, are two phenomena threatening the human race, severing in the individual, in the family environment, and in the social fabric the deepest

reasons for that hope which, to be such, must be hope in life, hope for life... Drug addiction and alcoholism go against life. We cannot speak of the 'freedom to take drugs' or of the 'right to drugs' because human beings do not have the right to harm themselves and neither can nor should ever renounce the personal dignity granted to them by God. These phenomena, it must always be remembered, not only harm physical and psychic well being, but frustrate the person precisely in the capacity for communion and self giving. This is especially serious in the case of the young. In effect, it is during that period when the young open themselves to life; it is the age of the great ideals, the season of sincere, oblatinal love."¹¹

While delving into the questions related to professional methods for treating drug ad-



dicts, John Paul II pointed out general models for procedure, arriving at the sources of escape from life:

"...The contemporary world limitlessly needs friendship, understanding, love, and veneration. It is increasingly evident that the young, fascinated by the poisonous pathways of drug addiction, must feel loved and understood to free themselves and return to the normal human road, accepting life in the perspective of eternity."¹²

For this reason he proposes the therapy of love as a response and alternative for drug addicts, the victims of alcoholism, and the family and social communities suffering on account of the weakness of their members: "Whoever does not love remains in death" (1 Jn 3:14)

The Holy Father addressed an invitation particularly to those who, with admirable generosity and in a Christian spirit, become the neighbor of their brothers and sisters affected and confused by the twofold deplorable phenomenon of alcohol and drugs.

He formulated this invitation through the significant Pauline phrase *contra spem in spem* (Rm 4:18): *hoping against hope*

It seems that if the people dealing with drug addicts professionally remembered these values and this attitude in their daily work, there would surely be better results in treatment.

The Assassination Attempt

As regards the attempt on the life of John Paul II, it has been written that to call this act sacrilegious is the least that can be said. It was said to have broken "the final barrier."

After two-and-a-half years of a Pontificate filled with encounters with the sick and suffering, the Pastor himself became a patient and a sufferer.

From the hospital bed, a few days after being wounded, the Pope began a special catechesis on suffering, crowned by the Apostolic Letter *Salvifici Doloris*.

On May 17, 1981, at the Gemelli Hospital the Angelus prayer was broadcast; the suffering Pope said, "I am particularly close to two people wounded along with me, and I pray for the brother who wounded me, whom I sincerely forgave."

After returning to the Vatican, John Paul II again began holding the general audiences.

The catechetical series beginning that Wednesday could be termed a catechesis on suffering. Even more than previously, he set forth his reflections and his sentiments concerning the Christian conception of the meaning of suffering for the faithful and the world.

"I experienced a great grace: through suffering and a threat to life I was able to bear witness." This is how the Pope conceived of the essence of the attempt on his life. He thus affirmed that, beyond the human dimension, this event for him was marked, above all, by a dimension of the Experience of God.

The Holy Father's later actions flowed from this understanding of suffering. From this attitude there emerged the gesture of forgiveness for the would-be assassin. "The word 'forgiveness,'" the Pope said, "is most the word of the human heart."

In a world of terror and violence, in a world of wars and assassinations of defenseless people, in a flood of acts of terrorism and vengeance, the Pope's gesture of forgiveness moved the world and even prompted protests. Some demanded that the would-be assassin be required to pay to the full, and the Pope forgave.

From that moment on every word and gesture by the Pope, particularly addressed to the sick and the suffering, took on a special value. From that moment on, even the words of Holy Scripture began to take on, in the Holy Father's words, an authenticity rooted in his suffering. Every word by the Pope to the sick turned into a word by one of them, sufferers and exper-

encers of the bitterness of suffering. From that moment on they, the sick, and he, their Pastor even more, became a single unity.

There is no doubt that precisely this period in the life of John Paul II formed the basis for the Apostolic Letter *Salvifici Doloris* on the meaning of human suffering, which was later prepared and published.

The Christian Meaning of Suffering

The reflections of John Paul II, expressed in many addresses and homilies to the sick, found their most mature form in the Apostolic Letter *Salvifici Doloris*. Officially, this letter was made public on February 11, 1984, in the sixth year of the Pontificate of John Paul II.

John Paul draws from the teachings of the Old and New Testaments a special dimension of suffering: what is of use in rebuilding good in the subject. The essence of suffering can be understood only through love, the redeeming love of Christ, in this case, expressed through suffering and death, from its temporal dimension to its eternal one. Christ was ever close to the world of human suffering. What most drew Him close to suffering was the fact that, though sinless, He voluntarily took suffering upon Himself in its definitive dimension.

This interpretation is supported by many New Testament passages. The starting point for later reflections is St. Paul's message in the Letter to the Colossians: whoever suffers in union with Christ makes up for what is lacking to the torments of the Savior. Precisely in this way the truth is conveyed on the creative nature of suffering. Its meaning is always expressed therein—yesterday, today, at all times. That is why the Church so honors and esteems the value of suffering.

In the end the Pope affirms that "suffering exists in the world to release love, to generate acts of love for one's neighbor,

to transform all human civilization in the civilization of love," and he addresses his request to all the sufferers, for he has devoted his mission on earth to them.

His Excellency
ZDZISLAW JAN RYN
Polish Ambassador to Chile

¹ [The works listed as published in or specifically for Poland are written in Polish; only the English translations of the corresponding titles have been included below—Ed.] "The Pilgrimage of the Sick," *L'Osservatore Romano*, Polish Edition, no. 4 (1984), p. 6.

² ANDRÉ FROSSARD, *Fear Not: Conversations with John Paul II* (Krakow: Znak, 1979), p. 7.

³ A. BIELA, *The Pope's Summer in Poland: A Psychological Essay on John Paul II's Pilgrimage to Poland* (London, 1983).

⁴ JAN MIODEK, *The Stylistic Characteristics of John Paul II* (Język Polski, 1984), III, pp. 173-176.

⁵ *The Sick and the Elderly in the Church* (Warsaw, 1985), pp. 26-27.

⁶ A. JAKUBIK and J. MASŁOWSKI, *Antoni Kepinski: Life and Work* (Warsaw, 1981).

⁷ *Suffering*, Special Supplement of *L'Osservatore Romano*, Polish Edition (1985), p. 43.

⁸ *Gaude Mater Polonia* (Krakow, 1982), p. 58.

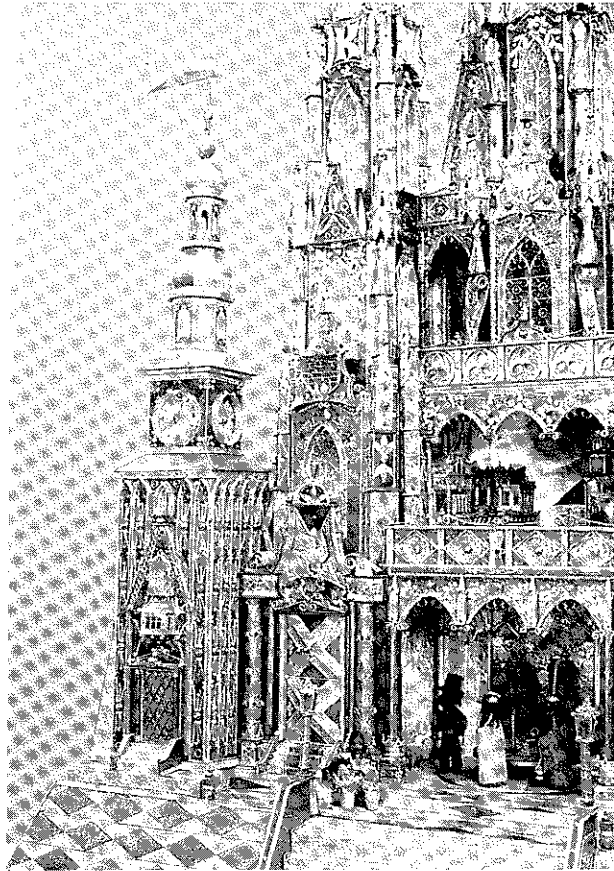
⁹ *Thinking About the Young* (Krakow: Agnus Dei, 1983), pp. 37-38.

¹⁰ "To Seek the Lord and Serve Him Faithfully in All Things, Great and Small," in *L'Osservatore Romano*, no. 48 (1980), pp. 15-16.

¹¹ The Holy Father's Address to Participants at the Sixth International Conference Organized by the Pontifical Council for Pastoral Assistance to Health Care Workers, November 21-23, 1991, in *Dolentium Hominum: Church and Health in the World*, Journal of the Pontifical Council for Pastoral Assistance to Health Care Workers, 1/1992, p. 36.

¹² "The Drama of Drugs," in *L'Osservatore Romano*, Polish Edition, no. 11 (1980), p. 11.

Testimony



Health Care in Malawi

*St. Mary's Health
Clinics for the Poor*

The Catholic Church in Malawi and Health Care

Your Excellency, We greet you in the name of the Lord.

We, the Bishops of the Episcopal Conference of Malawi have the pleasure to brief you, Your Excellency, about the role of the Catholic Church in Malawi in the health delivery sector. The Church from the beginning has included in her evangelisation the healing ministry. This was started by Jesus Christ who demonstrated during His Ministry on Earth (*Mt* 8:1-4; 9:6-7; *Lk* 5:12-14; 18:20). We are constantly reminded in the Bible about the healing ministry which was continued by his apostles after His death on the Cross (*Acts* 3:4-7). The Church has since retained this responsibility.

The Church has continued its healing ministry through Hospitals and health centres in view of the fact that Man needs to be served in total, body and soul. The Church in Malawi has been providing health services ever since the first missionaries arrived in the country. At this point in time, there are 78 hospitals and health centres throughout the country and these are being run by different congregations of sisters in collaboration with the Bishops.

The characteristic feature of the Catholic Health units in Malawi is that they are mainly situated in the rural areas where the means of communication are usually limited. For example, most of them are not linked by telephone or public transport to enable patients to travel to a health facility with ease. Lack of telephone facilities in some health units limit their ability to call for an ambulance to transport referral cases to major hospitals which are situated District Headquarters and cities. But these conditions have not de-

tered the provision of health services to such areas because it is the commitment of the Church to serve those in need.

The Catholic's health delivery structure

Catholic health units are grouped by Diocese under the Diocesan Medical Commissions. Bigger hospitals have Board of Governors as well as Board of Trustees which supervise the management of hospitals. In some dioceses like Dedza, they have a Diocesan Boards of Governors which supervise health units which are managed by local congregations of sisters. Local congregation of sisters are inheriting health units previously managed by various missionary sisters on behalf of the dioceses.

Whereas the role of local congregations can be appreciated, the transition has not always been smooth. One of the main problems that has been observed is that the departure of the Missionary Sisters has tended to be too quick and not allowing adequate preparation for take-over. As a result, we assign local congregations which have very limited number of qualified staff to manage these health centres. In short term, this is affecting the effective delivery of health services. Most of the units are understaffed. At the same time, those managing such health units do not have management skills to enable the smooth running of the units. Further training is greatly required, particularly, administrative and management skills. We are very grateful to Caritas Italiana with whom we have an agreement to improve the management of Catholic health units. Under this programme, a number of nurses have gone for further training

locally and outside the country. The local congregation of sisters and non-religious nurses have been the main beneficiaries.

However, there is still great need of improvement mainly if we can have local persons trained as medical doctors. This is the most difficult task for the Church in Malawi. The problem is not because we cannot find suitable candidates to be trained as doctors but it is because the country does not have the training institution. Sending trainees abroad appears to be the only alternative but the cost involved is beyond the capacity of the Episcopal Conference of Malawi. In this area, we look for assistance from friends and partners abroad for assistance. We take this opportunity, Your Excellency, to request the help of your Government to assist us.

Christian Health Association of Malawi (CHAM)

All Catholic hospitals and health centre are members of the Christian Health Association of Malawi. This is an umbrella association of the Episcopal Conference of Malawi and Christian Council of Malawi who are the Mother bodies. The association is aimed at providing collaborative effort of the Christian organizations in the provision of health services. It is also meant to provide a unified voice when faced with the Government of Malawi on matters of health. For example, at this point in time, we are discussing with the Government the terms of our collaboration between CHAM and the Ministry of Health. In fact all local members of staff in established posts are supposed to be paid by the Government. Whereas this is seen as the Government's appreciation of the

role of CHAM units, there are so many short comings. For example, CHAM personnel are not equally considered for training in Government institutions. It is also noted that the Government does not cover the requirements of CHAM staff such as insurance, pension and other working conditions provided to those in Government health units. This contradiction seems to be creating disparity among health personnel in country CHAM and its mother bodies are not able to meet some of the requirements due to limited resources available.

The inability of CHAM not to meet all the requirements can be illustrated by the supply of drugs. It must be mentioned that the Government does not give drugs free to CHAM units. Apparently, our hospitals are required to pay 17.5% on every purchase of drug from the Government Central Medical Store. This percent reduce considerably the amount of drugs which can be acquired locally. The interest charge on CHAM units to which our hospitals and health centres belong is serious contradiction to the appreciation of the role of the churches in the delivery of health services.

To illustrate this contradiction is the fact that when we have requested assistance from outside the country in the form of drugs, we are asked to pay neither duty nor any form of payment on them.

As a result our units depend very much on drug donations from our partners abroad. Thanks to Caritas Italiana, Caritas Germany, MEMISA and all those agencies which responded favourably to our request for assistance. We believe that Caritas Italiana is able to help us because your Government, Your Excellency, has been providing both moral and financial support. We thank you and the people of Italy for their kindness to help their brothers and sisters in Malawi through hospitals and health centres.

Involvement of the Catholic health units

We are pleased, Your Excellency, to inform you that our hospitals and health centres are involved in a number of programmes such as:

1 Maternal and Child Health

This programme aims at reducing mortality among children and mothers by improving their health status. In Malawi, children and mothers are the most vulnerable. Health indicators of these two categories is very worrying. For example, under five (1-4 years) mortality rate of 320 per 1,000 and infant mortality of 159 per 1,000 live births are the worst in the world (M, 1992:2). Similarly, maternal mortality is as high as 259 per thousand. The question may be asked as to why such terrible indicator inspite of the availability of health facilities? It must be pointed out that in Malawi, female literacy is very low, 25% whereas in rural areas it is 18% (*Ibid* 2). This situation is compounded by poverty that is becoming a way of life in Malawi. At the same time, the Government has been providing free medical service to the population but most of its units do not have drugs most of the time. The services that are provided in CHAM health units require a payment of a small fee which the majority cannot afford due to poverty.

However, CHAM health units have intensified health education to improve maternal and Child health. The main cause of maternal death seems to be deliveries which are done in villages without qualified birth attendants. As a result, many Traditional Birth Attendants are being trained in order to improve the home deliveries and reduce maternal death. Similarly, many children die from preventable diseases but many children do not complete immunizations and ignorance on the part of parents who do not take their sick children to hospital in time. There is evidence that many illiterate parents tend to take their sick child-

ren to hospital when the sickness has reached critical condition, hence reduced probability of survival. The Church supports the health units by encouraging parents to take their children to hospital for treatment when sick. The same is done to pregnant mothers. We believe that it is possible to reduce maternal and children mortality rates if the current process continue to be intensified.

2. Nutrition and rehabilitation

Malnutrition is ranked as one of the main cause of death among children under five years old. The effects of malnutrition are reflected in the high rate of stunting at 56% at the national level. It is also reflected by the high national rate of wasting at 10%. However, there variations among districts and regions whereby areas pron to drought having the highest rates of malnutrition. The other contributing factor is that food production has been declining over the years due to population growth which has resulted in some households having the land area of less than one hectare for food production.

The Episcopal Conference of Malawi through Caritas is supporting hospitals and communities to deal with malnutrition. We have established 14 community-based feeding programmes attached to hospitals for monitoring of the progress. With the support of Caritas network through Caritas Germany, we are able to carry out this programme which is aimed at improving nutrition status among children. We are very thankful to our Caritas partners and the European Community for the support provided in the form of food and finance. Without this collaborative effort from our brothers and sisters abroad, the effect of drought would have been disastrous. However, other CHAM and Government units do not have community based feeding programmes. They have malnutrition rehabilitation centres based

at the headquarters of the health units only. Whereas the establishment of community based feeding programme has meant rehabilitation centres for intensive feeding.

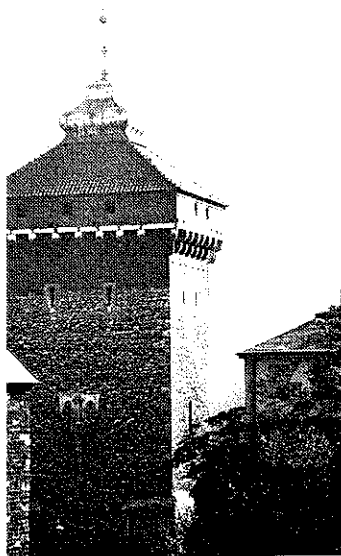
3. *Primary Health Care*

It has been realised that hospital based curative approach may not reach us anywhere. Primary Health Care emphasizes preventive approach which must involve the people in their own communities. Hospitals and health units have managed to extend PHC activities to the communities through volunteers. These are members of the community and help their fellow villagers to improve sanitation water supply and personal hygiene through health education and support to activities. Funding has been, however, the main constraint in advancing in these activities. For example during the drought period (1992-1993), we have had many cases of blood diarrhoea due to the use of contaminated water. This water is neither boiled nor treated by drugs. Primary Health Care would have helped to facilitate the protection of wells. However, the technical skill among volunteers tend to be very limited because their training is very basic. There is need for more people trained in PHC techniques to facilitate programmes that would be helpful and sustainable by communities. We need assistance in this field because we believe this approach would reach more people than hospital based services.

4. *Immunization*

It has been mentioned earlier that the high child mortality rate is caused by some diseases which can be prevented by immunization. The Government policy is aiming at 100% immunization but this appears unattainable. However, our health units have tried to achieve high rates of immunizations through Extended Programme of Immunization (EPI) programmes supported by

UNICEF. Hospitals have established outreach clinics in order to expand coverage. In some areas the rate of 80% immunization has been reached. However, the most serious problem experienced in this area is uncompleted immunizations. In areas where community feeding programme is being implemented, the rates are improving considerably. This is so because those children who come to be fed they are also immunized against diseases. Unfortunately, this programme involves only 14 units belonging to the Catholic Church. Other CHAM units and Government do not have community based feeding programmes to link with immunization.



5. *AIDS/HIV Education and Community Based Care*

The AIDS epidemic is causing serious anxieties among people throughout the world because there is no cure in sight. Malawi is one of the countries in Africa with the fast growing rate of HIV/AIDS infection. Latest figures show an accumulative figure of over thirty thousand since 1985 when the first case was diagnosed. It is estimated

that over 300,000 people may be HIV positive and this may reach over a million by the year 2000. The Church in Malawi has shown its concern and it has taken action.

Different dioceses have elaborate AIDS/HIV education programmes. For example, Chikwawa has an AIDS/HIV education programme supported financially by Catholic Relief Services. Lilongwe Diocese has a Community-Based care of AIDS/HIV patients which is based on counselling and material support. The Lilongwe Diocese AIDS/HIV programme is derived from the national Episcopal Conference of Malawi AIDS Project cofinanced by Caritas Germany and Caritas Neerlandica. The Lilongwe Diocese AIDS programme is being funded by CAFORD. Different catholic hospitals have AIDS Education included in their general health education.

The AIDS/HIV education is based on the Church's doctrine which emphasizes chastity, morality, and fidelity. It is based on the sacredness of the married family living in true love. We are against the promotion of the use of condoms which seems to be the basis of the Government sanctioned AIDS programmes. It is our conviction that condoms will not prevent AIDS when people do not live faithfully in marriage with one partner. The promotion of the use of condoms appears to act against humanity for it emphasises sexual gratification without the achievement of morality and the sacredness of the family.

In spite of the challenges our church programmes are facing, many people believe in what we are promoting. Many people are now aware about AIDS and they are also accepting the fact that condoms will not provide a solution to epidemic. It is our hope that the world will come to realise the importance of faithful marriages rather than the use of

condoms as affective way of reducing the effect of AIDS

6 *Family Planning based on Natural Methods*

Malawi is a small country about one fifth the size of Zambia. However, it is highly populated. The population at the moment is estimated at 9 million and it is growing at the rate of 3.7%, one of the highest in the world. But the country at the same time has very limited resources to adequately cater for the growing population.

We share the ideal that should be made to reduce population growth but we do not agree with the methods that are being promoted. Every life is sacred and nobody has the right to terminate one's life even when it is unborn. The sacredness of life seems to be under threat by the unethical practices which include abortions. We are very concerned by what we hear that some clinics in the country administer abortions which have resulted in the death of some mothers.

It is our belief that the most effective and humane way of population control is through natural methods. Our hospitals and our Family Apostolate Department has successfully educated people on the negative impact of artificial methods which include abortion. But the Department is in great short of resources to effectively tackle the challenge. One of the requirements is finance to enable it acquire the necessary materials for educating people about the sacredness of life before God and the practical advantages of natural methods.

It is very worrying that condoms and artificial contraceptives are promoted to prevent pregnancies without recourse to the sacredness of marriage and family. It is our belief that such practices encourage sex without love and promiscuity. This is against God's plan of the family instituted through Adam and Eve.

St. Mary's Health Clinics for the Poor

Working in the healthcare profession is a luxury. At the end of a day, at the close of a week, we can look back with the knowledge and assurance that we have made a difference. We can see the tangible results of our efforts: how lives are improved, families are made whole, indeed, how new lives are brought into the world.

Still, there is a danger ever present in our profession, as there is with almost every luxury. And that danger is that we can too easily limit our vocation to serving the patients who enter our offices and hospitals between nine and five or by way of the emergency room. Indeed, it is the ever present temptation to be driven by the bottom line instead of the desire to serve people.

To the extent that we have become comfortable with limiting our vocation to the office, we have lost sight of another luxury of our profession. For working with and for our patients should serve as a visible reminder that we are patients of a spiritual doctor, that just as the shattered arm is in need of being set or the disease cured, so, too, our souls are in constant need of care and compassion.

Like the patients we care for, we must follow a doctor's orders if we are to progress in the health of our Faith. However, unlike the patients who come to us—we—by virtue of our vocation—are in a unique position to heal ourselves if only we will not set limits on assisting in healing others.

It is just such generosity that Christ has asked of us. "Love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and love your neighbor as yourself" (Luke 10:27) was Christ's response to the young man's question: "How shall I inherit eternal

life?" Loving God and neighbor is the prescription which must be followed if we are to heal ourselves.

It was the effort to respond to the truth of the Gospel which led the St. Paul Province of the Sisters of St. Joseph of Carondelet to form Carondelet LifeCare Ministries (CLM) to heal, as Christ had two millennia earlier, the sickness and infirmity of the poor. "Meeting the needs of the medically neglected is what first inspired the Sisters of St. Joseph to pursue their health care ministry over 140 years ago. Now in the 1990's, the Sisters are returning to their roots by pursuing basic health care in the poorer neighborhoods of our community."¹

Founded in October 1991 and now serving the indigent and medically underserved in the Twin Cities area, CLM is an advocate for health care values based on its Catholic orientation, focusing especially on the poor by facilitating the interaction between provider and patient, and by adapting its resources to meet the changing health care needs of those it seeks to serve.

To realize this goal CLM has established the St. Mary's Health Clinics (SMHC) for the express purpose of "witness[ing] to the healing ministry of Christ by providing needed health services accessible to the poor and medically underserved in their neighborhoods."² This witness will be rendered through the operating of "quality, primary health clinics that identify and treat the health needs of the poor and medically underserved and assist them in gaining access, as needed, to the mainstream health care system."³

Seven clinics have since opened in poor and medically underserved neighborhoods,

with the intent to establish a network of 20 clinics by the end of 1994. The clinics operate each day of the week except Friday, Sunday, and some Saturdays. Initially, the clinics are open one-half day per week and will expand days as demand dictates.

In the fiscal year which ended June 30, 1993, the clinics served 1660 patients. Although the vast majority of patients make appointments, walk-ins are welcome and are accommodated. Approximately nine patients are examined each afternoon, which results in an average per patient visit of half an hour. This ratio is excellent from a patient care viewpoint because we are providing care to a high risk group as well as instructing patients about the importance of proper eating habits, taking medications, and other preventive health measures.

The importance of the half-hour visit and educational contact cannot be overemphasized in serving the "non-traditional patient." The majority of our patients, for example, have upper respiratory or ear infections, hypertension, diabetes, obesity, skin conditions and other problems which, if not treated early, can result in premature morbidity or even death. These medical problems and illnesses bring to the fore the sublimely link between health and dignity. At St. Mary's Health Clinics we recognize that health is more than the absence of illness; that it is where we live, when and what we eat, how we relate to the world around us and how it responds to us. Consequently, we mean to respond to our patients with the dignity of Christ, which will remain and be a source of health long after their medical illness has abated.

Despite the common need of education and respect among our patients, the characteristics of the patients we serve are diverse. Ranging in age from 5 weeks to seventy-five years, the St. Mary's Health Clinic patient includes low income hourly workers without health benefits,

the unemployed, homeless women and children without medical assistance, the elderly without a Medicare supplement and those people who have little or no ready access to the health care system. Thirty-six percent of our patients are adult females, 29% adult males and 35% are children. Of these, 57% are African-American while Anglo-Americans consist of 35%. The remaining 8% are Asian, Native American, and Hispanic.

Typical staffing per clinic is one doctor, one or two nurses, and one or two admissions personnel. Doctors and nurses, if retired, are required to maintain their professional licenses although the clinic provides their professional liability insurance. Each volunteer is motivated by a desire to serve his/her neighbor. Admissions volunteer Mary Grace Ederer summarized that commitment well: "The people who volunteer are committed to serve. There is a spiritual perspective that underscores almost everyone's involvement."

In order to prepare the volunteers for their service, SMHC provides educational programs which address the differences in culture in and among minority groups as well as "refresh" memories about typical infirmities almost unheard of among more affluent patients. Orientation programs for each volunteer center focus on the purpose, philosophy, and mission of the St. Mary's Health Clinics, and emphasize the importance of respecting the dignity of each person treated. Many of the medical education programs are a joint project with the Hennepin County Medical Society and are accredited by the American Academy of Family Practice and the American Medical Association.

Apart from the benefits enjoyed by the patients—for many it is the first time they have received professional medical attention—the clinic volunteers themselves have benefited. Indeed, more than one volunteer has expressed gratitude for having been provided with the opportunity to serve. Thus, not only has Carondelet LifeCare

Ministries begun to meet the needs of the marginalized with the St. Mary's Health Clinics, but it has also enabled many health care providers in the Minneapolis/St. Paul area to love the poor and afflicted as God does.

Finally, in acknowledging the dignity of the poor and medically needy the St. Mary's Health Clinics staff are addressing the demands of charity set forth at Vatican II: Just as God loves us with gratuitous love, so too, the faithful in their charity, should be concerned for mankind loving it with the same love with which God sought man. As Christ went about all the towns and villages healing every sickness and infirmity, as a sign that the kingdom of God had come (cf. Mt 9:35 ff.; Acts 10:38), so the Church, through her children, joins herself with men of every condition, but especially with the poor and afflicted, and willingly spends herself for them (cf. 2 Cor 12:15).⁵

To be sure, the mission of Christ, and the vocation He has shared with us ask us to spend ourselves for all who are in need of Christ's healing touch. As such, our mission is more than soothing a cough, or treating an infection, as important as these things may be. As Catholic health care professionals our mission is to love, to leave patients—our neighbors—different from the state in which they came to us: the sickness healed, certainly, but also, somehow, lives transformed, the Church made real, the Word made flesh.

Sister M. M. ASHTON, CSJ
STEWART W. LAIRD
Carondelet LifeCare Ministries
St. Paul Minnesota

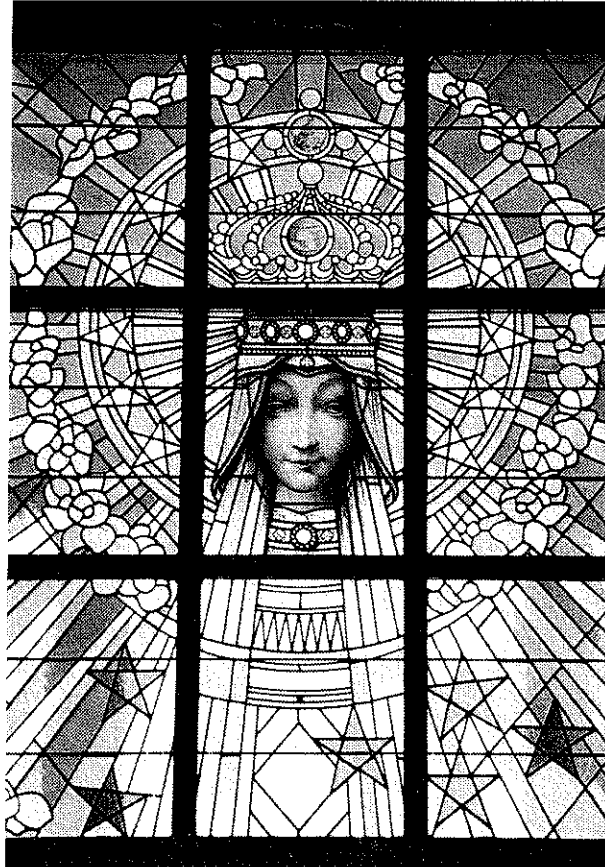
¹ Sister Mary Madonna Ashton, President, in the *Catholic Bulletin* 2.18.92.

² *Mission Statement*, St. Mary's Health Clinics 11.22.91.

³ *Goal Statement*, St. Mary's Health Clinics 11.22.91.

⁴ VII - *Decree on the Church's Missionary Activity* (December 7, 1965) *Ad Gentes Divinitus* Ch. 2, Art 1.

Activity of the Pontifical Council



*Third World Day
of the Sick*

*Five-Hundredth Anniversary
of the Birth of
St. John of God*

Celebration of the Third World Day of the Sick



*I ENTRUST MY DESIRES TO THE QUEEN OF PEACE
AND FROM MY HEART BESTOW MY APOSTOLIC BLESSING
UPON ALL THE PEOPLE GATHERED
TOGETHER IN YAMO USSOUKRO*

*To His Eminence Fiorenzo Cardinal
Angelini, President of the Pontifical
Council for Pastoral Assistance to Health
Care Workers.*

On the occasion of the World Day of the Sick, at which Your Eminence will preside in the Ivory Coast, I ask you to extend my warmest greetings to the people you will be encountering on the African continent, which is so dear to my heart, and especially to the sick, to whom I wish to express the Church's gratitude for the role they play in the spiritual growth of the Christian family. It is my deep wish that those experiencing human fragility will always find their place in

society and be able to achieve their aspirations to better health in spirit and in body. Finally, I join in the thanksgiving of the Ivory Coast Church, which is celebrating this year the centennial of the arrival of the first missionaries, and I invite all the baptized, both the sick and the healthy, to announce, in the measure of their capacity, the Good News and be authentic witnesses to Christ on the threshold of the third millennium, for the good of Africa. I entrust my wishes to the Queen of Peace and I bestow from the heart my Apostolic Blessing upon all the people gathering together in Yamoussoukro.

JOHN PAUL II

"Hail Mary, Queen of Peace"

(Chronicle of a Pilgrimage to Yamoussoukro)

From the 9th to the 13th of February 1995, a pilgrimage took place under the auspices of the Pontifical Council for Pastoral Assistance to Health Care Workers, which organized this journey to the Sanctuary of Our Lady of Peace in Yamoussoukro, the Ivory Coast

The delegation was headed by His Eminence Fiorenzo Cardinal Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers; it also included Rev José L. Redrado, OH and Rev Felice Ruffini, MI, Secretary and Undersecretary, respectively, of the Council; Monsignor Boleslaw Krawczyk, Pontifical Master of Ceremonies; numerous officials, consultants, and their relatives; chaplains; representatives of Catholic doctors and pharmacists; a group of Spanish religious and nurses; and members of the Benedictine Sisters for Reparation to the Holy Face of Christ, headed by their Superior General, Sr Maria Maurizia Biancucci

After arriving in the late afternoon of February 9 in Abidjan and being received by Apostolic Nuncio Janusz Bolonek and Archbishop Bernard Agre, the delegation set out again the following morning in the personal aircraft of the Ivory Coast President for Yamoussoukro, the new capital, site of the Sanctuary of Our Lady of Peace. Their arrival at the airport of this "new" city was celebrated by a typically African warm welcome.

The songs, smiles, and joyous dances of a large group of children opened the first day of this visit to Yamoussoukro.

Together with the Apostolic Nuncio and the Ambassador to the Holy See, H. E. Joseph Amichia, Cardinal Angelini and

his entourage went to the City Hall, where they were awaited by Mayor Konan-Banny, who greeted the delegation with the word *akwaba*, 'welcome,' saying this term was suitable for all men arriving in Africa, and especially for those bearing the "good news" of fraternity and peace.

He then stated that Africa was "sick" in his official greeting, recalling that poverty, AIDS, illnesses, and epidemics were lacerating his country and that the only thing to cling to as an indispensable good was hope.

In harmony with the Mayor's words, Cardinal Angelini conveyed his deep emotion on feeling himself to be not a foreigner, but a friend in the house of friends, a brother in the midst of his African brothers.

After having received the keys to the city as a gift, the delegation went to the Chapel at the private residence of late President Houphouët-Boigny, still highly beloved among his countrymen for his work as a builder of peace and promoter of his nation's cultural growth through major public facilities such as the HB Foundation, with a magnificent conference center, a residence to host foreigners, and a modern university campus.

In the afternoon, as the bus approached the Basilica of Our Lady of Peace, there was an incredible sight: an immense, imposing, marble building rose up in a clearing in the flat African savannah just as the power of faith rises up in the arid, bare souls of nonbelievers, just as the healing power of suffering rises up amidst the inhuman, anonymous indifference of men, just as peace rises up in the midst of hatred and war.

In that Basilica the words of Bishop Bernard Agre of Yamoussoukro rang out: "Our presence is a cry, the cry of hope in the living God who comes to heal."

"'Akwaaba, welcome to my house,' the Mother of Christ is saying to you"—these were the words of greeting for the pilgrims pronounced by Basilica Rector Aleksander Pietrzyk.

A greeting addressed to all mankind so that it would join in prayer to overcome the suffering gripping men, strangling the African people.

Cardinal Angelini also expressed words of welcome to all who had come to pray together for the charismatic renewal of Yamoussoukro, to greet Mary together, Queen of Peace, Health of the Sick.

Peace and suffering were the dominant themes of the Third World Day of the Sick, Feast of Our Lady of Lourdes. The solemn Eucharistic celebration at the Basilica of Our Lady of Peace was presided over by Cardinal Angelini, along with Cardinal Bernard Vago, Archbishop of Abidjan; Apostolic Nuncio Janusz Bolonek; Archbishops and Bishops from different African countries; and numerous priests. Thousands of pilgrims arrived for the Mass from near and far.

During the Mass the Anointing of the Sick was administered, and there was a Procession of the Most Holy Sacrament, with a Blessing for the Sick, and a salutation for Our Lady.

Among the authorities present were Ivory Coast President Henry Konan-Banny and the Prime Minister, accompanied by their wives.

The celebration expressed African religious culture, with song and dance, tributes of joy and love for the Lord and Our Lady.

The Mass in Africa is truly experienced as a festive encounter with the Lord, a pleasing, wished-for, long-awaited encounter which cannot, therefore, be interrupted or accelerated by

the frenetic pace of contemporary life. In Africa time stops before God. Africans accompany Him, pray with and through Him.

And during this Third World Day of the Sick, the African people, together with the other peoples of the world, stopped once again for a universal prayer with the themes of suffering and peace. In that Basilica, rising up in the midst of the savannah, Cardinal Angelini told everyone that this was the best way to love the Church, as a large family to which each of us belongs, a love to be expressed with all our strength.

Cardinal Angelini, present in Africa as the representative of John Paul II, recalled that we are all sick in spirit and it is necessary to care for each man's soul, first of all; we must be converted. "Illness is not treated; the person is treated." And the Cardinal added that no one had surpassed the Holy Father in authentic living witness to human rights from birth to death and to freedom in the world.

A heroic Pontiff who will not be forgotten, to whom Cardinal Angelini, in his homily, wished to send a symbolic dove of peace, an expression of the African people, so that he would know the whole world loved him and the sick offered their suffering for the accomplishment of his will.

In the afternoon a visit to the hospital in Yamoussoukro took place, and Cardinal Angelini donated money and medical equipment.

There he encountered the suffering of motionless children lying in their beds, almost suspended while awaiting a caress to relieve their pain and restore hope to lives wounded at such a tender age.

Those dark, deep, penetrating eyes which had already seen so much, and especially so much suffering, accompanied Cardinal Angelini in the evening encounter, at the "Great Basilica," with a good 2000 African children who had come mostly on foot-

from villages and towns around Yamoussoukro.

To the simple, but clear and precise and not at all banal question as to how children could help other children who were sick, Cardinal Angelini responded as the Holy Father has been teaching us for some time: "By prayer."

And in that Great Basilica, amidst the warm lights of an African day at sunset, the choir of deep eyes of those 2000 children rose up like a prayer to the Lord, the prayer healing the wounds of mankind.

On Sunday, February 12, the Italian Delegation went back to Abidjan, where the World Day of the Sick's cultural session began at the Catholic Institute for Western Africa, with contributions by Ivory Coast health professionals and representatives of Catholic international health-care organizations on the burning question of AIDS.

In addition to Cardinal Angelini, speakers included Rev. Cécé Koilié, Director of ICAO, Professor Kanga Miessan of the Medical School at the Ivory Coast National University, and Mrs. Navigué Celestine, Secretary General of CICIAMS for Africa.

Everyone agreed that poverty was the main problem in the spread of AIDS. The Church's task was to educate the young with all its energies through effective communication reaching the depths of the African soul. Greater solidarity "among peoples and within peoples" was needed. Cardinal Angelini thus invited all men to join in the fight against this terrible disease striking man not only bodily, but in personal dignity.

Attention to the human person, to man, in whom the suffering of Our Lord is embodied, is at once the object and objective of all Catholic health organizations working internationally.

In this connection there were statements by Professor Gianluigi Gigli of FIAMC; Dr. Piero Uroda, President of the Catholic Pharmacists; Monsignor James Cassidy, President of AISAC; and CICIAMS' Vice President

for Africa Koukoua, of the Ivory Coast.

The day ended with a solemn Mass at the Sanctuary of Our Lady of Africa, Mother of All Grace, before a throng which filled a natural amphitheater outside.

"They say there is a third world, but the Lord created one single world. You are the faith; you are the gold of faith in God" with this message Cardinal Angelini wished to summarize the significance of those days in Africa.

Immersed in the warmth of that festive crowd, amidst songs and dance rhythms, human contact with the African people made spiritual union with them even deeper.

A unique experience of faith: a privileged way of encountering and feeling the Lord which remains sculpted in one's soul and tears at the heart of someone having to depart.

The next day, to mark the tenth anniversary of the establishment of the Pontifical Council for Pastoral Assistance to Health Care Workers, Mass was celebrated at the Apostolic Nunciature, during which Cardinal Angelini and the whole Italian delegation thanked Apostolic Nuncio Bolonek and Monsignor Aleksander Pietwik for the warm welcome received and for the special experience of faith.

Finally, on returning to Rome, after having left the warmth of the African people, we found ourselves in a rainy dawn in which, amid the raindrops and the departing night, St. Peter's Basilica loomed up in front of us, symbol of the Catholic Church around the world and especially of the power of the living God made man, in the certainty that we wanted to encounter Him again at the Fourth World Day of the Sick, in another part of the world, with a similar, and even more intense, faith and spiritual wealth.

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

Bishop Agre's Greeting

(Basilica of Our Lady of Peace Yamoussoukro Ivory Coast February 11 1995)

Your Eminence, Cardinal Angelini, Legate of His Holiness John Paul II, Mr. President of the Republic of the Ivory Coast,

Dear Brothers in the Episcopate of the Ivory Coast and of our brother countries,

Ladies and Gentlemen representing the political and administrative authorities,

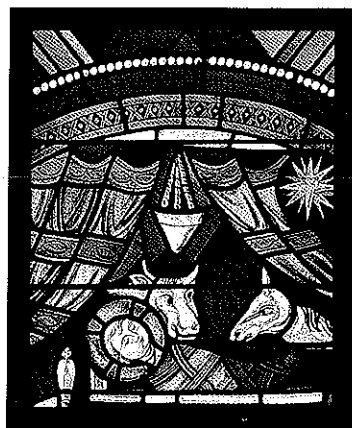
Dear brothers and sisters who are pilgrims today in search of God,

"I feel compassion for this crowd..." (*Mt 15:32, Mk 8:2*). This is the Lord Jesus' cry on seeing so many people gathered together at his feet who had come from all the surrounding townspeople who were hungry, who were thirsty, who were sick "From Him there went out a power which healed them all" (*Lk 6:19*) He has told us: What I have done you should do as well Give them something to eat, heal them

African culture, marked by the rite of solidarity, impregnates our entire existence, and in Africa we usually express this solidarity by our fraternal presence in the event of death or illness

The Church, with the evangelization of our culture, has broadened the sense of our presence to the suffering The Church has instituted for mankind certain days which intensify in us our desire to be present to this immense throng of persons who suffer, who hope, and who are desperate

The Third World Day, instituted by the Holy Father and offered as a gift to our country, the Ivory Coast, is being solemnly celebrated in the Basilica



of Our Lady of Peace, a place of encounter and prayer, on this day, February 11, 1995 Suffering and peace meet in this sanctuary dedicated to Our Mother of Sorrows and of Hope Here we want to express to the Holy Father our filial gratitude for the illustrious honor he has wished to show for Africa and particularly for the Ivory Coast

We have come in great numbers to respond to the appeal of Pope John Paul II, Apostle of hope and of attention to the humble. We have come with the political and religious leaders of our country and of other nations. Our presence is a cry, the cry of hope before the living God who heals our inner wounds, our fears, our manifest and hidden illnesses This cry says to the Lord, "Have mercy on all those suffering on account of leprosy, malaria, and AIDS, this terrible illness of our times Have mercy on those suffering from all the other evils threatening the inner peace of individuals and families"

This national and international pilgrimage seeks to be a witness to our fraternal presence alongside our sick brothers and sisters. God cannot fail to hear what flows from the throbbing hearts of his children who look to and contemplate the face of Jesus Christ, his suffering Son.

Welcome to you all. Our best wishes for the Day, for the pilgrimage. May we all be proponents of hope for those who do not believe and for those who believe in the living and true God, and let us all, each in his or her way, try to be Good Samaritans.

Most Rev. BERNARD AGRE
*Bishop of Yamoussoukro,
the Ivory Coast*

Celebration at the Sanctuary of Mary Queen of Peace (Yamoussoukro)

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PRECIOUS INSTRUMENTS FOR PEACE

(The homily by Fiorenzo Cardinal Angelini February 11 1995)

The Eucharist which we are celebrating today together with you, brothers and sisters of the noble and courageous ecclesial community of the Ivory Coast brings together spiritually the whole People of God scattered everywhere in the world.

After Lourdes and Czestochowa this sanctuary devoted to Mary, Queen of Peace, is today a protagonist in the celebration of the Third World Day of the Sick.

According to the desire of the Holy Father, John Paul II, this represents a "rencontre ecclésiale

en lien spirituel avec l'Assemblée Spéciale pour l'Afrique du Synode des Evêques et, en même temps, c'est l'occasion de partager la joie de l'Eglise de Côte d'Ivoire qui célébrera le centenaire de l'arrivée de ses premiers missionnaires" (*Message du Saint-Père à l'occasion de la Troisième Journée Mondiale du Malade*, 2)

For me this Day is also an occasion for remembering the tenth anniversary of John Paul's instituting the Pontifical Council for Pastoral Assistance to Health Care Workers, precisely on February 11, 1985

This young Pontifical Department, engaged in the oldest of the pastoral manifestations of

the Church, the healthcare ministry, is also the tangible demonstration of increased sensitivity among the faithful, pastors and laity, to a vanguard apostolate under the sign of justice, charity, and solidarity.

Three motives for reflection suggested by this celebration converge in timely fashion.

First of all, the one-hundredth anniversary of the Ivory Coast Church reveals an ever-growing community

Secondly, coming together to pray with and for the suffering and the sick—and also with and for those devoting their lives to serving them—is the deepest and most effective manifestation of evangelization

Finally, the Holy Father's invitation to meditate on the relationship between pain and peace goes to the heart of the most serious problems afflicting the society of our time. As the Pope in fact stresses, "là où la paix ne règne pas, la souffrance se répand et la mort étend son pouvoir sur les hommes" (*ibid*, 2).

The struggle against evil and the utilization of suffering need peace and at the same time can be transformed into a source of peace for individuals and the community.

There are too many sufferings, injustices, and forms of oppression due to the lack of peace which in turn generate struggle, discord, and war, with their numberless victims, who are always from among the ranks of the weakest.

And if peace still seems distant, it is because man refuses to learn the first teaching from the world of suffering—to rediscover the ultimate meaning of life, whose ways are the ways of peace.

Our prayer today rises up to the Lord, for the sick and, at the same time, with the sick.

For the sick. I well know how devoted the Ivory Coast Church is to the care of the suffering through their pastors, the clergy, men and women religious, and the thousands of catechists, volunteers, and multiple institutions and organizations for care which in this field also offer a most lofty example of Christian ecumenism.

The healthcare dimension of the Ivory Coast Church's apostolate is certainly not the ultimate reason for its singular vitality and the flowering of priestly and religious vocations it is experiencing.

The enormous harvest of the Kingdom of God, for which workers are needed, is above all the boundless world of suffering, which, in its most touching manifestations, affects two-thirds of mankind.

Well then, in this land, where the Church community is so intent on serving those who suffer, the workers in the Lord's harvest are increasing in number, training, and dedication.

At this time our prayer must turn into renewal of this commitment to those suffering

In praying for them, we pray that we may be faithful to Christ's invitation to spread his Gospel by offering service to those suffering. Like the apostles, we, too, are sent by Christ "to preach the Kingdom of God and heal the sick" (*Lk* 9:1-2; cf. *Mk* 10:7-8).

In encountering our brothers and sisters in suffering, we encounter them as they gather around the Lord to ask for healing or the strength to accept their suffering and offer it as an instrument of redemption and life.

This is the measure according to which we shall be judged by the Lord, in keeping with his words: "I was sick, and you visited me" (*Mt* 25:36).

Just as in a family, the depth and breadth of love among its members are recognized in individuals' generosity towards those in need and ill, so in the Church community attention to those suffering is the acid test for the truest, most effective, and most credible Christian witness.

With the sick. Today, however, we not only pray for the sick, but with the sick, both present and scattered all over the world.

Brothers and sisters who suffer in body and in spirit, you truly occupy the place of honor in this basilica, for you occupy it in the Church, which is the Body of Christ, who, in his suffering Face expressed the fullness of his humanity, of his sharing the human condition.

From you comes that wisdom of the Cross which is a force capable of overcoming hatred, selfishness, abuse of power, and violence and of creating the conditions for real peace.

The Church, society, each of us, and all those engaged in preventing, combatting, and relieving suffering need the lesson in living which you provide.

From the cross of your tribulation there comes a lesson on the immutable values of existence, on the meaning of its destiny. As Christ, in accepting passion and death on the cross, "has revealed man to man"

(*Gaudium et Spes*, 22), so you, in associating your sufferings with those of Christ, reveal to man his transcendent vocation.

In this ministry, which is the announcement of the Gospel of suffering, you become precious instruments for peace, which is, above all, peace in the heart, which, through the gift of suffering, becomes a source of peace for all.

In a world characterized by anonymity, technology, feverish hurry, concern for material profit, and the thirst for the immediate pleasures of sense you particularly affirm the value of your person, with your interiority and your need for authentic human relations.

Only before you can the world stop, reflect, recover, and consider what is essential—the meaning of life, unselfish love, self-giving.

From you, however, dear patients of every age and condition, there comes yet another lesson, which we Christians today need so much: the lesson on *courage* in Christian witness.

No one shows greater courage than the one who, when tried by suffering, is able to transform it—in the name of and in communion with Christ—is able to transform it into a gift for others.

Like Jesus, you have also taken suffering upon yourselves, without trying to explain it. But in Christ suffering, joined to love, has been rescued.

Christ has introduced into the depth of suffering the power of redemption and the light of hope. You as well, then, silently uniting yourselves with Christ's redemption, like Mary at the foot of the cross, seek to live out the grace of self-giving love.

Mary is the Queen of Peace because she is the Health of the sick. With this twofold invocation, on this day of the Great Offering to God of the world's pain, may the Mother of Jesus intercede so that each of us, according to the condition and the degree of responsibility we have within the family, society, and the Church community, become an instrument of peace, especially in the school of service to those suffering.

Cardinal Angelini's Words of Thanks to the President of the Republic

Mr. President:

While expressing my deep gratitude, along with that of those working most closely with me, for the invitation to be here today, I am pleased to convey our most respectful greeting and profound joy on having the honor, in this beloved country, to preside at the most solemn celebration of the Third World Day of the Sick

Today's gathering provides a number of motives to live out, in a communion of ideals and faith, the values which the celebration of the World Day of the Sick aims to reassert and consolidate.

In this year's Message for the World Day of the Sick, the Holy Father has wished to recall the close relationship between putting suffering to good use and serving those suffering and the advancement and defense of peace among men.

An extremely concrete bond links the Center of Catholicism and the Shrine of Mary, Queen of Peace, of Yamoussoukrou, which was built in this country virtually to stress the will of the Ivory Coast Catholics to draw inspiration for their civil progress from the major human values which from Christ's revelation and redemption have received the most lofty and certain seal. From St Peter's Basilica in Rome to the Sanctuary of Mary, Queen of Peace, which reproduces its outlines, a single light can and must illuminate shared intentions of peace.

Never, perhaps, as in our time, has the need for peace been so strong, and just as threatening is the aggression against peace provoked by the growing aggression against human life taking place everywhere in the world. All of us—each in his own measure—are called to be convinced and effective workers of peace.

Mr. President, I am thus glad to have the opportunity today to warmly wish you and your family every grace and blessing and to wish the country you are responsible for guiding authentic progress in prosperity and peace, progress which must be validly measured in terms of commitment by government and individual citizens to provide better care for the sick, the suffering, and the weakest, in the context of increasing national and international cooperation and solidarity.

Cardinal Angelini's Words of Greeting for the Mayor of Yamoussoukrou

*(Ivory Coast, February 11 1995
Third World Day of the Sick)*

Mr. Mayor,

I am particularly happy to convey our cordial greeting to you, the first citizen of this community, and those working with you. I am joined by all the members of the Delegation present today in this city to celebrate the Third World Day of the Sick in the recently-built, magnificent sanctuary of Mary, Queen of Peace.

The whole People of God, whose ideal meeting point today is your city, is with us, on this day of the Church's prayer for and commitment to the suffering and sick.

According to the express intention of the Holy Father, John Paul II, this World Day of the Sick is called to be associated with the multiple peace initiatives under way around the globe. In praying for the sick, together with them we beseech God for the inner peace of hearts and outward peace among men.

The wish I express to you as Mayor is that this city, in which the universal Church is meeting spiritually today to elevate a plea for peace to God, through the mediation of Our Lady, will always be a community where peace is the fruit of justice, of attention to the weakest, of solidarity, and of understanding towards all.

Personally, I am particularly glad to be celebrating the Third World Day of the Sick in this land on the tenth anniversary of the establishment of the Pontifical Council for Health Workers, which I am honored to head.

This anniversary is for me and all working with me an additional motive for confirming our commitment to be close to you and, insofar as possible for us, to confront, together with you, the serious problems concerning health policy and care, which, moreover, are vital to the Church's commitment on African soil.

I fervently wish you and your team success in your endeavors as administrators of this city—a wish accompanied by my fraternal and ardent prayer.

The Mayor of Yamoussoukro Greets Cardinal Angelini

*"A cry of jubilation and victory in
the tents of the just . . ."*

"The stone cast aside by the builders has become the cornerstone. The Lord has done this, and it is a wonder in our eyes. This is the day the Lord has made. Let us be glad and rejoice in it."

Allow me to use verse 15 of Psalm 118 to express the joy we experience on receiving you, interpreting in a manner which is doubtless not very orthodox verses 22 and 24 of the same Psalm, to encounter the reasons for our thanksgiving and gratitude for the honor which has been shown to all Africa, to the Ivory Coast, and to Yamoussoukro, our city.

Indeed, on deciding to celebrate the Third World Day of the Sick in Africa, and specifically in Yamoussoukro, His Holiness John Paul II has done us a great honor, demonstrating his esteem, affection, and interest in our country.

Let us not forget that the Holy Father has already gratified us with his presence on three occasions, sending a message for the world's young from this very place and deciding to consecrate the Basilica of Our Lady of Peace to the worship of God,

built on African soil by the will of our late President Felix Houphouët-Boigny

After France, the Church's first daughter, and Poland, the land of origin of this Pope who came in from the cold, today it is from Africa that the Church wants to address God, through the mediation of Our Lady of Sorrows, to request health and peace for all the sick of the world

For this reason our hearts overflow with joy, and all of us, Catholics and non-Catholics, believers and nonbelievers, healthy and sick, can say, in the words of the Psalmist:

"Grant us salvation, Lord!

Blessed is he who comes in the name of the Lord."

Your Eminence, today Africa is a sick continent: it is sick at heart because of the hatred and avidity setting its children against each other; it is sick in mind, shaken by intolerance, *intégrisme*, and exclusion; it is sick in its stomach, on account of hunger and malnutrition; it is sick in its whole body, because of the diseases following upon wars, exoduses, and life in refugee camps; it is threatened by the terrible epidemic of AIDS, by extermination due to the kalashnikovs and mined fields

Africa is dying, in the face of its prisons and lazarets, where thousands of John the Baptists are wasting away, condemned to the darkness because they announced the light.

But the celebrations of these three days—February 10, 11, and 12—give us a chance to hope

And today, from Yamoussoukro, the Church is inviting us to address all the sick, to visit them, to care for them, to love them, to pray for them, convinced that what we ask for will be granted.

Thanks to the loving solicitude of Pope John Paul II, Yamoussoukro is being transformed into the center of the world, as if it were at the summit

of the cosmic mountain, a privileged place for exchanges between heaven and earth, a place of dialogue between God and man

Our desire is that this dialogue will expand to all men of good will, so that we may give the same reply Jesus did to all who wonder and ask:

"Go and tell John what you hear and see: the blind recover their sight; the lame walk; the lepers are cured; the deaf recover their hearing; the dead rise again; the good news is preached to the poor."

For the proclamation of this good news the Church in the

Our Bishop, Paul Dakoury of Grand-Bassam,

Bishop Kouassi Konan Maurice of Odienne.

Your Eminence, Africa is not used to conclaves; our towns and villages are open, free cities, where all men are welcome

Sometimes cola or pepper are offered to those arriving; sometimes some milk or just a glass of water

People simply say, "Welcome. You're at home." But the symbols, through repetition, take on a universal character and, though our cities do not have boundary walls, we offer



Ivory Coast has just been reorganized, giving us the opportunity to greet and congratulate

Archbishop Agre of Abidjan,
Archbishop Vital Komeman Yao of Bouake,

Archbishop Auguste Nobou of Korhogo,

Archbishop Pierre Coty of Daloa,

the keys to them as a symbol of free access.

In the name of the City Council, I am happy to present to Your Eminence the symbolic key to our city. We hope you will keep it in order always to feel at home in Yamoussoukro

Hon JEAN KONAN BANNY
Mayor of Yamoussoukro,
the Ivory Coast

I. Meeting with Health Workers

The World Day of the Sick is for you, as for those suffering in spirit and body, your Day.

When it was instituted, I said and wrote that its first goal was intended to be, and ought to be, *to shake consciences*, particularly of people of good will.

To shake consciences—that is, to contribute to making everyone understand the deep truth contained in the words formulated by the Holy Father, John Paul II, in the Apostolic Letter on the Christian meaning of human suffering, published on February 11, 1984: “To do good through suffering and to do good to those suffering.”

In this program there is a real summary of the meaning of the redemption effected by Christ, and the Kingdom of God is implemented. To do good through suffering and to do good to those suffering is the only liberating response man can make to the anguishing question about the meaning of pain.

The Holy Father's wish was that this Third World Day would have its most significant commemoration in the Ivory Coast, where the local Church is celebrating the centennial of the arrival of the first Catholic missionaries, while the atmosphere created the recent Special Assembly for Africa of the Synod of Bishops is still fresh.

In addition, in his Message for this Day, the Pope, clearly referring to the Sanctuary devoted to Mary, Queen of Peace, in Yamoussoukro, the site of the Eucharistic celebration on this Day, has wished to link the subjects of pain and peace.

While the world experiences how pain derives from a lack of peace, we seek to attest that the generous offering of the suffering which cannot be eliminated from the human condition and

the offering of service to those suffering constitute the first, most valuable, and most effective instruments for peace.

The Ivory Coast Church, which is so meritorious for its care—providing institutions, is marked by the Christian involvement in care and the health ministry of doctors, nurses, volunteers, priests, men and women religious, catechists, and the whole Catholic community. It has been this way since the start one hundred years ago, when the dispensary or clinic was the first point of encounter to make known the Gospel through care of the suffering. And it is significant that the closer the relationship was between care and the health apostolate, the more effective was the initial preaching of the Gospel.

My presence in your midst today is, above all, that of a brother who, by God's gift, has had the privilege of carrying out his priestly ministry entirely in the field of health policy and care.

And I am happy to recall today, together with you, the tenth anniversary of the establishment of the Pontifical Council for Pastoral Assistance to Health Care Workers, which it is my honor and responsibility to head. A department which seeks to be at your side, not, indeed, as a high-level institution, but as a concrete support for your work. Much has been done in these first ten years of the Council's life, but a very great deal remains to be done and can be done if our bond is increasingly solid and no possible form of co-operation is overlooked.

Whereas I can express only admiration and gratitude for what has been done, in a spirit of solidarity, to serve the sick and the suffering, my invitation

today is to continue, with increased enthusiasm, in this endeavor. I well know how complex the problems are which you must face and how great a disproportion still exists between the will to act and generous dedication, on the one hand, and available resources, on the other.

There is no doubt, however, that the courage, spirit of sacrifice, and even heroism of your witness will contribute to shaking the consciences of all and fostering solutions to serious, urgent health problems.

As you must know, through the initiative of the Pontifical Council for Pastoral Assistance to Health Care Workers, the *Charter for Health Care Workers* was published a few months ago, the first text of the kind made available to those working in the world of health policy and care, especially Catholics, but also those sharing with the Church the principles for promoting and defending human life and its sacredness.

The document is now available in French, too, and I believe that it would have hard to illustrate more concisely and more exhaustively the directives of the Church Magisterium in the area of bioethics, in regard to all the most delicate and complex questions being posed today in this field.

Your experience and the current sociocultural situation, marked by a crisis in priority values, demonstrate the urgent need for serious, continually updated training—not only professionally, but also in terms of ethics and morality for health workers, particularly with a view towards preparing future generations.

Where man is the subject of prevention, scientific research, diagnosis, care, and rehabilita-

tion, a specific vision of life based on moral values is called for.

Since there is no physical illness which does not affect the psyche and spirit of the person, so there is no medicine which does not feel the need to be supported by the ethical and moral doctrine written on the conscience of every human being and illuminated by faith.

I warmly invite you, therefore, to know, study, and closely examine this document, thanks to which cooperation and communion among Catholic health workers the world over will also be reinforced.

In you, in us, who seek to draw inspiration for service to those suffering from the example left us by Christ, who always associated his divine power of healing with the teaching of truth, there must be a vigorous desire and commitment to transform the professional activity of health workers into Christian witness—that is, into an effective

way of conveying the Gospel.

As the sublime parable of the Good Samaritan explains, service to those suffering is the highest manifestation of implementing the divine commandment to love.

In this sense, our and your charity is activity working towards peace.

Unfortunately, we are used to seeing images showing health workers getting involved with the tragic events caused by war, calamities, hatred, injustice, and a thousand forms of violence against the weak.

Our time, on the threshold of the third millennium, requires of us new, bolder action for peace. And no border is a greater bulwark for peace that the border where we are generously engaged in caring for the suffering.

May the celebration of the Third World Day of the Sick—which for the numerous care—providing associations at work in the Ivory Coast has been an occasion for meetings,

reflection, and study—be the starting point for renewed vitality in your healthcare institutions.

The recent Special Assembly for Africa of the Synod of Bishops brought out what a fertile ground for evangelization Africa is, because of the great patrimony of values it still preserves and can pass on. Among these values there stands out sensitivity to the suffering, the elderly, and the marginalized.

May the Gospel, which you announce through your apostolate in health, be, then, the announcement of the Gospel of suffering, the key to interpreting Christ's mission and work of salvation.

And may Our Lady, the Health of the Sick, accompany your work, in the course of which you should feel the universal Church to be ever closer—for this land is today a promising presence of the Church in the world.

FIORENZO Cardinal ANGELINI

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II. ICAO's Contribution to Pastoral Care in Health

1. Acknowledgments

Your Eminence, we are very honored by the special attention and support you have given ICAO, which, through the Advanced Pastoral Care Institute [ISP], seeks to promote adequate pastoral care in health in its training program for priests, lay people, and men and women religious.

On behalf of the Rector and faculty of ICAO, the Director and Board of ISP, and all the students, I thank you for having come to take part personally in the inauguration of the Pastoral Care in Health Course. I deeply thank you for being here today, for granting us your encouragement, and for continuing to ensure your valuable support for us.

The topic for the cultural session, "AIDS: Causes, Solutions,

and Proposals," is at the core of our concerns, as testified by ICAO publications and the recent work by Rev. Nathanael Yaovi Soede, Professor of Moral Theology at ICAO: *A Challenge AIDS, Health, and the Future of Africa*.

What is ICAO doing, then, through ISP, in the context of Pastoral Care in Health?

2. Our Vision of the Pastoral Care of the Sick

Our work centers on three aspects: academic training, conferences to promote the exchange of experiences and deeper reflection, and pastoral practice.

1) Academic training is structured around five points:

a) *Anthropological study* involving the comparative examination of western, Asian, and

African views on medicine, mutual encounter or confrontation among African medical perspectives, the marginalization or rediscovery of African traditional medicine, the real impact of problems of illness, healing, health, suffering, and death in both the African countryside and urban areas, among other considerations.

b) *Theological research* deals with the relevance of the figure of Jesus the Healer on a continent struggling with the saddest records for disease, suffering, and indigence, the biblical figures of salvation in Africa today, healing as a verification of the inculturation of the Gospel message, and other points.

c) *Ethical reflection and spiritual research on suffering and healing* deals with the type of material, moral, and spiritual assistance to be given, whether in-

dividual or community-oriented, according to the family, parish, church, or social context of the sick. What ethics should be proposed for terminal patients? What is the ethical response to the imposition of birth control policies?

d) *Pastoral care centering on the defense and protection of life* deals with preventive medicine, respect for life (against abortion, suicide, euthanasia, etc.), concrete policy to combat sexually transmitted diseases and AIDS, drugs, alcoholism, psychosomatic diseases, and the maladies provoked by consumer society (stress, diabetes, cardiovascular problems, etc.).

e) *Finally, a pastoral ministry tending to deal with the quality of life and its pleasures* views health in a more global perspective, not only as something to preserve but in terms of the flowering of the whole human being, who must give glory to God

In this first didactic contribution, described in summary fashion, the following eminent experts on the pastoral care of the sick are now speaking or will speak: Rev. Meinrad Hebga, a Jesuit from Cameroon, the author of *Witchcraft and Prayer for Liberation*, Rev. Isidore Malonga, responsible for the pastoral care of the sick and general pastoral care in the Archdiocese of Brazzaville, Congo; Rev. Norbert Abekan, hospital chaplain and responsible for the pastoral care of the sick in the Archdiocese of Abidjan; and Rev. Apollinaire Cécé Kolie, Professor at ICAO and a researcher on the pastoral care of the sick.

2) The second key point on which the pastoral care of the sick effected by ICAO is based consists of the conferences of ISP, with contributions by doctors and specialists who are well prepared and committed in both scientific and Christian terms

In the course of this academic year, thanks to the conferences, topics such as euthanasia, abortion, sects, and the healing of the sick have been illustrated and closely examined. At the same time there has been a rich sharing of experiences by

students from different countries and sociocultural contexts

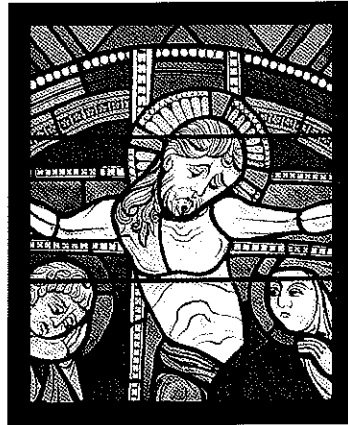
We thank the doctors and those who have contributed during the past academic year

3) Finally, *the third point* in ISP's focusing of Pastoral Care in Health concerns practical experience. Second-year health ministry students registering for practical work are engaged in three different types of experience over a six-month period

a) Accompanying a hospital chaplain, sharing his concerns and the priorities in his ministry

b) Participating in appropriate ways in the experience of dialogue, listening, and effective assistance to patients being treated at home or at hospitals.

c) Discovering and working with Christian associations serv-



ing the sick so as to understand better their organization, objectives, updating methods, difficulties, etc. Specific reports are presented on these varied aspects of practice to permit evaluation of the student's pastoral progress and global comprehension of what is at stake in the pastoral care of the sick in Africa

3. Conclusion: The Ambitions and Desires of ISP

ISP, whose first graduating class of students will enter pastoral care in African dioceses and parishes at the end of this academic year, tends towards

specialization by its students in different pastoral sectors, such as disease and the promotion of health.

It is our ardent wish that this graduating class and the following ones will bear in their hearts and in their actions this new vision of Pastoral Care in Health, to be shared with their brothers and sisters in religion, doctors, nurses, and also the associations dealing with the sick. Then chaplaincies will no longer be mere assistance to bed-ridden and dying people, but a protection and defense of all life, globally, long before illness reaches its final stage. If you love life, defend it and protect it and make it blossom! This is our leitmotif and our ambition

Traditional Africa, which practices a medicine of the totality of man, a therapy taking into account all the dimensions of existence, invites us and engages us. To present Jesus as the Savior, as the Healer *par excellence* to Africans today requires that we take into account millions of the hungry and the victims of all the sufferings and forms of indigence we are familiar with.

May this concern and the love of the sick and of the healthy become the leaven for a real global ministry in our African parishes and dioceses!

We cannot conclude this presentation of ICAO contribution to the pastoral care of the sick, to healing, and to health without expressing our gratitude and also our hope that our links with associations and institutions helping the sick, along with the Pontifical Council for Pastoral Assistance to Health Care Workers, will be reinforced

Through Him who has come that we may have life in its fullness and through the action of his Spirit, may the sick still hear themselves being told today, "Get up, pick up your bed, and walk!" Yes, walk to sing life and proclaim the glory of your Creator and Savior!

THE ISP TEAM RESPONSIBLE
FOR PASTORAL CARE IN HEALTH

III. AIDS: Causes, Treatments, and Proposals

At a time when the Third World Day of the Sick is being celebrated in our country, instituted by our Holy Father, John Paul II, it is a welcome duty for me to convey to His Eminence Fiorenzo Cardinal Angelini my filial and respectful gratitude

First of all, on behalf of the Service to Life Association—made up of the Catholic physicians of the Ivory Coast, along with pharmacists, surgeons, dentists, biologists, and veterinarians—I thank him for having allowed two members to attend two international conferences in Rome, entitled, respectively, “The Human Mind: In the Image and Likeness of God” and “The Child Is the Future of Society.”

I would also like to express the Association’s joy over the honor of being asked to contribute on a current topic representing the greatest health challenge for all mankind on the threshold of the third millennium of the Christian era: AIDS.

AIDS is an infectious disease with a 100% mortality rate, caused by the human immune deficiency virus (HIV), which brings about the progressive destruction of T4 lymphocytes. These constitute a variety among numerous white globules whose task is to control the defenses of the human body against infections (bacteria, other viruses, mycoses, parasites, etc.).

This progressive weakening of the immune system leads to the virus’ installation in host cells and then opens the way to opportunistic infections, some of which may be indicative of HIV infection, and to the development of tumors

The World Health Organization estimates that from eight to ten million individuals have been infected with HIV and that this figure will rise to between fifteen and twenty million in the year 2000. The profile of the spread of HIV infection varies according to region, as shown by the table included below

PROPORTION OF MEN AND WOMEN WITH HIV

	<i>Men</i>	<i>Women</i>
NORTH AMERICA	1/75	1/750
SOUTH AMERICA	1/125	1/500
WESTERN EUROPE	1/200	1/400
BLACK AFRICA	1/40	1/40

(Source WHO Communicable Disease, Scotland Weekly Report, 25/08/90)

In the Ivory Coast studies on seropositivity have enabled us to observe that our country holds the sixth position among the nations of black Africa affected by this infection, with a rate of 9.8%, which situates it in first place among the countries of western Africa, with 40% of AIDS cases.

The Ivory Coast is a region with high seropositivity where AIDS constitutes the leading cause of mortality in hospitals

The causal factor for this infection is viral in nature.

A virus is a microorganism which reproduces in living cells it colonizes; it performs the

functions of the host cell to its own advantage and then destroys it. There are two viruses which are responsible for human immune deficiency: HIV-1, isolated in 1983 in France and in the United States; HIV-2, isolated in 1985, highly prevalent in western Africa and characterized by an incubation period longer than that of HIV-1

Studies on seropositivity carried out in the country have yielded the following figures for the general population: 1987, 6%; 1989, 8%; 1991, 10-12%

The serotypal distribution observed by the infectious disease service at the Treichville CHU from 1988 to 1992 was as follows: HIV-1, 38% of the individuals admitted; HIV-2, 4%; HIV-1 + HIV-2, 58%.

Similarly, among children aged 11 to 14, a study conducted in 1988 at the three CHU in Abidjan on 4,663 children hospitalized revealed a global seropositivity of 8.2%, distributed as follows: HIV-1, 7.5%; HIV-2, 0.6%; HIV-1 + HIV-2, 0.1%

The AIDS virus belongs to the retrovirus family and to the lentivirus group, known to be the cause of diseases with a very slow evolution

The specific biological properties of HIV are the following: there is a permanent photocopy of the virus’ genetic information; there is variability and heteroge-



neity of the virus in a single subject and from one subject to another (numerous variants).

The structure of HIV is simple: the information on the virus is transported on two supports (threads of RNA); to protect this information, the structure is endowed with a double envelope: an internal one of protein (*capside*) and an external one of glycoprotein with buds and small spikes.

HIV has been isolated from most biological liquids. But the most common transmission routes are the following:

1. Sexual relations, whether homosexual or heterosexual.

Heterosexual relations represent 80-85% of the risk factors in the Ivory Coast. Sexual behavior at risk includes sexual vagabondage, frequenting prostitutes, practicing prostitution, and sexual relations with persons presenting signs of infection or known to be infected.

2. Blood and its derivatives.

Contamination can be observed in cases of intravenous drug users, through the exchange of infected syringes or needles; in cases of inadequate hygiene at hospitals; in cases of transfusion of infected blood; and by way of hospital personnel.

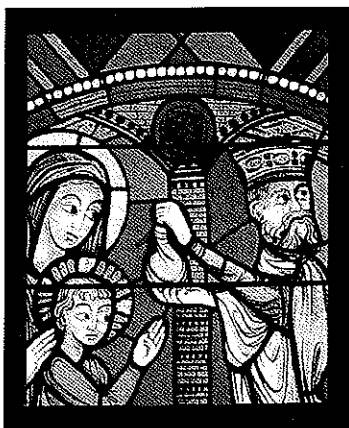
3. Mother-child vertical transmission.

In the uterus, at birth, or through maternal milk.

4. Organ transplants.

Transmission has not been demonstrated by way of insects, ordinary social contacts (work, school), or the shared use of glasses or blankets.

The different transmission routes observed account for the fact that the persons exposed to the risk of HIV infection are prostitutes, mothers, children, young people, prisoners, migrants, truck drivers, the handicapped, and patients with MST.



AIDS is "everyone's business," and not just a concern for doctors, as was, unfortunately, thought at the outset.

In summary fashion, we can distinguish two types of problems: first of all, the impact on individuals; secondly, the impact on the community and society at large.

1. The individual level

The problems vary for subjects with contacts at risk, seropositive subjects, and AIDS patients.

a) *For the individual who has probably had one contact with the virus in a situation at risk, there is the problem of anxiety until test results are made known.*

These individuals must not be neglected, because of the possibility of delayed seroconversion (6 months to a year). Such persons should benefit from advice on hygiene in lifestyle and agree to change their sexual behavior.

b) *For the seropositive patient the problem consists of ignorance of the disease since the subject is in the asymptomatic phase—hence the danger of an increase in virus transmission. We must also point out the irresponsibility and human malice of some seropositive individuals with a wish to take revenge on society.*

c) *For the AIDS patient the main problems are medical care (treatment of opportunistic infections) when families are increasingly impoverished; delays in hospitalization of these patients due to the care of traditional doctors; the psychosocial care of patients in the wake of the exclusion, discrimination, and abandonment of which they are victims.*

Whatever kind of patient the doctor is faced with, the problem lies in informing the party concerned of seropositivity or illness.

2. On a community level.

a) The family

The situation of couples with conflicts and infected couples constitutes a thorny problem. The former, whether monogamous or polygamous, are faced with the difficulty of informing partners and ensuring the couple's stability. Infected couples are exposed to the risk of mutual reinfestation, which precipitates the disease's evolution towards a worsening state.

Furthermore, UNICEF has established that in ten countries of central and eastern Africa the number of AIDS orphans under fifteen years of age will reach between 3.1 and 5.5 million in the course of the 1990s.

WHO estimates that on a world level in the same period over ten million children under ten years of age and nonseropositive will remain orphaned. At least nine million of these orphans will be in Sub-Saharan Africa.

AIDS widows and widowers present the problems of communicating the cause of the death of a spouse, of anxiety until test results are known, of the reorganization of family life, and the resolution of controversies with the family of the deceased.

b) Companies

Because of the repeated hospitalizations the company must pay for and educational and awareness-raising courses, there is a reduction in qualified manpower and decreased productivity for the company itself.

Seropositive individuals must deal with the problem of job security when threatened with exclusion and discrimination at work.

3. On a national level

The main problem is the economic impact that is, the cost of AIDS for the national health budget and for national economic production.

The second problem is the nondissemination of informa-

tion. For economic, political, technological, and medical reasons, the spread of HIV is widely underestimated in many countries.

4. On an international level

The problem is essentially medical research in terms of both perfecting a vaccine (there are numerous variants) and synthesizing a molecule which can permit permanent coexistence between the organism and HIV.

5. On all levels

Ethical problems are posed concerning the application of tests for identifying HIV outside of the clinical field.

In fact, many life insurance companies ask for a test before issuing policies.

Some authorities require a test before granting permission for marriage, an immigration visa, or the acceptance of new people into the army or into a company.

6. An ethical choice

For the Church's doctrine, human sexuality is realized in marriage. Doctrine can be summarized as marital fidelity and continence among the unmarried.

For medical ethics, the latex condom remains not only the primary means of prevention available to the population of the Ivory Coast, but also a therapeutic means for ulcerative MSI and for the emotional stability of couples with conflicts and infected couples.

Strategies involve both diagnostic and therapeutic measures.

1. Diagnosis

The essential measures involve epidemiological surveillance and strategies for identifying HIV.

In 1987 a national committee was created in the Ivory Coast

for the fight against AIDS, and in 1989 a national program was developed to the same end. The activities conducted by this national program can be summarized as informing the young from elementary school to the university, informing street children through cooperation with the NGO Espoir and BICE, creating a voluntary control center (CISP), and recourse to blood donors.

2. Therapy

a) *Care* of patients infected with HIV includes five major areas: starting antiviral treatment, for the purpose of minimizing reproduction of the virus and the destruction of the immune system, with the help of currently available medicines (AZT: RETROVIR; DDI: VIDEX; DDC: ZALICITABINE), which have the advantage of delaying entry into the disease stage, but also numerous drawbacks: poisonous action on cells, high cost, secondary effects, resistance; *identifying and treating opportunistic infections, treating cancer; helping patients through warnings, advice, and moral support.*

There is an African network on ethics, law, and HIV which drafted the Dakar Declaration of July 1, 1994.

Among the ten principles approved by participants the essential points are the principle of responsibility, the principle of commitment, the principle of nondiscrimination, the principle of confidentiality and respect for private life, and the principle of prohibiting mandatory testing.

In reality, the only effective weapon remains prevention.

b) Preventive treatment

Prevention concerns both the groups exposed and the general population.

For the prevention of sexual transmission the primary prophylactic for this transmission route is the moral prophylactic.

It consists of parents' and religious authorities' educating the young, inculcating in them respect for both their own and others' lives

The second form of prevention, the second prophylactic is of a social order, and political authorities are responsible for it. It consists of informing, educating, and organizing the community.

In the Ivory Coast the latex condom remains the primary means available to the local population

The *prevention of transmission through the blood* consists of using throwaway materials, the identification and early medical treatment of anemias, self-transfusion, the selection of blood donors, mandatory testing of donated blood, and universal precautions in disinfecting and sterilizing.

The *prevention of mother-child transmission* involves avoidance of abortion, authorized breast feeding in the case of seropositive mothers, and no breast feeding for mothers with AIDS.

The *prevention of transmission through organ transplants* involves testing donors.

Conclusion

To conclude this paper, I would like to quote the words of the Holy Father, John Paul II, in the address closing the International Conference held in Rome in 1990 on the human mind: "Suffering remains a mystery, but give us a lesson for life."

Yes, AIDS is today giving us a lesson for life by obliging all persons to reflect deeply and probe their hearts and by forcing every community and society to reflect as well and probe its own culture.

AIDS thus constitutes an opportunity to evaluate the real measure of man's greatness and weakness.

It also gives us a lesson for life in that at the heart of all ex-

treme human suffering there is a gleam of hope, a breath of life which will be amplified by the spirit of solidarity at all levels-group solidarity among AIDS patients caring for themselves; community solidarity by organizing community care, hospital care at home; and national and international solidarity by drafting declarations on ethics

These experiences of authentic solidarity will help individuals and our communities to rediscover the true values, which are of a moral nature, in our traditional African societies and thus rediscover the way of God and listen to his voice saying, "See: today I am placing before you life and good, death and evil; for today I command you to love the Lord your God, to walk in his ways, to observe his commandments, his laws, and his norms, that you may live" (Dt 30:10-15).

This voice is being recovered today by the African Church, a family Church, and by the universal Church, *Mater et Magistra*. It may seem hard to listen to, for it is not easy for us to change living habits, abandon our forms of behavior, and bend our wills.

Science is cumulative, but wisdom is not, as Professor Jérôme Lejeune said.

But those who have ears to hear the voice of the Church in the era of the world challenge posed by AIDS will, as did Noah and his children in the time of the flood, agree to enter into the Church for the survival of humanity and the glory of God.

Professor JEAN-BAPTISTE
KANGA of MIESSAN
*Faculty of Medicine
Abidjan, Ivory Coast*



IV. The Fight Against AIDS

Introduction

The Ivory Coast, for many years the Eldorado of the western Africa subregion, has seen thousands of immigrants burst into its territory. They have come from all over, often and, for the most part, from afar—young people, unaccompanied, in search of greater material well-being.

Attracted by the mirage of modernity in the large cities, thousands of Ivory Coast young people have emptied the countryside, heading for urban areas.

The country's road system is good, and the inhabitants love to travel; unfortunately, HIV moves at the same pace.

Cultural and behavioral diversity, along with the material concerns of large-city dwellers, has meant enormous problems for the most far-sighted educators. This has weighed heavily upon parents, as well as educators, who have thrown in the towel in the face of the breadth of their responsibility.

Uprooted and disoriented, amidst the fictitious pleasures and everything else which is so falsely easy about city life, our country's young find themselves without direction indeed, in the hands of the sellers of dreams and unhealthy thrills. It is so much easier to consume than to produce and to follow than to fight, so much harder to make an effort to consolidate an ideal that appears abstract.

Parents, deprived of the protection of their older children, who actively participate in the education of the young in our villages, in the face of the merciless struggle to earn money, a vital need in the city, have forgotten in most cases their primary duty as educators, and the street has taken charge of occupying their place with their children much more energetically.

A lasting crisis has established itself in our midst. The social sphere, which has not been the object of real official concern, has been deteriorating progressively. Unemployment has affected all sectors. The poorest have become even poorer, and indigence has been implanted in precarious environments.

Some parents have sent their children into the streets to beg. Young teenagers sell themselves to meet everyday family needs. Young girls have no choice but to prostitute themselves so as to be able to attend school and manage to find a job, while mothers are forced to do likewise to feed their children.

Many studies show the precociousness of today's young people in sexual relations as compared to their immediate predecessors.

Individualism is asserting itself; less charity is shown, and community responses to immense social needs are becoming rare. The poor are falling ever lower, and the hearts of the rich are less open. The habits of solidarity which were once common have notably diminished.

Poverty as a Cause of AIDS

Though unable to provide precise figures from a survey, I do not think I will find it difficult to convince this august assembly that the main cause of AIDS in Africa is poverty—both the direct and the indirect cause.

Poverty has brought many deviations into African society, deviations which have in turn so attacked men's consciences that evil conduct seems to be normal.

The Ivory Coast, a land of encounters, open, welcoming, and generous, has been unable to consolidate a strong moral model to edify its inhabitants and especially its young, victims of the great diversity of usages and customs which are sometimes contradictory. No solid model has been proposed to it.

Solutions

Individual efforts towards good conduct, morality, integrity, faithfulness, chastity, continence, and virginity before marriage have today become the object of derision, and those making them are regarded as mentally retarded or eccentrics.

Parents who live according to the Gospel or a moral code, who want to give a real education to their children, see their efforts subverted by group pressure and destroyed by the street.

In the fight against AIDS there are numerous and quite varied private and collective initiatives. The Church mobilized around the issue in May 1993 to reflect on its involvement in the struggle against this scourge.

Before the seminar held at the Centre Monseigneur, Ivory Coast Catholics in different associations were already doing concrete work to sensitize people to the AIDS problem at schools, parishes, and some companies. Assistance to patients and their families to buy medicines was given through parishes, Caritas, prayer groups, and also many nondenominational NGOs.

Beginning with those days of reflection, the pastoral care of the sick has gradually spread while, in the Catholic environment, collective awareness is emerging on the AIDS problem, since very few families can say they have not already lost a parent, a friend, or an acquaintance to this terrible malady, and believing in Jesus Christ without adopting appropriate behavior does not protect people from HIV.

The care of AIDS patients and those seropositive is specific, taking into account the particularity of this scourge: there is no vaccine. Adequate medicines are beyond the means of Africans. It

is a long-lasting illness, intimately striking 90% of the cases observed by us and carrying off able-bodied and productive young people, posing a renewed threat for our development and healthcare system

In spite of good will, the Ivory Coast Church can only experience great difficulties for its ministers are not prepared to provide an appropriate response to the very ill, whoever they may be. Sociologically, this is understandable, for only certain conflicts with ancestors, evil spirits, and the transgression of totems can account for the presence of a disease like AIDS in Africa

AIDS thus destroys a family, for, after having sought and found the one to blame and performed all possible sacrifices, patients are once again alone and more discouraged than before in the face of their illness, with no help, with no one to speak to, and hopeless

In our country there is no Catholic hospital which can serve as an example for the moral and spiritual care of the sick, as opposed to many other countries where the Church's involvement has been immediate and effective since the start of the epidemic. Here Catholics who intervene in the fight against AIDS have been unable to base themselves on any existing model: everything has had to be improvised

Lay health workers belonging to two associations, Doctors Serving Life and CICIAMS Serving Life, do not benefit from the support of either the clergy or their Catholic colleagues in the health system: everything goes on as if there were not baptized Christians in the hospitals. In any event, their presence is so timid that it fails to modify the normal course of life at hospitals or in health and social services or exerts only a minimal influence on organization and the quality of care. Their efforts to witness to Christ and express their compassion for the sick go unobserved, lost in the general indifference.

Proposals

Create places for dialogue, exchanges, diversion, and spiritual support where the seropositive can meet

Organize sessions for education and professional and artistic training and start up profit-making activities

Organize the collection and distribution of food, pharmaceuticals, clothing, and gifts of all kinds.

Create welcoming and daily-care centers with the participation of doctors, nurses, and social workers, with no admission fee for the poor and a very modest one for other patients.

Create little health units and laboratory teams in each parish and use all health professionals who have retired early to meet the demands of the world financial institutions.

All of these doctors, the young and not so young, nurses, and medical-social workers who are unemployed or retired and already possess professional capacity are ready and await only small resources to manifest Christ's presence concretely in the world of the suffering.

Make life positive for people with the disease in a healthy way, enabling them to serve one another with the help of good will.

Reflect on and apply a recruitment strategy to find parents for AIDS orphans, to keep them from swelling the number of those already in the street for various other reasons. Reject their also becoming AIDS victims, for we experience situations where children are cast aside by the original family. We must, above all, prevent them from being kept in orphanages, whose limits we are aware of, which would serve only to stigmatize them increasingly.

Help to make AIDS less dramatic through proper information. To continue unceasingly to inform is for the time being the only weapon the world has available: all are called to engage in providing information on AIDS. I am not suggesting that church pulpits be transformed into scientific rostrums.

If, as the English say, "the body of Christ has AIDS," do we have the right to see Him suffering without reacting? The Ivory Coast Church is dramatically undergoing the AIDS problem, and the Universal Church is thus affected by it. The response must be a response by the whole Church. Without the union of all efforts, the bringing together of the human, technical, financial, and spiritual means of all the children of the Church, Africans will find it hard to emerge from the AIDS calamity.

All of us must occupy the place corresponding to us in the fight against AIDS. Our clergy, at all levels, is called to know AIDS so as to be able to combat it effectively, speak about it with precision and assurance and without false shame.

The Church, a moral structure endowed with authority and listened to and respected in our society, cannot shelter itself from the storm shaking all other structures: medicine, the school, law, and justice.

It must prompt real organization of sexual education of the young and very young, for it may be too late for a great majority of our high school students. The younger ones must be protected, in the hope that the epidemic will be arrested in five or six years. The Ivory Coast and all Africa have been damaged. When a catastrophe comes, local good will mobilizes to face it, awaiting external help: this is our situation today in the face of AIDS.

The Church can occupy a dominant position in communication, adapt itself to the era of the extraordinary audiovisual explosion, and exploit its impact on the masses to inform and educate.

Lay Catholics must be trained to become stronger in faith, spiritually solid, to be precisely the salt of the earth, to transform their life surroundings through the witness of every instant.

Behavioral change and the reconversion of mentalities are not obtained overnight. Let us start working from this moment

on, for tomorrow may be too late for the Ivory Coast and for Africa.

Parents and educators must again become what they should never have ceased to be: models, living examples for society and for those with the task of educating they must be authentic.

In the face of AIDS, all efforts must be shared. There must be room for everyone. We have duties to the sick, to the seropositive, to the people affected by the epidemic.

90% of hospital beds are occupied by people with this illness, which possesses a certain chronic character, is expensive, and mortifies the human body. This weighs upon our economies, which for some time have been weak.

Too often AIDS patients are abandoned at hospitals. Health personnel is insufficient in number: one doctor per 10,000 inhabitants and one nurse per 3000 inhabitants. How can we ensure an effective presence alongside the sick?

As for parents, financially exhausted, they flee the hospital and the many extensive medical prescriptions they must pay for at every examination. Sometimes, shocked by the announcement of the diagnosis and by fear of being contaminated as well, they simply disappear without a trace. Legendary African solidarity has disappeared from our society!

How many lie isolated in their small beds in utter indigence, no longer possessing a human face, helpless, dead before expiring, in the midst of a generalized indifference? Yet there must be baptized people around them.

Does the Church not have a role to play to restore solidarity, this precious African and Christian gift?

Home care is a concrete, immediate response in reach of health personnel. These are, however, aspects which the country's health professionals are unfamiliar with because they have not been prepared for them. So few elements would suffice to fill this gap and make things effective.

Spiritual care is a need. Those visiting the sick can be witnesses to the needs manifested to them every day. Without concealing or minimizing what is already being done, allow me to state that we need to harmonize both the message and the methods.

Health personnel is not even prepared to listen to and accompany the sick. This aspect is new in Africa and requires a certain training.

The seropositive are stigmatized and isolated. Some are courageously beginning to get organized to help others to recognize their rights and defend them in a hostile society.

Should Catholic Christians not ensure their presence at their side?

The need for assistance in the fight against AIDS is enormous. The lack of resources is a reality. Good will to stimulate works of charity exists and is abundant.

Inexperience and a lack of specific training in psychosocial and spiritual care are easy to correct. The "political" will of the Ivory Coast Church suffices.

Lay Catholics belonging to associations of every kind: the Legion of Mary, the Friends of Padre Pio, the Friends of the Sick, AIDS volunteers, Doctors and CICIAMS members Serving Life, the thirty NGOs in the

fight against AIDS have the duty to unite to face together this terrible scourge. The idea has already been clearly expressed by different leaders of these associations.

Good will, generosity, and openness to others are the constants marking the inhabitants of this country. Individual and collective initiatives are numerous and varied.

It is necessary to create an organization to orient action better and cover the totality of aspects in the fight against AIDS which the Church wants to conduct.

What a grace the Lord is granting us in 1995, as we commemorate the first centennial of the evangelization of our country, allowing us to receive in our midst so many eminent personalities of the Catholic Church, and particularly Your Eminence, Cardinal Angelini, the Legate of our Holy Father John Paul II. The members of CICIAMS are happy to greet you today in this land after our meetings in Lisbon, New York, and, recently, Louvain, where Your Eminence expressed to them your affection and encouragement. You are present here to celebrate with us the Third World Day of the Sick and thus invite us to ask ourselves together about our individual and collective responsibility to the sick and, above all, to unite in prayer for the sick and the suffering of the whole world, about whom the Holy Father is constantly concerned.

All the Ivory Coast and African health personnel wishes to promise ardent prayer for the health of the Holy Father, that the Almighty may grant that he may long continue to preside over the destiny of the people he is responsible for.

May Our Lady of Africa, Mother of All Grace, preserve him under her constant and powerful protection.

CELESTINE NAVIGUE

*Secretary General of CICIAMS
Serving Life (the Catholic
International Committee of Nurses
and Medical-Social Workers)
and President of COS-CI
(the Union of NGOs for the Fight
Against AIDS in the Ivory Coast)*



Cardinal Angelini's Homily at the Abidjan Cathedral

Dear brothers and sisters in Christ,

I wholeheartedly greet those participating here in the square in front of this magnificent Cathedral consecrated to *Our Lady of Africa, Mother of All Grace*, for the celebration of the World Day of the Sick, this February 11, 1995, the tenth anniversary of the establishment by His Holiness John Paul II of the Pontifical Council for Pastoral Assistance to Health Care Workers, which I am honored to head, coinciding as well with the year of the centennial commemoration of the *evangelization* of your dear country.

I cannot conceal from you my admiration on seeing the immense work done by your Church in the context of Pastoral Care in Health, in terms of both science and ministry. The role performed by Catholic health personnel—doctors, pharmacists, nurses, midwives, and volunteers in this country is a living witness to the relevance and excellence of the work of evangelization that has been going on for a century. You have the right to be proud of it.

As the Ivory Coast Church is preparing to give thanks to God for the wonderful gift of the Gospel, I am happy to note and stress the preferential place reserved by Jesus, in the course of his public life, as we are told in the Gospels, for the blind, the deaf, the lame, and lepers in a word, for all those suffering in soul and body: the sick. In effect, in the mission which Jesus entrusted to his Apostles when He sent them into the world, the whole apostolic ministry of the Son of God Himself is summarized: "Then, having called together the Twelve, He gave them power and authority over all demons and to heal illnesses. And He sent them to proclaim the

Kingdom of God and to heal the infirm" (Lk 9:1-2)

Following Christ's example, the Church carries on his work of evangelization and healing through her loving presence alongside the sick and the suffering.

Since the very beginning of his ministry, the Holy Father, John Paul II, has not ceased to manifest his tenderness and concern to the sick, to whom he has continually entrusted all his activity in the universal Church. In the course of his numerous trips around the world, he has wanted to visit hospitals, places of care, and leprosariums, and personally, individually meet with the sick and the health personnel serving them. The Pope has been behind so many initiatives which have made the voice of suffering one of the most important ways for the Church's mission.

* The first initiative, dated February 11, 1984, was the Apostolic Letter *Salvifici Doloris*, the first document of broad scope in the Church's Magisterium on the *Christian meaning of suffering*.

* On the first anniversary of this document offered to the meditation of the Christian people, on February 11, 1985, with the Motu Proprio *Dolentium Hominum*, the Holy Father instituted the Pontifical Commission, today after the Apostolic Constitution *Pastor Bonus* on the Roman Curia in 1988 the Pontifical Council for Pastoral Assistance to Health Care Workers.

* On May 13, 1992, anniversary of the first apparition in Fatima, the Holy Father, John Paul II, in response to my request, instituted the World Day of the Sick, the first celebration of which was set for February 11, 1993. It has thereafter been celebrated every year on the same date, commemoration of

Our Lady of Lourdes. In keeping with the Holy Father's express wish, the celebration of this Third World Day is taking place on African soil, in the Ivory Coast, in this noble country, after Lourdes, on French soil, in 1993, and Czestochowa, in Poland, in 1994.

* On February 11, 1994, with the Motu Proprio *Vitae Mysterium*, John Paul II instituted the Pontifical Academy for Life, whose first President was the late lamented Professor Jérôme Lejeune, tireless defender of life, who returned to the House of the Father on the morning of April 3, 1994, on Easter Sunday.

The invocations this evening rise up to the Lord on behalf of the whole world's sick, and particularly those of Africa. They are raised up from this church consecrated to Our Lady of Africa, the Virgin Mary, who dispenses every grace. May our cries of despair, fear, and anguish and our suffering find in Her whom we invoke as *Salus Infirmorum* (Health of the Sick) the motherly consolations which we all need spiritually.

When we pray for our sick, let us not forget to pray for their families as well, for those devoting themselves to them—doctors, nurses, men and women religious—that all who suffer may be able to offer their suffering in union with the Passion of Christ, for the salvation of the world and the good of the Church. We also pray that they may be the object of attention on the part of their healthy brothers and sisters and that the latter may be able to manifest their compassion and solidarity at the hardest moments of their existence.

May the Holy Father, John Paul II, always be our beacon on the way of suffering leading to Glory after the agony of Gethsemane.

To Offer Suffering for Peace

(The Holy Father's Address during the celebration of the Third World Day of the Sick in St. Peter's Basilica, February 11 1995)

1 "Lumen ad revelationem..."

St Peter's Basilica is once again filled with light: as, a few days ago, on the feast of the Presentation of the Lord in the Temple, so it is today, the liturgical commemoration of Our Lady of Lourdes. This time it is you, dear pilgrims that have chosen the Grotto of Massabielle as the goal of frequent itineraries of the spirit, that are bringing the light into the Vatican Basilica. You have come today to the Basilica of St. Peter to enliven a renewed spiritual pilgrimage in this singular assembly.

I greet all of you! I greet you, dear people who are ill, the main actors of this Day, as well as you, volunteers, who in a spirit of Christian solidarity bring aid to your brothers and sisters needing care. I greet the Cardinal Vicar of Rome, who has celebrated Holy Mass, the Bishops present, the priests, and the lay people guiding the pilgrimages of the sick to Lourdes, especially in UNITASI and the Roman Pilgrimage Institute. I am grateful to you for these initiatives and because, by today's celebration, you allow the Pope to take part in your "Marian pilgrimage."

Today we join ourselves spiritually to those at the Marian Sanctuary of Yamoussoukro, in the Ivory Coast, on the African continent, where the celebration of the Third World Day of the Sick is taking place this year. I have delegated Cardinal Fiorenzo Angelini to preside at it, President—of the Pontifical Council for Pastoral Assistance to Health Care Workers. This is precisely the tenth anniversary of the establishment of that Department. I thus take the occasion to thank Cardinal Angelini and his staff for the valuable ser-

vice they have performed in these last years, contributing to making the Church's concern for the sick manifest and active. The sick, volunteers, and health care workers present here in a special way feel themselves to be in communion with their brothers and sisters in Africa and the whole world, and all of them to-

by the celebrant, during the singing of the Antiphon *Lumen Christi*. It is the light of Christ, which, enclosed in the tomb after the crucifixion, becomes the promise of resurrection in the liturgy of Holy Saturday. It is precisely this that is announced by the deacon's singing: *Lumen Christi. The light of life is*



gether offer sufferings and commitment, imploring the gift of peace, as suggested by the theme of the Message I have sent for this Day.

2 My dear brothers and sisters! You will shortly upraise the lit candles, which will spread light into the vast spaces of the Basilica. These candles recall the Paschal Candle carried in procession during the Easter Vigil

set aflame amidst the darkness of death. And the news of the victory of life over death spreads everywhere, beginning in Jerusalem, as far as the extreme confines of the earth.

Today you are bearing this light from Lourdes. The Mother of Christ entrusted it to you in her sanctuary, where you trustingly go in pilgrimage. Going as pilgrims with your suffering. In the course of earthly existence,

suffering opens to man the prospect of death, and, even if it is not yet death itself, it bears in itself death's signs. With your suffering, dear sick people, you go in pilgrimage to Lourdes, asking the Mother of Christ for light. Light you receive from her hands: light which means victory over suffering. Man is called to defeat suffering, to combat against death. All medical and nursing care, with its multiform concern for the sick, aims at this. All of this to some degree forms part of the pilgrimage to Lourdes.

The Lourdes experience includes not a few cases of sick people healed through the intercession of the Mother of God. In addition, the pilgrims are witnesses to the great spiritual help which the sick obtain there to overcome suffering. You that go in pilgrimage to Lourdes come back comforted by spiritual strength which not only enables you to bear pain, but even to discover that salvific value which suffering conceals within itself. This is the light of Christ which Our Lady of Lourdes places in your hands and pours into your hearts. With that light you come back to your homes, to hospitals, and to the other facilities where you stay and receive care. Today you are bringing this light into St. Peter's Basilica to witness to the victory of Christ's love. The Church that is in Rome thanks you for the light you bring from Lourdes; she thanks you, those who are ill, as well as you, brothers and sisters who generously offer those subjected to trials the service of the Good Samaritan. Your common witness as sick people and volunteers constitutes a gift for the Church. It is a true apostolate and spreads the Gospel of salvation.

3. "*Lumen ad revelationem.*..."

How can we fail to remember St. Bernadette on this occasion? She was the girl just over ten years old, the daughter of the poor Soubirous family, who became the *confidante* of Our Lady of Lourdes. It was to her, first of all, that Mary entrusted the light of Christ, which was later to

spread widely through France and the whole world. She was the first to be exhorted to recite the Rosary. To her Mary entrusted her thoughts and her projects linked to the future of Lourdes as a vast place of prayer at which pilgrims from all over the world would arrive to draw near to Christ's light. We are thinking of the infirm and the *healings*, but we also remember the *numberless conversions* which over nearly 150 years during which the Sanctuary has existed have taken place through the intercession of the Mother of God.

4. As I recall Bernadette, the wonderful *confidante* of the Marian mystery and the mission of Christ, my thought goes out to her contemporaries at present. I am thinking, for example, of all the young I encountered recently in the course of the *World Day of Youth* in the Philippines, in Manila. They, too, during the great vigil, held in their hands the lit candles symbolizing Christ's light. That light which they had received from



their communities, their families, their parishes, and their diocesan Churches, in the Philippines and in different countries in Asia and on the other continents.

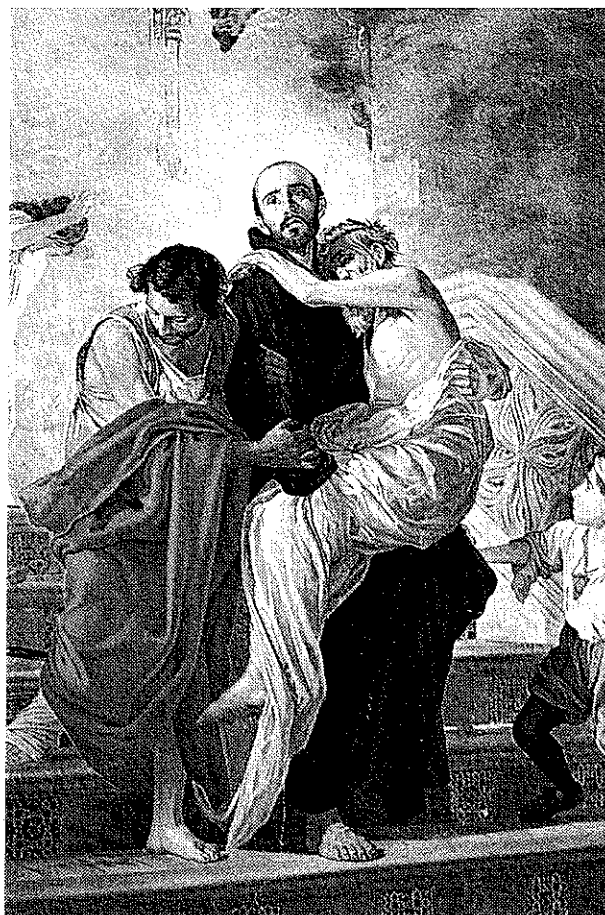
Today, dear brothers and sisters, as I am meeting with you, *I would like to join these two pilgrimages in terms of the mind and the heart* that of the young, among whom the infirm and the handicapped were not lacking, and your pilgrimage to Lourdes. It may seem that there are differences among you, above all, for what distinguishes an elderly from a young man, a healthy from an infirm one, is notable. But in spite of all these differences, what unites is stronger. *The light of Christ unites you*, which is a common call: the same call you bring from Lourdes was brought from the Manila encounter by the young taking part in the World Day of Youth. Illuminated by the light received at that moment, they see their life, their vocation, and all the tasks awaiting them better. In this light they also understand suffering better, for Christ, the Light of the world, redeemed man precisely through suffering and the cross.

In this way, then, *the different routes of the pilgrimages* starting from different points, from multiple sites of human existence, *meet*, to recognize in a single light that Christ is the way, the truth, and the life (cf. *Jn 14:6*), in order to follow Him.

5. Dear brothers and sisters, sick and suffering, all pilgrims of Lourdes! *Do not stop praying for the Church!* Do not stop entrusting to Christ, through his Mother, *the young generation*, in particular—that is, those Christians to whom the beginnings of the third millennium are entrusted. May they feel your love! May your prayer and your suffering obtain their maturing spiritually. May they enter into communion with you to receive from your hands the flame of faith and spread the light of Christ everywhere.

"Indeed, God so loved the world that he gave his only-begotten Son so that whoever believes in him will not die, but have eternal life" (*Jn 3:16*).

Montemor-o-Novo, Portugal



*Celebration of the
Five-Hundredth
Anniversary of the Birth
of St. John of God*



The Holy Father's Letter to Cardinal Fiorenzo Angelini

To Our Venerable Brother Fiorenzo Angelini, Cardinal of the Holy Roman Church, President of the Pontifical Council for Pastoral Assistance to Health Care Workers

The lay Hospitaller Order, also known [in Italian] as the Order of the Fatebenefratelli, will celebrate on March 8 the five-hundredth anniversary of the birth of its Founder, St John of God, who, in adhering to the teaching of the Divine Master, became a disciple of the Gospel of suffering. He in fact took care of those who were affected by infirmity in body and in spirit, and, following Christ's example, he devoted himself fully to them. He left this teaching to his brothers.

The Hospitaller Order has remained faithful to the initial idea and, having spread throughout the world, has carried its beneficent charism to those afflicted by illnesses and anguish, in such fashion that its members sometimes contracted the same diseases as the patients they cared for. In times of war and civil disorders, the St. John of God Brothers heroically assisted the wounded, often to the supreme point of laying down their lives, to such an extent that they were regarded as martyrs of the mission entrusted to them.

The health ministry as always been an area of special attention for the Order, following the example of the Founder, who cared not only for the health of the body, but also for that of the spirit, working so that the sick would be reconciled with God and with their neighbor. Consequently, the apostolic dimension and religious merit of this Order should be seen in the sphere of health facilities, where its members are particularly active. In performing their task as Good Samaritans in the name of Christ, they are especially engaged in assisting the patients affected by the most recent diseases, renewing methods and adapting them to modern needs.

Well aware of this, we willingly accept the request by Br. Pascual Piles, Prior General of this religious Family, who, in order for the commemorative event to take place with greater solemnity, asked us to send an eminent, illustrious personality: you, our Venerated Brother. You have seemed to us the fitting person in every way to perform this task; indeed, you have long been dealing with the health ministry in praiseworthy fashion. You carry out the mission of helping and supporting the sick, with great profit for all,

particularly now that you are the President of the Pontifical Council for Pastoral Assistance to Health Care Workers, and you act in our name, as we are very concerned about the sick and the suffering. Therefore, demonstrating fully to you our fraternal affection, we constitute you Special Envoy for this specific commemoration. We express the hope that, spurred by this illustrious celebration, the figure and the work of St. John of God will be studied with the proper attention, in such a way that his message and charism will be disseminated everywhere with renewed commitment.

You shall bear our greeting to all the participants in this celebration and our appreciation of all those working in the care and support of the sick. May all of them, and particularly the Members of this Order, be sustained in combatting every kind of evil by Christ the Redeemer, Physician of the body and of the spirit, with the favor of Our Apostolic Blessing, which we wholeheartedly impart to each of them.

From the Vatican, February 2, 1995, the seventeenth year of the Pontificate.

IOANNES PAULUS PP. II

The Holy Father's Letter to Rev. Pascual Piles

(Superior General of the Brothers of St John of God, for the Five-Hundredth Anniversary of the Founder's Birth)

1 I am happy to address all the members of the Hospitaller Order on the occasion of the celebration of the Five-Hundredth Anniversary of your venerated Founder, St. John of God

I do so willingly, for I wish to stress once again the greatness of this figure, along with the mission which his children and all working with them continue to carry out on behalf of the poor and the needy.

John of God was a great Saint of the sixteenth-century Church, and the witness of his life remains current, even in our time. He was a man powerfully touched by the grace of the Lord, a man who did not offer resistance to divine grace. He committed himself to the generous accomplishment of God's will for his life under the guidance of St. John of Avila, his Spiritual Director.

He even underwent the experience of being taken for a madman and isolated in the Royal Hospital in Granada, Spain. He emerged from that place with the purpose of creating his Hospital as an alternative to the care being offered in his time. There, the poor, the sick, and everyone coming to its door were to be treated with humanity and sensitivity and at the same time presented with the salvation of Jesus Christ.

In his work as a Good Samaritan he was helped by many benefactors, who joined in his cause and adopted the objective of his apostolate. His cry, "Brothers, do good to yourselves," resounded at night when he would go out to beg in the city of Granada, Spain. This was the beginning of his institution, which little by little expanded until becoming a 150-bed Hospital at the time of his death.

St. John of God is called the Saint of charity, the father of the poor, because he really identified with the marginalized, to whom he devoted his best energies with authentic charity.

His apostolate was not limited only to those coming to his house, but even extended to people along the streets of the city. Everyone admired his gifts as a pacifier and reconciler, either among rivals his first companions were two enemies with a deathly hatred for one another or among people living dishonestly.

My wish is that this Centennial will serve to deepen awareness of God's action upon the person of the Founder and his disciples and admirers. Trusting in God alone, he founded a community of Brothers to serve charity, so that they would prolong his mission of aiding the sick in time and space.

2 Since the sixteenth century the Hospitaller Brothers have been acting in the Church as one of the first lay Orders. And from the outset there have been some priests, because of the needs of the apostolate, but all hold the title of Brothers.

This fact brings to mind the great reality of fraternity. Brothers to promote brotherhood! A most beautiful objective, which each of the Order's members is called to achieve fully.

I also wish to point to the consecrated vocation of the lay Brothers, just as it has been stressed by the Second Vatican Council (cf. *Perfectae Caritatis*, no. 10), as expressed by the document *Brothers in Lay Religious Institutes*, written by the Commission of Superiors General of Lay Religious Institutes, and as dealt with by the recent Synod on Religious Life.

I myself wanted to reaffirm the reality of such a vocation in

my Address to the Plenary Assembly of the Congregation for Religious and Secular Institutes, on January 24, 1986, stating, "Lay religious life, as an expression of total consecration for the Kingdom, is the manifestation of the holiness of the Bride of Christ and in an effective and original way contributes to the unfolding of the Church's mission in Evangelization and in the multiple ministries of the apostolate. Religious life in the Church is inconceivable without the presence of this particular lay vocation, still open today to so many Christians who can consecrate themselves therein to following Christ and serving humanity" (*Insegnamenti*, IX, 1, 1988, pp. 179-180).

Through the example of the Founder, the Brothers of the Hospitaller Order are called to a universal communion with all men. Moreover, the religious community is not evangelical if it is not universal. The consecrated Brother is a man capable of finding in his own spiritual experience all the means necessary to develop fraternal relations with all men.

The Brother is called to unfold the charism of hospitality and solidarity, which is proper to the Order, and to offer his service generously and willingly, with joy and love for all the needy, and at all times to feel himself to be a Brother among brothers, especially among those who are least esteemed in our society.

3. I am familiar with the great effort with which your Institution is carrying out the mission which has been entrusted to it by the Church to respond to the professional, ethical, and healthcare demands of our time, in a society marked by technology, sometimes characterized by the loss of human and Christ-

ian values. In accomplishing all of this, it is necessary for each to keep the Founder's spirit ever alive, as is recommended in the message addressed by the previous General Government to all the Brothers: "John of God remains alive in time"

It encourages me to know that many Brothers are working in developing countries and that some of them have undergone or are undergoing difficult situations on account of war and violence; but, by the grace of God, in response they have maintained this same fidelity, which characterized the Martyred Brothers in their time. A hard mission, but supremely important at a time when human rights are still neglected!

In the last document written by the Chapter Brothers, *The New Evangelization and Hospital Care on the Threshold of the Third Millennium*, the need was adopted for a New Evangeliza-

tion in our society, with the intention of living it out in the service of a new hospitality in the style of St. John of God. I am happy about the valor with which the Brothers are living this out in their apostolate on the different continents

4. It is well known that in the Order a kind of relationship is maintained with co-workers which surpasses what is purely contractual, with the promotion of union, to the point of making a therapeutic community a real family, grounded on the Gospel spirit and the rights of the human person to whom service is provided.

Equally praiseworthy is the effort with which the document *Brothers and Co-Workers United to Serve and Advance Life* has been conceived and applied, in practical and doctrinal terms. In spite of countless difficulties, personal commitment to this

work should not be abandoned, lived out firmly and constantly, with full trust in the Lord. St. John of God, St. Richard Pam-puri, and all the Blessed of the Order will not cease blessing this initiative

5. I hope that the Jubilee Year will be a time of stimulus for reflection on the life of the holy Founder, on his Letters, and on the Constitutions, and, above all, may it serve to deepen awareness of the spirituality proper to the Order, as well as to defend human life and render it more fraternal, so as to serve the sick, the poor, and the needy better.

With these desires in my heart, I bestow the Apostolic Blessing upon you and all the members of the Hospitaller Order, as a promise of abundant heavenly favors

Vatican City, March 8, 1995

JOANNES PAULUS, PP. II

The Power of Charity

(The Message presented by Rev. Pascual Piles, Superior General of the Hospitaller Order, for the opening ceremony of the celebrations marking the Five-Hundredth Anniversary of the Birth of St. John of God. Montemor-o-Novo Portugal March 8, 1995)

1. In this we have known love: in that he gave his life for us. We, too, must give our lives for our brothers (1 Jn 3:16)

This is John's interpretation of Jesus Christ. He defines Christ as love, and the real proof that he has loved us so much is that he died for us. St. John also makes a call to the life of the Christian. Jesus has given us this witness, but we are called to do as he did, to give our lives for others.

This message has been accepted by many persons who have adopted the project of living for others; they have devoted themselves with their whole soul, in their attitudes and activities, taking the good of others as their reference point.

This was the insight of John of God, a native of Montemor in the context of the fifteenth and sixteenth centuries, who lived in Christ for others. He got full insight into this call while listening to a sermon by the Master of Avila at the hermitage of the martyrs of Granada, on January 20, 1539, the feast of St. Sebastian. He gradually reinforced his response under the guidance of St. John of Avila, who was his Spiritual Director,

and from then on his life was a total incarnation of the love, charity, and mercy of God towards men.

John of God addressed himself to the poor, the sick, and the needy, to make the love of God manifest. He began a work for them, without resources or external support rather, having to face doubts about who he was. The authenticity of his formulation of love for others gradually caused his credibility to grow, and he was recognized and assisted, not only by the city of Granada, but by all of Andalusia and Spain.

On celebrating the opening of the Five-Hundredth Anniversary of his Birth here in Monte-

mor-o-Novo, we want to proclaim loudly that, in view of all he did, we value his life as a song of love, a song of charity I do so for the city of Montemor-o-Novo, for all the faithful in this area who have gathered here for the celebration. I do so for the Order Brothers, Co-Workers, Volunteers, and Benefactors, the Sick, and the Needy. I do so for the whole Church and the entire world. Yes, the life of St John of God was a song of love. He understood the sign of Christ and, like Christ he devoted himself until death, which in his case was not a bloody death, but a death provoked by his utter dedication to others.

Our remembering him today is to render him homage. He deserves every bit of it. But the best homage we can offer him is to imitate him in our lives. Each of us in the place he or she occupies in our society and with the identity we have in the Church. We are called to live by being love, being charity, being hospitality, like him.

We feel ourselves to be the Church founded by Jesus Christ to accomplish his project of love. The same Church he loved and of which St John of God felt himself to be a faithful son. The Church that recognized his holiness and presented him to us as a living example. The Church that, in the person of the Holy Father, John Paul II, feels identified with the opening of this Five-Hundredth Anniversary of the Birth of St. John of God and has wanted to be present by sending us a Delegate of his in the person of Cardinal Fiorenzo Angelini, our brother for the Order granted him the Letter of Brotherhood and President of the Pontifical Council for Pastoral Assistance to Health Care Workers.

Our society needs projects embodied and grounded in love. Public leaders, professionals, and citizens, both believers and nonbelievers, are called to create a society in which violence, marginalization, competitiveness, and manipulation will be

eliminated, that it may be based on justice, solidarity, respect for the dignity of others, and love.

The Order is called to promote a society in which people's real needs are attended to and, like John of God, must create alternative social and health facilities which will dignify the sick, the poor, and the marginalized, where they will be treated with humanity, skill, and love.

John of God was not a man of words, but rather a man of life, of much life. That does not mean, however, that he did not have his philosophy and theology of living. He had them and shaped them not only by living, but also in the Letters that he wrote. From them we extract the following statements as a legacy, a message for us today, and analyze them one by one.

2. Always have charity, for where there is no charity, God is not present, even though God is everywhere (*Letter to Luis Bautista*, 15)

He presents love as the element which makes possible the presence of God in reality. It is a biblical thought, expressed by the Gospel of Matthew (cf. 25:39-40) and in the First Letter of John (cf. 4:20). Theologically, we know that God is everywhere; we know that in a real way he is in the Eucharist and in his Word. God is also in one's brother, in another who must—be taken and treated as a brother.

Hence the projects based on dedication to others are inevitably projects which manifest the presence of God. On the other hand, those based on getting ahead, division, violence, and aggression annul God's presence.

John of God's words pose a question for us. Do I collaborate with the possibility of making God present in life, or am I instead a person making his presence impossible?

Brothers and Co-Workers of the Order, citizens of Montemor-o-Novo and of the whole world, let us make God's presence in the world possible

through love. His only project is based on love. That is what John of God did.

3. If we considered how great the mercy of God is, we would never cease to good as we could (*First Letter to the Duchess of Sesa*, 13)

A project of love can also be enriched by the experience of the love of God, who fortifies us and gives us the capacity to give ourselves to others.

To come to experience how God loves us brings with it entry into an atmosphere of faith. Faith is a gift, and to come to feel the experience of God's love personally is also a great gift.

We know that we have to live in openness to others, in terms of the needs of others, but our selfishness sometimes impedes this. John of God, through his own flesh-and-blood experience of God's love, was like a racing motor. He could not stop doing good to all, at all times, for whatever reason. Through the experience of God's love life is totally transformed.

Our last General Chapter proclaimed this year of the Centennial a Jubilee Year, with the intention that, for everyone connected with the Order, for everyone connected with John of God, it would be a time of true spiritual renewal. May it be a year in which we experience, like John of God, God's love for us enabling us never to stop doing good as long as we can.

Programs for humanity in health, for a culture of hospital care, for grasping the needs of those we assist and their families for integration and coordination in overcoming marginalization, for applying ethical positions to care, and so on everything forms part of the desire "not to stop doing good as long as we can."

4. As water puts out a fire, so charity erases sin (*First Letter to the Duchess of Sesa*, 13)

A life project based on charity, on love, gives us carte blanche for our lives. This is St. Augustine's "Love and do what

you will" (*Treatise on the First Letter of St. John. VIII, 8*) It is the atmosphere of love which John of the Cross feels will exist at the definitive time: "In the evening of life you will be examined in love" (*Saying of Light and Love, 59*)

The person who loves, who does so deeply, cannot remain in sin. They are two realities which reject each other. Love and sin cannot co-exist; love and selfishness are opposites they cannot be present simultaneously.

Let us resolve to love as John of God did. The problem is when we want to do so half way yes and no. To adopt the attitudes of John of God is to hurl oneself into life boldly, without fear, but with hope, with the enthusiasm about taking part in a project that is worthwhile, with the certainty that to the extent that we love, we prevent sin from appearing in us, leave no room for selfishness, build brotherhood, and become hospitality.

5. Always have charity, for it is the mother of all virtues (*Third Letter to the Duchess of Sesa 16*)

In my view, this is the most all-encompassing of the four contributions by John of God. He exhorts us to have charity, to love always, to make love the fundamental attitude in our lives, for it causes the other virtues to appear and is the mother of all virtues. Where there is love, there is everything; where there is no love, there is nothing.

I hope that you will open yourselves to a life based on love, brotherhood, and justice. To take part in the opening of the Fifth Centennial of the Birth of St. John of God and in the successive events being held is to enter into the atmosphere of his spirit. We will close the Centennial in Granada next year, in the city where he died and on the date of his death but we will commit ourselves to working always, as he did, in a project of love.

May the Centennial represent for all of us the possibility of deeply experiencing the power of love.

Opening Ceremony for the Five-Hundredth Anniversary of the Birth of St. John of God

(*Montemor-o-Novo [Portugal] March 7-8 1995*)

The events commemorating the Five-Hundredth Anniversary of the birth of St. John of God solemnly began in Montemor-o-Novo, March 7-8, 1995. Beginning at midnight on March 6, meetings and celebrations took place in Lisbon and Telhal, as had been programmed. On March 5, Archbishop of Evora Maurilio de Gouveia held a pre-opening ceremony, which was televised.

On March 6 Cardinal Fiorenzo Angelini arrived in Lisbon as the "Special Envoy" of Pope John Paul II for the commemorative events. The Pontifical Mission accompanied the Cardinal, including Rev. José L. Redrado and Rev. Felice Ruffini, Secretary and Undersecretary, respectively, of the Pontifical Council, Rev. Vitor Feytor Pinto, Consultor to the Council, and Monsignor Boleslaw Krawczyk, Pontifical Master of Ceremonies.

Cardinal Angelini and the Pontifical Mission were received at the airport by Apostolic Nuncio Edoardo Roviola, Archbishop Maurilio de Gouveia of Evora, the Superior General of the Hospitaller Order, Rev. Pascual Piles, and the Order's General Council, the Provincial Superior of Portugal, Br. Antonio Matos, and Rev. Aires Gameiro, Chairman of the Five-Hundredth Anniversary Commission.

1. Visit to the Psychiatric Hospital

At 4 p.m. Cardinal Angelini and the members of the Mission visited the psychiatric hospital of Telhal, owned by the Hospitaller Order. The Cardinal received the Hospitaller General's welcome on behalf of the whole Order.

Then a group of patients enacted the parable of the Good Samaritan. This encounter concluded with a "prayer of the faithful" and an exchange of medals commemorating the Centennial. The Cardinal and delegation members next visited some of the hospital's facilities and its church.

2. Meeting with the President of the Republic

At 8 p.m. on March 6, the Pope's Special Envoy and the Pontifical Mission were received in the Belém Palace by the President of the Republic, Dr. Mario Soares.

Cardinal António Ribeiro, Patriarch of Lisbon, the Apostolic Nuncio, the Archbishop of Evora, the General and Provincial Superiors of the Order, Rev. Aires Gameiro, the Chairman of the Centennial Commission, and other leading figures were also present.

When the illustrious guests had all entered, there was a brief ceremony during which the Pope's letter to Cardinal Angelini naming him "Special Envoy" was read and the President of the Republic welcomed the Cardinal and visitors. The Cardinal replied warmly to the President of the Republic and offered him a triptych on behalf of the Holy Father, with the Pontificate's medal in gold, silver, and bronze. The President then hosted his guests at a dinner held in honor of the Special Envoy.

3. Visit to Garcia da Horta Hospital

On the morning of March 7, Cardinal Angelini, accompanied by the Pontifical Mission, the Superior General, the Provincial, and other religious of the Hospital Order, visited the

state—owned *García da Horta* General Hospital in Almada—Lisbon Cardinal Angelini was received by the hospital administrators with a great show of attention; in a short tour of the hospital the Cardinal and delegation greeted many of the sick, especially cancer and AIDS patients.

In a large hall at the hospital the Eucharist was celebrated, at which Cardinal Angelini presided and the Apostolic Nuncio and several priests concelebrated; over two hundred people attended, including health professionals, patients, and volunteers.

The Mass was sung for the first time *em fado*, by a choir including the Count and Countess of Cascaus, who composed it. The Mass was deeply appreciated for its liturgical depth and harmony.

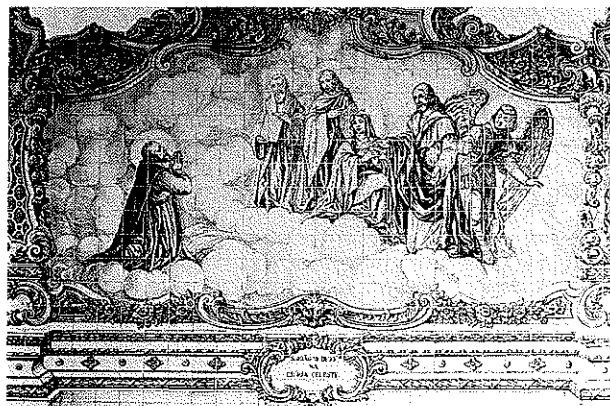
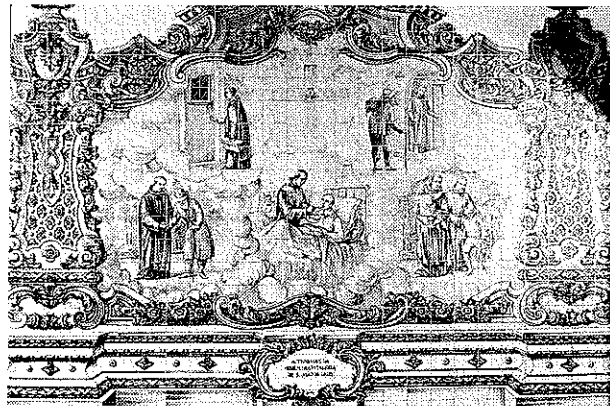
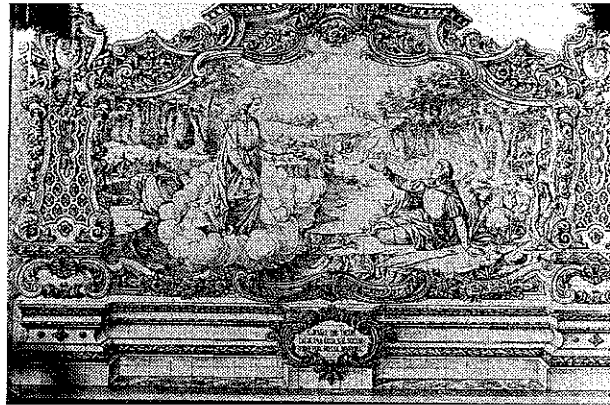
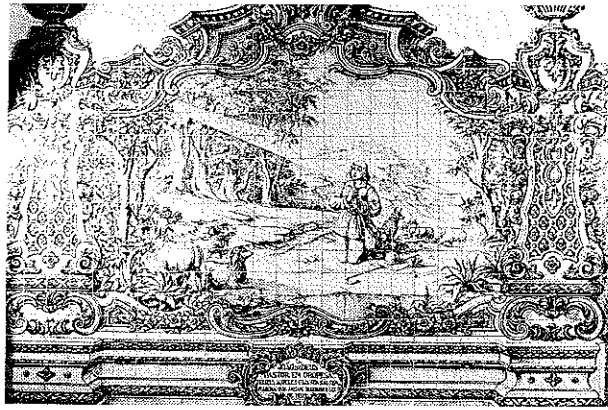
4. On the Way to Montemor-o-Novo

In the early afternoon on March 7 Cardinal Angelini, accompanied by the Pontifical Mission and the Superiors of the Hospitaller Order, left for Montemor-o-Novo, birthplace of St John of God and site of the initial commemorative events.

Next to the church at St John of God Hospital in Montemor, Cardinal Angelini received a warm welcome from a large throng including the brothers and co-workers who had come from many European nations and, above all, Spain.

Cardinal Angelini with great emotion addressed the people from the atrium of the hospital church in Italian. He emphatically stated that for many years he had been associated with our Order as a Brother of St John of God.

Meanwhile the Portuguese Prime Minister, Dr Cavaco Silva, also arrived, along with his wife. They were received by the Superior General, the Provincial, and the Superior at the Montemor house; and, after various greetings for the religious and many others gathered there, the Minister and Cardinal Ange-



lini exchanged greetings, expressing the desire that the spirit of St. John of God would go on nourishing the spirituality not only of the Portuguese people, but of the whole world.

5. Inauguration of the Five-Hundredth Anniversary

At 9 p.m. on March 7 the inauguration ceremony for the Fifth Centennial took place at the Curvo Semedo Theater in Montemor. The room was completely full. A number of important people spoke—House Speaker Carlos Pinto de Sá, the Archbishop of Evora, the Prime Minister, the Superior General of the Order, and, finally, Cardinal Fiorenzo Angelini.

The Superior General then read his message for the anniversary, entitled "The Power of Charity," a message addressed to the whole Order.

At the end of these presentations, the official address was delivered by Professor Joaquim Verissimo Serrao, President of the Portuguese History Academy, on "The Period When St. John of God Was Born." It was a profound examination of the saint's life, influence on the world, and peculiar way of dealing with human suffering and the complex facets of medicine and health.

This talk was followed by a musical performance with three different choirs. Superior General Pascual Piles concluded the gathering by declaring, "The Five-Hundredth Anniversary of the birth of St. John of God is under way," thereby injecting new enthusiasm into the celebration.

6. Prayer Gathering

On the morning of March 8, the commemoration of St. John of God, all the brothers and numerous co-workers from different countries met in the hospital church for a moment of prayer which proved to be intensely meditative and very deeply felt, using readings and song.

The readings were proclaimed in Portuguese, Spanish, Italian, French, English, German, Malayan, and Polish.

Some songs were sung by the Spanish group Voces de Juan, with lyrics based on the letters of St. John of God. Other international melodies were also selected to facilitate participation by all. These were moments of intense spirituality.

Cardinal Angelini presided. At his side were the Apostolic Nuncio, the Archbishop of Evora, the Superior General of the Order, Rev. José L. Redrado, Rev. Vitor Feytor Pinto, Rev. Felice Ruffini, and Monsignor Czaczyk.

7. Solemn Eucharist

In the afternoon the procession was organized with the image of St. John of God from the hospital to Largo da Matriz. Meanwhile the Cardinal Legate went to inaugurate the iconographic exhibition on the Saint at the City Library, afterwards visiting the crypt at the house where St. John of God was born and his church.

The most solemn moment of celebration was the Eucharist in the square in front of the saint's house in Montemor-o-Novo, built in 1625. Cardinal Angelini presided at the celebration. Eleven bishops concelebrated, in addition to the Patriarch of Lisbon, the Apostolic Nuncio, and one hundred priests, many from the Hospital Order and southern Portugal.

Many civil and military authorities also took part, including the Speaker of the House and the General Commander of the Southern Military Region.

At the start of the celebration the letter was read which Pope John Paul II had sent to the Superior General in regard to preparations for the Five-Hundredth Anniversary.

During the Eucharistic celebration two Hospitaller religious of the Portuguese Province made their solemn profession: Br. José Paulo Simoes and Br. Adelino M. Espadaneira. Cardinal Angelini brought out in his homily (read in Portuguese) the striking figure of St. John of God, Good Samaritan of great current interest, and also congratulated the

two who had professed, telling them they had been born to the Order on the day of the Founder's death.

The S. Domingos Choir of Montemor sang lovely hymns suitable for the feast, and the assembly's participation in the singing was excellent. The surroundings and atmosphere for the celebration were a real hymn to St. John of God; some 3,000 people were in the square.

The milieu was completed by *La Torre do Elogio*, the façades of the Church of St. John of God and of Mercy, and also the houses adorned with many-colored flags and standards. Everything combined to exalt the Patron of the Poor, 500 years after his birth in Rua Verde and its surroundings.

8. An Exceptional Composition

At 9 p.m., in the Curvo Semedo Theater, there was a debut by the *Louco por Deus na Hospitalidade* ("Crazy for God in Hospital Care") Choir, a work composed by Dr. Antonio Ferreira dos Santos of the Diocese of Porto. This extraordinary and original musical display was performed by a choir of 250 voices and the large symphony orchestra of the Public Security Police, which, along with the soloist Carlos Guilherme, proved to be a stirring success with the big audience.

This musical event—vibrant, compelling, emotion-packed, and powerful—with lyrics inspired by the Saint's letters, could well be described as an original biography of St. John of God through the medium of music.

Cardinal Angelini, at the end of the performance, effusively greeted Maestro Ferreira dos Santos and enthusiastically affirmed that this magnificent musical work could be presented with prestige and dignity in any world capital.

9. Concluding Events

On the morning of March 9, Cardinal Angelini, the Pontifical Mission, the Superior General of the Order, and other guests, ac-

accompanied by the Archbishop of Evora, visited the cathedral and then the city hospital, where they were received by the Director and the President of the Regional Health Administration. The Cardinal and those accompanying him visited several hospital departments, also greeting a number of patients

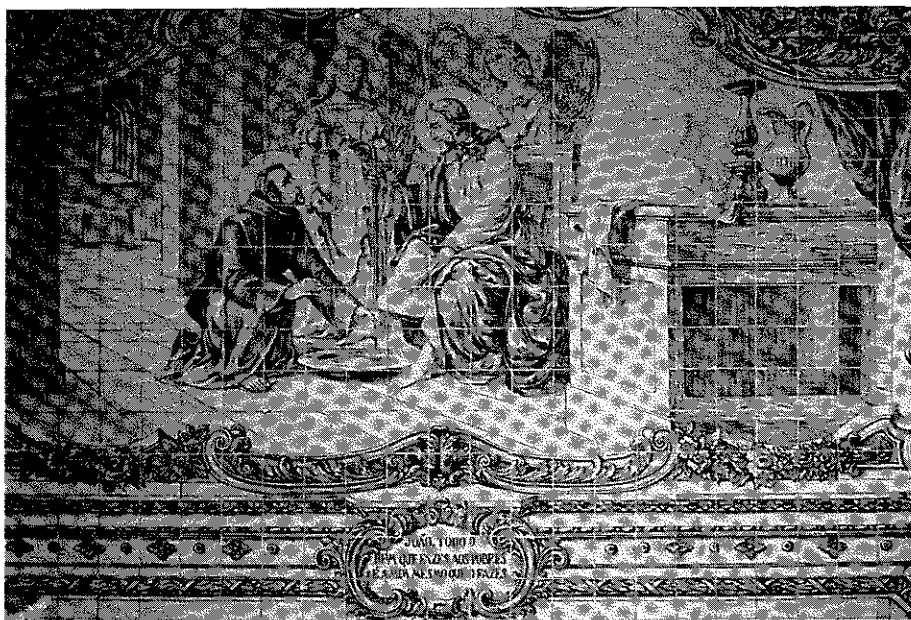
Then all the guests traveled to the Diocesan House for Priests, a residence for elderly and sick priests

Cardinal Angelini thus concluded his mission as the Pope's Special Envoy. He was seen off at Lisbon Airport by the Apostolic Nuncio, the Archbishop of Evora, the Superior General of

the Hospitaller Order, the Provincial Superior of Portugal, and Rev Aires Gameiro, Chairman of the Fifth Centennial Commission.

Rev. JOSÉ L. REDRADO, O H

*Secretary of the Pontifical
Council for Pastoral Assistance
to Health Care Workers*



Greeting Addressed to Cardinal Fiorenzo Angelini, the Special Envoy of the Holy Father to Lisbon

Your Eminence,

On behalf of my Brothers, of the sick, of the needy, and of the co-workers of our Order, especially those of the Portuguese Province, I joyfully extend our welcome to you as the Special Envoy of the Holy Father, for the celebrations opening the Fifth Centennial of the Birth of St John of God, which will be mainly held in his native city, Montemor-o-Novo

Your Eminence, it is truly with joy that I extend to you our welcome, for we regard you as a Hospitaller Brother. You have long been dedicated pastorally to the sick and to the workers and professionals caring for them, as the Holy Father af-

firmed in the Letter He wrote you to appoint you his Special Envoy, a dedication Your Eminence has been exercising first in the Diocese of Rome and throughout Italy and now for the whole Universal Church in your capacity as President of the Pontifical Council for Pastoral Assistance to Health Care Workers

Your Eminence, I convey this welcome with all my heart, for, in the long history of your commitment to the world of suffering, you have always been close to our Order, have always been a great admirer and follower of St John of God, and we have always regarded you for all intents and purposes as a Brother of ours

Your presence in our midst in these days is a manifestation of the Holy Father's appreciation of our Order, but it is also a witness to your own evangelical sensitivity to the persons who suffer. Your promptness in accompanying us strengthens us in our efforts to follow Jesus Christ the Good Samaritan and to seek to make John of God present in the world on the threshold of this third millennium, by turning our lives into Hospitality

May these celebrations help us be more aware of our mode of being and of our life for others

Your Eminence, welcome, and thank you very much.

Fra PASCUAL PILES
Prior General

Cardinal Angelini's Reply

Along with the whole Delegation accompanying me, I wholeheartedly thank the Bishops, the representatives of the local Church, the civil and military authorities, and the Superior General and other members of the Hospitaller Order of St. John of God for this warm welcome.

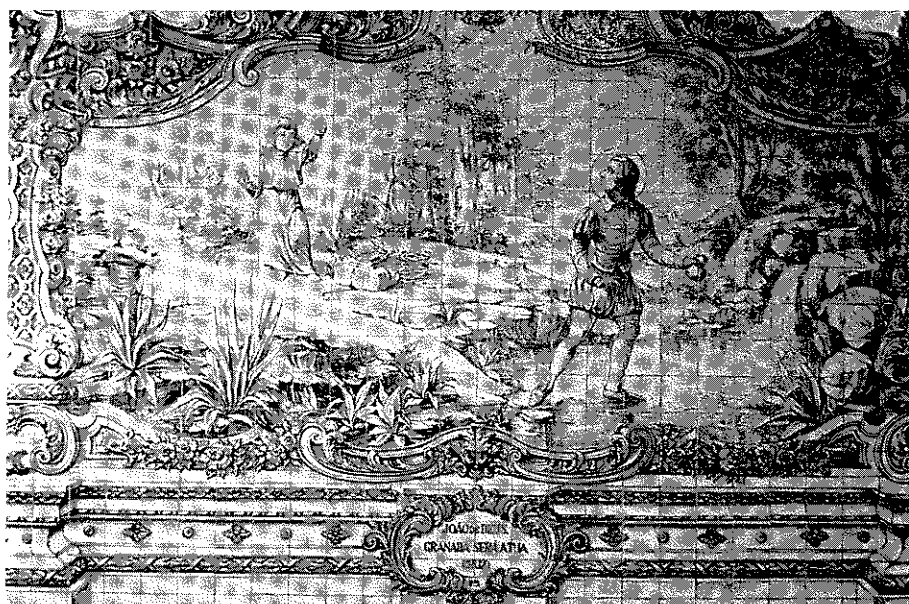
I consider it a privilege to have received from the Holy Father, John Paul II, the assignment to be his Special Envoy at the celebrations for the Five-Hundredth Anniversary of the birth of the apostle of charity St

John of God. A privilege which my responsibility as President of the Pontifical Council for Pastoral Assistance to Health Care Workers leads me to perceive as a special commitment.

These days should not serve only to recall the life and works of a saint who honors this most noble country. From the living remembrance of his example both his spiritual sons and all who are engaged in the health ministry in the Church seek to renew their commitment to faithfulness in serving the sick and the suffering.

On the threshold of the year 2000, the example of St. John of God is extraordinarily up-to-date, for, although humanity has experienced enormous progress, the need for the charity practiced by St. John of God is vaster and more dramatic than ever today.

The solemnity which the Church wishes to give to these fifth centennial celebrations has this meaning: to commit ourselves with all our strength to disseminating the "Gospel of charity" through the "Gospel of suffering."



Meeting at the Bélem Palace

1. Portuguese President Mario Soares' Words of Greeting

It is a great honor for us Portuguese to receive here His Eminence Cardinal Angelini as the Pope's Special Delegate to take part in the celebrations of the Fifth Centennial of St. John of God, who is a Portuguese saint and a saint closely related to all that is best in the Portuguese soul, which is to do good without considering to whom that good is done. He is a defender of the suffering and the poor, those

sick in body and those sick in spirit. He founded the Hospitaller Order, which has spread throughout the world and offered mankind outstanding service.

His Eminence, the Delegate of His Holiness, is concerned precisely with those services of support and assistance to the suffering, the poor, and the needy which represent one of the noblest missions of the Church.

Therefore, as the representative of Portugal, I feel very

moved and honored by the presence in Portugal of His Eminence, to whom I respectfully convey my best wishes, hoping he will have a fruitful stay and asking him to pass on to the Holy Father our respectful greetings.

2. Cardinal Angelini's, Reply to the Portuguese President

Mr President:

First of all, I am pleased to convey to you our sincere thanks for the invitation to be here to-

day, a gratitude which is both my own and that of the members of our Delegation.

I thank you for your kind words while expressing deep appreciation, on behalf of the Holy Father as well, of the active participation in this fifth centennial celebration by the civil authorities of this most noble country.

I thus take this opportunity to extend this greeting and thanks to all the authorities, of whatever category or level, who are present here.

The figure of St. John of God, the apostle of charity, of human solidarity, of a full sharing in the problems and needs of the weakest, certainly constitutes the best meeting point between the Church's apostolate and the

involvement of civil society in this sphere

No other field makes possible mutual cooperation as much as that of health policy and care does, for there is one single request for help emerging from those suffering. The responses of both civil and religious institutions to this request, though differing as regards forms of action, aim exclusively to bring hope and relief

The hospital religious order of the spiritual children of St. John of God, working in exemplary fashion in this country, together with many other Church institutions, offers a valuable service to the progress of the whole national community, so strongly rooted in Christian values

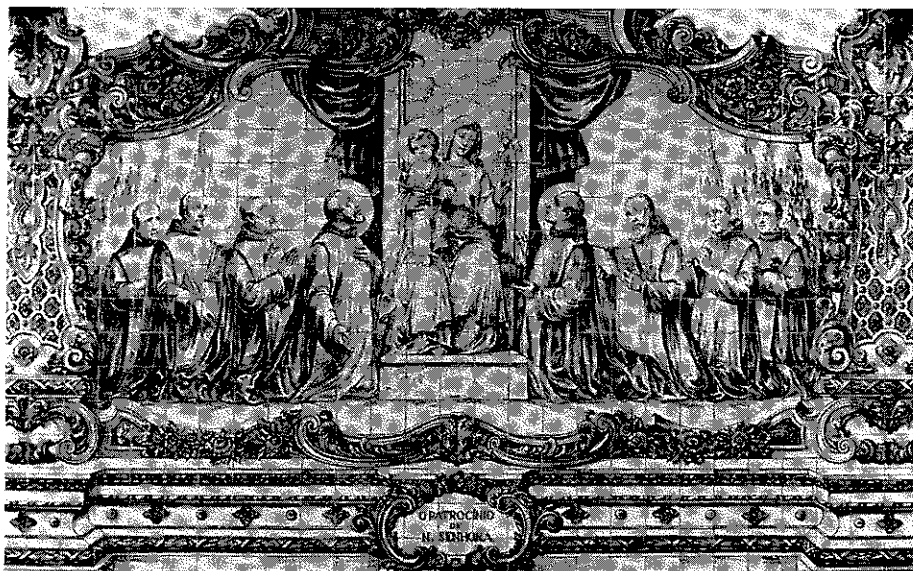
My hope, Mr. President, is that, under your enlightened and wise guidance, cooperation between the State and religious institutions to provide stimulus and assistance in the area of health policy and care will be ever closer.

As the Holy Father observes, love for the suffering is a sign and measure of the civilization of a people. To this sign and this measure of civilization, the Church, in the part corresponding to her, seeks to offer the maximum contribution and the most loyal collaboration

This collaboration can only translate into an instrument for constant progress in justice and peace for the whole Portuguese nation.

Thank you.

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Opening Address at the Celebration of the Five-Hundredth Anniversary of the Birth of St. John of God

Welcome to the events marking the opening session of the Fifth Centennial of the Birth of St. John of God, which we evidently wanted to celebrate in Montemor-o-Novo, his birthplace

I. Greeting of Rev. Pascual Piles, Superior General of the Brothers of St. John of God

My greeting to you all at this time, on behalf of the Order, on

behalf of John of God. For us, the Brothers, this figure has been so forceful that it has caused our fundamental option of consecration to God in sick and needy persons to be carried out according to his lifestyle, his way of life, as our Constitutions state.

We would like to be like him. We think that the celebrations of the Fifth Centennial of his birth will help us go deeper into his

being, his spirituality, his apostolic energy, so as to live out our dedication to others—in a different manner, but with the same ardor he had.

For us Montemor-o-Novo is a sacred place, and we want these days, in which we feel ourselves to be part of the city, to be an unforgettable experience, an experience of John of God. I know that everyone—especially

the citizens of Montemor-o-Novo—will make this possible

We feel called to respond to the needs of those suffering, in keeping with the demands of our time. With the simplicity which characterized St John of God, we want to go on doing the same.

Many thanks to everyone for the hospitality and efforts made to prepare this commemoration.

My special thanks to the local Commission and to all who have collaborated with it

II. John of God an Illustrious Son of the Archdiocese of Evora:

(Most Rev. Maurolo de Gouveia Archbishop of Evora)

St. John of God is one of the most illustrious and beloved sons of the Archdiocese of Evora. Born in Montemor-o-Novo, he became a member of this Diocesan Community through Baptism, received in the Church, his Mother. The sacramental grace then received by that child was to become a Christian life of most lofty holiness and heroic witness to charity.

Consequently, on commemorating the Fifth Centennial of the birth of Juan Ciudad, the Archdiocese of Evora wishes to be at the forefront in the universal hymn of praise which the Church offers up to God the Father, Author of all good.

Its rejoicing is particularly intense on observing that Pope John Paul II has deigned to appoint His Eminence Fiorenzo Cardinal Angelini as his Special Envoy to represent him at these solemn celebrations.

The Holy Father's deference was a great honor for all of us.

May I be allowed to recall that the Vicar of Jesus Christ previously granted us the privilege of a special visit in 1981, on the occasion of his first trip to Portugal, when he went to the Sanctuary of Villa Vicosa to honor Our Lady of the Conception, the Patroness of Portugal.

At this time, in the person of his most eminent Legate, he wants to be present again with us to preside at the solemn inauguration of the fifth centennial

We want to convey our homage to Your Eminence, asking you to kindly pass along to the Holy Father the sentiments of filial communion of this whole portion of the flock of Christ and of its humble pastor. At the same time we want to affirm our resolute will to go on praying for the multiple and important intentions of the universal Pastor of the Church, a heroic servant of humanity and intransigent defender of its fundamental rights.

In communion with the Holy Father and with the Universal Church, we wish to celebrate jubilantly the memory of St John of God. We do so with special joy, including in our homage the meritorious Hospitaller Order which he founded. Truly, the charism of the Founder projects itself entirely upon the religious family he originated.

In the numerous, highly varied works they accomplish all over the world, the Brothers of St John of God well reflect the luminous witness to charity which the Convert of Granada left in the streets and squares of that Andalusian city.

We have come from many different places to congregate here, in his native land, beside the house in which he was born, so as to proclaim that the mercy of God is perennial and accompanies men in the unceasing progression of time, often acting prodigiously through those who devote themselves to Him, as happened with the illustrious son of Montemor.

This land was once called *Monte Maior* or *Montemor*. On this Mount no other light has shone more brightly than that of the life of Juan Ciudad. And this Centennial asserts that that light has not gone out.

May the luminous course of St. John of God enlighten the steps of those now celebrating

his memory and provide a stimulus towards solidarity and peace for society today.

III. Words of Welcome from the Mayor of Montemor

(Hon. Carlos Pinto de Sa Mayor of Montemor-o-Novo)

In March the springtime fields of Montemor-o-Novo embellish themselves with a thousand colors, festively rejoice, and once more begin a new cycle; they fill us with their message of hope, joy, and vital force. Nature invites us to accompany her in her reawakening.

In March, 500 years ago, Montemor-o-Novo gave the world Juan Ciudad. His deep humanistic sensitivity awoke in the face of a contradictory society in which poverty and suffering were growing. A solitary man, by his actions he became the brother of those suffering. The forcefulness of his example has continued to be transmitted down to our own day.

This March Montemor-o-Novo is commemorating the Fifth Centennial of the Birth of St. John of God with a mixture of rejoicing and dissatisfaction.

Rejoicing, for his good work remains fruitful and goes on helping thousands of people today.

Dissatisfaction, for the crisis we are going through has come to increase social injustice, marginalization, and the impoverishment of broad sectors of the population.

To commemorate this date worthily will also involve—allow me to leave you with my deep conviction—exalting the man, the saint, and his work, but, in addition, reflecting on the reasons for hunger and poverty today and affirming the values of humanism which could eradicate them tomorrow.

Montemor-o-Novo hails your presence and hopes that all who come will enjoy a wonderful stay with us.

Montemor-o-Novo salutes the Fifth Centennial of the Birth of St. John of God.

IV. John of God an Example of Solidarity and Universality

(H. E. Dr. Cavaco Silva Prime Minister of Portugal)

On behalf of the Portuguese Government, with great respect I greet His Eminence Fiorenzo Cardinal Angelini, Special Envoy of His Holiness John Paul II.

His Holiness wanted to give prestige to this commemoration and once again distinguish Portugal with the presence of his personal representative at the different ceremonies which will be held

In 1995 we are celebrating the Five-Hundredth Anniversary of the Birth of St. John of God, an example of Christian solidarity, who, Portuguese by birth, became universal through his human dimension

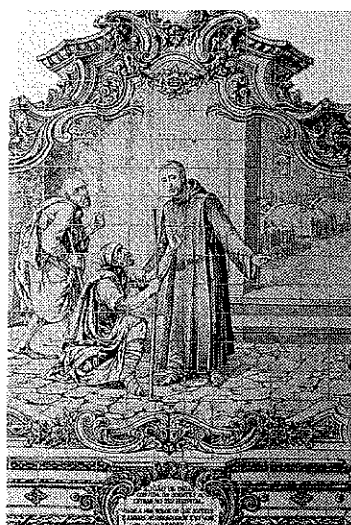
Born in Montemor-o-Novo, Juan Ciudad was kidnapped and taken to Spain while still a child (8 years old); there he was abandoned and taken in by a priest. And in the neighboring country he discovered his vocation to care for the abandoned and the sick. In the far-off times of primitive, class-oriented medicine, St. John of God was able to infuse a breath of modernity and humanism

In his hospital in Granada he received all the needy and sick, with no discrimination on the basis of belief, skin color, economic condition, or social position.

In our day, in times of the primacy of human rights and universal health care, we find it hard to gain real understanding of the radical novelty which St. John of God offered to medicine

Increasing humanity in health services is the concern of all of us today. But it is truly in St. John of God that we encounter the inspirer of all the efforts we make to provide health care that is more humane and more sensitive to the fragility of those needing it.

The humanization of health care requires the proper func-



tioning of physical facilities, close personal attention, and reduction of bureaucracy, but it must begin with each of us, with our hearts, with our willingness to deal with the suffering of others.

The compassion St. John of God showed for those in pain and the exertion with which he labored in the attempt to attenuate physical and psychological suffering reveal an attitude of generosity and perpetual dedication

Here lies the permanent modernity of the exemplary figure of St. John of God, which warrants a commemoration extending beyond the anniversary of the birth of the great patriarch of the sick.

The Hospitaller Order of St. John of God and the Congregation of the Hospital Sisters of the Sacred Heart of Jesus have always managed to faithfully interpret such a noble spirit of dedication to the poorest and most vulnerable

In addition, under the banner of the Brothers of St. John of God, how many specialists in medical science, motivated exclusively by the will to alleviate human suffering, have devoted themselves in heart and soul to serving the suffering. This commemoration also represents an opportunity to convey the recognition of all the Portuguese of the inestimable service rendered over the centuries by the Hospitaller Order of St. John of God.

I greet the Superior General of the Hospitaller Order and the Superior General of the Congregation of the Hospital Sisters of the Sacred Heart of Jesus, thus offering a well-deserved tribute to the brothers and sisters who, by their centuries-long work and unconditional dedication, have succeeded in honoring the memory of the Founder of the Hospital Orders.

To conclude, we wish to ask His Eminence Fiorenzo Cardinal Angelini to convey to His Holiness John Paul II the deep appreciation and sincere gratitude of the Portuguese people

for this gesture, which is such a great honor and distinction for us

V. The Extraordinary Activity of St. John of God

(The words of Cardinal Angelini at the inauguration of the Celebrations)

On March 8, five hundred years ago (1495), St John of God was born. That birth, at the time unnoticed, has now become a historic date.

John of God used little more than a fifth of his 55 years of life to prepare for us an extraordinary spiritual heritage.

Even in the period in which he was entirely devoted to the sick, he continued to be regarded as a madman by many. But, as his first biographer, Francesco De Castro, notes, "his madness consisted of being wounded by the love of Jesus Christ."¹

Practically in the same years, St. Teresa of Avila (1515-1582) was regarded as a "madwoman" by a good many authoritative observers of her life; but she, too, was prodigiously wounded—indeed, transverberated by the love of Christ.

The heritage we are preparing to celebrate in these days is the "madness of the cross" of which St Paul speaks. A madness that, in the words, once again, of his first biographer, made St John of God's heart "not bear to see the poor suffering need without providing relief."

Holiness, like the faces of a diamond, has multiple aspects. In celebrating this centennial, then, the spiritual children of St John of God appropriately seek to revisit their Founder's work and example from different standpoints. But I think that one of the aspects which ought to be considered is precisely the heroism of his dedication.

In our agitated society there is a need for consciences to be shaken. The Church, too, needs to recall examples of heroism in charity. And the charity of St. John of God was heroic charity

In one of the very few letters of the saint which have reached us, we read the following: "Always have charity, for where there is no charity, God is not present, *even though God is everywhere.*"

Today charity has many vague names which do not bring the presence of God to be recognized. The charity of John of God was such that it made the presence of God unmistakable.

The new evangelization is the evangelization of the witness of charity. Under this aspect the up-to-dateness of St John of God is extraordinary, to such a point that even his apparent extravagance must be considered up-to-date. His singular manner, indeed, of becoming an apostle of charity had a persuasive power which could be called modern in its visibility.

In things of the spirit, 500 years are not a period placing an event far away from us and making it elusive.

Seven or eight generations of the saint's spiritual children lead us back to him, almost taking us by the hand. And you that have chosen to live out the charism of your Founder have committed

yourselves to being his projection in history.

Thanks to you, religious of the Hospitaller Order, John of God goes on living in our midst.

My wish, and also my invitation, is that the explosion of charity worked by St John of God will continue like a chain reaction through your apostolate. May it continue as it continued in the life and works of Riccardo Pampuri, Giovanni Grande, Benedetto Menni, and the 71 brothers martyred in the Spanish civil war.

A wish I convey with the exhortation with a biblical ring which St. John of God repeated to the distracted inhabitants of Granada: "Do good, brothers, to yourselves, out of love for God."

Holiness, good to ourselves, depends on the good done to our brothers, to the smallest, to the least of our brothers.

May this be the measure, the characteristic, of your centennial celebrations.

¹ Cf DE CASTRO, *St. John of God. Life and Works and Works* (Cernusco sul Naviglio: Edizioni CENS, 1991), Italian translation by G. Rusotto, p. 78.

² *Ibid* p. 134.

³ *Ibid* p. 213.



John of God: A Good Samaritan for Our Time

(Cardinal Angelini's homily at the solemn opening of celebrations of the Five-Hundredth Anniversary of the Birth of St. John of God in Montemor-o-Novo Portugal on March 8 1995)

I feel the duty to express my joy over the gift the Holy Father has made me on sending me as his Delegate to initiate this Fifth Centennial of the Birth of St. John of God; I am honored by this invitation from the Pope and also by the fact it involves precisely this Hospitaller Order, which I am pleased to belong to. There are two special reasons: I have carried out my whole priestly ministry among the sick and health workers, and on one occasion your Order, by way of the Superior General at that time, granted me the Order's *Letter of Brotherhood* by which he included me in the Order so as to enjoy all the spiritual benefits which are the patrimony of the Hospitaller Order of St. John of God.

In listening to the parable of the Good Samaritan (*Lk* 10:25-37), it is as if we had again journeyed through the biography of St. John of God, in a summarized, but exhaustive way.

Let us briefly revisit the Gospel page to discover therein the traces of the Saint whose five-hundredth anniversary of birth we are today commemorating.

On the road leading from Jerusalem to Jericho, a man is assaulted by evildoers who, after robbing and beating him, leave him abandoned on the ground to die.

First a priest and then a Levite see him, but they pass by. He is a stranger; perhaps he was beaten because he deserved to be; perhaps it is better not to get involved. So they move on.

A Samaritan sees him, a stranger, takes pity on him, and stops. Someone watching the

scene would probably think, "What's this? A priest and a Levite didn't want to get involved, but he does? Is he crazy? Doesn't he consider that if the evildoers came back, they might strike him and leave him, too, at the point of death?"

On January 20, 1539, after listening to a sermon by St. John of Avila, St. John of God was converted. The consequences of this conversion were such that they caused him to be regarded as a madman, and he was confined to the hospital in Granada. Why did they take him for a madman? Because the decision he had made to serve the sick was so radical that most people did not manage to account for it. And yet St. Paul had written so many centuries before: "God has chosen what is foolish in the world to confound the wise; God has chosen what is weak in the world to confound the

strong; God has chosen what is ignoble and disdained in the world and what is nothing to reduce existing things to nothing" (*1 Co* 1:27-28)

The Samaritan who takes care of the unfortunate man binds his wounds, medicates him, mounts him on his steed, takes him to the nearest inn, and looks after his needs. He makes payment to the innkeeper and, since he has to depart, says, "Take care of him, and whatever else you spend will be repaid by me when I return."

How did St. John of God initiate and develop his work?

He did not conform to hospital care in his time. First of all, he practiced no discrimination among the sick: whoever suffers must be assisted; the sick have only one name—their pain—and those caring for them also have one only—being brothers to them.



He did so with such generosity that, called one day by the Archbishop of Granada and invited to discharge from his hospital patients with a bad reputation on account of immorality, the Saint replied with simplicity and humility, "My Father and Good Prelate, I alone am bad, incorrigible, and useless and deserve to be thrown out of the house of God. The poor who are in the hospital are good, and I am not aware of any vice in them. And, besides, since God tolerates the wicked and the good, and every day makes his sun rise over all, it is not reasonable to throw the abandoned and the afflicted out of their own house."¹ The response so moved the archbishop that he no longer insisted on his request.

Note the words "It is not reasonable to throw the abandoned and the afflicted out of their own house." The sick, then, are not provisional guests, but in the hospital as in their own home, where they should feel at home. Even today this attitude sounds revolutionary.

Not only did John of God not discriminate against patients, but he added to care certain modern nuances and began a genuine renewal of the hospital. A precursor and promoter of humanized medicine, the Saint began assigning a bed to each patient, created the first divisions, separating the main illnesses, and ensured appropriate food and clothing, begging for aid to improve care with heroic humility.

Like the Good Samaritan, he looked beyond the gravity of the ailment and was concerned about the convalescence and cure of those under his care. He confessed in a letter, "So it is that I find myself in debt and a prisoner for Jesus Christ."² His boundless trust in Providence is always rewarded, though by way of humiliations and searing distress.

John of God took up the concluding invitation in the Gospel parable addressed by Jesus to the doctor of the law who asked Him, "Master, what must I do to inherit eternal life?" "Go and do the same," Jesus replied

In the face of those suffering, the *spirit* of the Gospel is identified with its letter. John of God took the parable of the Good Samaritan literally, thereby living out its spirit fully.

Two followers of John of God are making their solemn religious profession today during this Mass.

Dear brothers who are making your definitive commitment on the anniversary of the birth of your Founder, look to the parable of the Good Samaritan as a first rule which the Saint has left you as an inheritance.

Like him, accept Jesus' invitation to do the same.

Times have changed, but the needs of the sick are always the same needs regarding their physical health and their spiritual health.

Full and generous health care always involves the spirit as well, for no one is entirely healed or can face his illness effectively if the spirit, inseparable from our physical condition, is not cared for, too.

At the root of the inextinguishable zeal of John of God was a boundless love. His first biographer wrote, "John of God spent the whole time in which he served our Lord denying and disdaining himself and putting himself in the lowest and humblest place in every possible way."³

May the love which has led you to make this definitive decision to serve God through the care of the sick never abandon you. Do not let yourselves be oppressed by discouragement in times of trial, but also guard your service from the danger of falling into habit, from which the indifference of the heart arises.

By feeling yourselves to be the least, by putting yourselves—like your Founder—in the lowest and humblest place, you will make an extraordinary discovery: you will realize that, in serving the suffering with this attitude, you will not be masters, but in their school you will learn the true law of love.

An arduous task awaits you, but one from which as Jesus promises you will be able to harvest a hundredfold, even in this life.

The solemn duty to do good, if carried out rigorously and generously, will become the privilege of being able to do good. Your Founder also wrote this: "If we considered how great God's mercy is, we would never stop doing good while we can, for, when we give to the poor what He Himself gives us, He promises us a hundredfold."⁴

May Our Lady, who extends her cloak over you from Fatima, inspire your formation. Through prayer and penance, learn from Her to be maternal towards those you are called to assist.

The zeal and the witness of John of God were the source of vocations. Your vocation will radiate out over others called by God if your witness, like that of your Founder, is so credible that it moves them.

And when the trials of life perhaps make you doubt your vocation, recall this day. You are being born to consecrated life on the same day John of God was born to earthly life. His natural birthday is your spiritual birthday. Do not forget this, and may the prayer of this assembly be an assurance of faithfulness for you. Amen.

¹ F. DE CASTRO, *San Giovanni di Dio, Vita e opere* (Cernusco sul Naviglio: CENSIS, 1991), p. 159.

² *Ibid.* p. 224.

³ *Ibid.* p. 167.

⁴ *Ibid.* p. 234.

