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





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*The illustrations in this issue have been taken from* Le porte dell'Europa *(Milan/Rome: Cosmopoli, 1992).*

# A Word of Greeting to Our Readers

On August 20, 1996 I was named President of the Pontifical Council for Pastoral Assistance to Health Care Workers by the Holy Father, John Paul II, and on January 8, 1997 I took office.

By way of these remarks I wish to introduce myself to our loyal readers and place myself at their disposal in this mission received from the Pope. I was already familiar with the Journal *Dolentium Hominum—Church and Health in the World,* which I had come to appreciate for both its content and its magnificent format.

Our Journal is a tool for making known the Magisterium of the Pope and the Bishops regarding health-related subjects; it is a forum for discussion of theological, pastoral, and ethical topics; it is an instrument for coordinating all the health organizations and institutions in the Catholic world on the basis of personal experiences and testimonies; it is a source of accurate information.

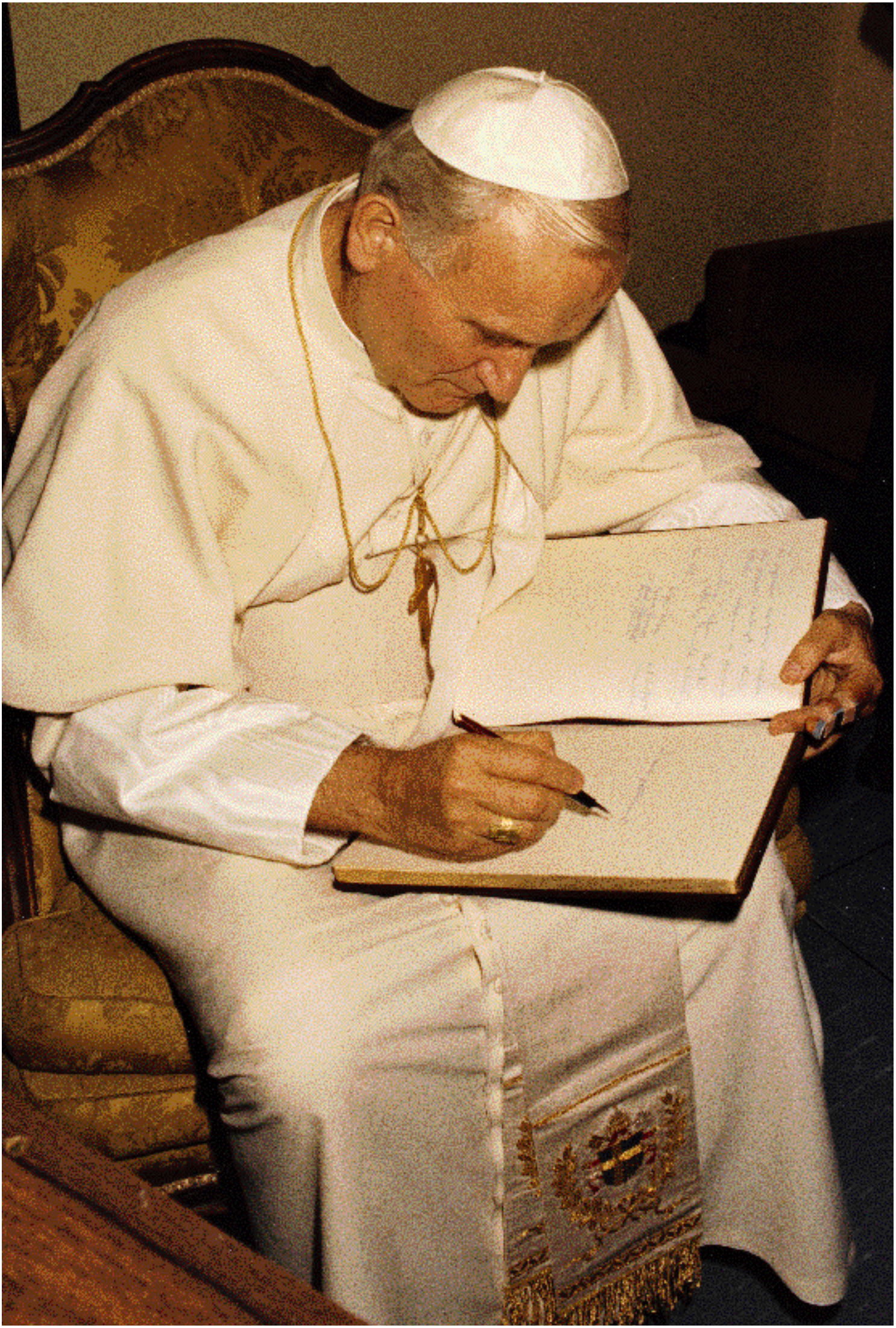


It is intended for the Bishops' Conferences, the Nuncios of His Holiness, physicians, nurses, pastoral workers at health facilities and sanatoriums, parishes, other centers where care is provided, hospital chaplains and priests active in any area of the health ministry, men and women religious at hospitals, and scholars and researchers at theological or pastoral institutes and medical schools.

In this issue we touch upon topics, testimony, and activities. The subjects include the conflict connected with pain and death, the health apostolate in our day, and AIDS. Testimonies reach us from Venezuela, Peru, and the Congo. We recapitulate the events connected with the Fifth World Day of the Sick in Fatima, Portugal, as well as the significance and value of this Day, and also deal with the health apostolate on the threshold of the Third Millennium, the experiences aimed at renewing it, the challenges facing the health ministry in Portugal, and three moving experiences in Fatima.

Our Journal thus provides a means for us to draw closer to the Word of God and enable it to be heard. May the Word made flesh, Jesus Christ, make use of this publication to continue to offer the sure hope of resurrection everywhere, in the midst of our pain and our death.

+ Javier Lozano



Dilecto ac Venerabili Fratri

**Episcopo XAVERIO LOSANO BARRAGÁN**

Ad gravissima munera Romanae Curiae intentus, quibus Beati Petri Successores in universa gubernanda Ecclesia proxime adiuvantur, postquam rem in Domino mature perpendi, decrevi Te Praesidem Pontificii Consilii de Apostolatu pro Valetudinis Administris ad quinquennium nominare. Proinde Tibi omnia et singula huic officio adiuncta iura et honorem concedo et onera tribuo.

Vota faciens ut Deus Tibi in huiusmodi munere ad gloriam suam et Ecclesiae bonum implendo propitius adsit, Benedictionem Apostolicam, fraterni amoris testem, Tibi libenter impertio.

Ex Aedibus Vaticanis, die XX mensis Augusti anno MCMXCVI.

Joannes Paulus PP. II

# Access to Health Care

*ADDRESS BY ARCHBISHOP JAVIER LOZANO,*
*PRESIDENT OF THE PONTIFICAL COUNCIL*
*FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS,*
*TO THE FIFTIETH WORLD HEALTH ASSEMBLY IN GENEVA,*
*MAY 7, 1997*

1. For me it is a great pleasure and an honor to speak on behalf of the Holy See Delegation to convey to the distinguished Delegates the gratitude of the Catholic Church for all the efforts which WHO unceasingly makes to improve the health of peoples, along with my Delegation's and my own attention to and interest in the sessions of the Fiftieth World Health Assembly.



The significance of this WHO Assembly is clear to all; it is being held exactly one year after the celebrations commemorating the Fiftieth Anniversary of WHO's foundation. A simultaneous look at the Organization's past and future enables us to appreciate its generally positive balance sheet, forcing us to turn our attention for a moment to a certain number of challenges and demands posed by the world of suffering and health.

If the international community rejoices at the reduction and even eradication of some diseases, like poliomyelitis and Guinea worm, between now and the year 2000, as a result of systems of control and specific programs for a more effective fight and the use of new, perfected vaccines, its concern nevertheless persists over so many millions of disinherited human beings who go on suffering and dying because of infectious diseases like malaria, diarrhea, pneumonia, and others.

2. In the epidemiological plan, new, emerging diseases, like the hemorrhagic fever caused by the Ebola virus, bovine spongiform encephalopathy (the "mad cow" disease), and the illnesses now reappearing, like cholera and tuberculosis, make up another chapter for concern and keep the Organization in a state of constant alert.

As WHO recently brought out in its *1995 Health Report*, there is a continual increase in the illnesses linked to modifications in lifestyle and diet, alcoholism, tobacco and substance abuse, and so on, and this is the cause of the growing death rate due to transmissible diseases.

With this epidemiological balance sheet, comprised of bright and dark spots, WHO is becoming the guarantor of a new pact among the nations based on equity and solidarity, on the way to a new policy and strategy of *health for all* in the course of the twenty-first century.

The Holy See Delegation is happy about ongoing efforts within WHO to work out a health policy and strategy forming part of a perspective on human development which is socially, economically, politically, and culturally sustainable. This approach lends itself to better evaluation of the impact on health of human factors which are macropolitical, macroeconomic, social, demographic, and environmental.

Among the factors determining health which weigh heavily against the success of the *Health for All* programs, there undoubtedly appear the scourge of poverty and the increase in the number of the poor, estimated to be 1.3 billion in 1995. The gap between rich and poor—which goes on growing, and not only between the northern and southern hemispheres, but within single countries—is at once a serious threat to the progress made and a severe curb on the *Health for All* policy in the twenty-first century.



3. The Holy See Delegation approves of a *Health for All* strategy based on the human person and integrated into a global, sustainable dynamic of development in which man can never be a *means*, because he is its crafter and end. In this respect, I would like to illustrate my viewpoint with three observations relating to the consultations now being carried out concerning an updating of the world strategy of *Health for All*.

The Catholic Church, with its 21,757 health institutions, wishes to take an active part in defining the new health policy. When consulted on the key statements of that policy, a large number of them feel that one of the leading problems is access to medical care, particularly to medicines. This problem will affect all countries, not just the least protected ones, but also the so-called rich countries. It is linked to the aging of the population, to the increasingly flagrant discrimination between rich and poor, and to cutbacks in social security systems, where privatization is on the rise. In this sense, access to medical care is a worldwide problem.

If equity is not to become a "dead letter," a sort of cheap slogan, the following points are seen to be important.

a) To reduce the cost of medical care and medicines, taking them to relatively low levels, thanks to a new policy of primary care and essential medicines involving both rich and poor countries.

b) To base a policy of this kind on solidarity among generations, different people, the healthy and the sick, the various groups or sectors, and the rich and the poor. To sum up, it is urgent to introduce into the new strategy the notion of societies of mutual solidarity in access to medical care and to essential medicines in particular.

Since the health reforms taking place in most countries are involved and the ten-

dency is to define policy and evaluate effectiveness on the basis of the economic and financial costs connected with illness and incapacity, my Delegation makes its own the fitting and relevant observation by the Director General of WHO in his Address to the Ninety-Ninth Session of the last Executive Council, when he stated that it is appropriate "to take into account the social and political cost of illness, suffering, and inequalities in access to health care and development, with the social disintegration, political instability, and violence which they entail."

4. Finally, with respect to *reproductive health*, my Delegation would like to stress that this program directly concerns human life and cannot be limited to a stage of human existence. Man is a whole, with his physical, psychic, emotional, and relational dimensions. Consequently, conception, coming into the world, and sexual relations form part of a totality which commits the person to a dynamic of relation involving both the family and society. Health linked only to the sexual and reproductive function would be a curtailment and to some extent a contradiction of the very definition of health which has been drafted by WHO—that is, *a state of physical, psychic, and social well-being of the individual*.



5. If integral human development becomes the strategic framework for WHO's new policy, this means that the human person must be its end and its measure. To reaffirm respect for his dignity, his right to life and to quality in health and to recall the nations' right and obligation as regards cooperation and solidarity based on respect and the responsibility of each and every one constitute the best moral guarantee of a health policy in keeping with WHO's original mission, projected towards the third millennium.

I would like to conclude by adopting the intention of the Director General regarding the current significance of the founding values of the Organization, which must accompany reforms at present.

"The day after the Second World War, resources were insufficient, but the will to rebuild a world that would be humane imposed very clear choices. The vision of the founders of WHO was inspired by their faith in the value and equal dignity of all human beings. Their determination to act together for peace and security through health development was rooted in an acute awareness of the interdependence linking all peoples and all nations. We want to embrace their vision and their determination, reaffirming our commitment to *Health for All* in a spirit of equity, solidarity, and responsibility" (Dr. Hiroshi Nakajima, *Address to the Ninety-Ninth Session of the Executive Council of WHO*, Geneva, January 1996).

# *Magisterium*

***Addresses by the Holy Father***

# Hospitality Is a Distinctive Aspect of Christian Charity

*In an audience on March 8, 1997, the Holy Father received the Italian volunteers forming part of Our Lady of Lourdes Hospitality and the members of the Boston College University Chorale.*

*During the encounter, which took place at Paul VI Hall, John Paul II delivered the following address.*

1. I am pleased to welcome you, dear Italian volunteers who are members of the "Hospitalité Notre Dame de Lourdes." I greet you with affection, together with the members of the Committee of the Archconfraternity, who wished to accompany you. I also extend my greeting to the members of the Boston College Chorale, who have come from the United Sates of America.



This meeting offers me a fitting occasion to underscore the *value of hospitality*, an essential and distinctive dimension of Christian charity, the work of mercy that the disciples of Christ—as individuals, as families and as communities—are called to perform in joyful obedience to the Lord's command.

2. Because of modern conditions of life, the values of acceptance and hospitality, present in every culture, risk being weakened and lost: they are actually delegated to organizations and structures that specifically provide for them. Even if this responds to appropriate organizational demands, it must not be reflected in a lessening of our sensitivity and attention to our neighbour in need. Professional hospitality is certainly valuable, but it should not be at the cost of that *culture of hospitality* which draws its deepest motivation from the word of God and as such remains the patrimony of the entire People of God.

As an example of this, I like to recall the passage in the Book of Genesis which tells of *Abraham* and the three mysterious guests at the oaks of Mamre (cf. Gn 18:1-10). In the likeness of three passing strangers, the ancient patriarch welcomed God himself. Hospitality finds its fulfilment in *Christ*, who welcomed our humanity in his divine person, becoming, as the liturgy says, "*a guest and pilgrim among us*" (*Roman Missal*, Common Preface VI).

3. Dear brothers and sisters, as your activity also testifies, hospitality acquires special importance *with regard to the pilgrimage experience*, especially when the pilgrims are the ill or very elderly, who need special attention. How many *saints* have achieved the perfection of charity precisely by assisting the sick with that love which only Christ, received in the Eucharist and served in one's brother, is able to communicate! One of the important aspects in the *preparation for the Great Jubilee of the Year 2000* is that of deepening our *spirit of hospitality*. Every ecclesial community is called to develop this dimension, by opening its heart and making room in it for all those who knock on its doors. Thus, for every particular Church the holy Year is a providential opportunity for conversion to the Gospel, for welcoming and serving the sick and suffering.

4. Welcoming our brothers and sisters with care and willingness must not be limited to an extraordinary occasion, but must become for all believers a *habit* of service in their daily lives. In this regard, dear brothers and sisters, your active involvement in the *pastoral care of the sick*, as carried out in your Dioceses, is truly commendable. It expresses your desire to prolong the experience of the pilgrimage to Lourdes in the every-day life of the Church.

I therefore encourage you to continue generously in your commitment, always in active communion with the Bishops.

With the wish that your service may be a source of holiness for you and of real comfort to the people you assist, I invoke the special intercession of your patroness, Our Lady of Lourdes.

# The Cross Shines with Extraordinary Power

*On the evening of Good Friday 1997, thousands of the faithful took part in the traditional Via Crucis, presided over by the Holy Father at the Coliseum.*

*At the end of the Via Crucis, from the summit of the Palatine Hill, the Holy Father spoke as follows to those assembled.*

*"Christus factus est pro nobis oboediens usque ad mortem—mortem autem Crucis"* (Phl 2:8).

1. "For us Christ become obedient unto death, even death on a Cross" (cf. Phil 2:8). These words of St Paul sum up the message which Good Friday proclaims to us. Today the Church does not celebrate the Eucharist, as though she wished to emphasize that it is impossible, on the day when the *bloody* Sacrifice of Christ on the Cross was consummated, to make that Sacrifice present in an *unbloody* manner in the Sacrament.

Today the Eucharistic liturgy is replaced by the impressive rite of the *adoration of the Cross*, at which I presided a little earlier in St. Peter's Basilica. The hearts of those who took part in that rite are still full of the emotions which they experienced during the reading of the liturgical texts about the Lord's Passion.

How can we fail to be touched by Isaiah's detailed description of the "man of sorrows," despised and rejected by men, who bore the weight of our suffering, and was smitten for our transgression (cf. Is 53:3-5)?

And how can we fail to be moved by Christ's "loud cries and tears," evoked by the author of the Letter to the Hebrews (cf 5:7)?

2. Following the stations of the *Way of the Cross*, we have just contemplated the tragic moments of the Passion: Christ carrying his Cross, falling under its weight, hanging on it in agony and, in the final phase of his suffering, praying: "Father, into your hands I commit my spirit" (Lk 23:46), expressing his total and trustful self-offering.

Today our gaze is closely concentrated on the Cross. We meditate on the mystery of the Cross, perpetuated down the centuries in the sacrifice of innumerable believers, of so many men and women associated through martyrdom with Jesus' death. We contemplate the mystery of the Lord's agony and death, which in our own day, too, continues in the pain and suffering of individuals and peoples severely tried by violence and war.

Wherever a person is struck and killed, it is Christ himself who is hurt and crucified. The mystery of suffering, the mystery of limitless love!

We remain in silent recollection before this unfathomable mystery.



3. *"Ecce lignum Crucis...," "Behold the wood of the Cross, on which hung Christ, the Saviour of the world. Come, let us adore!"*

This evening the Cross shines with extraordinary power at the end of the "Way of the Cross," here at the Coliseum. This monument of ancient Rome is linked in popular memory to the martyrdom of the first Christians. It is therefore a place particularly suitable for re-enacting, year after year, Christ's Passion and Death. *"Ecce lignum Crucis!"* How many of our brothers and sisters in the faith came to share in the Cross of Christ during the Roman persecutions!

The text of the meditations which have guided us along this *"Way of the Cross"* was prepared by my Venerable Brother Karekin I Sarkissian, Supreme Patriarch and Catholicos of All Armenians. I thank him cordially, and, expressing once more my gratitude for the recent visit which he paid me, I greet him together with all the Christians of Armenia. I also extend my greeting to Archbishop Nerses Bozabalian, who has joined us in the Way of the Cross as the representative of the Catholicos of Armenia. Many brothers and sisters of that Church and nation have shared in the Cross of Christ by the sacrifice of their

lives! Today, in union with them and with all those who in every corner of the world, on every continent and in the different countries of the globe, share through their suffering and death in the Cross of Christ, we wish to repeat: *"Ecce lignum Crucis...," "Behold the wood of the Cross, on which hung Christ, the Saviour of the world. Come, let us adore!"*

4. As the shades of night envelop us, an eloquent image of the mystery which surrounds our existence, we cry to you, Cross of our salvation, our faith!

O Lord, a ray of light shines from your Cross. In your Death our death is conquered, and we are offered the hope of resurrection. Clinging to your Cross, we wait in joyful hope for your return, Lord Jesus, our Redeemer!

"Dying, you destroyed our death; rising, you restored our life, Lord Jesus, come in glory."

Amen.

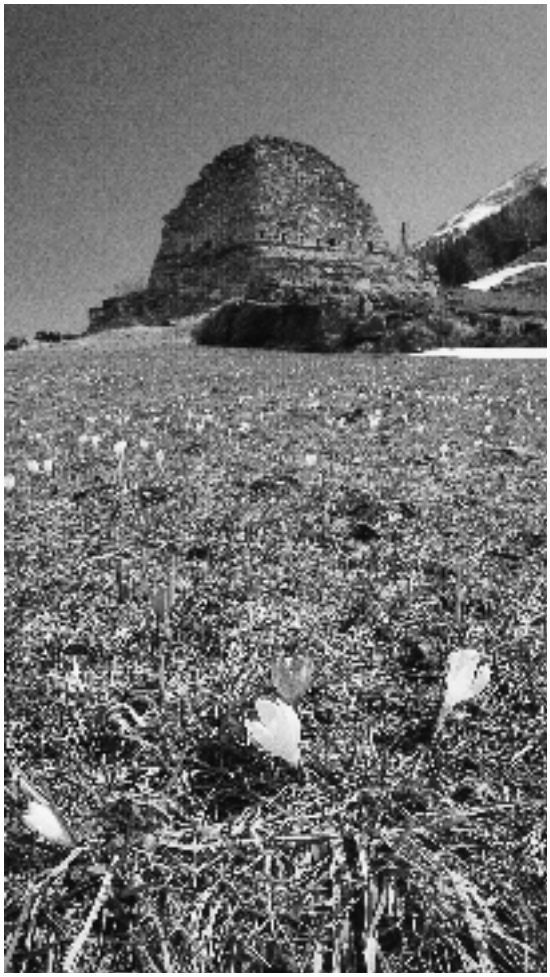
# Mary United Herself to Jesus' Offering

*THE FOLLOWING PASSAGE CONTAINS THE HOLY FATHER'S CATECHETICAL INSTRUCTION FOR THE FAITHFUL AT ST. PETER'S SQUARE, ON APRIL 2, 1997.*



1. *Regina caeli laetare, alleluia!*

So the Church sings in this Easter season, inviting the faithful to join in the spiritual joy of Mary, Mother of the Redeemer. The Blessed Virgin's gladness at Christ's Resurrection is even greater if one considers her intimate participation in Jesus' entire life.



In accepting with complete availability the words of the Angel Gabriel, who announced to her that she would become the Mother of the Messiah, Mary began her participation in the drama of Redemption. Her involvement in her Son's sacrifice, revealed by Simeon during the presentation in the Temple, continues not only in the episode of the losing and finding of the 12-year-old Jesus, but also throughout his public life.

However, the Blessed Virgin's association with Christ's mission reaches its culmination in Jerusalem, at the time of the Redeemer's Passion and Death. As the Fourth Gospel testifies, she was in the Holy City at the time, probably for the celebration of the Jewish feast of Passover.

2. The Council stresses the profound dimension of the Blessed Virgin's presence on Calvary, recalling that she "faithfully persevered in her union with her Son unto the Cross" (*Lumen gentium*, no. 58), and points out that this union "in the work of salvation is made manifest from the time of Christ's virginal conception up to his death" (ibid., no. 57).

With our gaze illumined by the radiance of the Resurrection, we pause to reflect on the Mother's involvement in her Son's redeeming Passion, which was completed by her sharing in his suffering. Let us return again, but now in the perspective of the Resurrection, to the foot of the Cross where the Mother endured "with her only-begotten Son the intensity of his suffering, associated herself

with his sacrifice in her mother's heart, and lovingly consented to the immolation of this victim who was born of her" (ibid., no. 58).

With these words, the Council reminds us of "Mary's compassion"; in her heart reverberates all that Jesus suffers in body and soul, emphasizing her willingness to share in her Son's redeeming sacrifice and to join her own maternal suffering to his priestly offering.

The Council text also stresses that her consent to Jesus' immolation is not passive acceptance but a genuine act of love, by which she offers her Son as a "victim" of expiation for the sins of all humanity.

Lastly, *Lumen Gentium* relates the Blessed Virgin to Christ, who has the lead role in Redemption, making it clear that in associating herself "with his sacrifice" she remains subordinate to her divine Son.

3. In the Fourth Gospel, St. John says that "standing by the Cross of Jesus were his mother, and his mother's sister Mary, the wife of Clopas, and Mary Magdalene" (19:25). By using the verb "to stand," which literally means "to be on one's feet," "to stand erect," perhaps the Evangelist intends to present the dignity and strength shown in their sorrow by Mary and the other women.

The Blessed Virgin's "standing erect" at the foot of the Cross recalls her unfailing constancy and extraordinary courage in facing suffering. In the tragic events of Calvary, Mary is sustained by faith, strengthened during the events of her life and especially during Jesus's public life. The Council recalls that "the Blessed Virgin advanced in her pilgrimage of faith and faithfully persevered in her union with her Son unto the Cross" (*Lumen Gentium*, no. 58).

Sharing his deepest feelings, she counters the arrogant insults addressed to the crucified Messiah with forbearance and pardon, associating herself with his prayer to the Father: "Forgive them, for they know not what they do" (Lk 23:34). By sharing in the feeling of abandonment to the Father's will expressed in Jesus' last words on the Cross: "Father, into your hands I commend my spirit!" (ibid., 23:46), she thus offers, as the Council notes, loving consent "to the immolation of this victim who was born of her" (*Lumen Gentium*, no. 58).

4. Mary's supreme "yes" is radiant with trusting hope in the mysterious future, begun with the death of her crucified Son. The words in which Jesus taught the disciples on his way to Jerusalem "that the Son of man must suffer many things, and be rejected by the elders and the chief priests and the scribes, and be killed, and after three days rise again" re-echo in her heart at the dramatic hour of Calvary, awakening expectation of and yearning for the Resurrection.

Mary's hope at the foot of the Cross contains a light stronger than the darkness that reigns in many hearts: in the presence of the redeeming sacrifice, the hope of the Church and of humanity is born in Mary.

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

I offer greetings and prayerful good wishes to the Bishops, priests and laity taking part in the International Theological Symposium on the Alliance of the Two Hearts of Jesus and Mary. My cordial greeting goes also to the ecumenical delegation led by the Moderator of the Presbyterian Church, USA. I likewise welcome the representatives of the Korean Broadcasting System preparing a television programme on the Vatican.

Upon all the English-speaking visitors, especially the pilgrim groups from England, Ireland, Australia, Norway, Korea, Japan, the Philippines and the United States, I cordially invoke the joy and peace of Christ our risen Saviour.

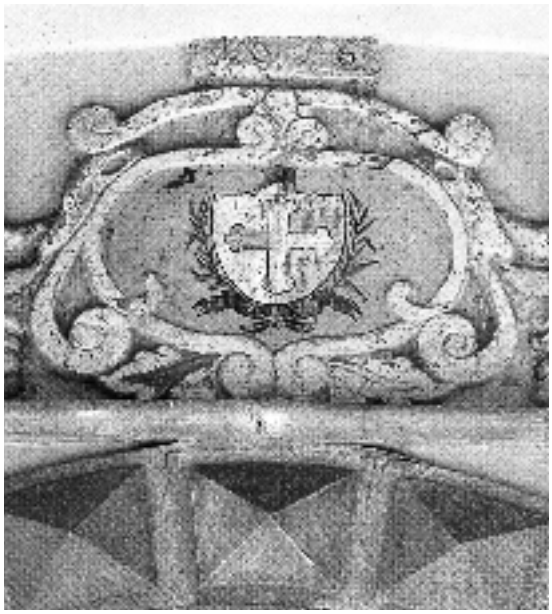
# The Church Will Be Concerned As Long As Men and Women Are Afflicted by Wars, Die of Hunger, and Are Unable to Obtain Food and Medical Care

*EXCERPTS FROM THE HOLY FATHER'S ADDRESS TO THE PLENARY ASSEMBLY OF THE PONTIFICAL COUNCIL COR UNUM ON APRIL 18, 1997*



It is important to kindle unceasingly in the faithful the desire to *manifest the love of the Lord, who makes no distinction among people* and who desires, above all, the good of others (cf. *Veritatis Splendor*, no. 82). "By way of the works of charity we become a neighbor to those to whom good is done" (Origin, *Commentary on the Canticle*, I) and reach out to our brothers and sisters; the Church thus witnesses to the fact that each person is worth more than all the gold in the world; she will be concerned as long as men and women have to face catastrophes or conflicts, die of hunger, lack what they need to eat, dress, look after their health, and keep alive those entrusted to them.

5. Through the witness of fraternal charity, *the disciples of Christ also contribute to the justice, peace, and development of peoples*. "Charity represents *the greatest social commandment*. It respects others and their defects. It demands the practice of justice, and it alone makes us capable thereof. It inspires a life which becomes self-donation" (*Catechism of the Catholic Church*, no. 1889). The wish to make justice and peace reign in our world presupposes that we are concerned about sharing resources. Charity contributes to this, for it creates bonds of mutual esteem and friendship among persons and peoples. It prompts generosity among men, who become aware of the need for greater international solidarity. It is fitting to recall that this cannot be achieved without a true service of charity, which implies not only being able to share surplus goods, but also agreeing to be deprived of what is necessary. As St. Ambrose of Milan demonstrated very well, to distinguish between what is necessary and what is indispensable enables each of us to be more open to our brothers and sisters in need by way of greater generosity, purify our own relation to money, and moderate our attachment to the goods of this world (cf. *De Nabuthe*).



6. *The Jubilee* ought to foster greater awareness among all the members of the Church and all men of good will concerning the cooperation needed to accept the challenge of sharing, of the equitable distribution of goods, and of joining forces. In this way everyone will contribute to building a juster, more fraternal society—the premises for the Kingdom—since love is a witness to the Kingdom which is to come, and it alone can transform the world radically. Charity gives hope back to the poor, who discover they are really loved by God; each has his or her place in the upbuilding of society and the right to possess what is useful for sustenance.

Love for the poor manifests the need for social justice, as recalled by the document published last year by your office, *Hunger in the World*. At the same time, however, it is appropriate to affirm that charity goes beyond justice, for it is an invitation to move from the level of mere equity to that of love and self-giving, so that the bonds created among persons will be grounded on respect for others and the recognition of brotherhood, essential foundations of social life.

7. *Those practicing charity carry out a profound work of evangelization.* "The spirit of poverty and love is indeed the glory and testimony of the Church of Christ" (*Gaudium et Spes*, no. 88). Sometimes action in communion is more eloquent than all teachings: gestures joined to words are a particularly effective witness. The Lord's disciples are to remember that to serve the poor and those suffering means to serve Christ, who is the light of the world. By way of their daily life in the love coming from Him, the faithful contribute to spreading light in the world. Charity is also the maximum "flowering" of men; it conforms them to the Lord and renders them free as regards earthly goods. They can also question themselves in truth to determine whether they possess goods or are possessed by them, whether they are obsessed by wealth or their hearts are open to their brothers and sisters.

8. At the end of this encounter, dear brothers and sisters, I entrust the activity of the Pontifical Council Cor Unum to the intercession of the Virgin Mary, asking Her to support you as She supported the Apostles in the Cenacle, while waiting for the Spirit of Pentecost. I wholeheartedly impart the Apostolic Blessing upon all of you, on those collaborating with you in charitable works, and upon all who are dear to you.



# The Lord Wants You to Be Pillars in His Spiritual Temple for the New Evangelization

*WE INCLUDE EXCERPTS FROM JOHN PAUL II'S ADDRESS TO THE SICK AND RELIGIOUS AT THE BASILICA OF THE MONASTERY OF BREVNOS IN PRAGUE, ON APRIL 26, 1997.*

3. I now turn to you, *dear brothers and sisters who are sick*. Through pain you are being configured to that "Servant of the Lord" who, in the words of Isaiah, "was wounded for our transgressions, bruised for our iniquities" (Is 53:5; cf. Mt 8:17, Col 1:24).

You are a hidden force contributing powerfully to the life of the Church: by your sufferings you have a share in the redemption of the world. You, too, like St. Adalbert, have been placed by God as a *pillar* in the temple of the Church so as to become one of its most powerful supports.

Dear friends who are sick, the Church is grateful to you for the patience, the Christian resignation and indeed for the *generosity and dedication* with which you carry, at times even heroically, the cross which Jesus has placed upon your shoulders. You are close to his heart! He is with you, and you bear him a precious witness in this world, which often mistakes pleasure for love and considers sacrifice as something meaningless.

In this millenary year of the martyrdom of St. Adalbert, which is also the first year of preparation for the Great Jubilee of the Year 2000 and is consecrated to Christ, *the one Saviour of the world, yesterday, today and forever*, I entrust to you my intentions for the

universal Church and for the Church in your country. Offer up your sufferings for the needs of the new evangelization, for the Church in mission lands, where the Lord today, too, is raising up his martyrs, like Adalbert, and for those who are distant or who have lost the faith. I also ask you to pray for the work being done by the Church in this country, for your Bishops and priests, for an increase in vocations to the priesthood and the religious life, and for the cause of ecumenism. May St. Adalbert, son of the Czech nation and fearless witness to Christ, fill you with a lively desire for full unity among Christians.

Into your hands and your hearts I place all these hopes, dear brothers and sisters who are suffering. May Our Lady of Sorrows, who was acquainted with suffering and who understands you, be close to you as a loving Mother.

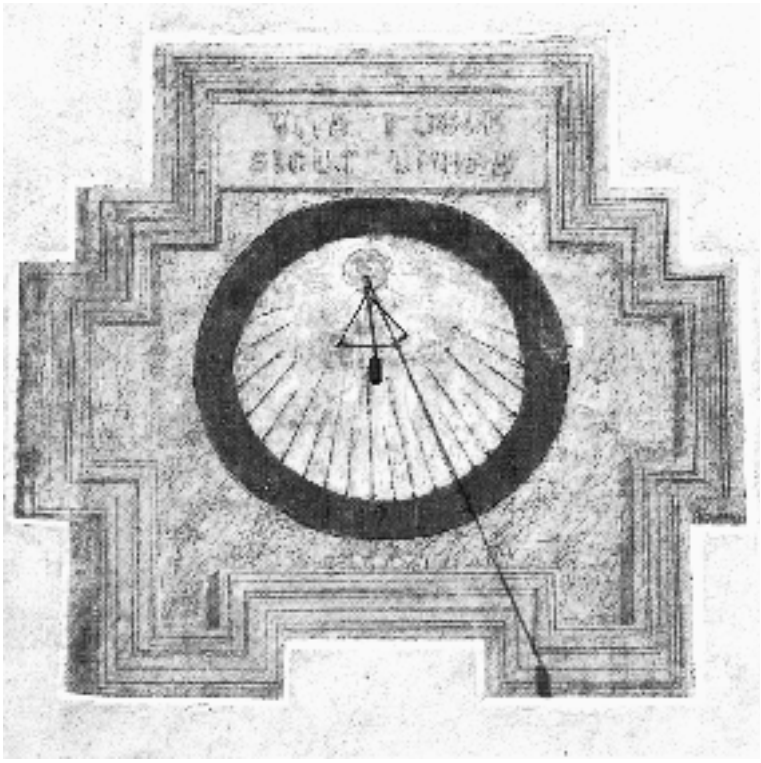


And while I think of you that are sorely tried in body and spirit, I would like to address a pressing appeal to the nation's leaders to be constantly sensitive to the situations of suffering present in today's society. The civil authorities and all citizens need to be concerned about the needs of the sick and should promote effective and constant solidarity within society. Let respect for every human being and respect for life from its beginning to its natural end be the great treasure of the civilization of this land!

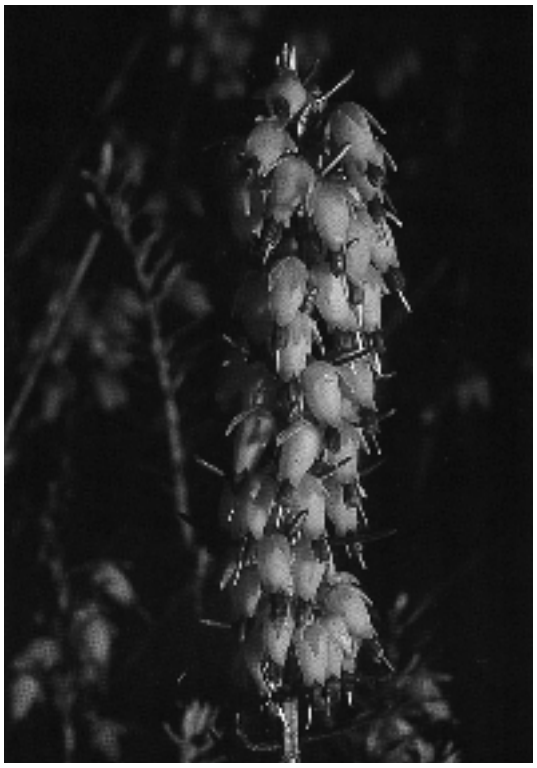
4. I would now like to speak to you, *dear men and women religious of the whole nation!* St. Adalbert has shown each of you how it is possible to combine the contemplative and the apostolic life, and he makes clear how providential consecrated life is for the Church and the world. You are a living and indispensable source of strength for the Christian community.

I remember my meeting with you seven years ago in St. Vitus' Cathedral. At that time you were emerging from a long and difficult period of repression which had forced believers, and religious in particular, to remain silent. But even in the dark years you were able to bear a *great witness of fidelity to the Church.* The oldest among you experienced great humiliations and sufferings during the two terrible dictatorships, Nazi and Communist. Many consecrated persons were interned in concentration camps, imprisoned, sent to the mines and to forced labour. But even in those situations they were able to give an example of great dignity in the exercise of the Christian virtues, as was true of the Jesuit Fr. Adolf Kaipr, the Dominican Fr Silvestr Braito, the Borromean Sr. Vojtecha Hasmandová, and many others with them.

This treasury of acts of love, sacrifice and self-offering, fully known only to God, certainly prepared the flowering of vocations in these new times of refound religious freedom.



# *Topics*



***Our Conflict***
***with Pain and Death:***
***In Search of Meaning***

***The Health Apostolate***
***In Lebanon***
***on the Way to the Jubilee***
***of the Year 2000***

***What Should Be Done***
***About AIDS?***

# Our Conflict with Pain and Death: In Search of Meaning

## I. The Faces of Human Suffering

### 1. I have seen many pained, suffering faces

The faces of hunger, poverty, unemployment, and people at war.

Terrorized faces.

Unidentified, anonymous faces.

The faces of desolate mothers, marginalized women.

The faces of exploited children.

The faces of the sick (with cancer, AIDS, etc.).

The faces of the dying.

Pope John Paul II says the following.

"Today as well—perhaps today, above all—the tears of multitudes stricken by illness rise up from mankind. Whole populations are destroyed by the cruelty of war. The weak, above all, are the victims of ongoing conflicts—mothers, children, and the elderly. How many human beings, pushed to the limit by hunger and disease, have no access to even the most elementary forms of care."[1]

### 2. The Shameful Figures

The following figures speak for themselves.

* Almost a billion people are in a state of poverty, malnutrition, and disease.

* Forty-six million people die of hunger each year.

* About 850 million people live in areas exposed to malaria.

* In many countries life expectancy is under fifty, although elsewhere normal life expectancy is now seventy-five.

* The level of infant mortality in many countries is 100 per 1000 (cf. WHO, *World Strategy: Health for All in the Year 2000*, Geneva, 1981).

There are ten million epileptics, fifteen million lepers, thirty-two million deaf-mutes, and fifty million paralytics in the world. 12% of the population suffers from some kind of mental disturbance.

We must also bear in mind AIDS, drug addiction, alcoholism, the elderly, and unemployment.

One out of every three infants dies before age five.

700,000,000 will die before age sixty.

5,000,000 die annually of infectious diseases.

450,000,000 suffer from malnutrition.

720,000,000 lack potable water.

517,000,000 lack adequate lodging.

604,000,000 have no access to decent medical care.

600,000,000 children of school age lack schools.

170,000,000 need special education or rehabilitation services.

695,000,000 live in countries where average per capita income is under $100 a year.

68,000,000 are nomads or semi-nomads.

200,000,000 live in hazardous, unhealthy, or unauthorized dwellings.

3,500,000 are refugees.

(Source: *L'Etat du Monde 1991*)

North versus South seems to be an opposition without any solution. 75% of the population lives in the southern hemisphere, over against 25% in the north. Official data confirm the following.

* The North is six times richer than the South. The North consumes 75% of the earth's resources and controls 80% of commerce, 93% of industry, and nearly all research.

* A billion people live on an income of less than $370 a year. A fifth of mankind lives on less than a dollar a day.

* Billions of dollars (the United States alone spends $300 billion) are used for the demential arms race.[2]

### 3. A Pilgrimage Through Suffering

As may be observed, this is a long trip, a major pilgrimage of all mankind through the world of suffering. Hence the universality linking together individuals and peoples, poor and rich, the ignorant and men of science, believers and nonbelievers: sufferings of the *heart*, inner wounds, experiences of loneliness; sufferings of the *spirit*, connected with an inner void, an alienation from God, one's neighbor, and oneself; and sufferings of the *body*, numerous illnesses—a never-ending list, and the same may be said of suffering of the *mind*—multiplied today because of a mistaken way of living.[3]

Interconnected sufferings produced by injustice, pride, power, and human oppression—these are the shameful figures we referred to above.

In his *Message for the*

*Third World Day of the Sick*, Pope John Paul II said, "How can we fail to recognize that our civilization 'should realize that, from different standpoints, it is a *sick* civilization generating deep alterations in man'?" (*A Letter to Families*, no. 20).

It is *sick* because of its sterile selfishness, its individualistic utilitarianism—which is frequently proposed as a life model—the denial or indifference often manifested before man's transcendent destiny, and the crisis in spiritual and moral values causing mankind such concern. The "pathology" of the spirit is no less dangerous than physical "pathology," and they influence each other (no. 1).

**4. What Can We Do?**

In the face of this whole panorama, we ask, What can we do? Shall we leave things as they are? Shall we resign ourselves to impotence?

Man's history is a constant experience of struggle against pain. All philosophies and all religions have done everything possible and have been unable to *eliminate it*. The scientific knowledge obtained has permitted greater control and *softened* its impact, but man will never be able to *flee from suffering*. "The history of pain began with man."[4]

"…We can all do something. Each can make a contribution. This certainly requires acts of renunciation presupposing deep inner conversion. It is no doubt necessary to examine our behavior as consumers, to combat hedonism, and to oppose indifference, without shirking our responsibility."[5]

A gesture of personal and community solidarity is involved. The Holy Father also recalled this in his address to the United Nations.

"When millions of people suffer the poverty represented by hunger, malnutrition, illness, illiteracy, and degradation, we must not only remind ourselves that no one has a right to exploit another in seeking his own advantage, but also, and above all, reaffirm our commitment to the solidarity enabling others to live, in concrete economic and political circumstances, and to the creativity which is a characteristic distinguishing the human person and making possible the wealth of nations."[6]

Suffering is a "universe" in our universe; it is the realm of questioning.

But current man is undergoing the illusion that he can correct everything: "The fat get treatment to become slim; the shy are trained to become independent; students with problems are trained to concentrate…"[7]

**II. The Faces of Death**

"It is not possible to conduct a reflection on the conditions of suffering and pain unless we extend it at the same time to death, to which they are closely tied." W.H. Braun says, "Pain is the universal companion of man and follows man at all stages of his development until death."[8]

**1. Death Is a Process**

Death is a process. It is the final loss. We do not arrive at death without previously passing through other small and large losses which are like the different faces of death; to some extent, death itself is represented in them. These are some of the faces, or losses, showing us the possibility of death: the loss of material goods, the loss of bonds of affection, the loss of personal identity, and the loss of health.

**2. Man Over Against Death**

Death is an event which man would like to annul and which places so much of his security in a state of crisis.

*a) Statement by the Second Vatican Council*

"The greatest enigma in human life is death. Man suffers with pain and with the progressive dissolution of his body. But his greatest torment is fear over permanent disappearance. He judges with a sure instinct when he resists accepting the perspective of complete ruin and a definitive farewell. The seed of eternity he bears in himself rises up against death because it may not be reduced to matter alone…" (*GS* 18)

*b) Social Rejection of Death*

Elizabeth Kübler Ross says, "If you base your life on fear, you will end it with fear."

We may speak of the social rejection of death, of social ignorance. Today death is accompanied by silence, deceit, concealment, and solitude. Death is set aside. People do not want to talk about it. It is taboo—"pornographic."

Death is in certain places today. There is no room for it at home, in the family. Death is in the street, at the hospital, or the hospice. Death is also expressed in new terms; it is not called "death," but "disappearance," "ceasing to exist," or "absence of a loved one." The word "death" is pushed aside; it is in bad taste, an uncomfortable presence.

We are living in a society which has lost the sense of death and creates new ways to die. We marginalize, deny, and modify ritual.[9]

Death goes against the stability and happiness of society; it is therefore scandalous, unjust, and anti-aesthetic for a society admiring beauty and physical perfection. We do not want it to remind us of our end; that is why we push it aside, isolate it, and do not want it to be on familiar terms

with us, recalling our own death to us.

"The inability to take to the dying the aid and attention they particularly need at the moment of death… arises precisely because in the death of others we discover something of our own. The sight of a dying person clashes with a defense activated by imagining an immortality we erect like a wall to shield ourselves against the thought of death."[10]

In the past the person close to death presided over a ritual: he called his loved ones to his side, gave his final advice, and conveyed his last wishes—everything was natural and intimate.

Today death has lost intimacy and a sense of others. There is barely any feeling for another. Mourning has been reduced—it is an offense to the living.

Today there have arisen new—funeral—professionals of death who, with a new ritual (the place of death, make-up, conveyance of the body), separate death from the family environment and try to make it less terrible. It is a negated death whereby people seek to mitigate fear.

Relatives and health professionals, who surrounded death and the dying in the past with gestures of intimacy, closeness, and meaning, are called today to pretend, silence, conceal, and deceive.

And yet, in spite of all this new comedy, whether we like it or not, death is always present.

"We hide death as if it were something shameful and dirty. In death we see only horror, absurdity, useless and painful suffering, unbearable scandal…"[11]

In the preface to the book *Friendly Death*, Françoise Mitterand asks, "How should one die?" And he replies as follows.

"We are living in a world which is afraid of this question and therefore avoids it. Other civilizations, before us, looked death in the face: they marked out for the individual and the community the road to pass over. They sought to give richness and meaning to the fulfillment of destiny. The relationship with death has perhaps never been so poor as in these times of spiritual aridity, where, in haste to live, they seem to avoid mystery, without realizing that they are drying up a essential source of the pleasure of living…"[12]

**c) Death Belongs to Life**

"Death, like birth, is part of life. To walk means to lift up one's foot as well as to rest it on the ground" (Tagore, *Migratory Birds*).

*The most important thing is life. We are born to die. Death is only a bridge between two shores*. It thus belongs to our

way, our life. Only one who experiences life knows what death is. Only one who lives to the full can undergo a death full of life.

To live is like a continual birth. Consequently, if death belongs to life, it will be the final birth, the final stage, the "final option," and the final opportunity in life.

## III. In Search of a Meaning

### 1. The Apostolic Letter *Salvifici Doloris*

On February 11, 1984 John Paul II published the Apostolic Letter *Salvifici Doloris*, on the Christian meaning of human suffering. I shall stress three basic ideas which the Pope brings out in this Apostolic Letter: the universality of suffering, mystery, and response.

a) "The subject of suffering… is a *universal* subject accompanying man in every corner of the world" (*SD*, 2). "It is *multidimensional*. Man suffers in different ways… Even though, to some extent, the words 'suffering' and 'pain' may be used as synonyms, *physical suffering* takes place when 'the body hurts' in some way, whereas *moral suffering* is a 'pain of the soul'… (*SD*, 5).

b) The second statement by the Pope is that suffering "should be accepted as a *mystery* which man cannot comprehend in depth with his intelligence" (*SD*, 11). The world of suffering "at the same time contains in itself a singular challenge for *communion and solidarity*" (*SD*, 8).

c) "But in order to be able to perceive the *true answer* to the question about suffering, we must turn our gaze to the revelation of divine love, ultimate source of the meaning of all that exists. Love is also the richest source as regards the meaning of suffering… Similarly, love is the fullest source for the answer to the question concerning the meaning of suffering. This answer has been given by God to man on the cross of Jesus Christ" (*SD*, 13).

### 2. Can We Free Ourselves from Suffering and Death? Do They Really Have a Meaning?

We do not live in an ideal world, but, rather, in a real, concrete one, wherein suffering exists and exists for some reason.

Man must know *why* he suffers, *why* he dies, and *what* all of this means.

* It is necessary to *free* pain and death from a sense of absurdity and lack of transcendence.

* It is necessary to *free* pain from the alienation produced by suffering and death with no horizon.

* It is necessary for man to give a meaning to suffering and be able to die in a fullness of life—that is, *life must be in-*

*fused into* suffering and death.

This is the road followed by Jesus. He accepted pain and lived out its meaning of liberation and salvation.

He dedicated Himself completely, to the point of death, and death on a cross. But He is the Risen Christ, the Christ of hope, the Christ of Life. Death has also been overcome by Life. From that point on human suffering has had a meaning and has become salvation (*Jn* 12:24): "In truth, in truth I tell you: If the grain of wheat does not fall to the ground and die, it remains alone, but if it dies, it yields abundant fruit."

Suffering is a key time, an appropriate time, a *kairos*: for the *sick*, who pause and begin to *reflect* and evaluate and *live*, observing life's meaning precisely in the time of illness; for *God*, in the sense that God has his moments, designs, and means. God is always passing through man's life, but we are sometimes *distracted*; in the time of illness, however, we can listen to Him without many fears.[13]

**3. Witness**[14]

Pain, illness, and suffering are an observatory, a school, a university, an occasion for a new approach to life, and sometimes even for an authentic conversion and apostolate. To demonstrate this affirmation, I shall present two types of testimony: the first group is formed by saints who changed their lives on getting in touch with pain; the second is formed by people of every condition.

a) *The Saints*

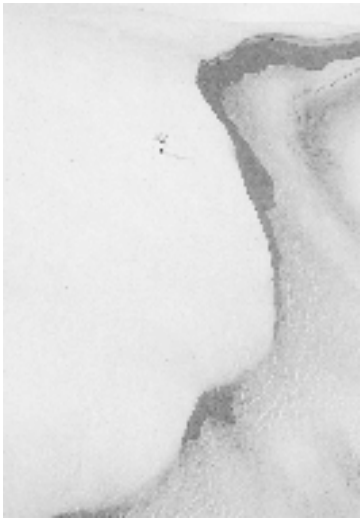
Some of them have lived through the experience of illness in their own flesh; the experience of suffering has served others, the majority, to focus their lives again—they have lived out their vocation at the side of suffering people.

Among the former we find St. Ignatius of Loyola, who, while convalescing from a wound, found God and offered Him his life. Among the latter it is right to mention two great champions of Charity, John of God and Camillus De Lellis.

They both lived through a negative experience in the hospital because of the treatment the sick received. That experience moved them to found their respective religious institutes as an expression of a more humane and charitable dedication to the sick.

b) *My Experience as a Chaplain at a Children's Hospital*

The most surprising and richest thing in the experience of evangelization is life, the surprise of being challenged each day by the lives of these children, who, instead of beginning to live, are threatened



by suffering and illness. The surprise is to see many mothers, many families, at the foot of the cross of their children in pain. How much tenacity, resistance, and sorrow! How much questioning and mystery!

Our Religious Service is not an organization or a cold, calculated presence; rather, it is a life, a sign. We observe this in many manifestations by family members. Allow me to point out a few of them to you by way of example.

* "Thank you so much, Elvira; you have helped me a great deal." These were the words of a mother to a visitor after the burial of her daughter.

* I remember the anguish of a young couple over the illness of their son, who died after three months. How much time they spent in the chapel, wavering between hope and despair!

* And how affectionately and zealously Jordi's mother took care of him!

* How many families waited for us to come and visit them! They frequently said to us, "We were waiting for you."

* And that father, Paco, disillusioned and despairing over his son, with a bifid spine; he did not believe in anything, saying he had lost the faith… We encouraged him to emerge from that darkness and sadness, and after a few days we saw more light and tranquillity in that room and in that couple alongside their son.

* And what can we say about Alicia, twelve years old; Juan, eight; Gemma, nine, a victim of leukemia; José Manuel, six; and Maria, three?

* Miguel Angel was a seven-year-old with a cancerous tumor. It was a desperate case. The child cried, was ill, and felt this. And, between sobs, with the awareness of an older person, he repeated rather frequently, "Mommy, kill me, kill me!" We spoke to his parents, seeking to be very close and to provide encouragement. But there was no time for prolonged conversation. It was always sporadic. It was so hard, with such anguish!

* This was the reflection of a father: "At work I feel distant and do not trust my companions… I have always thought there was a lot of malice in people, but after so many days in the hospital I have discovered this human value in healthcare personnel, volunteers, and the religious service. I am happy, though my son remains ill. The hospital is a surprise." Another father said, "We parents, lacking morale and frightened by the incurable illness of our daughter, were consoled only by the words of the priest who attended to us for the Baptism and death of our daughter."

Allow me to tell you about an eight-year-old girl who had an accident along with her cousin; we visited the two of them rather frequently. After being discharged, she came to

the hospital one day to visit us and brought several things, including the following letter.

Dear St. John of God,

My grandmother is sending you this bouquet in gratitude for your having cured me and my cousin. Cure all the children in this hospital. Help Yolanda and Gustavo and Rafa and the others to get cured as you helped us. My grandmother is sending you this bouquet so that you will cure other children. I want you to give a lesson to those cooks, who prepare very bad meals which the children at the hospital don't like. I am leaving you my crutches because I don't need them any more, since you have cured me. I am giving them to you so that another child can use them if he needs to, but I ask that no one may have to use them in this world. Because I don't think people need to die or suffer, since, if such horrible things did not exist, everyone would live happily.

Affectionately yours,

Isabel María."

We shall now look at two significant experiences associated with contemporary representatives of the world of art who have been faced with pain. We are referring to the renowned film director Federico Fellini and to the tenor José Carreras.

We shall first transcribe the statements by Federico Fellini to the Barcelona newspaper *La Vanguardia* (August 29, 1993) while he was hospitalized in Rimini.

"I have discovered that the hospital is a wonderful place to meditate on one's projects and one's life."

The interview continued.

"What are you afraid of now?"

"Above all, I'll say that I won't conceal the fact that I was afraid."

"Did you pray during those days?"

"Yes, I did."

"What is prayer?"

"An extraordinarily rational and intelligent way to place life's heaviest burdens on the ground and entrust the weight of anguish and doubt to someone."

"Did you think of God?"

"How could one live without thinking of Him?"

On another occasion, the same Barcelona newspaper also published statements by the tenor José Carreras.

"As a result of my illness, I learned to value the religious aspect, a certain mysticism, a certain type of reflection, and that has been one of the positive experiences remaining in me from that situation. I have matured more as a man because of this episode in my life and see things a bit more profoundly."

c) *Why Suffering?*

In *Salvifici Doloris* Pope

John Paul II gives an answer.

Suffering is a trial (*SD*, 11).

Suffering is a call to conversion (*SD*, 12).

Sacred Scripture recommends joy as an excellent remedy: "The joyful heart improves health; the downfallen spirit dries one's bones"(*Pr* 17:22).

"Man's soul supports him in illness, but if he loses heart, who will lift him up?" (*Pr* 18:14)

St. Paul found joy in suffering and discovered its value (*SD*, 1).

"Now I am joyful over the sufferings I endure for your sake and make up in my flesh what is lacking to the tribulations of Christ, in favor of his Body, which is the Church" (*Col* 1:24).

"…I take delight in my weaknesses," St. Paul also states, "in insults…, in persecutions…" (*2 Co* 12:10).

*Why suffering?* What good is it? Can suffering be a call, a vocation?

"Suffering is present in the world to provoke love, to cause works of love for one's neighbor to arise, to transform all of human civilization into the 'civilization of love'" (*SD*, 30).

In this love the meaning of suffering is totally fulfilled, and it attains its definitive dimension.

Human suffering is a call to love. "It is a vocation," as Pope John Paul II states in the Apostolic Letter *Salvifici Doloris*, no. 26. A mysterious call to love more, to share in the infinite love of God for mankind.

There is a Jewish story that a disciple asked his master, "Why do the good suffer more than the wicked?"

The master replied, "Listen, a man had two cows, one strong and the other weak. Which of them did he put the yoke onto?"

The disciple answered, "Obviously, onto the strong one."

The master concluded, "The merciful one does the same: in order for the world to go forward, he places the yoke on the good."

Some time ago I read a book and was struck by one of its chapters, entitled "To Educate for Suffering."[15] It contains the following direct quote:

"*Whoever is unable to suffer a great deal cannot aspire to doing great deeds.*

—Burke"

"It seems contradictory for me to open this article with the heading 'To Educate for Happiness.' Is it perhaps contradiction or incongruity on the part of someone writing illogically and inconsistently?

"Let us state at the outset that happiness and suffering are not contradictory, but complementary concepts. No one achieves high levels of happiness if he has not first taken on the dynamic of suffering. Suffering must not be sought as an end, but accepted when it

comes in a spirit of joy, solidarity, and good cheer.

* Suffering has forged great men.

* Suffering puts selfish hearts to the test.

* Suffering takes us to higher levels.

* Suffering makes us more understanding.

* Suffering draws us close to our brothers and sisters.

* Suffering enables us to interiorize.

* Suffering gives us patience.

* Suffering brings us to seek God.

"The educator, whether a parent or master, must teach that suffering is a blessing when we live it out in a spirit of good cheer and harmony. We constantly complain about our bad luck or about the inevitable sorrows life brings with it, whose intensity we are unable to alleviate. They seem to make life unbearable.

"Difficulties should be accepted joyfully—heat or cold, solitude or company, ignorance or the effort to learn, weariness and boredom, disappointment and doubt, laughter and tears.

"The contours of pain rise up each day like the sun, the air, or life itself. A life without pain would be an advance death, since pain fortifies our will for the daily struggle. In the school of pain we are in the best position to verify the quality of love. In learning to suffer, we learn to love. How clearly mothers understand this after the pains of birth! How they accept any suffering because of the love they feel for the child of their womb!

"I am accustomed to feeling the clawing of pain quite frequently. And my song of thanksgiving rises to heaven, since I can share the wonderful experience of a God who became flesh to impart to us, from the teaching chair of pain, the most sublime and enduring lesson of love. Suffering and happiness may just be two sides of the same coin."

Paul Claudel and Emmanuel Mounier have left us a beautiful witness to suffering.[16]

"God has not come to eliminate suffering, or even to explain it. He has come to fill it with his presence," says Paul Claudel. And he continues, "Pain is a presence; it thus demands our presence—a hand has joined ours and holds us in its clasp."

And Mounier, when his daughter Françoise was ill, wrote to his wife, "We must not think of this illness as if it were something we are offering, so that we will not lose the merit—the grace—of this 'little Christ' in our midst… I don't want us to lose these days by forgetting that they are days full of an unknown grace."

I myself could narrate my

experience of illness, lived out in the month of June 1995.[17]

I had never before in my life had an experience of illness (I was 59)—just minor problems. But I suddenly felt that my body *was telling me* that something was wrong. It was true. Then came the tests, and the diagnosis was clear: "ulcerotomy, in addition to selective vagotomy." And everything was "urgent"—hospitalization and an operation. My *via crucis* began, not from bodily pain, which I did not feel, but from the "nuisance" caused by so many medical probes, which were never over. I asked myself many questions in the face of two realities, illness and work. Accustomed to a very active way of life, I got the impression that I was really wasting time. I felt the support of technology; I was in "good hands." I felt the company of many people, to the point that the article on my experience was entitled "I Never Felt So Well Accompanied." My illness was a good opportunity for a new relationship with God. As a religious and a priest, I can say that I have seen God more closely through numberless small realities.

Illness helped me to value health more—both my own and others'. I think I have become more sensitive, trust God more, and see the relativity of many things previously regarded as important which are not. I have seen that prayer is not easy—especially when illness is most acute—ritual prayer in particular, the common daily prayer, which I did not identify with in the time I was living through.

My prayer in bed and then in the little chapel of the community was mainly comprised of short phrases: "Lord, thy will be done, but give me the strength to follow it." I frequently turned to the Lord with this cry.

I remember that one day, after a new relapse, I prayed to the Lord in the words of Psalm 136: "How can a song be sung to the Lord in a foreign land?" And I said to myself, "It is true. It is hard." And I applied it to myself, since in that time my illness and my doubts were a foreign land for me. A foreign land was not to be able to continue with normal life. A foreign land was so many medical tests, so many analyses, and so many injections.

I also identified with the psalmist's cry: "Lord, my God, I cried out to you and you healed me" (*Ps* 29).

Another intense moment of prayer was the feast of St. Peter and St. Paul. I intimately felt the joy, courage, and strength of the apostle: "I know the one I have put my trust in. I have fought the good fight. I have run the race. I have kept faith... The grace of God always works with me..." (Antiphons of Lauds).

"My strength and my power is the Lord. He was my salvation" (2nd ant., Lauds, first week).

"Bend under the powerful hand of God... Unburden all your distress upon Him, for He cares for you" (*1 P* 5:6-7).

In the end, this is what remains; this is the substance of life. In those days the brochure with the Office for reading on the seventy-one blessed members of the Order, martyrs of hospital service during the Spanish Civil War. And I felt a kind of chill while reading those texts; in those martyrs I saw generosity, love for the sick, faith in God, and valor in times of distress, and I said to myself, "Courage! And I saw that it was true: human and Christian life matures in suffering.

I would not like to conclude without manifesting another experience which accompanied me during my illness: as never before, I felt the prayer of others to be very near. All said they were praying for me, and I really felt that "push," that strength, and I thought, "If men are close to you, how can God fail to be?"



Let us now pose this question for ourselves: Does suffering have meaning?

Let us start from an evident fact: suffering is not good in itself; rather, it is an evil. That is why an instinctive tendency exists to reject it, even in believers. A woman religious, who, after an operation, was asked, "How are you, Sister?" replied, "Doing the will of God, but not so happy about it."

But that does not mean that it lacks meaning. "Suffering is always bad, but it is an unpleasant experience in which something positive may be lived through. Suffering presents itself to us as a possibility. It is I who must say what I will be in this experience of pain. Suffering that is not lived through inwardly remains as an unpleasant fact which will not contribute to shaping my life; rather, it can destroy it."[18]

The mystery of pain is revealed in the light of faith: pain in the eyes of God has an explanation. The Pope so states in the Apostolic Letter *Salvifici Doloris*, no. 13.

"In order to perceive the true answer to the 'reason for' 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 on the meaning of suffering, which is always a mystery."

Cardinal Angelini explains it with a metaphor, referring to the "planet of pain." The planet is a star shining with a light which does not belong to it, the light of the sun. From a Christian standpoint, pain may be compared to the planet receiving light, purification, and value from the mystery of Christ the Redeemer.[19]

### 4. Death: The Teaching Chair of Life

If we must "learn to suffer"—that is, integrate death into life and be able to die in the fullness of life—from death we must learn to live; death is the "teaching chair of life."[20]

A Spanish poet, Pemán, says the following: "*One who is unable to die while he lives is empty and deranged; the way to live is to die a little each day. To live is to prepare the soul to attain life, dead to pleasure and the world, so that, when death comes, there will be very little left for it to do*."

Another Spanish poet, the Catalonian Joan Margall, in his spiritual canticle says, "*And when the time comes for these human eyes to close, open other, bigger eyes for me, Lord, to contemplate your immense face. For me death will always be a greater birth*."

In a poll conducted among health professionals on the theme of "Death as the Teacher Chair of Life,"[21] I gathered together many ideas. Death provides instruction on life

* because it teaches us to value things in their true measure;

* because it places us in touch with the hope of a transcendent life;

* because it makes us sensitive to human and spiritual values.

The arguments in favor of the positive meaning of suffering and death are numerous, as there are numerous thinkers and experiences connected with this subject. We have touched upon only a few. Readers will find abundant material in our bibliography, but we wish to facilitate reflection and, above all, reading of certain keys to undergoing suffering and death in a positive way, and to this end supply data on books and journals devoted to these topics in particular.[22]

In the future, death must recover its meaning, and it will do so only when man finds the meaning of the dignity of life... To give life meaning again—to "rehumanize" it. That is the price which society must pay as soon as possible to avoid the dangerous excesses of an ethics which has lost its moorings to such a point that it recognizes the right to die as the justification for a policy of active euthanasia.[23]

We shall point out some efforts to recover the meaning of death. They are efforts which, when multiplied, can change our language and our gestures.

* *Hospices and residences* are attempts to humanize the care of the dying.

* *Palliative care*, a new philosophy in accompanying the dying, is a search leading to a meaning.

* *The life testament* is also an attempt to humanize and recover control over death,

since it is a question of preserving human dignity until the end of life.

* *Campaigns* in favor of the assistance of the dying at home.

* *Action plans* aimed at a change in mentality at different levels: social, ethical, political, medical, and ecclesial.[24]

### 5. Death Has Been Overcome by Life

Death is the "instant in which pure, naked, certain truth penetrates into the soul" (S. Weil), and we must look at it with our faces uplifted, as did Jesus, "who, in appearing with a human demeanor, humbled himself, obeying unto death, and death on a cross. For this reason God exalted him and gave him the Name which is above every other name" (*Ph* 2:5-9). From that moment pain, taken on by the Crucified and Risen Christ, has disappeared, and death is no longer death, but life.

As St. Ambrose says, "*Death is the universal passage. It is necessary for it to pass with value. The passage, in addition, is from corruption to incorruptibility, from death to immortality, from restlessness to tranquillity. Let the name death not cause you fear, but, rather, rejoice over the benefits of this beautiful landscape*" (*De Bono Mortis*, 4,15).

When man looks at his ultimate destiny with faith, death is transformed for him into hope. St. Teresa of Avila writes, "*Come, death, so hiddenly that I won't hear you coming, so that the pleasure of dying will not carry me off to life.*"

For Paul, "to die is a gain" (*Ph* 2:21).

### 6. Christ Has Risen

Pain—that is, illnesses, wars, hunger, tribulations, marginalization, violations, and death itself—is the result of a mankind on its way towards a conclusion: the resurrection, Easter, and triumph for us, too, since Christ rose—He is the prelude, advance fulfillment of our resurrection. And if Christ rose, hope and forgiveness are possible; with Christ's resurrection, pain and death are not accursed or alien, but the companions for our journey, our pilgrimage, our history, redeemed and saved in Christ Jesus.

Let us acclaim Christ, who overcomes death in himself and in all of us. After Easter, death is no longer death, but life, a falling asleep in the Lord, light and resurrection. A light never before seen is shining. The night is receding, and the sun is rising—He is the Risen One. It is Easter, a day of light, a song of hope.

### 7. I Am Making a New World

A new world is arising—must arise. A world without suffering, laments, or death.

It is the Heavenly Jerusalem sung in the Book of Revelation (21:1-4).

"I saw a new heaven and a new earth... And I heard a loud voice saying from the throne: '*This is the dwelling of God with men. He will place his dwelling among them and they shall be his people, and He, God-with-them. And he will dry every tear from their eyes, and there shall no longer be death or weeping or outcry or weariness, for the old world has passed away*.' *The one seated on the throne* then said, '*Behold. I make all things new*.'"

Rev. JOSÉ L. REDRADO, OH

## Notes

[1] *Message for the Fourth World Day of the Sick*, no. 4 (February 11, 1996).

[2] JOSÉ L. REDRADO, *El rostro de Jesús y el sufrimiento humano,* in *El Padre, apóstol del Santo Rostro* (Gorle: Velar, 1995).

[3] Cf. ARNALDO PANGRAZZI, *Perché proprio a me?* [*Why Me?*] (Milan: Paoline, 1995), pp. 9-11.

[4] Cf. FELICE D'ONOFRIO, *Il dolore* (Milan: Paoline, 1992).

[5] JOHN PAUL II, *Message for Lent 1996*.

[6] JOHN PAUL II, *Address to the United Nations*, October 5, 1995.

[7] JOHN PAUL II, *Message for Lent 1996*.

[8] FELICE D'ONOFRIO, *op. cit.*, p. 9.

[9] JEAN-LOUIS BAUDONIN DANIELLE BLONDEAU, *La ética ante la muerte y el derecho a morir* (Barcelona: Herder, 1995).

[10] N. ELIAS, *La solitudine del morente* (Bologna: Il Mulino, 1985), p. 28.

[11] MARIE DE HENNEZEL, *La morte amica* (Milan: Rizzoli, 1996).

[12] *Op. cit.*, p. 7.

[13] JOSÉ L. REDRADO, *El Rostro de Jesús…*

[14] JOSÉ L. REDRADO, "Evangelization and the World of Health: A Challenge for Religious in Health Care," in *Curate Infirmos and Consecrated Life* (Vatican City: The Pontifical Council for Pastoral Assistance to Health Care Workers, 1994).

[15] GREGORIO MATEN, *La aventura de ser Joven*, Ed. Atenas, Madrid 1993.

[16] *Cartas sobre el dolor*, in *Labor Hospitalaria*, no. 235/1995, 52-56.

[17] JOSÉ L. REDRADO, *I Never Felt So Well Accompanied*, in *Dolentium Hominum*, no. 32/1996.

[18] MIGUEL ANGEL MONGE, *Suffering in Illness, Dolentium Hominum*, 32/1996.

[19] Cf. *Quel Soffio sulla Creta* (Vatican 1990), p. 147.

[20] JOSÉ L. REDRADO, article in *Dolentium Hominum*, 28/1995.

[21] JOSÉ L. REDRADO, *Dolentium Hominum*, no. 28/1995, 62-67.

[22] * Apostolic Letter *Salvifici Doloris*.

* Spanish Bishops' Conference, *Vivir sanamente el sufrimiento* (Madrid, 1994).

* VICO PEINADO, *Profetas en el dolor* (Madrid: Paulinas, 1981).

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* NOUWEN, *Al di là dello specchio* (Brescia: Queriniana, 1992).

* *Dolentium Hominum*:

no. 28, Redrado, "Death as a Teaching Chair for Life"

no. 32, Monge, "Suffering in Illness"

* *Labor Hospitalaria*:

nos. 225-226 (special issue on life and death)

no. 235 (special issue on suffering and a positive approach to it)

[23] JEAN LOUIS BANDOUIN-DANIELLE BLONDEAU, *La ética ante la muerte y el derecho a morir* (Barcelona: Herder, 1995).

[24] Cf. "Action Plan of the Spanish Bishops' Conference on Euthanasia and Care for a Dignified Death," *Dolentium Hominum*, no. 14/1990, 58-60.

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# The Health Apostolate in Lebanon on the Way to the Jubilee of the Year 2000



**Introduction**

In recent decades in Lebanon there has been notable development in the hospital field, especially on account of the war. To deal with growing needs, facilities in the capital have had to multiply capacities and equipment; in the province as well, in the wake of the division of the country, numerous buildings have been constructed, including some endowed with advanced apparatuses and services—scanner and IRM, renal dialysis, heart surgery, and radiotherapy.

In the face of such technological progress, in spite of the collapse in values affecting various areas, we must ask ourselves if there has been analogous moral and spiritual progress, whereas the ethical problems related to handicaps, euthanasia, and abortion, assisted procreation, and so many other difficult questions always regarded as exclusive prerogatives of the West are more and more excruciating and pressing.

In November 1995, in Beirut, at the initiative of the UN Association in Lebanon and the International Union for Peace and Human Rights, a seminar was organized on Medical Bioethics and Human Rights,[1] in collaboration with the Medical Association, WHO, and the National Council for Scientific Research. Numerous local and international personalities took part in this meeting, sensitizing health workers, jurists, and public opinion to the bioethical problems which the healthcare ministry sought to clarify during this Christian encounter.

In a prior commentary,[2] in the light of research on thirty-eight hospitals, we reconstructed the picture of the health apostolate as it appeared in 1992. We made constructive proposals in the hope they would be submitted to the General Assembly of Catholic Patriarchs and Bishops in Lebanon so as to give rise to a Bishops' Commission for Pastoral Care in

Health. Only eight years later the Great Jubilee of the Year 2000 was to be held, with the invitation for Christian renewal of apostolic commitment. We are thus in the heart of preparation for the Third Christian Millennium. The Church looks with confidence at the events of our time and among "the signs of hope at this close of the century,"[3] recognizes the progress "of science and technology, and especially medicine, in the service of human life."[4]

It would thus be timely, now that peace has returned to Lebanon, to draw up a balance sheet on the road traveled so as to discuss the current state of the health ministry and look towards the future with a fresh gaze. At the same time we shall have occasion to explain what we mean by pastoral care in health, recall its Christological foundations and canonical underpinnings, and convey the importance of health workers' mission and what suffering represents for the sick.

**The Pastoral Ministry and the Ministry of Healing**

After his resurrection, when appearing alongside the Lake of Tiberius, Jesus entrusted a pastoral ministry to Peter, saying, "Feed my lambs" and "Feed my sheep."[5] And the same ministry was entrusted by Jesus Himself to the other Apostles, when He appeared to them while they were eating and said, "Go throughout the world and preach the Gospel to every creature."[6] But at the same time, precisely to stress his great love for those suffering, Jesus also entrusted to his Apostles a second ministry by telling them to work miracles in his name: "They shall lay their hands on the sick, and these shall be healed."[7]

These ministries later became the task of the Church, described by the Second Vatican Council as the "Universal Sacrament of Salvation."[8] The Church acts, then, "by bearing witness to and at the same time putting into practice the mystery of God's love for man," as affirmed by the Pastoral Constitution on the Church in the Modern World.[9] To carry forward her pastoral and healing ministries, the Church has received charismatic gifts from the Holy Spirit to convey to each of the faithful: "Jews or Greeks, slaves or free men, and we have all drunk from a single Spirit" and form "the Mysti-

cal Body of Christ."[10] St. Paul teaches us, "Now you are the body of Christ and his members, each in his own role. God has thus established some in the Church as apostles, first of all, then as prophets, and thirdly as teachers; afterwards there come miracles, then the gifts of healing, assistance, and governing."[11]

Accordingly, in addition to the initial mission of working for the salvation of souls, a second ministry is entrusted to the Church of preserving bodily health, and therein lies the Christological foundation for pastoral care in health.



## The Church and Health Care

In his message for the Fourth World Day of the Sick (February 11, 1996), the Holy Father states, "Today pastoral care in health occupies a leading place in the Church's apostolic work: it has numerous facilities for first aid and hospitalization and takes care of the neediest with attention which is recognized and highly appreciated in the world of health, thanks to the generous commitment of many of our brothers in the Episcopate, priests, men and women religious, and numerous lay people who have developed a notable sensitivity to those suffering."[12]

The importance of this aspect of the Church's mission is clearly brought out in the volume[13] published by the Pontifical Council for Pastoral Assistance to Health Care Workers. This volume of about 1000 pages provides information on 21,757 health facilities located in 12,596 localities in 135 countries on five continents where the Church is working. They are mainly hospitals (about 7000)—that is, 34% of health facilities belong to the Church. For the disabled the Church has about 1000 rehabilitation centers.

In our country, as brought out by the President of Unions at Private Hospitals, Dr. Faouzi Adaimé, in his opening address at the First National Medical and Hospital Congress in Beirut, "the story of hospital care in Lebanon has always drawn inspiration from the spirit of missionaries."[14] The Church is present not only in her own institutions, but, thanks to the dedication of her religious, she is also active at most of the public and private hospitals connected with the Ministry of Health.

With this involvement, and thanks to major efforts to disseminate information, the Church is at the forefront in the health field, in both quantitative and qualitative terms, and precisely for this reason she has the right and the duty to speak out for those suffering, but especially to give impetus to a policy of education, prevention, and care to maintain and recover health, in the name of defense of life and human dignity. These objectives form part of a series of well-defined rules and canonical structures.

## Canonical Rules

In current canonical legislation[15] we find general rules reflecting pastoral practice. Accordingly, human salvation is found in the supreme Law (canon 1752), along with respect for human dignity (cc. 96 and 618), which must be safeguarded in man's basic rights (c. 747-2), freedom (c. 768-2), and need for integral training (cc. 795 and 807).

The safeguarding of human life and the physical integrity of the person are stressed in canonical penal law, which punishes abortion (c. 1398), homicide (1397), and serious wounding and physical mutilations of the individual (cc. 1397 and 1336). Special prerogatives are granted to hospital chaplains and priests to aid the sick, especially those threatened by death. C. 529-1 establishes the care of the sick and, above all, of the dying as a special duty of parish priests, with the obligation to act with great care, showing affectionate, singular charity for the dying.

In addition, as regards the elderly, the sick, and those caring for them, canonical legislation is less rigid, but those enjoying good health must respect the rules, as recalled by canons 539, 555-2, 919-3, 167-2, and 930-1/2.

## The Universal Canonical Structure

A year after the Encyclical *Salvifici Doloris*,[16] devoted to the value of suffering for salvation, Pope John Paul II addressed the Motu Proprio *Dolentium Hominum*[17] to the Christian world, creating a new institution in the Roman Curia: the Pontifical Commission for Pastoral Assistance to Health Care Workers, which in 1987 was to become the Pontifical *Council*, with the Constitution *Pastor Bonus*,[18] which establishes its aims.

*Article 152*

The Council manifests the Church's concern for the sick and the help given those devoted to the sick and the suffering so that the apostolate of mercy they bear witness to will respond better to the demands of the moment.

*Article 153*

1. The Council is responsible for disseminating the Church's doctrine on the spiritual and moral aspects con-

nected with illness and the meaning of human suffering.

2. It works with the local Churches to provide health workers with spiritual assistance in understanding their task in the light of Christian doctrine and enable those stimulating pastoral work in this field to have all they need to carry out this mission.

3. In different ways it fosters practical and theoretical activities in this area by international Catholic organizations, in union with other organisms.

4. The Council pays close attention to both legislative and scientific developments related to health care for the specific purpose of taking them into account in the Church's pastoral work.

**The Lebanese Canonical Structure**

The first local initiative related to the healthcare ministry is run by the Lebanese Assembly of General Superiors of Women's Religious Institutes, which in September 1992 instituted "a Health Commission to study pastoral care at our hospitals,"[19] composed of religious belonging to the main women's orders in the country: Sr. Lamia Ziadé, of the Maronite Holy Family; Sr. Wafta Farés, of the Congregation of St. Theresa (later replaced by Sr. David Bassil); Sr. Celestine Abou Jaoudé, of the Sisters of the Cross; Sr. Nouhad Nassar, of the Sacred Hearts; Sr. Mona Nassar; and Rev. Georges Kerbaj, of the Lebanese Maronite Order.

Long before, when a poll was conducted on the health apostolate to prepare our theses, we had the honor of interviewing the Most Rev. Roland Abou Jaoudé, Vicar General of His Beatitude, Maronite Patriarch Habib Bacha; the Greek Catholic Metropolitan of Beirut, the Most Rev. Paul Matar, then President of Lebanese *Caritas;* and, finally, Monsignor Antoine Gemayel, Director of the Catholic Information Center.[20] We explained the importance of the health apostolate to these outstanding prelates and the need to situate it within an appropriate canonical structure by devoting a special Bishops' Commission to it.

Shortly thereafter, Divine Providence inspired Cardinal Fiorenzo Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, to visit Lebanon, which he himself described as a "martyred land comparable to a patient who is in the process of being healed."[21] This visit witnessed to the Church's closeness to and love for her suffering

children, whether they are invalids, disabled, or diminished. For Cardinal Angelini, the sufferings endured by the Lebanese must serve as an occasion to regain consciousness and reflect on the profound meaning of life and death, a kind of road they can set out on to become reconciled with God and their brothers and sisters. Cardinal Angelini on several occasions insisted on the concept that it is in suffering that people learn to know themselves. In his view, the Lebanese who suffer can discover a point of union, since the suffering Moslems is the same as that of Christians. And it is precisely by starting from that point that existential unity can be sought for and discovered. Pope John Paul II—Cardinal Angelini recalled—has stated more than once that Lebanon in this trial is more than a country—it is a Mission and Vocation involving dialogue and human brotherhood. Service provided the sick at hospitals can also take on a national character, then, for it is service offered to a whole people by the Church, with no discrimination based on religion or nationality. It is a genuine apostolate of the Church, of a new evangelization.

Echoing Cardinal Angelini's exhortations, the General Assembly of Catholic Patriarchs and Bishops in Lebanon in December 1992 created a Pastoral Commission for Health Care Workers in Lebanon to coordinate the pastoral activities connected with hospitalization and care. The Most Rev. Emile-Paul Saadé was elected President.[22]

The Pastoral Commission inaugurated its activity with an official Mass on February 11, 1993, on the occasion of the First World Day of the Sick, instituted by Pope John Paul II. Minister of Health Marwan Hamadé was in the front row during the celebration, attended by numerous official representatives, both religious and lay.

The Bishops' Commission immediately set to work by getting in touch with the Directors of Catholic hospitals, inviting them to devote attention to the health apostolate at their facilities. The results have been decidedly positive; for example, "by putting into practice the recommendations of the Bishops' Health Apostolate Commission, St. Joseph's Hospital of the Sisters of the Cross arose as a service of pastoral care at hospitals. The service consists of direct attention to the sick and their relatives and the training of personnel."[23]

Since then it is traditional for the World Day of the Sick to be celebrated on February 11, coinciding with the feast of Our Lady of Lourdes (with Masses and fliers at hospitals, articles in the press, and a booklet published in French

and Arabic containing the Holy Father's *Message* for this celebration). The sick and their relatives are thus guaranteed spiritual assistance in their human setting and other services, such as liturgical celebrations. The medical corps organizes spiritual retreats every year to sensitize administrative and nursing personnel and all other professionals to pastoral care. It is in fact necessary to promote the flowering of volunteer lay vocations to this service, both inside and outside the medical profession, to make up for a lack of religious vocations, for "the harvest is abundant, and the workers, scarce."



**The Lay Mission**

Like Christ, the Church wants to show she is attentive, respectful, and understanding towards those enduring the trial of illness—thanks to the dedication of hospital chaplains and the men and women religious present at health facilities, but also to the devoted assistance of the lay people working within the health ministry groups.

In his Apostolic Letter for the Jubilee of the Year 2000, Pope John Paul II invites us to value and "to listen more closely to the voice of the Spirit to receive charisms and help lay people."[24] Lay people, both professionals and volunteers, display a commitment to take part in this service of the Church by caring for their suffering brothers and sisters. For this purpose they must receive specific training—theological, pastoral, and ecclesial. They must be sustained and guided in their mission by the group, which provides orientation and reflection and to which they make an original contribution. Following the example of the priests to whom the health ministry is entrusted—and making the necessary distinctions—they take part in the Life Ministry by virtue of a special charity.

**The Life Ministry**

In 1995 the Holy See, through the initiative of the Pontifical Council for Pastoral Assistance to Health Care Workers,[25] published a *Charter for Health Care Workers*, a long-awaited text prepared on a multidisciplinary basis. This document offers an organic, exhaustive summary of the Church's position on the primary, absolute value of life in general and the life of each human being. Along the ethical lines of the "ancient Hippocratic Oath, which is always applicable,"[26] it groups together all the complex problems posed by the indissoluble link between medicine and Christian morality and sets forth the characteristics of health professionals and their essential duties. In the Encyclical *Evangelium Vitae*, the Holy Father states, "Health personnel—doctors, pharmacists, nurses, chaplains, men and women religious, administrators, and volunteers—have a very specific responsibility. Their task is to safeguard and serve human life."[27]

For us this *Charter* is a tool for work and an integral part of the initial and final training of health workers, "so that their witness will be a manifestation of the Church, which, to defend life, opens men's arms and hearts to take Christ's message to everyone."[28]

In addition to providing day-by-day care with the help of sophisticated technological instruments, medical action truly possesses inestimable value as service to life. In a tangible way it manifests man's commitment to his fellows, whether ill or disabled, and represents a form of Christian witness. This assuming responsibility for physical and moral health requires the active, attentive involvement of the sick and is based on a special interpersonal relationship. It is the meeting place for conscience and trust.

The health worker not only must be competent scientifically, but must contribute abundant generosity, attention, understanding, involvement, benevolence, patience, and dialogue—in short, Christian charity.

A patient is not just a clinical case, and providing care is not just a matter of safeguarding health or healing sick organs, but means total service to life. "No one may be satisfied with just attending to an organ or an apparatus, but we must take responsibility for the whole person,"[29] for "the human being, with his dignity and his rights, does not stop there—he is radically constituted by an ontological identity which is both spiritual and physical," wherein "believers recognize the image of God."[30]

For their part, faithful to their mission, which represents a real vocation, health workers, as Good Samaritans, must devote themselves in body and soul to their task, which "requires all their humanity and for which complete dedication is demanded."[31] In this sense their activity constitutes a following of the therapeutic charity of Christ, "who went about doing good and healing everyone,"[32] and is addressed to Christ Himself, present under the appearance of the sick: "I was sick, and you took care of me."[33]

The pastoral ministry does not, however, end with the sick, but necessarily extends to their families, undergoing a time of constriction, oppression, and sorrow during serious operations and under difficult conditions. Pastoral workers must be comforting, attentive, and a source of hope.

A third aspect of the health ministry regards the medical profession and administrative and nursing personnel, who need to be reminded that everyone must serve the sick, not only as a professional duty, but also out of Christian charity. We have to find the occasions to set forth for them—in special sessions in the course of annual retreats and with the help of competent speakers, as required—the doctrine of the Church on bioethics in general and on thorny questions often emerging in hospital practice—for example, when a therapeutic abortion is not reprehensible; when cornea, kidney, and heart transplants are licit; when it is proper, with an upright conscience and full knowledge of the situation, to disconnect ventilators in cases of irreversible coma; and, finally, when and how the patient may licitly be declared to be dead.

Profession, vocation, and mission are joined in a Christian vision of life. Health workers carry out an authentic therapeutic ministry—they are "Ministers of Life"[34]—for to serve life is to serve God through one's neighbor. In their work they do not act alone, but in ecclesial communion within the pastoral team and in a sanctified place, such as a church or hospital, which is the house of God, as forcefully and relevantly indicated by its former name: "Shelter of God."

## The Health Ministry Team

As part of the health ministry, under the authority of the diocesan delegate and guided by the Bishops' Commission, the Pastoral Team at hospitals reflects the pastoral involvement of every church in the diocese. Made up, ideally, of a chaplain, a religious coordinator, and professional and volunteer lay people, it is sent by the hierarchy on a mission to the sick. It forms part of the Church.

## The Experience of the Pastoral Team

It is possible for people to find their way to salvation with the help of the members of the Pastoral Team, who represent the visage of the

Church through their life, mode of being, words, and gestures.

Every team member seeks to be

* a representative of the Church, in keeping with the task of each, as a witness to hope and a sign of the fullness of God's gift, with the constant desire to respect the path, expectations, and needs of every patient;

* a listening presence, patiently agreeing to give every suffering person a hearing;

* someone who lends a hand to the sick, going out to meet them with gestures of friendship and restoring hope and the will to live, if necessary;

* an amiable presence, the sign of the love of God—Father, Son, and Holy Spirit—for the sick and those close to them;

* someone seeking to establish a dialogue which may become prayer;

* someone concerned about creating bonds among the sick, health workers, families, and parishes (health workers, for their part, must also commit themselves to being a link in the chain);

* someone who, if need be, accompanies the dying to the threshold of the new life.

## Requirements for the Professional Staff

1. Certain human qualities are needed.

* Different levels of balance are required: physical (good health), psychological (maturity, capacity to control one's emotions, and steadiness in the face of sickness and death), and spiritual (the ability to nourish one's faith constantly).

* Other qualities are an ability to listen, spiritual openness, sensitivity, good sense, discernment, discretion, generosity, and respect for all, whoever they may be.

* One must be a witness to Christ, with a capacity for speaking words of authentic faith.

2. It is vital to be able to work in a group, convey the experience of one's ministry, act as a stimulating influence, and move from teamwork at the hospital to external contexts, such as parishes.

3. One must be familiar with the cultural environments one is sent into—the world of medical care—and, without trauma, manage to situate oneself in institutions (hospitals or other health facilities).

4. One must be an envoy of the Church, feel called to this pastoral service, and speak and act on behalf of the Church, in the spirit of the Second Vatican Council.

5. One must accept initial and thorough training in terms of human, theological, and spiritual aspects.

**Prospects for the Jubilee of the Year 2000**

To start the Third Christian Millennium on the right foot, the Bishops' Commission has wished to take advantage of the three preparatory years for the Great Jubilee of the Year 2000, just as described in the Encyclical *Tertio Millennio Adveniente*, to promote the healthcare ministry in Lebanon. For 1997 it has established an agenda including the organization of a National Congress, the celebration of the World Day of the Sick, a push to create pastoral care at hospitals, and the encouragement of lay participation in this service. As for us, in an Appendix we present a projected organization chart for the health ministry,[35] with a specific proposal for organizing the hospital apostolate.[36]

**The Creation of a Pastoral Care Department**

By their very essence and because of their vocation, Catholic hospitals have a special obligation to remind those working at them of their duty to provide not only excellent medical care for patients, but also indispensable spiritual care, in recognizing man's unitary composition as body and soul.

Hence the concept of providing care with a view towards all of man's physical, social, emotional, and spiritual needs. To give concrete shape to this ideal, it is necessary to create a pastoral care department at every hospital and ensure that all its aspects are properly considered, as with all other hospital services, in terms of resources and personnel.

Materially, the pastoral care department needs independent space for at least two offices, one for the chaplain and the other for the remaining personnel. It should be an appropriately equipped office, especially as regards information systems so as to follow up patients and keep records on cases. The office space should be easily reached, preferably near the hospital entrance, and staff should be available for any request, including emergencies or calls outside office hours. But independence does not mean isolation. This office must in fact act at all times in close collaboration with other hospital departments, and that requires mutual esteem for the role of each to build a community giving top priority to integral care of man.

As regards personnel, the office must be animated by a team spirit in pastoral care; ideally, it should be made up

of a chaplain, a religious coordinator, a full-time lay assistant, and one or more lay volunteers. The personnel should be highly qualified, since effectiveness cannot be improvised overnight. Attention must also be devoted to choosing personnel, the requisites for pastoral workers, the curriculum for their theoretical studies, and practical orientation for teamwork, under the guidance of training supervisors.

**Training Supervisors for the Hospital Apostolate**

In all training programs the first thing to do is seek out or prepare training supervisors. It is essentially the responsibility of the Bishops' Commission, in collaboration with the proper academic authorities, to organize two groups of training supervisors: firstly, the professors who deal with theoretical subjects such as theology, liturgy, and psychology in terms of the health ministry (in Lebanon there are sufficient people with this competence); secondly, the group leaders who must conduct meetings and in the end grant certification. It is in the latter category that we encounter deficiencies, and there is undoubtedly a need for future skilled group leaders to get training elsewhere, particularly in France; when they return, they themselves will select the members of the pastoral teams according to clearly defined criteria and principles. They will then have to establish personalized training programs for each group in order to initiate local work in this area.

**Training Hospital Chaplains**

An exemplary training program which Lebanon ought to imitate is the one existing in the Diocese of Lyon.[37] It is adapted to each candidate, allowing for part-time professional activity. It is sponsored academically by the Pastoral Institute for Religious Studies at the Catholic University of Lyon, which, in addition to a University Diploma in Religious Studies, offers a University Diploma in Pastoral Training. There are similar institutes in Paris, Lille, and Toulouse. In Lebanon academic sponsorship will be provided by the Liturgy Institute of the Pontifical Theological Faculty at the University of the Holy Spirit in Kaslik. Studies last two years and lead to a University Diploma in Pastoral Training. A doctoral program could also be created.

*Preparatory stage*. Candidates must first of all complete a mandatory initial stage consisting of a two-month -long discernment course with

eight meetings at a pastoral service. This provides the opportunity for both sides to evaluate abilities, difficulties, and reserves. If results are positive, candidates may start the first year of study.

The first year includes several fields.

1. Theoretical studies: dogmatic theology (the Church and the Sacraments), moral theology (human life and Christian ethics), pastoral training and the educational relationship (psychological and historical approach), the catechetical act, cultures and Christianity.

2. Practice in communications sciences: techniques for working with groups and audiovisual and information training.

3. Practical courses at a general hospital (two four-month courses) to acquire a certain mastery in dealing with patients.

4. Theoretical training in the healthcare ministry.

5. A personal course with the training supervisors to facilitate adaptation, observe progress or problems, and avoid mishaps.

6. Approval of candidates and a final examination are required for admission to the second year.

The second-year program includes similar subjects considered more deeply.

1. More detailed theological and liturgical studies.

2. Practical courses and inclusion in a pastoral team, with participation in general and health ministry meetings and the activities of the Bishops' Commission for the Health Apostolate in Lebanon.

3. Adaptation to pastoral models.

* Pastoral commitment under all aspects, including catechetical instruction.

* Taking part in the sacramental ministry.

* Taking part in Church celebrations.

* Solid relations with hospital personnel.

* Discussion of complex cases for ethics.

* Preparation and leadership of group sessions, accompanied by written reports.

* Supporting volunteer workers and other students.

* Knowledge of the legal conditions applying to chaplains—their rights and duties in relation to health facilities.

* Handling emergency cases.

4. Personal courses to review training with a view towards a position and to analyze the responsibilities of a professional. The purpose is to understand the duties of a ministry and to evaluate prospects for working with a pastoral team at a hospital.

**Training Religious Who Work in the Health Ministry**

Through their constant dedication to the sick, the religious working at Catholic hospitals have carried out the health apostolate for a long time. However, for the sake of renewal, and particularly with a view towards training novices, a special program in pastoral education is necessary for them.

**Pastoral Education Program**[38]

1. To offer congregations of women religious, witnesses to healings which have occurred in the name of Jesus thanks to the care given the sick, orientations on educational aspects and services in the pastoral ministry.

1.1. To expand the efforts of the local Church to develop the pastoral ministry.

1.2. To confirm the concept of medical care for the body and soul, insisting on the spiritual dimension.

1.3. To encourage the manifestation of Christian attitudes and values at health facilities so as to provide spiritual care.

1.4. To promote the role of religious, involving them directly in the activities of the pastoral ministry.

1.5. To promote the role of lay people in both the Church and her pastoral ministry.

1.6. To encourage professional exchanges among the different religious Congregations.

2. To develop and apply a program in pastoral education at health facilities sponsored or administered by religious.

2.1. To furnish those concerned with appropriate information on the proposed program.

2.1.1. To set forth a conception of pastoral care based on theoretical principles and clinical practice which includes philosophical and theological premises oriented towards the following.

* Representatives of the assemblies of General Superiors involved.

* The administrations of the health facilities concerned.

* The hierarchy.

2.1.2. To list the professional and personal qualities required for those who are to become ministers of pastoral care.

2.1.3. To clarify the essential points for action by the pastoral education program.

2.2. To explain the conception of the pastoral care ministry to the professionals involved through briefings and visits to health facilities.

2.2.1. To work out the conception of ministry and the role of health professionals.

2.2.2. To deepen the vision of ministry for pastoral care.

2.2.3. To discover the degree of interest of the persons

inclined towards pastoral education and identify potential candidates for the training program.

2.2.4. To encourage the participation of lay people in the program.

2.3. To create a pilot project for initial training.

2.3.1. To select promising candidates through personal interviews and consultation with supervisors and/or religious superiors.

2.3.2. To choose personnel destined for meetings in places of prayer.

2.3.2.1. To limit the maximum number of participants to six people.

2.3.2.2. To select buildings which are close to each other training, shifting among them on a rotational basis.

2.3.3. To conduct preliminary exercises to test basic theoretical concepts and clinical competence.

2.3.3.1. To offer hour-long theoretical classes twice a week.

2.3.3.2. To follow up on each participant for at least 45 minutes once a week.

2.3.3.3. The program should last eight weeks.

2.3.4. To evaluate the pilot program as it evolves.

2.4. To begin a broad, ongoing process of autonomous training.

2.4.1. To select capable candidates through personal interviews and consultation with religious superiors, evaluating participation in the pilot project, if possible.

2.4.2. To select those destined for courses in the meeting places and limit participants to eight people.

2.4.3. To conduct intermediate-level exercises on theory and practice.

2.4.3.1. To offer 90-minute theoretical classes twice a week.

2.4.3.2. To follow up on participants once a week for at least an hour.

2.4.3.3. To carry out supervision of the group being trained once a week for at least an hour.

2.4.3.4. The training program should last twelve weeks.

2.4.4. With the same procedure, to constitute an advanced group.

2.4.4.1. To offer three two-hour theoretical classes each week.

2.4.4.2. To follow up on participants once a week for about an hour.

2.4.4.3. The program should last twelve weeks.

3. To offer quality pastoral service to the sick and their relatives and friends through the personnel available at facilities sponsored and/or administered by religious.

3.1. To help train professional health ministry departments at institutions.

3.1.1. To ensure the same financial, personnel, and office support that other divisions of the facility receive.

3.2. To guarantee a continuous education program in three stages for those being trained—initial, intermediate, and advanced.

3.3. To offer individual supervision and the chance to take part in seminars with those who have completed the advanced level and do pastoral work.

3.4. To encourage gifted students to continue more advanced studies in other countries.

3.4.1. To guarantee competence and professional stability in the future, as regards education and practice.

**Requirements and Training of Lay People on Pastoral Teams**

*Staff Members*

1. Varied human qualities are required.

* Different levels of balance are required: physical (good health), psychological (maturity, capacity to control one's emotions, and steadiness in the face of sickness and death), and spiritual (the ability to nourish one's faith constantly).

* Other qualities are an ability to listen, spiritual openness, sensitivity, good sense, discernment, discretion, generosity, and respect for all, whoever they may be.

* One must be a witness to Christ, with a capacity for speaking words of authentic faith suited to every circumstance.

2. It is vital to be able to work in a group, convey the experience of one's ministry, act as a stimulating influence, and move from teamwork at the hospital to external contexts, such as parishes.

3. One must be familiar with the cultural environments one is sent into—the world of medical care—and, without trauma, manage to situate oneself in institutions (hospitals or other health facilities).

4. One must be an envoy of the Church, feel called to this pastoral service, and speak and act on behalf of the Church, in the spirit of the Second Vatican Council.

5. One must accept initial and thorough training in terms of human, theological, and spiritual aspects.

This training takes place through the aforementioned program for religious.

*Volunteers*

1. Volunteers ensure visits to the sick and, according to chaplains' needs, help with celebrations. In whatever activity they perform, constancy is vital for both the group and the people who meet. A half-day once or twice a week seems sufficient to consolidate their involvement and avoid their taking on roles

which are excessively important.

2. Volunteers must necessarily attend group meetings. A staff member should oversee them and establish the time to be devoted to meetings.

3. The health ministry activities should be explained to volunteers and staff to the extent that they are affected.

This participation should be stressed to supersede the group concept and enter into a broader perspective concerning the Church.

4. Volunteers visit patients who may present difficulties. Good will is not enough. It is thus indispensable for staff members to give volunteers basic training which provides necessary insights.

Training should be completed before work is begun.

Different kinds of training may be offered according to personal needs (liturgy and other courses).

If financial considerations should arise, they must be discussed with the group and the Bishops' Commission.

More specific training should form part of general, ongoing training and emerges from the ordinary group meetings and special study days.

## Suffering and the Meaning of Life

In conclusion, we ought to insist on the query recurring in dialogue between patients and the healthcare minister: Why does God, who is infinite love, allow suffering and death? In the face of this question, Camus replied that the world is absurd and that suicide is the most logical solution.

Christian patients, on the other hand, ask about the challenge posed by pain, as Vitor Pinto explains.[39]

* A challenge to reconsider life in the light of a new Gospel reality.

* A challenge to change one's attitude towards earthly material goods and other people.

* A challenge to rediscover Christ in the essence of his life.

* A challenge to become reconciled with others.

* A challenge to bear witness to faith serenely, even in difficult moments.

* A challenge to identify oneself increasingly with Jesus Christ, in redeeming action for the coming of a new humanity.

## Conclusions

Finally, thanks to the healthcare ministry in Lebanon, in this period preceding the Jubilee, and to the stimulus of the Bishops' Commission, the sick can take on their sufferings and offer them, together with Christ's, for the redemption of the world, knowing that suffering, like the Cross, must never be a sign of defeat, but of victory. It recalls man's fragility and opens horizons embracing the infinite and the transcendent; it spiritualizes, forcing people to deal with everyday reality to arrive at the eternal. It must become the beacon of a new confidence enabling everything to be seen in a new light, the light of hope and the Resurrection.

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## Notes

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[3] JOHN PAUL II, Apostolic Letter *Tertium Millennium Adveniente*, 46.

[4] *Ibid.*

[5] *Jn* 21:15-16.

[6] *Mk* 16:15.

[7] *Mk* 16:18.

[8] Dogmatic Constitution *Lumen Gentium*, 48.

[9] *Gaudium et Spes*, 45,1.

[10] *1 Co* 12:13.

[11] *1 Co* 12:27-28.

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[17] *L'Osservatore Romano*, February 19, 1985.

[18] *Dolentium Hominum*, no. 8 (1988), 5.

[19] Circular of September 22, 1996 of the Lebanese Assembly of General Superiors of Women's Religious Institutes.

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[24] JOHN PAUL II, Apostolic Letter *Tertio Millennio Adveniente*, 46.

[25] The Pontifical Council for Pastoral Assistance to Health Care Workers, *Charter for Health Care Workers* (Vatican City, 1996).

[26] JOHN PAUL II, Encyclical *Evangelium Vitae*, no. 28.

[27] *Ibid*.

[28] CARDINAL FIORENZO ANGELINI, Introduction to *The Charter for Health Care Workers*.

[29] John Paul II's *Message to the World Congress of Catholic Physicians*, in *Insegnamenti*, V/3, p. 673, no. 4.

[30] John Paul II's *Address for the Blessing of the First Brick at the Biomedical Center of the University of the Sacred Heart in Campobasso, Dolentium Hominum*, no. 30, 10/1995, 18.

[31] John Paul II's *Message to Participants in the Medical Congress on the Care of Tumors*, in *Insegnamenti*, V/1, p. 698.

[32] *Ac* 10:38.

[33] *Mt* 25:31.

[34] John Paul II's *Message to the Personnel at the St. John of God Brothers' Hospital*, in *Insegnamenti*, I, p. 437.

[35] Appendix I, Proposed Organization Chart for the Healthcare Ministry in Lebanon.

[36] Appendix II, Proposed Organization Chart for the Hospital Apostolate.

[37] Rev. Souchon-Champagne, *Training Hospital Chaplains*, A Circular of the Diocese of Lyon (February 1992) and *Diary of Studies of the Catholic University of Lyon 1994-1995*.

[38] We have adopted the pastoral education program begun by Sr. Maureen Grady.

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# What Should Be Done About AIDS?



**Introduction**

AIDS is an infectious disease with a 100% mortality rate, caused by a virus which attacks the human immune system (HIV) and provokes the progressive destruction of T4 lymphocytes, which are only one variety of the numerous white globules whose task is to defend the human body from infections (bacteria, other viruses, mycoses, parasites, etc.).

WHO estimates that the individuals infected with HIV number between eight and ten million and there will be between fifteen and twenty million in the year 2000.

HIV has been isolated in most biological fluids. In our countries, however, the most frequent routes of infection are the following.

1. Sexual relations, in 80-85% of the cases.
2. Blood and its derivatives.
3. Mother-child vertical transmission.
4. Organ transplants.

**What Does the Church Say?**

Fear of infection is normal, if we consider the number of the sick and of the seropositive, above all. It is extremely important to know how the disease is transmitted to avoid panic reactions and keep the sick from being marginalized. To take precautions is legitimate to avoid an unnecessary risk of contracting the virus, just as it is our duty to avoid its propagation. But we must always act with awareness of human dignity and the needs of the sick to prevent the creation of humiliating situations for them.

From a Christian standpoint, all the sick, including AIDS victims, have the right to be treated with love and mercy. Jesus, the Good Samaritan of Mankind, would have received and cared for them with the same love He showed for the lepers who came to Him (Mt 8:1-4). AIDS patients must not be the victims of prejudice, wrath, recrimination, rejection, isolation, injustice, or condemnation. The challenge

posed today for those of us who are disciples of Christ is to imitate the Risen Lord to deal with and uncover the deep meaning of contemporary events, whether they be joyful or painful.

The presence of AIDS in the world and in our country is an event we should all ask ourselves about which ought to lead us towards human solidarity. We must all fight unreservedly against AIDS, not against its victims. Our faith leads us to believe that in God's design men, thanks to their commitment and intelligence, when moved by a sentiment of human solidarity and assisted by divine grace, will overcome this malady, as they have overcome many others in the course of history.

While awaiting the appearance of an effective cure for this disease, we must concentrate our efforts on educating and informing the population on prevention. It is necessary for information to be disseminated prudently and responsibly to avoid ungrounded certainties or fears. The sick, too, will be asked to do everything possible to avoid the spread of the disease by adopting a responsible attitude. Thanks to education and accurate information, men will change their sexual behavior. To insist on the use of condoms is pure illusion. Indeed, by limiting ourselves to this measure or insisting on it more than is proper, we shall arrive at the mistaken conviction that by virtue of the condom the risks of infection are eliminated and that it is thus unnecessary to modify one's sexual behavior, the primary cause of infection.

This way of acting could instill into people—the young, above all—negative behavior leading to social destructiveness. Out of their element and generally disoriented, at the mercy of all the easy pleasures offered by the city, the young people of our country find themselves without a reference point, spurred towards unhealthy dreams and pleasures, for the additional reason that in most cases parents have forgotten their role as educators. The street has taken their place.

The socioeconomic and cultural crises have only made things worse. Unemployment has hit all sectors. The poor have become poorer, and indigence has spread into the most vulnerable areas. Some parents have pushed children and adolescents to beg in the streets to meet the families' daily needs. Some girls have had

no choice but to abandon themselves to prostitution in order to go on studying. Sexual relations are increasingly frequent and early among the young.

Individualism is on the rampage, and charity is less and less visible. Community responses to social needs are rare. Poverty has given rise to notable changes in Congolese society, changes with an impact on the conscience of men whose conduct was apparently normal. The Congo has not managed to consolidate a clear moral model capable of edifying its people, especially the young, victims of the influence of the street and the media.

Nowadays in our society individual efforts aimed at good conduct, morality, integrity, faithfulness, chastity, decorum, and virginity until marriage are the object of derision, and those who still practice them are thus regarded as mentally retarded and eccentric. Parents who live according to the Gospel or a moral code and who truly want to educate their children feel threatened by the reality of life in the streets and quashed by groups and the media.

The Congolese Church was the first to mobilize with GES, organizing sessions for AIDS education and information in all the parishes of the Archdiocese of Brazzaville in March and April 1986.

In the face of this pandemic affecting good, talented, and productive young people and putting our development and health skills to the test, the Church has always proposed a healthy lifestyle for men as a positive ideal. The aim of Church teaching is thus not to place us in chains, "but, on the contrary, to free us."

The teaching of the Church is comparable to the railings of a bridge intended to keep us from falling into a river. At heart nothing which is truly human can be against faith and nothing which is Christian can be against man. God cannot contradict Himself and give man principles contrary to the divine design. The Church only teaches us to be more human. But this does not mean that it is easy to put this teaching into practice, since we have our instinct and are pushed by obscure forces we are unable to master spurring us to make gestures needed for our lives.

The true and only effective form of care remains education which helps human beings to grow towards emotional and sexual maturity.

The Catholic Church, thanks to a religious tradition and a philosophy of the human person which are consistent with one another, believes that the best prevention for individuals and society can come only from authentic, complete knowledge of

the human being and sexuality. Finally, efforts should be included to discover and eliminate the causes of the contamination of blood and its derivatives.

The Church firmly believes that to curb the disease it is necessary to educate and modify human behavior. All other paths would prove to be only uncertain and, in the end, ineffective, thereby trivializing the form of sexuality which already prevails in our country.

**What Should the Church Do?**

In March and April 1986 the Church first mobilized on this issue. The GES in fact organized talks and debates on AIDS at all the parishes in the Archdiocese of Brazzaville, working in close collaboration with PNLS and other NGOs. We have always insisted on focusing greater attention on the Congolese Church, but without results. Accordingly, after the first stage, we felt the need to create authentic pastoral care for the sick, a collective awareness which is arising in our Church. Few families can say they have not lost a relative, friend, or acquaintance on account of this terrible illness.

But to believe in Jesus without adopting adequate measures does not protect people from HIV.

Caring for AIDS victims is not a simple matter, in view of the peculiarities of this malady. There are no vaccines. The medicines which relief sufferings are not within reach of the Congolese. Moreover, the illness continues for a long time, and about 90% of the cases have arisen in intimate relations.

We must be Good Samaritans in the image of Christ. Jesus received lepers, regarded by the people as accursed, punished by God for sins committed. We, too, have to receive and comfort all bearing the burden of disease.

We must thus console families by supporting them with our love so that they can help their sick relatives.

**Aims**

1. Each of us must take his or her place in the fight against AIDS. All our pastors are called to be familiar with AIDS to combat it decisively and talk about it with precision and security, without shame.

2. The Church must create occasions for dialogue, exchange, sensitivity, relief, and spiritual support where the seropositive can meet and attend educational sessions, with professional and artistic training and, hopefully, the chance for recreational activities.

3. At every parish small care units, managed by ES and not the parish GES, must be created.

4. There must be established centers for attention and day care staffed by social and health workers, with free service for the poorest and minimum fees for other patients. At the same time it is necessary to organize the donation and distribution of food, pharmaceutical products, clothing, and other contributions.

5. Reflection is needed to implement a recruitment strategy to find parents for AIDS orphans who are left alone so as to prevent their entry into groups that, for different reasons, are living in the streets, where they, in turn, would be marginalized. Above all, we must keep them from being stuck away in orphanages.



6. We must help with proper information to take the drama out of AIDS.

The Church, a moral body which is respected and listened to by our society, must create an organization to deal with the sexual education of the young and youngest, since for most of our secondary school students it may already be too late.

Let us seek to protect the very young so that in a few years the epidemic will halt.

7. We should train lay Catholics in the Congo so they will be stronger in faith and spiritually solid to become the salt of the earth and the light of the world and so that their lives will be a continuous witness. To change behavior and transform mentalities is fundamental; the longer we wait to act, the greater the risk is that it will be too late.

Parents must again become educators—that is, models, living examples for society.

8. We have no Catholic hospital that can serve as a hub to take on moral and spiritual responsibility for the sick. The GES have often improvised according to their capacity. All Catholic health facilities do not belong to the GES, but they bear witness to the teachings of the Church. Everything is entrusted to health facilities, as if religious centers did not exist. There are so few that they are unable to modify the course of the social and medical facilities and have no influence on organization or choices in care. Their commitment to witnessing to Christ and manifesting their compassion often goes unnoticed, discredited by the general indifference. It is thus urgent for GES members, helped by all their pastors, to start up a new campaign for Catholic social and medical workers to explain to them that an authentic health apostolate by the Church cannot exist without involvement by all in reflection and meditation on the Magisterium. They are not asked to abandon the groups they belong to, but to take part in reflection as Catholic professionals.

9. There is need for an organization to suggest the best mode of action which embraces all the aspects the Church seeks to deal with in this fight against AIDS.

10. Home care should also be promoted to provide a concrete, immediate response on a par with activity by health workers.

**Conclusions**

Suffering remains a mystery, but gives us a major lesson on life. AIDS is certainly giving us a lesson today and obliges each individual to reflect and examine his or her heart; and every community is asked to become aware and review its culture.

AIDS enables us to evaluate both the strength and the weakness of man.

It is a great lesson on life, for, in any event, at the root of all human sufferings there is a ray of hope, a breath of life which will be amplified at all levels by the spirit of solidarity.

* Solidarity among AIDS victims and self-confidence.

* Solidarity between the community and the organization providing hospital and home care.

* Solidarity between national and international projects by publishing ethical statements.

These experiences of authentic solidarity will help individuals and our community to rediscover the true moral values of traditional Congolese society and, therefore, the way of God and to continue to listen to the voice of God Himself, who says, “See. Today I am placing before you life and good, death and evil, for today I command you to love the Lord your God, to walk in his ways, and to observe his commandments, his laws, and his norms, so that you may live…” (Dt 30:15-20). It might seem like a hard road to set out on, for it is not easy to change our life habits, abandon certain forms of behavior, and bow our heads.

And just as Noah and his sons did in agreeing to board the boat before the universal flood, those who have ears to hear the voice of the Church and face the challenge represented by AIDS today will board the boat of St. Peter for the survival of humanity and the glory of God.

Dr. NTARI BENOIT
*National President of the GES*

# *Testimony*

***Religious Assistance Agreement Between the Venezuelan Bishops' Conference and Public Hospitals***

***The Course of the Healthcare Ministry in Peru, 1988-1996***

***Congo: Bases for Creating a Bishop's Commission for the Health Ministry***

# Religious Assistance Agreement Between the Venezuelan Bishops' Conference and Public Hospitals



The *Venezuelan Government*, represented on this occasion by the Minister of Health and Social Welfare, Dr. Pedro Rincón Gutiérrez, and the *Catholic Church in Venezuela*, represented on this occasion by the President of the Bishops' Conference, the Most Rev. Tulio Manuel Chirivella, Archbishop of Barquisimeto, have decided to draw up this *Religious Assistance Agreement*, based on the provision contained in Article 65 of the Constitution of the Republic which guarantees freedom of worship and consisting of the following clauses.

1. *On the Purpose of the Agreement*. The purpose of this agreement is to guarantee religious assistance for Catholic citizens hospitalized at public health facilities in Venezuela, for Catholic personnel working at them, and for the members of their families.

2. *On the Religious Assistance Service*. In order to ensure religious assistance at the aforementioned hospitals, there shall be a Catholic religious assistance service at each of them directed by a priest in collaboration with Catholic volunteers who complete this service in a suitable way. The Catholic religious assistance service shall have adequate space available, including a chapel, an office, a bedroom where the chaplain can rest or spend the night, and a bathroom.

The opening or closing of public hospitals shall entail the establishment or suppression, as the case may be, of the Catholic religious assistance service, with its personnel, resources, and rooms.

3. *On the Regulation of the Religious Assistance Service and Its Coordination with Other Hospital Services*. The administration of the hospitals included in this agreement may determine along with the proper Catholic ecclesiastical authorities the forms and terms of detailed regulations for the Catholic religious assistance service, which in any event shall be conducted in thoroughgoing coordination with other hospital services. To this end, the hospital administration shall provide the Catholic religious assistance service with the necessary means to carry out its mission and shall collaborate with appropriate information on patients in particular.

4. *On Naming Priests Chaplains of the Religious Assistance Service and Their Compensation*. The priests responsible for Catholic religious assistance at the aforementioned hospitals shall be designated by the local Ordinaries and appointed chaplains at the hospitals to which this agreement refers. The hospital administration in question shall take the necessary steps to include the chaplain on its staff for the purposes of remuneration, in keeping with the time he devotes to this work, and according to the same terms and conditions applying to other hospital employees.

The minimum number of chaplains responsible for providing Catholic religious assistance at public hospitals shall be determined by the number of beds they have available, according to the following criteria.

Hospitals with up to 100 beds: one part-time chaplain.

Hospitals with 100 to 250 beds: one full-time chaplain.

Hospitals with 250 to 500 beds: two full-time chaplains.

Hospitals with 500 to 800 beds: three full-time chaplains.

5. *On the Cessation of Activity by Priests Named as Chaplains at Hospitals*. The priests appointed as chaplains may cease in their functions by their own decision, by the decision of the corresponding ecclesiastical authority, or by unilateral termination of the work contract through the decision of the institution governing the hospital at which Catholic religious assistance is being provided. In the latter two cases, before cessation takes place, the parties involved shall be duly notified so as to provide for a replacement and adopt the necessary work-related measures in accordance with law and applicable norms.

6. *On Financing the Religious Assistance Service*. The Venezuelan Government, by way of necessary budget allotments, shall be responsible for financing Catholic religious assistance at the hospitals included in this agreement. To this end, the Government shall transfer the necessary funds to the corresponding Health Administration to ensure the functioning of the Catholic religious assistance service in the terms specified in the second clause of this agreement and adopt the work-related measures mentioned in the fourth clause.

7. *On the Regulation of Cases of Transfer of the National Public Health Service*. Given the nature of the service referred to in this agreement and its necessary connection with the public health service, in the context of the concurrent responsibilities

established by the Constitution of the Republic and in accordance with the procedures indicated by the Organic Law for Decentralization, Delimitation, and Transfer of Public Responsibilities, in cases of transfer of the public health service which affect this agreement, the regulations stipulated by the aforementioned Organic Law for such cases shall be applied according to the terms of Article 6 in the latter.

The provisions of this agreement shall serve as standard norms for other agreements with other levels of the Venezuelan Public Administration in cases of already-implemented transfer of the public health service to other governmental jurisdictions or transfer to a municipal level, when legally possible.

8. *On the Unity of Provisions Regulating the Functioning of Public Hospitals.* In order to guarantee the unity of regulations and the efficient functioning of Venezuelan public hospitals, the provisions in this agreement shall be incorporated into the statutes and norms governing such hospitals.

[There follows a specification on when the agreement is to be put into effect.]

*General Secretariat*
*Venezuelan Bishops' Conference*



# The Course of the Healthcare Ministry in Peru, 1988-1996



## THE CHURCH AT THE SERVICE OF LIFE

*The health apostolate in Peru is becoming consolidated. It was in 1980 that the Bishops' Commission for Social Action (CEAS) took the first steps to shape health activities nationally. In 1988, encouraged by the Motu Proprio* Dolentium Hominum*, the Peruvian Bishops created the Department for Pastoral Care in Health (DEPAS).*

### To Evangelize the World Of Health

Today, more than in the past, the healthcare ministry in Peru is encouraging reflection based on faith by pastoral workers in this field so as to deepen their Gospel commitment and also promote exchanges, coordination, and structuring of the health apostolate as part of overall pastoral care. Its presence is thus growing in the different Dioceses in the country. It seeks to stimulate, advise, and accompany health work and fortify local, regional, and national organization. In this way there is a gradual creation or renewal of areas and action attempting to foster insight into the task of evangelizing and humanizing the world of health.

In recent years there have been significant advances in organization. The structuring and strengthening of the health ministry almost everywhere in the country have been achieved. Acceptance and participation by pastoral workers at meetings or training sessions held in Peru have been very positive. There is always generosity, good humor, and involvement among those who make possible the furtherance of this apostolate: women religious, priests, professionals, technicians, and many volunteers in Peru's cities and rural areas. Exchanging experiences has permitted their mutual enrichment. DEPAS, in addition to promoting exchanges, contributes to disseminating material and all kinds of health-related information. One favorable aspect here is the communication existing between the Lima office and other church jurisdictions, especially on a regional level.

### Peru on the Move

At present the health ministry is active in almost the whole country and has visited 78% of the Dioceses. A good many local health teams function autonomously. Among forty-one church jurisdictions, twenty-six have their own leaders and functioning diocesan teams, which always take part in official events. There are twelve other dioceses which are not always present and are not in frequent communication, though they are known to have significant health activities. In only four dioceses is communication with DEPAS almost completely lacking.

At this time there is an integral vision of pastoral care in health nourished by CELAM documents and the reflections and texts prepared by those working at DEPAS, particularly as regards three substantive dimensions: 1) solidarity and mercy (the accompaniment of the sick), 2) transformation of the community, and 3) policy and institutions. The action, services, and initiatives of the Church in health care are situated in one or another of these dimensions, without becoming isolated, but seeking to be part of a whole, while respecting their peculiarities and structuring and strengthening the different efforts already in existence.

Those working at DEPAS see such efforts as a movement to endow their health work with Gospel meaning. There are common orientations for activity which are progressively arising and becoming consolidated. There is then reflection on the integral vision of health—that is, concerning healthy living conditions, love for the excluded, health as the responsibility of everyone, solidarity and the defense of life, the mystical dimension of the health apostolate, the varied aspects of this ministry, and health in relation to Christian commitment.

### To Care for Life Together

When we speak of institutional advances, it must be stressed that there is now greater knowledge and recognition of the health ministry, not only in Church institutions, but also in others, such as the Ministry of Health (MINSA), the Peruvian Social Security Institute (IPSS), and NGOs. The coordination of this activity in relation to the government is reflected in certain agreements—for instance, those signed by MINSA and several dioceses to strengthen local work. In addition, in different areas of the Church there is now greater attention to and desire for familiarity with the health ministry. In some dioceses those responsible for this ministry are also invited to take part in the diocesan meetings called by the Bishop.

With this positive wish to humanize health care, in recent years significant channels for training health professionals—nurses, doctors, social

workers, and administrative personnel—have been created. They have considered topics relating to bioethics, or "the ethics of life," emphasizing that human values and relations are at the service of life, health, and the sick. There has also been a notable demand for material, talks, and lectures on these subjects, for events organized by the public health authorities as well.

In 1996, the health ministry entered more decisively into the area of bioethics in a Latin American perspective, considering the challenges posed for countries like Peru and bearing in mind not only the ethical problems in technological advances, but also the concrete situation of poverty in which millions of our brothers and sisters live, and the ongoing deterioration of the environment, the Creation.

We observe, then, the consolidation of a national health ministry network whose members support one another. It is a network mainly composed of lay pastoral workers with great dedication and commitment who take on new responsibilities and seek to build up Church identity through health care.

### Challenged to Grow in a Worthy and Healthy Way

Though there have been some results in this trajectory, there is still a long way to go. For example, there must be insistence on the need to maintain a registry with complete, updated information on the Church's contribution to the health of our people. Doing so will require dedicating more time and human and economic resource.

We must recognize that in the ecclesiastical jurisdictions there are different levels of development of the health ministry. We need to encourage one another to grow. Some jurisdictions have more stable teams than others, and some have more support than others. There are a certain number of jurisdictions where until the present there has been no one named by the Bishop to assume responsibility. There are also cases in which a lack of financing has frustrated the realization of planned activities.

In spite of reverses, we must go on strengthening and expanding the health apostolate on a local, diocesan, regional, and national level and also coordinating some activities with seminaries and institutes for religious formation to make the health ministry better known—what it consists of, along with its scope, dimensions, and contributions. It would be good to promote a day for hospital chaplains so they can share their pastoral experience and enrich their lives. It is imperative to remind public opinion of the persons or patients who, as a result of their condition or situation, are excluded by society: the elderly, the psychiatrically disturbed, tuberculosis patients, and AIDS and UTA victims, etc. Love and mercy towards them must be promoted.

As we see, the health ministry has a lot to do with the poverty afflicting our Peru. The precarious living conditions characterizing most Peruvians make this ministry seem three times as challenging. But those working in it have faith and take on these challenges with great security. They know they must be alert to any eventuality which may affect the health of those who have least, such as privatization, health reform, developments in social security, or inhuman sterilization campaigns. The Church is and will always remain at the service of human life and dignity.

*Lima, January 1997*

## HEALTH PROMOTERS SERVING THE COMMUNITY: THE PERUVIAN EXPERIENCE

### 1. Introduction

It is not exaggerated to say that the history of our country is full of inequities. Whereas a small percentage of Peruvians (10-15%) live in opulent conditions, the rest struggle to survive in extreme poverty. Even official statistics show that 50% of Peruvians are in a state of poverty and about six million Peruvians live in extreme poverty. Obviously, in these population groups basic needs are not met.

Historically, then, there is a social, economic, and political deprivation which has given rise to a "health debt" as regards large sectors of the Peruvian population which has not yet been paid and has tended to grow in recent years as a result of the neoliberal policy pervading the sphere of our Latin American countries, with adverse effects on the majority of people.



### The Social and Medical Situation

"Health promoters" have arisen as a response by the people to the country's health problems, mainly because of the difficulties of the rural poor, who lack access to public medical services.

*Epidemiological Picture*

In cities and rural areas infectious diseases persist which have defied urban "modernization." The significance of tuberculosis in morbidity and mortality cannot be overlooked, in spite of efforts to maintain an efficient National Control Program, since the social causes of this illness—particularly poverty—exceed the possibilities of health management.

The reappearance of pathologies which seemed to have been overcome—the first signs of malaria, constantly on the increase in recent years, with the additional difficulty of the spreading of malignant malaria, caused by plasmodium falciparum; an increased incidence of breakbone fever; periodic outbreaks of bubonic plague, yellow fever, hepatitis, and other diseases; and an increased incidence of leishmaniasis (UTA).

The 1991 cholera epidemic was a warning regarding the epidemiological retrogression

fostered by the economic, social, and health crisis. This damage has not disappeared and is a constant threat, given the deficiencies in basic sanitation we still have to deal with.

Infant mortality and malnutrition are still worrisome, in spite of a 50% reduction in infant mortality over the last twenty years—estimated to average 58.3 per 1000 live births in 1993 and not only still high, but unequal (102 per 1000 in Apurimac and 24 per 1000 in the Province of Lima).

The national average for chronic malnutrition among children between six and nine years of age is 49%, according to the Talla National Census of Schoolchildren (Ministry of Education) in 1993; however, malnutrition was 23% for Tacna and 71% for Apurimac.



Acute respiratory infections are still the main cause of illness and death in children under five. They usually present between six and twelve episodes a year of this kind.

Maternal mortality is still high, at 261 per 100,000 live births, as a result of complications during pregnancy, birth, and confinement (*L.P. Salud 1995-2000*, p. 12). This is related to the fact that half of the births are at home and 47% take place without professional care (*Summary of the 1991-1992 Demographic and Family Health Survey*).

The first AIDS case was identified in 1983, and there has been a rapid increase. In 1993 MINSA estimated there were 5000 symptomatic cases and between 30,000 and 60,000 bearers, most of them young people (Francisco Sánchez Moreno, *Encuesta diagnóstica*, vol. 34, no. 2 [March-April 1995], p. 36). The July 1996 bulletin of the AIDS and ETS Control Program reported 4,450 cases since 1983. The cases appearing in the interior of the country are increasing, and the problem is thus growing.

*Health Services System*

This is a heterogeneous system (IPSS, FFAA, MINSA, and the private sector) which is poorly distributed—centralist in its infrastructure and human and economic resources—with a very low budget constantly imposing choices among different needs and fostering priorities based on investment criteria and productivity in care while excluding the weakest, who are unable to pay for services not included in the "basic package" offered free by MINSA (covering diarrheas, acute respiratory infections, tuberculosis, malaria, and vaccines).

In rural areas and low-income urban districts, poverty blocks access to care for most. To this factor there are added the problem of distance, a lack of roads and means of communication, and the population's customs and beliefs, which sometimes conflict with the culture of institutions and health workers.

The 1994 National Survey on Living Standards found that about 30% of the population was ill and that 67% of the sick poor had not sought medical assistance; 40.9% of the sick who were not poor had not sought care, either.

## 2. Profile of the "Health Promoters"

These are ordinary men and women who, on the basis of their experience, deep community commitment, and Christian faith, seek to defend life where it is threatened. They receive general training to prepare and update them for health service in the communities in which they live.

They are chosen by the community. They say they must be "affectionate, humanitarian, called to service, unselfish, endowed with imagination and creativity, and able to work hopefully and joyfully" (cf. Health Promoter Program in the Diocese of Chachapoyas).

They work unselfishly as volunteers, with generous service, stimulating involvement and fostering people's own responsibility for health. They encourage others to improve living conditions with the help of the community's human resources and institutions. Defending the rights of all, they have a critical (and self-critical) spirit. They deal with human realities and draw inspiration from the Gospel: "In truth I tell you that whatever you did to the least of these brothers of mine you did to me" (Mt 25:45).

Their service, training, and dedication are earning them credibility among their neighbors, and on remaining within the community they are becoming more aware of the fact that it is not just a question of curing illnesses and are beginning to take on new commitments and roles to work with *community development and families*.

The promoter has a first-hand grasp of community problems because he or she experiences them and is also aware of the assets and potentials that can provide support: medicinal plants, natural resources, customs and aspirations, people, organizations, and so on.

They become community leaders who, in addition to promoting and caring for health, seek to achieve advances for their people and thus struggle against all forms of conformity.

## 3. Historical Precedents

Before WHO, in 1978 in Alma Ata, urged governments and the world community to adopt the strategy of Primary Care to protect and promote

people's health, there were already community agencies in Peru dealing with health problems.

The presence of the Catholic Church in health care has a long history in our country. There are several religious congregations that have been working for over fifty years in this field, especially with the neediest population groups in the most remote parts of the mountain and jungle regions, where the government health services were lacking—and still are in many cases.

We do not yet have a systematic grasp of the full scope of the health promoter experience nationally. There are indications that in Puno, in the Altiplano region, the Ministry of Health took the first initiatives in the 1950s through Dr. Manuel Núñez Buitrón.

The training and follow-up of promoters as an experience in our Church has been going on for over four decades. For more than forty years the Sisters of the Missionary Company of Jesus have been working in the Amazon region, where they began in Santa Marça del Nieva; they later spread to San Lorenzo and Santa Rita de Castilla, serving the native communities and settlers (Departments of Loreto and Yurimagnas). The Ursulines have been in the Vicariato de San José del Amazonas (Department of Loreto) since 1961. The Servants of St. Joseph have been in Chiriaco (Amazonas) since 1968, working with the Aguaruna population. And many other congregations have joined them. They soon realized the immensity of the task and, recognizing the people's potential, started to seek out and train local residents to provide basic health services in the community.

They have thus built up and consolidated their experience in training and following-up promoters, other community workers for children's health, and traditional midwives.

In the mountains the most ancient experiences are those of the North Andean region. The Diocesis of Cajamarca is the pioneer. In the Province of Bambamarca the promoters have been active since 1971, and today there is a promoter network organized into associations.

## 4. The Location of Experience

The promoters arose in different parts of the country as a response to the lack of health services in many places and the material poverty of people. Today, as the conditions originating them have continued, the experience has grown and become stronger, with successes and hindrances, forward and backward movement. but without ceasing.


At present there are over 6,700 trained promoters followed up by pastoral workers in the Catholic Church. They are in almost the whole national territory—in rural areas and poor city neighborhoods. 33 out of 41 ecclesiastical jurisdictions have incorporated the promoter experience into their work in health. (The map showing where they are to be found is included in an appendix.)

## 5. Objectives

*5.1. General Objective*

To manifest the Lord's merciful love in the midst of the neediest through action by health promoters to attend to and advance the health of the poorest, in addition to seeking worthy living conditions for all: "I have come in order for them to have life and have it in abundance" (Jn 10:10).

*5.2. Specific Aims*

a) To provide basic care to those excluded from the official system, by way of health promoters.

b) To create awareness of the right to health and foster active participation in pursuing health.

c) To create community health organizations to enable the voice of the people to be heard and to channel contributions and requests for help.

d) To foster the integral development of communities.

e) To announce the Kingdom of God through concrete gestures of solidarity with the poor.

## 6. Training and Follow-Up for Promoters

*6.1. Training*

Training is integral, permanent, participatory, reality-focused, experiential, practical from the promoter's standpoint, and progressive.

It includes the following.

* Skills for certain aspects, prevention and cure of diseases frequent in an area, and promotion of healthy habits and living conditions and first aid.

* Knowledge and analysis of socioeconomic, political, and cultural reality on a local and national level.

* Human, Christian, and spiritual training as basic support for evangelization through health.

This acquisition of skills is effected in programmed courses with advisors and promoters at different levels. Some courses are for training new promoters, and others, for updating and reinforcing them.

*6.2. Advice, Stimulation, and Follow-Up*

* Visits to villages where there are promoters to share with them and evaluate the work they do. There is instruction and correction as needed. They are listened to, and

doubts are resolved in the field, with mutual enrichment in the light of experience, science, and communion.

* Meetings with promoters in villages near the one visited.

* Meetings with all the promoters in the area or diocese to convey experiences, encourage, refresh knowledge, update, and examine new tasks.

* Regional and national meetings to permit an exchange of experiences, training, strengthening of faith, broadening people's vision of reality, and dialogue with promoters from other places, professionals, and pastoral workers. Work is evaluated, contributions are made, and orientations are agreed on for future activity.

These regional meetings are generally annual; national meetings are usually once every two years.



## 7. Activities of the Health Promoter

*7.1. Attention to the Sick*

* First aid and treatment of the problems common to the area for which promoters have been trained—e.g., acute respiratory infections, acute diarrhea, parasitosis, and malaria.

* Visits to the homes of the sick and orientation of the family as to care.

* Identifying people with TB, UTA, malaria, etc. and seeing to it that they get attention in the public health service.

*7.2. Preventing Disease and Promoting Health in the Community*

* Taking part in the normal vaccination program of the Ministry of Health and in National Meetings.

* Verifying children's weight to identify malnutrition and orient mothers in care of the young.

* Health education in the community: talks and explanations in the language proper to a given locality.

* Involvement in the health campaigns organized by the Ministry.

* Alertness to health questions in the community.

* Promotion, management, and implementation with the community of small sanitation projects and encouraging the creation of latrines.

* Activities to improve nutrition and the family economy—family and town vegetable gardens, consumption of local agricultural products, apiculture, *picigranjas*, and raising small animals.

* To help care for and conserve nature by providing training in sanitary environmental conditions and attention to water, the earth, the air, and forests.

*7.3. Promotion of Community Development*

* Training local health committees. Organizing health promoter committees for the area, the department, and the region.

* Holding town assemblies to coordinate work with agriculture, other government bodies, and NGOs to administer funds or other benefits for the community.

* To coordinate with town leaders, other authorities, the parish, the health center or hospital, and others to achieve goals.

* To promote local harmony and balance, seeking to start from one's own family experience, and to develop new relations with spouses and children based on dialogue, respect, sharing tasks, openness to others, and solidarity.

*7.4. Management, Training, and Leadership*

* To mobilize the community for shared efforts to obtain clean water, campaigns against epidemics, days devoted to vaccination, etc., as an aid to fomenting solidarity.

* Teaching and advising new promoters in training courses and visits.

* Implementation and administration of first aid.

* Coordination with different institutions.

*7.5. Evaluation and Follow-Up*

* Visits to converse with people and promoters on the results of work.

* Periodic promoter-evaluation meetings involving committees at different levels.

## 8. Persons Involved

* The rural and urban poor.

* Pastoral workers: religious and lay.

* Promoters and health professionals.

## 9. Resources

*9.1. Human.*

Promoters from among the rural and urban poor, pastoral workers, health professionals, and other skilled persons.

*9.2. Institutional.*

Town government, local authorities, religious congregations, NGOs with a Christian orientation, and others.

*9.3. Economic.*

Contributions by communities (the promoter's time, lodging for traveling promoters, and sometimes transportation). NGOs and UNICEF, with other international bodies. Contributions by religious congregations.

## 10. Evaluation and Follow-Up of Experience

Work is reported on at town

assemblies and is subject to approval or criticism. There is evaluation in the field through visits to communities. There is local, regional, and national evaluation at meetings.

It is important to point out that the degree of development is variable, depending on the length of service and the kind of advising and support that has been available. The oldest projects are more consolidated, have more experience, and have shaped a local or regional network. Others are more recent. Some have achieved greater autonomy and close relations with MINSA; others are in the process of doing so.

*10.1. Achievements*

a) More than 6,700 Church health promoters in coastal, mountain, and jungle areas and some local or regional networks.

b) A concrete contribution to community health, recognized by the community, local authorities, and international bodies such as UNICEF.

*Examples*

* Significant action during the 1991 cholera epidemic. Many lives were saved, with only 1.8% mortality in 300,000 cases, with about 100,000 in rural areas. People already knew how to practice prevention and care regarding acute diarrheas when the epidemic broke out, and that was vital; in addition, people quickly acquired skills provided for the emergency.

* Their contribution to improving vaccination coverage is undeniable: 18% on the average in 1982, and 84% in 1993. The promoters persuaded the population to vaccinate children (formerly, they used to hide children when teams arrived).

* About 3,800 local first-aid posts administered by them which make basic medicines available to the poor.

* They alert others to epidemics as health watchmen.

* They take health care to 25% of the Peruvian population that is not reached by the government.

* We are sure they have contributed to lowering high infant mortality rates, though we cannot measure their effect precisely.

c) They handle basic sanitation in many places: canals for water, constructions of latrines, and community education.

d) Progress in coordination with MINSA through agreements and support in some localities.

e) Organizing communities and forming networks: associations, health committees, promoters' committees with legal personnel (regional or broader areas).

f) Developing projects to improve the quality of life:

biogardens, *picigranjas*, and raising small animals.

g) As regards the environment, a concern for reforestation, education, involvement on town committees to defend woods and land.

h) Personal development of those involved, with greater self-confidence, more openness to other sectors and broadening of scope, with greater capacity for analyzing health policies.

i) There are promoters capable of training others.

j) Work is seen as a context in which to manifest faith and Christian commitment, with a lay contribution to building the Church in health care.

k) In 1995 the first National Health Promoter Day was held, recognized by the Ministry of Health by way of a Vice Ministerial Resolution.

*10.2. Difficulties*

a) The country's health problems persist and are worsening, particularly access to care by the poor, because of the perverse effect of economic policy and the neoliberal model.

b) The persistence in some cases of authoritarianism in health personnel dealing with the public and promoters, with little recognition of people's real value, which impedes genuine participation.

c) Easy-to-use instruments must be created so that the promoter can gather data on the work done which will support dialogue with MINSA.

d) Distances and a scarcity of means of communication and roads in rural areas.

e) A fight between values and antivalues as a result of the economic model—solidarity vs. individualism—which threatens to weaken organizations.

f) Financial insufficiency for support of promoters' work. Some desert because they have to work more to survive and lack time.

## 11. Challenges and Perspectives

* To achieve a more horizontal relation with MINSA and enable promoters to feel surer about their contribution, with a critical and self-critical approach to guarantee the attention that people need.

* To fortify, disseminate, and broaden this experience of solidarity with others—promoters trained by MINSA, the NGOs, and other churches—and join efforts towards shared goals.

* To consolidate local and regional networks (help form them where they do not exist), with a view towards a national organization which will speak out for them and enable them to be heard.

* To write the history of the road traveled and the contribution made.

* To work out a proposal for the health system which will include the community experience of the health promoters.

# Bases for Creating a Bishops' Commission for the Health Ministry

*THE BISHOPS' CONFERENCE OF THE CONGO*



**Introduction**

The world of health is an area which the Church may not neglect and to which she gives preference in the mission joining together all the members of the People of God, inasmuch as service to the sick and those suffering is an integral part of her function.

Faithful to the teaching and command of the Master throughout history, countless men and women have witnessed to the charity of Christ towards the sick, the elderly, the disabled, and those abandoned by society in every period.

Christian health and social workers and the GES (Gospel and Health Groups) in particular have become aware of performing their function in an increasingly complex world which has undergone deep transformations. Encouraged by Jesus' permanent command, they pose the following questions.

* What is their specific mission?

* What is the meaning of their presence in environments where care is mainly provided by the "non-GES"—that is, by government?

* How can they manifest their commitment today—even more than in the past—as Christians and social or health workers?

* How can they respond adequately to new demands in health care?

* How can they prompt new forms of support and involvement in keeping with the spirit and most urgent needs of Congolese society?

In this search we feel called to overcome situations of malaise, discouragement, and even bewilderment and gain greater insight into our identity through renewed interpretation of the objectives of our movement, of the enduring inspiration of the Gospel, and of the signs of our time so that current difficulties will become a "challenge" for our growth and help us to perform a service better suited to Congolese people today and more faithful to the Gospel spirit.

By its very nature, work in the health field deeply involves Christians, for whom

the sick constitute a permanent call to self-examination and existential verification of their human and psychological qualities, their identity, and the spiritual motivations for their work. In their relationship with the suffering, Christian social and health workers give concrete expression to and live out their relationship with God, their commitment, and, therefore, the profound, ultimate meaning of their lives and mission in the world. In fact, every place where men suffer is a special place for revealing God and displaying the Church's pastoral action. "The Church, which arises from the mystery of Redemption in Christ's Cross," is duty-bound to seek an encounter with man in a special way along the road of man's suffering. It is in this encounter that man becomes the way of the Church, and this way is one of the leading paths.

We all know that health is no longer regarded as the absence of disease, but as physical, moral, social, and spiritual well-being. Consequently, our health system's objective must be not only to heal people of illness, but also to promote health for a higher quality of life. Under this aspect, the health of the community is considered in close relation to all that serves as a basis for the complete well-being of the person, such as education in freedom, the elimination of personal, familial, and social imbalances, health education, ecology, and the removal of the causes of many diseases—malnutrition, a lack of hygiene, an inadequate environment, unemployment, and imprisonment.

The fight for health is becoming a primary duty of all society, which must guarantee not only well-being, but the very survival of man. Society must thus commit its best efforts in a collective endeavor to serve man as a whole and all men. Indeed, to approach the suffering, as with all health-related problems, represents the best common denominator among men, regardless of ideology, culture, social status, and political and economic conditions.

After twelve years of intense work sustained by reflection, exchanges, and experience, the Gospel and Health Groups (GES), in spite of their good will, see that their action has not yielded the results hoped for. The social and medical situation of the Congolese people is continuing to deteriorate, and the professional awareness of Catholic health workers is, on the whole, no better than it was twelve years ago, even though

some in various places have truly become more conscious. In spite of the efforts applied and the sacrifices made, the GES feel their labors have not been supported by all the pastors during congresses. We recognize, however, that their participation in our major meetings is a grace for our movement and for the Church in the Congo.

We observe that in our Church each works on his own without sharing experiences with others. Much is being done in the health field, but in a dispersed manner. In the end, one gets the impression that the Catholic Church is not organized, and this is a pity when we look at the efforts made, the good will, and the seriousness of all. The Gospel and Health Groups think the time has come to put an end to this way of acting.

Health is no longer a problem concerning only social and medical workers, but, rather, it is the whole ecclesial community, made up of dioceses and parishes, that must take part in the health apostolate.

We in the GES think it is necessary to put a real health ministry into practice to make service to the sick more effective.

To this end, a Bishops' Commission for the Health Ministry must be established, in addition to diocesan, parish, and group commissions.

We shall propose a reflection taking the parish as the basis for everything and then some orientations and a proposal for a program.

## THE PARISH AS AN EVANGELIZING COMMUNITY AND THE HEALTHCARE MINISTRY

### 1. The Health Apostolate in Our Parishes at Present

On analyzing the situation, we observe major successes which are a source of hope, but also a certain number of notable gaps.

There is a lack of sensitivity to the health apostolate in many parishes.

It is limited to a sacramental ministry focusing on Reconciliation and the Eucharist, visiting the sick without specific objectives, and helping in the final moments of their lives.

Many parish communities show a certain paternalism towards the sick in their manner of contacting and assisting them, instead of recognizing the role entrusted to them by Christ as active members at all levels and especially in evangelizing the community they belong to.

There is a lack of responsibility on the part of the community as regards true education on the meaning of life in

health, illness, suffering, physical decline, and the final stage of death.

A good many parishes are completely unaware of the health problems and situations in their area and of health care legislation. For this reason, most of the time the advancement of health, the prevention of illness, and the improvement of care are mere phrases.

Parishes sometimes neglect care of the sick, who are left to their circle of friends and relatives, and overlook the neediest and most abandoned, along with their families, as with the elderly, the chronically or psychiatrically ill, terminal patients, the disabled, alcoholics, AIDS victims, and others.

It is hoped that every parish, in discerning the deeply human and Gospel-oriented dimension of this ministry, will take to heart visits to the sick, the organization of groups to provide care, and attention to the poorest patients and their families. The parish will then make the neighborhood's health problems its own and foster the integration of the sick into society and the Christian community as rightful members.

### 2. The Parish Community's Assistance to the Sick and Their Families

The parish community evangelizes the sick and their families by accepting and respecting them and, without false compassion, considering them to be responsible, adult persons. It takes care of them solicitously, shows an interest in their problems, accompanies them in their solitude, fights to make their rights prevail, prays for them, and helps them to live in faith, taking them the Word of Christ and the sacraments and serving them unselfishly. This is a visible, tangible sign for our world, which is so forgetful of the sick and tends to marginalize them.

### 3. The Contribution of the Sick to the Parish Community

The sick, when evangelized by the parish community, become, in turn, evangelizers of this same community, which is enriched by the grace of their illness.

The sick give the community real awareness of human beings in their fragility, limits, and enormous resources of available energy.

They remind the community if the Gospel values which are forgotten today: the free gift of life, complete poverty, abandonment of useless things, the power of love, and integrity during trials.

They are the poor who invite their neighbors to be generous, affectionate, willing to serve, unselfish, and ready to act so that their rights will be recognized.

By their presence alone, they raise questions about life,

suffering, and death. They present a purified image of God—the suffering God who has come out of love to share in man's suffering to the point of touching him in the deepest abyss in order to save him. The sick are witnesses to the Paschal mystery of death and resurrection.

The sick who are able to give meaning to their lives become reliable witnesses through their fight against illness and suffering, which they accept with love—an acceptance which sometimes attains to serenity and joy in human and spiritual maturation.



### 4. Attitudes to Value in Order to Help Parishes to Act and Let Themselves Be Evangelized by the Sick

In order for this to occur, the parish community must contact and accompany the sick with proper respect for them, with joy, solicitude, authenticity, and unselfishness—with actions more than with words.

It shares hope with them, makes their expectations its own as a community and not just as mere individuals, finding support in prayer and spiritual strength.

### 5. Initiatives to Be Promoted for the Best Service to the Sick and Their Families by the Parish

The parish community must be familiar with the field of health and the conditions of the sick, especially of the disinherited.

It must sensitize all of its members to the health ministry and the responsibilities of each in this area.

It must educate children, young people, and adults on the problems of health, illness, suffering, physical decline, and death.

It must promote assistance to and care of the sick by its members.

It must know and identify the most serious illnesses and the neediest of the sick so as to help and accompany them during their illness.

It must integrate the sick into the community as active members in all respects, recognizing their irreplaceable mission, valuable contribution, and role as evangelizers of the community itself.

It must ensure complete renewal of the sacramental ministry to the sick.

It must organize groups for the pastoral care of the sick with adequate training and sufficient knowledge.

It must pay special attention to the problems and difficulties of the families of living patients and of those who have died through concrete help and moral support.

### 6. Structures and Means to Be Created

All structures and means in existence should be used—the GES, Christian groups in the Legion of Mary, EPV, confraternities, and others.

There should be coordination of action with other pastoral groups devoted to the sick in an area or diocese.

There should be contact and collaboration with other organisms in the health apostolate.

### 7. Conclusions

The parish community and all other communities with a Christian inspiration must identify their evangelizing action in the health field.

They must direct their efforts towards knowledge of the health situation and the sick.

The must accept responsibility for educating the young and children on life problems (health, illness, suffering, physical decline, and death), with all the means at their disposal.

They must be a source of comfort for their sick, breaking with them the Bread of the Word of God, loving them, relieving their sufferings as far as possible, and having them understand that they are not alone, isolated, or useless and are not a burden on society.

They must sensitize all their members to individual responsibility in promoting health and caring for the sick.

They must visit the elderly and accompany them during illness with respectful, unselfish service.

They must renew the celebration of the sacraments administered to the sick, particularly the Anointing of the Sick, which ought to be proposed at the right moment, sometimes in a community celebration (for instance, on the World Day of the Sick).

The sick must be members of the community in full standing. They are also responsible for the evangelizing mission entrusted to them. Their complete participation in the life of the community must thus be facilitated in every way.

Cooperation must be extended to all other fields to foster the integration of the sick into society.

The community must extend care to all its most disadvantaged members—drug addicts, alcoholics, and AIDS victims.

They must be concerned about the families of the sick and also assist them after the death of relatives.

The following points ought to be observed regarding the care groups.

* Ensure that, in addition to good will, they are endowed with needed skills.

* Give them a sense of belonging to the Church as those sent by the community to care for the sick.

* Provide adequate training on doctrine and health care to give them the necessary expertise.

* Create pastoral groups for health care dedicated to the sick and able to sensitize different sectors of the parish for coordination of the varied apostolates.

Communities shall include Christian social and medical workers, whether or not they are GES members, in the activities of the parish ministry for better knowledge of problems and their practical solution.

They shall organize the World Day of the Sick in close collaboration with the sick, the GES, Catholic Charities, hospital chaplains, EPV, and other movements.

The Bishops' Commission for the Health Ministry (to be established) shall offer general guidelines for this ministry on a diocesan level.

The national and diocesan executive offices shall be responsible for working out the training program for pastoral workers.

## ORIENTATIONS FOR THE HEALTH MINISTRY

### Introduction

Daily experience in the Congolese Church and in society enables us today to propose some guidelines which should characterize the health ministry in its varied practical dimensions in our country—the parish, the hospital, the diocese, the interdiocesan level, the nation, and so on.

### Orientations

1. As servants of life, we must go beyond pastoral care helping people towards a "good death" (the sacramental or occasional ministry) to arrive at a ministry which encourages them to experience health, illness, accompaniment, and death in a positive and Christian way and is thus a ministry of evangelization and care.

Indeed, human beings not only need to be accompanied towards a "good death," but also, and above all, they need to live well, giving meaning to health, to illness, when it presents itself, and to death, when the time comes.

Pastoral care must not be based on sacraments without taking into account the announcement of Jesus of Nazareth so as to enable people to live through existential situations in their full significance. This change in perspective and orientation in pastoral care involves a new style of accompaniment of the sick and must give rise to initiatives such as the creation of church contexts which are more humane and help men live in a healthier way.

2. The sick are persons, not things. We must, therefore,

move from pastoral care making the sick into an object to care which regards them as a person, as Jesus Himself, and integrates them fully into the community, which they evangelize with their way of living.3. The family is also important. We must thus go from pastoral care addressed to the sick alone to care taking the family into account.

Indeed, illness deeply affects the family. The role of the family is basic and even irreplaceable alongside the sick. Authentic, intelligent, and prudent pastoral involvement with the family is indispensable.

4. We must be close to the neediest and least favored, with their concrete problems, to become their neighbor, discovering them in the parish or at the hospital and taking specific and effective steps at least to lighten their burdens when a solution cannot be found.

5. All Christians are responsible for acting in the name of the Lord and of the Church. We must thus go beyond a clerical, individualized ministry to arrive at an ecclesial and community ministry. To this end, it is necessary to sensitize the Christian community and its members, promote committed Christian lay action in health care, and coordinate all health workers.

### The Organization of This Ministry

The pastoral care of the sick must be practiced wherever the sick are found—that is, at home, at the hospital, in the parish, and elsewhere.

In view of the real situation, we feel it is necessary to organize the following commissions.

* Commission for Christian Health Workers (GES).
* Charity Commission.
* Commission for Pastoral Care at Hospitals and at Social and Medical Centers (chaplains).
* Commission to Coordinate Movements and Groups Caring for the Sick (Legion of Mary, EPV, confraternities, etc.).
* Training Commission.
- National Plan for Health Development
- Bioethics
- Natural Methods to Regulate Births
- Accompaniment of the Dying

### Pastoral Activities

1. Sensitizing the Church hierarchy.

2. Celebrating the World Day of the Sick (February 11) and the feast of St. John of God (March 8).

3. Renewing care at hospitals and social and medical centers through varied steps.

* Sensitizing and permanent education for all Catholic health workers, whether or not they belong to the GES.
* Permanent training of hos-

pital chaplains through monthly meetings.

* Training of workers for hospital care (two or three times a year).

* Diocesan and interdiocesan congresses.

* Publishing documents.

4. Sensitizing Christian communities and parish groups.

5. Promoting and creating social and medical facilities in the Church.

6. Promoting lay commitment in health care.

7. An action plan for bioethics and home care of the sick and dying.

8. Training for all sectors.

9. Mobilization of resources.



**Proposal for a National Action Program in Two or Three Years**

The basic objective is to stimulate or strengthen reflection in the Church through much broader participation in health care, with a view towards delineating the major lines of force of the Church's presence therein on the basis of the Gospel. The three priority axes are the following.

a) Health today in the Congo.

b) Health and faith.

c) Orientations and priorities for the Church's presence in health care.

The major specific objectives are as follows.

1. To contribute to promoting a new health culture by studying social and medical situations and their pastoral implications by way of

* development of theological and pastoral reflection on health, suffering, and death by involving social and medical workers, writers, theologians, catechists, hospital chaplains, and others;

* promoting interdisciplinary reflection on ethical problems, health care, and the responsibility of the health worker so as to offer clarification;

* attention to conflict situations in the world of health.

2. To intensify the Church's and society's solidarity towards the sick and most disinherited—the terminally ill, the elderly, and the psychologically disturbed.

3. To renew the celebration of the sacraments for the sick—that is, to rediscover the curative dimension of all the sacraments, particularly those celebrated in the period of illness.

4. To know the spiritual needs of the sick.

5. To reinforce Church communion among health workers and within health apostolate movements.

6. To give a new thrust to evangelizing action by parishes in health care by reawakening Christian conscience, creating a new dynamic of parish involvement in serving the sick, and promoting parish awareness of basic health problems and participation in solving them.

7. To encourage communion and collaboration among chaplains, men and women religious, social and medical workers, and parishes by precisely defining the role of each, along with their training, duties, and rights.

8. To promote lay commitment to health care.

9. To encourage the specific and ongoing training of Christian health workers by defining training programs and including the study of bioethics.

10. To initiate and promote the training of seminarians in the health ministry at schools and universities.

11. To create and promote Church-sponsored health facilities which will help men live in a healthier way.

12. To foster relations and cooperation with civil and Catholic health organisms, both nationally and internationally.

13. To support and reinforce currently existing resources and channels for training in the health ministry.

14. To use the mass media more effectively to disseminate the health apostolate.

Dr. NTARI BENOIT
*National President of the Gospel and Health Groups*

# *Activity of the Pontifical Council*

***Fatima:***
***Fifth World Day***
***of the Sick***

# John Paul II's Letter to Cardinal Fiorenzo Angelini

*THE DESIGNATION OF A SPECIAL ENVOY FOR THE CELEBRATION OF THE WORLD DAY OF THE SICK IN FATIMA*

*The Pontifical Mission established to accompany the Cardinal was made up of Rev. José L. Redrado, O.H., Secretary of the Pontifical Council for Pastoral Assistance to Health Care Workers; Rev. Felice Ruffini, Undersecretary of the Council; Monsignor Giacomo Giampietruzzi, Secretary of the Apostolic Nunciature in Portugal; Professor Walter Osswald, President of the International Federation of Catholic Medical Associations; and Professor Daniel Serrao, Member of the Pontifical Academy for Life.*



**To Our Venerable Brother**

**Fiorenzo Angelini, Cardinal of the Holy Roman Church**

The Christian people is accustomed to invoking the Virgin Mother of God as the salvation of the sick and consolation of the afflicted. For her part, She never abandons anyone who beseeches her almost omnipotent aid and asks for her intercession.

Our thought now turns particularly to the city in Portugal which since the beginning of this century has enjoyed singular protection on the part of the Blessed Virgin Mary.

Very appropriately, the Portuguese people will celebrate the *World Day of the Sick* at the Sanctuary of the Blessed Virgin Mary in Fatima on February 11, 1997. This sacred event gives us all the opportunity and the occasion to contemplate Mary beneath the cross of Jesus taking upon Herself the spiritual care of the whole human race and at the same time to spur our hearts towards a stronger, more secure faith.

For this reason, to confirm our love for the sick more forcefully and in order for this celebration to take place in a more fitting and appropriate way, we have decided to send a person to represent Us and manifest our benevolence. Precisely you, our Venerable Brother, who have served as President of the Pontifical Council for Pastoral Assistance to Health Care Workers with wisdom and diligence, seem to Us fully prepared and qualified to carry out this mission in a suitable manner. Therefore, through this Letter, by our authority we name you our *Special Envoy* to preside at the sacred celebrations at that Marian shrine on our behalf so that you may manifest our sentiments as a Pastor to the clergy and people, and to all present.

You shall bear our greeting, declare our love for that Church, and confirm our presence in spirit. You shall speak of the filial affection due the heavenly Mother, recalling that the message of the Blessed Virgin Mary in Fatima is nothing but a call to conversion and penance; you shall also take care to explain the salvific value of pain; to those participating in the celebrations, especially those afflicted by illness, you shall express our benevolence, that it may reach and console all.

Finally, to all present you shall convey the Apostolic Blessing as an announcement of heavenly aid and a pledge of blessed salvation.

From the Vatican, December 30, 1996, the nineteenth year of our Pontificate.

JOHN PAUL II

# Note by the Permanent Council of the Portuguese Bishops' Conference on The World Day of the Sick 1997

1. In 1992 Pope John Paul II established the World Day of the Sick, to be celebrated each year at a Marian Shrine. He indicated February 11, the liturgical commemoration of Our Lady of Lourdes, as the day consecrated to this celebration by the whole Church. Major Marian shrines in the following years were thus at the center of this event of worldwide scope. Lourdes and Czestochowa in Europe, Our Lady, Queen of the World in the Ivory Coast, Africa, and Our Lady of Guadalupe in Latin America have been the sites previously chosen. For this year, 1997, the Pope has chosen Fatima, a Sanctuary to which he is closely bound, for the celebration of the Fifth World Day of the Sick.

The importance of Fatima in the life of the Church is beyond question. The Pope recalls this in his *Message for the World Day of the Sick*: "It is an occasion for each of us to listen to the message of Our Lady, whose basic core is an appeal for conversion and penance, as the Gospel requests."

We are familiar with the story of the seers at Fatima, the way they asked for the conversion of Russia while observing the world of their time, a manifestation which pointed to a renewal of society, a victory over wars and violence, and a transformation of social structures on the basis of justice and freedom.

2. The World Day of the Sick invites us to reflect on illness and physical, psychological, and moral suffering in a new light.

In his *Message* for this Day, the Pope reminds us of Christ's invitation, which, moreover, is always present in the Fatima ministry: "Come to me, all of you that are weary and oppressed, and I will comfort you." All of the suffering feel attracted by the Divine Physician. In the suffering Christ, as John Paul II reminds us, each of us finds the meaning of his own suffering. He is Love, and only in Love can we understand human suffering.

This year, 1997, is the first of the triennium preparatory to the Jubilee of the Year 2000. It is important to have better knowledge of the One we call Jesus Christ. For this reason the Fifth World Day of the Sick, held at Fatima, has the theme "In health and in sickness Jesus Christ gives meaning to life." He is the same—yesterday, today, and always. It is He who gives meaning to all things and all moments in human life. He describes Himself as "the Way, the Truth, and the Life" (*Jn* 14:6), "the life-giving Bread" (*Jn* 6:35), "the living Bread that has come down from heaven" (*Jn* 6:51), "the living water gushing forth for eternal life" (*Jn* 4:14), and "the Resurrection and the Life" (*Jn* 11:25), who has come "for all to give life and give it abundantly" (*Jn* 10:10). Jesus Christ is the reference point for our whole life as Christians.

3. During his life, Christ addressed the weakest and the poorest with special attention, among them the sick and the marginalized: "They brought him all those suffering from an illness, and He cured them all" (*Mt* 4:24).

Like Jesus Christ, all who assist the sick—health workers and volunteers—are called to a grandiose mission. They may not be able to cure, but their first duty is always to assist diligently all who suffer. Particularly, their duty is to help them to overcome the loneliness and hopelessness which so often mark their hard road.

On this day we cannot fail to ask the sick, as examples of life and intercession for the major intentions of the Church and the world, to become apostles, both among other sick people and in their own Christian community.

4. In Fatima, with the whole Church we are celebrating the World Day of the Sick. We ask Our Lady to help all who suffer, who feel excluded from society, who because of age or for any other reason have been marginalized.

We deeply hope that all Christian communities—parishes, movements, religious institutions, and others—will be present during the two leading moments of the World Day of the Sick: February 10, the Day of Reflection for health professionals and volunteers, and February 11, the significant World Day of the Sick, for all who suffer from any illness and for those who can accompany them at the celebration of the Eucharist, presided over by the Pope's Special Envoy.

May Mary guide us during this day of prayer and hope.

# At Fatima Mary Has Dried So Many Tears:

*AN ACCOUNT OF THE FIFTH WORLD DAY OF THE SICK*



The last World Day of the Sick was celebrated at Fatima, Portugal, February 9-11, 1997.

After Lourdes, Czestochowa, the Ivory Coast, and Guadalupe, it was the Fatima Shrine's turn to welcome this celebration. The eyes of the whole Church, focusing on the theme "In health and illness, Jesus Christ gives life meaning," were set upon the Altar of the World. During this first year of the triennium preparatory to the Jubilee of the Year 2000, the World Day of the Sick centered on the Person of Jesus Christ. He is the Way, the Truth, and the Life, the Bread of Life, the Living Water issuing forth for eternal life; He is the Resurrection and the Life. For all of these reasons, in moments of hardship all turn to Christ with trust, abandoning themselves and identifying themselves with Him in suffering, putting hope in Him to overcome it, and accepting the Father's will with Him.

These were the deeply-experienced sentiments which spurred health workers, volunteers, pastoral workers, and, above all, the sick to travel to the Fatima Shrine for the Fifth World Day of the Sick, in communion with all the sick in the world who, in accepting Jesus Christ, cooperate with Him in the work of redemption.

## 1. Preparation

The first indication that this Day would be held at Fatima appeared during the First National Congress for the Health Ministry. In December 1995 the possibility of celebrating the Fifth World Day of the Sick at Fatima galvanized all the Congress participants, who immediately formed four teams to deepen awareness of their role in the health ministry.

The areas of pastoral action which, beginning at that moment, took shape, organizing and working together, were the health professionals (with the Associations of Catholic Workers), the chaplains (with their diocesan coordination centers), volunteers (already present in fifty-eight hospitals), and parishes (organized into parish groups for the health apostolate).

Towards the end of 1996 the Tenth Health Ministry Meeting was held.

In analyzing the topic "Responsibility in Serving Life," the different groups deepened their awareness and made very specific commitments for the celebration of the World Day of the Sick, at which a Health Ministry Program would be enunciated. On account of later difficulties affecting all areas of pastoral action in regard to implementing this measure, joint work was limited to approval of a "pastoral action plan for chaplains at hospitals and health facilities," the central core and moving force for all organized activities to be carried out in dioceses.

Health workers and volunteers also made a solemn commitment, stressing certain elements in the prayer John Paul II offered in Fatima at the feet of Our Lady on May 13, 1982.

Another preparatory moment was certainly the Bioethics Meeting held in Porto with health workers, February 4-7, 1997—a moment of intense reflection on the service to life which is the responsibility of all working in the world of health. Organized by the Catholic physicians and the National Ethics Commission for Human Sciences, it was undoubtedly a time for insight into the problems of greatest concern today for the leaders of Portuguese society.

In addition to the Pontifical Council for Pastoral Assistance to Health Care Workers, preparations for the now imminent celebration involved the Bishops' Conference, the Bishops' Commission for Social and Charitable Action, the Ministry of Health, the National Commission for the Health Apostolate, the Catholic Medical Association of Portugal, the Catholic Association of Nurses and Other Health Workers, the Diocesan Secretaries for the Health Ministry, and different movements, congregations, and civil organizations wishing to take part in the health apostolate. In three months of very intense work, the whole country was activated and even some dioceses in other European nations became involved.

## 2. The Celebration of the World Day of the Sick

This pastoral event took place in three stages: the arrival of the Pope's Special Envoy, Cardinal Fiorenzo Angelini, the Day of Reflection with health workers and volunteers, and the Day of the celebration and solemn Commitment.

On February 9, at 11:30, Cardinal Fiorenzo Angelini arrived at the Lisbon airport, where he was received by the Apostolic Nuncio, the Bishop, the President of the Bishops' Commission for Social and Charitable Action, the Minister of Health, the representative of the Cardinal Patriarch of Lisbon, and the members of the National Commission for the Health Ministry.

Cardinal Angelini was accompanied by Cardinal Deskur, the Most Rev. Javier Lozano, President of the Pontifical Council, and Fathers Redrado and Ruffini, Secretary and Undersecretary, respectively, of the Council, and the members of the Pontifical Mission.

During the press conference, Cardinal Angelini stressed the importance of the World Day of the Sick, its not exclusively religious character, the meaning of suffering in human life, the scope of the Fatima message, and the love of John Paul II for Portugal and Fatima. When asked about the Church's position on the problem of abortion, now being discussed in Portugal, the Cardinal replied that it was not only a religious problem, but, rather, a human and ethical one, and an indication had already appeared in Hippocrates and in his Oath that medicine is always at the service of life and that life, for the Church, is always inviolable. The more life is defenseless and fragile, the more it should be protected by society.

John Paul II's Special Envoy, accompanied by the Pontifical Mission, was then received by the Apostolic Nuncio at the headquarters of the Apostolic Nunciature in Lisbon.

After celebrating Mass at the Church of St. Anthony, in the presence of a hundred Italian pilgrims who were traveling to Fatima specifically for the World Day, Cardinal Angelini was received at the Belem Palace by the President of the Republic, to whom, after the official statements, he presented a silver medal commemorating the nineteenth year of Pope John Paul II's Pontificate.

The President of the Republic stressed the close bonds between Portugal and the Holy See and the manner in which the Church is vitally important in the existence of the Portuguese.

In addition, he expressed gratitude for the invitation his wife had received to take part in the Tenth International Conference at the Vatican, an invitation that had immediately been accepted. He then manifested his best wishes for the success of the World Day of the Sick, which was about to be held.

On February 10, a major Day of Reflection was held for all health workers, volunteers, and parish workers. Over 2000 people attended and showed notable interest in the talks presented, which were as follows.

* "The Health Ministry on the Threshold of the Third Millennium" - the Most Rev. Javier Lozano.

* "The Health Ministry and the Pope's Message" - Cardinal Fiorenzo Angelini.

* "Jesus Christ and the Sick: A Biblical Vision" - Professor Isidro Alves.

* "The Sick in the Message of Fatima" - the Most Rev. Luciano Guerra.

* "The Health Ministry as an Innovating Experience" - the Most Rev. Javier Osés.

* "Challenges of the Health Ministry" - Rev. Vitor Feytor Pinto.

This Day of Reflection began with a concert by the Coimbra University Choir and ended after the Eucharist with a magnificent organ concert by Rev. Giuseppe di Mare: "Jesus: From Hope to Glory."

As we were in Fatima, in the evening we could not fail to recite the Rosary, and the vigil procession was completely filled with the hope coming from Jesus and manifested in gestures of solidarity.

It was an extremely intense moment on the eve of a great day.

The celebration and the solemn promise decisively marked February 11, the World Day of the Sick.

During the morning, the Plan for Pastoral Action was presented, followed by varied testimonies by sick and suffering people and those caring for them.

The testimony by Cardinal Deskur was noteworthy, as were statements by the Bishop of Leiria-Fatima, by a woman doctor confined to a wheelchair, and by the director of programs at Radio Rebirth, who had overcome a serious illness.

At the close, the profession by health workers, read before the whole assembly, prepared those attending for the celebration of the Eucharist.

The approach to the Shrine's Altar was along the Holy Way, with the six most significant stations: the condemnation to suffering, the first fall, the meeting with Mary, the help of Simon the Cyrenean, and Christ's death and resurrection.

In the presence thousands of people, including the sick and those accompanying them, twenty bishops, and about two hundred priests, the central Mass began; it was televised throughout Portugal and in some other countries.



### 3. The Mass during the World Day of the Sick

There are events which leave a lasting impression. This happened on February 11. The Mass celebrated at the Fatima Shrine included very intense moments of great spiritual power.

In the penitential rite, Cardinal Angelini knelt before ten seriously ill patients and washed and kissed their weary, wounded feet.

The word of the Lord, commented on by the Special Envoy, was followed by the message of the Pope, who, in Rome the preceding Sunday, had spoken about the meaning of illness and suffering and the importance of the redemption achieved by Christ. All the pilgrims at Fatima could see the Pope on a giant screen as he spoke from the window at St. Peter's Square.

At the Offertory the gifts included donated blood, medicines, clothing, and varied articles for Timor, Angola, and Mozambique, for the neediest hospitals, and also a wheelchair and other symbols of the challenge to improve health care, in the context of a message of generosity towards others to serve them, relieve their sufferings, and

offer them a more humane approach. In addition to the bread and wine, offerings were made of the seeds for a new harvest and the candle the Pope had sent specifically for this celebration.

Another moment of intense spirituality was the *Anointing of the Sick*. Twenty seriously ill people were anointed by Cardinal Angelini and Archbishop Lozano. The power of the sacrament seemed to be transmitted to the whole throng while the words pronounced by the two ministers were being heard: "Through this holy anointing, may the Lord in his love and mercy help you…"

The hymn of thanksgiving was a cry of joy in the face of so much human pain: "Miraculous Queen of Heaven, under your mantle woven of light, make war grow still on earth and the peace of Christ be achieved among men." As the hymn was being recited and children greeted the Cardinal sent by the Pope, white doves ascended into the sky and balloons rose into the blue of the firmament.

The blessing of the sick and the closing procession, though common at celebrations in Fatima, took on a new meaning, since so many sick people, health professionals, and volunteers associated with the health ministry had never before gathered at Fatima.



### 4. Significant Signs during this Fifth World Day of the Sick

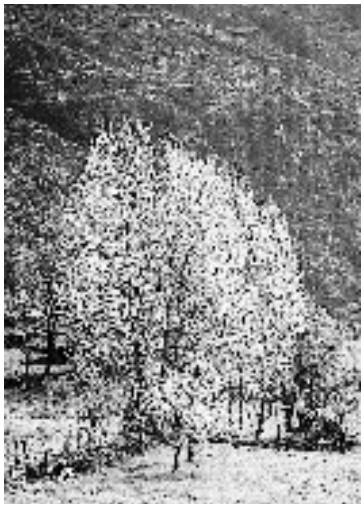
It is small gestures that make a difference. At this celebration there were so many that we cannot mention them.

The presence of Cardinal Deskur, a personal friend of the Pope, though he was physically limited by confinement to a wheelchair, accompanied this great pilgrimage. His testimony in the Auditorium and prayer at the shrine were certainly very incisive. At the end of the vigil procession, he stated with simplicity and emotion, "I have experienced one of the most beautiful moments in my life; it was worth the trouble."

The Health Campus was an extraordinary experience. In some tents made available by the Portuguese Red Cross a center for taking blood samples was set up, along with an area for preventing heart disease, a service to collect medicines to be sent to the Diocese of Timor and clinical instruments and clothing for hospitals in Angola and Mozambique.

In addition, there were also two tents to discuss the problems of drug addiction and AIDS, areas where the Church wishes to act.

To make this Campus possible there was collaboration from the Portuguese Institute for Transfusions, the Portuguese Institute for Preventive Cardiology, the Commission for the Fight against AIDS, the Life Project, the Institute for Emergency Medicine, and the Movement to Defend Life, in addition to the Red Cross. Close cooperation with the Ministry of Health and the National Commission for the Health Apostolate should also be stressed.



*The Visit to St. Andrew's Hospital and St. Francis' Hospice*

Cardinal Angelini and the Pontifical Mission had the chance to visit two health facilities. At Leiria Hospital, where there are a children's center and neonatology and maternity departments, they were received by the administration and all the medical and paramedical personnel working there. In the chapel a memorial tablet was unveiled, and from the auditorium it was possible to sent a closed-circuit television message to all the patients.

In the case of the House of St. Francis, Cardinal Angelini had occasion to visit a center for the elderly. During both visits the Cardinal was accompanied by the Minister of Health and the Bishop responsible for the Health Ministry.

### 5. Fatima, Coimbra, Batalha, and Alcobaça

On the evening of the 11th and on February 12, the Special Envoy's entourage visited Coimbra, where Mass was celebrated at the Carmel where the ninety-year-old Lucia, the Fatima seer, lives.

There were also visits to the two great Monasteries of Batalha and Alcobaça, which bear the signs and traces of the history of Portugal in its Christian and spiritual dimension.

At the end of this account we must not overlook John Paul II's special relation to the Fatima Shrine. Here, in 1982, he came to give thanks for having survived the assassination attempt the year before. Here he returned in 1991 on the tenth anniversary of that tragic event. He always turns to Our Lady of Fatima when he is suffering, and it was the image of Fatima which recalled the fiftieth anniversary of his ordination to the priesthood. Therefore, throughout the time spent in the Shrine there was a photograph of the Pope kneeling at the feet of Our Lady.

His Holiness Pope John Paul II was a living, continuous presence accompanying the unfolding of this celebration in Fatima of the Fifth World Day of the Sick.

Rev. VITOR FEYTOR PINTO

# At This Sanctuary Many Have Found Liberation and Comfort

*THE HOMILY BY CARDINAL FIORENZO ANGELINI AT THE FATIMA SHRINE DURING THE MASS CELEBRATED FOR THE WORLD DAY OF THE SICK ON FEBRUARY 11, 1997*

Dear Brothers and Sisters!

The readings from the Bible we have heard invite us to meditate on the deepest meaning of the celebration in Fatima of the World Day of the Sick.

The episode of the liberation of the People of Israel by way of their miraculous passage through the Red Sea and the Gospel episode of the storm which is calmed remind us that liberation and salvation require suffering. But, above all, they remind us that pain, trials, and tribulations form part of the human condition and that only from God can liberation and the strength to deal with them come.

However, to obtain this inward and outward liberation, both physical and spiritual, *hope* is needed, nourished by *faith* in the goodness and mercy of God.

For the Israelites who, guided by Moses, nourished this hope and this faith, the cloud was dark for their enemies, but cast light which guided them in the night, while the sea water raising an insurmountable wall for the Egyptians opened for them into a way of salvation (*Ex* 14:19-22).

To the apostles, who, when threatened by the storm, cry out, "We are lost!" Jesus replies, "Where is your faith?" (*Lk* 8:25). And St. Paul reminds us that precisely in pain "we are saved in hope" (*Rm* 8:24).

Faith and hope in liberation from the evil and pain afflicting our spirit and our body have gathered us together today in this sacred place to celebrate the World Day of the Sick.

So many suffering in body and spirit have in fact come to this sanctuary and, through their faith and their hope, found liberation and comfort.

The prodigy of the sun, which eighty years ago illuminated this unknown strip of earth, was and remains an image of the victory of light over darkness, of goodness over evil, of joy over suffering.

This miracle of liberation and salvation, expected by the whole universe, which, together with man, awaits our adoption as children of God and the

redemption of our bodies (*Rm* 8:23), requires the acceptance and offering of suffering, as in the example of Christ.

The Lord Jesus, though God, stripped Himself, took on the condition of a slave and "humbled Himself, becoming obedient until death, and death on a cross." "That is why God has exalted Him and has given Him a name which is above every other name" (*Ph* 2:6-9).

*The way of the cross is the way of our liberation*. This is the mystery we are celebrating today. It is the mystery of Christ and the mystery of the Church. *As Christ*, indeed, was sent by the Father to announce the good news to the poor and to *heal* those with a contrite heart, *so the Church* recognizes in the poor and the suffering the image of her Founder and on serving those suffering seeks to serve Christ.[1]

Dear brothers and sisters! By the express mandate of the Holy Father, John Paul II, I am here today to remind you of the message of Our Lady of Fatima, a message which is call to conversion and penance through giving value to pain.

May our minds and our hearts, in this time in which we renew the memory of the *sacrifice* of the death on the cross of the Son of God and participate in the *sacrament* of our salvation, be transformed into a shared awareness of the pain afflicting so many of our brothers and sisters.

Our thoughts go out to the sick present here and those inhabiting the places of suffering and care all over the world, to the children, young people, and the elderly who experience abandonment, and to those who, bent down by suffering, are unable to transform it into an instrument for redemption and liberation.

Believe me! No lesson in life is as credible and powerful as the lesson we receive from those suffering and from our commitment to serve them.

With all the suffering and the sick and for their sake we invoke here, at her Sanctuary, Our Lady, the Health of the Sick, so that, by her intercession, there may be ignited in our hearts and in those of all our brothers and sisters the light of faith and the support of hope.

The Day of the Sick is truly the Day of man in the truth of his most universal condition: the condition of pain.

Fatima, like all other Marian shrines in the world, is a witness to the numberless crosses brought to the feet of the Mother of Jesus. But it is, above all, a witness to the prayer rising from the heart of

whoever has been able to offer to God the burden of personal tribulation.

Let us ask the Lord, through the mediation of Our Lady, for the gift of liberating hope and of faith which heals our suffering.

Our gift will be transformed into a power for reparation and redemption.

Fifteen years ago, on the anniversary of the assassination attempt at St. Peter's Square, the Holy Father, John Paul II, wished to come to Fatima to thank Our Lady for her maternal protection and to offer God his suffering through her hands.

From the Holy Father, then, we receive an example of how to live out and celebrate the World Day of the Sick. His lofty magisterium and ministry have been imparted from the teaching chair of suffering, the chair chosen by Christ for the salvation of the world.

We shall be reminded of this lesson of life in the coming days by the rite of anointing with ashes which initiates the Lenten period and which, on recalling the fragility of our condition, also exalts the sublime greatness of our liberation.

Tomorrow the Church will celebrate the feast of the Holy Face of Our Lord Jesus Christ.

On November 5, 1986, the Congregation for Divine Worship—in a document sent simultaneously to the President of the Pontifical Council for Pastoral Assistance to Health Care Workers and the Benedictine Congregation of Sisters for Reparation to the Holy Face of Our Lord Jesus Christ, represented here today by their Superior General—approved the text of the Mass and the Liturgy of the Hours of the Most Holy Face of Jesus.

There is a very close tie between the health ministry and devotion to the Holy Face of Christ, which is the highest and most sublime expression of healing, reparatory, and sanctified suffering.

Almost like a plant which, after having endured the risks of growth, inclement weather, piercing prunings, and the alternating vicissitudes of the seasons, then becomes laden with wonderful fruit, suffering is a haven of joy and grace if accepted and lived out in communion with Christ, with one's gaze turned towards his Face dripping blood—a revelation of the Father's love and the redemption of the world.

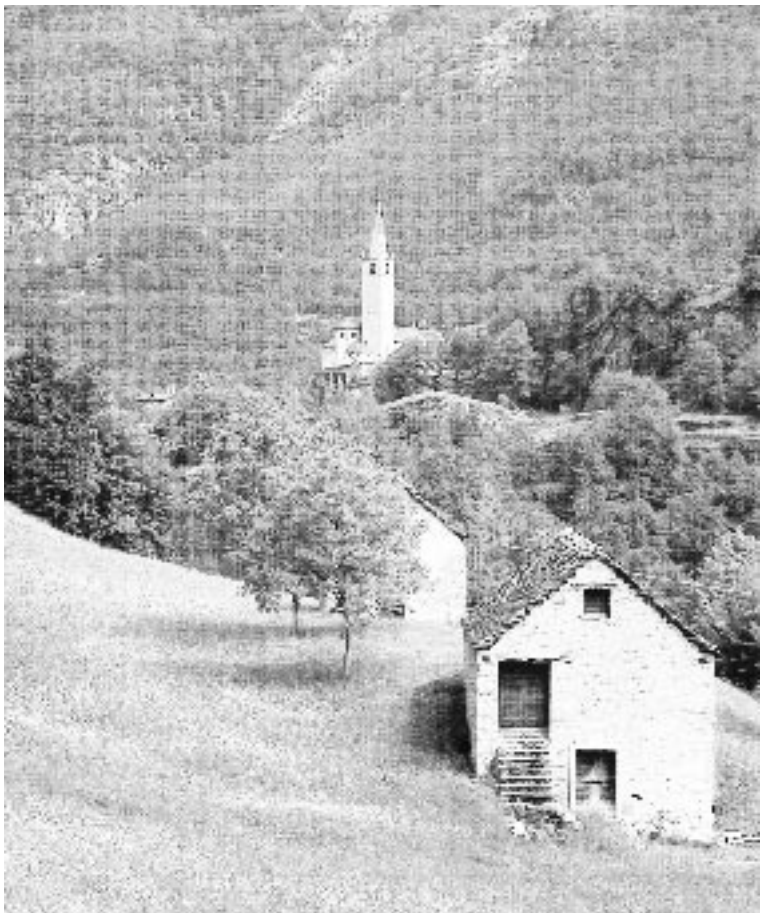
In communion with the Pastor of the universal Church and with our hearts supported by the faith and hope of which Our Lady is the loftiest example, let us repeat with the Lord tested by pain the words He pronounced in Gethsemane: "Father, if you wish, remove this chalice from me! But let not my, but your will be done" (*Lk* 22:42). In his will, indeed, is our peace and our joy!

FIORENZO Cardinal ANGELINI

**Notes**

[1] Cf. *Lumen Gentium*, 8.





# The Sick Need Our Human Warmth

*THE POPE REMINDS THE FAITHFUL OF THE FIFTH WORLD DAY OF THE SICK*

*At the Marian prayer recited with the faithful at St. Peter's Square on Sunday, February 9, 1997.*

Dear Brothers and Sisters:

1. The Gospel often speaks of the *cures* worked by Jesus. The sick crowded round him and sought to touch him "for power came forth from him and healed them all" (Lk 6:19). I like to remember this shortly before the fifth *World Day of the Sick*, which will be celebrated this coming February 11, the feast of Our Lady of Lourdes.

By healing the sick, Jesus shows that his gift of salvation is offered to the whole person, since he is *the physician of soul and body.* His compassion for those who are suffering spurs him to identify with them, as we read in the passage on the last judgement: "I was sick and you visited me" (Mt 25:36). It is this deep sharing that he asks of his disciples, when he entrusts to them the task of "healing the sick" (cf. Mt 10:8).

If we pray with faith, the Lord will not fail to work *miracles of healing* even today. His Providence, however, usually works through our responsible efforts and requires us to combat illness with all the resources of intellect, science and appropriate medical and social assistance.

2. Jesus' love for the sick encourages us especially to put the resources of our heart into action. We know from experience that, when we are ill, we not only need adequate treatment, but *human warmth*. Unfortunately in contemporary society we often risk losing geuine contact with others. The pace of work, stress or family crisis makes it increasingly difficult for us to give one another fraternal support. It is the weakest who pay the price. Thus it can happen that the elderly who are no longer self-sufficient, defenceless children, the disabled, the severely handicapped and the terminally ill are sometimes seen as a burden and even an obstacle to be removed. On the other hand, walking at their side, dear brothers and sisters, helps build a society *with a human face*, enlivened by a deep sense of solidarity, where there is room and respect for all, especially the weakest.



3. Looking to Christ, physician of souls and bodies, we also meet the caring gaze of Mary, invoked by Christians as "*Health of the sick," Salus infirmorum*. May the Blessed Virgin help us touch the healing hand of her divine Son, welcome the saving power of the Gospel and become ourselves a concrete witness to all who need us.

# Human Sickness Is a Call to Conversion

*The Message of Fatima is an appeal for conversion and penance, the Holy Father said at a Mass for Sick*

*"Illness represents a call to conversion for the human person," John Paul II stressed while addressing thousands of the infirm who had gathered at St. Peter's Basilica on February 11, 1997 to take part in a concelebrated Mass marking the Firth World Day of the Sick, at which Cardinal Vicar Camillo Ruini presided, representing the Pope. The Holy Father expressed the hope that Rome and Jerusalem would become "the poles of a universal pilgrimage of peace."*

*The Holy Father's words are published below.*

Your Eminences,

Venerable Brothers in the Episcopate and in the Priesthood,

Dear Brothers and Sisters:

1. I am pleased to extend to you all a cordial greeting at the end of the Mass celebrating the Fifth World Day of the Sick, during the liturgical commemoration of Our Lady of Lourdes.

This Day takes us in spirit to the grotto of Massabielle, to pause in prayer and to commend to the Blessed Virgin, *Salus infirmorum*, all the sick, especially those who are the most sorely tried in body and spirit.

The *official celebration* is taking place today at the Shrine of Our Lady of *Fatima*, particularly dear to me and highly significant in the present phase of preparation for the Jubilee of the Year 2000. The Blessed Virgin's message at Fatima—as at Lourdes—is a *call to conversion and penance*, without

which there can be no authentic Jubilee.

*For the human person sickness is also a call to conversion, to entrust one-self entirely to Christ, the one source of Salvation* for every man and for the whole man. The theme of the convention sponsored by the Roman Pilgrimage Institute, which re-echoes the universal call of the first year of preparation for the Jubilee, invites us to do this.

2. My affectionate thoughts are especially addressed to the many sick people present; I cordially extend them to all the sick who have joined us by radio and television. May Our Lady, dear brothers and sisters, obtain for each one of you comfort of soul and body. I also willingly bless those who have accompanied the sick, the volunteers, and the members of the UNITALSI gathered here, and I thank them for the valuable apostolic work they are doing for the sick in escorting them to various Marian shrines.

I likewise thank the Monteverdi Choir and the Philharmonic Society of Crespano del Grappa for enlivening the liturgy today and for their inspiring performances. I am also grateful for the gift of a precious reproduction of the statue of Our Lady of Monte Grappa, who watches over the monumental cemetery where thousands of soldiers who died in the First World War are laid to rest. Let us pray for them on this occasion.

3. Every year, the Roman Pilgrimage Institute suggests a *prophetic gesture of peace:* this year it plans a *pilgrimage to Hebron* to the tomb of the Patriarchs, a holy place for the three great monotheistic religions, as a harbinger of peace in the Holy Land.

I pray that this initiative, in the name of our common father Abraham, may be the beginning of a new flowering of reconciliation pilgrimages for the Great Jubilee of the Year 2000.

May Rome and Jerusalem become the poles of a universal pilgrimage of peace, sustained by faith in the one, good and merciful God. For this intention, I invite you, dear sick people, to raise to the Lord fervent prayers enriched by the offering of your suffering.

4. Let us now, spiritually united with the pilgrims gathered at the shrine of Lourdes and those who are in Fatima to celebrate the World Day of the Sick, turn to Mary with trust, invoking her motherly protection.

I cordially bless you in the name of the Father and of the Son and of the Holy Spirit.



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

*ACCOMPANIED BY THE PONTIFICAL MISSION AND BY THE PRESIDENT OF THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS, ARCHBISHOP LOZANO, CARDINAL ANGELINI PAID AN OFFICIAL VISIT TO THE PRESIDENT OF THE PORTUGUESE REPUBLIC, DR. JORGE SAMPAIO.*

Mr President, while thanking you for the opportunity to visit you, I convey my most respectful greeting, which I cordially extend to all the authorities and leaders present. As the Special Envoy of the Supreme Pontiff to preside at the celebrations of the World Day of the Sick, I bear the Holy Father's greeting to you, Mr. President, and to the whole Portuguese people, which, over the course of the centuries, has written glorious pages in the Church's history as well. The members of the Pontifical Delegation join me in greeting you, and, first among them, the President of the Pontifical Council for Pastoral Assistance to Health Care Workers and his closest associates.

The most solemn and emblematic celebration of the World Day of the Sick is taking place this year in the most noble nation of Portugal. Eighty years ago, in this land, in Fatima, events took place which have transformed the Shrine bearing this name, dedicated to Our Lady, Mother of Fod, and the goal of a growing number of pilgrims visiting the Fatima Shrine and daily experiencing this land's traditional spirit of hospitality witness to both human pain and a commitment to cope with it with courageous people.

The Church is alongside them and those who, in keeping with their own responsibilities, work to assist the sick and through this assistance promote the supreme good of life and the dignity of the human person. The World Day of the Sick aims, above all, in accordance with the reson for which it was established, to shake the consciences of all people of god will so that dedication to those suffering will grow, on the part of public institutions as well, in collaboration with the Church.

In this spirit, Mr. President, I reiterate my personal esteem for you and that of the Pontifical Delegation accompa,nying me.

# "In Health and Illness Jesus Christ Gives Life Meaning."

*With this core idea, the Day of Reflection aimed at health and pastoral workers began at the Paul VI Pastoral Center in Fatima. We offer readers some of the topics presented.*

# The Meaning and Value of the World Day of the Sick

*WORLD DAY OF THE SICK, FATIMA, FEBRUARY 11, 1997*



I am pleased, first of all, to extend my most cordial greeting to all those present: Bishops, authorities, and those responsible for public and private health facilities, priests, men and women religious, and especially all the health professionals.

My grateful salutation is shared in by the members of the Pontifical Delegation—firstly, by the new President of the Pontifical Council for Pastoral Assistance to Health Care Workers and his closest and most distinguished associates. My experience in heading this Council for the first twelve years of its existence has enabled me to verify on a daily basis how much this body can do for the sick and health workers and how much both the Church and civil society expect from it.

In his *Message* for the World Day of the Sick, the Holy Father, John Paul II, states that this celebration offers each of us the opportunity to listen once again to Our Lady's invitation, expressed eighty years ago in this blessed land.

The basic core of this invitation—as in the Gospel—is the call to conversion and penance.[1]

In the personal letter by which the Holy Father designated me as his Special Envoy to preside at tomorrow's liturgical celebrations, I am asked

* to convey the Supreme Pontiff's love for the Portuguese Church;

* to confirm his spiritual presence among us; but, above all,

* to recall the salvific value of pain, along with the message of Our Lady of Fatima.

In addition, the Pope invites me particularly to express to those afflicted by illness his personal and consoling benevolence and blessing.[2]

These are the thoughts and feelings also filling my mind and my heart today.

The World Day of the Sick this year is situated at the beginning of the first year of the triduum preparatory to the great Jubilee of the Year 2000. It is to be a year entirely devoted to reflection on Christ—a reflection, however, as the Pope specifies, which must not be separated from the role played by his Most Holy Mother, who is proposed to all believers as a model of lived faith.[3]

Mary is a model of lived faith especially because She was a supreme model in accepting and valuing pain.

Sharing in the sufferings of Christ, the Mother of Jesus experienced pain along this arduous road, alongside her Incarnate Son, as a defenseless witness to incomprehension, persecutions, and Jesus' passion and death. She particularly suffered, however, as She revealed eighty years ago at Fatima, over the sin of the world which blocks and checks the establishment of the Kingdom of God on earth.

No offering of love, expiation, reparation, and salvation is so necessary and effective as the offering, in communion with Christ, of the pain accompanying our life.

On the other hand, refusal of incurable pain, rebellion against trials, and the desperate attempt to blot sacrifice out of our existence lead to selfishness, self-enclosure, loss of the meaning of life, and nonrecognition of the true scale of values.

The deepest meaning of the Day of the Sick is the invitation to share *with* the sick their condition of suffering, to implement in service to those suffering the supreme commandment of love, and to discover *in* human pain the secret of victory over evil and of hope in the triumph of good.

From the world of suffering and illness there rises up a very intense cry of help. No human beings—and Christians even less than others—may say they are neighbors to others if they do not approach the pain of others.

This sensitivity is the first manifestation of service to those suffering, a service spurring us not only to understand our neighbor, but to dis-

cover the deepest meaning of pain.

Pain, if accepted in the name of Christ, is a healing power, for it rallies man's most valuable resources, draws man closer to others, and transforms us into Good Samaritans in a period in our history so painfully marked by divisions, wars, lack of communication, loneliness, and despair.

Men, in terms of both individuals and organized society, are certainly engaged, and rightly so, in the fight against pain. However, without a deep, pre-eminent love of life, no fight is possible for authentic liberation from the trials of existence.



And it is precisely this love—which is love for all life and for the life of each human being—which makes it possible to do good with suffering and to do good to those suffering.[4] In this sense, St. Paul the Apostle speaks of a pain which provokes death and of a pain which provokes life.[5]

*It is pain as the cause of death* that is continually introduced into the world by selfishness, the pursuit of the unbridled well-being of an individual or a class, achievements which do not benefit all, but are at the expense of depriving others, and by serious sins of omission, both individual and social, which are at the root of so many calamities, often improperly termed "natural."

*It is pain that can generate life*—that is, salvation—which derives from sharing the suffering of our neighbor, the capacity to place the great lesson learned from our own suffering at the service of others, just as to value pain is to recognize our limits, whereby we are spurred to kneel before God and, like Job in the Bible, adore the mystery of his inscrutable designs.

"Blessed are those who suffer, for they shall be consoled" (*Mt* 5:7) is not a paradox, nor does it display a utopian view of the world. Even less is it a celebration of pain for its own sake, but, rather, it is an indication transcending the limits of science to place us in the dimension of wisdom.

This mysterious truth is illuminated only if every sick person—indeed, every human being, for no one is free from pain—finds the meaning of his or her sufferings in those of Christ Himself. The mystery of Christ's passion explains the mystery of human pain. This is the truest meaning of the celebration of the World Day of the Sick.

However, it must not be limited to the religious initiatives for this occasion, timely as they are. It is a powerful call whose echo must resound throughout the year.

In fact, the recovery of the salvific meaning of suffering is at the same time a recovery of a cultural dimension which is both human and Christian.

All true, real, and lasting civil progress has always flowed from the ability to deal with main constructively, with unity of purpose, and overcome it insofar as it has been granted to man to overcome its negative effects.

Pastoral care in health finds its source in this truth, explained to us concretely by Christ, who in his ministry gave preference to contact with the suffering and sick. And in this ministry the Church over the centuries has written her noblest and most heroic pages, in the awareness that, in encountering those suffering, we encounter Christ, who, on becoming incarnate, wished to take on the condition of pain.

The prayer ascending to God each day at Fatima, with the mediation of Our Lady, is prayer dictated by the pain of the spirit and the body; it is a redeeming offer of suffering, according to the requests the Mother of Jesus addressed to the little shepherds of Cova da Iria.

The apparitions in 1917 and the later manifestations deriving from them once again emphasized that the way to true, most effective evangelization depends on a valuing of suffering—that is, the cross, the symbol and guarantee of our salvation.

This solemn World Day must be an intense moment for becoming aware of these truths, which are the richest source of hope for the human race on the threshold of the third millennium.

FIORENZO Cardinal ANGELINI

[1] Cf. John Paul II, *Message for the World Day of the Sick*, Oct. 18, 1996, no. 1.

[2] Cf. *L'Osservatore Romano*, Dec. 31, 1996.

[3] Cf. Apostolic Letter *Tertio Millennio Adveniente*, 43.

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

[5] "…For pain according to God produces irrevocable repentance leading to salvation, whereas pain according to the world produces death" (*2 Co* 7:10).

# The Healthcare Ministry on the Threshold of the Third Millennium

When the healthcare ministry is spoken of on the eve of the third millennium, there is talk of realities, but also of lines of action to be developed in the future. These lines are suggested by *Tertio Millennium Adveniente* and by the circumstances this ministry is now passing through. The two elements point towards a common objective and provide clues to foresee where the main thrust of this ministry will be heading in the future. I shall specify this subject matter in terms of the pastoral orientations of this Council.

There have been many initiatives on the part of the Pontifical Council for Pastoral Assistance to Health Care Workers, and many have yielded excellent results. Others, however, are still at a developmental stage. Among the major areas, I would like to mention the following.

In the domain of publications, *Dolentium Hominum*, now in its twelfth year, stands out, including the *Proceedings* of the International Conferences, published in the leading languages, as well as the SELARE collection, which in 1992 already included forty-two works, and the *Index of Catholic Healthcare Institutions* worldwide, *The Charter for Health Care Workers*, translated into many languages, and other texts.

In the sphere of evangelization and public opinion, we can note information on the healthcare ministry in the media, catechetical instruction for adults and general training on the health apostolate, a video on the Christian meaning of suffering, a book of prayers for the sick, etc. Particularly effective has been the World Day of the Sick, along with Hospital Day, and efforts by students to promote the World Day of Pain.

In the fundamental area of accompanying and assisting the sick, we can point to emphasis on attaching value to the suffering of the sick, patients' offering pain to God, vocational work in this field, messages for the sick from different Bishops, the sensitizing of families, religious and medical attention, especially to patients who are least protected, sick people who are missionaries, and the parish census of the ill.

In terms of fruitful coordination and cooperation with other institutions, I shall mention the associations of doctors, pharmacists, nurses, and social workers; the social volunteers devoted to this ministry; and the involvement of Dioceses, religious communities, and lay communities, etc. Particularly important are contacts with international bodies: the proclamation of a right to health for all mankind, support for the *United Nations Charter* on the basic right to health, included among the fundamental human rights, and support for WHO's *Health for All in the Year 2000* program.

Finally, to conclude this rich, though incomplete, overview, I wish to mention the Plenary Assemblies, International Conferences, high-level dialogues, encouragement of kindred organizations, ongoing relations with the Episcopate and the Nunciatures, medical aid, and ecumenical dialogue, among other aspects.

## Objective of the Healthcare Ministry on the Threshold of the Third Millennium

If we wish to get an idea of the health apostolate on the eve of the third millennium, while bearing in mind the immense efforts made by the Council until the present and by the different Bishops' Conferences in the Catholic world, it may be helpful to begin by delineating this apostolate's current objective, on the basis of the rich and profound message from Pope John Paul II for the Fifth World Day of the Sick. The Pope emphasizes suffering as the way of salvation and our duty to play the role of the Good Samaritan.

In this light, it will not be difficult to discern our objective in terms of *Tertio Millennio Adveniente*, the Apostolic Letter in which the Pope offers us goals for this milestone focusing on the Incarnation of the Word. We might say that the objective of the health apostolate at this time is "*to commemorate the Incarnation of the Word in keeping with the Apostolic Letter* Tertio Millennio Adveniente, *to introduce the Gospel into culture, sanctify this time, and achieve unity in the healthcare ministry throughout the world*." This general goal could be divided into partial objectives for each of the three years, in accordance with the themes assigned to each of them: Jesus Christ (1997), the Holy Spirit (1998), and the Father (1999).

We could also attempt to formulate the partial objective for 1997, centering on Jesus Christ, as "*to contemplate, celebrate, and live out the mystery of Christ in his Incarnation through the Sacrament of Baptism and the Divine Motherhood of Mary, to fortify faith, holiness, and unity in the healthcare ministry throughout the world*."

## Basic Channels

As we know, in the health apostolate, as in the Church's entire ministry, there are three

basic channels: the Word, Sanctification, and Guidance. The health apostolate has moved through these channels in the achievements mentioned at the outset. If now, in 1997, we were to ask ourselves where the health ministry should head, in accordance with its objective, by way of these three specific channels—that is, what the concrete goals of the ministry for this year are—we might answer as follows.

In the area of the Word, "*to contemplate the Incarnation of the Word in Christian suffering and in the culture of life, to increase faith and prompt admiration and gratitude in the sick and health workers in the face of this mystery*."

In the area of Sanctification, "*to celebrate the mystery of the Incarnation of the Word in the prayer of the sick and health workers to live it out more intensely in Baptism and the Anointing of the Sick*."

In the area of Guidance, "*to live out the Incarnation of the whole Christ in the sphere of the health apostolate through cooperation with all the professionals involved, to intensify their communion*."

I shall now sketch out some orientations for work, or policies for action, which might help us in a special manner to reach the goals foreseen. Many of these orientations have already been programmed by the Council and other pastoral bodies; others could be further intensified.

## ORIENTATIONS FOR WORK

### 1. The Word

### Life and Suffering

In terms of the Word, I think the health ministry must present itself particularly as the culture of life contending against the culture of death, since the human suffering of the Word of God changes each man's illness and death as a result of sin into a source of salvation and a measure of glory.

Life must be understood in its totality: health is life, but, because of sin, suffering and pain also accompany life. We cannot understand life as health alone or as suffering alone, but in its totality it is health and suffering. According to the Apostolic Letter *Salvifici Doloris*, the paradigm for life is exclusively Christ our Lord in his Paschal reality. Life is the Incarnation of the Word (Jn 1:4), and life is the hidden and public existence of our Lord; life is the passion and death of Jesus Christ, and life, his glorious resurrection and ascension into heaven. The whole is life. Paradoxically, death itself is life on being contemplated in the glorious perspective of the resurrection—not just with a merely theoretical retrospective gaze, but, by virtue of the hypostatic union, in a simultaneity making the cross glorious in itself and causing it, when filled with the resurrection, to be accepted as an exaltation (cf. Jn 3:14, 14:16; Col 1:24).

Life is thus sacred, but not only in a deistic perspective deriving from a bare affirmation that life comes from God as its first efficient principle—rather, in a concrete vision according to which this efficient principle, which is at once exemplary and final, is the dead and risen Christ (cf. Ga 2:20).[1] Health and suffering are, then, essential to life, but suffering is not the negative side of life and health—it is the very cause of health. Death in Christ is the cause of life in Christ, and this life in Christ in not just one of many lives, a "spiritual" life in the Cartesian sense, but it is the only possible life and the only psychosomatic life existing.

In the future of the healthcare ministry, in the area of the Word, understanding pain in health and health in pain should come to be stressed as essential. The basic thing is to grasp and experience how suffering, pain, and affliction are not something negative, but positive, from which health and life flow. It is not that we are faced with two sides of the same coin—one positive, health, and the other negative, pain—but there is one single side, the positiveness of life, which arises from a clean, pure fount; this fount is the death of Christ, his cross. It is Calvary together with the garden of the resurrection (cf. Rm 6:4; Col 2:2).

And in this orientation of the ministry of the Word, which exalts the preaching of the Paschal message as applied to health, we fully conform to this first year of celebrating and preparing for the third millennium, in which we commemorate the Incarnation of the Son of God. It is only through the year of Jesus Christ that we can reach understanding and comprehend ourselves in the concreteness of our existence, so that through the cross the "valley of tears" will already be seen as paradise with the resurrection (cf. 2 Co 7:4; 1 Th 1:6; Ph 1:21; 3:10-11; Col 1:24).

### Technology and the Meaning of Nature

Another point I regard as especially important on the threshold of the year 2000 and the third millennium relates to medical technology in different forms of research, particularly in the field of biogenetics, though not exclusively therein. It is the very conception of nature as an object of investigation. I think the basic problem is the attitude with which nature is approached for research. Is it the researcher who imposes an end on nature, or does he strive to investigate what the end of nature itself is, aiming his work in that direction?

There are two kinds of knowledge—modifying or transforming and observational. Both are correct in their proper measure. Observational knowledge should precede the modifying kind—observation which, in the case of finding oneself before a human being, becomes a respectful attitude before the mystery of the divine/human being we spoke about in the previous point. To feel admiration at the mystery of the Incarnation of the Word is the path for knowledge of the human person. It is reli-

gious knowledge that imposes itself. The ministry of the Word in this field brings with it a sense of adoration. We have access to clarifying the mystery of man only through the mystery of the Incarnate Word.[2]

It is this knowledge that will provide the measure for authentic modification in any kind of therapeutic action on the human being, whether it be at a prenatal stage, during development, or in a terminal phase; whether the person is healthy and needs preventive medicine or is ill and requires diagnosis and adequate treatment. This is the texture of ideal culture, where *homo faber* and *homo sapiens* fuse in action. Under this aspect of reference to the Incarnation of the Word, we find ourselves in the suitable context to prepare for the third millennium by celebrating Jesus Christ, the paradigm for all that is human, in any field.[3]

To sum up, medical technology must take into account the fact that nature has an end in itself which must be respected—even more when the human person is involved—and that the researcher or modifier cannot on his own establish an end other than the one God Himself has established, and he must submit to that end.

## 2. Sanctification

In regard to sanctification, I now wish to mention two sacraments closely linked to the health ministry: Baptism and the Anointing of the Sick.

### Baptism

We shall speak of Baptism not only in the sense that we are increasingly seeing the urgency of its being administered by health personnel in special cases, but under another aspect, being incorporated into the Body of Christ, into Christ as Head of the Mystical Body.

What we said in the previous point about life should not merely sound like a nice theory, but it is a reality to be intimately experienced by each person: to understand that Christ suffers in each of us and that his sufferings are our sufferings, which He mysteriously suffers in each, it is necessary for us to have an intimate union with Him. This union is brought about in us by the sacrament of Baptism. On taking seriously our incorporation into Christ through Baptism, we are taking seriously his death and resurrection in each of us, with such effectiveness that every one of our sufferings and pains are a source of good in Him and through Him—that is, they are themselves goods, for they are a source of life. But this paradox is possible only if, instead of learning it as a theory, we live it out in Christ in such fashion that, through the Paschal experience of resurrection, we can say with St. Paul that, by way of Baptism, it is not us, but Christ who lives in us (cf. Col 2:2).

Baptism, which, moreover, takes on special significance in the celebrations of this first year of preparation for the third millennium, thus appears as one of the pastoral orientations to be stressed in the future for a ministry of sanctification in the domain of health professionals. It thus acquires its full therapeutic and psychosomatic meaning of erasing sin and overcoming suffering and pain.

### The Anointing of the Sick

The other sacrament I shall emphasize is, as I said, the Anointing of the Sick. It is closely linked to the conception of medicine and its fight against illness and pain. If we see medicine and the health professional as mere fighters against death, we shall be repaid with frustration, for all medicine and therapeutic skill will always end in failure before the inescapable reality of death. But there is another way of looking at life: life as a vocation, as a mission which the Lord has given us to carry out; in this manner, each stage of life has its own mission to be fulfilled, and when illness steps in the way and does not allow us to carry out our duty, medicine then intervenes and strives to restore the strength to fulfill that mission. When death comes, it comes as the final stage of life—no matter when it arrives—and medicine has performed its task without any frustration.

The sacrament of Anointing, which is joined to medicine, comes fully into play here. One of its major effects is to re-establish health when God so decides—that is, when the person has not yet finished carrying out his mission on earth and must complete another stage, or several more, to perform his task. When the sacrament does not restore health, it then acts to make death itself a triumph, with the ability to hand over one's spirit as Christ did, with the love of the Holy Spirit which is received in the Viaticum together with this sacrament, as a union in total faith and in the abandonment of Christ on the cross, with the absolute certainty of the future resurrection.[4]



## 3. Guidance

In the sphere of guidance, a great family is molded in the Church; unity is constructed as the convergence of those who are different. In this field I shall indicate the ongoing creation of the great family of health professionals as a key point.

This family spirit has three dimensions: the health worker-patient relationship, the interrelatedness of health professionals, and relations among the sick themselves.

### Health Professionals and Patients

The health worker-patient relationship is becoming more pressing every day, since the growing socialization and technification of medicine are drifting away from the proper treatment due patients from health professionals. The sick are increasingly reified and treated as mere numbers in records, as mere occupants of hospital beds, or, even worse, just as money coming into the

hands of health workers.

It is appropriate to insist more and more on creating the most humane relations between the two groups, on the respect patients are due from health professionals, on the trust the professional should prompt in the sick, and on the true friendship—indeed, brotherhood—which ought to exist between them.

There must be increasing insistence on a Christian sharing of goods in the field of medicine and health, in such fashion that criteria for medical action will be reached in keeping with a communication of goods; patients communicate to doctors their economic resources, and doctors, their resources in science and the art of medicine, in accordance with the real possibilities of both. The criterion would not be economic, but the communication of goods.



**Health Professionals**

As for health workers among themselves, let us not forget that modern life has set about commercializing the medical profession to such an extent that the latter finds itself immersed in competition and often falls into out-and-out rivalry. One pastoral orientation is to increase unity among health professionals. The different professional associations are quite deserving of praise—the associations of Catholic physicians, Catholic nurses, and other health workers. It is to be hoped that we can have such associations in every country and then create worldwide coordination of all of them.

The other pressing point is to intensify the union of Catholic hospitals (AISAC) already existing on the level of the Holy See.

In this field the possibility of consolidating a union of chaplains at hospitals and other health facilities and Catholic institutions is also very important, along with the union of religious Orders and Congregations engaged in the apostolate for the sick, and a special union must be charted of all the Bishops responsible for the health ministry in the different Bishops' Conferences around the world.

The World Days of the Sick, like the one we are celebrating now, are very important for the Church and on the threshold of the third millennium take on special significance so that our world, by way of the health ministry, may receive the grace of experiencing in all its intensity the commemoration of the Incarnation of the Word which we shall celebrate in the year 2000.

**The Sick**

In speaking of the sick, in the context of offering guidance, I think that, following the example of the Good Samaritan, we should pause before all the world's sick, act effectively, and, as our main assistance, give them our love, which entails personal dedication.

As a practical aspect of this dedication, I would like to stress WHO's initiative regarding what I would call the international common good, the right to health care—that is, it would be very significant for the minimum resources needed for health, at least the elementary ones, to be available simply because one is a human being. We might term this elementary care the minimum common good in international health, a right to which all countries would adhere in solidarity—rich countries, by providing appropriate facilities and medicines, and poor ones, by making a commitment to give their populations the education needed for them to be able to enjoy that minimum of health for all. It is to be hoped that the *Health for All* program will be a welcome accomplishment and that when the third millennium is inaugurated, it will joyfully greet the new century.

These eleven areas—life and suffering, technology and the meaning of nature, Baptism and Anointing of the Sick, the health worker-patient relationship, the interrelatedness of health professionals, the union of Catholic health-care institutions, the union of their chaplains, the union of Bishops responsible for the health ministry, the union of Orders and Congregations devoted to this apostolate, and health for all—offer some of the directions for action which I suggest could stand out as characteristics of the health apostolate on the eve of the third millennium.

+ JAVIER LOZANO
*President of the Pontifical Council for Pastoral Assistance to Health Care Workers*

**Notes**

[1] As stated in *Salvifici Doloris*, no. 21: "The cross of Christ casts salvific light on man's life and on his suffering in particular, for through faith it comes to him together with the resurrection; the mystery of the passion is contained in the Paschal mystery."

[2] In effect, Christº, in revealing the mystery of the Father and his Love, also manifests man to man fully and enables him to know his sublime vocation" (Vatican II, *Gaudium et Spes*, 22).

[3] Let us not forget that, as John Paul II says in *Tertio Millennio Adveniente* (no. 7), "In Jesus Christ, God not only speaks to man, but seeks him."

[4] "The Anointing of the Sick takes our being conformed to the death and resurrection of Christ to its fulfillment, begun with Baptism" (*Catechism of the Catholic Church*, no. 1523).

# Innovating Experiences in the Health Ministry

**Observations**

1. I shall present this subject on the basis of my experience, especially what I have lived through for twenty-two years as the person responsible for the health apostolate in the Spanish Bishops' Conference.

It remains a limited experience. Many of you have other experiences. It is worthwhile to value all of them for mutual enrichment.

There are innovating experiences when the health ministry is alive within us.

2. A second point is that I regard innovating experiences largely as an exigency of the renewed conception of the Church and her mission in the world deriving from the Second Vatican Council and of the admirable efforts made by our Christian communities after the Council.

In addition, this effort by our churches is a response to the challenge of the first magnitude posed for us—a New Evangelization in a different, pluralistic, secularized, and often secularistic, society.

This means that the "innovating experiences" we shall discuss, as well as others, also reflect changes in society and changes in the Church. Starting from such profound changes in the world of illness and health policy and care, the Church is committed and spurred to renew this ministry simultaneously in terms of various demands: the Word of God, the current Magisterium of the Church—so abundant in the field of health, life, illness, and suffering—theological-moral reflection, and the dedication of many Christians engaged in announcing the Gospel in the area of health and renewing health facilities.

**Some Changes Prompting These New Experiences**

There is a new way of dealing with health today, of understanding it, and of situating oneself before health, illness, and death.

The value of physical and mental health is exalted, and immense efforts are devoted to preventing, combating, and investigating diseases. Yet, at the same time, society itself in many ways induces citizens to turn their backs on such human realities as pain, illness, and death. Furthermore, the project of building a healthier society is in practice resulting in the creation of a society of the healthy and strong for the healthy and strong, marginalizing the weak, diminished, and sick.

Never has the value of health been so esteemed, but never has human life been so threatened by pollution, the nuclear risk, abortion, euthanasia, and so on.

Medical technology has progressed in extraordinary fashion, overcoming many illnesses and increasing the average lifespan, but psychological, social, and spiritual weakness in the face of suffering is also increasing.

Health care and assistance to the sick have finally managed to become a basic human right, but attempts to make this right a reality are in practice reaching the point of overcrowding and bureaucratization.

As the right to health care has been applied to all citizens, growing demand for services and the high cost of technical and human resources have tremendously increased health budgets, thereby making moral decisions complex and difficult, since it is not possible to meet the needs of all and the economic factor threatens to hold sway over the human one, and the strong, over the weak.

Finally, let us point to the crisis in or lack of spiritual and moral values in a society wherein citizens increasingly want to live more and better, but in many cases without knowing why, since they have lost the meaning of life.

The body and health are mistreated on being subjected to the frenetic pace of contemporary life. The artificial procreation and prolongation of human life is fostered, and at the same time its deterioration or destruction is facilitated by preventing human beings from being born after conception, marginalizing certain groups of sick people—the elderly, the chronically ill, the psychically disturbed, or AIDS victims—or artificially accelerating the death of those not regarded as socially useful.

This is a series of profound changes involving serious contradictions, in keeping with the observations contained in the Pastoral Constitution *Gaudium et Spes*, nos. 5-11.

And the Church experiences these changes as a call to face them and renew herself.

The healthcare ministry is also aware of these very deep changes in the world of health, illness, suffering, and death and is responding to them with what we call "innovating experiences."

**Changes in the Hospital, Emblematic of Illness and Healing**

The hospital has changed in its functions, structure, and distinguishing features.

Today it belongs to the

same society which is secularized.

Health, illness, and care largely depend on public administration, especially the major hospital, and are ceasing to be a matter of charity alone, becoming a right which society must ensure for each citizen, regardless of age, cultural background, financial situation, or religious faith.

It is a complex institution with diverse functions: care of the sick, promotion of health, research, and teaching. It has become a large-scale health enterprise governed by the norms and control proper to every enterprise and, in terms of personnel, subject to the laws of the current system: efficiency, professionalism, organization, competition, and overwork.



It is the house most sick people pass through in search of healing, relief, or the prevention of illness.

With these characteristics, the hospital has consequences to which we must not be indifferent: overcrowding and reducing the patient to a case or a number.

Many people die in hospitals, which have not been conceived for a dignified death; nor is personnel prepared for this critical juncture in the existence of patients.

At the same time, however, the hospital today offers significant human and pastoral opportunities. It is a challenge for our faithfulness to the Gospel and makes it possible to conduct a dialogue between faith and culture and shed light on the major subjects related to life—the meaning of the person, fostering humanity, and morally clarifying the ethical problems posed there.

To sum up, the new experiences we shall refer to which take place at the hospital are motivated mainly by these changes.

**Every Innovating Experience Refers Us to Jesus**

In acting in ever-renewed ways in this field of the health ministry, we Christians must always maintain a supreme and ultimate reference to Jesus and his action and message regarding the sick, health care, and life.

It is precisely Jesus and his message that lead and encourage us to make deep innovations, for He is thSavior of all men in all times. We must embody his attitudes in the past in our present, and the power of his message enlightens and spurs us to respond to, illuminate, and modify our Christian modes of commitment amidst the new health models and structures so that they will always and in all respects contribute to people's welfare.

Jesus, who lived out the joyful experience of the Father and of the Kingdom intensely, also approached human suffering, experienced it in his own flesh and was deeply moved by the pain of others (Mt 9:36; 14:14; 15:32).

He did not love or seek suffering, but He found it in his life, like any of us, and took it on to show his faithfulness to the Father and to his human condition, like ours, and his love and unconditional solidarity in regard to men.

Suffering continues with Christ, but is transformed and overcome by love (Apostolic Letter *Salvifici Doloris*, 14-18).

The experience of suffering made Him sensitive to the pain of others and led Him to identify Himself with those suffering (Mt 25:35-40).

Attention to the sick was a special field for Jesus' Messianic action, the sign and model of his liberating, saving work (Mt 11:5).

He approached them, looked after them with love, freed them, counted on them, and cured and saved the whole person.

And, through his Spirit, Jesus remains present today in every patient and wants his Church to be the Sacrament of Salvation for this world of the ill, of illness, and of health care.

This is the foundation for each Christian's action, for the health ministry, and for the orientation of every innovating experience.

**Where We Perceive These Innovating Experiences Today**

I shall point out experiences. Many of them, thank God, are found in all our churches. I shall limit myself to citing them and making a brief description, without going into details on their genesis. I shall do so because space does not permit me to engage in a detailed account and many of them are well known to everyone; moreover, any specific experience can be shared with others on a different occasion.

**New Relations with the Sick**

Awareness is growing that attention to the sick is the responsibility of the *whole Christian community*, and not just priests. In parishes groups of Christian volunteers are flourishing—lay people, religious, and priests.

And the same is occurring at hospitals with the new way of understanding religious service.

In my judgment, the novelty lies, above all, in the fact that these groups represent the whole community and act in its name, and the sick are not regarded only as the beneficiaries of this pastoral action, but as active members of the community who are united to the parish or diocese, pray with it, and are aware of belonging to it, realizing that their illness and prayer benefit the whole Church and the world.

In its celebrations, the community remembers them and intercedes for them, and there is growth in Church communion through sacramental Communion or taking part in the Eucharist at patients' homes or in the hospital.

It is a rich experience, with enormous pastoral possibilities.

* The encounter with the

sick has also extended increasingly to *encounters with their families* through dialogue with those responsible for the health ministry, accompaniment, and shared celebrations.

* The celebration of the sacraments with the sick is progressing in significant experiences for patients, relatives, and the parish or hospital community.

There is a gradual superseding of a health apostolate almost exclusively based on celebrating the sacraments of the sick, among other reasons because there are many fewer who request these sacraments today.

Vatican II's liturgical reform has also provided better understanding of the sacraments and has promoted a more diligent search for models for celebration better suited to the secularized and pluralistic context of our society.

Celebration of the sacraments is increasingly viewed not as something isolated, but as forming part of a context and process of faith which are the culmination of a personal relationship with the sick—that is, the sacraments are ceasing to be mere isolated rites and are being situated in a framework of fraternal accompaniment including personal relations and affection for the sick, listening and paying attention to their needs, signs of service, and a willingness to fight against illness.

These are gestures and attitudes with a quasi-sacramental value, in terms of a Church which is the Sacrament of Salvation for the world.

We are assimilating respect for the sick and a good understanding of the meaning of religious freedom—inseparable from pastoral zeal—with gradual action involving stages and avoidance of whatever may cause unfounded rejection.

New experiences with celebration of the sacrament of the Anointing of the Sick are also proving to be a rich contribution to the health ministry.

A new mentality is observable regarding this sacrament, largely fostered by the doctrinal and pastoral orientations provided by the official texts for the Rite of Anointing.

There is progress, though slow, in offering assistance so that this sacrament will be received at the right time, without risking undue delays or leaving it, as often happens, for the moment when the patient has lost consciousness.

The ecclesial meaning of the sacrament is being increasingly furthered, with participation by members of the Christian community, and community celebrations are supported, with prior catechetical instruction in which those who are to receive the sacrament are diligently prepared. Other members of the community join in the celebration at both hospitals and, above all, parishes.

Some churches are also dealing with assistance to health workers so they may discover and consider the spiritual needs of the sick and the right time to receive the sacraments.

## Pastoral Attention to Patients' Families and Health Workers

*Families*, in some special circumstances, need a great deal of help, as in the case of patients who must be isolated or who remain in a deep coma for prolonged periods, or as occurs with children or the incurably ill who are dying or have just died.

There is an effort to be close to these families and help them to cope with the situation.

*Health workers* also deserve special attention—care must be given those caring for health. There are some experiences which involve concrete aims and forms of action.

There is assistance so that personnel will know patients better, with their problems and needs.

Those who provide care engage in work which is hard, tiring, and draining and are seldom appreciated. Attention to health workers is a pastoral duty and a practical way of assisting the sick as well.

Health personnel must be helped to discover and esteem the ethical values in this work, to share with others the tough questions which arise in the practice of their profession, and to foster solid relationships with one another.

These experiences reflect the conviction that personnel need training beyond a strictly professional level, to the point of discovering the joy of service and doing good, and they must be capable of interdisciplinary collaboration.



## Experiences with Ethical Counseling

We must start from the fact that every day ethical problems are posed in hospitals which affect patients, relatives, professionals, and different departments and services, such as questions related to the beginning and end of life (abortion and euthanasia), the provision of care, professional practice, or the organization of health facilities.

Let us bear in mind that these problems are frequently silenced or produce inhibition; or emotion-packed decisions may be made without ethical reflection or the necessary interdisciplinary dialogue.

There are pastoral groups at some hospitals which have posed this problem and seek a solution by offering ethical counseling to the patients, families, personnel, and services at their facilities that so request.

These experiences are not easy because the task is itself delicate and complex—every moral judgment presents difficulties, and even more so in the face of problems which in many cases are new, and we are in a secularized and pluralistic world in which a presentation of Christian morality alone is not accepted; Christians values are un-

known, debated, or rejected.

In this context, there are undeniable difficulties in ethically counseling people who, in such a fragmented culture as ours, adhere to very different value systems.

And yet, in spite of the complications, there is experience on how to act. The criterion is that, though value systems differ, there are grounds for convergence which make dialogue possible.

What is certainly clear is that, in certain instances, the people involved must know, value, and appreciate the teachings of the Magisterium. Not all ethical values are linked to the same degree to the Gospel vision of man, nor do they have the same value in safeguarding the dignity of man.



Concrete experience is being gained with the ethics committees established at quite a few hospitals. These committees represent a shared forum for dialogue on the values of the person. They are a valuable aid for doctors and other health professionals who feel abandoned in the face of some serious ethical problems.

**Fostering Humaneness in Hospital Care**

Humaneness is one of the major concerns because hospitals are ceasing to be hospitable for the sick and those working in them.

On occasion, the sick are reduced to a mere object of care, to a number, on account of overcrowding and bureaucratization, due, in many cases, to political and economic interests, where criteria of efficiency prevail, with a neglect of relations between health professionals and patients.

I think this is one of the major concerns, for both Christians working in this field and those who, though not Christians, are aware of the serious situation as regards a lack of humaneness.

There are some Christian health workers who, when faced with this problem, gradually discover the humanizing power of the Gospel and, by way of seminars and training programs, take an interest in enriching the Christian vision of the person, health, suffering, healing, and death.

They progressively discover that fostering humaneness means regarding the sick as persons suffering in body and in spirit who must be cared for integrally and not just in terms of disease.

The conviction prevails in those committed to this option for humaneness that the sick are persons who particularly need to be recognized, loved, listened to, understood, and helped to feel useful.

There is a tendency to have patients feel themselves to be main actors in their health, subject to rights and obligations.

Attitudes change when it is felt that hospitals ought to be at the service of the sick, without falling into the trap of political or ideological interests.

In those who are committed to humaneness a conviction also prevails that positive relations with personnel must be maintained to the maximum degree, including patients and families.

Part of fostering humaneness is preferential attention to the most abandoned and diminished of the sick, those who suffer most. And patients' rights must be defended.

**Religious Service at Hospitals**

This experience is yielding excellent results.

We start from the assumption that the Church has always provided religious service at hospitals. Chaplains have carried it out most fully, especially by administering the sacraments of the sick.

The work of Christian religious and lay people who on their own initiative have borne witness to their faith and provided spiritual assistance also deserves special mention.

At present a new institution exists—the religious service—prompted particularly by the complexity of the hospital; its aim is to organize various activities to meet the hospital's needs.

In these new circumstances the religious service cannot act on its own, independently of other services, but must be part of the health facility's general organization and structure its own religious aims and efforts, like any other service.

The experience of the religious service is developing and becoming more consolidated.

This service is provided by the Church through the chaplain, by virtue of his irreplaceable sacramental ministry, and those religious or lay people who have been suitably trained for it.

It represents a change or innovating experience because it is a task which must be carried out by a team. A shared plan for action must be drawn up, and it must form part of the pastoral care of the sick in

the parish and diocese.

This team is a basic instrument for religious assistance, especially at large hospitals.

The foregoing means that the team must be formed, not only for practical reasons—in order for the service to function properly—but also for ecclesiological reasons, since it is a way—perhaps the main one—for the Church to become visible at the hospital.

The team involves fraternity, cooperation, and commitment.

It must be very familiar with the facility in all respects and, on this basis, point out pastoral priorities.

It must correctly reconcile faithfulness to the Gospel with the Church's current orientations and the main problems and needs of the facility and the sick.

It must formulate aims to be reached, action to achieve them, and the specific means to be used, clearly delineating stages and dates, and also name those responsible for different activities and evaluate—this point is supremely important—the work of the team and its results.

It is a service provided by the facility reflecting the citizens' right to religious freedom and must therefore be included in the facility's organization chart.

It must maintain relations with other services and take part, if possible and appropriate, in the commission on humaneness and the ethics committee at the facilities where they exist.

And it is praiseworthy for them to maintain contact with the parishes from which patients come and to which, when cured, they return.

**Experiences in Training Pastoral Workers**

Pastoral workers in health need training—specific training.

This is one of the most manifest aspirations because there are new situations continually arising and they must be faced competently.

The training experiences which are appearing aim to help people to grow in human and Christian terms and become better pastoral workers through preparation.

In programs and practice, priority is given to growing in relation to God, for the main thing is and will be Christian witness.

Respect for others, generosity, and a willingness to cooperate and work in a team also deserve special attention in training.

Another dimension of this preparation is assistance in gaining familiarity with the sick—their experiences, reactions, forms of behavior, and needs, especially spiritual needs.

One must turn to the abundant material on specific topics which is becoming available in the different churches in order to continue in this direction.

**An Experience with Christian Lay People in the Field of Health**

I shall conclude with the experience of Christian health professionals whose organization and statutes have been approved by the Spanish Bishops' Conference.

It is grounded in applying the mission of Christian lay people, as traced out by the Second Vatican Council and *CFL*, to the field of health.

These are groups of professionals who are also Christians willing to commit themselves in the health field.

They are made up of Christian lay people who work in this area. They are differentiated from some associations of physicians and pharmacists.

Their field of action is the hospital, above all, though they work with parishes and dioceses on the basis of criteria of faith and the Gospel.

Their aim is to transform health care environments in all their dimensions, structures, and problems.

The goal is to foster humaneness, under its varied aspects, attention to the marginalized, membership on ethics committees, schools for the health ministry, seminars on bioethics, care of AIDS victims and the chronically ill, and patients' rights.

They are growing in self-awareness and spirituality.

**The Day of the Sick**

We have been celebrating this Day for many years. It is a very advantageous celebration to sensitize the Church and society to the sick and health problems. Vital topics are the families of the sick and the Christian community in relation to the sick.

The Day is prepared by choosing a topic and providing instruction.

The Congress on Church and Health helped us to encounter orientations for the future.

Most Rev. JAVIER OSÉS
*Bishop of Huesca, Spain*
*Responsible for the Health Ministry within the Spanish Bishops' Conference*

# Challenges for the Portuguese Health Apostolate



After intensely experiencing the Fifth World Day of the Sick in Fatima, we feel the exigency of new calls and major commitments in our pastoral action in health care. The health situation, the rights of the sick, the responsibilities of health workers inspired by Christian values, the dynamic of religious communities consecrated to helping and caring for the sick, and the sensitivity of parishes to those who suffer and are marginalized—all of this poses "challenges" for the health ministry which must be urgently examined in order to respond in terms of pastoral programs and plans for the coming year.

What are these "challenges"? I shall list six of them which I feel are basic for all pastoral action: life, health, solidarity, prophecy, evangelization, and, finally, organization.

### 1. The Challenge of Life

Society at the close of this millennium is dominated by the *death culture*, as Pope John Paul II has rightly stated. We must set the *life culture* against it with the following approaches.

* Respect for human life, under all aspects, defending, promoting, and serving it from the moment of conception until natural death. For this reason, and because the right to life is inviolable, we do not accept abortion, euthanasia, or the abandonment of the disabled or terminally ill. We want to celebrate life in all instances.

* Promoting the quality of life, not only from an economic standpoint, with unbridled consumption or the beauty and pleasure of physical life, but especially by championing deeper dimensions of human existence, such as interpersonal, spiritual, and supernatural relations (cf. *EV*, 23); we must therefore remain at people's side, particularly when they are sick and disabled, giving them the best quality of life we can and helping to meet their specific

needs so they will always feel the joy of living.

* Competently practicing the art of medicine and nursing, always at the service of life; we thus seek to prevent illnesses with primary care, treat patients with secondary, differentiated care, relieve pain with palliative care, and remain close to those suffering with the care of compassion and constant presence.

### 2. The Challenge of Health

We are living in a century of great progress in medicine, science, and technology. Nowadays people pay more attention to their own health. WHO went so far as to proclaim emphatically "health for all by the year 2000," with very effective slogans: to give more years to life, to give more life to the years, and to ensure health for all. That was in 1977. Twenty years have now passed, and we are still very far from this goal.

To accept this challenge thus presupposes the following.

* To possess a new ethical sensibility. The foundation for ethics is the human person, and no one respects ethical values unless human rights are borne in mind, accepting and promoting them in different situations. Rights regarding life, care, truthful information, informed consent, and choice belong to the ethical dimension of the practice of medicine and related sciences.

* In addition, we must promote humanity in health care at all hospitals, clinics, and other facilities, as well as in home care. When we speak of humanity and paying attention to the human person in his concreteness, we must bear in mind "humaneness" in care, relations, spaces, equipment, and institutions. Only global humanization can serve the person in the wholeness of his being.

* A primary need is to carry on health education programs. The exigency is for all citizens—but particularly boys and girls, teenagers, and young adults—to be oriented towards healthier lifestyles. This education for health hinges on three points: support for healthy growth in ecologically pure environments and through balanced nourishment, guidance towards risk-free behavior in emotional and sexual life and in social and professional activities, and reference to the spiritual and supernatural values which are helpful for the

mental wholeness required for quality of life.

### 3. The Challenge of Solidarity

The contemporary world is dominated by the idea of success, prestige, and power. Not everyone manages to reach these goals, possess money, or live in a sea of pleasures. There are many people who suffer, frustrated in their ideals and unable to attain the objectives they have set for themselves. It is this kind of world that people deeply marked by a lack of fulfillment and hope live in. The Church has been able to proclaim her preferential option for the poorest. Such is the case in the world of health care, where the challenge of solidarity entails the following aspects for the Church.

* To pay attention to the poorest of the poor, who, today, are certainly drug addicts and AIDS victims, because of the nature of their illnesses, and all who are marginalized in abandonment. There is never too much insistence on action to prevent these diseases, though it is quite difficult. It is vital to encounter all who, on account of their problem, are regarded as social refuse. It is part of the Church's vocation to receive and understand drug addicts and AIDS victims in such a way that they feel helped as persons, supported in their problem, and reincorporated into society as normal people with the right to receive the strength to fight from others.

* But it is also the Church's mission to accept the physically, psychically, and mentally disabled to give them a dignified place to live within society. The advancement of these people, in terms of the quality of life they are capable of, would allow them to feel and truly be extraordinarily useful. Disability of any kind must not be a reason for exclusion. The Church has always given priority to the mentally disturbed, inviting us to see the suffering face of Christ in them. Only in this way can we counteract the currents in social thought which see in these people only a burden to be eliminated from our community life. We ask for and seek a life of quality for all these people.

* To accept and care for those excluded from society, too, when they are marked by suffering, is still another task for the health apostolate. In our country, with numerous ethnic minorities from Africa, Latin America, and Eastern Europe, there are many people who, for varied reasons, find access to health care to be difficult. In the name of universal solidarity, we must stand at their side, and as a Church construct channels for approaching health services so that these people will be helped at birth, during maternity, after accidents, in times of crisis and need, in old age, and in all other instances. Their status as immigrants—sometimes illegal ones—must not be an obstacle to medical and health care they are entitled to. For them as well, the Church must be a solicitous mother and intercede.

### 4. The Prophetic Challenge

Perhaps the most incisive aspect of the Gospel as the adventure lived out by Jesus Christ during his earthly pilgrimage is its capacity to denounce all that can threaten the life of the human person. In taking Christ as our example—yesterday, today, and always—we must accept our prophetic mission.

* By denouncing injustices, inequalities, and inhuman situations oppressing our fellow citizens. Every day we receive protests and reports on mistreatment and abandonment, denunciations of diagnostic errors or negligence at our health services. In spite of the notable efforts made at these facilities, such situations may not be silenced. This is the prophetic denunciation everyone has a right to hope for.

* We also exercise prophecy by proposing alternatives which may respond to the aforementioned problems. Such alternatives must be a clear, evident sign of tolerance, community life, and dialogue, but also of effectiveness in seeking solutions to the problems of those who feel most abandoned or disdained. Medical care and its scientific, technical, and human quality must not be the exclusive privilege of just some, who may be the richest or highest-ranking socially, but must be a right for all.

* Prophecy is also carried out by offering clear witness at hospitals and religious clinics, parish social and community centers, and services for support of children and the elderly. The Church's institutions must be prophetic and bearers of a new time which it is urgent to establish.

### 5. The Challenge of Evangelization

The Pope never wearies of speaking of a new evangelization with new methods and new expressions. This evangelization, the announcement of the Gospel with renewed commitment, becomes an extraordinary challenge in the area of health.

* Through a life witness whereby we accept and understand human beings, patients or health workers, at the hos-

pital or at home, we are united to those who suffer most and we live in a communion of life and destiny with the human community we belong to. This life witness enables us always to behave with humanity in relations with the sick and health workers.

* We evangelize through the explicit announcement of Jesus Christ, an announcement adapted and gauged to the faith of those we encounter, related to the expectations of those who, though not believers, wish for better knowledge of Him in whom we believe and who gives meaning to our lives.

* Finally, we evangelize through organized catechesis, which takes place with a progressive initiation into Christian life, with all its consequences in a dynamic of faith and life. Faith is not just trusting Jesus Christ or possessing deeper knowledge of his truth or his person. Faith tends towards unconditional adherence to Jesus Christ in all the situations which life proposes, which is possible only through explicit initiation and commitment.



**6. The Challenge of Organization**

Contemporary life does not permit improvisation. The Church is aware of this and is thus concerned about developing organized action in the health ministry as well so as to be more effective. This challenge is not easy. On reading the Gospel we might get the feeling that everything is spontaneous and left to chance.

But that is not the case. Christ twelve apostles with a well-defined project. He instructed and trained them for four years by way of talks, events, and experiences which later endowed them with a personal dynamic. He then expanded the group of disciples to seventy-two followers. But on the mountain at the Ascension there were already five hundred.

He sent them in pairs for a trial period which was established, as Luke tells us in his Gospel. He suffered through each moment of hesitation on their part, asking them to overcome their doubts. Finally, He granted them the Holy Spirit, who encouraged them and their action in the world at that time.

The healthcare ministry must accept the challenge of organization.

* In centers for health education and patient care which are also the workplace of health professionals. There an organization of Christians, especially among health workers, is indispensable.

* In Christian communities, parishes, and home support groups devoted to the sick. Here action may be either social, to deal with the loneliness and fears appearing during illness and suffering, or pastoral, in terms of announcing Jesus and celebrating faith in prayers and sacraments.

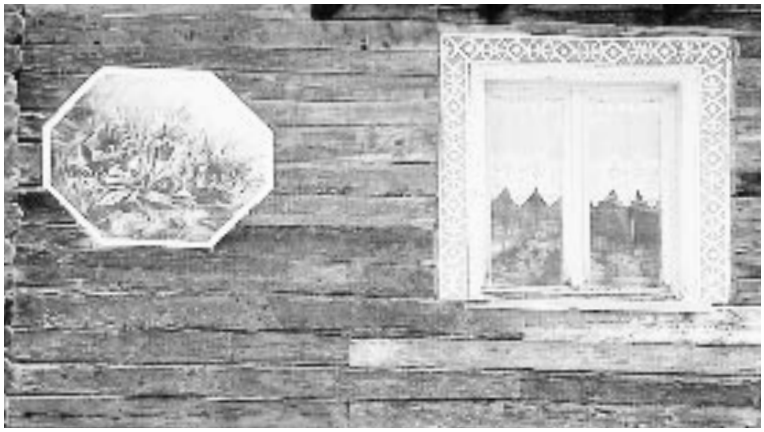
* In dioceses, through health ministry commissions including hospital chaplains and parish health apostolate groups which will create plans and projects to make the Church present alongside the sick and suffering.

* In nations, through health ministry commissions, whose pastoral dynamic may be approved by the Pontifical Council for Pastoral Assistance to Health Care Workers.

This is organized activity at different levels which reflects a global approach seeking to encounter the human person in the mystery of man's sickness and suffering. Suffering is not a punishment or trial or fortuitous occurrence. Suffering and illness are human limits which the Church helps people overcome through Christ, with Christ, and in Christ.

In health and sickness, for us Christians only Christ gives life meaning.

Rev. VITOR FYTOR PINTO



# Fatima: A Moving Experience

*Fatima was the scene of the Fifth World Day of the Sick in 1997.*
*Fatima touches people because of its austerity, its message, the simplicity of its people, and all its pilgrims.*
*Fatima always leaves stirring memories. On this occasion we have included three testimonies, three experiences of pilgrims who accompanied us and shared this celebration with us in Fatima: a mother, a doctor, and a nurse. Their impressions follow.*

# As a Mother with the Mother

I had long known that Fatima was a famous Marian sanctuary exerting a powerful attraction for the Catholic world, and the idea of making a journey or pilgrimage there had fascinated me from the outset, but I would never have imagined the whirlwind of emotions and feelings this trip would stir up within me.

The opportunity to attend the celebration of the Fifth World Day of the Sick was offered me by the Pontifical Council for Pastoral Assistance to Health Care Workers, where I work. I took part in both the liturgy and other events with great interest.

The attractiveness of the site for tourism, with its natural beauty, immediately struck me as secondary in comparison to the atmosphere of deep peace encountered there.

An arrival in Fatima—largely by chance, in my case—after a long trajectory lasting many years during which I had led a very intense life full of numerous joys and some sorrows, studying, working a lot, forming a family, having children and thinking always and only of them and their untroubled growing up, surrounding them with care, attention, and total love. . . . In such a frenetic and busy life, where there is no room to pause and one collapses at night just to get a bit of rest and then start all over the following morning with breakfast, school, the office, and traffic…

Well, after all those years spent in that way, during which I had also experienced a form of spirituality, but lukewarm, light as a cloud, often imperceptible and sometimes mechanical and routine, in a vaguely predisposed state of mind, I arrived in Fatima. At home in Rome I had left my three children—well cared for and at peace—and my husband, moved by a strange curiosity and an intense desire to be alone at last with myself for a while.

The encounter at the Sanctuary, in the Little Chapel of the Apparitions, was overwhelming, unique, unrepeatable—an appointment for which I grasped I had been awaited, quite patiently, for a long time. There I found a wonderful friend, and as one woman to another, as a mother with the Mother, I spoke to Her extensively. I reviewed my life, my affections, and my existence here below in the world and gradually discovered an indissoluble, very powerful bond which time had only attenuated, but never broken. In this tranquil and beautiful atmosphere, in these long, lively exchanges in silence, I let myself be carried off, and the passage from words to prayer was quite brief.

To rediscover prayer and its immense value was a second, even more overwhelming breakthrough for me. That White Lady, holding in her hand the most precious jewel, the Rosary, in those distant days had told three simple shepherds to pray a great deal and recite the Holy Rosary as often as possible to make reparation for the world's sins.

I, too, very simply attempted to obey those unpretentious exhortations, for, while praying and remaining for long pe-

riods before Our Lady, I felt such a deep, intense peace arising within me that it made me turn pale and canceled out my stress, concern, and anguish, bringing me a state of calm which I had not experienced for a long time.

And this unfamiliar state spurred me to go increasingly to the Chapel of the Apparitions or the Chapel of Perpetual Adoration to pray more and not lose those sensations—to recharge my batteries, a bit worn out and excessively occupied by contemporary life.

The power of prayer is immense—oceanic. It is an anchor of salvation. And in the presence of Our Lady one must not lose the opportunity to entrust oneself completely to Her so that She will assist and protect us.

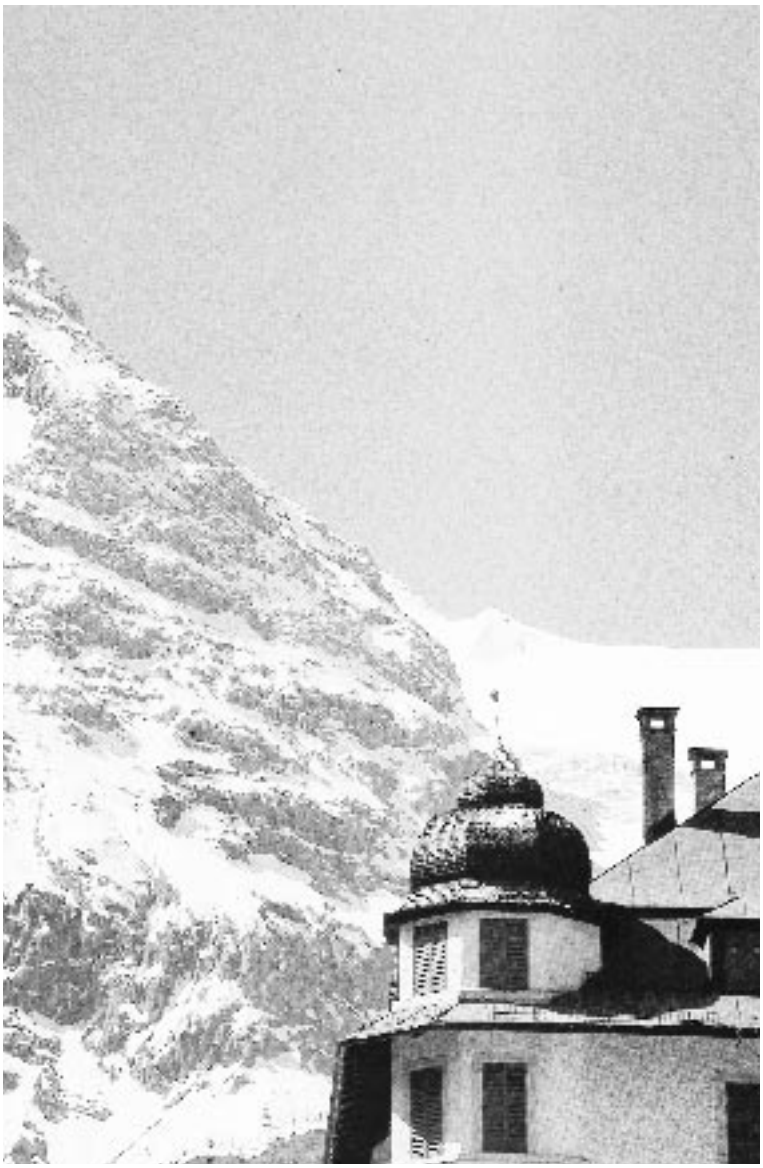
I entrusted my family—the greatest good I possess—to Our Lady, particularly my children. I am sure She will look after them and remain at their side forever; and their earthly mother will accompany them with love, care, and all they need as their young lives burst open.

But I grasped one important thing to do from now on: never to fail to pray—at any time of day, wherever I am—to pray incessantly for all, since only from prayer do we draw the strength which is life, example, and courage in adversity.

Certainly, not everything is or will be easy. Now that I have come back home, apparently nothing has changed. I have resumed life as usual and everyday events have gotten the upper hand. And yet I feel different and am different. And I bear with me a great longing to convey my peace to others, especially by my example. For me, the message of Fatima has been at once simple and grandiose. As St. Bonaventure wrote, "Whoever thinks of Her in the serenity of the mind will find the sweetness and quietude of peace."

ALESSANDRA CIATTINI





# My Experience of Fatima

I am a nurse and a believer, and about five years ago I began to travel with the Spanish Federation of Religious in Health Care in Catalonia. Freely embracing faith as a foundation, I accepted a commitment to service in the concrete perspective of my daily work. I had the chance to attend the World Day of the Sick in Fatima in February. I would like to share my experiences with you and suggest that we reflect together in the light of our faith. Christ visited those in pain and showed special love for them, as He did with children and the simple, and in that act of sublime love which the care of the sick ought to be, we health professionals should approach God with humility and a will to serve others, bringing Christ's Gospel message into daily events and turning the parable of the Good Samaritan—heard so often—into a supreme reality.

To feel the suffering of those in pain, attend to their needs, console their affliction, and relieve their loneliness—this is love rendered concrete in sanctified work at health facilities around the world, whether they are built of costly stone or poor canvas in refugee camps. For some the time comes to feel pain and illness in their own flesh and therein encounter the message of Christ and his work. On the opening day I was particularly impressed by what Cardinal Angelini said to us—examples like that of the Pope himself or Cardinal Descourt, who offered their pain to Christ, are a living witness to God's love.

In recalling the Pope's operation, he also said that frequently healing science is inspired by the breath of the Holy Spirit, and professionals are the simple, beautiful instrument of Christ's love for us. At that moment the anesthetist who took part in the operation and Cardinal Descourt shed tears of faith and joy. I was present there.

We spoke about all of this and much more in Fatima and prayed that Mary, our help and refuge, blessed balm of love, would hear our entreaties.

I came away with so many experiences in my heart that I find it hard to recount them, but there is one which I especially remember—the torchlight procession. There we became aware of—and the sentiment was infectious among us—the fervor and spirituality of the Portuguese people in regard to Mary. We also saw penitents walking on their knees as far as the cave, murmuring prayers of gratitude for the graces received, and at that moment we inwardly renewed our promises—perhaps the part of our commitment which the whirlwind of daily work, with its ration of afflictions and ambitions, had silenced.

Today, in the perspective of faith in Christ, scientific progress presents itself to us as one more gift of love for human beings, but we cannot fail to reflect in the light of the information appearing every day in the media that there may be a dark side to it, something neither pure nor clean which ends up brutalizing the human being and depriving him of freedom. Through faith we can endow science with its maximum splendor, its true dimension of achievement. The health sciences must draw us near God, not separate us from the human being. We must get back on the path of bioethics with renewed effort, fleeing from subservience to the economic interests of powerful lobbies—or to the most insignificant, unbridled desires of men. Our work day by day must be offered—sanctified—to others, serving only our brothers and sisters suffering in their illness. These are my thoughts on coming back home from a beautiful place called Fatima, Portugal.

GLORIA TARIN
*Nurse*



# Encounter and Prayer



Here I am, Mary. I did not think I would come back so soon to see You. I have been to so many places in recent years, the different localities where the World Day of the Sick has been celebrated: Lourdes, Czestochowa, Yamoussoukro, and Guadalupe. Meaningful, singular, and unforgettable experiences, always surrounded by an immense throng of the faithful of every race and age, but all of them with one great joy in their hearts—the encounter with Her, the Mother of Jesus.

And now, after about twenty months, I am again before You. It is the day before the Fifth World Day of the Sick. My friends are elsewhere. It is late in the evening. There is a bit of cold wind. Around me is a vast open space—it is a square in front of the church in Fatima. I am facing the little chapel with the illuminated statue of Our Lady. There are few lights around it. All is silence. It is cold, and I realize that only three of us have remained before You—two women and I.

One woman is sitting and praying, holding a rosary. The other is completing her umpteenth turn around the Chapel—on her knees. The rosary is in her hands, too—what faith!

I observe them, and my mind stops to reflect. I have never prayed that way. Perhaps I am incapable of doing so. How many of us, I wonder, are able to express our faith through prayer? Our Lady looks at me, the women pray, and I am silent, a sinner before the beauty of the light of Mary's face and the faces of the praying women. Perhaps they are mothers. They are not young, but, like all mothers, they pray—first of all, for their children, then for their husbands, relatives, friends, and loved ones. And all of us pray most of the time for something belonging to us, for a gift received—Love.

With Love I saw the Face of Mary, who is weeping at the foot of the cross and praying, and the Face of Jesus, who, though suffering, is praying and beseeching with serenity and courage because He knows the Father's will has been done. The women pray with intense, firm faith, and now I, too, am praying with them, in my silence, but with my heart full of joy over those moments of radical, deep communion with Him.

On entrusting to the Lord the persons dear to me and all the sick suffering in body, mind, and spirit, bearing them with me and within me, I again see the image of our Holy Father, John Paul II, at the foot of the statue of Our Lady of Fatima, absorbed in prayer, giving thanks for the recovery of his health after the assassination attempt.

People go to Fatima precisely for this reason: to pray. Fatima is the place of prayer for one's sufferings, to make reparation for oneself, for others, and for those who never pray, in the interior rediscovery of dialogue with the Lord our God.

On the Face of Our Lady I glimpsed a smile, like that of a mother taking pleasure in observing her children who are growing properly, in keeping with her attentions and wishes. To me, as a man and doctor dealing with suffering, that smile represents Mary's happiness over the regained children who entrust themselves to Her, certain of her help and protection.

The seated woman has now gotten up and is going off, and now I, too, can head back to my pilgrim friends. Tomorrow is the Fifth World Day of the Sick—a feast day. Today a sick person is healed. Tomorrow both he and others will be ill again, but certain that, on seeing again the smiling Face of Our Lady, their sufferings will mean many healings for many other sick people whom only She knows and for whom the time has now come, for "God dwells in them as Love."

ANTONINO BAGNATO, M.D.
*Vice President of the Catholic Medical Association in Rome*