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TO HEALTH CARE WORKERS

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The Holy Father has confirmed
Rev. José Luis Redrado Marchite, O.H., *as* ***Secretary*** *of the Pontifical Council for Pastoral Assistance to Health Care Workers for an additional five-year term.*

The Holy Father has confirmed
Rev. Felice Ruffini, M.I., *as* ***Undersecretary*** *of the Pontifical Council for Pastoral Assistance to Health Care Workers for an additional five-year term.*

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We most cordially thank all who have offered their services over the last five years. We sincerely hope that those whose appointment has been renewed and those appointed for the first time will be able to make a valuable contribution to the qualitative improvement and evangelizing efforts of our Council.

The Care of the Sick in the Postsynodal Document *Vita Consecrata*

Varying descriptions have been provided of the Apostolic Exhortation *Vita Consecrata*, published by the Holy Father on March 25, 1996, the solemnity of the Annunciation of the Lord. There has been reference to an "encyclopedia" on religious life, and others have referred to the first broad papal document on this topic. There was even an attempt to identify the DNA of consecrated persons in the text. There has been an "institutional reading" and a "prophetic" reading of it.

It is thus not out of place to take a look at the specific aspect indicated in the title of the present reflection, for the additional reason that, in the field of care of the sick and the health ministry, both men's and women's religious institutes—whether or not they possess this specific charism—have written the noblest and also the most heroic pages in their history.

A Long Road

I would like to make two observations, however, by way of introduction. Firstly, it should not be forgotten that the Apostolic Exhortation *Vita Consecrata* is the conclusion of a long journey whose stages are represented by the presynodal *Lineamenti*, *Instrumentum Laboris*, the *Relatio Ante* and *Post Disceptationem*, the *Propositiones*, and the *Final Message* of the Synod, held in October 1994. This documentation extended over a four-year period—that is, from the proclamation of the Ninth Ordinary Assembly of the Synod of Bishops on consecrated life (February 2, 1992) to the publication of the postsynodal pontifical document (March 25, 1996).

Secondly, it should be borne in mind that, beginning with the Council decree *Perfectae Caritatis*, the Church Magisterium has published numerous documents on religious life. I shall mention only Paul VI's Apostolic Exhortation *Evangelica Testificatio* (June 29, 1971) on renewal of religious life; *Mutuae Relationes* (May 14, 1978), prepared jointly by the Congregations for Religious and for Bishops, dealing with relations in the Church between religious and bishops; *The Contemplative Dimension of Religious Life* (August 12, 1980), prepared by the Congregation for Religious and Secular Institutes; John Paul II's Apostolic Exhortation *Redemptoris Donum* (March 25, 1984); the Instruction *Directives on Formation in Religious Institutes* (February 2, 1990), prepared by the Congregation for Institutes of Consecrated Life and Societies of Apostolic Life. The Apostolic Letter *Salvifici Doloris* (February 11, 1984) is also rich in valuable and relevant observations on the Christian meaning of human suffering. It would also be very interesting to take into account the numberless addresses by the Holy Father to the participants at the General Chapters of men's and women's religious institutes.

Consequently, what the Apostolic Exhortation *Vita Consecrata* says about religious and the care of the sick is rooted in a terrain which has long been cultivated.

Reflections and Directives in the Document

Among the extensive Exhortation's 112 paragraphs, no. 83 is entitled "The Care of the Sick," and there are other references to the subject in the document, in connection with the "multiple works prompted by Christian charity" (nos. 9 and 11), the dedication of religious to the point of facing persecutions and martyrdom (no. 24), the relationship between the fraternal life of consecrated persons and the care of elderly and sick religious,[1] the need for a "preferential option" regarding "those in conditions of greatest weakness and thus of most serious need" (no. 82), of the merits of the communities "that live and work among the poor and marginalized, embrace their condition, and share in their sufferings, problems, and dangers" (no. 90).

No. 83 is, however, singularly rich and, I would say, examines the problem of the relationship between consecrated life and the care of the sick with maximum comprehensiveness.

It opens with a recognition of what consecrated persons—especially women—have done in service to the sick over the course of history, demonstrating that this kind of dedi-

cation pertains to the *prophetic character* of consecrated life.[2]

A lengthy discussion could be devoted to the precise meaning of the phrase *prophetic character*, but it is clear that it is, above all, what makes consecrated life a precursor of the destiny to which all those redeemed by Christ are called.[3]

The document thus recognizes that "the Church looks with admiration and gratitude at the many consecrated persons who, in assisting the sick and the suffering, contribute significantly to her mission."

This is why it does not limit itself to inviting religious institutes—especially those which are oriented towards this by their specific charism—not to overlook attention to the sick, but, rather, invites them to *give preference to it*,[4] following the example of Christ, the "Divine Samaritan, the doctor of souls and bodies,"[5] and following the example of their respective founders and foundresses."[6]

Having stated this, the postsynodal Exhortation stresses four aspects of the care of the sick by consecrated persons: their duty to help the sick to give value to their suffering; to evangelize the healthcare environments where they work; to humanize medicine; and to examine the problems of bioethics in the service of the Gospel of Life.

To Foster an Appreciation of the Value of Suffering Among Those Receiving Care

This is the distinguishing element in service to the sick by consecrated persons. Their complete consecration to God and service to their brothers and sisters must be transformed into a capacity for fostering in the sick "the offering of their suffering in communion with Christ, crucified and glorified for the salvation of all," and for "nourishing awareness in them of being *active subjects in pastoral care*, by prayer and witness in word and conduct, through the special charism of the cross."[7]

If the work of health professionals must be transformed into a vocation, the care of the sick by consecrated persons must, above all, be a vocation—that is, Christ's call to imitate Him in his mission and action as a Good Samaritan.

The sick receiving care must be able to recognize in the consecrated person serving them Jesus Himself, bending over human pain and taking pity on it in order to heal it at the root.

If the "healthcare" apostolate, as I would call it, of consecrated persons lacks this distinguishing mark, they risk falling into the discouraging, sterile form of habit which, rather than relieving, soothing, and comforting, contributes to increasing the loneliness and sense of abandonment.

Evangelizing Healthcare Environments

Jesus in his ministry and the Church, following his example over the centuries, have looked at the sick and the field of health provisions and care as a privileged terrain for announcing the Gospel. Today as well, the loftiest request for "liberation" emerges from the suffering and sick. Therefore, as the Holy Father has also written, whereas "the Church has never regarded herself as defeated in the face of the violations by both individuals and authorities themselves" which the right to life, proper to every human being, has undergone and continues to undergo,[8] "in loving, generous acceptance of every human life, especially if weak or ill, she is living through a fundamental moment in her mission today."[9] In what way? "By seeking to illuminate the manner of living, suffering, and dying of men in our time through communication of the Gospel values."[10]

Healthcare environments involve all aspects connected with the topics and problems of health policy and assistance. A *reconsideration* of these topics and problems is urgent, both because times have changed and because they affect a growing number of human beings. And consecrated persons are called to assume responsibility for this reconsideration in a special way, as John Paul II also recalled in the Encyclical *Evangelium*

Vitae, in such fashion that they clearly reveal their true identity.[11] In witnessing to this identity men and women religious make a decisive contribution to evangelization, for they make the loving, salvific presence of Christ visible.[12]

Healthcare facilities entrusted to Christians and Catholics are not different from others, but seek to be, and must be, exemplary as compared to those whose management is not inspired by Gospel values. And it would be appropriate for many religious institutes—in the face of the persistent crisis in vocations to consecrated life being observed precisely in the areas of the world where health care is most advanced and the need for it is greatest—to ask themselves to what extent this crisis derives from an enfeeblement of a witness which in few environments would be so able to manifest their identity as in those of care and suffering. Not to mention the fact that dramatic phenomena like the numerous, inhuman local wars and the endless procession of refugees forced to abandon their countries expand and remodel, so to speak, the very notion of healthcare environments. Recently as well, the women religious who sacrificed their lives in Zaire to assist very poor populations stricken by a lethal epidemic, unmistakably confirm this new dimension.

Humanizing Medicine

We well know that the socialization of health care has not always been accompanied by its humanization; indeed, the opposite has often happened and happens.

"Discernment of the signs of the times," as the Council affirms (*Gaudium et Spes*, 4), "must be conducted in the light of the Gospel so that 'a response can be given to the perennial questions of men about the meaning of the present and future life and their mutual relationship.'"[13] Attentive to the indications of the Spirit, consecrated persons are called "to develop new answers for the new problems of today's world."[14] If this is true for all aspects of life both individually and in association with others, it is particularly true for the field of health policy and care.

To humanize medicine thus means to accompany its development and progress with growing attention to the problems which they pose and to man's varying sensitivity to them.

To humanize is to become close to the humanity of one's brothers and sisters, without imposing conditions based on calculation on our dedication and our service. Those working at health facilities well know how patients' sensitivity to the service they receive is sharpened. This is the insight of the great saints who have consecrated their lives to such service, bending over the sick with solicitude and motherly generosity, in the awareness that the way of Gospel witness depends on our capacity to "humanize"—that is, to make it accessible to the human conditions of the sick.

To Gain Deeper Insight into Bioethical Problems for the Sake of Gospel Service

It will be recalled that *Evangelium Vitae*, for the first time in a document of the Church Magisterium, provided a very comprehensive delimitation of *health workers*, extending this category to doctors, pharmacists, nurses, chaplains, *men and women religious*, administrators, and volunteers, describing all of them as "defenders and servants of human life."[15]

The men and women religious engaged in the care of the sick are truly health workers, for as health and illness possess univocal definitions, the same holds for service related to them. Consecrated persons, in assisting the sick, do not substitute for, but stand at the side of physicians, nurses, and others; their ministry is not an option, but a right and proper completion. Hence the duty to gain deeper knowledge of the moral and ethical problems which are brought into play by medical practice.

Ethical training today can avail itself of a valuable tool which consecrated persons ought to regard as an indispensable manual for their activity and apostolate. I am referring to *The Charter for Health Care Workers*, published two years ago under the auspices of the Pontifical Council for Pastoral Assistance to Health Care Workers, available in several languages and constantly updated with documents of the Church Magisterium.

There is always a risk of superficiality and approximation whenever the problems of the relationship between medicine and morality, between professional medical service to life and the ethics of life, or bioethics, are dealt with.

In concluding these reflections, though, I feel I should add that a characteristic of the postsynodal Apostolic Exhortation *Vita Consecrata* is the unity of the concern inspiring it. The whole document—regardless of the standpoint from which it is read and studied—is rich in theoretical and practical—and always vital—indications for consecrated persons. To see it in terms of the reality of the health ministry contributes to consolidating its content and making its unity shine forth, just as it was for the Lord, who accompanied the announcement of his Gospel with the healing of those suffering in spirit and in body (*Lk* 9:1-2).

FIORENZO Cardinal ANGELINI

[1] "The care of the elderly and sick holds an important place in fraternal life, especially in a time like this, when in some of the world's regions the number of consecrated persons of advanced age is increasing. The solicitous attention they deserve not only reflects a specific duty of charity and gratitude, but also expresses an awareness that their witness is of great benefit to the Church and the Institutes and that their mission remains valid and meritorious, even when for reason of age or infirmity they have had to abandon their specific activity" (no. 44).

[2] "Following a glorious tradition, a great many consecrated persons, especially women, exercise their apostolate in the sphere of health care, according to the charism of their Institutes. Over the centuries there have been many consecrated persons *who have sacrificed their lives* in serving the victims of contagious diseases, showing that dedication to the point of heroism pertains to the prophetic character of consecrated life (*Vita Consecrata,* 83).

[3] "Since the People of God, indeed, does not have a lasting city here, but is searching for the future one, the religious state… *makes visible* for all believers the presence of heavenly goods even in this world; *it better witnesses to* the new and eternal life acquired by Christ's redemption and *better heralds* the future resurrection and the glory of the heavenly kingdom" (*Lumen Gentium,* 44).

[4] "Let them give preference in their choices to the poorest and most abandoned of the sick, such as the elderly, the disabled, the marginalized, the terminally ill, and the victims of drugs and the new infectious diseases" (*Vita Consecrata,* 83).

[5] *Ibid.*

[6] *Ibid.*

[7] *Ibid.*

[5] Apostolic Exhortation *Christifideles Laici,* 38.

[9] *Ibid.*

[10] *Ibid.*

[11] "The role of hospitals, clinics, and nursing homes in particular should be reconsidered: their true identity is not only that of facilities in which the sick and dying are cared for, but, above all, that of *environments* in which suffering, pain, and death are recognized and interpreted in their human and specifically Christian meaning. In a special way, this identity must be clearly and effectively manifested at the facilities run by religious or, in any case, connected with the Church" (*Evangelium Vitae,* 88).

[12] "The specific contribution of consecrated men and women to evangelization lies, above all, in the testimony of lives totally donated to God and their brothers and sisters, in imitation of the Savior, who, out of love for man, became a servant [....]. Consecrated persons, by way of their consecration and complete dedication, render visible the loving and salvific presence of Christ, the consecrated one of the Father, sent on a mission" (*Vita Consecrata,* 76).

[13] *Vita Consecrata,* 73

[14] *Ibid.*

[15] "The responsibility entrusted to health workers—doctors, pharmacists, nurses, chaplains, men and women religious, administrators, and volunteers—is special. Their profession would have them be defenders and servants of human life" (*Evangelium Vitae,* 89).

Magisterium

Addresses by
the Holy Father

Join the Little Crosses of Life to the Cross of Christ

The Holy Father's encounter with the young people of Santa Maria Causa Nostrae Laetitiae Parish in Rome, on February 25, 1996.

I have heard many words, but one phrase stuck in my mind: "We are crushed!" It's a very beautiful expression because it testifies to the fact there are so many of you, and this space can barely contain you. The "container" is insufficient, thank God! You are "crushed" around Christ. It has always been that way. In the Gospels we read about the throng that followed Him at all times and accumulated around Him. But for Him it was not just a crowd, a throng: they were persons, each and every one of them. He would look at each and speak to each, saying, "Follow Me!" He did not call all of them together, but with all those to whom He said "Follow Me!" He made the Church.

All of this is a commentary on your words "We are crushed!" Now I want to make a few remarks on Lent, the forty days of preparation for Easter. I thought this morning about what I would say to the young people. I would observe that Lent is the time for a special path. It is called an "intense time," a "demanding way." And to encounter this way as demanding we must enter the church and there follow the "Way of the Cross," the way Christ followed in Jerusalem to Calvary with the Cross, his final road from the Synedrium, after being condemned to death. This "Way of the Cross" has remained in the memory of the Church, not only in Jerusalem, but everywhere. In all large and small churches and chapels we find the Via Crucis to follow Christ and stop in front of the fourteen stations. There is always a "Way of the Cross" which virtually closes the Lenten period: the Via Crucis at the Colosseum. I don't know if you have taken part in it on some occasion, at least by way of television.

I would like this Via Crucis to remain a suggestive term for you, a programmatic term for the time of Lent. One must walk with Christ. One must learn from Christ to join the little crosses of our lives to his great Cross because that Cross is a sign of hope and salvation.

I hope, then, that you will often be "crushed"!

To Welcome the Needy Is the Language by Which to Make the Grandeur of Christian Love Comprehensible

On December 2, 1995, the Holy Father received the religious of the Hospitaller Order of St. John of God, who were celebrating the Five-Hundredth Anniversary of the Birth of their Founder. John Paul II addressed the following words to them.

1. *Dear Brothers and Associates of the Hospitaller Order of St. John of God! I am pleased to receive you while you are gathered at your Congress in Rome for the Fifth Centennial of the Birth of your Founder. I cordially greet each of you present, particularly the Prior General, along with those responsible for the religious families which have arisen from the charism of St. John of God, who truly marked the history of hospital care.*

This is precisely the topic on which you are reflecting, certainly assisted by the communi-

ty's experience and by the expert contributions of religious, associates, volunteers, and benefactors of the Order from the five continents who have gathered here.

I congratulate you on this initiative, by which you seek to renew and enhance the commitment and spirituality of care in a world which should be increasingly spurred towards fraternity and solidarity, especially towards the groups of human beings who are weakest.

2. In carrying out this purpose, you cannot fail to draw inspiration from the example of your Founder. He is a master and witness of extraordinary importance for you.

St. John of God, for the abandoned poor and infirm of Granada was the "good samaritan" who lavished himself with tireless zeal to provide for their needs. If the power of love led him to take many of the indigent off the street to offer them a more secure, comfortable environment, his notable sense of hospital care spurred him to perfect the organization of the health facilities taking shape, nursing, and other charitable works projected by him. John not only practiced hospital care, but made himself, so to speak, hospital care, assisting those Providence had him encounter day and night.

3. What was the secret of his existence, so faithful to the Gospel? The answer is found precisely in the title added to his name: "of God." Exactly that God who in Jesus Christ has revealed Himself to be the Father of every man was the reason for the life and action of your Founder.

Aware of the fact that the Heavenly Father should be loved above all things and served in one's neighbor, he committed himself to making that spiritual program concrete by imitating Jesus in the preferential choice of the least. Infirm and needy man became the way for him to say his "Amen" to the Father with Christ. Accordingly, as Jesus had passed among the people benefiting and healing all (cf. Ac *10:38), John was able to take the consoling word of God to the indigent, offering them needed care out of love and with divine love.*

4. This, then, is the inestimable heritage which your Holy Founder wanted to leave you! Today it is a question of proposing it anew in a way comprehensible to contemporary man, *immersed in an individualistic and hedonistic culture, while avoiding diminishing the power and depth with which it has been passed on to you.*

In this perspective the timely opening of your Order to new social needs is situated, such as the care of drug addicts, AIDS victims, and the homeless; also highly appreciated is your presence in many developing countries, where programs for preventive medicine and high-quality hospital services provided by you to those populations constitute an eloquent manifestation of charity and a living sign of hope.

In addition, the commitment is important and significant to offering a service of professionally skilled care and at the same time one filled with humanity, competent and up-to-date in terms of new medical technologies, but always solidly anchored in the principles and values of the Gospel and Christian ethics. *Without this preparation, sometimes laborious and complex, there is a risk of losing the transcendent dimension of hospital care by reducing it to mere benevolence towards man.*

5. When understood and carried out in this way, dear Brothers and Sisters, the receiving of the needy will also be for you the language with which to make the grandeur, power, and effectiveness of Christian love comprehensible to all. With this concrete, immediate language, you will be able to rekindle expectations, desires, and hopes in hearts sometimes disappointed and weary; you will be able to echo the voice of God, who, in the intimacy of conscience, invites every man to conversion.

To give love through the daily style of service to the sick will enable you to sow the seed of the Good News in the places where the human word alone would probably prove to be fragile and even ineffective.

I thus exhort you to continue along this road, old and ever new, with renewed courage and commitment. By virtue of the original charism you will be able to contribute to the new evangelization, a task which belongs to the whole Church and in which we are all urged to respond seriously and effectively to the challenges of the present transition from the second to the third Christian millennium.

May Mary Most Holy help you; we contemplate her during Advent as the Virgin listening to the Word of God and the sublime model of receptiveness offered to the Divine Word; may you always be sustained by St. John of God and the Saints of your Order; and may you be accompanied by the Apostolic Blessing, which from my heart I bestow upon you, upon your Communities, and upon those who are entrusted to you in your daily service.

In Addition to Professionalism, to Stimulate in Future Physicians a Strong Spirituality Linked to the Gospel of Life

On November 25, 1995 the Holy Father addressed those participating in a meeting organized by the Institute for Clinical Medicine of the Catholic University of the Sacred Heart in Rome.

1. I am pleased to welcome you, dear participants in the international meeting organized by the Institute of Clinical Medicine at the Catholic University of the Sacred Heart, and I congratulate you on the interesting subject you have chosen to examine: "Training Doctors on the Threshold of the Third Millennium: The Role of Catholic Universities."

I cordially greet Professor Adriano Bausola, whom I thank for the courteous words just addressed to me on behalf of all those present. My thoughts also turn to Cardinal Pio Laghi, Prefect of the Congregation for Catholic Education, to whom I express grateful satisfaction for the support and guidance offered for the realization of the meeting. Finally, I convey a cordial welcome to Professor Giovanni Gasbarrini of the Institute of Clinical Medicine of the Catholic University of the Sacred Heart, and to all of you, distinguished professors at the Faculties of Medicine and Surgery, proceeding from different Catholic universities around the world.

2. The training of those who are preparing to work in the sphere of health care falls within the primary concerns of contemporary society, so sensitive to the "quality of life." The major transformations which have taken place in recent decades have deeply affected the identity and role of the physician. *The travail of these changes is noticeable on a level of both guiding values and of achievements and scientific and technological approaches. Difficulties and problems of considerable significance often result therefrom which may sometimes lead to mortifying lags and delays. The reasons for concern should not, however, lead us to forget that, precisely in our time, perspectives of great interest are being opened for the development of medicine truly at the service of mankind.*

In this regard the cultural broadening of the concept of "health" should be pointed out, above all, which surpasses the narrow sphere of illness and clinical facilities. In addition, the new forms of local social and medical action have greatly improved prior situations of poverty in health care and are normally able to advance not only the physical, but also the psychological and social well-being of the person.

The new concept of health, however, may take on equivocal meanings *in reference to criteria deduced from the social practice which is sometimes prevalent. This may lead to ratifying formulations, forms of behavior, and legislative codifications contrary to the fundamental rights of the person. Resting on a social platform which is markedly subjectivistic, the expansion of the concept of well-being—in itself positive—thus threatens to turn against man.*

3. In this sociocultural context Catholic universities have a specific task: they are called to create in future physicians—along with professionalism of a high scientific and cultural level—a robust spirituality illuminated by the word of God, authoritatively interpreted by the Magisterium. They will obtain this thanks to the adoption of valuable paths in training, constantly oriented towards the search for the profound, and I would like to say, interior quality of the medical profession, strictly linked to the Gospel of Life.

It is thus necessary to achieve therein that profound unity of faith and life *to which Vatican II refers: "The Council exhorts Christians, who are citizens of the two cities, to strive to carry out their earthly duties faithfully, allowing themselves to be guided by the spirit of the Gospel. Those who, knowing that here we have no abiding citizenship, but seek that of the future* (Heb 13:14)*, think they can for this reason neglect their earthly duties are mistaken.... The rift observed in many between the faith they profess and their daily lives should be included among the serious errors of our time"* (Gaudium et Spes, no. 43).

4. The integral, unitary, and dynamic vision of the world and history offered by Christian faith constitutes inexhaustible wealth to understand the new relations which are being established between social practice and the concept of health, *and to reaffirm with renewed impetus the validity of that* professional ethic *which over the centuries has been the true soul of health-care culture.*

For this reason, in addition to the indispensable knowledge of the Catholic faith and of its doctrinal and moral implications, it is necessary for the Faculties of Medicine to devote greater attention and emphasis to the study of the social doctrine of the Church, *especially through appropriate research and interdisciplinary comparisons. In this way it will be possible to organize training programs which are more harmonious and comprehensive, preparing the way for superseding that marked fragmentation of scientific knowledge which too often characterizes current programs and occasions a good many difficulties for the integral preparation of the person.*

The young people who attend Catholic universities should be helped to acquire a synthetic and social vision of the medical profession *such as will orient them, both scientifically and ethically, in the different situations in which they have to work. They will thus be able to practice timely discernment of the demands of health-related activity, making proper choices and managing to push themselves to the point of conscientious objection, if need be.*

5. But the contribution of Catholic universities does not stop here. Before becoming a cultural proposal, the values of professionalism and ethics must characterize teaching activity and relations among people within university life—*that is, they must become a witness lived out on an everyday basis.*

Students must be involved in working out the new formulations and strategies for social and healthcare action. In that way, sharing with the whole academic community the effort in research and operative programming, they will be prepared to perform a service which truly increases humanity and, in a world often fascinated by utilitarian and instrumental outlooks, they will be able to become convincing witnesses in a new evangelization.

In this perspective, I express sincere appreciation to those devoting their energies to initiatives in pastoral care at the university, and I encourage them to continue generously in this ecclesial service so that the Gospel will permeate the whole road of the university community.

6. Dear professors, faith in Christ and the desire to serve life have guided your steps towards a demanding profession. The appeal I addressed to all men of good will in the Encyclical Evangelium Vitae *is valid for you in a special way: "A general mobilization of consciences and a shared ethical effort are necessary to get a major strategy started in favor of life. All of us together must constitute a new culture of life—new because it is able to face and resolve the current problems regarding man's life; new because it is adopted with more solid, active conviction by all Christians; new because it is able to prompt a serious and bold cultural discussion with all" (no. 95).*

I am certain that the present international meeting will serve to consolidate your dedication, rich in wisdom and humanity, to the true good of persons and will be able to transmit new goals in service to life, according to that multiform wealth which the Spirit of the Lord conveys as a gift in every period of the Church.

With these sentiments I invoke the heavenly protection of Mary, the Seat of Wisdom and the Star of Evangelization, for all of you and for your work, while imparting to you from my heart the Apostolic Blessing.

Offer Your Suffering to Become Main Actors on the Way Towards the Great Jubilee of the Year 2000

On March 23, 1996 the Holy Father received in audience in Paul VI Hall participants in the pilgrimage organized by the Federative Institute for Transporting the Sick to Lourdes. A group of Milanese students also attended.

1. *I receive you with joy, dear Brothers and Sisters of the* Federative Institute for Transporting the Sick to Lourdes*! I address a warm welcome to you, above all, dear people who are ill, who have faced the discomforts of the trip to come to Rome, to the tomb of the Apostle Peter.*

I greet those responsible for the Association and express my appreciation for this and the other initiatives enabling so many people to have the intense experience of faith which is the pilgrimage. I know that the motivation of confirming your faith *is the main one which has spurred you to come. I thus want to remind you, above all, of the words of the Apostle Peter: "Be filled with joy, even if you must now be afflicted for some time by diverse trials, so that the value of your faith, much more precious than gold—which, though destined to perish, is still refined by fire—proves to be for your praise, glory, and honor in the manifestation of Jesus Christ"* (1 P *1:6-7).*

2. *The second reason which has brought you here is the will to* offer your prayer and your suffering: *it is an offering—it could be termed a spiritual donation amassed in the concreteness of daily life, especially when it becomes burdensome and requires greater patience.*

Dear people, I thank you for the spirit of generous oblation and devoted solidarity with the Pope animating you on this pilgrimage and, even more, in the ordinary offering of your prayers and sufferings. I thank you and I repeat to you what I wrote in the Message for the last World Day of the Sick: "To suffer and to remain alongside those suffering: those experiencing these two situations in faith enter into special contact with the sufferings of Christ and are admitted to sharing 'a most special portion of the infinite treasury of the redemption of the world'" (no. 5).

3. *The third reason for your pilgrimage is the intention of being actively incorporated—using to good purpose precisely the condition you are in—in the itinerary of* preparation for the Great Jubilee of the Year 2000. *In this regard, I repeat my exhortation for you to feel yourselves in a full sense to be main actors on the road of evangelical renewal which the Church is called to travel in these years leading us to the Jubilee (cf.* ibid.*, 9). You, dear people, "are called to a distinctive mission in the realm of the new evangelization, drawing inspiration from Mary, the Mother of human love and pain. You are supported in this far from easy witness by the health workers, family members, and volunteers accompanying you along the daily road of trial (*ibid.*, 2). You are supported, above all, by the Immaculate One, whom you love and venerate as the main goal of your earthly pilgrimages and of the great pilgrimage of life. May you also be accompanied by my Apostolic Blessing, which I now impart with great affection to you that are present here and willingly extend to those have been unable to come and to the members of your families as well.*

Topics

The Challenge of Training for the Health Apostolate

Suffering During Illness

The Challenge of Training for the Health Apostolate

Inaugural Lesson at Our Lady of Hope School for the Healthcare Ministry, Madrid, October 17, 1995

A Stimulating, Healthy Kairós

For about fifteen years the healthcare ministry within the Church, and markedly in Spain, has been experiencing a kind of new springtime, certainly compatible with the autumns of suffering, illness, and death—the habitual season, though not the only one, in the world of health policy and care.

The new atmosphere, constituted by new sensibilities, awakenings, and forms of openness, is associated with certain significant reference points—for example, the publication of *Salvifici Doloris* (1984), the promulgation of the Motu Proprio *Dolentium Hominum* (1985), whereby the Pontifical Council for Pastoral Assistance to Health Care Workers was instituted, the establishment of the World Day of the Sick, whose most emblematic precedent was found in the Spanish Church, the multiplication everywhere of national secretariats, commissions, or departments, with their diocesan delegations, the proliferation of volunteer groups and associations, the reinforcement and revitalization of associations of Christian health professionals. All of this is a sign of a current, whether silent or resounding, guided providentially by the Spirit, to lead the Church into the core of the Gospel.

It is precisely the rediscovery—with a view towards the "new evangelization"—of the fact that man—above all, when he suffers—is the way along which the Church must travel to fulfill her mission. This imperative, recalled by Paul VI in *Evangelii Nuntiandi*, and definitively set forth by John Paul II, first in *Redemptor Hominis* (nos. 14 and 21), and later in the aforementioned *Salvifici Doloris* (no. 3), has translated into a new sensitivity to what occurs in man, in his interior and in the complex web of his multiple interests.

The health ministry is a special symbol of the Church community's encounter with man—man ranging between nothingness and the infinite, thirsty for full life and tempted by crumbs, radically threatened by death, fragile, suffering, and in pain, and, at the same time, capable of denying the last word to the "passive aspects of existence," a tension innately arising and frequently suffocated by culture and environment.

A consoling *kairós* or one useful for self-complacency? The more awake we are, the more lucid we are—that is, more aware of the shadows obscuring the health ministry. It suffices to mention one obscure point having quite a bit to do with *the very origin* of this new School. As the Italian theologian G. Colombo pointed out years ago, in the health ministry, especially in the Latin countries, a curious paradox has arisen and continues to appear: the coexistence of a vast symphony of activities and initiatives and an evident lack of specific theological-pastoral training.

Notable efforts have also been made in the area of training. Internationally, by virtue of its importance we recall the creation in Rome of the Camillianum (International Institute for the Pastoral Theology of Health Care) and in our country the schools for pastoral care in health existing in several cities, along with initiatives aiming to prepare pastoral workers and volunteers, as well as future priests, though this latter facet is more embryonic.

Where did the new awareness of the need for training in this field—which is so immense—emerge from and what criteria ought to guide it? My paper will deal with these two questions, with the clarification, at the outset, that we will focus on theological-pastoral training.

2. Where the "Basic Events" of Existence Arise

In *Dolentium Hominum* (no. 3) John Paul II uses this term for birth, suffering, illness/health, and death, adding that these create not only organizational, economic, and political problems, but also anthropological and theological/pastoral difficulties. These are not, in fact, more or less superficial experiences, but those which shape life and the substantial realm of existence. Their anthropological intensity is such that they affect not only the way of life, but pertain to the very order of being. To put it simply, they are fundamental and constitutive.

As events they bear a threefold seal within. That of the joyfully and painfully *inexorable*. What has happened—an illness overcome or a painful event—frequently marks a life, creating a contrast between "before" and "after," and the expectation of what will inevitably take place—death—moves around it an immense entourage of struggles and defeats, moments of enthusiasm and disenchantment. It also frequently bears the seal of the *avoidable*. What has happened could have been avoid-

ed—as, for example, with quite a few illnesses and sufferings; or it might have been experienced differently, in more healthy fashion, more hopefully or joyfully.

They are thus events whose third seal lies in the fact that they are always and in all cases *experiences*—that is, events taken up in awareness, the object of decisions calling for freedom and meaning, integrated into the different coordinates of the person, incorporated into a life project and a set of values.

This anthropological intensity does not enable us to reduce them to just a biological dimension or, as *Dolentium Hominum* recalls, give them exclusively technical and political consideration. They are *radically biographical* events in which the inevitable—because it will happen or has already happened—calls for the possibility that it will be the object of a *new experience*. In other words, the possibility for them to be experienced as profoundly human and positively salvific events.

In the world of health this threefold seal is found daily and everywhere, emblematically. On recalling it, we are pointing to one of the major thrusts of the health ministry, and an exigency for training. As for the former, the priority objective of pastoral care is to act upon *experiences*, healing them, evangelizing them, and reconstructing them, if necessary, modifying their course, and discovering their meaning. We might state this in another way: the health ministry must seek to have salvation take shape, here and now, in these events, converting them into healthy experiences, open to salvation. How can one act upon them effectively? It is frequently much easier to act upon their biological dimension. Easier to cure than to give meaning, simpler to delay death than to become reconciled to it, less compromising to administer pills than to motivate a new lifestyle. This is the first challenge for training.

3. At the Core of the Symbols

The events we are speaking of also possess marked *symbolic* content, which is both spiritual and cultural. Symbols, which circulate through intuition rather than through discourse, serve to bind and join, even above and beyond differences; they always suggest and point, go beyond themselves, and reveal the other face, the frequently hidden dimension of reality. They thus prompt the adherence or rejection of the heart rather than the assent of reason; they get sentiment moving, as St. Augustine would say.

Accordingly, *health* congregates a great multitude of the poor and the rich around its blessings, an innumerable throng nowadays of new "worshippers" of the new goddess *Hygieia*. It is the faith which obtains the greatest agreement and the largest number of followers. And the fact is that health—one of those *constitutive experiences*, let it not be forgotten—is a great symbol of the human condition itself. Behind this search, even when it is mistaken, when it halts at substitutes or coexists with persistence in self-destructive lifestyles, there always lies hidden an inference, a longing for fullness, for overcoming all that is precarious and fragmentary, a kind of thirst for wholeness and integrity. The terminology itself suggests this. Beyond it there stands a thirst for *salvation*, for everything to be one—in the living silence of the body in harmony—and, what is more, forever. For this very reason it also aims at that radical *tension* inscribed upon the heart of every man—sometimes awake and thirsty, sometimes suffocated or drowsy—placing him in a state of emergency, dissatisfaction, and nostalgia until he has found his final rest in God. God Himself dwells therein; even more, He stands at its origin. And therein Christ became incarnate. Beginning from "below," where man feels the hurt, encountering him in the cellar of his sufferings and his marginalization, Christ receives the human tension regarding life, giving sight to the blind and hearing to the deaf; but, at the same time, He maintains the tension, prolongs it, and elevates it—that is, the itinerary of health towards salvation is not just for the supposedly ill, but for every man, especially those who have the courage to recognize that their crutches are perhaps in their brains, that the eyes of their heart do not distinguish between light and darkness, that some form of slavery is restraining their will, and that their relations are not very healthy. The recovery of physical health is just the first moment in a long itinerary.

Certainly, illness, suffering, and death also have a symbolic core. In them the at once palpable and hidden side of the common fragility and precariousness of man are manifested. Palpable because there is nothing more intense, burdensome, or certain than the suffering which penetrates into the most recondite folds of the soul, nothing so familiar and strange as illness which progressively deteriorates or death suffered as the maximum passion. But at the same time those events also conceal, and perhaps for that very reason suggest and refer. The fragmentary is not completely so; nor is weakness absolute; nor is the power of death complete—though it does not leave visible traces of a hoped-for eternal life.

Here the symbol is humble, but insuppressible. Illness and suffering, therefore, can never be isolated in a single dimension of the person. Together with the bones and the organs, the soul, emotions, relations, and the family also become ill. And in literature, not even in the Bible, there are no sufficiently eloquent and exhaustive words to express the inner world of the sufferer. Sometimes the illness itself is just the tip of the iceberg of a deeper and more extensive pathology. Hence the

inevitable sensation of incommunicability which accompanies those ill and suffering. And what can we say about the experience of death? Its enslaving irruption, the threat of unacceptable or perhaps desired complete destruction, is the biographical moment of greatest transcendence, even though its presence beforehand in life has prepared for it. What is hidden therein, resistant to the vision and culture of today, does not point only to the human longing for eternity, but, above all, to the possibility that a Love exists which will save us beyond the visible limit.

In this area, too, the health ministry encounters another major thrust and another exigency for training. As the Lord did, the pastoral worker acts on realities or events which are at the same time a *symbol*. And symbols have their own language and require a new sensitivity, a renewed model for pastoral practice. The health ministry seeks the truth, but does not worship knowledge—above all, the "truth" of what is happening, the weight of what is real. The pastoral worker must be aware that doctrinal discourse, the proposal of faith, and the communication of the salvific message must be carried out through self-involvement, and this is not possible at a distance. It is necessary to let oneself be affected, in a healthy way, but deeply. It is the way of access to the core of symbols. What kind of training is required for this? This is the second challenge.

4. Crossroads: Point of Meeting and Nonmeeting

In view of what has been said, it is clear that the world of health experience and care is the most emblematic "place" for *what is human*—that is, what is substantive, prior to all adjectivizing, the common condition, prior to all differences. For this very reason it is also a crossroads, as J.M.R. Tillard has written, for the great experiences and the great disenchantments of mankind. Now, every crossroads is itself an outlet, a confluence, a meeting point, and, at the same time, a moment of decision, for undertaking new routes, never a stable dwelling place.

In fact, those basic events, which, moreover, are so common, are the ones which most significantly put man to the test, "forcing him," to some extent, as Rahner has written, to decide about what is essential in his life. They are human not because they take place in man through the imposition of nature or independently of it, but because he can and must decide about them.

And he certainly decides. Man is the only being in creation who renders at least some apparently biological phenomena—including the most trivial, everyday aspects—fundamentally and constitutively *cultural.* A very simple example will perhaps illustrate clearly the meaning and implications of this affirmation. Death and illness as biological events are the same for all; and yet there are abysmal differences in the way they are experienced, to the point that it is not death itself which marks the differences, but the expectation of one's own death, with the entourage of decisions, of meaning or meaninglessness, of hope or hopelessness accompanying it.

Now, those events, so deeply personal, are the ones which may best reveal the cultural framework of society. To know how current man thinks, what his values and countervalues, expectation and disenchantment, and life meaning are, one must encounter him along the way of those events; or, in more concrete terms, as a Bishop suggested to John Paul II at the beginning of his Pontificate, it is necessary to go to the hospital, to the places where health and illness are institutionalized. They are places everyone must pass through—the new "temples," always full of those whom, in ecclesial language, we call the "distant." In this shift, at once quantitative and qualitative, the Church community finds one of the most solid reasons herself to shift her pastoral and evangelizing attention, for it is also here that, quantitatively and qualitatively, the salvific encounter with men is taking on new meaning and scope today, attaining at least the same level as any parish.

On that way the biographical and sociocultural *concreteness* of health and illness and of suffering and death are also much better understood. They are experiences which depend on an immense web of factors. Illness—and the same could be said of the other experiences—never exists abstractly; it becomes history, taking on flesh in the sick and in their inner and family world, pertaining to a life experience and a culture, ethical and socioeconomic conditioning, and the models of solidarity or the lack thereof. It always points to a *great alliance* of factors and efforts, wills and decisions.

From what we have noted, though very hastily, in this section, there also emerge some basic orientations for pastoral action, orientations which call for specific training. In order for the health ministry to have a significant and effective impact on those experiences, it is necessary at the same time for it to act on the cultural models they refer to and are based on. As H. Carrier has written, the evangelization of culture is the most radical form of evangelization. And here, in the world of health and illness, it is mandatory to get to the roots, for it is the world of the radical.

In order for evangelization not to be, in the words of *Evangelii Nuntiandi,* just an ornament, a mere coat of varnish, in order for it to reach man's heart and the cultural matrix of his decisions, it is necessary to deal with the current cultures of health, life, and death, make an impact on lifestyles, and propose new cultural models inspired by the Gospel. An arduous, but

necessary task. Otherwise the Church's action in that world by way of her believers, institutions, and communities will have to be limited to the short outreach of charity—always necessary, but insufficient—be satisfied with exhortations and even condemnations; distance itself increasingly from the decision-making process, which, for better or worse, influences the modification of organizational patterns, and be absent from the new "pulpits" where new cultures are being generated. What would become of a "new evangelization" carried out apart from those basic events? What training resources does this evangelization require? This is the third challenge.

5. "Ethical Insight" in a World of Conflicting Values

It is increasingly evident that the world of health and illness is profoundly ethical. Beyond what has already been stated, let us try to go more deeply into what the mass media bring out each day in the form of news dispatches and feature stories. At the end of the entangled forest of news—that is, at the root, perhaps, of what we read and experience—is the tremendous fact that what is human, because it is such and in order to be such, calls for the freedom of oneself and others. It is subjectivity and otherness which are clearly brought out by these repeatedly mentioned basic events. To become oneself, it is necessary to "intervene," act, and decide regarding oneself; only in this way is the substantive dimension of life fashioned. But, precisely because we are also otherness, which "imposes" and offers itself to others, each one of us is likewise the object of the decisions of others. Others also intervene regarding us.

Now, the world of the health ministry involves major decisions and thus major questions. Here it is humanity—that is, man's core, his life, death, dawn and twilight, dignity and elementary rights, meaning and meaninglessness—that is permanently at stake. An increasingly incisive, effective, and aggressive science—indeed, at least unconsciously, closer and closer to the ultimate secrets of life and death—every day serves us up a portion of new ethical problems whose complexity is ever vaster. But, at the same time, the size of these specific questions cannot conceal what I usually call "everyday ethics"—that is, the immense polyphony of values arising from the huge chorus of those promoting health, curing illness, looking after the sick and dying, and relieving suffering.

For this complex ethical configuration a certain "insight"—which in some cases translates into good will alone, in others, into a not very cultivated or refined sensibility, and in still others, into a lack of well-grounded motivations and criteria for decision-making—is not sufficient.

We all admit, without reservation, that pastoral care—and even more in the world of health—cannot be reduced just to proposing an ethic. However, an evangelization which does not confront, motivate, and orient culture, attitudes, and behavior from an ethical and moral standpoint is unthinkable. This responsibility is becoming more pressing today in the face of the following factors: a crisis in the framework of values, a pluralism which relativizes every universal system and at the same time calls for pronouncements, the difficulty in grounding in the Gospel specific and apodictic responses to every new issue, and the imperative need for a major alliance for health supported by the values which most respect the sacred dignity of every man, especially of the most defenseless. There is also a more urgent need, therefore, for adequate training so that the Christian vitalization of health care, which is so varied, will not take place independently of the confrontation and illumination of ethics.

6. "Gospel Territory," Today More Than Ever

I have expressly left this section for the end. It is clear that the grounding of a renewed health ministry and the exigencies of adequate training must be sought in the Gospel, above all—that is, in the event of Christ and in corresponding practice. Now, we arrive at this discovery more securely along the road travelled.

In these harsh and fragile times the loss of Church leadership in the health field is evident. The gap between faith and science has not yet been filled. Medical practice, with a paradoxically philosophical matrix, has eliminated the subject from medicine, as V. von Weiszaker affirms, dehumanizing it. It has relativized and even ignored any other therapeutic recourse and sought technical solutions, above all, to deeply human and social events. In these times, what is thus primarily at stake is the vindication of the human and social dimension of the basic events of existence. Even more, in order for the Church community not to get the impression of irremediably finding itself in a foreign land, in order for the offering of the message of salvation not to be perceived as an aleatory "addition," and in order for its health model not to slink in brashly or in almost shameful or competitive fashion, it is indispensable to discover the anthropological and anthropocentric core of the Gospel itself, precisely from the standpoint of health and illness.

The phrase used by John Paul II in *Dolentium Hominum* in referring to birth, illness/health, and death not only agrees with modern anthropologies, but is at the same time deeply biblical. Biblically, in both Old and New Testaments, the revealing eloquence of health and illness and death resides pre-

cisely in their biographical and spiritual dimension—to such an extent that Christ did not come to act as a healer or as a rival to the medicine of his time, or even as a wonder-worker, with miracles whose revelation ends in themselves, but, above all, to prompt *new* health-giving and salvific *experiences,* when one must live with illness as well, and when one must live with death.

The health which He offers is a living expression of extreme solidarity—"He sacrificed his own health on the Cross," states J.A. Pagola—in God's passion/involvement in human lives and at once of the divine design to renew every man and all men. That is why He offers it symbolically and in a special way to those who, also in symbolic terms, best represent the wounded human condition—the sick and the socially excluded—but it likewise forms part of an itinerary of integral salvation in which all take part—that is, of health for all. Hence not only is his mission therapeutic, but all his events are: Incarnation, Paschal cycle, Spirit, Church. He joined together cure and announcement in a single mandate precisely because He proclaimed salvation by curing and his word—his very person—was also health-giving and therapeutic.

It is exactly from the foregoing that the leading and most numerous orientations for the health ministry derive, which evidently require a new look for training. Let us point out just a few of them.

The health apostolate arises and is grounded here. It is situated at the very beginning of the salvific-therapeutic itinerary. Its objective is for salvation to be embodied in the form of health, which takes shape in the body and in its world, and, at the same time, for health not to be replaced by, but to open to, salvation. The health ministry, therefore, must also be a shaping of God's passion by man, attentive and sensitive to all that happens in him; and, in addition, it must accompany him on that long itinerary, made up of light and shadow, of watchful and smothered tension: the long road of Christian hope, a laborious illumination whose definitive light lies only at the end.

This is the health entrusted by Christ to the Church community; it is the sign of the Kingdom because it is taken up within an alliance—open to all men of good will—wherein by a diversity of professions and ministries there is an effort to follow that long itinerary faithfully, travelling along man's road. It is an offer of health permitting specialties, but not fragmentation, calling for a strong sense of the core or the whole, as B. Haring would say, and, in the words of *Dolentium Hominum,* an integral vision of man.

The health ministry constitutes a specific and favorable "moment" in that itinerary towards salvation, a transcendental moment to connect with *man's truth* by way of those events and also make his salvific encounter with God explicit. But the health apostolate involves, moreover, *remembering* that all pastoral activity—that is, the evangelizing work of the Church and, of course, her liturgical activity—must also be health-giving and therapeutic. If that is not the case—and, unfortunately, it often is not—the offer of salvation loses credibility, historical concreteness, and harmony with contemporary man. It is hard for the Church to be a sacrament of salvation and of God's encounter with humanity if it is not also an effective therapeutic sign and encounter with man along the way of those events.

Hence the health ministry is certainly a test—I would say a definitive one—of the Church's fidelity to Christ's solidarity and to his exquisite passion for everything human; but it is also forceful proof that it is not possible to proclaim/announce and celebrate without curing, without promoting a healthier society and community life, without promoting an integrally renewed humanity.

7. The Kind of Theological-Pastoral Training Needed for Health Today

Though our reflection has already occupied sufficient space, may I nevertheless be allowed to enter into this final section, where I shall examine some conclusions which arise almost immediately from what we have said and suggested already. For further study, I refer you to two essays of mine: one in the book *Religiosos al servicio de los enfermos* (Madrid: Inst. Teológico de V.R., 1982) and the other in *Boletín Informativo de Vida Religiosa,* 51 (1981), no. 5.

7.1. A Twofold Objective

In the awareness that I am referring to the theological-pastoral training to be imparted at the School being inaugurated today, let us begin by pointing to a double objective involving two complementary perspectives.

The first objective of theological-pastoral training is the very *person* of the professional, volunteer, pastoral worker, or chaplain. It is thus a *personalistic* perspective. It would be superfluous to mention it if it did not take on special relevance in health policy and care.

Those working in this field—and even more so if they are believers—are subjected and exposed each day to the "serious side" of life, found in the *events* we have been citing. There is no activity which so deeply involves and challenges the one carrying it out as those conducted in this field. Daily contact with those events puts the best and the worst in our life histories, culture, and mental and emotional "programming" to the test. It leaves us exposed, deprives us of masks, and shakes securities, especially if they are false. It confronts us with what is essential and ultimate. Hence, especially in those who "hide" behind a role or in those who are not prepared or motivated to let themselves be affected or involved, there arise quite varied mechanisms of self-defense—thoroughly studied today—or undesirable effects, such as stress, lack of motivation, emotional disengagement, loss of enthusiasm, excessive professionalizing, or the opposite extreme, dangerous sentimentalizing of one's own activity.

Adequate theological-pastoral training—which is not added to other specialties or qualifications, but which integrates them—thus requires equal measures of knowing, knowing how to act, and knowing how to be. A desirable *qualification* falls within an apprenticeship, which is certainly a process involving integration, sensitizing, deepening insight, and, obviously, practical effectiveness.

I may perhaps be able to clarify these very general statements somewhat by way of an example. I believe that the most relevant dimension of the service provided by every health worker—whether a doctor, volunteer, or pastor—is the *relationship, what is called the therapeutic or helping or pastoral relationship. Now, in terms of biblical-theological reflection, the behavioral sciences,* and current medical anthropologies, it is increasingly clear that persons themselves are the first therapeutic resource and that one of the greatest curative energies—there are some who say it is the primary one—is love.

There are numerous consequences of this fact for a wise interpretation by believers. Let us look at some of them.

Our own humanity is and continues to be an ordinary *mediation* of the humanity of God, who becomes embodied in the world of health organization and care, within the long itinerary of health and salvation. The first course is, then, humanity itself, in order for it to be a symbol and prolongation of God's humanity, of his salvific love and will.

Training must thus help us to understand that in our activity curing and evangelizing are *"infectious,"* as it were, or by osmosis—that is, training which does not help

to become thoroughly familiar with one's own therapeutic resources, for example, one's own inner world, one's reactions to the "serious side" of life, which does not foster the assimilation of one's penumbra and wounds, and which does not aid in becoming reconciled to one's death is not valid. We come from a tradition which has exaggerated the importance of transmitting truths, content. We are now aware of the fact that the learning of techniques for relationships, of psychopastoral skills and capacities, and the knowledge of the complex psychology of the sick is not sufficient if there is no Gospel content and experience regarding them; but we also know that content—no matter how beautiful and credible—and personal experience of faith do not reach their target, penetrate, or evangelize without adequate learning of communication, transmission, and inculturation. This serious deficiency is at the root of what Paul VI called "the drama of the rupture between the Gospel and culture" (*EN*, 21) and becomes particularly evident in our world of health and illness.

To learn relationship means much more than compensating for a lack of humanity in the health sphere and is, of course, quite different from sentimentalizing our professions. It is a slow learning which goes from anthropology to psychology, from reflection on personal experience to knowledge of nature and the techniques of the helping relationship, from supervision of pastoral practice—initially done by experts—to grounding it in adequate understanding of the mystery of Christ in terms of therapy, and from personal responsibility and motivations to the capacity for multidisciplinary teamwork, to mention some aspects.

The second objective and, with it, the second perspective is and could not be anything but *mission.* Theological pastoral training is not an end in itself, but has a practical aim. This is not the place to examine this mission deeply, but to point out, though briefly, two basic objectives for theological-pastoral training in this connection.

Behind the praiseworthy and promising pursuit of theological-pastoral preparation—also by those who are not pastors or pastoral workers—there is concealed a providential insight which training must ground and consolidate: any health service informed and illuminated by faith and carried out in the name of the Church itself possesses *apostolic* value. *AA*, no. 8, after pointing out that every apostolic work arises and draws its strength from charity, adds that there are, nevertheless, activities which by their very nature more intensely manifest charity and that Christ Himself gave preference to them as a sign of his messianic character. John Paul II echoes this same conviction in *SD.* This certainty is also present throughout this already lengthy exposition. In many workers it is only an intuition emerging from the humanitarian content of their profession; in not a few religious it has been a question, sometimes rather agonizing, which has not been given a unifying answer; for other workers their activity is basically the practice of a "secular" profession subject to the logic of rationality and the demands of efficiency which is increasingly devoid of humanity and at root based on economics.

Now then, adequate theological-pastoral training does not seek to make everyone a pastor or chaplain, but helps each health worker—whether lay, religious, volunteer, or remunerated—to discover the pastoral and evangelizing mission of promoting health, curing illness, caring for the sick, and relieving suffering—that is, the mission of this activity. Here, in this throng of "apostles" and evangelizers, often not very aware of being such, to a great extent lies the fate of the Church in the complex field

of health. This training not only creates awareness of the value of witness, which, according to *EN*, poses "compelling questions" and, according to *Redemptoris Missio*, is the first form of evangelization. This training must also help to ground the meaning of health activity biblically and theologically, the health-giving/salvific dynamic it forms part of, and the ecclesial communion it shares in, and, in addition, must, to a maximum degree, provide for the assimilation of culture and the symbolic value of gestures—"therapeutic gestures"—and illuminate professional practice ethically.

Obviously, the ultimate purpose of creating a new School for Pastoral Care in Health is to train *pastoral workers*—that is, persons qualified to join a pastoral team, in whatever environment, and/or combine the practice of a technical profession with meaningful pastoral collaboration. In this regard, a School like this one must strengthen what I call "spontaneous evangelization"—though in practice it is not so spontaneous—and help the largest possible number of persons to move from this evangelization to *pastoral care*. The former is the work and duty of all, because they are baptized—as recalled by *AA*, no. 2; the latter, on the other hand, is an *art* which is learned, not improvised, a mission entrusted which has meaning only if it is practiced in communion with the Church, which, today more than ever, needs to evangelize by way of testimony and announcement, through witnesses and teachers (*EN*, 71), if you prefer (without correcting Paul VI), witnesses who are masters of the art of bearing witness—slow learning, as we have seen—and teachers whose announcement and discourse are nourished by their own experience of God's salvation, which has taken shape in their own cure.

In such a pluralistic, technified, and specialized world as is health care, the pastoral worker imperatively needs to find his place, accredit his specific contribution, and thus show authentically that competence, as John XXIII would say, is the modern expression of charity. I do not hesitate to assert and maintain that the world of health and illness is a real testing ground today for the capacity of the ecclesial community to make the salvific and health-giving power of the Gospel message reach the heart of men and culture. A place of encounter and alliance, a place of Church and communion, a place of the ultimate and authentic questions, of waiting and of hope. A world like this needs the best witnesses and the best teachers today.

At the same time, adequate theological-pastoral training, conceived and imparted in keeping with the health world and its events, must also be in harmony with the major theological-pastoral directions and the broad pastoral framework of the universal Church and, very concretely, of the Spanish Church. Consequently, the evangelization of the health world today must be seen in the perspective of the *new evangelization*, for instance. In that world we are witnesses to the value and relativity of the traditional moorings of faith and popular religiosity, the old sediment of forgotten forms of catechesis, the vestiges of a culture which was once Christian; and, at the same time, we experience a stirring of the perennial questions, conditioned by new sensibilities, the unmasking of false forms of security, or the reopening of closed horizons, the way our capacity to translate the Gospel into a new culture and to root the Good News in environments where other forms of good news struggle with ours is being put to the test. But, above all, we observe that today's major crises and problems—family, sexuality, public morality, the loss or weakening of faith, etc.—are particularly concentrated in the settings in which we work and in the mode of living through the events and

culture of health, illness, suffering, and death.

7.2. Essential Components of a Training Program

The program of this new School, which many of you are already familiar with, though modest—let us not forget that it involves a two-year updating course and not specialization—largely reflects this final section and is, also in great measure, a concrete shaping of the main orientations set forth herein.

Without going into detail on each discipline, a few indications suffice to grasp the structure and overall formulation being applied. In summary fashion, the training program has been conceived as follows.

a) We start from the assumption that the world of health, illness, and suffering revolves around an unavoidable trilogy: the basic human events in existence, the sociocultural and medical setting in which they take place, and the workers—a very broad term, extending from the family to the school, parish, media, professionals, etc.—related to health and illness. We start, then, from the fact that health—from a Christian standpoint, too—is at the summit of a great alliance. This means that theological-pastoral training must comprehend the contributions of allied disciplines—e.g., the sociology of health, health-care systems and legislation, the psychology of health and illness, psychopathology and pastoral care, the elements in a synthetic Christian vision of man, the elements in a synthesis of medical anthropologies, the history of the Church's action in health, etc.

b) A second direction or vector in the training program starts from the assumption that the fundamental or grounding events, deeply rooted in the person and in the community, are also at the core of the history of salvation, are the object of the salvific design, and are indispensable for understanding the mystery of Christ and the Church. Hence the need for a second, biblical and theological training area which contains the following disciplines: suffering, illness, and death in biblical and theological reflection, the theology of health, the theological foundations for pastoral practice, and the theology of corporeality.

c) The third hub of the training program seeks to respond to the fundamental fact that those events and their complex "world" are the object of pastoral and ethical practice, special places for salvation and evangelization. This section, which most abounds in courses, includes pastoral care in the health field, liturgy and sacraments, the pastoral helping relationship, supervision of pastoral practice, pastoral workers (volunteers, laity and pastoral care), religious consecration and service to the sick, specialized pastoral care (terminal, palliative, mourning, the elderly, psychiatric patients, AIDS, the psychically diminished, the nonpracticing, members of other denominations, etc.), and bioethics.

d) Finally, although in our training program it is the object of only one course, the spirituality of the Christian health worker—whoever that person may be—is, in my view, particularly significant. Theological-pastoral training would be incomplete if, in addition to the elements common to other Christians and other vocations and ministries, it did not help that worker to discover and enrich a personal spiritual profile. It is evident that through the veins of the world of health and illness—in terms of the sick and carers, the healthy and the sick, the gesture and the word, quiet witness and explicit announcement—there flows a rich spirituality which must still be discovered.

It is, then, a program seeking to articulate and harmonize doctrinal and pastoral moments, theory and supervised pastoral practice, specificity and complementarity, self-enrichment and the clarification of mission.

Conclusion

I shall conclude my talk by expressing a conviction and a wish. The former is readily deduced from the content set forth. The world of health and illness today is, as brought out by the documents of our pastors, a special field for evangelization, and I would add: not only, as it always has been, by way of testimony—whereby the Church has perhaps written some of her best pages—but also by announcement. The ecclesial community cannot separate what Christ joined: proclamation of the Kingdom and healing of the sick—that is, a healing which is at once announcement, and an announcement which is also health-giving and therapeutic. Here there surely resides the main reason for which the action of the ecclesial community in the world of health policy and care is not only an imperative of the charity of Christ—"Go and do the same"; "I was sick and you visited Me"—but also an inescapable and inseparable demand of evangelization.

My hope, therefore, is that this School will contribute to spreading awareness in the Church community that theological-pastoral training for evangelization in the world of health and illness must expand progressively—as a good many pastors already maintain, fortunately, and some documents of the Magisterium confirm (cf. *Priestly Training and Pastoral Care in Health*, for example, prepared by the Pontifical Council for Pastoral Assistance to Health Care Workers)—to an increasing number of Christians, groups, and associations and, above all, to current seminarians, future priests, whose ministry will inevitably introduce them fully, sometimes without sufficient preparation, into those fundamental events in existence.

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Suffering in Illness
Some Keys to Helping the Sick
Towards a Positive Experience

The title of this paper was suggested by the Health Ministry Secretariat of the Spanish Bishops' Conference and by the Christian Health Professionals group (PROSAC) for meetings during 1995.

The title is rather broad, but, in any event, includes two clearly distinguishable aspects that I shall try to deal with, on the basis of my hospital experience over fourteen years.[1]

A) Pain and Suffering in Illness

1. Pain and Suffering

Although they are usually employed indistinctly, the terms pain and suffering are not synonyms.[2] Pain refers to the somatic, physiological order: "an unpleasant sensation produced by the action of stimuli of a harmful nature"; these stimuli may proceed from outside or originate in the organism itself. This kind of pain can largely be controlled by medicine, though with some exceptions, as we shall see.

Suffering, though often starting with a physical pain, includes other aspects: it is more psychological, more related to the person, and is bound up with other factors (personality, attitude towards life's difficulties, the spiritual tone of the subject, etc.). Suffering is felt not only by the person experiencing an illness, but also by his surroundings, family and companions. Needless to say, pain is easier to relieve than suffering. This difference is expressed very well by Pope John Paul II: "Suffering is something even broader than illness, more complex, and at once more deeply rooted in humanity itself; *physical suffering arises when to some extent* the body hurts, whereas *moral suffering* is the *pain of the soul*. In effect, it is pain of a spiritual kind, and not just the *psychic* dimension of pain accompanying both moral and physical suffering."[3]

However, in formulating this study, we shall use the two terms interchangeably.

2. The Reality of Suffering

There are many kinds of suffering—that is, there are many causes or agents occasioning suffering during life: accidents, personal faults and deficiencies, human fragility, and so on, but we can reduce them to two: one which, "as a law of life," is engraved on the heart of nature (also of human nature) and another which we men add each day with our egoism. The first kind of suffering is a mystery; it appears in part before man's intervention because in nature there is no progress or evolution without struggle, pain, and death. But, in addition, there is another kind of suffering: that which men gradually heap on our own shoulders and on those of others. A more bitter and tragic suffering.

It has been said that human malice accounts for four-fifths of men's suffering, but there remains an enormous amount of suffering whose origin is not found in us. There are also forms of pain which are to some extent "comprehensible" (when an elderly person dies, for instance; the post-operative stage is always uncomfortable; there are diseases contracted by one's own personal errors: cirrhosis in alcoholics, AIDS in drug addicts, etc.). But there are "incomprehensible" forms of pain, like the suffering of the innocent; it is the "dark picture" which has, indeed, been expressed in literature (Dostoyevsky, Kafka, Camus) and about which John Paul II speaks when referring to this subject.[4] In this case we have no convincing human answer.

A great many forms of pain are caused by men's injustice and selfishness; we are referring to both the rending afflictions—like war and famine, terrorism, violence, and so on (it suffices to watch the news on television to observe them)—and the most intense personal sufferings (loneliness, failed marriages, rejection by loved ones, and certain illnesses). The Pope speaks of some threats to life which proceed from human nature (aggravated by men's indolence and negligence) and of others which result from situations of violence, hatred, and opposing interests which induce men to attack each other in killings, wars, slaughters, and acts of genocide.[5]

At present physical pain has become a problem which can be resolved by turning to good medicine: a surgical operation, analgesics, or different anti-pain techniques; *pain units* and *palliative care* already exist in many hospitals.[6] Though not everything has been solved, those of us in touch with the hospital environment observe this daily. This fact, taken from medical journals, suffices: 80% of terminal patients experience pain, and they are not always properly relieved.

But there remains a large area of what we could term "inevitable sufferings." Modern progress is animated to a great extent by the will to eliminate suffering in human existence. Yet suffering surfaces again in a thousand

ways in the life of every person. And we thus observe that the human being's life is limited, vulnerable, and always exposed to suffering, constantly threatened by illness, accident, and misfortune, and inevitably destined to aging and death.[7]

3. In Search of a Meaning

In any event, it is evident that pain exists, present throughout human life; with a theological vision one can say that "pain falls within God's plans. That is reality, though it is hard for us to understand it."[8]

Men of all times, on the basis of their experience and their own pain, have always sought an explanation to the meaning of suffering. The first question which is posed is whether a merely human meaning can be found. It certainly has one, but only from a transcendent standpoint can it be adequately explained, though sometimes it is not entirely understandable. John Paul II speaks of the "social environment, which does not see any meaning or value in suffering; indeed, it is regarded as evil *par excellence*, which must be eliminated at all costs. This happens especially when an ethical-religious vision is not possessed to help to understand the mystery of pain positively."[9]

We thus ask ourselves this question: Does suffering have a meaning?

We start from an obvious fact: suffering is not good in itself; in itself it is an evil. There is, then, an instinctive tendency to reject it, even in believers, as in the remark by a nun who, after an operation, was asked, "How are you, Sister?" She replied with resignation, "Carrying out God's will, pretty much against my own."

But that does not mean that it lacks sense. "Suffering is always bad. But it is a bad experience in which one can live through something positive. Suffering is offered to me as a possibility. It is I who must decide what I am going to be, what I am going to undergo within that painful experience. Suffering which is not experienced inwardly is reduced to a brute fact which will not contribute to constructing my life and which may, on the contrary, destroy it."[10]

"Can adversity engender happiness?" a religious writer of our time wondered. "At least it can engender many things: depth of the soul, fullness of the human condition, new paths to discover more light, to approach God." For this reason, Martín Descalzo continues, "we must not be afraid of pain, just as we are not afraid of the night. We know the sun goes on existing even if we do not see it. We know it will return. God does not disappear when we suffer. He is there in another way, as the sun is when it has departed from our sight."[11]

Philosophers have not been lacking who find no meaning in pain—all of those who are so irritated by the suffering of the innocent that they even conclude by denying the existence of God; John Paul II refers to them in the book/interview we mentioned. Let us recall A. Camus' *The Plague*, which dramatically poses this subject.

But there are also many philosophers and psychologists who do find meaning in it. Kant asserts that pain is "the goad for action and the basis for the real feeling of life." Psychologists say pain snatches man from his circumstances and offers him the chance to detach himself from the objects in his environment and transcend himself. Pain may lead to either selfishness or generosity, to the contraction of life to the stump of the primary, the instinctive, or to better knowledge of existential limitations and spiritual possibilities.

Many years ago, I heard a great psychiatrist, Victor Frankl, tell the following anecdote. A cultured man, a medical doctor by profession, visited his office. He felt desperate because he had just lost his wife. Life no longer held meaning for him. He said he did not practice any religion, so he could not be offered any consolation by that route. The psychiatrist found it hard to counsel him until the following question occurred to him: "Did you love your wife very much?" He replied, "Very much. That is the reason for my desperation." Frankl then asked, "If you had died instead of her, your wife would now be the one suffering, wouldn't she?" "Of course," the doctor replied. "Well, cheer up, doctor, because you are sparing your wife a great pain," Frankl replied. That response left him disconcerted at first, but the patient reacted and said, "Thank you very much, doctor. This is what I wanted."

That man had found a reason for his suffering, which in his case was a valid human reason; it was certainly an achievement of Logotherapy, the system conceived by Frankl.

4. The Mystery of Suffering

But the truth is that, in the face of the pain of the innocent, and pain in general, human reason gets lost when seeking satisfactory arguments. All of them are flimsy, and, in the final analysis, none are persuasive. Christian faith does not supply evidence either, but refers us to Christ on the Cross. Before the reality of suffering, the remedy is to look at Christ, who experienced the whole range of pain out of love for men. We see Him born, living, and dying in poverty; He was insulted, defamed, and condemned unjustly; He also endured treason and abandonment by his disciples; He experienced solitude and the bitterness of crucifixion and death.

Theological reflection must admit that there is no definitive response. There are certainly many attempts to explain suffering, although such efforts always lead to new questions. As C.S. Lewis states, "Christianity creates, rather than resolves, the problem of pain."[12]

But one thing is definitely true: "God our Lord does not cause the pain of creatures, but tolerates it because—in the wake of original sin—it forms part of the human condition."[13]

It is also clear that religious experience or a sense of transcendence greatly helps to relieve pain; if, on the other hand, God is dispensed with, pain proves to be absurd: "Only Christian faith enables man to approach the secret of suffering and death and frees him from despair. But peace is found only at the end of a long road. Those who suffer should not be surprised at feeling closer to blasphemy than to the *Fiat*; but they should believe with all their strength that Jesus Christ will help them not only to understand one day, but also to say 'yes' to Him, thereby using pain for their own salvation and that of the world."[14]

I shall include the testimony of a priest who, after a traffic accident, was left tetraplegic; he responds as follows to the question as to why God lets his children suffer: "A great deal could be said about that 'why,' though a great deal has already been said. I now prefer to consider that suffering is another occasion which the Lord offers us to affirm, not only by word or by ideas, but also with our lives, our deeds, and our attitude to life, that He is truly God for us: Good and Powerful, always and infinitely. That is why nothing that happens is unbearable for those living in awareness of their divine filiation. It may cost whatever God allows, but when his Goodness is recognized, He does not cease to manifest his Power; or, if you prefer, confidence in his Power is confirmed in his Goodness' being noted. If we try to lead the life He hopes for from men, in whatever circumstances, even those we would call pathetic, our happiness is guaranteed, for we will accept everything as coming from his hand, and, no matter how strange it may seem to some, one's own existence is not seen with a victim complex, and one's sorry fate is not lamented. I know my life is something great because it belongs to Him and, in any event, is headed towards Him, though I find it more costly at certain times. I in fact discover progressively that with God I can continue going forward together with others, in spite of my limitations and difficulties, with a joy which surprises many and amazes me, but it seems reasonable to me, for God never deceives those who seek to please Him with the strength they have."[15]

5. Various Interpretations of the Meaning of Pain

A) Pain as a Result of Guilt and Sin

It is curious that this thesis, though superseded, remains anchored in the thought of many sick people: What did I do to deserve this? It is proper to a mentality proceeding from the Old Testament. Let us recall the Book of Tobit. The elderly Tobit has gone blind, and those around him, including his wife, say, "Do you see? What good were the alms you gave?" (*Tb* 2:14). And they prod him towards rebellion against God. The Book of Job also reflects this attitude, though the author poses a different solution for himself: Job is just and thus cannot suffer for his sins. But, surprisingly, that mentality continues to exist. What a child said to his sick mother comes to my mind: "Mommy, how can you have cancer when you pray so much?"

It is quite easy to rebut this formulation.[16] The teaching of Jesus Christ is clear. When, at the sight of a blind man ("born in sin," to use the phrase of his accusers, the Pharisees—cf. *Jn* 9:34), his disciples, who share that mentality, ask, "Master, who sinned, he or his parents, in order for him to be born blind?" Jesus replies, "Neither he nor his parents sinned, but it is so that the works of God may be manifested in him" (*Jn* 9:3). On another occasion, after a slaughter perpetrated by Pilate in which many Galileans died, Jesus remarks, "Do you think those Galileans were greater sinners than others because they suffered all of this? I tell you that they were not and that, if you fail to do penance, you will all perish in the same way" (*Lk* 13:2-4). But experience itself shows us this constantly: do bad people suffer more? Are the wicked punished with illnesses while the just receive only blessings from God? Rather, the opposite seems to be the case, if we accept the complaint of the psalmist when he wonders why the just suffer: "I envied the perverse on seeing the wicked prosper. For them there are no troubles; they are healthy and stout; they do not endure human weariness or suffer as others do..." (*Ps* 72).

Jesus Christ does not provide explanations, but, moved by so many sufferings, not only does He allow Himself to be touched by the sick, but He adopts their indigence: "He took on our weaknesses and bore our infirmities" (*Mt* 8:17). He did not cure all the sick, but on the Cross took upon Himself the full weight of evil and *took away the sin of the world*, of which illness is nothing but a consequence."[17] What is more, He forcefully spoke about the need to take up the cross (pain, illness, etc.) in order to be his disciples: "Without the Cross," St. Rose of Lima says, "the road to ascend to Heaven is not found."[18]

B) The Pedagogical Meaning of Pain: With Pain God Progressively Educates Men and Brings Them to Maturity

We probably all have the experience of how pain is capable of changing people. This is narrated in an interesting film, *Speaking of Henry*. Henry Turner is a famous and ruthless New York lawyer who needs to win at all costs, even by sacrificing his wife (whom he deceives) and his daughter. His life proceeds amid trials and offices, dash-

es and meetings, until one day a shot changes his life forever. Unable to fend for himself and afflicted by amnesia forcing him to rediscover his family and work and even learn to speak and walk, He is obliged to find out the truth about an absolute stranger: himself. As a result, he decides to regain his wife, take care of his daughter, and do honest work, without trickery.

Pain also produces maturity. The new *Catechism* explains this as follows: "Illness may lead to anguish, to fixation upon oneself, and sometimes even to despair and rebellion against God. It may also make the person more mature, helping one to discern what is not essential in life so as to turn back to what is."[19] We may note that St. John of the Cross, during his imprisonment in Toledo (nine months of extremely harsh suffering), wrote some of the most beautiful verse in the Spanish language: "Oh living flame of love that tenderly wound.... Where did you hide, Beloved, leaving me moaning?" In this regard, a patient clinically cured of cancer said to me, "This illness enriched me." And, as Frankl affirms, "the man who has not gone through adverse circumstances really does not know himself well." This psychiatrist, who was imprisoned in a Nazi concentration camp, narrates his experience in a beautiful book.[20] He reaches the conclusion that pain can have meaning until the final instant: "One ought not to forget the amount of creativity, love, and wealth represented by a life that is coming to an end. If in life there is an equation embracing success, money, and shrewdness, in the world of pain there are no longer successes as opposed to failures. The order of values is changed and it is then necessary to come upon the essential meaning of human life. This enables us to deal with suffering and death."[21]

In a recent film on C.S. Lewis, *Lands of Darkness*, I was surprised to hear this sentence: "Pain is the megaphone God uses to wake up a world of deaf people."[22] What a great truth! We hospital chaplains verify it almost every day. G. Thibon said that "when man is sick, if he is not a rebel to the core, he realizes that when he was healthy, he neglected many essential things, preferring the secondary to the essential."[23]

C) Pain as a Trial and an Opportunity for Encountering God

This testimony by Fernando Sánchez-Dragó is interesting: "I was seeking Christ along the way of the Magi, of esotericism; I am finding Him through suffering, pain, and panic (I had undergone depression), to which I am deeply grateful, for from that moment on I felt a happiness previously unknown to me."[24]

Alexander Solzenitzyn's autobiographical account is equally impressive when he describes the process of interior maturation which took place in him when he was in the Gulag archipelago: "And it was only in the Gulag archipelago, in the wretchedness of prison, *when I felt the first motions of good in my interior*. It gradually became more and more manifest to me that the line separating good from evil does not depend on States, social classes, or political parties, but precisely on the human heart, and on all the hearts of men.... And I then turn back *to the years of my imprisonment and say—sometimes to the astonishment of those around me—'God bless you, prison!'*"[25]

I remember the case of a mother who, on losing her son, fell into despair and abandoned God; afterwards, years later, during her husband's illness, she returned to God. She describes this in a letter written to the hospital chaplain:

"As a result of the death of my son, my life underwent a deep change. I offered God my son; I handed him over to God joyfully; I felt proud to be the mother of that thirteen-year-old angel who looked death in the face with the cheer and courage proper to chosen souls.

"That passed. Several months after his death I felt so desperate, so alone, that I thought I was going mad. The sad part was that everyone thought I was admirable, because of my resignation and fortitude. How far they were from the truth! I thought that the God whom the Sisters of Teresa had taught me to love did not exist; only a 'tyrant' existed. When my husband became ill, I got thoroughly convinced. Several days went by, and my attitude to God remain unchanged. It is true that I felt a great need for God within me, but I rejected that idea without hesitation.

"That's the way it was. God placed a priest in my path who was able to understand me like no one else. Forgive me for saying these things, but I have to say them. With your advice, your patience with me, your conversations, your meditations, and your dedication to the sick, you made me reflect. I felt ashamed of myself; I felt like a despicable worm, and there, next to the Tabernacle in the chapel, I said 'yes' to the Lord. I'm not lying when I tell you that I want to make up for the time lost—ten years. Won't you help me?"[26]

And the fact is, as Martín Descalzo explains, "To be a Christian is... to know that the hour of darkness is the best one to see [God]. To accept the truth that a pain, no matter how frightful, may be the real time in which we have to demonstrate whether we love God or limit ourselves to using Him."[27]

In indigence, solitude, and suffering, the heart opens to God. When everything is going well in life, it is harder to direct one's thought to God. St. Augustine said, "God wants to give us something, but He cannot because our hands are full. He has no place to deposit his gifts."[28]

This is the testimony of a great physician, Dr. Ortiz de Landázuri, who attended to over 500,000 patients over a fifty-year period: "Illness always teaches us a lot. I

think it is undoubtable that God will give other possibilities to someone who passes through life hastily, without any illness, but it is clear that one of the ways to understand God better is illness. It is the road which leads us to God. Those who die from an accident, then—have they been unable to approach God? I am sure that in that case there will be other circumstances. Any yet there is no doubt that illness is one of the leading ways to arrive at that encounter.... And, in the end, one is grateful for it."[29]

D) Pain Accepted as Solidarity

Elie Wiesel, a Jewish writer, winner of the Nobel Peace Prize in 1986 and a survivor of the Auschwitz death camp, narrates the following: "The Nazi SS hung two men and a youth in front of all the prisoners in the concentration camp. The men died quickly; the youth's agony lasted for a half hour. Behind me, a man asked, 'Where is God? Where?' When, a long while afterwards, the youth went on suffering, hanging from the cord, I heard the man say once more, 'Where is God now?' And I heard a voice replying within me, 'Here. He is here. Hanged on this scaffold.'" The reply which the Jew Wiesel heard within himself is the same one given us by the Gospel: in Jesus, the Innocent One Crucified, God has made his own the death of the innocent in all times, in his son, rejected and executed as an evildoer, God has shown solidarity with suffering humanity: "God's response is in Christ, in his life and death. God does not speak about suffering; He enters into suffering; He becomes one of the suffering. God's response is not an explanation, but solidarity" (F. de Mier).[30]

A great French poet, Paul Claudel, said, "God did not come to suppress suffering. He did not even come to explain it. He came to fill it with his presence. Many things remain obscure, but there is one thing, at least, that we cannot say to God: 'You don't know what it is to suffer."[31]

In a tearing, almost violent tone, this is expressed by a great Spanish poet, León Felipe:

You came to glorify tears,
Not to wipe them away.
You came to open wounds,
Not to close them.
You came to light bonfires,
Not to put them out.
You came to say,
"Let weeping,
Blood, and
Fire run
Like water!"

John Paul II insists that in order to understand suffering one must look at Christ on the cross out of love for men: "Christ crucified is proof of God's solidarity with suffering man," since, as the Pope says, "God places Himself on the side of man."[32]

How great a help it is for the sick to look at Christ, even to gaze physically at the Crucified One! That is the best way, it seems to me, to be able to understand, or at least accept, the mystery of pain. Only in this way is it possible to come to glimpse the positive value suffering takes on in human life. I shall include here the testimony of a woman with cancer who died at the Navarra University Clinic. Shortly before her death, a newspaper in her city published the following letter from her. "I had always heard that for Christians pain is something valuable which purifies and helps to lift one's eyes to God, since Christ redeemed us with pain. In Opus Dei, which I have known for some time, I learned that 'the sick are a treasure' and that their prayer is worth a great deal in the eyes of God.

"For some time now—and I am still young—I have been experiencing this in my own flesh. When I got sick, I wrote to the Prelate of Opus Dei at that time, the Most Rev. Alvaro del Portillo, asking him to pray for me. His letters and advice have helped me to deal with my illness with hope, optimism, and the certainty that I am not useless, but can help many people with my prayer, with the serene offering of the discomforts and difficulties which every illness brings with it.

"It is moving to observe the way Father Alvaro took an affectionate interest in the sick, knowing them by name. I believe this is explainable only in terms of his life dedicated to God and others, without ever losing peace and a smile. In his letters he had me see how he was relying on me and would tell me how he was counting on me for the progress of important matters. He said that illness was a 'caress' by God for his dearest children. At the same time he encouraged me to take care of myself, to follow the advice of doctors, and ask God for my complete cure. He reminded me that we are in God's hands and that at every instant He wants only what is best for us, and he asked me to offer for his intentions everything that it might cost—disturbances, a smile, optimism, and so on.

"With this letter I would like to encourage all sick people to feel serene, heartened, and joyful, for their lives are full of an immense spiritual 'usefulness' which only faith and hope can comprehend."[33]

At this point we reach the central core. Pain is understood only in the light of Christ. "Through Christ and in Christ the enigma of pain and death is illuminated, which apart from the Gospel envelopes us in utter darkness."[34] "When that divine foundation and hope of eternal life are lacking, human dignity endures very serious lesions, and the enigmas of life and death, sin and pain, are left unresolved, leading man to despair in not a few instances."[35] Or, as John Paul II affirms, "Suffering is also a mysterious, disconcerting reality. Well then, we Christians, in looking at the crucified Jesus, find the strength to accept this mystery. The

Christian knows that, after original sin, human history is always a risk; but he or she also knows that God Himself has wanted to enter into our pain, experience our anguish, and undergo the agony of the spirit and the sundering of the body. Faith in Christ does not suppress suffering, but illuminates, elevates, purifies, and exalts it, making it valid for eternity."[36] It may be affirmed that "the role which God has assigned to suffering after his beloved Son took it upon Himself is to be a sure instrument of individual and ecclesial redemption and sanctification."[37] In the letter *Salvifici Doloris*, devoted explicitly to this subject, the Pope points out that the mystery of pain is clarified in the light of faith, for pain, in the eyes of God, has an explanation: "To perceive the true response to the question about suffering, we must turn our gaze to the revelation of divine love, the ultimate source of the meaning of all that exists. Love is also the richest source concerning the meaning of suffering, which is always a mystery."[38]

Cardinal Angelini explains this with an interesting metaphor when he refers to the "planet of pain": a planet is a heavenly body shining with a light which is not its own, the light of the sun. From a Christian standpoint, pain may be compared to a planet receiving light, purification, and value from the mystery of Christ the Redeemer.[39]

The Liturgy of the Hours conveys this quite well.

In this evening,
Christ on Calvary,
I come to pray to You
for my sick flesh;
But, on seeing You,
my eyes pass to and fro
With shame from your body
to mine.
How can I complain about
my tired feet
When I see yours,
destroyed?
How can I show You
my empty hands
When yours are covered
with wounds?
How can I explain to You
my solitude
When You are raised up on
the Cross and alone?
How can I explain to you
that I lack love
When your heart is torn?
Now I no longer remember
anything;
All my pains have fled
from me.
The impetus of the memory
I was bearing
Drowns in my demanding
mouth.
And I ask only to ask You
for nothing,
To be here, next to your
dead image,
To go on learning that pain
is just
The holy key to your
holy door.[40]

B) Keys to Living Through Suffering in a Healthy Way

The Secretariat for the Health Ministry of the Spanish Bishops' Conference for 1995 prepared a splendid brochure for adult catechesis which deals with this question perfectly in both theory and practice. It is also a good learning tool. I will maintain the same framework here, though mixing together the attitudes of the sick and the healthy and adding my personal experiences. A sort of "decalog" will emerge to help to undergo illness.

1. To Eliminate Suffering As Far As Possible

What can be done with pain? The initial response would be to try to suppress it. In my experience as a chaplain I have been greatly helped by these words of Blessed Josemaría Escrivá: "Physical pain, when it can be removed, should be removed. There are enough sufferings in life! When it cannot be removed, it should be offered."[41] But when it cannot be removed or while it is being removed, what should be done? Let us listen to our bishops: "In the face of inevitable sufferings, believers must educate themselves

in the art of suffering or practice the art of solidarity, which shows the beneficent face of God. The art of curing cannot be reduced to a technical response—it must react in the light of patients' life histories, using love to relieve them and hope as a therapeutic resource."[42] But one thing is clear: professionals must be trusted. In the Old Testament, there is a text applicable to this context which has been inscribed at the entrance to Maimonides Hospital in New York: "Turn to the physician and follow his advice, for he is also a son of God, who sometimes enables him to perceive rightly" (*Si* 38:12-13).

This struggle also involves an attempt to eliminate useless suffering. We have already seen that a large part of the suffering of people is often generated by individuals themselves by their sins or mistaken way of living. This suffering is not a "cross" which must be taken up, but an evil which Christ did not experience and which we must free ourselves from, precisely to follow more faithfully in his footsteps. The elimination of this unnecessary suffering is always salutary for persons and their surroundings, for the resentful create resentment, those who live in conflict with themselves create conflict, and those dissatisfied with themselves create dissatisfaction. Accordingly, the healthy attitude to this useless suffering is to discover its roots and work to suppress them; healthy "mortification" consists precisely of "killing" the sin which keeps us from enjoying life in a healthy way. Many people would enter upon a healthier way of life if they freed themselves from the egocentrism sowing unnecessary concerns and anguish in their existence, and they would devote themselves more generously to others if they lived with less attachment to money and things—the source of so many frustrations and vacuums—and managed to enjoy a simpler and more sober life, if they did not let themselves be trapped by envy and were content to savor their lives without "looking out of the corner of their eyes" at the lives of others. On taking leave of patients, I have sometimes heard this statement: "I am going after having been cured in body and in soul"—this reflects a decision to choose a healthy, salvific lifestyle.[43]

2. To Accept Inevitable Suffering

Sooner or later, we all encounter inevitable suffering in life: illness, old age, misfortune, the loss of loved ones, and so on. It is the dark, painful side of life, which reveals and is the result of our radical limitation as creatures. We can postpone it or attenuate it, but not suppress it. What should be done, then, in the face of the inevitable?

One must strive to avoid justifiable attitudes which, however, generally intensify suffering even more, exasperate persons, and may lead to despair. One is rebelliousness. Another attitude is anxiety: what causes suffering is the future, above all; in this state the person is emptied of energy to face the misfortune. Some fall into isolation—they relate only to their mishap; they let no one relieve them. In this way it is easy to destroy and annul oneself increasingly. Others adopt the posture of a "victim": they live taking pity on themselves, feeling mistreated always and in all things—a person like this cannot grow.

The Christian lives through suffering in communion with the Crucified One. Suffering continues to be something negative, but precisely for this reason it becomes the experience enabling one to live out and express radical faithfulness to the Father with greater realism and truth, along with solidarity and real love for men. In suffering the Christian goes on loving and trusting in God, not in a God who sends him

sufferings just to make him suffer, but in a God who is at his side, seeking at this time, too, what is best and most conducive to life. In addition, in suffering the Christian joins with those suffering, not theoretically or through facile words of consolation, but in a real and solidary way, sharing the same suffering with them.

Suffering then becomes redemptive, for in his interior man can embrace the attitude most opposed to the sin which kills. Whereas sin consists of seeking happiness selfishly, in a break with God and others, the cross consists of just the opposite: to seek communion with God and with one's brothers and sisters precisely in the absence of happiness. The Christian thus bears his cross not as one defeated, but as the bearer of a final hope which is grounded in Christ Crucified and Raised by the vivifying Love of the Father.

3. To Face Suffering Realistically

We have seen that Jesus, in the face of suffering, does not make speeches or propose theories; He adopts a practical attitude and passes over the earth healing (*Ac* 10:38), doing good.

The sick and those providing care must adopt a holy, realistic attitude to suffering, instead of an attitude of passive resignation: to fight against pain, use all appropriate means, and ask, What can I do in this circumstance?

Experience shows that patients who want to *be cured* and thus apply all means and remain optimistic and hopeful have a better chance to be cured. On the other hand, when patients stop fighting and get depressed, they find it much harder. I remember reading this statement in Pío Baroja: "All plans for treatment collapse in the face of such a firm resolution to die."[44] And the popular adage also states, "A sign of death is not wanting to be cured."

Consequently, the desire for a cure, which is usually present until the end of an illness, is compatible—when one has faith—with a serene spirit of abandonment to God, the Lord of life and death. I remember the request made by Alexia, a girl who was nearly fifteen who died at the Navarra University Clinic in 1985 and whose canonization process is now open: "Jesus, I want to get well; I want to be cured. But if You don't want this, I want whatever You want."[45]

4. Not to Enclose Oneself in Pain

Suffering did not harden Jesus or enclose Him within Himself, but, rather, made Him sensitive to the pain of others and capable of "helping those who are tested" (*Heb* 2:18) and of identifying Himself with his suffering brothers and sisters: "I was sick and you visited me" (*Mt* 25:36).

If patients enclose themselves in their pain, they get more depressed. In the face of the risk of remaining completely absorbed in their pain, they must struggle to break the circle imprisoning them. It is not that they have no right to complain, for complaining is to some extent inevitable. When people do not understand clearly what is happening to them, it is only natural for them to protest. The Book of Judges (6:1-6, 11-24), after narrating Gideon's vocation, recounts this episode. The Midianites were destroying the poor Israelites. An angel appeared to Gideon and said, "The Lord is with you." And Gideon replied, "Excuse me, but if the Lord is with us, why has all of this come upon us? The Lord has abandoned us and handed us over to the Midianites." Jesus Christ Himself in the Passion seems to complain to his Father, "My God, my God, why have You forsaken me?" It is true that these words belong to *Psalm* 22:2 and are basically a cry of confidence and abandonment to the Father's plans. But they also show the physical and moral suffering which our Redeemer endured

in the agony of the Cross. To complain to God in this way does not mean rebelliousness or disobedience—it is the complaint of a son or daughter who is suffering and, in not understanding, protests. Fray Luis de León offers an interesting explanation: "For suffering does not consist of feeling that this pertains to those who lack sense or in not displaying how much it hurts and what one is feeling, but, even if it hurts, and no matter how much it hurts, of not departing from God's law and obedience to Him. For feeling is natural to the flesh, which is not made of bronze; and reason is thus not removed, which attributes to each thing what its nature requires; and the sensible part shows itself to be tender and very soft; when it is wounded, it is necessary for one to feel, and, on feeling, there appears the moan and the complaint."[46]

But during illness the bonds linking people are not broken. It may be the occasion for getting in touch with other patients, for opening oneself deeply to others and, therefore, for helping them.

In this regard, I recall the letter which a patient, Lourdes, wrote to another patient, whose friend she had become. Lourdes has been deaf since birth and is disabled in all her members (she cannot walk or eat by herself and moves in a wheelchair); she communicates by way of an electric machine alongside her wheelchair which she operates by using the index finger on her right hand. She wrote the letter to a patient who, after a bicycle accident, was left with his arm disabled and lost the capacity to race.

"This afternoon I opened the book *The Way* at random and read the following sentence: 'Now there are tears. It hurts, doesn't it? Of course it does! That's exactly why they hit you there.' On reading this—I don't know why—I thought of you, friend. To interrupt your brilliant career as a cyclist hurts you more than the pain of your numb hand. You've got to understand that life is unbearable if there is no hope—but when you are able to laugh, the worst never happens to you—and have the courage to overcome the situation which makes you suffer, and you, my good friend, can do so even if you hit your head against the wall at certain moments of bad temper, but later you are able to smile freely. You know, friend? When I see I am unable to manage on my own and get angry, I laugh at my bad luck and say, 'Come on, you nut—courage, valor, and fear. Courage to smile freely, valour to overcome and live happily without expecting anything in return, and fear so as not to fall into despair. Come on, you nut; life is yours—don't ruin it.' I then see I can feel like a person, even if I know nothing at all, and I laugh at my nerves, and it is amusing to know you are useless, but you are able to admit it and be a clown or dance a waltz in bed to the music my sister hums, since I can't dance standing up. Even if I am in a wheelchair, I forget myself and love, love with all my being, and see that I am thus nothing, but that nothing is enough for me to be and live happily.

"Iñaki, good friend, do not despair if you find yourself in bad shape now because I am sure you can overcome the worst that may happen to you, and one day your hand will revive, and you will race with the January wind, since we have the best ally, Christ, and He never fails—believe me. If your hand hurts, scold it; tell it that until it revives, it is not your friend, that when it stops slumbering and moves like a worm, the two of you will have a chat, but in the meantime it should leave you alone. Courage, Iñaki; life is yours; don't ruin it! Courage, valour, and fear."[47]

5. To Fill Suffering with Love

Jesus accepts suffering and takes it on realistically as an occasion for showing his love and complete abandonment

in the Father and his love for men. On the Cross, He is concerned about his Mother ("Son, here is your Mother"), forgives his hangmen ("Father, forgive them, for they know not what they do"), and receives the entreaty of the good thief ("Today you shall be with me in Paradise").

To fill and transcend pain with love is, it has been said, the most beautiful miracle of the Christian faith. Perhaps it is not easy to obtain, but it is worth a try. One thing, of course, is clear: when people love, all sacrifices are accepted. As a Kikuyo proverb teaches, "When a friend is living on the mountaintop, the climb becomes easier." And the fact is that when one truly loves, suffering is noted less. I recall the example of a patient, a good Christian, who was going to receive very painful treatment. She had a daughter in an African country who was doing intense apostolic work and usually asked her for prayers; when the time came for treatment, she gripped the railing on the bed and say, "Lord, I offer it to you for my daughter's work in Zaire." She later remarked to me, "Would you believe that it didn't hurt at all?"

Moreover, suffering generates peace. Pope John Paul II expresses it this way, "The believer knows that, in associating himself with the sufferings of Christ, he becomes an authentic artificer of peace. It is an unfathomable mystery whose fruits clearly appear in the history of the Church and especially in the lives of the saints. If there is suffering which provokes death, there is also, in God's plan, suffering leading to the conversion and transformation of man's heart (cf. *2 Co* 7:10)—it is the suffering which, as a completion in one's own flesh of 'what is lacking' to Christ's Passion (cf. *Col* 1:24), is transformed into a motive for and source of joy, for it generates life and peace."[48]

6. To Accompany, Listen to, Comprehend, and Welcome the Sick

The Secretariat for the Health Ministry prepared a holy card for the Day of the Sick which contained the following text.

"Lord, Jesus, the Good Samaritan, emerging from the breast of the Father to travel the roads of human suffering. Close friend, who loved with no limit and with your love beamed out life and hope everywhere. Infuse your feelings and attitudes into us so that we will go out each day to encounter those suffering, without avoiding them. Educate our eyes, our minds, and our hearts; sharpen our sensitivity; make our hearing attentive again, so that we may spread encouragement in the midst of affliction, relief in the midst of all suffering, and life in the midst of death. Amen."

To accompany the sick means to remain at their side without imposing anything; to place oneself on their level; even to understand that they have a right to be unbearable; it would be absurd to seek to give lessons without remaining open constantly. The sick immediately grasp whether they are visited out of courtesy, compassion, or friendship. The friends of Job spend seven days and seven nights at his side without saying a word, seeing the atrociousness of his suffering (*Job* 2:13), but later, on becoming untimely consolers, they provoke his irritation and finally get angry with each other.

It is also appropriate to listen to patients—not only to their words, but to the language of their gestures, looks, and silences. There are people who are unable to remain silent.

7. Help People Find a Meaning to Their Pain

Pain, which appears as a mystery, has meaning only from the standpoint of the divine plan, which relies on it

to effect Redemption. To help the sick to find a meaning to pain is a way for them to endure it in a healthy manner. But it must be done gently and patiently, with respect for the rhythm proper to illness, which, when accepted as a reality that one is obliged to undergo (without asking if it is a heavier burden than that of others), proves to be more advantageous.

Luis de Moya, the tetraplegic priest mentioned above, stated in an interview, "In these four years of injury I have had more delicate periods and, of course, more unpleasant ones, and every day I face annoying and undesirable moments. But similar things occur to all humans. Physically, I suffer more than the average. However, I would not like to exaggerate. In human terms, I also have many reasons for joy as a result of my work and my family, for example. What I have decided is to accept the situation I have been given to live through, which seems to me very good in order to manifest my loyalty to God."[49]

8. Suffering Purifies Our Relationship with God

We have already remarked that suffering brings maturity and is the occasion for deepening the experience of God. This is what happened to Job. Suffering, with the concealment of God, enabled him to encounter the divine mystery and confess, "I knew you only from what I heard, but now my eyes have seen you" (*Job* 42:26).

Many patients, when the illness is over, reflect this same experience. Martín Descalzo has written, "Only the crucible of anguish has allowed my faith to multiply and be purified. Curiously, I have even experienced this in its effects. Now, when I speak of Christ, people believe more in what I say, for they now know quite well that what I am saying is not nonsense. But if illness illuminates my faith, I must add that faith illuminated my illness much more. I believe I have already stated that what is important in illness is to discover its 'meaning.' Now then, to find that through my illness I share more intensely and truly in the passion of Jesus has been the primordial source of my hope and joy. I want to proclaim that the idea that illness is really 'redemptive' is not a theological cliché, but radically true. It will clarify—so as not to fall into mistaken masochism—that what God wants from us is not our pain, but our love; but it is quite certain that one of the main ways we can demonstrate our love to Him is by uniting ourselves passionately to his cross and to his work of redemption. In a word, what else do we men possess to contribute to this task?"[50]

9. To Suffer to Fight Against Suffering

A man worthy of this name cannot ignore those who suffer. On the contrary, a healthy life will always be oriented towards removing suffering from the lives of others. The healthy person knows that he has no right to be happy without others or over against others, for the human mode of seeking happiness is to seek it for all.

From this struggle against injustice and abuse generating suffering and pain in so many people and from this effort to mitigate or alleviate the inevitable results of illness, misfortune, or death, there will always emerge suffering which it is necessary to suppress, as the price and consequence of our will to combat evil. We could all avoid many sufferings, bitter experiences, and personal troubles for ourselves. It would suffice to close our eyes to the suffering of others and enclose ourselves selfishly in our world. But this would be very costly—by ceasing to love and being less human. In this regard, it is wonderful to discover the vigor of the phenomenon of voluntary service in our time. Thousands of thousands of

people, the young and the not so young, willingly give part of their time and their energy to cooperate in social projects and care of the sick, addicted, disabled, and others.

10. To Pray in Illness

Jesus Christ found the strength in prayer to accept the sufferings of the Passion: "Father, if it is possible, let this cup pass from me, but may your will, not mine, be done" (*Mt* 26:39). And on the cross He placed Himself entirely in the hands of his Father: "Father, into your hands I entrust my spirit" (*Lk* 23:46).

But, to pray in illness—isn't that too much? No. It is fitting to turn to God with the different forms of prayer taught by Christian piety. One observation: it is not good to show anxiousness when patients manifest a lack of desire for prayer, which they sometimes interpret as a chilling of their relationship with God. That is not usually the case. Just as people no longer feel like eating or amusing themselves, so they lose their desire for prayer. It is appropriate to recommend short prayers and acts of faith and abandonment to God, even if it is not possible to say one's usual prayers.

There must be prayer of entreaty, for oneself as well. Is it appropriate to ask for one's cure? That has always been done in Christian life. "Through the prayer of entreaty we show awareness of our relationship with God; because we are creatures, we are not our own origin or the masters of our adversities or our ultimate end; but, because we are sinners, we also know, as Christians, that we separate ourselves from our Father. Entreaty is already a return to Him."[52]

There are wonderful examples of people who do not do so. I include the testimony of Martín Descalzo: "Let me confess to you in simplicity that I never ask God to cure my illness. I do not ask for this because it seems to me an abuse of confidence; but, above all, because I fear that, if God took my illness away from me, He would be depriving me of one of the few good things I have: my possibility of collaborating with Him more intimately, more truly. I do ask Him to help me bear illness joyfully; I ask Him to make it fruitful, for me not to ruin it because of my selfishness or need for affection. But for Him not to take it away from me. To remain, to live in the Garden is not a pleasure, but it is a gift, perhaps the only one which, at the end of my life, I can place in his hands as a Father."[53]

These are some suggestions I can offer to patients and those accompanying them to help them to live through this "time of grace," incomprehensible but very effective, which is illness.

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[1] Cf. OLIVERA SANCHEZ, A., *Lo dificil es vivir (El hospital por dentro),* (Madrid: Ed. Atenas, 1993). All kinds of experiences encountered by a hospital chaplain are described.

[2] ROJAS, E., *Una teoría de la felicidad,* (Madrid; Dossat, 1986), p. 283-304.

[3] Apostolic Exhortation *Salvifici Doloris,* (February 11, 1984) no 5.

[4] Cf. JOHN PAUL II, *Crossing the Threshold of Hope.*

[5] Cf. Encyclical *Evangelium Vitae,* March 25, 1995, no 3.

[6] ASTUDILLO, W. ET AL., *Cuidados del enfermo en fase terminal y atención a su familia,* (Pamplona: EUNSA, 1995).

[7] Pastoral Letter of the Bishops of Pamplona-Tuleda, Bilbao, San Sebastián and Victoria, *Al servicio de una vida más humana,* (Lent-Easter 1992, no. 17.

[8] ESCRIVÀ DE BALAGUER, *Es Cristo que pasa,* 23rd. edition (Madrid, 1986) no. 168.

[9] Encyclical *Evangelium Vitae,* no. 15.

[10] Pastoral Letter..., op.cit. n. 52.

[11] *Razones para vivir,* Cuadernos de apuntes, IV, (Madrid: Atenas, 1991), p. 56.

[12] *The problem of pain,* (Madrid: Rialp, 1994), p. 68.

[13] ESCRIVÀ DE BALAGUER, *Es Cristo que pasa,* 23rd. edition (Madrid, 1986) p. 56

[14] MICHEL QUOIST, as quoted in REV. PURROY MERINO, *Cómo superar el dolor, (*Santiago de Chile 1985), p. 5.

[15] Interview with OROZCO, A.A.L. DE MOYA, (February 1995).

[16] Cf. VARÓ, F, *¿Por qué sufrir?, El canto del siervo doliente* (Is. 53), a brochure (Madrid: Mundo Cristiano, 1994).

[17] *The Catechism of the Catholic Church,* no. 1505.

[18] *Liturgy of the Hours,* IV, 1131.

[19] *Catechism...,* no. 1501.

[20] *El hombre en busca de sentito,* (Barcelona; Herder, 1977.

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[33] RUEDA F., *Una caricia de Dios, Guadalajara 2000,* April 8, 1994.

[34] Vatican II, *Gaudium et Spes,* no. 22.

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[41] HERRANZ, G., *Palabras de Mons. Escrivá de Balaguer a médicos y enfermos,* (Pamplona: EUNSA, 1978), p. 25.

[42] Cf. *Carta Pastoral de los Obispos,* o.c., no. 52.

[43] *Ibid.,* nos. 50-51.

[44] *Las inquietudes de Santi Andía,* p. 311.

[45] Cfr. MONGE, M. A., *Alexia, alegría y heroísmo en la enfermedad,* (Madrid: Palabra, 1989), translated into Italian, English, Portuguese, Polish and Chinese.

[46] *Expos. del libro de Job,* chapter 3.

[47] Letter of a patient.

[48] *Message for the World Day of the Sick,* February 11, 1995, in *Ecclesia* 2723 (1995), 197; for the Pope's teaching on this subject, see MONGE, M. A., *Suffering in the Magisterium of John Paul II,* in *Labor Hospitalaria,* 235 (1995) 90-93.

[49] MOYA L., o.c.

[50] *Reflexiones de un enfermo en torno al dolor y la enfermedad,* in *Congreso de las Hospitalidades Españolas Nuestra Señora de Lourdes,* El Escorial (November 1990), p. 16.

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Testimony

The Most Reverend
Jorge Martinez:
Bishop and Pastor
for Health (Mexico)

Facts and Proposals
in Health Care:
A Report by the Pontifical
Catholic University of Chile

The Most Reverend Jorge Martínez: Bishop and Pastor for Health

1. Episcopal Vicar for the Health Sector: 1986-1994

During Advent 1986, Bishop Jorge Martínez, in obedience to Cardinal Corripio, agreed to assume responsibility for the Health Ministry Vicariate, which had recently been created.

The Most Rev. Francisco María Aguilera, who had previously exercised this ministry, had been freed from this responsibility after working since the foundation in 1976 of the Hospital Ministry, which then became the Health Ministry of the Archdiocese of Mexico.

The first objective of a major plan developed by Bishop Martínez in 1987 was dedication to the theological and pastoral bases for this ministry. He traced out once again the purpose of the Health Vicariate, its functions, limits, and possibilities, using great prudence and bearing in mind the difficult, complex reality of the Archdiocese. I remember the far-ranging discussions and meetings to determine the human and pastoral resources available at that time.

Once the situation had been studied in depth and the problems posed had begun to be faced, he more clearly formulated the objectives to be reached in a reasonable period of time. He contributed to, corrected, and spurred on existing projects and programs, always showing maximum respect for the persons involved.

He skillfully engaged in defining the work of the Health Vicariate in relation to the Territorial Vicariates. Silently and unpolemically, he observed and rectified some previous programs in the health area, restructuring, for example, the training program for Extraordinary Ministers of the Eucharist. He well knew that the value to be preserved was the unity and homogeneity of candidates and extraordinary ministers throughout the Archdiocese. He accepted criticisms, just as he courageously taught us to withdraw before arguing about power and control. His motto was "Listen, reflect, and work as far as you can; God will do the rest."

He newly marked out the characteristics of pastoral workers in health, who were then active at sixty hospitals. He was always concerned about the spirituality of the members of the Health Vicariate, reinforcing encounters in Advent and the Lenten Exercises.

He succeeded in an act of reconciliation which had appeared impossible, initiating dialogue with radical groups in the charismatic renewal movement who were working on a "pirate" basis at over twenty hospitals. With goodness and patience he was able to correct the aberrations in "laying-on of hands," "anointing with blessed vinegar," and "pseudo-exorcisms" which were being conducted without control and bordered on the absurd and, sometimes, on heresy. For many hours and days he just listened very patiently, without judging anyone. He seemed to want to forgive those shouting at him to kneel down in front of them, for, according to these "madmen," Bishop Martínez was not full of the Holy Spirit and "they would give him true baptism and the outpouring of the Spirit." I recall one evening among the many we spent together when he told me about the problem arising from the recent death of an epileptic child who, according to the statements by a prayer group, "had been freed from an unclean spirit" and who, since he had been prohibited from resuming treatment with medicines for the crises caused by his illness, had tragically died. Bishop Martínez remarked, "There are many roads to arrive at the Father, but for a lot of people the only road is stupidity, and perhaps they never set out upon it." And he remained in silence for the rest of the car trip. He was saying the Rosary.

All the pastoral workers and hospital and team coordinators always found in Bishop Martínez a person in whom they could confide and who was always ready to hear them out. In this instance, something quite curious happened. Most of the workers and coordinators were women. Since phone calls and visits to his residence daily increased, the Bishop's sisters made a great fuss. On one occasion, he made a funny quip which enabled me to glimpse the limpidity of his priestly celibacy: "I don't know how, but when these women come, you've got to come first; in that way we, the 'two Georges,' can dominate the 'dragon' unleashed by the female jealousy of my sisters."

In the agreements and meetings of the Bishops' College of the Archdiocese, he always sought reconciliation in the tough problems in many pastoral fields, going so far as to yield to self-assertive whims rather than offend people, to the point of sacrificing projects and programs of the Health Vicariate, enormously limiting progress in the areas of train-

ing workers and Extraordinary Ministers of the Eucharist. I remember his face every time the Health Vicariate had to end a program at once and his words: "Observe and keep it to yourself. Be silent and pray for me so that I can see the road to follow from now on." Not one critical remark or commentary in opposition to what had happened, whether or not he was right.

He experienced great sorrow over the discourtesy of a radical group of nursing sisters who, seeking to manipulate him for their own purposes, tried to splinter diocesan unity in the health ministry. I clearly recall that awful meeting, where Bishop Martínez listened and managed to intuit the real power-seeking intentions behind the discussion. At a critical juncture, when absurd requests were being made, the Bishop got up and said, "I think we all need some tea and biscuits." He headed for the kitchen to prepare things personally and served the refreshments before the astonished eyes of the religious. After the tea break, he said, "We shall now say the Rosary for the sick." The sisters said they had to go, and, once we were left alone, he simply said, "Will you accompany me?" And, kneeling, he began the Holy Rosary.

I could not believe it, personally. From the summit of his authority, he could just have said "no." But the Bishop opted for Mary's "yes." From that day on there is no question that he showed his filial love for Our Lady, giving it precedence over his passions and feelings. Many people who knew him got the impression he was not doing anything, but at the bottom of his heart the Bishop respected all and did not want to wound anyone, and for this reason he chose to appear weak and indecisive. Only a few of us perceived his real strength, just as we often perceived God's creativity and the fatherly, provident hand of God.

From 1987 to 1989, approximately, he brought out almost 45 key books on the health ministry, amounting to a book per month, which broadened the theological and pastoral horizon. With many he shared his desire for knowledge, his zeal as a self-taught person, and his methodical life of study. He did not waste time. He used car trips to converse on a topic or theological notion he was studying. He liked confrontation to gain deeper insight and improved knowledge, sharing and hearing out other viewpoints on theological and spiritual problems.

His zeal and dedication to spiritual direction and progress were a major contribution to the health ministry. In a world which he felt was daily growing more and more secularized, in silence and intimacy the Bishop straightened out and guided souls towards rediscovering a sense of God and the divine will in lives markedly stricken by neopaganism. He always defended the spiritual care of souls, with the traditional methods of Ignatian spirituality. He did not like innovations, saying, "Nothing new, after what Our Lord said down there in Galilee." His writings, two volumes of memoirs, already published, and a third one soon to appear, are in reality a *spiritual summa* for contemporary spiritual theology. It is the diary of a priestly soul that, on seeing itself before God, confesses itself to be sinful and beseeches only the grace to be saved.

An important fact which few perceive is that the Bishop, beginning in 1986, was given by his brothers in the Mexican Bishops' Conference the responsibility for starting the work of the Conference's nascent Health Ministry Department, subordinate to the Bishops' Commission for Social Ministry, headed at that time by the Most Rev. Carlos Talavera. He always observed the limits between the diocesan and national jurisdictions. It seemed a small and easily achieved matter, but those of us who have seen and accompanied him discerned in the Bishop a real master in assigning to each aspect its proper place and importance, without giving precedence to other persons, situations, or problems. He taught us how to move prudently within the national parameters of the Conference and in the broad perspective of the Primatial Archdiocese of Mexico.

2. President of the Bishops' Commission on the Health Ministry, 1986-1994

This responsibility of the Bishop is little known and may have gone unnoticed by many who were acquainted with him, because from the outset he clearly separated this task, entrusted to him by his brother bishops of Mexico, during an Ordinary General Assembly in 1986.

Though the Health Vicariate and the nascent Health Ministry Department of the Conference were apparently connected, given their role in serving and promoting pastoral care in health, they represented two very different universes, with highly divergent—I would even say "opposing"—problems.

He called the new Department "the baby in the cradle" and really treated it like a neonate. He did not force it to run, for, in his words, "it isn't walking yet, and, what is more, can't; if it does so, it falls." He began work modestly to serve his brother bishops. Almost twelve drafts of the original Plan for Work were drawn up, but none of them possessed the requisites for approval, in view of the Bishop's future-oriented projections.

Problems were never lacking during the first four years of the Department. Apparently, nothing was done, but what few know is that a framework was created of papers and commissions thanks to a project successfully completed: *The Health*

Ministry Directory. Fourteen experts were brought together. Twenty-three drafts were drawn up for a Plan to structure a Directory which was intended to display the different elements in the health ministry. This undertaking was the first of its kind in the world. I recall the great surprise of the Roman Office for the Health Ministry, headed by Cardinal Angelini, when the drafts of the text were received. Bishop Martínez was called to Rome to present the published book, but he asked us to represent him, arguing that he was not a "migratory bird." In his name we thus received the Pro Ecclesia Medal. He did not want the award to be made known until he privately gave it to a nursing sister who, after having devoted her whole life to the care of the elderly sick, deserved it more than he did for having written "a very incomplete little book which can be improved upon."

He faced serious difficulties in the Health Ministry Department because of highly controversial problems, like AIDS and pastoral care of the HIV positive. He reflected for many hours before drafting the pastoral letter on this topic and the problematic of condom use. His posture led to his receiving harsh criticism from Consaida, the Ministry of Health, and other organisms. Curiously, all the proposals published by the Bishop in 1990 and fiercely criticized were accepted by the National Health Council, beginning in the summer of 1994. Bishop Martínez, now terminally ill, remarked, "Well, at least we weren't wrong, and perhaps we even went further."

Collegiality with his brother bishops was a characteristic of his, beginning with the Episcopal Commission. He knew his limits and foresaw that his physical strength would not sustain him. He could not give up, however, and was re-elected for four successive terms, a unique instance in the history of the Bishops' Conference, not stipulated by the Statutes, but he headed a Department for two terms and an independent Commission for another two: "It's the same thing, the same 'baby,' but this 'baby' is now walking." And he served his brother bishops for eight consecutive years. He published the journal *Dolentium. Church and Health in Mexico* and wrote numberless articles on the Health Ministry. When forced, he often delivered addresses. He would say, "You wish to hear and see the Bishop for Health. Well, here I am, even if I'm not healthy."

One day he prophesied his terminal illness to the assembly of nursing sisters: "I come to greet you today as a father who has been asked to say Mass, but who will come to greet you very soon as one of your patients."

On December 12, 1991, almost twenty days later, he became ill and began his Via Crucis on January 3, 1992.

3. Bishop Martínez, a "Sick Father Who Is About to Die"

I have wished to place these words, pronounced by the Bishop himself, in this third part of his journey into the world of pain, sickness, and death. With deep respect and love for his memory I write these words. May God help me to be faithful to what really happened.

I clearly recall the evening of January 1, 1992, a day of great joy for the Bishop, who, as was his custom, had celebrated Mass in the "Town of the Magdalene," Petlacalco, at the Parish of St. Thomas the Apostle on Ajusco Hill. At the home of his friend Pacho he ate turkey and rice. As usual, the Bishop chatted happily and laughed with the parishioners and close friends, the Nava family, which, along with the pastor, Fr. Nestor Pérez, had prepared a simple lunch. As we returned to the home of his sisters, we remarked that we needed a few days of real rest. After having planned on them, we said good-bye. On the morning of January 3, I received a call from the Bishop's older sister, María de la Luz, who, sobbing and very upset, said to me, "Monsignor, I found my brother on the bathroom floor, in the middle of a pool of blood. So began the Via Crucis of a priestly soul, experienced with a long terminal illness.

Many tests followed his first hospitalization. The case sheet initiated years before, when he was the spiritual father at the Conciliar Seminary of Mexico, was now added to. He had suffered with an ulcer and undergone a painful operation which had halved his stomach. Long months of research were needed to identify the origin of the malady.

Finally, six months later, the first diagnosis emerged: "possible osseous metastasis; impossibility of locating the primary tumour." I remember that he asked me to be present when his specialist, Dr. Javier Skinfield, read and explained the results of the biopsy. We then remained in silence, and in the car, on the way back to his sisters' house, he said a few words which forced my lips and heart into a painful silence: "Not a word about this to anyone, until I'm dead. I will say what they may know." The prognosis was for just six months of life, and an operation, which was, moreover, very difficult, was urgent. From that day on the Bishop gave me the privilege of walking together with him along the hard road of a terminally ill person.

Many events took place which displayed the limpidity of a soul that accepted the will of God and united itself to the suffering of Christ Crucified, helped by a great love for Our Lady. Between January 1992 and May 1994 the Bishop entered the hospital on eleven occasions and experienced in his own flesh the devastating effects of chemotherapy and radiotherapy.

He suffered from a pathological fracture of the left

thigh bone which left him disabled until the end. At first the metastasis advanced slowly, but in the last three months, very quickly. The pains he suffered were numerous and varied. I am a mute witness to the memoirs he wrote in the course of the last six months of his life, after having interrupted them for almost twenty months at the start of radiotherapy. All of us who were close to the Bishop observed that pain relievers and drugs blocking pain were useless against the torments induced by a now terminal cancer.

The Bishop, after a very dark spiritual night from the standpoint of his disability, celebrated the Eucharist almost every day. Close to his room a little private chapel was prepared where he celebrated the Eucharist and spent long periods in prayer before the Sacrament. A very important fact is that on June 27, 1994, almost four days before his definitive encounter with God, the Bishop concelebrated the Eucharist of the Votive Mass of Viaticum with Cardinal Ernesto Corripio Ahumada. The altar was prepared close to his room. The Cardinal presided at the Eucharistic celebration, and Bishop Martínez assisted in silence, with a white stole over his pajama. At the end of the Cardinal's homily the Bishop added a profession of priestly faith and renewed his priestly promises during the Eucharistic prayer: "We pray for Pope John Paul, for our... [he was deeply moved and continued with tears in his eyes] brother Ernesto, to whom I owe obedience, and for me, your unworthy and useless servant." These heart-rending words are his testament for all of us who participate in the priesthood of Jesus Christ: "Obedient, unworthy, useless servants." How much truth and how much sanctity in these words of a dying bishop who with all his heart spurs us to be faithful to our call and our service.

On August 1, 1994 two years and seven months had transpired since the start of the Via Crucis, lived out intensely with God the Father, for me a privilege and a real school of the cross and of suffering, which deeply revealed to me the mystery of redemption, which I would never have thought the Lord would call me to serve. I kept the last promise made to the Bishop as I placed his body in the coffin: "Don't let them have me die away from my house; take what remains of me and pray for your sinful namesake."

4. In Memoriam

At 1:20 a.m. on August 1, 1994, as an intense rain, accompanied by wind and lightning, fell upon Mexico City, in a little house of the Valle colony two eyes closed on this world and opened to contemplate the face of God, our Father. A heart ceased to beat after 77 years lived in the tireless search for the mystery of God in this earthly reality and beyond, and after 36 intense years of priestly life, joined to 23 years of the fullness of the priesthood in the episcopate. A body exhausted in almost two years and nine months of a long, cruel illness which destroyed his body but at the same time reinforced his spirit waited to be robed for the last time in the sacred episcopal vestments. The Most Reverend Jorge Martínez had died, Titular Bishop of Macomades Rusticiana and Episcopal Vicar of the Eighth Pastoral Zone, and also Emeritus Auxiliary Bishop of our Archdiocese.

Numerous images and recollections come to mind which sustained the fragility of my sentiments when it was time to say "good-bye." Of his ten brothers and sisters only Maria de la Luz survives. How distant was that October 23, 1917 when the numerous Martínez family welcomed the last of their children, Jorge, in the Santa María la Redonda district. A few days later he experienced God's paternity fully, receiving Holy Baptism, being joined to the death and resurrection of Jesus Christ. This Catholic family, resident in the capital, received the responsibility of sowing Christian values in the little child and prudently watching over the development of that joyful boy full of life. There followed the hard, demanding years of the early maturity of the young Jorge, who, under the protection of Our Lady of Carmel, would encounter his call to the priesthood in the church at Student Square in the city center.

Once at the Conciliar Seminary, under the guidance of Monsignor Guillermo Schulemburg, he was sent to study in Rome. That joyful heart called to the fullness of love received solemn consecration to the priestly ministry on a beautiful morning of October 26, 1958, with the ordination of Father Jorge, or, as we always called him, "Don Jorge."

Don Jorge always kept to himself the experiences of his first years as a priest. An indisputable characteristic of his personality was the humility which gave rise to many anecdotes which his recently published memoirs do not include. Doubtless, one he kept with great tenderness was his catching three buses every morning at dawn to go and celebrate Mass in a chaplaincy for women religious who had given him this responsibility.

Named spiritual father at the Conciliar Seminary, he reinforced practice and discipline in his life. Just as we knew him, Don Jorge was always the same, attentive to every detail, a respectful observer, master, and father for many, even during the prolonged, painful illness, which reduced his everyday occupations. "Two-and-a-half years of immobility have increased my limitations, but have not caused my desire to write down my little annotations, bits of nonsense, and eccentricities to disappear."

From the moment of his episcopal ordination on July 16, 1971, his love for Our Lady marked the rest of his life. On March 10 he commented, "...After a bad night on a normal day: it's impossible to sleep when you feel pain, though not acute.... I offer the night to the Most Blessed Virgin, who has helped me to spend it awake and in prayer."

The Auxiliary Bishop of both Archbishop Miguel Darío Miranda and Archbishop Ernesto Corripio, his whole life was a complete, unconditional model of self-giving. His faithfulness and his obedience to God and to his superiors are an example for many. Every mission he assumed responsibility for was a mission he struggled to fulfill and carry out, in both the Archdiocese and the Mexican Bishops' Conference. It remains for history to judge his work as Rector of the Conciliar Seminary, as Episcopal Vicar for the Eighth Zone, as Episcopal Vicar for Health, and as Chairman of the Episcopal Commissions for Social Ministry, the Health Ministry, and Caritas, not to mention his final effort in the Diocesan Synod. His whole life of self-giving may be summarized in his words on April 3, 1994, Easter Sunday: "...Here, everything is grace, for my weakness in the face of pain is complete. If I consider seriously, I am sure the Lord will help me."

Undoubtedly, Bishop Martínez, on the basis of his life experience so close to Christ's passion, glimpsed the great event we celebrated on February 11, 1996, the Fourth World Day of the Sick. On occasion I would mention it to him as a dream: "Your Excellency, and what if Cardinal Angelini were to come to Mexico and it were possible to hold the World Day of the Sick in our country?" His reply, which I conserve in my heart, gave me courage during the toughest moments in the preparation and celebration of the Fourth World Day of the Sick, "From Tepeyac to the World": "It is humanly impossible; we couldn't have such a great responsibility. No doubt it is licit to dream, and remember that for God nothing is impossible. But if—may this not be God's will—it is your lot to assume responsibility for this part of the cross of suffering, Our Lady will help you."

The forthcoming publication of his memoirs (*Spiritual Diary*), covering his last ten years of episcopal ministry, will undoubtedly be an inexhaustible source of spiritual life for every priest or Christian placing all hope in the grace of God the Father, full of affection and mercy.

Rev. JORGE A. PALENCIA
Secretary of the Mexican Bishops' Commission for the Health Ministry

The World of Health: Facts and Proposals A Report by the Medical School of the Pontifical Catholic University of Chile for the Ninth Diocesan Synod of Santiago de Chile

Antecedents

The Medical Faculty of the Pontifical Catholic University of Chile, which includes two schools, Nursing and Medicine, in July 1995 asked to take part officially in the process of Synodal analysis in the area of health policy and care. The institutional decision to take part was based on the following considerations, in addition to the university's status as a Catholic center of learning.

a) The Church's special interest in the topic, as demonstrated by the broad magisterium of John Paul II (e.g., *Salvifici Doloris*, 1984; *Dolentium Hominum*, 1985) and many other documents related to medical congresses and healthcare institutions issued by the Church in Latin America and Chile (*The Health Ministry in the Latin American and National Church*, Second Latin American and Caribbean Meeting, Ecuador, 1994; *Aspects of Pastoral Care in Health*, Archdiocese of Santiago, 1976, etc.).

b) An evident lack of active, effective ministry in the health field in our country.

c) The fact that health is an area with profound significance and repercussions for formation and the manifestation and life experience of Gospel values.

d) The clear and explicit teaching of Jesus, which enables us to say that in a church or ecclesiastical institution where there is no special, distinctive concern for human suffering the substance of the Master's teach-

ing is not recognizable.

The organizers accepted the request to take part in the Synod, and the Faculty of Medicine was added to a Commission on which sixteen groups working in direct contact with suffering under different aspects were represented and which was chaired by Rev. Baldo Santi.

Organization and Methodology for the Work Undertaken

The Faculty of Medicine gave its Secretariat for Christian and Pastoral Formation responsibility for organizing and carrying out the Synod activity. The project included the creation of commissions incorporating the different sections, and, once this work was completed, the holding of a day-long encounter for reflection and analysis, with emphasis on the participation of students at the two schools involved.

The commissions worked according to guidelines (Appendix I), but with enough freedom to include additional topics.

The present document is made up of a first part with a succinct assessment of the real state of our hospital environments and a second part containing proposals to modify negative aspects or provide elements which are lacking.

In addition to contributions by the Faculty of Medicine, the document includes the opinion of the Vicar for the Health Ministry, the Most Rev. Augusto Larrain, who kindly shared his thought and experience with us at a special session (Appendix II).

The Synod Commissions, which worked from August to October 1995, were made up of from seven to twelve persons representing well-defined areas of the Faculty's hospital or academic activity. This structure was preferred so as to analyze real situations more freely and spontaneously, without restrictive interactions which might have appeared if divergent fields had been placed together.

The following ten Commissions were constituted.

1) Doctors and professors at the School of Medicine.
2) Nurses and professors at the School of Nursing.
3) Medical students.
4) Nursing students.
5) Nursing auxiliaries.
6) Religious and consecrated persons doing hospital work.
7) Medical researchers.
8) Technical personnel at the hospital laboratories.
9) Pastoral workers at the hospital from Chilean Caritas.
10) Patients at the hospital of the Catholic University.

The general activity, designated a "Day of Reflection," took place on Tuesday, October 17, at the Sanctuary of Schoenstatt. Thirty professors and 130 students from both schools attended, and it was thus necessary to suspend official academic activities for that day.

Finally, a group of paramedical health workers contributed to this report by drafting a proposal for a training program in the health ministry.

Part One: Analysis of the Current Situation

1. Suffering

The suffering arising from illness is experienced by most patients as a painful, unsought reality which integrally affects them and threatens to destroy them as persons.

The basic questions—such as "Why me?" "Why now?" and "What did I do to deserve this?"—largely reveal that illness is seen by patients as a punishment of God or as a test of faithfulness to Him. Many react by rebelling; others resign themselves; but very few offer up their pain or feel it to be an opportunity for growth. Though they explicitly declare they have faith, when they are faced with pain, a lack of consistency between this declaration and their way of experiencing pain appears.

Health professionals do not help patients to change this perspective, inasmuch as they, too, experience suffering in a similar framework. A sense of guilt is deeply rooted in our culture. Patients and health personnel tend to interpret illness as a punishment, especially if the pathology in question is attributed to personal abuses (hepatic cirrhosis from excessive alcohol consumption, lung cancer as a result of smoking, and so on).

The hospital is thus transformed into a place where everyone has a role to play—the patient, the health professional, and others—and where suffering and the proper perception of it are not very relevant.

2. Pain in the Face of Possible Physical Limitation, Death, and the Life to Come

The perspective of loss of life—whether realistic on account of a specific illness or imagined as a result of fear—and, to a lesser degree, permanent disablement as well have a very negative impact on patients, whose characteristics are usually fear and rejection, along with rebelliousness and depression, when they are unable to conceal them. The patient is not prepared to handle a series of questions which are left unanswered in the context of the natural world alone. The profound personal component of experiencing one's own extinction remains latent, along with the prospect of abandoning one's loved ones and surroundings.

Similarly, health professionals do not manifest a helping attitude because they experience and convey the same fears and judgments on an unconscious level, and

most shield themselves with the efficiency of their professional role rather than carrying out their work as an expression of solidarity, dedication, and love.

When faced with the inevitable reality of death and the life to come, this fundamental truth goes unobserved; it is hidden or postponed: "We do not esteem the life to come because we are very attached to this life," a patient once said. As for illness, most patients are not prepared to receive bad news and react with fear.

3. The Hospital Environment and Its Impact on Patients' Suffering

Hospitalization involves a brusque change which is usually not planned on in people's lives, entailing separation from their families. As a result, patients' psychological vulnerability increases, especially at the beginning of the illness. There is also a set of environmental circumstances connected with the work of health personnel (from doctors to auxiliaries) which adds an extra portion of pain—so-called "additional pain."

The hospital, even if ultramodern, is always a peculiar, strange place. It is the place where the person's privacy and reserve are assailed; this is partly attributable to physical limitations, but to a great extent it results from a lack of interest among health workers. In the case of the University Clinic, where medical and nursing instruction is provided, another factor is added which is quantitatively significant: the presence of medical and nursing students. It is generally forgotten that wearing hospital clothes does not give patients knowledge of medical concepts, agility in living inside the hospital, and acceptance of this institutional way of life. This situation is dramatic in the case of children. For example, to term washing patients at 6 a.m. a "comfort" is an evident contradiction.

The picture is further limited by fees and administrative formalities which are constantly growing, out of reach and incomprehensible. In this regard, the solidarity of health personnel is lacking; without reflecting, it often increases medical interventions unnecessarily, multiplying expenses and unease for patients.

This situation is expanding as the number of workers from companies outside the institution increases—those employed for specific tasks such as cleaning, security, and others. Moreover, administrative staff members are oppressed by norms and provisions progressively limiting their work, reducing human relationships, and taking into account only efficiency and the relation between costs and time.

Workers' indifference to God is patent, with a lack of Christian solidarity among the different groups and also at minor levels of the same group. Faith is forgotten. There is uncertainty about job stability.

When faced with the physical limitation due to illness, patients have no subsidiary roles to play, and in a great many cases this leads to depression.

4. Patient Perception of Religious Support

This field is quite varied and basically depends on preceding experience and religious background. We find people who say that "illness awakens dormant values, reshaping and deepening them," and others who show they do not need God and express disgust at having turned to religion when they entered the hospital.

As regards health personnel, a marked dichotomy is perceived between professional work and faith or religious experience. Workers do not feel prepared to support patients or their families spiritually. "We need to overcome fear and poorly understood respect, openly offering spiritual help based on the Catholic faith." "We need and desire training in the helping relationship with patients."

Personnel's concern about administering the Sacrament of Anointing of the Sick requires attention; it is seen as an act which calms consciences and maintains tradition.

Support of patients by their church or parish is either nonexistent or rare. Such support falls within the role of the chaplaincies, which are always reduced or lacking and clearly eclipsed in their possibilities for action. "It's a job for specialists."

Family capacity to give patients moral support is another matter. It is also circumscribed by relatives' limitations and those imposed by the hospital. Furthermore, we know that when the illness or hospital stay is prolonged, families slowly fall into a kind of routine which grows weaker and weaker. Patients perceive this, and a negative dynamic is created.

Support by the hospital's pastoral team is limited in its contributions, but is quite well accepted. There is awareness that for slightly over a year this activity has been improving. The involvement of women religious in hospital work has had a notable impact on modes of acting and organization. In addition, patients are pleased with the distribution of the Eucharist by Caritas volunteers.

5. Specific Pastoral Activities Available to Patients

There is little awareness among patients of the possibility of receiving religious support during their hospital stay. As regards the liturgical or sacramental aspect, the Eucharist is celebrated every day, and some liturgical feasts are also celebrated: the Marian Month, the Month of the Sacred Heart, and so on.

But in reality patients cannot benefit from them directly because they are unable to attend.

The sacraments of Penance and Baptism may be requested of the Chaplain in advance, and the Eucharist is distributed each day by volunteers. The hospital's physical restrictions do not foster this sacramental presence because they do not provide adequate privacy and, furthermore, the personnel's being habituated to this aspect deprives it of the solemnity it deserves.

As regards the "helping relationship" with patients, work is just beginning, but in the area where it has been carried out, dialysis, the impact and acceptance have surpassed expectations. A lack of more rational, effective organization is felt.

6. Patient Receptiveness to Such Action

Patient receptiveness to pastoral activity is quite good. It sometimes happens that ministers offer this service as a product, thereby degrading it and making it less vital. Patients are anxious to participate, well disposed, and grateful, realizing that they have a lot of time to think about the transcendent during their hospital stay.

7. Technical, Human, and Pastoral Support for the Dying and Their Families

The dying present difficulties which are hard to resolve. Though it is more humane and fitting to give people the chance to die at home and in their family environment, whenever possible, many patients die at the hospital, and there is no policy in this regard. They are isolated as much as possible so they will not disturb or bother other patients. The family usually visits them little, because of hospital restrictions and because, in drawing away, it manifests its displeasure over an irreversible condition and its fear of death. Personnel shows some concern about having patients receive the sacraments, but dialogue with families proves uncomfortable. The death of the dying is experienced with relief by all the personnel.

Though the situation at our hospital is better than that at others, it is deficient in all respects and needs to be redefined, broadened, and focused beyond the sacramental dimension.

Part Two: Conclusions and Proposals

1) The people in these circumstances, whether patients or health workers, are not in harmony with the mystery of pain and the Christian approach to it. When illness appears, it becomes a lacerating, annihilating factor capable of transmitting its negativity to the family as well.

Consequently, the health ministry, or pastoral care of the sick, begins with the healthy. If religious experience does not illuminate minor pains, people will be unable to act in a Christian manner when faced with their own suffering or that of others.

A permanent effort is required in preparation for pain which is guided by a Christian vision and is active in the pastoral program at all levels and in all institutions of the diocese.

2) The people we are studying, both patients and personnel, are no different from the rest of the society they belong to as regards their refusal to consider or discuss death and the meaning of the life to come. Insistence must be placed on eschatological preparation filled with Christian hope, and its great scope and significance must be brought to bear.

When persons experience pain and illness, they leave room—or allow room to be made—for natural openness to discussion of and insight into the mystery of pain and the eschatological prospect at hand. This room and the time available—and sometimes interest and need—must then be made the most of and not neglected.

3) The Health Ministry must provide guidance so that the hospital, even before being seen as a place for the care of illness, will be regarded as an institution capable of stimulating, reawakening, and revitalizing the sacredness constituting the interiority of the human being.

The traditional focus of pastoral care suffers from limitations such as

a) emphasis on the sacramental;

b) regarding the sick as direct recipients of its action;

c) the chaplaincy as the core and basis for care.

The emphasis on the sacramental is limiting for patients oppressed by their pain and desirous of a broad perspective which will shed light where the sacramental is a natural and wished-for corollary and thus full of grace and enrichment.

Sacramentalizing efforts are extremely limiting, for they address only those Christians in a position to receive them and ignore those unable to and people from other religions. In addition, as a result of routine, the solemnity of Christ's presence in hospital rooms is trivialized by a lack of sensitivity. The role of the minister of the Eucharist comes to be like any other within the hospital, including that of the patient.

As a result of this standard and approach, the sick receive the pastoral "product" or action directly, in a quite automatized way in the case of the Eucharist, or as a required procedure for the dying in the case of Anointing. The unitary dimension of man is diluted in the midst of norms and schedules sup-

porting specific or unidirectional acts. If illness itself lacerates man's interiority, the pastoral worker must not contribute to perpetuating it or just to concealing it.

The priestly chaplaincy at hospitals has been the mainstay of the health ministry, properly supported by this sacramental emphasis. In practice, it does not exist today, but in conceptual terms people continue to regard it as an organizational archetype, creating an unbridgeable abyss between reality and organizational theory.

The theoretical advantage in having a priest chaplain gain solid background on the impact of illness on the person is degraded by the fact that he devotes himself only partially to this work, in addition to having other responsibilities as a parish priest. This negative situation is progressively becoming accentuated, without the realistic consideration it deserves.

The following observations are proposed as major orientations for action.

a) Spiritual and human support for patients should be provided by health workers (doctors, nurses, paramedics, and auxiliaries) in an ongoing fashion embracing all professional attitudes. This Christian content, which extends from gestures to profound conversation, opens patients' spirits more than any other programmed action can.

This dimension, which represents a break with individualized roles, requires not only good will, but also real, profound capacity. What is at stake is too important to be left only to the support of a positive attitude.

In this context, training must be rigorous and permanent; this responsibility falls to the Catholic University as an institution which should provide adequate means and support for the development of the Helping Relationship with patients. It must now begin to foster and stimulate the work of groups experienced in this field.

For health workers themselves to be given responsibility for this dimension is an adequate response to the growing limitation imposed by rapid patient turnover, with minimal stays preventing all other external action regarding them.

Selection of staff at whatever level must include evaluation of these values and potentials, in addition to traditional professional criteria.

b) Instituting Pastoral Workers in Health Care is a way to channel the solidarity of many Christians into this field of ministry. Adequate training and progressive, regulated skill in acting are required. We feel the Faculty of Medicine should be responsible for creating a School for Pastoral Workers.

These workers, who should arise from within their respective parishes, would be the factor or bond—not existing at present—between the hospital and the parish facilitating unified action. In addition, they would be responsible for pastoral home care of the sick belonging to their parish.

The proposal views these Pastoral Workers as directing their basic effort towards Christianizing—supporting and spreading the Gospel—health personnel, which, when assisted in this way, will develop the spirit needed to do its daily work within a continuum of human and Christian duties which lacks dividing lines.

In summary, we propose that the helping relationship with patients be associated with their daily vicissitudes and accomplished by health workers at all levels. This is demanding, but gratifying work which requires special attention to and support of the faith of these workers. The Church, by way of capable Pastoral Workers, must respond adequately to this exigency.

The Faculty of Medicine at

different levels is engaged in developing the major subject of the Helping Relationship (in courses for its students and training personnel, for example). This is an instrument enabling us to respond to the growing and usually unexpected requirements of our patients.

The training of Pastoral Workers demands the creation of a specialized School. Relevant experience exists in Europe in this connection and we have adequate access to an exchange of information.

Appendix I

Ninth Diocesan Synod of Santiago de Chile

Catholic University
Faculty of Medicine
The Health Ministry

Topics for Discussion
by Synod Groups

Analysis of the Situation

1. Suffering
Definition of physical and moral pain.
Do patients perceive pain as a punishment for their sins?

2. Pain in the face of physical limitations, death, and the life to come

3. The hospital environment and its impact on patients' experience of suffering
The dismembering of the family nucleus
A loss of privacy
Procedures and terms unfamiliar to patients
Communication
Reserve
Costs, administrative formalities

4. Patient perception of religious support
Personal religious background
Impact of health workers
Impact of the local church
Impact of the family
Impact of the hospital's pastoral team

5. Special pastoral action available to patients
Information, sacraments, etc.

6. Patient receptiveness to pastoral action

7. Technical, human, and pastoral support for the dying and their families

Appendix II

Interview with the Vicar for the Health Ministry, the Most Rev. Augusto Larrain, released on September 28, 1995

The organizational structure of the Health Ministry includes the Vicar for Pastoral Care in Hospitals and an Archdiocesan Council for Health Coordination, composed of nine people and headed by the Vicar. This Council was created in July 1995.

In the field of pastoral care, both hospital and home environments are dealt with. The former comes under the jurisdiction of the Vicar and, along with him, of the Chaplains assigned to hospitals. Pastoral home care pertains to the ordinary ministry of each area and is under the jurisdiction of the Vicar for each Zone and, by extension, of each parish, with its assistants for the sick.

As regards pastoral care at hospitals, there is a notable lack of human and economic resources at the forty health facilities located in Santiago.

As for the chaplains, they are present at only two hospitals (Catholic University and Salvador) on a full-time basis and work part-time at three others. At other hospitals religious services are provided by nearby parishes.

The Vicariate for the

Health Ministry has a very limited budget, and part of it is devoted to providing a minimal subsidy to chaplains. The Vicariate has no secretariat, and the Vicar receives support for this work from his parish. There is generally little interest among priests in this responsibility. This attitude is probably affected by the fact that seminary training does not deal with hospitals and seminarians do not have practical experience at them.

For hospital visits there are teams of volunteer visitors trained through the courses of Chilean Caritas. These courses last three months, with weekly lessons; participants are selected by their pastors or in the framework of the National Training School (ENAC).

Visitors contact patients and give them written material for support, while progressively following up on health personnel.

To sum up, the field of pastoral care in health vastly exceeds our capacities for a minimally acceptable outreach.

Activity of the Pontifical Council

Fourth World Day of the Sick

Mexico, February 11, 1996
Celebration of the Fourth World Day of the Sick

THE HOLY FATHER'S LETTER TO CARDINAL ANGELINI

The Holy Father named Fiorenzo Cardinal Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, his Special Envoy to the celebration of the Fourth World Day of the Sick in Mexico City on February 11, 1996. The Pontifical Mission was made up of Rev. José Luis Redrado Marchite, O.H., Secretary of the Pontifical Council; Rev. Felice Ruffini, M.I., Undersecretary of the Council; Monsignor Joseph Spiteri, Secretary of the Nunciature; and Mr. José Barroso, President of the Knights of Malta in Mexico. The text of the letter follows below.

To our Venerable Brother Fiorenzo Cardinal Angelini.

With extraordinary satisfaction, we observe around us the important events taking place in the People of God within the different ecclesial communities, and in a certain sense we would like to be present in each one of them.

With the utmost appreciation for the custom of the Catholic Church, we, too, are particularly concerned about those who are being tested by unfavorable states of health, with the certainty that those faithful to Christ who are sick and afflicted with the wounds of life are the main actors in the mystery of salvation; they in fact present the image of the suffering Christ, and, indeed, "make up in their flesh for what is lacking to Christ's tribulations, for the benefit of his body, which is the Church" (*Col* 1:24).

We ardently hope, then, that all who bear in themselves a witness to the salvific pain of Christ may be enriched with proper and timely esteem on the part of the Christian community.

We have thus learned with joy that in Mexico City, on February 11, the Fourth World Day of the Sick will be celebrated this year. In order, then, for the Church's concern for the sick to be more fully manifested there and in order for this Celebration to be held in the most emphatic and solemn manner, we have decided to send a distinguished figure to represent Our Person and convey our encouragement and favor.

We are thinking precisely of you, Our Venerable Brother, for you seem to us to be exceedingly well qualified to accomplish this task, all the more so because you have been dealing with these matters in such praiseworthy fashion for a long time. We thus name you "Extraordinary Legate" to carry out that Celebration in the most appropriate way which the circumstances may suggest.

You are to convey Our Benevolence, embracing all, to everyone. You are to speak of our love for the sick and our concern for each of them.

Finally, we want you to bear Our Apostolic Blessing to all participating and attending as a promise of divine gifts and relief of sufferings.

From the Vatican, February 3, 1996
Eighteenth Year of Our Pontificate
JOANNES PAULUS PP II

The Pope's Telegram to Fiorenzo Cardinal Angelini

On the occasion of the celebration of the Fourth World Day of the Sick, taking place at the Basilica of Our Lady of Guadalupe, I send my most cordial greeting to all those participating, particularly to the sick and the suffering, towards whom the Church has been promoting attention and service since her inception, over the course of the centuries. For this reason she invites those working in the field of health—doctors, nurses, auxiliary personnel, hospital sisters, and volunteers—to fulfill their vocation as Good Samaritans so that, in following the example of Christ, who passed through the world doing good and caring for those oppressed by all forms of evil, they may draw near to every man and every woman suffering in body and in spirit, assisting them with the best means possible. She also exhorts them to show the light of Christian hope to those submerged in the obscurity of pain and to the members of their families as well. This certainly constitutes the best service to the dignity of the human person and to the quality of life. Spiritually close to all who suffer, I call down upon them the constant protection of Our Lady of Tepeyac, who repeats to each of them what She said one day to Blessed Juan Diego: "Aren't I, who am your mother, here?"

With these sentiments, and as a demonstration of affection, I impart the Apostolic Blessing to all.

JOHN PAUL II

"Aren't I Your Health?"

CHRONICLE OF THE FOURTH WORLD DAY OF THE SICK
MEXICO CITY, FEBRUARY 9-16, 1996

As Mexicans we have received the lofty honor and responsibility of celebrating the **Fourth World Day of the Sick** at the National Sanctuary/Basilica of Our Lady of Guadalupe.

Under the motto "From Tepeyac to the World," joining together around Mary, we celebrated Jesus Christ in union with all our sick brothers and sisters around the world.

The celebrations began with a stage of preparation and catechetical sensitizing which encompassed all of Advent and Christmas 1995 and an intensive phase of preparation during the month of January 1996.

The Mexican Bishops' Conference gave its vote of confidence to the Bishops' Commission for the Health Ministry in order for it to organize and program the whole event, which the Holy Father wanted to be held for the first time in America, at the Sanctuary of the Queen of Mexico and Empress of America: *Our Lady of Guadalupe*.

From January 31 to February 8 the preparatory celebrations were intensified at the Sanctuary with a novena of Rosaries, talks, and cultural events culminating in the celebration of a monumental Triduum for the Fourth World Day of the Sick, February 9-11, 1996.

As immediate preparation for this Fourth World Day, the Congress of Healthcare Institutions was held in Monterrey, February 7-9. There is thorough information on this Congress elsewhere in this issue.

First Day of the Triduum
Friday,
February 9

On Friday, February 9, Cardinal Fiorenzo Angelini, Special Envoy of the Holy Father, John Paul II, arrived at 3:30 p.m. at the international airport of Mexico City. In view of new Mexican legislation and the recent renewal of diplomatic relations between Mexico and the Holy See, a reception was held in the Official Hall. The Cardinal was accompanied by the Pontifical Mission, made up of Rev. José Luis Redrado and Rev. Felice Ruffini, Secretary and Undersecretary, respectively, of the Pontifical Council; Mr. José Barroso Chávez, President of the Order of Malta in Mexico; Monsignor Josef Spiteri, Secretary of the Apostolic Nunciature in Mexico; and a group of seventy pilgrims who accompanied Cardinal Angelini from Rome.

Groups of pilgrims from Spain and the United States and representatives of Belgium, India, Lebanon, and Romania also took part in the Day.

The Cardinal was received by the Apostolic Nuncio in Mexico, the representative of the Mexican government for religious affairs, the Secretary General of the Mexican Bishops' Conference, Monsignor Ramón Godínez, the Chairman of the Bishops' Commission for the Health Ministry, the Most Rev. José Lizares Estrada, Bishops forming part of the Commission, the Coordinator of the Fourth World Day of the Sick, Rev. Jorge Palencia, and members of the Organizing Committee.

In the Official Hall Cardinal Angelini held the first news conference for seventy-two journalists representing both national and international television, radio, and the press. Since it was the first time the World Day was being held in the western hemisphere, there was great interest on the part of the media in providing detailed coverage.

At 5 p.m., at the Sanctuary of Our Lady of Guadalupe in Tepeyac, the Chairman of the Bishops' Commission for the Healthcare Ministry, the Most Rev. José Lizares Estrada, with the Eucharist inaugurated the Solemn Triduum of the celebrations, in which 42 Mexican dioceses took part; there were about 5300 participants at the Conference Forums, and national and international guests attended.

At 6 p.m., at the Apostolic Nunciature Cardinal Angelini offered an interview for world television.

Second Day of the Triduum
Saturday,
February 10

At 10 a.m. Cardinal Angelini and the Pontifical Mission attended a private meeting with the members of the Bishops' Commission for the Healthcare Ministry. The Most Rev. José Lizares Estrada, Commission Chairman, provided a detailed explanation of the Triduum to celebrate the World Day.

At 4 p.m. Cardinal Angelini inaugurated the exhibition entitled "Our Lady of Guadalupe: Health of the Sick," at the Museum of the Guadalupe Basilica. Among the works exhibited was a collection of popular votive offerings of the eighteenth and nineteenth centuries, along with Guadalupe iconography dealing with the miracles of healing which have taken place there for 450 years.

At 5 p.m., at the entrance to the Guadalupe Basilica, the Primate of Mexico, Archbishop Norberto Rivera Carrera, Abbot Guillermo Schulemburg of Guadalupe, and the Basilica Chapter welcomed Cardinal Angelini, the Pontifical Mission, and the group of seventy pilgrims who accompanied Cardinal Angelini from Rome. Immediately after the public reading of the letter naming the Cardinal Special Envoy of His Holiness John Paul II, the Eucharistic cele-

bration began which opened the sessions of the second day of the Solemn Triduum at the Basilica and the sessions of the seven other sites, close to the Sanctuary, which were affiliated with the official proceedings and represented the dimension of theological/pastoral reflection for the Fourth World Day, with the presence of 64 speakers specializing in the concrete fields associated with the purpose of the Day. They dealt with the following topics before a combined audience of about 5300: *Liturgy and the Health Ministry*; *the National Plan of the Diocesan Secretariats for the Health Ministry*; *the Main Ethical and Moral Problems in Nursing*; *Parish Dispensaries*; *The Catholic Physician*; *the Sick and Suffering Joined to the Crucified One*; *Volunteers and Priests' Health*.

After the Eucharistic Celebration Cardinal Angelini and part of the Pontifical Mission visited the secondary site dedicated to "Parish Dispensaries," at which they witnessed the sessions being devoted to this vital area, where the Health Apostolate and the Social Apostolate converge to help and support the sick integrally, especially the poorest.

At 8:30 p.m. Cardinal Angelini and a good many pilgrims accompanying him attended the first part of the Youth Prayer Vigil for the Sick. Inside the Basilica of Our Lady of Guadalupe about 8000 young people gathered to pray for the sick and seek ways to accompany them during the hard time of illness. During the Youth Vigil there was testimony by the terminally ill, HIV victims, drug addicts, and alcoholics, who helped to sensitize the vast multitude of young people and focus their prayer on Jesus Christ in his Death and Resurrection. At the end of the first part the Cardinal addressed eloquent words of encouragement to the young, that they might be witnesses to Christ alongside their suffering brothers and sisters. At about midnight this celebration came to an end; it was transmitted by satellite to the Americas and Europe by way of *Claravisión*, Mexican Catholic Television.

A surprising fact concerned a twenty-six-year-old girl in Texas, USA, who was about to commit suicide when she picked up the telecast; however, on hearing the testimony of young people who, having gone through the toughest crises in their illnesses, strongly felt the presence of the Risen One, she abandoned the idea of suicide, flew to Mexico City, and was there for the major celebration of the Fourth World Day of the Sick on February 11. This girl is now a Catholic lay missionary in Africa.

Third Day of the Triduum
Sunday,
February 11

At 8 a.m. Cardinal Angelini and the Pontifical Mission presided at the opening of the Bioethics Forum, which was ably prepared by Anahuac University, run by the priests of the Legionaries of Christ. With his Keynote Address, entitled "From *Humanae Vitae* to *Evangelium Vitae*," Cardinal Angelini opened the Forum sessions, with an audience of about 350 people, Mexican radio and TV coverage, and an international telecast via satellite.

After the Keynote Address, the Cardinal, as the Legate of Pope John Paul II, held a news conference for the journalists and television reporters accredited for covering the events of the Fourth World Day of the Sick. While, in the large atrium of the Basilica, pilgrims, patients and their relatives, and health ministry staff were already gathered together for the Solemn Mass, about 10,000 people took their seats for the celebration, which was to begin at 11 a.m.

Just before the Mass, Cardinal Angelini and his entourage visited the mobile care facilities set up in the monumental atrium of the Basilica of Our Lady of Guadalupe, where 24,000 medical consultations involving 3000 physicians (both general practitioners and specialists), 1000 nurses, and 2500 volunteers took place over a nine-day period, February 3-11, 1996, aimed at the poorest of the sick from the Mexico Valley. The Cardinal observed opportunities opened up by this Day for future celebrations; the ceremony involved not only pastoral theological reflection and the liturgy, but the exercise of mercy, especially for the poorest sick and elderly members of society. Thanks to the interest shown by Rotary International, this practical dimension was successfully implemented and will continue to be periodically as a reminder and memorial of the World Day. After eight days of sensitizing civil society, this objective of the Day also prompted notable expressions of deep commitment.

At 11 a.m. the Solemn Mass began, the central event of the World Day. Our Lady of Guadalupe gathered us around Herself, in her "little house" in Tepeyac, to celebrate Jesus Christ, fulfilling the purpose of this occasion. During the magnificent liturgy the 10,000 people attending—along with 375 priests and 46 archbishops and bishops—appreciated the presence of the Pope's Envoy, Cardinal Fiorenzo Angelini, who presided at the Mass, relayed for radio and TV by satellite to 28 Latin American and 6 European nations. The Basilica's monumental, 125-voice choir, situated the assembly at the heart of the Christian mystery: to celebrate the death and resurrection of Jesus Christ.

Thanks to the efforts made, we managed to broadcast the Holy Father's *Angelus* Message from Caracas, Venezuela, where he was visiting. When the Holy Father's voice burst over the Basilica's loudspeakers, all hearts were filled with joy. It was as if he were there in our midst, speaking to us as he had already done on two occasions at the Tepeyac Sanctuary. Loud, prolonged applause filled the Basilica, which shook down to the foundations; the ovation and acclaim for the Pope made this a joyful, historic moment for our Hemisphere. The mission entrusted to the Mexicans by this Day will have enduring consequences for the pastoral action of many dioceses and for the work of civil authorities and the Mexican government.

During the Solemn Mass, which lasted two-and-a-half hours, the 46 archbishops and bishops, headed by Cardinal Angelini, administered the Anointing of the Sick to about 4000 patients gathering inside the Basilica. Cardinal Angelini administered the Sacrament to ten sick people, who represented the immense multitude of the ill. Among those anointed by Cardinal Angelini were terminally ill children, young people with HIV, and the girl who, only hours before, had attempted suicide and who had travelled from her native Texas to attend, as a sign that the forces of evil never frustrate the triumph of the Risen Christ.

At the end of the Mass, the Organizing Committee offered a banquet for Cardinal Angelini and the seventy pilgrims accompanying him from Rome. The emotional high point for the 35 members of the Central Organizing Committee came when Cardinal Angelini expressed words of gratitude on behalf of the Holy Father.

Monday,
February 12

Very early in the morning Cardinal Angelini went to the medical facilities of Our Lady of Guadalupe, where he celebrated Mass with the members of the Mexican Bishops' Conference Health Ministry Commission. Thanks to the generosity of the Congregation of the Daughters of Mary Immaculate of Guadalupe, during breakfast Cardinal Angelini and his entourage experienced Mexican folklore in the form of a *mariachi* band, which delighted everyone. Later, at a special meeting with the Bishops, Cardinal Angelini listened to a summary of the Pastoral Plans for the future, especially regarding the establishment of Regional Secretariats for the Health Ministry in Mexican dioceses. After the meeting Cardinal Angelini and his group visited the hospital, and there was a blessing of the operating rooms.

From the medical center the Cardinal proceeded to the headquarters of the Archbishopric of Mexico, accompanied by the Apostolic Nuncio, the Most Rev. Girolamo Prigione, to meet with about 400 pastoral workers in the health field who had organized the Day. With great joy the people who had devoted the best of their talents, effort, and generous work to advance and prepare the World Day for about six months attentively listened to Cardinal Angelini's message. The words still remain as a great treasure in the memory and heart of these pastoral workers, whose exertion and effort were rewarded by witnessing the tenderness and affection with which Cardinal Angelini kindly conveyed to us the model of the Good Samaritan. A high point was the Cardinal's introducing to us the seventy members of the delegation accompanying him from Rome.

Around noon, Cardinal Angelini and his entourage reached the site of Anahuac University, run by the Legionaries of Christ. He visited the Medical School and the Bioethics training program. After lunch he took part in the sessions of the Bioethics Forum organized for the World Day, which he had solemnly inaugurated on Sunday morning. Before an audience of about 400 med-

ical students Cardinal Angelini spoke on the principles serving as the foundation for the Church Magisterium concerning bioethics.

Immediately thereafter, the Cardinal, accompanied by the Pontifical Mission, proceeded to the Official Residence of the President of Mexico, Ernesto Zedillo Ponce de León, where he had a private interview lasting almost 90 minutes. This act set an important precedent for the Mexican Health Ministry, opening up new possibilities for dialogue and mutual understanding.

In the evening Cardinal Angelini met with Mexican businessmen to present the project for a Children's Hospital in Moscow, which is scheduled to begin activity soon. The businessmen looked with favor at the idea of supporting this work. Sharing is another way of showing mercy and seeking the justice of God's Kingdom.

Tuesday,
February 13

In the morning Cardinal Angelini and the seventy pilgrims visited the National Anthropological Museum, which houses the largest collection of pre-Hispanic archeological finds in the Western Hemisphere. Around noon, there was a visit to the historic section of Mexico City, the original Temple of the Aztecs, the Metropolitan Cathedral, and the National Palace. In the afternoon there was a meeting with Interior Minister Emilio Chauffet at the offices of the Secretariat of the Mexican Government.

Wednesday,
February 14

Very early in the morning, Cardinal Angelini, the Pontifical Mission, and the seventy pilgrims travelled to the cities of Cholula and Puebla, about 200 kilometers from Mexico City. In Cholula they visited the Our Lady of Guadalupe Psychiatric Hospital, which has been run by the St. John of God Brothers for over 80 years. Cardinal Angelini was accompanied by the Archbishop of Puebla, the Most Rev. Rosendo Huesca Pacheco, who concelebrated the Eucharist. Afterwards there was a pleasant luncheon at a nineteenth-century *hacienda*, a visit to the facility, and the return trip to the capital.

Thursday,
February 15

Around noon Cardinal Angelini and his entourage visited the Sanctuary of Tulpetlac, the site of the Fifth Apparition of Our Lady of Guadalupe, where the uncle of Blessed Juan Diego (the seer of Guadalupe), Juan Bernardino, about to die of plague, recovered his health. The recently appointed Bishop, the Most Rev. Onesimo Cepeda, welcomed Cardinal Angelini to what he termed "the youngest diocese in the world, the poorest diocese, and at the same time the third largest in the number of Catholics, with three million baptized." A big popular *fiesta* was the way of receiving the guests right from their entry into the town of Tulpetlac, ten kilometers north of Mexico City, and all the way to the Sanctuary of the Fifth Apparition. Cardinal Angelini celebrated the Eucharist and administered the Anointing of the Sick to the elderly and ill who attended. This celebration left a deep mark on the Mexican Health Ministry. With simplicity and extreme poverty the sick and elderly celebrated Jesus Christ: "the hope of new heavens and a new earth."

An artistic-musical festival added charm to the simple meal with which the new diocese of Ectapec thanked Cardinal Angelini for his visit and his attention to the poor and ill.

Friday,
February 16

In the morning Cardinal Angelini, accompanied by the Pontifical Mission, and the seventy pilgrims from Rome, visited St. John's Home, a nursing home and clinic run by the Malta Hospital Order in Mexico. After Mass, the Cardinal met with the Knights and Ladies of the Order and was informed about their projects.

Immediately thereafter, the entourage visited Xochimilco Parish to pray at the tomb of the Most Rev. Jorge Martínez, forerunner of the Mexican Health Ministry, who died on August 1, 1994, after a painful bout with cancer lasting for two-and-a-half years. He offered all his sufferings for the Church and the development of the Health Ministry. His numerous writings contributed to the Directory of the health apostolate and the creation of the Bishops' Commission for Pastoral Care in Health as a coordinating body within the Mexican Bishops' Conference.

In the evening Cardinal Angelini and the pilgrims accompanying him were sent off at the International Airport of Mexico City by the Apostolic Nuncio, the Most Rev. Girolamo Prigione, members of the Secretariat for Religious Affairs of the Mexican Government, and members of the Organizing Committee for the Fourth World Day of the Sick. A historic moment for the Church and the Health Ministry in particular thus reached its conclusion. The Day had a past and a future; the commitment to faithfulness and to seeking authentic service to our sick brothers and sisters remains as a seed in our spirits and pastoral responsibilities. "From Tepeyac to the World" was not a project, but a reality leading to a brighter future of dedication to *Jesus Christ, the Physician of bodies and souls.*

Rev. JORGE A. PALENCIA
General Coordinator of the
Fourth World Day of the Sick

Celebrations at the Sanctuary of Our Lady of Guadalupe, Mexico

Holy Mary: Queen and Mother of Mercy

Cardinal Fiorenzo Angelini's homily on the second day of preparation, February 10, 1996.

The Gospel passage you heard at yesterday's celebration, the first day of the *Triduum* of preparation for the celebration of this Fourth World Day of the Sick, recalled the visit in haste of Mary Herself to her relative Elizabeth (*Lk* 1:39-56).

Today's Gospel brings out another episode involving the concern of the Mother of Jesus: her intervention in favor of the newlyweds at the marriage of Cana, introduced by the words "Do whatever he tells you" (*Jn* 2:1-11).

Mary, Queen and Mother of Mercy, is at once a herald of and witness to the Gospel of mercy.

Wherever there is complete salvation of man, there is always a triumph of God's mercy, our only salvation. In the first reading, too, the words of Esther reminded us of this: "God of Abraham, God of Isaac, God of Jacob, may you be blessed! Protect me, for I am alone *and have no other defender but you*, Lord, and I am going to risk my life" (*Est* 4:17 ff.).

The World Day of the Sick holds the deep significance of celebrating the healing power of suffering.

In human history, pain and death too often bring on despair, rebelliousness, and even violence. From suffering other sufferings may result which close hearts to hope.

Our sharing in Christ's sufferings and our conformity to Him make us able to transform pain into a source of mercy, spurring us—as the Holy Father, John Paul II, reminds us—"to do good with suffering and to do good to those suffering" (Apostolic Letter *Salvifici Doloris*, 30). Our Lady is the Mother and Queen of mercy, for, by her whole life, She bore witness to the Gospel of suffering (Encyclical *Redemptoris Mater*, 37).

Your history, the history of your Christian and Marian devotion, of which this Basilica furnishes illustrious proof, repeats to us the great and liberating truth that "the more man is threatened by sin, the more burdensome are the structures of sin which today's world brings with it, the greater is the eloquence which human suffering in itself possesses. And the more the Church feels the need to turn to the value of human sufferings for the salvation of the world" (*Salvifici Doloris*, 27).

This is the thought I would like to entrust to all of you on this day of preparation. May the acceptance of pain and meditation on human pain, which spares no one, be transformed, with the motherly assistance of Mary, who is the health of the sick, into an instrument of mercy and salvation.

Jesus, who, from the day of his birth in the Bethlehem grotto, set out on a road of suffering which would end in

an unjust passion and iniquitous death on Calvary, carried out his whole itinerary on the earth "doing good to all."

Our Lady, alongside Jesus, fulfilled the same mission. We thus celebrate Her as the "first evangelizer of Latin America" and invoke Her as the "star of evangelization" (cf. John Paul II, Inaugural Address at the Puebla Conference, January 28, 1979).

The *new evangelization* must be under the sign of mercy, for the world needs love to cancel out hate, generosity to combat selfishness, and mercy to heal the numerous wounds afflicting our brothers and sisters.

As we read in the Pontifical Message for this World Day of the Sick, "may the experience of pain become for each of us a school of generous dedication" (no. 7).

A merciful, maternal dedication to those suffering in spirit and in body, all the sick of the world, to whom, if we are unable to extend material aid, we can always offer the gift of our prayer, our suffering, accepted and lived through with Christ and like Christ. Amen.

FIORENZO Cardinal ANGELINI

May the Young Look to Christ

Cardinal Angelini's meditation at the prayer vigil for the sick, February 10, 1996.

Dear young people, those who prepared this encounter wished to select as a biblical text for reflection the Gospel passage narrating the episode of Jesus' passion in the Garden of Olives, when the Lord, shortly before being betrayed and handed over to his enemies, caught his disciples sleeping.

The Lord did not reproach them harshly, but warned them gently and sadly, "How is it that you are sleeping? Get up and pray so that you may face the trial" (*Lk* 22:47).

It may also happen that you young people, at the peak of your strength, ignore or forget the large number of those being tested by suffering and illness.

The brothers and sisters of yours living through their very harsh passion in your midst and alongside you are numberless—the suffering and sick who need our and your help, our and your sharing, but they do not find them.

When Jesus said He had not come for the healthy, but for the sick, He in fact reminded us that all of us, to a greater or lesser degree, are sick in spirit and in body.

Solidarity, justice, and charity are not such if they fail to spur us towards serving those suffering.

On instituting the World Day of the Sick, Pope John Paul II wished, above all, to shake our consciences so that we would realize that human and civil progress and the affirmation of justice and peace depend on service to the suffering. On different occasions the Pope has stated that the measure of civilization of a people is indicated by its attention and concern towards the suffering and the sick.

If the walls of this Basilica, a Marian Sanctuary admired throughout the world in which throngs of the faithful have gathered, were to repeat what they have heard and seen over the centuries, we could listen to an unceasing choir of entreaties flowing from the hearts and lips of our brothers and sisters tested by pain.

The prayer to God, through the mediation of Our Lady, of those who suffer should pierce our hearts, shake our consciences, and spur us to be

Good Samaritans.

We are rapidly approaching the Third Millennium, your Millennium, dear young people, for the world's future will depend on the future which you, the young, are able to project and achieve.

An agonizing appeal for goodness, mercy, sharing, solidarity, justice, and peace is rising from every part of the earth.

Grasp the words of the Pontifical Message for this Fourth World Day of the Sick. The Pope says, "Remain alongside the sick and their families, acting so that those being tested will never feel marginalized" (no. 7).

There is a school, dear young people, which you must learn to attend, a school with numberless teachers, but, unfortunately, still few students—it is the school of suffering. In this school you can realize that men are not known, that we cannot be of help to our brothers and sisters if we are not familiar with their pain.

At the school of those suffering you will learn the real, indispensable priorities of human existence. Habituate yourselves to entering this school. Do so with the generosity of your age, with the wealth of your youthful energies, with the altruism of voluntary dedication. You will realize that you receive from those suffering much more than you are able to offer them.

Our society would not experience the wounds of unemployment if the world's public officials and those with the power and resources to act faced the problems of health policy and care as an urgent priority.

You know the contribution to solving these problems which comes from volunteers. Well then, commit yourselves, according to your possibilities, to this service, which so many await with longing. In this voluntary service, make the most of your creativity, your selflessness, and your passion.

Enthusiastically support the initiatives of your Bishops, as your pastors, fathers, and masters, and of the leaders of your associations.

May the encounter this evening radiate out in a commitment extending throughout the year.

The Church needs young hearts. She needs your hearts.

Look to Christ. Draw near to his Person. Examine the Gospels and seek to discover the source of that power which, in the history of the Church, has led to the writing of the best pages precisely in service to the suffering and the sick.

As St. Paul writes, have the same sentiments as Christ, who, when travelling over the roads of Palestine, gave preference to meeting those sick in spirit and in body.

If you are able to recognize Christ in all who suffer, they will be able to recognize Christ in you.

May the Most Blessed Virgin, Our Lady of Guadalupe, bless you, along with your families, assist you, accompany you in life, and always be for all of you the shining star of a secure and splendid future.

FIORENZO Cardinal ANGELINI

To Follow Christ in Keeping with Mary's Example

The homily of Cardinal Angelini at the Sanctuary of Guadalupe for the Fourth World Day of the Sick, February 11, 1996.

Dear brothers and sisters, in the Responsorial Psalm (*Ps* 118:1 ff.) a few moments ago we repeated, "Blessed is he who does the will of the Lord."

What is the will of the Lord? How can we know it? In this church, which the whole world knows and loves because it is dedicated to Our Lady of Guadalupe, the will of the Lord is recalled for us today in the words which the humble native Juan Diego de Cuautilan received from the lips of the Virgin almost five centuries ago (1531) and which She repeats in this year of Guadalupe: "Don't be concerned about this illness or about any other misfortune. Aren't I, who am your Mother, here? Aren't you under the protection of my shadow? Aren't I your health?"

The Holy Father, John Paul II, on instituting the World Day of the Sick, wanted it to have its most significant celebration at a Marian sanctuary.

Over the past three years, we have experienced this celebration at Lourdes, in France, at Czestochowa, in Poland, and at Yamoussoukro, in Africa, in the Ivory Coast, and this year we are celebrating it here, where "the mestizo face of Mary in Guadalupe has been rising up since the inception of the evangelization" of this nation and of this continent (John Paul II, *Message for the Fourth World Day of the Sick*, no. 3).

The sick, those suffering in spirit and in body, from their own deep experience of faith and pain, know that the Will of God is the only reason for hope in trial, of light in darkness, and of the capacity to transform suffering into an offering for the building of a civilization of life and love.

Let us not forget the Pope's invitation for the whole Church on this Day: "Dear persons who are sick, and relatives and health workers who share their hard road, feel yourselves to be the main actors for Gospel renewal in the spiritual itinerary leading to the great Jubilee of the Year 2000" (*ibid.*, no. 5).

We are living through the preparatory phase of the great Jubilee at the end of the Millennium, and reflection on pain is certainly the most incisive reminder of the Gospel.

Nothing in today's world links human beings together so closely as does suffering; no one knows the need for healing, redeeming hope so well as those suffering and sharing the pain of their brothers and sisters.

Like Jesus in Gethsemane, we, too, pray that God will give us the strength to accept, love, and evangelize his Will.

This sanctuary resulted from such an invocation and daily bears witness to it.

We recognize God's will, as your Bishops have recalled on different occasions, not only by accepting our condition as fragile creatures, but also in the duty to

– open our hearts to reconciliation with God and with our brothers and sisters;

– follow the example of Mary, Mother of Mercy, more closely;

– increase our attention to the poor and the suffering;

– educate and stimulate the younger generations so that they will prepare to build a future dominated by the civilization of love (cf. *Message of the Mexican Bishops for the Jubilee Year of Guadalupe*, III, 1-3).

What the Pope calls the "Gospel of suffering" is not a surrender to the trials mankind is subjected to; it is the victory of life over death, of solidarity and fraternity over selfishness, of spirit over matter. "The Gospel of suffering is written unceasingly...; the founts of divine power issue forth precisely in the midst of human weakness" and "those sharing in the sufferings of Christ in their own sufferings conserve a very special particle of the infinite treasure of the redemption of the world and can share this treasure with others" (John Paul II, Apostolic Letter *Salvifici Doloris*, 27).

Today, one of the culminating moments of the *World Day of the Sick* is the administering of the Sacrament of

the Anointing of the Sick for some of our brothers and sisters. May it become the symbol of our daily commitment to follow Christ in keeping with the example of his Most Holy Mother, the Virgin Mary.

In remaining close to Christ, especially in his passion and death, Mary did the Will of the Lord, her Son and her God, to the utmost. We thus invoke Her as the Health of the Sick, of all of us, united by the infirmity of the spirit and the body.

Let no one feel alone in carrying out this mission.

The thousands and thousands of brothers and sisters who in the past and today have contributed everywhere in the world, with Christ and like Christ, to redeeming human pain and transforming it into a source of sharing, serenity, and joy are with us to support us and stimulate us.

The goal of this expiatory and redeeming suffering will be for all, as with Christ, the resurrection and the eternal life which we are all called to prefigure in our earthly existence itself, preceded by Our Lady, “in whom the Church has already reached the perfection to which she is called” (*Lumen Gentium*, 65).

At this moment may a concern for the Vicar of Christ, Pope John Paul II, emerge from this Marian Sanctuary, a concern which becomes an intense prayer addressed to the Most Blessed Virgin, Our Lady of Guadalupe, that She may protect him and preserve him for us at the helm of the Church as teacher and Pastor, an intrepid and courageous defender of life, an evangelizing pilgrim encountering peoples everywhere on earth; may Our Lady assist him as her first son, who has given himself to her by his program for life: *Totus tuus*. May She, the Health of the Sick, assist and protect the Pope, who, like Jesus Christ, has always had and continues to have a special love for the sick. Amen.

FIORENZO Cardinal ANGELINI

I Go in Spirit to Guadalupe to Celebrate the Day of the Sick

The words of the Pope on Sunday, February 11, in Caracas, Venezuela, at the end of the Holy Mass for the Evangelization of Peoples and before reciting the Angelus at the conclusion of his trip to Latin America.

Beloved brothers and sisters:

1. This Sunday the *Fourth World Day of the Sick* is being celebrated. The Church, in her pastoral concern for those suffering physically, draws near to them with the same tenderness and charity Christ had. Illness is a cross, sometimes very burdensome, but when joined to that of Christ it is transformed into a fount of salvation, life, and resurrection for the sick themselves and for others. For this reason, I invite all who suffer to offer this trial generously together with the suffering Christ and Mary.

The most solemn celebration of this Day is taking place at the *Sanctuary of Guadalupe* in Mexico, in the presence of Cardinal Fiorenzo Angelini, my Envoy. In that place a humble native, Blessed Juan Diego, heard the following words from the lips of Our Lady: "Aren't I your health?" She thus manifested herself as the One whom the Christian people has always invoked as *Salus Infirmorum*. Today in spirit I go in pilgrimage to that Sanctuary, which I saw at the beginning of my Pontificate. The Virgin shows herself luminously in the mestizo face of the image of Our Lady of Guadalupe, which rose up at the start of evangelization (cf. *Puebla Document*, no. 446). For this reason she is venerated as the "first evangelizer of Latin America" (*Address*, May 6, 1990, no. 4).

2. Now, in preparing the great Jubilee of the Year 2000, the Virgin Mary accompanies each of her sons and daughters with her maternal presence. I ask Her to "visit"—as in a "*peregrinatio Mariae*," as a "pilgrim of faith"—each and every diocese, parish, ecclesial community, and family in America, repeating to her children what She said at Cana: "*Do what he tells you*" (*Jn* 2:5). May She travel through this same Continent, bringing "life, sweetness, and hope"! May She encourage and protect the work of the *new evangelization, so that Christians may live out their faith consistently and fervently and those who have abandoned it may return to it. May She foster the unity of the Church*, bringing together, as in a new Pentecost, those who believe in Jesus Christ and those who need to be renewed by the Spirit!

Virgin Mary, *Mother of men and peoples*, on returning to Rome, alongside the tomb of St. Peter, I entrust to you again your sons and daughters of Latin America! I depart with confidence, knowing that they remain in your hands! With the same love and the same concern with which you visited St. Elizabeth (cf. *Mt* 1:39-41), I ask you to present them today and always to "Jesus, the blessed fruit of your womb." Constantly turn your merciful eyes upon them and, through your intercession before the Divine Redeemer, heal them of their sufferings, free them from every evil, and fill them with your love.

Cardinal Angelini's Greeting for the President of the Republic

Accompanied by the Pontifical Delegation, Cardinal Angelini met with Mexican President Ernesto Redillo Ponce de León. During the visit the Cardinal addressed the following words of greeting to the President.

Mr. President, I convey to you my most sincere gratitude for your courtesy in receiving us.

As the Special Envoy of the Holy Father, John Paul II, for the most solemn and significant celebration of the Fourth World Day of the Sick, which is being held in the most noble nation of Mexico, at the Basilica of Our Lady of Guadalupe, "Star of Evangelization" and Health of the Sick, I am particularly pleased that this circumstance should offer the chance to recall the profound bond uniting the rich civil and religious patrimony of the Mexican land and people to the subjects and problems of life and of health policy and care.

The Pontifical Council for Pastoral Assistance to Health Care Workers, which I have been honored to head since its establishment, and the large Delegation which has accompanied me recognize in human and Christian attention to the issues of health policy and care a fruitful field for encounter and mutual collaboration between the Church and the social and political community. A cooperation which was formerly manifested in glorious and exemplary initiatives during the first evangelization of Latin America and which presents itself today, once more, not only as a priority sphere for common and mutual commitment, but also as a witness to the constant growth of civilization.

The true greatness of every real civilization and of its achievements is manifested in the most lofty and necessary way in serving life, especially as regards those who are poor, weak, and undefended. This is the service which the Church wishes to promote and practice, in the certainty that therein lies the synthesis of the journey and progress of a people by way of affirming and exalting its civil and religious values.

Mr. President, I wish to convey to you my most fervent hope—which I have entrusted in prayer to Our Lady of Guadalupe, recalled by John Paul II in his recent meeting with you at the Vatican as the "Mother and Spiritual Guide of the Mexicans"—that your work may obtain maximum success for the benefit of your great nation and its noble, generous people.

Cultural and Religious Encounters in Mexico City and Monterrey

The organizers of the Fourth World Day of the Sick prepared various activities in both Mexico City and Monterrey.

In Monterrey the Congress of Religious Institutions engaged in health care took place, and we provide a detailed report below.

In Mexico City different topics were dealt with at various sites: liturgy, pastoral care, ethics, the experience of the sick, health workers, and others. Rev. Redrado spoke on one occasion on the "Sacraments of the Sick." A key center for these events was Anahuac University, run by the Legionaries of Christ, where Cardinal Angelini was present for the opening and closing ceremonies of the Bioethics Forum, February 11-12, 1996. Below we publish his reflections at the beginning of these sessions.

From *Humanae Vitae* to *Evangelium Vitae*

Lectio Magistralis by Cardinal Fiorenzo Angelini at the Opening Ceremony of the Bioethics Forum during celebrations of the Fourth World Day of the Sick in Mexico City.

If we wished to reduce the core of the Church Magisterium in recent times to its bare essentials, we might say that, whereas in the previous century it was expressed most eminently and most solemnly in the definition of the primacy of the Vicar of Christ and in the presentation of the social doctrine of the Church, in our century, which is now coming to a close, it has been presented to both believers and the world as a teaching concerning the value and inviolability of human life.

The extraordinary sensitivity to this topic to which Pius XII, of venerable memory, abundantly pointed later became fully defined in Paul VI and John Paul II.

It is John Paul II himself who explains the reason for the significance and timeliness of this teaching at the beginning of the Encyclical *Evangelium Vitae*.

"Indeed," the Pope writes, "the Gospel of life is at the heart of Jesus' message," and therefore the Church "receives it every day with love," in the awareness that it "should be announced with courageous fidelity as the good news for men of every time and culture."[1]

"Secondly," the Holy Father continues, "this announcement is becoming especially urgent because of the impressive multiplication and intensification of threats to the life of persons and peoples, particularly when it is weak and defenseless."[2]

As the Pope also recalled in his recent address to the General Assembly of the United Nations,[3] no other century has included so many victims of violence and injustice as ours has, to which there must be added the growing suppression of the unborn and the abandonment of minors and the elderly.

The truth about life is, then, and must be, the key enabling us to permeate the culture and reality of our time with the Gospel.

It is not a question of mere directives of a pastoral nature, but of the affirmation of an unfailing truth.

From Paul VI's *Humanae Vitae*, published in 1968, to John Paul II's *Evangelium Vitae*, which came out last year, there emerges one and the same teaching, which the Vicar of Christ reaffirms by virtue of the mandate entrusted to him by the Lord Jesus. This is a constant point in the doctrine of the Church Magisterium, expressly declared by Paul VI in *Humanae Vitae*[4] and confirmed no less forcefully by John Paul II in *Evangelium Vitae*.[5]

The sometimes bitter criticism, proceeding even from some sectors of the Catholic world, which accompanied the publication of the Encyclical *Humanae Vitae* almost thirty years ago is well known. Today that document appears so timely that it is not an exaggeration to regard it as prophetic. And the same will occur with the Encyclical *Evangelium Vitae*.

Time limitations do not allow us to deal in depth with all the problems considered by the two documents, which are, moreover, accompanied by many other statements by the Church Magisterium, the first among which is the Instruction *Donum Vitae*, on nascent life, published by the Congregation for the Doctrine of the Faith in 1987.

At the opening of your Bioethics Forum, I would thus like to draw attention to just two aspects which the two papal encyclicals share: the *firmness of the doctrine* and its *openness to the contribution of all*.

The firmness is based on *faith* in and concerning life; *openness to the contributions of all* flows from the Church's awareness that life is "a value which every human being can grasp, even in the light of reason, and which thus regards all, necessarily."[6]

The Firmness of the Doctrine

As regards the value and inviolability of life and the dignity of the human person, the Church does not want to formulate her own doctrine, but propose a teaching "she has not been the author of and thus cannot be the arbiter of; she is

only its repository and interpreter, without ever being able to declare licit what is not because of its intimate and immutable opposition to man's true good."[7]

Therefore, the Church, though "with humble firmness," cannot fail to "proclaim the entire moral law, both natural and based on the Gospel."[8]

Paul VI, afflicted by the narrow-minded reading of *Humanae Vitae* which a good many hastened to carry out, a few days after its publication recalled—in perfect harmony with the Encyclical's content—that it was not just the statement of a moral refusal, but rather "the positive presentation of conjugal morality in relation to its mission of love and fecundity in the integral vision of man and his vocation, not just natural and earthly, but also supernatural and eternal."[9]

John Paul II includes this teaching and takes it up again in the phrase "Gospel of Life." In other words, what refers to the value and inviolability of human life and the dignity of the human person is the Gospel, the Gospel of Him who came to give life and give it abundantly (cf. *Jn* 10:10).

"As happens with things—*Evangelium Vitae* affirms—and even more with life, man is not the absolute owner and arbiter beyond censure as regards life, but—and here lies his unequaled grandeur—is an administrator of the plan established by the Creator."[10]

A doctrinal firmness which is not abstract, but painfully aware of the problems which are posed for the duty to promote the quality of life by both population increases and responsible parenthood. But the problems of advancing and defending life are not solved by negating them or dealing with them with instruments which deny life itself.

Humanae Vitae thus states: "If we do not want to expose the mission of engendering life to the adjudication of men, we must necessarily recognize the impassable limits of man's domination over his own body and its functions, limits which it is not licit for any man, whether a private individual or someone invested with authority, to breach."[11]

In *Sollicitudo Rei Socialis* (1987) John Paul II had already recalled that "as it is not exact to affirm that the difficulties in development proceed only from population growth, it is not even demonstrated either that every population increase is incompatible with ordered development."[12]

Evangelium Vitae goes further and speaks of man's "ministerial lordship" regarding life inasmuch as life "is entrusted to man as a talent to be used to advantage."[13] If, in fact, the commandment not to kill explicitly possesses a marked negative content inasmuch as it points out the extreme confine which may not be overstepped, "it nevertheless leads implicitly to a positive attitude of absolute respect for life in helping to advance it and progress along the road of self-giving, receptive, and service-oriented love."[14]

In this task, moreover, in this mission of ministerial lordship, there is situated the *openness to contributions by all* of both *Humanae Vitae* and *Evangelium Vitae*.

This is an aspect too often forgotten, especially by the main communications media, whose promptness when providing information is rarely combined with faithful and thoroughgoing reporting of content.

Openness to Contributions by All

In including a text from Vatican II[15] and a desire previously expressed by Pius XII,[16] *Humanae Vitae* expresses its "encouragement for men of science," and especially for Catholic scientists, to demonstrate with facts resulting from their research on and study of life that there cannot be contradictions between the divine laws governing the transmission of life and those fostering authentic married love.[17]

The Church, therefore, does not claim to have an exhaustive awareness of nature; she thus invites scientists, in the name of their Christian faith as well, to conduct intensive study of the natural laws in their unity. On the other hand, what the Church cannot accept is for the advancement and defence of life to be subordinated to the demands of society or even science. Science is at the service of life—not the other way around.

Evangelium Vitae further expands this openness of the Church by stating that "the defence and advancement of life are not the monopoly of anyone, but the duty and responsibility of all."[18] In fact—the Holy Father insists—"the Gospel of life is not exclusively for believers: it is for all. The question of life and its defence and advancement is not the *unique* prerogative of Christians.... There is certainly a sacred and religious value to life, but in no way does it challenge believers alone."[19]

John Paul II concludes as follows: "A general mobilization of consciences and a shared ethical effort are urgent to put into practice a great strategy in favor of life. All of us together must construct a new culture of life."[20]

And as a concrete and tangible sign of this attitude, the Pope, who in 1985, with a view towards service to life, instituted the Pontifical Council for Pastoral Assistance to Health Care Workers, on February 11, 1994 created the Pontifical Academy for Life for the purpose of "studying and providing information and training on the main problems in biomedicine and law related to the advancement and defence of life, especially in its direct connection to Christian morality and the directives of the Magisterium of the Church."[21] Not only Catholic scholars, researchers, and scientists are members of this young body, but also those of other cultures and religions, provided they identify with the Church's positions on advancing and defending life.

A major step forward taken by *Evangelium Vitae* is represented by all the Pope writes on the *consequences* deriving from the doctrine on the value and inviolability of human life.

Among these consequences a significant place is occupied

by the responsibility of those who by profession, vocation, and mission are directly called each day to foster the advancement of a new culture of life.

John Paul II writes, "The responsibility entrusted to all health personnel is distinctive—doctors, pharmacists, nurses, chaplains, men and women religious, administrative personnel, and volunteers."[22]

I would like to call attention to the fact that this is the first time that in a papal document of such authority a special definition of health workers is provided. Each time it refers to them, the Encyclical thus bears that definition in mind.

Accordingly, *Evangelium Vitae* observes that, in the current cultural and social context, "in which science and medicine run the risk of losing their original ethical dimension," health workers "may sometimes be powerfully tempted to turn into manipulators of life and even agents of death."[23]

This not only contradicts the Gospel of Life, but Hippocratic ethics itself, which claims for human reason the duty to defend and advance life.

Since bringing about death can never be regarded as medical care, it follows that absolute respect for each human life demands the exercise of conscientious objection. This is a right of all health workers and at the same time a duty, especially for Catholic health workers.

Where conscientious objection is provided for by the law, it must be strongly formulated and faithfully practiced. It involves a binding right/duty, even when it is not provided for or accepted by law.

The exercise of conscientious objection commits one not only to do nothing against life, but also to defend it, including sensitivity and humaneness in this action and, finally, practicing what is today termed humanity in medicine.

This priority mission of health workers is obvious. In fact, life, from birth on, is particularly entrusted to health workers, for the science and art of medicine are not *additionally*, but *exclusively* directed towards the advancement and defence of life from conception until natural death. Indeed, medicine, by its specific nature, tries to reinforce the progress of life over the years; it follows life up to its natural conclusion, watching over life's quality as best it can. For this reason it is and remains integrally and exclusively a culture of life and therefore a very lofty expression of civilization, and not a culture of death—that is, anti-civilization.

Allow me, however, a concluding observation, which I regard as fundamentally important.

From *Humanae Vitae* to *Evangelium Vitae* the teaching of the Church Magisterium on the value and inviolability of life and the duty to serve it have been affirmed in a lofty, clear, and indisputable manner.

You as health workers are called to be on the frontier in advancing and defending life.

To carry out this task it is necessary for you to have solid initial and permanent training in the areas of medicine and morality, of the ethics of life or bioethics.

The Pontifical Council for Pastoral Assistance to Health Care Workers, which I am honored to head, has published *The Charter for Health Care Workers*—updated to include *Evangelium Vitae*—now available in different languages, which has been extraordinarily well received.

The *Charter*—with an introduction on the figure and essential tasks of health workers, characterized as "ministers of life"—brings together its directives around the threefold paradigm of *begetting*, *living*, and *dying*.

And in order to keep debatable interpretations from prevailing over the objective value of the content—as often happens—in the drafting of the document preference was always given to directly incorporating statements by the Supreme Pontiffs or to authoritative texts published by the departments of the Roman Curia. These statements make it quite plain that the Church's position on basic moral problems—while firmly maintaining the impassable limits of the advancement and defence of life—is highly constructive and open to the true progress of science and technology when it is joined to that of civilization.

Humbly—while at the same time feeling proud of this effort—we may regard the *Charter* as forming part of the commitment to a "new evangelization" which is decisively manifested in serving life, especially in those who suffer, as exemplified by the ministry of Christ.

I invite you to use this *Charter* as an integral part of your initial and ongoing training.

In opening the sessions of this Forum, it is my hope that it will be animated by the spirit pervading this Fourth World Day of the Sick: a spirit of service to life, of celebration of life, God's supreme and mysterious gift. And may Our Lady, Seat of Wisdom and Health of the Sick, illuminate your exchanges, inspiring effective practical decisions by you.

FIORENZO Cardinal ANGELINI

[1] JOHN PAUL II, Encyclical *Evangelium Vitae*, 1.
[2] *Ibidem*, 3.
[3] Cf. *L'Osservatore Romano*, October 5-6, 1995.
[4] 'Therefore, having most carefully examined the documentation presented to us on the new questions regarding conjugal life and particularly the proper regulation of births, after mature reflection and assiduous prayer, *we now intend, by virtue of the mandate entrusted to us by Christ*, to give our response to these grave questions" (*Humanae Vitae*, 6).
[5] "The Gospel of God's love for man, the Gospel of the dignity of the person, and the Gospel of life are a single, indivisible Gospel" (*Evangelium Vitae*, 2).
[6] *Evangelium Vitae*, 101
[7] *Humanae Vitae*, 18.
[8] *Ibidem*, 18.
[9] *L'Osservatore Romano*, August 1, 1968.
[10] *Evangelium Vitae*, 52.
[11] *Humanae Vitae*, 13.
[12] *Sollicitudo Rei Socialis*, 25.
[13] *Evangelium vitae*, 52.
[14] *Ibidem*, 54.
[15] The Pastoral Constitution *Gaudium et Spes*, nos. 51-52.
[16] PIUS XII, Allocution to Members of the Family Front, *Acta Apostolicae Sedis* 43 (1951), p. 859.
[17] *Humanae Vitae*, 24.
[18] *Evangelium Vitae*, 91.
[19] *Ibidem*, 101.
[20] *Ibidem*, 95.
[21] JOHN PAUL II, Motu proprio *Vitae Mysterium*, in *Acta Apostolicae Sedis*, 86 (1994), p. 386-387.
[22] *Evangelium Vitae*, 89. Also see nos. 11, 26, 59, 66.
[23] *Ibidem*, 89.

Cardinal Sodano's Greeting for the Monterrey Congress

Reverend Father
José Luis Redrado, O.H.
Secretary of the
Pontifical Council
for Pastoral Assistance
to Health Care Workers
Vatican City

His Holiness John Paul II is pleased to send a cordial greeting to the participants in the International Congress of Religious Institutions Engaged in Health Care being held in Monterrey in preparation for the Fourth World Day of the Sick and is pleased with this initiative aiming to promote renewed efforts towards collaboration among Catholic health workers at different hospitals.

The Holy Father recalls that health workers who are faithfully inspired by the directives of the Church must also be an example of dedication, close cooperation, and intelligent, effective coordination in the care of those who suffer, particularly the elderly, invalids, the marginalized, and the victims of the new maladies afflicting current society. In their work of serving these persons, following the example of so many consecrated souls in the field of health, he invites them to recognize in the poor and in those being tested by pain the face of the Redeemer, for by assisting them with love they serve Christ Himself (cf. *Lumen Gentium*, 8).

In entrusting the Congress sessions to the Most Blessed Virgin, whom we invoke as the "Health of the Sick," and whom we ask to prompt the goodness and maternal concern by which an authentic health ministry must be inspired, the Holy Father is pleased to impart to all the Congress participants his Apostolic Blessing, as requested.

ANGELO Cardinal SODANO
Secretary of State of His Holiness

The First International and Second National Congress of Religious Institutions Working in Health Care

The First International and Second National Congress of Religious Institutions Working in Health Care was held in the city of Monterrey, Mexico, February 7-9, 1996. It was organized by the Mexican Federation of Men and Women Religious in Nursing, in collaboration with the Mexican Bishops' Conference Commission on Pastoral Care in Health, as part of the far-ranging national celebration of the Fourth World Day of the Sick.

The Pontifical Council for Pastoral Assistance to Health Care Workers was represented by its Secretary, Rev. José L. Redrado, OH, who arrived in Monterrey in the company of Rev. Justo Azpiroz, National Ecclesiastical Assistant of FREM, and Brother Antonio Farré, Provincial of the Hospitaller Order. FERS was represented by its Secretary, Sister Belén Pachón, and Brother José Carlos Bermejo, a Camillian.

1. Inauguration of the Congress

Coordinated by Sister Lourdes Urrutia of the Congregation of the Sisters of Charity of the Incarnate Word, the Congress opened with the Message of the Holy Father, signed by Cardinal Angelo Sodano and read by the Most Rev. José Lizares, Chairman of the Mexican Bishops' Health Ministry Commission, who afterwards conveyed the Bishops' greeting.

Cardinal Adolfo Suárez Rivera, Archbishop of Monterrey, then officially welcomed Congress participants.

Rev. José L. Redrado next greeted those present on behalf of Cardinal Fiorenzo Angelini and the Pontifical Council for Pastoral Assistance to Health Care Workers, stressing the concept of *diakonia*, health service, and the fact that the Congress was a time of grace.

The inauguration concluded with a greeting by Sister Delfina María Moreno, Congress President, who also provided an overall view of the program.

2. Major Topics

The Congress was divided into four sections: "Church and Health," "The Human-Pastoral Dimension," "Pastoral Care and the Realities of Our Time," and "Aspects of Bioethics."

In the first section, Church and Health, we must stress the talk by Rev. José L. Redrado, Council Secretary, entitled "The Pontifical Council for Pastoral Assistance to Health Care Workers: Ten Years of Activity." Rev. Fidel Martínez Ramírez then spoke on "The Church and the Healing Power of the Gospel." These two talks were completed by different panel discussions on the dimension of human suffering, the Mexican health system, a concrete look at healthcare institutions, and also several workshops on humaneness in pastoral care, providing help, and other topics.

In the second section, on human and pastoral aspects, we should stress some masterful talks dealing with the presence of the religious life in the health field, technology and human dignity, and the rights of the sick.

In the workshops attention focused on accompanying patients in human and spiritual terms.

In the third section, on "pastoral care and the realities of our time," there was reflection on the hospital chaplain, responsibility for and coordination of the health apostolate, and aspects of fostering humaneness. In the workshops practical facets were presented with a view towards pastoral planning in health care.

The fourth section, which dealt with bioethics, focused attention on the ethics of organ transplants, genetic engineering, and the Church in the face of euthanasia, among other issues.

3. Acknowledgments and Final Message

During the Congress there was a moment for granting recognition and distinction to some persons and institutions that were especially noteworthy for their collaboration, commitment, and stimulus regarding care of the sick and the health ministry.

In the final message, Father Redrado brought out the increasing importance of training to produce effective change in our healthcare presence and encouraged us to continue in our ministry of *diakonia* under the protection of Our Lady of Guadalupe, the Star of Evangelization.

The Congress ended with a Mass, celebrated with great solemnity, at which Cardinal Adolfo Suárez, Archbishop of Monterrey, presided, accompanied by numerous concelebrants.

At the end of the Mass, Father Redrado read the Letter sent by the Pope to Cardinal Fiorenzo Angelini, naming him as his Special Envoy for celebrations of the Fourth World Day of the Sick in Mexico.

4. Challenges and Commitments

The following points were stressed.

* To continue to promote training and accreditation for the health apostolate by way of a diploma in this field.

* To set forth to the Bishops' Health Ministry Commission the need to establish a Catholic Medical Association.

* To reinforce our integration with the national hierarchy so as to join forces and plan activities jointly.

It is to be noted that 450 persons, from 18 Mexican States and 15 foreign countries, attended the Congress.

The Congress was a very positive forum in the context of preparing and celebrating the Fourth World Day of the Sick.

Sister DELFINA MARIA MORENO, CCVI
Head of the Organizing Committee

Faithfulness to the Spirit Is the Source of Creativity

GREETING OF REV. JOSÉ L. REDRADO, O.H.
TO PARTICIPANTS AT THE FIRST INTERNATIONAL AND SECOND NATIONAL CONGRESS OF RELIGIOUS INSTITUTIONS SERVING THE SICK

The holding of the Second National and First International Congress of Religious Institutions Serving the Sick in Central and South America gives me the opportunity to convey a warm, cordial greeting on behalf of Cardinal Fiorenzo Angelini, President of our Council, to all the civil, political, and religious authorities present, to the organizers of this important symposium, and to the Congress participants, who have come from all the countries of Central and South America to study together the best way to revitalize our healthcare institutions so that they will be an effective instrument for serving suffering persons.

In willingly accepting the invitation addressed to it by the Organizing Committee, the Pontifical Council for Pastoral Assistance to Health Care Workers, which I am honored to represent, has wished to signify once more its special attention to all the initiatives which in any way help health workers to acquire a solid and valid cultural orientation towards life and health, a basic premise for all working in the difficult field of illness and suffering.

Our interest in the Catholic organizations working in the world of health is also the primary institutional task of the Pontifical Office for Health. Indeed, in the Motu Proprio *Dolentium Hominum*, the Holy Father, John Paul II, entrusted to the Pontifical Council for Pastoral Assistance to Health Care Workers the task of "stimulating and promoting the work of training, study, and action carried out by the different Catholic International Organizations in the health field, in addition to other groups, associations, and forces which, at different levels and in varying ways work in this area."[1]

The holding of your Congress at the same time as the Fourth World Day of the Sick, which is being celebrated this year on your continent, precisely here in Mexico, is a happy coincidence, a kind of *kairós*. According to the Holy Father, the purpose of the World Day of the Sick is to sensitize civil and political authorities, health workers, and Christian communities to the complex and difficult problems of the world of suffering, which require a contribution by all extending from medicine and care to the social and organizational aspects, and including the humanistic and spiritual spheres.

In the message he addresses to the Christian communities for the Fourth World Day of the Sick John Paul II affirms in this regard, "...You that are health workers—doctors, pharmacists, nurses, chaplains, men and women religious—and particularly you women, pioneers in health-related and spiritual care of the sick—all of you, become promoters of communion among the sick, their relatives, and the ecclesial community. Remain alongside the sick and their families, acting so that those being tested will never feel marginalized. The experience of pain will thus become a school of generous dedication for each of them."[2]

For health workers, then, there is no better way to celebrate it than by studying the serious and complex problems of the health world and seeking together, as you will be doing here, the best manner and most suitable means to respond to the greatest challenges, which represent the leading topics in the Congress program and basically concern four areas:

– humanity in medicine;
– bioethics;
– accompanying the sick, and particularly the dying, pastorally and spiritually;
– the moral, religious, and professional training of health workers.

The growing importance of problems in bioethics as a cultural effort to respond to ethical questions posed by progress in the biomedical sciences and their applications to the field of medicine escapes no one. I am particularly referring to one area among many—that is, the widespread use of *techniques for artificial fertilization*—which is modifying customs, or, rather, the culture of life, posing serious and sometimes anguishing ethical, legal, and religious questions for families and society in general. In this regard, the Holy Father writes in the Encyclical *Evangelium Vitae*: "Even the different *techniques of artificial reproduction*, which would seem to place themselves at the service of life and which are often practiced with this intention, in reality open the door to new attempts on life. Beyond the fact that they are morally unacceptable, since they dissociate procreation from the integrally human context of the conjugal act, these techniques have a high failure rate, as regards not so much fertilization as the later development of the embryo, exposed to a risk of death within a generally brief period. In addition, embryos are sometimes produced in numbers superior to that necessary for implantation in

the woman's womb, and these so-called *extra embryos* are then suppressed or used for research which, under the pretext of scientific or medical progress, in reality reduces human life to mere *biological material* to be disposed of freely."[3]

The problem concerning *the accompaniment of the sick and particularly the dying* is equally current and relevant. In this regard, the *Charter for Health Care Workers* brings out their need for "human and Christian accompaniment, to which doctors and nurses are called to make their qualified and indispensable contribution.... It involves providing special health care to the dying, so that man will be recognized and loved as a living being when dying, too.... The attitude towards the terminally ill is often the test of a sense of justice and charity, of a noble spirit, of the responsibility and professional capacity of health workers, beginning with doctors.... Dying belongs to life as its final stage. It should thus be attended to as this moment. It therefore challenges the health worker's therapeutic responsibility, like, and no less than, every other moment of human life. Not only should the dying not be discharged as incurable and abandoned to their solitude and that of their families, but they should be entrusted anew to the care of doctors and nurses, who, by interacting and integrating themselves with the assistance provided by chaplains, social workers, volunteers, relatives, and friends, enable the dying to accept and live through death."[4]

The celebrations of the Fifth Centennial of the evangelization of Latin America brought out the historical and theological bond between evangelization and care of the sick. We can thus understand the special attention which the Holy Father, John Paul II, has always shown for the suffering, whom he does not hesitate to regard as one of the most important ways the Church travels over in evangelization.[5]

In this spirit, I wish to address a special word to the men and women religious present here who work in the world of suffering: your consecration by vows to *following Christ* constitutes an inexhaustible source of commitment and creativity for new, courageous initiatives in the health ministry. In this connection, I wrote in an article published for the Synod of Bishops on Consecrated Life: "Faithfulness to the Spirit is a source of inspiration and creativity for new realities, starting from what surrounds us. It was the Holy Spirit who spurred Founders to respond to urgent needs in the past. For this reason, in the name of the same charism they received, today's religious are called to provide an up-to-date, creative response to the urgent needs of our time; to remain in those of the past would mean to live outside of our historical time, unable to make the effective contribution contemporary man requires; it would mean separating themselves from the inspirational dynamic of the Holy Spirit and, out of infidelity, betraying the charism belonging to every religious foundation.... The difficulties holding back this creativity center on the fact of living on the fringe of reality, on making structures sacred, on a lack of Gospel discernment which keeps them from listening to the Holy Spirit."[6] Therefore, "women religious in health care, in the present circumstances, feel a deep call to *conversion* and *willingness*, which requires of them radical commitment in the most urgent situations, wherever the sense of man is at stake. They know this *conversion* is, above all, a return to the maximum essence of the Gospel, on the basis of which they will be able to respond to the challenges of the world of health. The *willingness* of women religious in health to continue to be a prophetic announcement of God, an announcement of the infinite mercy of the Father in the world of pain, gives them assistance and strength to take on the new commitments presenting themselves and enables them to adapt to new styles more in keeping with the needs of men today."[7]

This willingness of yours will enable you to respond in a relevant, effective way to the demands and challenges of the world of suffering and health.

The difficult social and health situation in Latin America is a cause for concern, as some epidemiological data demonstrate.

1. About half the inhabitants are unable to meet their minimum caloric needs, and this affects their physical and intellectual performance.

2. Almost half the population lacks potable water. As a result, there are many gastrointestinal illnesses, and general sanitary conditions are reduced.

3. Children are most affected by subhuman living conditions. This raises the mortality rate in the 0 to 5 age group and increases the rate of childhood diseases such as bronchitis, dysentery, and parasitic illnesses.

4. Hospital facilities, doctors, dentists, and nurses are insufficient, especially in rural areas and the outskirts of cities. Because of high costs, health care ends up being the privilege of a few.[8]

At our Tenth International Conference held at the Vatican, November 23-25, 1995 ("*Vade et Tu Fac Similiter*: From Hippocrates to the Good Samaritan"), the Holy Father, John Paul II, summarized the twofold value of medicine as follows: "Medicine does not limit itself to safeguarding and recovering health, but makes the medical profession a school for valuing suffering and service to it."[9] In these thoughts of the Holy Father we find the deepest meaning of serving the suffering, of which the pair, Hippocrates/Good Samaritan, is paradigmatic and which the Holy Father expressed with these words in his Apostolic Letter *Salvifici Doloris*: "to do good to those suffering and do good with one's own suffering."[10]

As I reiterate my best wish-

es for the successful outcome of your Congress sessions, I take this occasion to thank the organizers once again who have invited me to take the floor at this important event. I entrust your initiatives and your projects to Our Lady, *Mater Infirmorum*, so that She may assist and accompany you in your *diakonia* on behalf of your suffering brothers and sisters.

[1] Cf. JOHN PAUL II, Motu Proprio *Dolentium Hominum,* no. 5, 1.

[2] JOHN PAUL II, *Message for the Fourth World Day of the Sick,* February 11, 1996, no. 7.

[3] JOHN PAUL II, Encyclical *Evangelium Vitae;* no. 14.

[4] Pontifical Council for Pastoral Assistance to Health Care Workers, *Charter for Health Care Workers,* nos. 115-116.

[5] Cf. FIORENZO CARDINAL ANGELINI, *La prima evangelizzazione in America Latina e l'attenzione della Chiesa per gli infermi* (Vatican City, 1992), p. 15.

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

JOHN PAUL II, Apostolic Letter *Salvifici Doloris,* no. 3.

[6] J.L. REDRADO, "Evangelizzazione e mondo sanitario: una sfida ai religiosi della sanità," in "*Curate infirmos" e la vita consacrata* (Vatican City, 1994), p. 126.

[7] T. LOPEZ-BEORLEGUI, "Le religiose sanitarie e la loro missione nel campo della salute," in *"Curate infirmos" e la vita consacrata* (Vatican City, 1994), p. 108.

[8] J.L. REDRADO, "Evangelization and the Health Ministry in Latin America," *Dolentium Hominum. Church and Health in the World,* no. 12 (1990), 64-67.

[9] Cf. JOHN PAUL II, Closing Address at the Tenth International Congress held in Vatican City, November 23-25, 1995, no. 3.

[10] Cf. JOHN PAUL II, Apostolic Letter *Salvifici Doloris,* no. 30.

REV. JOSÉ L. REDRADO'S CONCLUDING STATEMENT AT THE FIRST INTERNATIONAL AND SECOND NATIONAL CONGRESS OF RELIGIOUS INSTITUTIONS SERVING THE SICK

I will try to be brief so as not to abuse your patience, which has been severely tried during the three days of your Congress. I wish to stress some of the many ideas and considerations which have emerged here.

1. The *holistic* approach to the questions posed in the world of suffering brings out a psychic, somatic, and spiritual vision of the sick person. Many speakers have thus—and rightly so—stressed the importance not only of medical and health care, but also of pastoral accompaniment of the health worker, along with the patient.

2. There has been mention of the Gospel of suffering, which sees in Jesus Christ the Good Samaritan who encounters the suffering of others to relieve it or even heal it. Some talks have brought out the other aspect of the Christian significance of suffering—that is, the saving value of suffering, which, in a perspective of faith in the mystery of the Cross, becomes a *Kairos* for those who complete in their bodies what is lacking to the sufferings of Christ (cf. *Col* 1:24).

3. The interest aroused in different professional environments and especially among health workers by bioethical questions demonstrates how urgent a new synthesis of knowledge is wherein interdisciplinary dialogue becomes the key method to respond to queries posed by progress and the applications of science to life. Thanks to bioethics, specialists from disciplines that seemed to be in opposition—like philosophy, theology, and the natural sciences—can meet and dialogue. We are emerging from the scientific positivism of the last century to enter into a new era in which man will always be the center and measure of every form of knowledge.

4. For health workers and particularly for the men and women religious committed to the world of suffering, the hospital becomes the place for witnessing to Christ's charity towards the suffering. It is important and equally urgent for your institutions to bear clear, unequivocal Gospel witness, including respect for the teachings of the Church. Following the example of the Son of Man, who preached the Gospel during his public life, while at the same time caring for the sick, religious, too, should consider evangelization and care of the sick to be an *inseparable pair*.

5. The quality of life of your Christian communities and of your religious consecration is measured by the capacity to "give those suffering not only the comfort of physical care, but also that of spiritual support, by opening to them the consoling prospects of faith."[1]

As I cordially take leave of everyone attending this symposium, I address Our Lady of Guadalupe, the hope and consolation of the sick and star of evangelization, who has been venerated for five centuries with such great devotion, asking that She show us the way leading to Jesus Christ, the only savior of the world, the physician of the body and of the soul.

[1] Cf. JOHN PAUL II, *Message for the Fourth World Day of the Sick,* February 11, 1996, no. 4.