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Contents

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Pontifical Council for Health Pastoral Care
Vatican City, 2000.

"Take it and eat... Then he took a cup and...
he handed it to them saying
'Drink from this, all of you...'"

(*Mt* 26:26–27)

The Year of the Eucharist

October 2004 – October 2005

Pilgrimage of His Holiness John Paul II to Lourdes on the Occasion of the 150th Anniversary of the Promulgation of the Dogma of the Immaculate Conception 14-15 August 2004

Prayer at the Grotto of Massabielle Greetings of John Paul II to the Sick

SATURDAY, 14 AUGUST 2004

Here at this Grotto of Massabielle, I wish first of all to greet the sick who come in ever greater numbers to this Shrine, those who have accompanied them, their caregivers and their families.

I am here with you, dear brothers and sisters, as a pilgrim to Our Lady. I make my own your prayers and your hopes. With you I share a time of life marked by physical suffering, yet not for that reason any less fruitful in God's wondrous plan. With you I pray for all those who trust in your prayers.

In carrying out my apostolic ministry I have always trusted greatly in the offerings, prayers and sacrifices of the suffering. During this pilgrimage I ask you to join me in offering to God, through the intercession of the Virgin Mary, all the intentions of the Church and of the world.

Dear brothers and sisters who are sick, how I would like to embrace each and every one of you with affection, to tell you how close I am to you and how much I support you. I now do so in spirit, entrusting you to the maternal love of the Mother of the Lord and entreating her to obtain for all of us the blessings and consolations of Jesus her Son.

Introduction of the Holy Father John Paul II to the Recitation of the Rosary

SATURDAY, 14 AUGUST 2004

My dear Brothers and Sisters!

1. Kneeling here, before the grotto of Massabielle, I feel deeply that I have reached *the goal of my pilgrimage*. This cave, where Mary appeared, is the heart of Lourdes. It reminds us of the cave of Mount Horeb where Elijah met the Lord, who spoke to him in 'a still small voice' (*1 Kg* 19:12).

Here the Blessed Virgin asked Bernadette to recite the Rosary, as she herself told the beads. This grotto has thus become *a unique school of prayer* where Mary teaches everyone to gaze with burning love upon the face of Christ.

Lourdes is the place, then, where the Christians of France, and those from so many other nations of Europe and the world, fall to their knees and pray.

2. As pilgrims to Lourdes, we too wish this evening to retrace in prayer, together with Mary our Mother, the 'mysteries' in which Jesus reveals that he is the 'light of the world'. We recall his promise: 'He who follows me will not walk in darkness, but will have the light of life' (*Jn* 8:12).

We wish to learn from the lowly handmaid of the Lord *an attitude of docility and openness to the word of God* and a generous commitment to welcoming Christ's teaching into our lives.

In particular, as we meditate on the sharing of the Lord's Mother in her Son's redemptive mission, I would ask you to to pray for *vocations to the priesthood and to virginity for the Kingdom of God*, so that all those who are called will respond with generosity and perseverance.

3. As we turn to Mary Most Holy, let us pray together with Bernadette: 'Good Mother, have mercy on me; I give myself entirely to you, that you may give me to your dear Son, whom I wish to love with my whole heart. Good Mother, grant me a heart all aflame for Jesus'.

Words of Introduction of the Holy Father John Paul II from the Residence Accueil Notre-Dame Before the Torchlight Procession from the Grotto of Apparitions of Massabielle to the Basilica of Lourdes

SATURDAY, 14 AUGUST 2004

Dear Brothers and Sisters!

1. When the Virgin Mary appeared to Bernadette in the grotto at Massabielle, she began *a dialogue between Heaven and earth* which has lasted through time and continues to this day. Speaking to the young girl, Mary asked that people should come here *in procession*, as if to signify that this dialogue cannot be limited to words, but must become *a journey at her side along the pilgrim way of faith, hope and love*.

Here in Lourdes, for more than a century the Christian people have faithfully responded to that maternal summons, *walking each day* behind Christ in the Blessed Sacrament and processing each night amid songs and prayers in honour of the Lord's Mother.

This year the Pope joins you in this act of devotion and love for the Most Holy Virgin, the glorious woman of the Book of Revelation, crowned with twelve stars (cf. *Rev* 12:1). Holding in our hands *the lighted torch*, we recall and profess our faith in the Risen Christ. *From Him the whole of our life receives light and hope*.

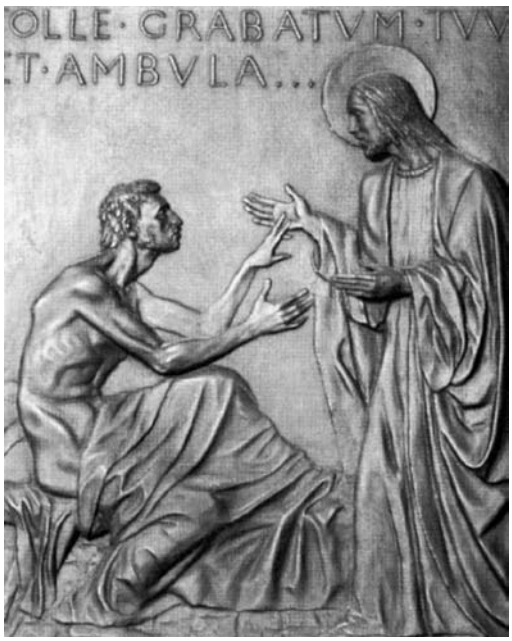
2. To you, dear brothers and sisters, I entrust a particular intention for our prayer this evening: join me in imploring the Virgin Mary to obtain for our world *the longed-for gift of peace*.

May forgiveness and brotherly love take root in human hearts. May every weapon be laid down, and all hatred and violence put aside.

May everyone see in his neighbour *not an enemy* to be fought, *but a brother* to be accepted and loved, so that we may join in building a better world.

3. Together let us invoke the Queen of Peace and renew our commitment to the service of reconciliation, dialogue and solidarity. In this way we shall merit the happiness which the Lord has promised to the peacemakers (*Mt* 5:9).

I accompany you with my prayer and my blessing. May God bless you!



Homily of the Holy Father John Paul II at Prairie de la Ribere, Lourdes

SUNDAY, 14 AUGUST 2004

1. *'Que soy era Immaculada Councepciou'*. The words which Mary spoke to Bernadette on 25 March 1858 have a particular resonance this year, as the Church celebrates the 150th. anniversary of the solemn definition of the dogma of the Immaculate Conception by Blessed Pius IX in the Apostolic Constitution *Ineffabilis Deus*.

I have greatly wished to make this pilgrimage to Lourdes in order to celebrate an event which continues to *give glory to the Triune God*. Mary's Immaculate Conception is the sign of the gracious love of the *Father*, the perfect expression of the redemption accomplished by the *Son* and the beginning of a life completely open to the working of the *Spirit*.

2. Beneath the maternal gaze of the Blessed Virgin I offer a heartfelt greeting to all of you, dear brothers and sisters, as we gather before the Grotto of Massabielle to sing the praises of her whom all generations call blessed (cf. *Lk* 1:48).

In particular I greet the French pilgrims and their Bishops, especially the President of the Episcopal Conference and Monsignor Jacques Perrier, the Bishop of Tarbes and Lourdes, whom I thank for his kind words at the start of this celebration.

I also greet the Minister of the Interior, who represents the French Government at today's celebration, and the other civil and military authorities present.

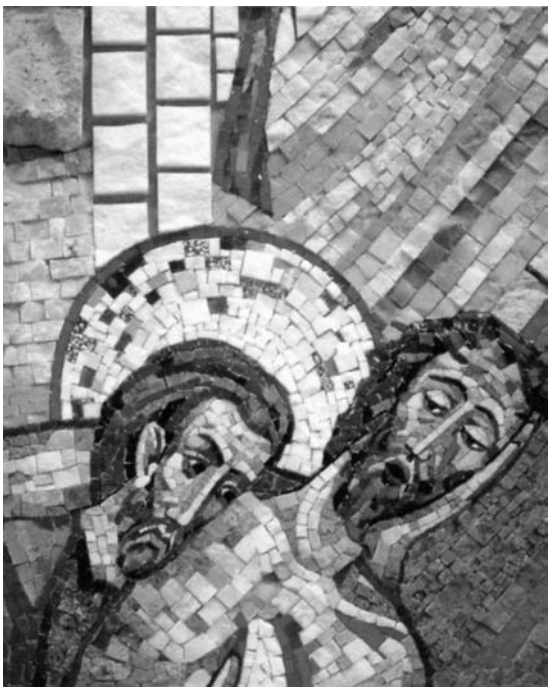
My thoughts and prayers go also to the pilgrims assembled here from different parts of Europe and from throughout the world, and to all those spiritually united with us by radio and television. With special affection I greet the sick and all who have come to this holy place to seek consolation and hope. May the Blessed Virgin enable you to sense her presence and give comfort to your hearts!

3. 'In those days Mary arose and went with haste into the hill country...' (*Lk* 1:39). The words of the Gospel story have once more brought before the eyes of our hearts the young maiden of Nazareth as she makes her way to that 'city of Judah' where her kinswoman Elizabeth lived, in order to be of help to her.

What strikes us about Mary is above all *her loving concern* for her elderly relative. Hers is *a practical love*, one which is not limited to words of understanding but is deeply and personally involved in giving help. The Blessed Virgin does not merely give her cousin something of herself; *she gives her whole self*, asking nothing in return. Mary understood perfectly that the gift she received from God is more than *a privilege*; it is a *duty* which obliges her to serve others with the selflessness proper to love.

4. 'My soul magnifies the Lord...' (*Lk* 1:46). Mary's sentiments in her meeting with Elizabeth are forcefully expressed in the canticle of the *Magnificat*. Her words convey the *hope-filled expectation* of the 'poor of the Lord' and at the same time an *awareness that God has fulfilled his promises*, for He *'has remembered his mercy'* (cf. *Lk* 1:54).

This same awareness is the source of that *joy* of the Virgin Mary which pervades the whole canticle: *joy* in knowing that she has been 'looked upon' by God despite her own 'lowliness' (cf. *Lk* 1:48); *joy* in the 'service' she is able to offer because of the 'great things' to which the Almighty has called her (cf. *Lk* 1:49); *joy* in her foretaste of the eschatological blessedness promised to 'those of



low degree' and 'the hungry' (cf. *Lk* 1:52-53).

The *Magnificat* is followed by *silence*: *nothing is said to us* about the three months that Mary stayed with her kinswoman Elizabeth. Yet perhaps we are told the most important thing: that *goodness works quietly*, the power of love is expressed in the unassuming quietness of daily service.

5. By her words and her silence the Virgin Mary stands before us as a model for our pilgrim way. *It is not an easy way*: as a result of the fall of our first parents, humanity is marked by the wounds of sin, whose consequences continue to be felt also among the redeemed. But evil and death *will not have the last word*! Mary confirms this by her whole life, for she is a *living witness of the victory of Christ, our Passover*.

The faithful have understood this. That is why they throng to this grotto in order to hear the maternal counsels of the Blessed Virgin. In her they acknowledge 'the woman clothed in the sun' (*Rev* 12:1), the Queen resplendent before the throne of God (cf. *Responsorial Psalm*), ever interceding on their behalf.

6. Today the Church celebrates *Mary's glorious Assumption body and soul into Heaven*. The two dogmas of the Immaculate Conception and the Assumption are *closely related*. Both proclaim the glory of Christ the Redeemer and the holiness of Mary, whose human destiny is even now perfectly and definitively realized in God.

'When I go and prepare a place for you, I will come again and will take you to myself, that where I am, there you may be also' (*Jn* 14: 3). *Mary is the pledge of the fulfilment of Christ's promise.* Her Assumption thus becomes for us 'a sign of sure hope and consolation' (cf. *Lumen Gentium,* 68).

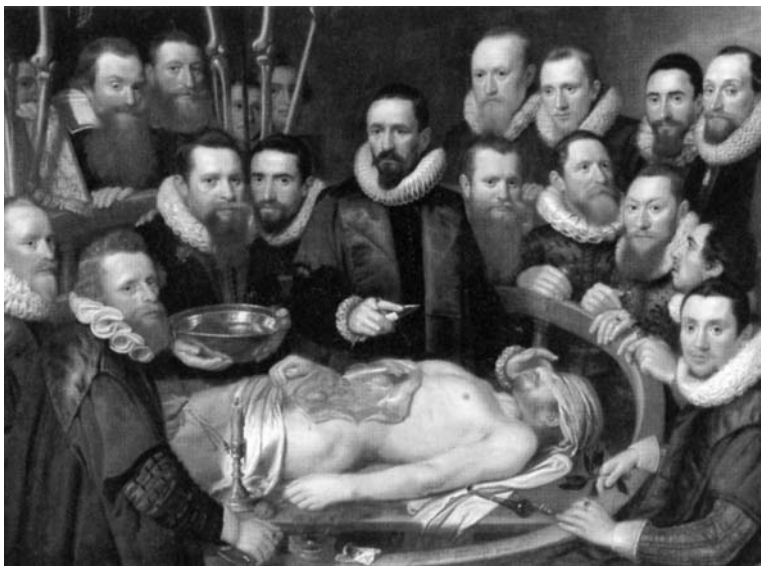
7. Dear brothers and sisters! From this grotto of Massabielle the Blessed Virgin speaks to us too, the Christians of the third millennium. Let us listen to her!

Listen to her, *young people* who seek an answer capable of giving meaning to your lives. *Here you can find that answer*. It is a demanding one, yet it is *the only answer which is genuinely satisfying*. For it contains the secret of true joy and peace.

From this grotto I issue a special call to *women*. Appearing here, Mary entrusted her message *to a young girl*, as if to emphasise *the special mission of women* in our own time, tempted as it is by materialism and secularism: to be in today's society *a witness of those essential values* which are seen only with the eyes of the heart. To you, women, falls the task of being *sentinels of the Invisible*! I appeal urgently to all of you, dear brother and sisters, to do everything in your power to ensure that life, each and every life, will be respected from conception to its natural end. Life is a sacred gift, and no one can presume to be its master.

Finally, Our Lady of Lourdes has *a message for everyone. Be men and women of freedom*! But remember: human freedom is a freedom wounded by sin. It is a freedom which itself needs to be set free. *Christ is its liberator*; he is the one who 'for freedom has set us free' (cf. *Gal* 5:1). Defend that freedom!

Dear friends, in this we know we can count on Mary, who, since she never yielded to sin, is the only creature who is perfectly free. I entrust you to her. Walk beside Mary as you journey towards the complete fulfilment of your humanity!



FOR THE 25TH ANNIVERSARY OF THE EPISCOPAL
ORDINATION OF CARDINAL JAVIER LOZANO BARRAGÁN

To Our Venerable Brother Cardinal of the Holy Roman Church Javier Lozano Barragán President of the Pontifical Council for Health Care Workers or Health Pastoral Care

In recent days many people have been preparing to celebrate the happy jubilee of your ordination as Bishop. This episcopate of yours has matured under a Marian heading because by the grace of God you received the completeness of the priesthood twenty-five years ago, at the same solemnity of the Assumption of the Most Holy Virgin Mary, in the venerable Basilica dedicated to Our Lady of Guadalupe.

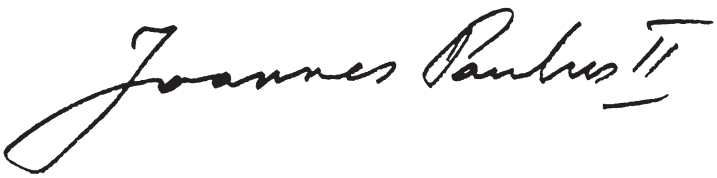
We wish to join our strong felicitations to those of all those people who have observed and admired your performance of your work, both in Mexico and the diocesan community of Zacatecas, and now here in the Apostolic See. We congratulate you on having reached this honoured goal in your life, and for the very many merits that you have accumulated to the benefit of the people of God.

Our very greatest esteem is felt for your dedication to those people for whom the Church nourishes special love and solicitude: the weak and the infirm, care for whom we entrusted by our will to you seven years or so ago, and which you practice out of love for Christ in such a enthusiastic and effective way at the Pontifical Council for Health Care Workers.

In other circumstances we have assured you of our benevolence, and now, in this occasion, which is provided to us by the celebration of your anniversary, we reiterate it to you, adding to it our fervent prayers that you may continue to serve the Church in this responsibility of the highest importance of your service as a Bishop for all the infirm, especially on the occasion of the World Day of the Sick, which is celebrated in Marian Sanctuaries all over the world.

We implore for you and your family relatives a splendid and unending day, and it is our wish that you will be filled by the spiritual joy of this solemnity. We hope that the Divine Master will grant to you a rich reward for all your praiseworthy and fruitful works as a Bishop. At the same time, with our feelings of congratulations and fraternal words, we most willingly impart upon you our Blessing, testimony to our esteem, and at the same time a permanent pledge of celestial gifts.

From Castel Gandolfo, on 21 July of the year 2004, the twenty-seventh year of our Pontificate.



Homily on the Twenty-fifth Anniversary of the Episcopal Ordination of His Eminence Cardinal Javier Lozano Barragán, Basilica of Santa Maria di Guadalupe

MEXICO CITY, 15 AUGUST 2004

On the occasion of the twenty-fifth anniversary of my being ordained a Bishop, I would like first of all to raise to the Lord, through the intercession of the Most Holy Virgin of Guadalupe, my thanks for this great gift that he granted to me.

To His Holiness John Paul II I extend my deep gratitude for granting to me this undeserved grace of the episcopate, for then appointing me Auxiliary Bishop of Mexico, diocesan Bishop of Zacatecas, Archbishop-President of the Pontifical Council for Health Pastoral Care, and finally Cardinal of the Holy Roman Church. I cannot find words suitable enough to thank His Holiness for the letter, which is so full of goodness, understanding and lovingness, that he sent me to mark this occasion. He wanted to associate me with his primatial mission so as to provide a suitable response to the existential problems of man: the meaning of life, of death, of illness, and of pain. He introduced me in the profoundest way into the mystery of the Redemption, and he entrusted me with the task of proclaiming throughout the world joy and pain at the death and Resurrection of the Lord.

I would also like to express some words of gratitude to His Eminence Cardinal Joseph Ratzinger, the Dean of the Cardinals' College, who on behalf of that body was pleased to send me a letter of congratulations.

Exactly twenty-five years ago I was consecrated Bishop in this very basilica, which is dedicated to Our Lady of Guadalupe, by His Eminence Cardinal Ernesto Corripio Ahumada, previously the Archbishop Primate of Mexico, and at his side were His Eminence Cardinal Darío Miranda y Gómez, Archbishop Emeritus of Mexico, and His Excellency Esaúl Robles Jiménez, previously Bishop of Zamora, the diocese where I began. I remember them with kindly feelings. I would also like to thank Cardinal Corripio for presenting my candidature for the episcopate to the Holy Father so that I could work next to him as his Auxiliary Bishop. I also thank him for consecrating me Bishop and for having been my great mentor, guiding me in my first steps in the episcopate through the teaching that came to me from his life, his words and his example. He was a lovable person, and he always accompanied me, even when I was no longer his Auxiliary Bishop.

A quarter of a century has passed since I received that undeserved grace, and today the Virgin of Guadalupe has granted me another grace: that of allowing me to be here to invoke her as the best intercession to thank God our Father for His gift to me of the episcopate.

The Lord granted to me the incomparable grace of belonging to the Episcopal College, and in a special way of the Episcopal Conference of Mexico. Today, with the help of the Most Holy Virgin of Guadalupe, I would like to thank the whole Episcopal Conference of Mexico, the Bishops whom I had the honour to know and to follow, who have had such a great influence on my life and are now in heaven, and so many others companions in the Episcopate who were always present in my work as a Bishop in Mexico, to whom I owe so much for their comprehension towards me and for teaching me to put into practice what it means to be a Bishop.

Today the fraternal accompanying of the Mexican Cardinals, of the Archbishops and Bishops of the Episcopal Conference of Mexico, of so many brother priests, and of my relatives and friends, fills me with joy and with hope. I would like all of them to join with me in raising up to the Lord my thanks for that support for me which has never been absent. Some months ago, and more specifically on 12 December, I had the joy of celebrating my first Holy Mass in Mexico as a Cardinal, in this same basilica, and today God has allowed me to return to praise Him, bless Him and thank Him for these twenty-five years of my ministry as a Bishop.

I remember with special affection the five and half years spent as Auxiliary Bishop of the Archdiocese of Mexico City. His Eminence Cardinal Corripio conferred upon me the grace of appointing me Vicar of the Third Episcopal Vicariate of the archdiocese. These were very fine years when, together with one hundred and fifteen priests of that Vicariate, who belonged to the Archdiocese of Mexico, eleven religious orders or congregations, and various dioceses of the country, we lived as a family representing a part of the great presbytery of the archdiocese. Together with the Cardinal-Archbishop and the other Bishops we formed an Episcopal team, which was led by His Eminence, who with great harmony, wisdom, firmness and breadth of vision guided us in really committing ourselves to bringing Christ the Redeemer into the very many situations, which were often of a complex nature, experienced by that great metropolis. I would like to express my gratitude to God our Lord for those first years of my episcopate, of which I have happy memories. Once again I

thank you Cardinal Corripio; I thank you my companions, the Auxiliary Bishops of Mexico, some of whom, such as Msgr. Orozco, Msgr. Jorge Martínez and Msgr. Robalo are already in heaven; I thank you my brother priests of the Archdiocese of Mexico, and a special thanks to those who at the time were in the Third Vicariate; my thanks also go to the good people of the Third Vicariate of whom I have so many grateful memories; and to the whole of the Archdiocese of Mexico, which I had the honour to serve and to which it was an honour to belong. Allow me to remember in particular Msgr. Carlos Rogel, my faithful deputy vicar, who left us to reach the home of the Father, for the great Episcopal work that he performed and for the friendship that he wanted to give to me. I also thank the fathers who made up the team of the Vicariate, and in a special way the deans, Msgr. Javier Quintana and Msgr. Cango D. Filemón Zepeda, for their loyalty and friendship, which during these twenty-five years has grown, and to whom I owe so much, not only as regards the past but also the present. My thanks also go to all those priests who from 1979 to 1985 made up the clergy of the Third Vicariate, many of whom are already in heaven: to them go my prayers and my gratitude.

My most affectionate thanks go to His Eminence the Cardinal-Archbishop of Mexico City, Norberto Rivera; to the Rector of this basilica, Diego Monroy; and to the members of the Corporation of the Basilica who have allowed me to celebrate this commemoration. My special thanks also go to Msgr. Cango Filemón Zepeda, who has been a point of the reference for the preparations for this celebration.

The Lord allowed me to spend twelve very beautiful years at Zacatecas. I will never cease to thank this great diocese for the opportunity it gave me to serve it as its diocesan Bishop. I really felt that it was my large family; the Lord allowed me to identify with Zacatecas, and Zacatecas left in me an indelible mark.

I very much appreciate the people of this city and its priests. They all come from a line of real Christians, permeated by that wisdom that God imparts to His sons. Those twelve years were for me a grace and a blessing. They made me feel a real son of this land, and the acceptance and identification of the population were total. I would now like to express my gratitude to the team that made up my Curia: my Vicars General, Bishop Vicente García, Bishop Fernando Chávez; the then Secretary of the Curia, Rev. Angel Campos; the Vicar

for Pastoral Care, Rev. Humberto Salinas; Rev. Pascual Dávila, who has since passed away; the faithful Diocesan Treasurer, Rev. Conrado Puente; the Juridical Vicar; and Rector of the Seminar; the much remembered Rev. Carlos Torres; the whole team of superiors and lecturers of the seminary; the officials of the Tribunal; the Corporation of the Cathedral; the Vicars of the Forum; the Council of Presbyters; the Council of the Treasury; the parish priests and the vicars; the directors of the apostolic bodies and associations; the male and female religious who worked in the diocese; those responsible for the Christian life; all the citizens of Zacatecas; and the government authorities with whom we had good relations. A grateful remembrance and my prayers go to all the since deceased priests whom I had the honour to know and from whom I learnt a great deal. Once again I wish to thank the diocese of Zacatecas and in particular His Excellency Bishop Fernando Chávez and the Treasury Father, Conrado R. Puente, for the most valuable and indispensable help that they gave to me, both when leaving Zacatecas and when establishing my home in the Vatican.

In four days time eight years will have passed since the Holy Father John Paul II conferred on me the honour of calling me to work directly with me in the Vatican. These years have been full of graces and gifts from the Lord. I would like to thank the Roman Curia for having welcomed me in a brotherly way, and the very many Cardinals, Bishops and Presbyters of the Vatican to whom I am indebted for the affection and friendship that they have demonstrated towards me on this occasion. I would like to thank in a special way the members, the officials, and the consultors of the Pontifical Council for Health Pastoral Care. Their joint work, which has been harmonious and planned, responsible and efficient, has helped me in a broad way to carry out the mission that was entrusted to me by the Holy Father. My thanks go in a special way to the Secretary of the Dicastery, Msgr. José Luis Redrado, to the Under-Secretary Rev. Felice Ruffini, to my special secretary, Msgr. Antonio Soto, and to all the members of the Pontifical Council.

It is also my inescapable duty to thank my first diocese, Zamora, from which I began exactly twenty-five years ago. That diocese prepared me for this ministry during my fourteen years of priestly studies, from 1944 to 1958; and for twenty years when I had the privilege to serve it, from 1958 to 1978. To my Bishops, superiors and teachers, to the priests my companions, to my old students, to my friends from Zamora and elsewhere, to all of them goes my devoted gratitude for the preparation that I received, which was directed

towards the carrying out of this episcopal service for the Church of God.

When, twenty-five years ago, I received the benevolence of being accepted in the Arch-

diocese of Mexico, I remember that when expressing my thanks I said: I left my home and now I am coming back. Indeed, the fact is that I was born in 1933 in the city of Toluca, which then belonged to the Archdiocese of Mexico; I am from Zamora but I was born in Toluca, and I cannot but thank God for allowing me to be born in that beautiful city. Some months ago the diocese of Touluca granted me the honour of receiving me as a Cardinal. To this beloved diocese goes my gratitude as well, and I ask it to join with me in a prayer of thanks through the intercession of Our Lady of Guadalupe for this gift and for this very valuable mystery of the episcopate.

I would like to reserve a very special expression of thanks to my family, even though many of its members are not here today; I thank my parents, and in a special way my mother for everything that she did to prepare me for this ministry. Her help was essential, with her prayers, her words and her example. I am sure that now from heaven she is interceding for me. I thank my brothers alive or passed away; I would like to mention them all, but before the whole family I will mention only those whom the Lord has granted to be still amongst us: René, Raúl e Jorge; I would like to thank my nephews and nieces, and in particular I would like to thank the families of Jorge Flores, Alberto Lozano, Ignacio Vaca, Arturo C. Lozano and the Pastranas, who have always helped me and did so in a particular way during my episcopate and on this occasion of the twenty-fifth anniversary of my ordination as bishop.

I will certainly not forget to mention the women religious who in a very loyal and disinterested way have accompanied me during these twenty-five years of my Episcopal ministry – in Mexico, in Zacatecas and now in the Vatican. I refer to the beloved Congregation of the Guadalupe Sisters of Lasalle, with Sisters Estela Salas, Eloísa León, Caridad Espino, Clemencia Arroyo, Dolores Jaime, Verónica Alcántara, Consuelo Ortiz, María Elena Torres, and Michaela Esparza. My thanks also go to the various Superior Generals who with so much love have allowed these sisters to provide their inestimable and vital service.

It is certainly the case that during these twenty-five years of service as a Bishop I have had many limitations and committed failings in the missions that have been entrusted to me. Now with all sincerity and humility I ask forgiveness from God and I beseech all of you to help me to ask forgiveness from Him and to ask for His Grace so as not to commit others again in the future.

The episcopate is a wonderful gift; by the apostolic succession Christ the Redeemer is continued until the end of time. Christ is the only valid answer to life. Without him nothing has any meaning, and living is not worthwhile; he is everything. Thanking him for the gift of my episcopate goes beyond words; the only suitable thing is for us to try to be like Christ through the love of the Holy Spirit, and in Christ to present our lives before the Father as the only expression of thanks that is possible, in a way that we are not ourselves but Christ himself. This is the reason why it seemed to me that the only thing that I could say to thank God our Father for the gift of my episcopate are the words of the psalm that are quoted in the invitations sent out: 'What shall I render to the Lord for all his bounty to me? I will lift up the cup of salvation and call on the name of the Lord' (Ps 115:12-13). These are the only words that are really suitable; they are the 'Eucharist'.

Thus let us now go to partake of the Holy Mass, with the symbols made up of bread and wine; allow me to place on this altar these twenty-five years of my episcopate, and with humility beseech our Lord to convert them, by love of the Holy Spirit, into Jesus Christ himself. Let us beseech him to say just one word of forgiveness for all the failings that I have committed, and to save me (Mt 8:8), converting all of us into him. May the Lord thus receive us as the only expression of gratitude that we offer to Him with this continuation of the Redemption for the twenty-five years of my ministry as a Bishop.

The Basilica of Our Lady of Guadalupe is the cradle of Mexico; here our nation was and continues to be shaped. I myself had the privilege to have this basilica as the cradle of my episcopate. Here I was born as a Bishop, under the benevolent, understanding and maternal gaze of Our Lady of Guadalupe. I am filled with affection and joy at being able to return here to the place that witnessed my birth to the episcopate, and to thank Our Lady for these twenty-five years, during which I have always felt her maternal support and her help, and once again I implore her most valuable intercession to thank God our Lord for this inestimable gift of being a Bishop, which in its sublime character touches the infinite Love of the shining mystery of Christ, who died and rose again.

H.Em. Card. JAVIER LOZANO BARRAGÁN
President of the Pontifical Council for Health Pastoral Care, the Holy See.

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The Theological Foundations of the Right to Overall Health

The Gospel of Suffering in the Magisterium and Life of John Paul II

THE PAPER GIVEN BY HIS EMINENCE JOSÉ SARAIVA MARTINS, PREFECT OF THE CONGREGATION OF THE CAUSES OF SAINTS, AT THE CONFERENCE ORGANISED BY THE 'SERVANTS OF SUFFERING' AT S. GIOVANNI ROTONDO ON THE OCCASION OF THE TWENTY-FIFTH YEAR OF THE PONTIFICATE OF JOHN PAUL II, HELD ON 13-14 DECEMBER 2003

The Holy Father has experienced suffering ever since he was very young, and perhaps it was encountered in an intense way for the first time with the premature death of his mother. The Second World War and poverty, as well as the severe events of Communism, which dominated Poland, educated the young Karol at the hard 'school of sacrifice and pain'.[1] He himself on the occasion of the fiftieth anniversary of his ordination as a presbyter recalled: 'In order to avoid deportation and forced labour in Germany, in the autumn of 1940 I begun to work as a labourer in a stone quarry connected with the chemical factory Slovay… I was present when during the explosion of a charge of dynamite the stones struck a worker and killed him. I was profoundly shocked: They raised up the body, they filed past in silence. From him emanated tiredness and a sense of injustice…"'.[2]

But the suffering of the years of youth of the Holy Father was also expressed in its salvific force as a reality that generates life. Specifically in relation to his vocational choice, he expressed himself in the following terms: 'my priesthood, already at its birth, was written in the great sacrifice of so many men and women of my generation. Providence had spared me from the heaviest experiences; thus so much greater is the feeling of my debt towards persons known to me and towards those much greater in number unknown to me, without difference as to nation and language, who through their sacrifice on the great altar of history contributed to bringing about my priestly vocation. In a certain way, they placed me on that path, pointing out to me that sacrifice is the most profound and essential truth of the priesthood of Christ'.[3]

Continuing on from this, his pontificate soon received a very special impress. On 13 May 1981, at about five o'clock in the afternoon, while the Pope was crossing St. Peter's Square to greet the faithful, a shot fired from the revolver of a Turkish terrorist, Ali Agca, gravely wounded him. While from the whole of the Church prayers were raised up to the Lord for the salvation of the life of the Vicar of Christ, in Poland another great pastor, the Servant of God Cardinal Wyszynski, lay sick, and was by now coming to the end of his life. He had predicted to the new Pontiff that he would have piloted the Church into the new millennium; when the Bishop of Rome was recovering in a hospital bed, the Polish prelate died, on 28 May 1981.

These episodes deeply marked the pontificate of John Paul II, and to such an extent that when he had returned to health he soon began the project of an Apostolic Letter specifically dedicated to the Christian meaning of human suffering. Thus 'Salvifici Doloris' came into being, signed by the Supreme Pontiff on 11 February 1984. This was a document containing a programme and clarifications drawn up at a time when consumerism and atheistic doctrines ran the risk of profoundly affecting the life of believers and even the teaching of those who were entrusted with the instruction of the people of God.

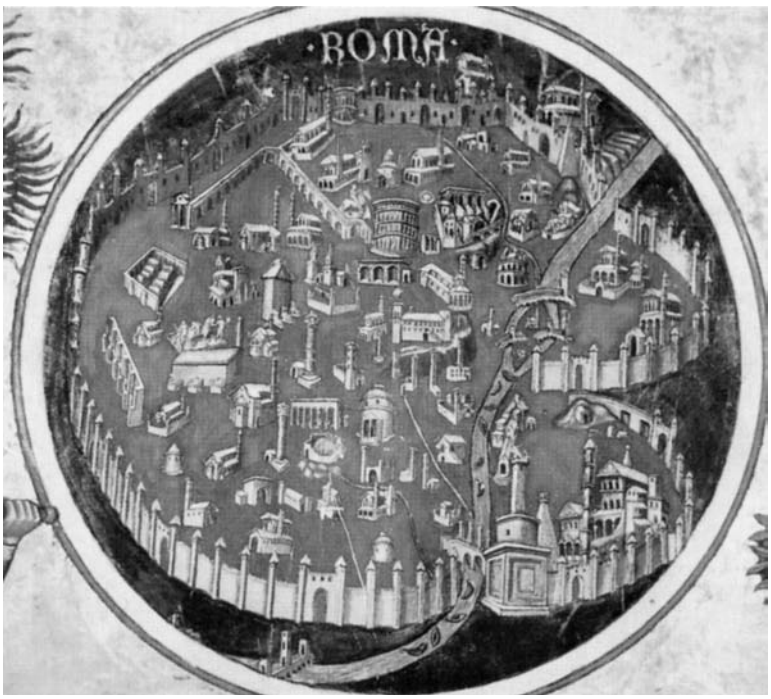
1. Suffering in the Teaching of the Holy Father: 'Salvifici Doloris'

In his introduction to this Apostolic Letter, the Holy Father reminded everyone of the surprising words of St. Paul to the Colossians: 'Now I rejoice in my sufferings for your sake. In my flesh I complete what is lacking in Christ's afflictions for the sake of his body, that is, the Church'.[4]

The sufferings of infinite value of Christ the Man-God do not need other suffering to save and are the sole cause of salvation for everyone. The unlimited power of Christ's suffering bestows what is lacking in the suffering of every man who suffers. However, the bringing to fruit of the gifts that the cross of Christ produces has still to take place. Jesus has, so to speak, set up a table where no good is lacking save he who has a place at table and is nourished by the food that is also prepared for him. The co-invited, dressed in the suffering that God Himself gives to each person in the form of clothes, completes the table.

Christ saves through the death of his body made of flesh; man is saved and helped to save through the sufferings of Christ, who offers to each person the gift of suffering like him and with him, in order to continue to save in him, through the suffering of his own flesh as well. The suffering of the Christian experienced together with the suffering of Jesus allows the giving of the benefits of Christ to his Mystical Body. The Church, therefore, is not only the Body of Christ saved through the suffering of Christ: she is also

his Mystical Body that continues to save through the suffering of her members. These members thus complete, through the vocation received from the Lord, the same sufferings as Jesus. As I had occasion to write in the work 'The Church at the Dawn of the Third Millennium': 'in adding the adjective 'mystical' to the Body of Christ, the intention is to emphasise the spiritual and visible dimension of the Church, but without calling into question her visibility. It is pointed out that in the form of a human community there is hidden a divine reality that cannot be grasped through the



experience of the senses but only through faith. What is affirmed is that in addition to having like every other form of human association a purpose and interests that are shared by all her members, the Church is, in addition, animated by divine grace which, by the will of God, takes the form of tangible elements in a community of believers, which make themselves, through her, accessible to the experience of men'.[5] It is in this sense that that the redemption of Jesus – carried out in a complete way 'accomplished through satisfactory love'[6] – is constantly open to every love that is expressed in human suffering. In the dimension of love, the Redemption that has already been completely accomplished is accomplished, in a certain sense, in a constant way.

These phrases of the Holy Father on the value of suffering make a deep impression when he states that 'it seems to be part of the very essence of Christ's redemptive suffering that this suffering requires to be unceasingly completed'.[7] In this way, 'every human suffering, by reason of the loving union with Christ, completes the suffering of Christ. It completes that suffering just as the Church completes the redemptive work of Christ'.[8]

2. Suffering in the Living Magisterium of the Holy Father

During the Angelus of 29 May 1994, after returning from a period spent within the Gemelli Polyclinic in Rome, the Holy Father made an important reference to suffering when he recalled the moments of pain and apprehension that had accompanied the attempt on his life of 13 May 1981:

'I would like through Mary to express today my gratitude for this gift of suffering once again connected with this Marian month of May. I would like to give thanks for this gift. I understood that it is a necessary gift. The Pope had to be at the Gemelli Polyclinic, he had to be absent from this window for four weeks, for four Sundays, he had to suffer: just as he had to suffer thirteen years ago, so he had to suffer this year. I reflected, I thought again about all of this once again during my period in hospital. And I found next to me the great figure of Cardinal Wyszynski…At the beginning of my pontificate he said to me: 'If the Lord called you, you must bring the Church into the third millennium'. And I understood that I must bring the Church of Christ into this third millennium with prayer, with various initiatives, but I saw that this was not enough: it was necessary to bring her into the new millennium with suffering, with the attempt on my life of thirteen years ago, and with this sacrifice. Why now, why this year, and why in this Year of the Family? Specifically because the family is threatened, the family is attacked. The Pope must be attacked, the Pope must suffer, so that every family and the world sees that there is a Gospel, I would say a higher Gospel, the Gospel of suffering, with which one must prepare the future, the third millennium of families, of every family and all families.

I wanted to add these reflections during my first meeting with you, most dear Romans and pilgrims, at the end of this Marian month, because I owe this gift of suffering, and I express my thanks for it, to the Most Holy Virgin. I understand that it was important to have this subject when in the company of the powerful of the world. Once again I must meet these powerful people of the world and I must speak. But speak with which subjects? This subject of suffering remains to me. And I would like to say to them: understand it, understand it because the Pope has once again been in hospital, once again in suffering, understand it, think about it once again!'

This allocution of the Pope really has the character of a prophecy! The Gospel of Suf-

fering in the Magisterium of John Paul II has not been simply the chapter of an Apostolic Letter; it has not amounted to merely a paragraph in an official document. It has been much more – it has become flesh and blood in the person himself of the Supreme Pontiff; it has become a living Magisterium. The Pope has

pronounced it in his worries about a world afflicted by wars and by deafness to his untiring appeals to peace; in him, it has become a missionary arduous undertaking in contact with the dramatic realities of the people of God to whom he has known to speak about hope.

But the 'higher' Gospel of suffering has been proclaimed in a clear and strong way by his own physical suffering, by the cross of illness lived out with courage and without reductions to his mandate as the Pastor of the Universal Church, '*usque ad sanguinis effusionem*'.[9] Perhaps only today do we understand the arcane language that God uses when endowing the proclamation by the Pope of the new 'subject of suffering': He has made His servant even more eloquent, more similar to His only-begotten Son, as He always does with those who love Him unstintingly. He did this with St. Pio, to whom for fifty-eight years He gave the signs of his conformity with Christ; He did this with John Paul II, transforming an exceptional man into a faithful imitator of he who was crucified and rose again. In the face of his difficult but tenacious steps, before his suffering but truthful words, the world as well falls silent and learns. 'The Pope had to suffer', John Paul II proclaimed on 29 May 1994, perhaps because when all words end, when every appeal is ineffective, only the cross manages to make a breach in the stubbornness of the human heart, which has been made gangrenous by hatred and selfishness. In order to bring and accompany the Church into the third millennium, initiatives, even the most brilliant ones, are not enough, even prayer is not enough: what is needed is the suffering of the children of God, the suffering of saints, the pain of the Vicar of Christ, and 'all those who suffer together with Christ, uniting their human sufferings to His salvific suffering'.[10]

3. Suffering and the Rosary

At the end of this year of 2003, which has been dedicated by the Holy Father to the recital of the crown so dear to Mary, we cannot but remember how the rosary constitutes an inescapable equipment for those who want to learn about 'the meaning of salvific pain'.[11] In Oristano, on 18 October, the Holy Father declared: 'I strongly exhort you, sick people, to pray to Our Lady every day with the holy rosary. Given that health is a good that forms a part of the primitive project of creation, to recite the rosary for the sick, so that they can get better or at least obtain relief from their maladies, is a specifically human and Christian action… And when illness continues and suffering remains, the rosary also reminds us that the redemption of mankind is accomplished through the cross. The silent and hidden suffering of a sick person is worth more than the noise of so many discussions and protests… And this was also the message given by Our Lady at Fatima to the young prophets: suffering and the rosary for the Church and for sinners'.[12] The simple, even the young,[13] in the persons of the blessed Francesco and Giacinta Marto,[14] were invited 'to offer the terrible pains that afflicted them in a spirit of penitence for the conversion of sinners'.[15]

Through the rosary the Christian attends the school of Mary, the great teacher on the teaching chair of the cross: 'the Suffering Virgin, upright next to the cross, with the mute eloquence of example, speaks to us about the meaning of suffering in the divine plan of the Redemption. She for first knew how – and wanted – to share in the salvific mystery by 'joining herself with his sacrifice in her mother's heart, and lovingly consenting to the immolation of this victim, born of her'.[16] Intimately enriched by this ineffable sacrifice, she draws near to those who suffer, takes them by the hand, invites them to go up with her to Calvary and to wait in front of the cross'.[17]

The rosary, suffering and innocence, therefore, become terms that are constantly present in the biographies of those who love God and in the pastoral care of the Pope. St. Pio of Pietrelcina himself – whom the Holy Father personally wanted to canonise on 16 June 2002 – profoundly loved the crown dear to Mary. Padre Pio promised a journalist of 'Sorella Radio' – the famous radio programme of some time ago – to recite a crown of the holy rosary every day for all the sick people in the world. Carrying on the message of Fatima, St. Pio offered to the Lord the whole of himself, everything that he had, for the salvation of very many sinners, living to the full a mission that seemed to have so many points of contact with the apparitions of the three little Portuguese shepherds.

4. Conclusion

After suffering for the redemption of everyone, Jesus gave a Mother to men to that

they could be educated in the school of the Gospel of suffering, and offered to the world the Crown of the Rosary to comfort those afflicted by suffering and save souls in need, and in St. Pio – the suffering servant – and in the saints Christ pointed out the pathway to be joined to his work of salvation. Today, Christ gives to the Church and the world the teaching and the witness of the Vicar of Christ, he who loves God, the propagator of the Gospel of suffering.

The Eucharist, the Church, Mary, the rosary, the saints, Padre Pio, suffering, man in his mystery and with his dignity as a person: these are the great loves of John Paul II.

His Eminence Cardinal
JOSÉ SARAIVA MARTINS
Prefect of the Congregation of the Causes of Saints, the Holy See

Notes

[1] PADRE PIO DA PIETRELCINA, *Epistolario*, vol. III (San Giovanni Rotondo, 1987), p. 106.

[2] JOHN PAUL II, *Dono e Mistero* (Vatican City, 1996), p. 15.

[3] JOHN PAUL II, *Dono e Mistero* (Vatican City, 1996), p. 47.

[4] Col 1:24.

[5] CARDINAL JOSÉ SARAIVA MARTINS, *La Chiesa all'alba del Terzo Millennio. Riflessioni teleologico-pastorali* (Vatican City, 2001), p. 18.

[6] JOHN PAUL II, *Salvifici Doloris*, n. 24.

[7] *Ibidem*.

[8] *Ibidem*.

[9] Cf. JOHN PAUL II, speech given on 22 October 2003, *L'Osservatore Romano*, 23 October 2003 (Italian edition), p. 4.

[10] JOHN PAUL II, *Salvifici Doloris*, n. 26.

[11] JOHN PAUL II, *Rosarium Virginis Mariae*, n. 25.

[12] JOHN PAUL II, Il Vangelo della Sofferenza (edited by L. Sapienza) (Rome, 1983), pp. 136-137.

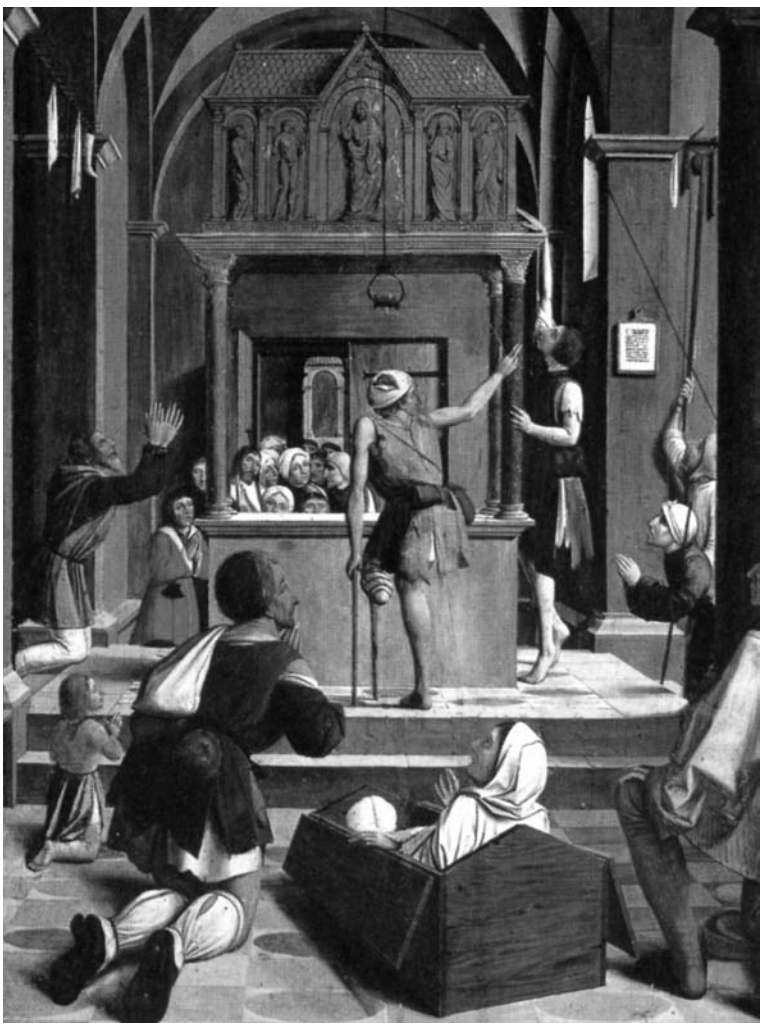
[13] It is possible to see the same association of 'rosary, suffering and innocence' in the events of the premature death of the servant of God, Maria Pilar Cimadevilla y López-Dóriga, who died when she was only ten years old and was recently discussed at the Theological Congress of the Congregation of the Causes of Saints (cf. Congregatio de Causis Sanctorum, Matriten. Beatificationis et Canonizationis Servae Dei Mariae a Columna Cimadevilla et López-Dóriga, *Relativo et Vota Congressus Peculiaris Super Virtutibus die 28 octobris an. 2003 habiti*, Rome, 2003, p. 66).

[14] The words of the Holy Father pronounced on the occasion of the eightieth anniversary of the apparitions of the Holy Virgin at Fatima are of absolute relevance. The Pope emphasised how the Marian apparitions of 1917 are one of the signs of the times, able to express 'a renewed and intense sense of solidarity and mutual interdependence in the Mystical Body of Christ that is being strengthened amongst all the baptised' (cf. the summary of this speech of the Pope in: António dos Santos, 'Fatima e la modernità: Profezia ed Escatologia', in *Veritas in Caritate. Miscellenea di Studi in onore del Card. José Saraiva Martins* (Vatican City, 2003), p. 98.

[15] CARDINAL JOSÉ SARAIVA MARTINS, 'Eucaristia, Santità e Santificazione', in Congregazione delle Cause dei Santi, *Eucaristia, Santità e Santificazione* (Vatican City, 2000), p. 364.

[16] VATICAN COUNCIL II, *Lumen Gentium*, n. 58.

[17] Cf. the summary of the speech by the Pope given in A. GRECO, *Sofferenza ed evangelizzazione nel Magistero di Giovanni Paolo II* (Taranto, 1998), pp. 34-35.



Pain in the New Christian Humanism of John Paul II's *Salvifici Doloris*

The living icon of suffering that is presented to us in the person of the Pope is concrete testimony, beyond any form of rhetoric, to a typical lesson of the Magisterium of John Paul II. Pain that saves makes the Pope say together with St. Paul: 'in my flesh I complete what is lacking in Christ's afflictions for the sake of his body, that is, the Church' (Col 1:24). From this profoundly ministerial experience comes the document that forms of the basis of this paper.

1. The teaching of John Paul II begins with a universal vision of historical reality that is present in very many of his documents, for example his Messages for the World Days of the Sick. We may remember one of them in particular: 'Even today, perhaps above all today, there arises from mankind the cry of crowds afflicted by suffering. Whole populations are torn by the cruelty of war. The victims of conflicts that are still underway are first and foremost the weak: mothers, babies, the elderly. How many human beings, exhausted by hunger and illness, cannot rely even upon the most elementary forms of assistance!' (*Message for the World Day of the Sick*, 11.2.1996).

The whole of mankind is pervaded by the experience of suffering, and thus the experience of pain is universal. This observation is not the expression of a desperate pessimism; on the contrary, it becomes an ethical proposal of conversion in order to overcome those pathologies of the spirit which are the principal cause of suffering and pain. Indeed, in *Salvific Doloris* an attempt is made point out to men a meaning to suffering so that man can integrate suffering into his life's journey and find the strength to overcome it in communion with God and his brethren. The Holy Father does not hesitate, therefore, to affirm that pain 'is a universal theme that accompanies man at every point on earth: in a certain sense it coexists with him in the world, and thus demands to be constantly reconsidered' (*SD*, 2). Those who listen are called not to shut themselves up in a selfishness that prevents them seeing the pain of other people. They are invited not to close themselves up in their own malady because that malaise is a 'condition' that is inherent to their lives. At the same time, in this approach, pessimism and cynicism that would reduce pain to a mere unbearable form of conditioning are excluded, and the Pope points to pain as a sign of the limitation and the transcendence of human nature. Thus the Pope declares: 'what we express by the word "suffering" seems to be particularly *essential to the nature of man*' (*SD*, 2), thereby confirming that his point of view is not that a mere psychological observation limited to seeing pain as the effect and consequence of a malady. Indeed, the point of view of the Holy Father is rooted more deeply, in the universal awareness that human pain constitutes an existential experience that reveals its transcendence. Hence the radical statement: 'Suffering seems to belong to man's transcendence: it is one of these points in which man is in a certain sense "destined" to go beyond himself, and he is called to this in a mysterious way' (SD, 2). This is to say that the solution to pain is only found in the interiority of a life directed towards the accomplishment of a vocation that involves us in the project of Redemption conceived by God for every man: 'In Christ, "every man becomes the way for the Church" (John Paul II, *Redemptor Hominis*, nn. 14, 18, 21, 22). It can be said that man in a special fashion becomes the way for the Church when suffering enters his life' (*SD*, 3).

2. In *Salvifici Doloris* we can find certain key ideas that indicate the direction to take to give meaning to pain.

a) The first idea comes from the convinced statement that suffering 'must be accepted as a mystery, which the individual is unable to penetrate completely by his own intelligence' (*SD*, 11). The world of suffering 'contains within itself a singular challenge *to communion and solidarity*' (*SD*, 8). The personal pain that makes its way into the soul and the body of a suffering person cannot be attributed to a mere loss of health but must be seen as the consequence of our fragility. From the acceptance of our limits comes the belief that pain is not absurd but is directed towards the discovery of the real reason for living and dying. The fear of death that causes so much pain is the fruit of a materialistic conception of life that was combated and thrown aside by the appearance of Jesus on earth. In Christ, man retreads the pathway of redemption by accepting pain as a part of his life, which is destined to live beyond death and illness.

b) The second idea lies in understanding pain as a real and authentic instrument of union with the salvific love of Christ. If we locate the meaning of life in eternal salvation and see damnation as a final loss, then we must say that the Incarnation is the real answer to suffering. The words of the Pope on this matter touch the roots of the question: 'But in order to perceive the true answer to the "why" of suffering, we must look to the revelation of divine love, the ulti-

mate source of the meaning of everything that exists. Love is also the richest source of the meaning of suffering… Love is also the fullest source of the answer to the question of the meaning of suffering. This answer has been given by God to man in the cross of Jesus Christ' (*SD*, 13). Such statements base the hope of defeating pain in communion with the love of Christ. This is a victory that is not only eschatological but also real and concrete because in eliminating sin we are led to live in a condition of freedom from evil and the evils of the world. In physical pain as well, the sick person knows that he can win because he does not fear the trial and recognises in the

mystery of man his link with all men.

c) Thus in conforming to Christ who died and rose again, one can see the possibility of understanding suffering as a key moment, a suitable moment, a *kairòs*. For the sick person and the suffering person blocked by pain, life stops, and in this pause from the daily rush one takes the opportunity to think, to reflect, to re-examine and decipher the real meaning of one's life.

This is also the time, the *kairòs*, of God. God has His moments, His means and His plans, and these do not always correspond to those of men. The experience of pain and illness are a suitable opportunity and a special observatory to once again give meaning to our relationship with God, and thus to the meaning of life as well.

3. Beginning with this new conception of suffering, in *Salvifici Doloris* there emerges a project for a new Christian humanism that we can summarise in three points:

- In fact, 'suffering is also an invitation to manifest the moral greatness of man, his *spiritual maturity*' (*SD*, 22). Moral growth in man is an undertaking that lasts his whole life. Spiritual suffering and physical pain can help us both to recognise human values and (above all else) to convince us to make coherent choices. The greatness of man cannot be reduced to power, to wealth, to success and to beauty, but lies in recognising his own dignity in all the circumstances of existence. Thus, according to the Pope, those who suffer, even if they do not have faith, come to give their lives for a just cause and for the truth. In the suffering of all of these people is confirmed in a special way the great dignity of man (*SD*, 22).

- 'Suffering, in fact, is always a trial – at times a very hard one – to which humanity is subjected' (*SD*, 23). In this statement the Pope invites us to consider the tie between concrete experience and the discovery of horizons other than those that are individual and material. Suffering is defined as a special vocation towards virtue, the cardinal virtue of strength that leads us to bear pain, and the theological virtue of hope that opens us to a relationship with the Father, a relationship than can offer us unknown solutions.

- Once again referring to the text of Colossians 1:24, the Holy Father says: 'For, whoever suffers in union with Christ…"completes" by his suffering "what is lacking in Christ's afflictions". This evangelical outlook especially highlights the truth *concerning the creative character of suffering*' (*SD*, 24). Sharing in Christ's suffering makes it possible to experience pain in the name of a high value that makes us feel solidarity with other men because we feel solidarity with Christ, the new man. It is Christ himself who taught man 'to do good by his suffering and to do good to those who suffer'. In this double respect he revealed the sanctifying and evangelical character of the presence of pain in human beings, both those who experience it in their own person and those who care called to be a Cyrene or a Good Samaritan by accompanying those who suffer (cf. *SD*, 30; Luis Redrado SJ, 'Evangelizzazione e mondo sanitario: una sfida ai religiosi della sanità', in Pont. Cons. Past. Operatori Sanitari, *"Curate Infirmos" e la vita consacrata*, Vatican City, 1996, p. 114).

To educate oneself to share suffering is a theological undertaking and the expression of theological virtue; it is a work of the whole of one's life and not a work involving only rhetorical exhortations spoken to the sick. It is a privileged moment of Christian anthropology on which to base models for life and coherent proposals for pastoral care.

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The Sadness of Civilisation

Man by his nature must know where he comes from and where he is going. The spread of existentialism and the consumer society has dispersed humanistic values. The grey of sadness has become the dominant colour of our age at a psychological level.

The history of melancholy is the history of human suffering, accompanied by the philosophical reflection of man on himself. In ancient Polish, to refer to depression definitions such as 'thoughtfulness' or 'gloom' were used. The term 'melancholy'[1] (or 'malinconìa'; anc. 'maninconia', 'melancolìa') s.f. [late-Latin 'melancholìa', Gr. 'Μəλαγχολα', comp. 'Μəλασ' 'black' and 'χολη' 'bile' propriam, 'black bile'; cf. 'atrabile'] was introduced by Hippocrates, who discerned four types of bile: bile that made you sanguine, bile that made you angry, bile that made you phlegmatic, and bile that made you melancholic. This last was associated with an excess of 'black bile' in the human body. Hippocrates was the first to treat 'melancholy' as a stage near to brilliance and the 'higher' state of human existence.

According to the definition of the encyclopaedia of psychiatry, melancholy is characterised by profound depression primarily endogenous in character. Witold Luniewski suggested replacing this term with another – 'gloom'. Despite these interpretations, 'melancholy' survives with this meaning in literature and in psychiatry. It is helpful to remember that Antoni Kepinski gave new importance to the term when he entitled his monograph in affective illness 'Melancholy'. The definition 'melancholy' refers exclusively to human sadness, whereas depression has different meanings depending upon the context. The return to the classic terminology of Hippocrates has its clinical justification.

At the outset, 'melancholy' referred to different mental disturbances connected with changes in mood. Aristotle thought that all distinguished men in philosophy, politics, poetry and art were melancholic ('Problemata', XXX, I). And Seneca expressed a similar idea: 'Nullum magnum ingenium sine mixtura dementiae'. As a result, the symbolism of sadness was associated with that of philosophical reflection.

Catastrophes in various epochs have caused mass phenomena of collective depression accompanied by epidemics of suicide. For example, in ancient Greece ritual suicides formed a part of the cult of Dionysus (Bacchus). In the year one thousand a wave of pessimism was accompanied by the belief that the end of the world was nigh. This phenomenon was known as 'chiliasm' (from the Greek 'chiliasmòs', from 'chìlioi' meaning 'thousand'). Similar reactions have been observed with catastrophes, famine, epidemics and wars. During the history of the Spanish conquests in Latin America some chroniclers reported mass suicides and reactions involving depression amongst American Indians and other native groups. This was the result of the shock caused by the invasion of the new civilisation and an inability to adapt to the new values. It may be observed that the harsh climate and the difficult polar nights of their environment can cause collective depression amongst Eskimos (a condition known as 'arctic depression') followed by mass suicides. In the seventeenth century, in Spain, in the description of that nation an opinion was formed about the melancholic temperament of that specific population (from the protagonist Don Quixote).

The phenomenon of the melancholic genius was very strong during the period of the Renaissance, the age when Phillip Menchelton introduced the concept of 'psychology' into the humanistic sciences. Indeed, he exalted the brilliance of melancholic figures (for example the genius of Durer and the very generous melancholy of Durer). To be melancholic in those days was seen as a sign of brilliance. Amongst others, Michelangelo was thought to be a melancholic personality. The ideal man was a free person – *homo liberatus*. At the same time, Medieval ascesis was replaced by thought about the person.

In the history of melancholy the observations of an Anglican religious, Robert Burton, constitute an important staging post. These observations were published in his 'The Anatomy of Melancholy' (1621). Burton saw melancholy as one of the most important elements in the life of man. He analysed various aspects of the life of man such as commerce, agriculture, wealth, poverty, climate, the stars, physical illnesses and sexual disturbances. In Burton's view, man is the unhappiest creature in the world because of original sin, which brought about melancholy. For this author, nobody is free from episodes of melancholy as a reaction to the difficulties and problems of daily life. Melancholy in this sense may be seen as the personification of the nature of weak and mortal man. It may be added that Burton saw his work as creative self-treatment: 'I write to save myself from melancholy'.

The Sadness of Meditation

The Polish language is rich in words that express melancholy, probably as a result of Polish poetry whose roots are based in the thought of mar-

tyrs, Romanticism and sentimentalism. One of these words is 'frasunek', a word of German origins ('fressen' – to be consumed). This term cannot be translated into other languages and describes reflective sadness. The word means the suffering and affliction connected with the destiny of man, whose symbol is Christ and his crown of thorns in a state of meditation, as seen in numerous representations along roads in Poland.

Another definition connected with melancholy is 'nostalgia' (comp. of 'nòstos' – 'return' and 'àlgos' - pain; propr. 'pain of return'). This was used for the first time by Johannes Hoffer (1611) to describe the melancholic reaction of Swiss soldiers who had been far from their biological and social habitat for a long period.

In human life there are different kinds of behaviour, for example Apollonian behaviour, where the serene and harmonious component of the spirit based upon the apotheosis of joy prevails, in opposition to the Dionysian spirit, which is characterised by dark and passionate components. In the view of a psychiatrist of Krakow, Jan Mitrarski, a third current should be added, the Saturnine component, which involves reflection, suffering, meditation and sadness. It seems that depressive behaviour, as the antithesis to Dionysian behaviour, is more human because it is very resistant to the influences of the external world. All the remotest fears of man come to the fore in a depressive state so that his soul, body and daily needs can be defended. These fears take the form of manias involving guilt, laziness or hypochondria.

In the shadows of depression man draws near to the infiniteness of death. Antoni Kepinski writes: 'death is a destruction of one's own world and this means the destruction of the whole world. Death is rest, the end of trials, and flight from the torment that afflicts man. Although the world rejects, death alone attracts'. In a state of melancholy, the desire for death is real, it is not only a cry for help – in many cases, indeed, it leads to suicide.

The depressive climate of our times is to a certain extent caused by the violent social and cultural changes in traditional structures that have shaken the equilibrium of the continuity of human life in a metaphysical, cultural, social but also biological sense.

Pushed forward by technological progress, man is distanced from the past and tradition, from family ties and customs. In the place of a sense of belonging and biological continuity, alienation enters the picture. Man by his nature must know where he comes from and where he is going. As a result, man feels alone in time and space in the chaos of his own emotions, which, indeed, he is not longer able to understand. The natural order is denied in the world and logical thought is repudiated by chaos and the rules of statistics. As Antoni Kepinski says: 'man belongs to a system of self-government with his plan (the future) and memory (tradition). Loneliness is contrary to the nature of man and all living beings'.

The loneliness of contemporary man does not involve only his spatial-temporal aspects but also the relationship between man and nature. This is because man himself develops systems of isolation. In his relationship with nature he erects a technological barrier. In his complex interpersonal relationships, on the other hand, he wears a mask and impoverishes his emotional ties.

The feeling of being lost, frustration and indifference that afflicts man is the result of the complexity of his social and economic relationships, as well as the fact that he cannot understand them. The resistance of society is so strong that it further penalises man in the implementation of his own wishes and plans. As a result, he abandons his creativity and becomes subjected to consumerism.

The increasingly frequent spread of melancholy in man's state of mind today involves a negative assessment of contemporary civilisation and culture and provokes mass expressions against the way of the world, followed by the fashion of rediscovering oriental religions.

The clinical picture of many illnesses is increasingly characterised by hypochondria, where somatic disturbances are often the expression of mental suffering: they cause compassion and a positive reaction on the part of society. Physical disturbances mask a state of depression, which usually produces negative reactions and a rejection of the person who suffers from it (concealed depression, smiling depression).

Summit Depression

Summit depression is felt in situations where man reaches the top of his desires: winning an Olympic medal, the position of 'Professor', the Nobel Prize, or achievements in an artistic career. In this form of depression a very important characteristic of human nature is personalised – the difficulty or inability that is felt when doing nothing brought about by the fact that once a goal has been achieved anxiety and melancholic emptiness enter the picture. This means that when goals are absent from

life, the meaning of life is itself absent.

This form of depression is often manifested in creative people who have a large number of commitments, or in people who work a lot. Cosmonauts, climbers of Mount Everest or famous artists are instructive examples of this emotional state. The melancholy that afflicts an individual is at times so strong that it excludes him or her from a future creative life or even leads him or her to suicide.

As Antoni Kepinski writes in 'Melancholy', summit loneliness comes from the fact that everyone is below the subject. There is nobody from whom advice can be sought, nobody on whom to lean, decisions have to be taken on one's own. On the one hand, the person in this condition fears precipitating into the depths; on the other, he or she feels a sensation of power that makes him or her feel dizzy.

Some cultures have survived in which, following the social model, elderly people have maintained their privileged position, as a result of which they enjoy material well-being, hold power and are esteemed for their wisdom and experience.

In contrary fashion, in contemporary scientific-technological civilisation, in which the criterion of utility prevails, the social and economic condition of elderly people is increasingly precarious. Man is seen to be good as long as he is useful. Grandparents are useful as long as they can contribute to the growth and upbringing/education of their grandchildren.

The feeling of not being useful accelerates the process of senile decay and even the onset of death. It also becomes the principle aetiological factor in bringing about depression. A useless man is almost condemned to a social death because he has no value, he has become a burden, he generates rejection and finally he ends up in a hospice, sent there as a result of his own decision or a decision taken by his relatives.

The planet earth is becoming increasingly small and crowded because the number of its inhabitants is increasing and urbanisation is spreading, Man becomes an obstacle to another man, he becomes dependent on him, and impedes the implementation of personal plans. People who disturb each other are indifferent to each other and even hostile. The increase in the gap between the rich and the poor, indifference towards poverty, and a lack of good will are the result of social incapacity.

Negative feelings lead to loneliness. A man alone in the crowd is afflicted by anonymity and feels no ties with other people. His attitude towards others is increasingly self-centred. His social limit is confined to the struggle for survival, at times at a very high cost.

Ethnographic terminology describes such behaviour as 'athropoemetic' because the presence of another person provokes rejection, the desire to move away, vomit, in both the narrow and broad sense of the term.

When positive feelings prevail, the area of life increases. In contrary fashion, negative feelings make the surrounding world hostile and an enemy; hence the reaction of fight or flee. They are one of the causes of the increase in aggression or the use of force. Given that one cannot create, one destroys, and given that one cannot love, one comes to hate.

Given that the area of life grows smaller, one's exchange with surrounding society decreases, the vital dynamic is lowered, and to the point of bringing about, together with negative feelings, a deterioration of mood and the appearance of melancholy. Every living being, animal, plant and above all man requires suitable space for its own development: if this is absent, aggression increases followed by the struggle to win other space. This is the condition of survival. More than real space, man needs instead a feeling of freedom in order to move in this world. He has feelings for everything that surrounds him.

Grey Sadness

There is a decrease in the pleasure brought about by facility in relationships, in aesthetic and erotic experiences, but also in satisfying daily needs such as sleep, food and rest.

The advance of technological civilisation deprives work of its individual and creative character. The final product is the outcome of the work of very many people in various parts of the world who do not know each other at all. Anonymity is the cause of such negative attitudes as tiredness and frustration.

The ease with which a distant world gains access to one's own, a world that is often incomprehensible and foreign, generates problems when the hierarchy of values that prevails is upset. Thanks to technology, the developed world is becoming increasingly small. Through the television we can take part in events that occur in another hemisphere. In a few hours man can reach the cosmos or the furthest point of the globe. The speed of sound has been broken and journeys are faster than time itself.

Man is attacked by too much information and information that he cannot transform to his benefit. He constantly listens to news about attacks, the use of force, murders and suffering: these are themselves the source of indifference towards human suffering. As a result, the contemporary world is afflicted by chaos at the level of the feelings and the spirit.

The spread of existentialism and the consumer society in European culture has led to a dispersion of humanistic values. The greyness of sadness has become the dominant colour of our age at a psychological level.

Judeo-Christian culture is characterised by the essential idea of sin and guilt. In primitive cultures, however, states of hypochondria, persecution manias, hallucinations, and illusions prevailed, and a strong sense of group membership dominated. Collective respon-

sibility exonerates every person from blame for a sin or a success and holds the whole of society responsible.

This is perhaps the reason why melancholy is less frequent in primitive cultures. Strong group ties facilitate the expression of emotions and feelings that are shared by the whole of society. It is also easier to bear suffering together. Like melancholy, joy, fear or even hatred also become extended to the whole of the group. In such cultures every person has a well-defined role within the hierarchy and a place in the cosmic (astral) order.

The pathological picture of mental illnesses is similar in different cultures only with respect to axial disturbances. Historical descriptions, for example those to be found in the Bible, allow us to form a diagnosis on the basis of contemporary criteria although the clinical picture is always conditioned by social and cultural changes. This applies not only to nervous disturbances but also to psychoses, including melancholy and schizophrenia.

The contents of fears, obsessions or manias depend on local beliefs, customs and norms. The Indians who live in the high plains of the Andes have hallucinations that are different from populations that live in a jungle. People who live in the Polynesian Islands or regions in the Arctic or Asia have other psychotic feelings.

Retrospective analysis leads us to suppose that the problems of the man of the future will not change radically, but the content of conflicts could change. Antoni Kepinski believes that changes will be concentrated in the natural environment, in social relationships, and in the interior experiences of man.

The transformation of a natural environment into an artificial environment is increasingly common today. The level of pollution of the air, the earth and water is often above the level of human tolerance. Life in such conditions becomes very difficult because the fear of old age and death is intensified and man draws away from the rhythms of nature. Hurry, one of the major torments of our times, has been created by the gap between technological opportunities and the natural rhythm of the human organism. Going in a hurry means to draw away from life. A person flees from the past and pursues the future, neglecting the present, which is something that gives taste and value to life. Hurry, like boredom, creates greater physical and mental tiredness and exhaustion.

It is not easy to understand the essence of melancholy and imagine the great suffering of those who are afflicted by it. With technological advance and development, this illness has become increasingly widespread. According to estimates, a tenth of the inhabitants of the planet are periodically affected by this malady. In 1990 melancholy was fourth on the scale of invalidating illnesses. It is estimated that in 2010 it will be second on this scale, immediately after cardiovascular diseases.

It is probably the case that life has never before been so intense nor technological development so dynamic. In the opinion of Antoni Kepinski, for his highest development man must have the opportunity of realising himself through creativity. Man expresses his abstract aspect in the projection of dreams and in planning projects for the future. Their failure to be implemented, therefore, can cause a loss of identity and a loss of the meaning of life. The most suitable and tragic example of this is the fate of man under totalitarian regimes.

The Transcendental Dimension

To the future is linked the hope that not everything disappears with death ('non omnis moriar'). In the evolution of culture man was the protagonist of great discoveries, even though he was not able to use them directly in order to meet his needs. Despite this, culture, with its perennial character, played an important role both in the survival of peoples and in the meaning that individuals gave to life.

Particular importance is given to faith because of the fact that it mobilises the physical and mental forces of defence within the body. In general, it is known that the benefits of drugs and medicines depend to a large extent on the trust that the patient has in such pharmaceuticals and his medical doctor. Statistics confirm that believers bear pain better than agnostics and react better to pain reducing treatment because prayer has a direct therapeutic function in a situation

of suffering. Faith allows a sick person to reorder and elaborate his or her scale of values and also facilitates the exchange of information with his or her surrounding environment. From the ideas described above arises the definition of axiological psychiatry (Kepinski) and ethical therapy (Zucchi) by which it is assumed that one of the causes of psychiatric illness is the lack of respect of man for the natural and moral order.

Today, at the same time, the problem of the weakening or loss of faith is also addressed. Man feels abandoned and lives out his loneliness in a bad way. According to Kepinski, it is difficult to live in total agnosticism and moral chaos. Reflection on predicting the psychiatric future of the world provokes a feeling of dismay: where is humanity going? What effects will fear of the nuclear have?

Melancholy and fear are rightly seen as the illnesses and mark of our age. As Antoni Kepinski writes, employing a fine comparison, the man of the future, in order to survive, must reconcile two opposing forms of behaviour: that of the cosmonaut and that of the artist. A cosmonaut subordinates himself to the needs of the technological world; in contrary fashion, an artist, in his spontaneity, has a subjective approach to life. An artist expresses himself in total freedom, beyond ties and masks of any kind. The survival of modern man depends on achieving the balance of these two concepts of individual identity: spontaneity and subordination to technology. If man is not able to achieve such a balance, this will cause chaos, dismay and the devaluation of moral values. In other words, he will lose his sense of life and will become overwhelmed by melancholy.

Through our experience of the accelerated and deep rhythms of human and environmental changes, we will only with difficulty abandon the idea that humanity is preparing to engage in a new evolutionary leap. Whether this leap is projected towards a better life depends on us.

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Note

[1] Psychiatrists prefer the term 'melancholy' or that nearest to the ancient Greek 'melancolia' to refer to a specific mental illness.

Catholic Women Nurses Faced with the Challenges of Health*

My paper has two parts: in the first I try to provide a general picture of health and health care in Africa; in the second I will stress a number of challenges that health presents for Catholic women nurses. In the second part there are strong points that nurses, and above all else Catholic nurses, must have in their educational background, and which must be present in the carrying out of their mission.

PART ONE: HEALTH IN AFRICA

To speak about health in a continent such as Africa, which, in addition to having tens of sovereign States also has a mosaic of different peoples, cultures, and religious traditions, is a rather audacious undertaking. One runs the risk of trying to engage in facile generalisations about situations that are extremely different because of the history of each nation or particular regions.

The history of Africa over recent years has, however, shown that an ideological process is still underway. Many Africans have progressively acquired an awareness of the need for a *shared African approach*. This is an imperative that in the long term could turn out to be decisive in reconciling the legitimate particularities of specific realities with the interests of the whole continent.

In the social, political and economic field it is useless to conceal the urgent need for a union of vital forces, for collaboration in the different fields of social and economic life, and for solidarity between African States, as a premise and a prelude to various regional groupings and aggregations and the creation of the United States of Africa.

The same may be said of the African Church, which celebrated its first continental synod ten years ago, and more specifically in 1994. This was an important moment in the history of the African Church, which was called to redefine its own identity and mission in faithfulness to Christ and with a commitment to meeting the challenges that it encounters in its journey as an evangeliser.

Amongst these challenges figures the situation of the world of suffering and health in the continent of Africa. This situation gives rise to great concern and calls on everyone, and especially those who have duties and responsibilities towards the common good and the destiny of peoples. For the Christian communities, this is not the moment to step back and to avoid one of their responsibilities. They need, however, to address the question in terms not only of economics, technology and professional skills and expertise, but also of care for sick people and overall pastoral care that involves the entire Christian community, and in particular lay health care workers and voluntary groups.

1. The Genesis of the Health Care Institutions of the Church in Africa

'Missionaries, for their part, in carrying out their work of evangelisation, have constantly associated the preaching of the Good News with care and treatment provided to sick people'.[1]

This tandem of preaching the Gospel and caring for the sick has shown itself to be, once again, fertile in the history of the evangelisation of the continent of Africa. Thus on the positive side of the ledger of missionaries in the continent, there are not only alive and flourishing Christian communities but also a large network of health-care structures of the Church, which still today, and at times more than in the past, constitute an important point of reference for the health of the populations of Africa.

For reasons that are naturally historical, the evangelisation of Africa followed, and times co-

incided with, the colonial penetration of the continent. Hence the collaboration between the colonial States and many religious institutions engaged in missionary work. The world of health care and health was one of the sectors in which collaboration was shown to be necessary and useful. Indeed, not being able to assure health care for everyone, the colonial authorities understood the need for the Church in this sector and asked for its help. It was, therefore, in the main because of a *wish* to provide *support* that the Church created a network of socio-health care institutions including hospitals, clinics, leper hospitals, and places providing care of various kinds.

But support is not enough to explain the dedication of the Church to the world of suffering and health. The gospel-based precept of charity which, with the teaching and example of Christ acquires special evangelical, spiritual and pastoral relevance (concerned as it is

* Paper given by H.E. Msgr. Redrado, O.H. to the Congress of the CICIAMS in Nigeria, Africa, 20-24 September 2004.

with brothers who suffer),[2] is the theological foundation of the presence and the action of the Church in the world of suffering and health.

2. Some Aspects of the Health Care Situation in Africa

Many of the so-called developing countries are located in Africa. Because of both internal and external causes, these countries suffer from structural and cyclical evils that constitute an authentic brake on the social and economic development of the populations that live in this continent.

All of this has consequences for the world of suffering and health, which is profoundly marked by a chronic lack of adequate structures and a progressive deterioration of the general level of health.

Table 1- Indicative Data on the Level of Health in Africa

The Situation in Africa	1990	2000
Mortality rate in children under the age of 5 for every thousand births	180	172
Infant mortality rate for every thousand births	117	107
Children aged 1 vaccinated against measles	58%	58%
Death rate at childbirth	1.098	
Proportion of the population with sustainable access to a source of drinking water (rural/urban)	29%/86%	44%/83%
Undernourished people	35%	33%
Proportion of the urban population with access to health care	75%	74%
Proportion of the population with access to adequate health care services	53%	57%
Life expectancy at birth		41.4 years
People who live on less than one American dollar a day	27%	
N.B. Data from the Human Development Report 2003, UNDP		

However, in addition to the above-mentioned indicators, which give us an idea of the gravity of the health care situation in this continent, the situation of diseases, and especially of tropical diseases, which every year destroy thousands of lives, including those of women and children, gives rise to especial concern. In hot and humid regions, in the equatorial and tropical regions of Africa, the populations of the continent, who do not have adequate financial and structural means, have to deal with numerous and dangerous parasites that in many regions of the continent find a suitable habitat for them to develop and spread. Amongst the principal tropical diseases of the continent, the following in particular should be mentioned: malaria, bilharziasis, filariasis, trypanosomiasis, smaniosis, and leprosy. These pathologies are the greatest obstacle that exists to the achievement of a good level of health in the continent of Africa.

Tropical diseases, however, form only one part of the set of diseases that afflict the continent. There are pathologies which have 'the reputation of being modern or imported from the north'.[3] These diseases are tuberculosis, polio, tetanus, whooping cough, diphtheria, measles, meningitis, and all the rest, such as forms of heart disease, which are, indeed, spreading at an alarming rate in Africa.[4]

AIDS, which is spreading everywhere in the world, has not passed Africa by. Indeed, it has added another chapter to the socio-health care problems of the continent. Although they have an inherent value, the statistics on this phenomenon could lead to this problem being located solely at a psychological and social level without offering people an opportunity to go to the heart of the problem, to pose to themselves in a courageous way the only question that really counts: where does the AIDS phenomenon come from and how can contagion by it be prevented in a human and safe way? The answer to this question can be found in the address made by the Pope to those taking part in the international conference on AIDS which was organised in the Vatican in 1989. On that occasion John Paul II had the courage to go beyond the short-sighted vision of the States and international bodies and invited the world to defeat that fatal 'AIDS' which he rightly called a deficiency of the immunity system at the moral level, the grave illness of our time and the principal cause of the spread of AIDS.[5]

To this fatal cause, applicable to everyone, is added, and this is true in particular in Africa, the worsening of the conditions of underdevelopment, the real cause of the increasing number of people who are seropositive and are afflicted by AIDS in the continent of Africa.

Table 2

AIDS in Africa: Estimates at the End of 2003
Adults and children with HIV/AIDS: 27.2 million
Adults and children infected with HIV/AIDS in 2003: 3.7 million
Number of deaths of adults and children because of AIDS in 2003: 2.7 million
75% of AIDS victims live in Sub-Sahara Africa
Eight orphans out of ten made such by AIDS live in Sub-Sahara Africa
So far AIDS has made eleven million African children orphans
It is expected that twenty million African children will be made orphans because of AIDS by the year 2010
N.B. Data from the Report of UNAIDS 2003.

To respond to the health care needs of the continent, the Church has an important network of social-health care institutions, on which I will now provide some statistical information.

Table 3 - Social-Health Care Structures of the Church in Africa

NATIONES COUNTRIES PAYS	Valetudinaria Hospitals Hôpitaux	Ambulatoria Dispensaries Dispensaires	Leprosaria Leprosaria Léproseries	Nosocomia senibus, perpetuo aegrotis, invalidis praepeditis Homes for the old, the chronically ill, invalids, the handicapped Maisons pour personnes âgées, malades chroniques invalides et handicapées	Domus pupillares Orphanages Orphelinats	Infantium asyla Nurseries Jardins d'enfants	Consultoria matrimonialia Matrimonial advice centres Conseillers conjugaux	Peculiares sedes educationis vel reformationis socialis Special centres for social education or re-education Centres spéciaux d'éducation ou de rééducation sociale	Alia instituta Other institutions Autres institutions	Omnia simul Total
Africa - Afrique										
Algeria - Algérie	1	—	—	2	—	1	6	2	11	23
Angola	16	299	4	7	37	25	8	49	11	456
Benin - Bénin	13	51	3	3	24	3	1	49	3	150
Botswana	—	2	1	—	2	9	—	3	—	17
Burkina Faso	6	26	1	20	12	1	5	130	25	226
Burundi	15	59	2	10	27	7	29	11	55	215
Cameroon - Cameroun	27	200	16	11	24	5	196	126	140	745
Cape Verde - Cap-Vert	—	—	1	—	1	—	—	1	16	19
Central African Republic Rép.centrafricaine	2	34	1	5	2	1	1	7	49	102
Chad - Tchad	3	91	1	7	—	1	1	8	183	295
Comoros - Comores	1	12	—	—	1	—	1	2	—	17
Congo	4	16	1	4	6	2	2	12	2	49
Congo, Dem. Rep. of the Congo, Rép. dém. du	196	1.566	46	136	129	56	423	312	123	2.987
Côte d'Ivoire	7	44	3	2	3	2	1	10	7	79
Djibouti	—	—	—	—	1	—	—	—	—	1
Egypt - Egypte	10	126	—	29	18	31	18	28	10	270
Eritrea - Erythrée	20	18	1	—	6	—	—	1	12	58
Ethiopia - Ethiopie	14	55	9	25	17	3	25	25	1	174
Gabon	—	7	—	4	5	2	—	1	3	22
Gambia - Gambie	—	4	—	1	2	—	—	2	—	9
Ghana	35	70	1	3	22	212	46	55	9	453
Guinea - Guinée	4	5	—	2	1	1	—	21	1	35
Guinea - Bissau Guinée - Bissau	4	20	1	—	6	—	—	—	1	32
Guinea, Equatorial Guinée équatoriale	—	5	—	2	—	—	3	—	—	10
Kenya	72	493	5	98	61	1.048	52	354	47	2.230
Lesotho	4	64	—	5	1	16	20	7	1	118
Liberia - Libéria	6	17	3	—	1	—	—	11	1	39
Libyan Arab Jamahiriya Jamahiriya arabe libyenne	—	4	—	—	—	—	—	—	—	4
Madagascar	22	180	27	18	26	2	67	75	14	431
Malawi	25	56	1	8	46	122	4	11	6	279
Mali	5	20	—	—	4	1	15	19	11	75
Mauritania - Mauritanie	—	—	—	—	—	—	—	—	—	—
Mauritius - Maurice	2	—	—	10	3	4	6	26	1	52
Morocco - Maroc	2	6	—	2	1	10	—	2	—	23
Mozambique	19	68	2	13	26	46	—	69	170	413
Namibia - Namibie	7	10	—	2	13	—	—	3	2	37
Niger	—	6	1	—	1	—	—	2	5	15
Nigeria - Nigéria	190	252	81	32	23	59	549	127	41	1.354
Réunion	1	4	—	3	1	1	—	—	—	10
Rwanda	8	89	—	25	28	—	18	58	32	258
Sahara, Western Sahara occidental	—	—	—	—	—	—	—	—	—	—
Saint Helena - Sainte-Hélène	—	—	—	—	—	—	—	—	—	—
Sao Tome and Principe Sao Tomé-et-Principe	—	—	1	3	2	1	—	1	6	14
Senegal - Sénégal	13	212	4	2	23	35	41	30	19	379
Seychelles	—	—	—	2	3	3	3	4	—	15
Sierra Leone	9	22	—	1	8	1	—	9	2	52
Somalia - Somalie	—	—	—	—	—	—	—	—	—	—
South Africa - Afrique du Sud	20	38	2	76	61	67	38	245	52	599
Sudan - Soudan	15	58	9	13	6	4	1	19	165	290
Swaziland	1	14	—	3	5	—	1	3	—	27
Tanzania, United Republic of Rép.Unie de Tanzanie	56	391	23	23	34	173	32	38	18	788
Togo	5	45	3	4	13	1	12	2	201	286
Tunisia - Tunisie	1	—	—	—	—	—	—	—	—	1
Uganda - Ouganda	28	232	7	19	27	49	78	139	96	675
Zambia - Zambie	33	18	9	13	19	24	23	57	20	216
Zimbabwe	42	9	—	7	9	7	2	36	3	115
Total, Africa Total Afrique	**964**	**5.018**	**270**	**655**	**791**	**2.036**	**1.728**	**2.202**	**1.575**	**15.239**

With the passing of the years, the Church has sought to correct the health-care system, which was based on curative medicine, by strengthening its own network through the creation of a large number of health care centres accessible to many people. The result of this has been a great number of clinics which the Church has available to promote health on a vast scale. This allows its health-care workers to be in contact with each individual and in a particular way with the poor and the humble who live in the internal regions of a country, to which access is difficult. These clinics are essential in being able to reach the largest number of people possible. At the same time, however, they require means on a large scale, in terms of material, logistics and personnel, which, however, the Church does not have. Hence the urgent need for co-operation between the Churches to strengthen the network of health care institutions in Africa, which today have to tackle many problems, above all of a financial and logistical character.

To strive to work together to improve the health-care level of the African populations means to contribute to the development of the whole continent. Socio-economic development depends in large measure upon the health conditions of the populations which, when they live in precarious conditions, cannot give the best of themselves. In this way, health will become the new name of development.

3. Help for Africa

The provision of help to the populations of the continent of Africa should take place through co-operation and solidarity between all people of good will.

Co-operation and solidarity

Speaking during the proceedings of the plenary assembly of the Pontifical council for Heath Pastoral Care, which was held in the Vatican in February 1990, Cardinal Zoungrana, the Archbishop of Ouagadougou, described the preconditions for a concrete and effective collaboration between the North and the South of the planet in the health care field:

a) Considering countries with reference to their specific characters, according to their positive side and their real conditions.

b) Taking into account the fact that whereas illness directly involves the responsibility of health care workers, health care must involve social workers, lecturers, urban planners, propaganda, economists, politicians, the sick…

c) Realising that co-operation is not a feeling but a method based upon a reasoned conviction. This does not eliminate differences but tries to transform them into a creative dynamism by adopting the positive aspects of different positions and integrating them.

d) Taking into account the fact that nobody is a master of health care and everybody looks for health care. In order to be possible, health care needs to develop globally, but it is also a necessary pre-condition for every further development.

e) Such a policy pre-supposes: help for the situations of extreme poverty and for unforeseen cases; health care education and participation in the programmes in favour of health launched by various countries; the overseeing of pregnancies and births to achieve good outcomes; scientific research into the causes of illness; and control of medicines and the cost of treatment.[6]

At a practical level, certain sectors involving collaboration can be identified within the ecclesial world. Renato Di Menna rightly alludes to some of these in his article 'The "structures of sin" of the world of health in developing countries'. Amongst these reference may be made to:

– The establishment of brotherhood between communes, dioceses, parishes, schools…

– The devotion of time to the encouragement and training of young people and adults in national and international solidarity.[7]

Solidarity, however, cannot be reduced to mere collaboration. Solidarity is a Christian virtue, which, in the light of faith, tends to rise above itself, to have the Christian dimensions of total self-giving, forgiveness and reconciliation. 'One's neighbour is then not only a human being with his or her own rights and a fundamental equality with everyone else, but becomes the living image of God the Father'.[8]

4. Challenges and Prospects for the Church

The challenges and prospects that involve the Church in particular in the continent of Africa take four directions:

a) The need for a co-ordination of the social-health care sector

It is urgently necessary to co-ordinate the various socio-health care programmes so that each one of the initiatives is integrated into choral, intelligent, planned and generous projects, both at the level of Bishops' Conferences and at the level of the continental Church. Such co-ordination will allow Africa to economise on its limited resources and to search for solutions and relevant answers to the principal causes of the deterioration of its health care structure with the collaboration of everyone.

The world of suffering and health is called to transform itself into a privileged test for affective and effective communion between the Churches, to which, indeed, the Second Vatican Council so often refers.[9] Lastly, the co-ordination of the socio-health care sector is required because of the grave and worrying questions that science and medicine raise for humanity, and which need from Christian communities a unity of direction, points of view and witness in relation to the moral and Christian values that are at stake.[10]

b) The inculturation of the Gospel, a value and good for everyone

For a decade in the continent of Africa there has been a great deal of talk about the need to inculturate Christianity so that Christ is not seen and experienced by Africans as a *foreigner* but as the *Son of God* incarnated in African culture. This culture, although it is not *Christian*, contains what the Fathers of the Church called the seeds of the Gospel, the gift of the Creator to man, which providentially prepare the ground for the acceptance by peoples of the Gospel of Christ.

Some characteristics of African medical care have an inestimable value, not only for Western culture but also for the Church:

a) Overall medicine. By this concept is meant that care and treatment involve the whole sick person: his body, his soul and his spirit. Thus, it is not sufficient to treat the physical malady and to neglect the mind and the spirit of the patient.

b) Community medicine. In addition to affecting the individual, illness also involves the whole community of which he is a part. For this reason, treatment must seek to re-establish the mental-physical balance damaged by illness not only in the case of the sick person but also as regards the group to which he belongs (his family, village, or clan). In commenting on this aspect of African medicine, the Jesuit Hebga writes: 'hence all those speeches or sacrifices for the reconciliation between the living, or between the living and the dead, sacrifices that often involve a meal of fraternal communion'.[11]

c) Liturgical medicine. African medicine, like the whole of African culture, has this note of a sacred character within it. This is how Hebga describes this dimension: 'it is a real celebration with the participation of an audience, or at least of certain visible or invisible actors, The performance takes place between the person who presides and the forces of good, on the one hand, and the illness and the forces of illness, on the other. This liturgical character of African care and treatment explains the recourse to singing, dancing, dialogue between the person who presides and the audience, if not with invisible beings'.[12]

c) The commitment to a culture of life

Life, although it is the foundation of African culture, could be seriously endangered in the near future. This is borne out by the family planning policies promoted by governments and organisations, and which have begun to introduce grave problems and disorders into the moral and cultural field. This is a serious problem that the African Church must tackle not only with a clear and single teaching, in a way that is faithful to the pontifical Magisterium, but also through the creation of training and education centres so as to implement its point of view in matters connected with family planning. To defend man, created in the image and likeness of God, means today to defend his life and his dignity against forms of manipulation, violence and humiliation of every kind. This applies to the whole of the trajectory of human existence, from conception to the natural end. Through its culture Africa has a great deal of resources by which to avoid being conquered by a culture that does not sow life but death.

The question of elderly people should be approached in the same way. Although the situation continues to be satisfactory, we should nonetheless be worried about the future, which could lead Africa to have similar problems to those that already exist in Europe, thereby leading to an alteration in its tradition. On this point Professor Bujo rightly writes:

'To grow old in Africa is not in absolute terms a negative fact…To be old and to grow old in this context means *to become wiser*. A good relationship with elderly people, therefore, is more important and in the final analysis not because of their wisdom…For this reason, it is not licit to repudiate one's parents and the elderly, although they are full in years, indeed precisely because they are full in years this should not be done. It would mean to injure the highest good, life, which in the final analysis is based on God Himself…The bow, however, is not yet fully bent back, even though preventive measures should be taken before it is too late'.[13]

d) The efficiency of the structures and the evangelisation of the world of suffering and health

The medical-professional efficiency of the health-care structures of the Church is a totally justifiable requirement. But the professional efficiency and the validity of the health care structures is not enough. We need to think about evangelising the men who make up this world by helping them to implement the precepts of charity – which finds its best expression in the Good Samaritan – in contemporary circumstances. The pastoral care of suffering is essential in the Church. This ministry, for the Christian community, is a perpetual source of grace and spiritual renewal. It is based upon the gospel of suffering, which was theologically translated by John Paul II in his *Salvific doloris* into the following tandem: do good to those who suffer and do good with one's own suffering.[14] In many of its passages the encyclical on missions of John Paul II refers to pastoral care in health, one of the privileged fields of the ecclesial apostolate.[15]

For Africa, the synod is a *kairos*, a moment of grace for reflection and for the making of an overall proposal in this direction. It is a time for the involvement of the whole Christian community in this ministry of the sick. In the final analysis, we are dealing with doing the utmost to ensure that the health care structures of the Church have real medical-professional efficiency, without, however, neglecting the foundation of the whole building, namely the evangelisation of the world of suffering and health.

5. Health in the Post-Synod Exhortation 'Ecclesia in Africa'

There is no systematic reference to the world of health in the post-synod apostolic exhortation *Ecclesia in Africa* of 14 September 1995. However, the subject of health, health-care workers and the sick is referred to in various sections of this Exhortation. The following such references may be cited by way of example:

– The need for Good Samaritans (n. 41).

– Respect for life and the attention paid by the African family to the elderly (n. 43).

– The primary importance of charity: the option for the poor (n. 44).

– Work in the field of care – Good Samaritans (n. 45).

– The spread of AIDS (n. 51).

– The ministry of Jesus united with the sick (n. 68).

– The prophetic role of the Church: to be the voice of those who have no voice (n. 70).

– Helping young people to overcome…drugs (n. 93).

– Concern for elderly sick priests (n. 97).

– The union and witness of apostolic movements and associations of a religious character (associations of doctors and of nurses can be included in this reference) (n. 101).

– The apostolate of the Church in the health-care field (n. 107).

– Concern about under nourishment, the lack of health-care services, the scourge of AIDS (n. 114)

– The whole of n. 116 is concerned with the 'scourge of AIDS', a struggle that must involve everyone.

An appeal to health care workers to bring material, moral and spiritual help to these sick people.

An appeal to men of science and politicians to use all the means at their disposal to destroy this evil.

6. The Role of the Associations of Catholic Health-Care Professionals[16]

The President of the Pontifical Council for Health Pastoral Care, Cardinal Javier Lozano Barragán, in his book *Theology and Medicine*, devotes a chapter to nurses and emphasises the identity and the role of nurses in the process of globalisation. He states:

'Catholic nurses must be in the front line in the struggle against the depersonalisation of their profession, against the trend of making the technical aspects of illness prevail; from this comes a lack of concern and dehumanisation that come to influence the right to life of patients or unborn children'.

And when referring in particular to the role of the CICIAMS in evangelisation, Cardinal Lozano Barragán offers the members of the CICIAMS numerous criteria, namely: training, the Christian vision of their profession and suffering, the right to conscientious objection, remembering that their profession is an ecclesial ministry, and ensuring that the CICIAMS multiplies the number of its members, so that 'the culture of life in the field of nursing throughout the world shines with greater luminosity.'

PART TWO: THE CHALLENGES OF HEALTH IN THE CONTINENT OF AFRICA

After the reflection engaged in during the first part of this paper, I would now like to address, by way of conclusion, the strong points on which Catholic nurses should base their role and mission in health in Africa.

1. Some Indications from the Previous Text

– A sense of collaboration and solidarity, a kind of creative and integrating dynamism is urgently needed: a joining of forces.

– The co-ordination of programmes and resources: initiatives, projects and actions.

– The need for attention to be paid to certain aspects that are characteristic of African medical care: overall medicine, community medicine, and liturgical medicine.

– Life is threatened in Africa as well. The creation of awareness of the commitment to life: to love it, defend it, and look after it. Nurses are 'min-

isters of life'. All of this requires greater training.

– It should not be forgotten that the world of suffering is a privileged field for evangelisation.

– Catholic nurses in Africa will find numerous references,

indicated previously in n. 5, in the post-synod exhortation *Ecclesia in Africa*. These references encourage respect for life, a preferential concern for the poor, being a voice for those without a voice, personal and group witness in the apostolate with the sick and the elderly, and in the fight against the 'scourge of AIDS'. This apostolic exhortation makes a constant appeal to health care workers to bring material, moral and spiritual comfort to the sick.

2. The Challenges as Understood from a Short Inquiry

In order to reaffirm the ideas of the first part of my paper, I asked professionals and lecturers belonging to the nursing sector about the challenges that health presents today to Catholic nurses.

Here are some of the replies that came back to me. They indicate a call to incarnate their mission often in heroic conditions.

The following indications are strong points, elements for reflection.

a. A nurse must:

– Deal with environmental difficulties by striving to plan action and initiatives that are not a reproduction of the rigid approaches imported from other cultures.

– Direct herself towards the concrete needs of the local population with an anchorage in a Christian faith that is accepted and recognised as a vital source.

– Have moral consistency in respecting shared principles that are valid as a foundation for universal ethics, together with respect for human rights.

– Take into account her own training and the possibility that there will be crises provoked by the impact with the major diseases that afflict the people of Africa.

– Teach and educate in the prevention of illness so that health is considered a concrete object of personal and collective responsibility.

– A nurse must strive to achieve constant updating in order to be able to organise services that are suitable to the individual local situations.

– Above all in Catholic health-care institutions she must oppose the temptation to adopt logics of power or privilege in order to prevail over others: a nurse is a minister of life.

– A nurse in Africa is called to re-establish the balance between traditions forms of treatment – which are often inappropriate but nonetheless sought after by people – with modern techniques of care and treatment and ideas of hygiene shared by traditional guidelines.

– Educate people to be responsible for their own health (cf. AIDS) and moved by solidarity towards those who are undergoing the difficult experience of illness.

– Above all when organised services are absent, a nurse must enter the local social tissue in order to interpret health needs and find shared and sustainable responses.

– Link the concept of health to self-defence and the defence of the personal dignity of Africans and of the environment, which is both so rich and so badly treated.

– To evangelise health care in the African context means to reconstruct a hierarchy of values that place respect for human life from birth to death at the centre of everything as a fundamental basis.

– To prevent possible recourse to abortion as a solution to the widespread forms of sexual violence and the promiscuity that is endemic in the villages as well through the constant education of young women with welcoming help.

– In a way that is faithful to African traditional cultures, it is necessary to take care of the terminally ill and the elderly by seeing them, once again, as an inseparable part of the social tissue.

– All workers should help to construct communities in which a rediscovery of the gift of God, namely life, takes place around the good of health; they should remember that the best form of treatment is love as witness to the Christian tradition.

– Try to act in a way that is integrated with the cultural context, including those values that are still alive of solidarity in family relationships and solidarity between the members of a social group: from local solidarity one can pass to widespread generosity.

– Illness is not a punishment but a natural phenomenon that comes from our limited and conditioned physical state. One can prevent and treat illness, and one can also live with illness. But only as long as one accepts the help of other people, recognises the value of suffering in the logic of the mystery of the passion of Christ, and where this is possible, the conditions of hygiene of life are improved.

b. In an association of Catholic nurses in Africa,

– their mission must be directed towards incarnating the poor Christ with the poor, giving signs of hope and life where there is so much death and such a lack of resources. Christ is there, he is sick, and

dies, because of the injustice of an unjust world, amongst many other reasons.

– This 'Good Friday' of suffering is a special day for the witness and the commitment of the Church.

– Union and collaboration are necessary; this is not the moment for ideological struggles in Africa but commitment, collaboration and co-ordination.

c. The values for which Catholic nurses should fight are as follows:

– The human person: his rights, his dignity, and his life.

– Professional skills and expertise: not only the technical aspects but also honesty, responsibility, transparency…

– Hospitality: maintaining it, increasing it as welcoming, service, commitment, generosity…

– Overall care for the person: physical, mental, social and spiritual care.

– A spirit of sacrifice and the 'paschal' living out of the profession of nursing.

– Being witnesses, prophets of hope in a world that suffers.

Many challenges have just been outlined, but if I wanted to summarise them, they could be reduced to the following:

– Basic and on-going overall training.

– Professional skills and expertise.

– Witness.

CONCLUSION

Down the centuries the Church has always walked with man, and she is called upon, and in particular in Africa, to renew her faith and her commitment on behalf of man, the principal way of her apostolate. This man expects much from the Church, which for decades has been at his side to help him and to fight against everything that can endanger his life and his dignity. Suffering and illness are amongst the evils that can compromise the future of entire generations in the continent of Africa.

In addition to States, the Church must be committed through her structures, her ministry and her Catholic associations, to caring for and treating sick people in a physical sense. But she must also concern herself with their salvation. There is a charism of suffering which the Church must know how to take advantage of in a spiritual sense. Otherwise, she will run the risk of doing many things but forgetting about what is essential.

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Notes

[1] JOHN PAUL II, Motu Proprio, *Dolentium Hominum*, n. 1.
[2] JOHN PAUL II, apostolic letter *Salvificis doloris*, nn. 6-8.
[3] Cf. R. DI MENNA, 'Le "strutture di peccato" del mondo della salute nei paesi in via di sviluppo' *Camillianium*, 3 (1991), p. 61.
[4] *Ibidem*.
[5] See JOHN PAUL II, 'Address to those Taking Part in the International Conference on AIDS Promoted by the Pontifical Council for Pastoral Assistance to Health Care Workers', in *Dolentium Hominum*, 13 (1990), p. 7.
[6] Cf. P. ZOUNGRANA, 'Health and Organization of Care in Developing Countries,' in *Dolentium Hominum* 14 (1990) 30-31.
[7] Cf. DI MENNA, *op. cit.*, p. 86.
[8] JOHN PAUL II, encyclical *Sollicitudo rei socialis*, n. 40.
[9] Cf. *Lumen Gentium*, n. 24.
[10] JOHN PAUL II, Motu Proprio, *Dolentium Hominum*, n. 5.
[11] M. HEBGA, 'La guarigione in Africa', *Concilium*, 2 (1991), pp. 89-90.
[12] *Ibidem*.
[13] B. BUJO, 'Etica e invecchiamento in Africa', *Concilium* 3 (1991), 136-140.
[14] Cf. JOHN PAUL II, apostolic letter *Salvificis doloris*, n. 30.
[15] Cf. JOHN PAUL II, encyclical *Redemptoris missio*, nn. 2, 3, 8, 20, 28, 38, 58, 60, 78.
[16] Cf. JAVIER LOZANO BARRAGÁN, *Teologia e medicina* (EDB, Bologna, 2001), pp. 111-118.

Nursing Hospitality: Challenges for the Future

1. Introduction

Contemporary nursing is always and constantly directed towards the future, but paradoxically it is based upon the past because it belongs to yesterday, to today and to tomorrow. Nursing has always been and will always be based upon the past. This is the strength of its history!

The history of nursing has constantly followed an itinerary that has the same point of reference – *hospitality*. The vision and the theme are clear and irremovable: they do not allow or tolerate another basis or other contents that are different from those produced by hospitality. One may add technology, methods and advanced scientific resources but these always revolve around the fixed point of hospitality. Everything that distances us from our focal point is alteration, deception, and a mystification of the sole truth.

Hospitality has its own history, its own contents and its own meanings. It is myth and rite, it is based on welcoming, and in a special way welcoming the stranger, the traveller, the guest and the afflicted. It needs space and a place, that is to say a land or region, and a home. This brings us to emphasise or discover the inescapable figures of the *host* and the *guest*.

The host has a covered space and the traveller, the guest, the sick person, needs to rest. Real hospitality needs a roof, a home, and at times a family. Hospitality, assistance and nursing care can only with difficulty be obtained when a covered and welcoming space is absent. The Good Samaritan, for example, could not practice hospitality in a strict sense in a direct way. He had to have recourse to, and join up with, a host, a receiver, a person who had or had available a roof, a home, a family (Lk 10:29-37), although he obeyed to the full the great commandment (Mk 12:28-31; Lk 10:25-28; Mt 22:34-40).

The host, like the guest, has his own personality, his own way of being, and his own way of behaving. This requires, indeed compels, concessions. Getting acquainted as soon as possible. Always respecting each other. Reciprocity. Alternation. Correspondence. Exchange. We can all receive something from other people and we can all give something to other people. Thus we come to see the concept of a 'present' as important. In antiquity, such a concept was very present and the giving of 'presents' had great significance. Today, the best present is self-giving, giving oneself to other people. Otherness. All of this leads to another dimension and to transcendence.

What has been said hitherto in this paper leads us to try to eliminate *distrust*, to overcome the fear of strangers, to get to know one another soon and in a reciprocal fashion. Harmony or fear? This is the great dilemma, and the grave and dramatic circumstance in which it presents itself can be that of *prevention*, because the other person, on whichever side of the dividing line, might be a malefactor, a criminal. For this reason, we have come to see our neighbours or *moral equals* as *moral strangers*. This opens up for us a new and difficult context because the moral strangers no longer come from far away, as was the case in antiquity, but live in the immediate vicinity, in the same society, and form a part of our own community.

On page 48 Torralba asks: 'What is a moral community? And he answers: 'It is a community of people who share the same manners and mores and specific social customs. Hospitality is rooted in an ability to welcome a moral stranger into one's own community… What requires courage is to welcome a moral stranger into one's home, a person who has a way of seeing reality in line with perspectives that are different from one's own'. In this he is in agreement with Innerarity. Nursing has in all this much to explore and much with which to identify.

2. The Historical Pathway of Nursing Hospitality

All those who have studied hospitality draw upon the same sources or sources that are similar. These sources in varying ways are the same or almost the same, and constitute the best roots from which we draw the lymph of our hospital-nursing knowledge. We

find these sources documented in the Bible, in the Odyssey, in the Christian Tradition, and in the Koran. Thus in choosing well, and in a concise way, such documentary bases, this

paper will now address itself to these sources.

The passage from the Bible that is concerned *par excellence* with the service of hospitality is the one that describes Abraham when he was in the terrebinths of Mamre (Gn 18:1-33). Lot proceeds in the same way: 'My lords, turn aside, I pray you, to your ser-

vant's house and spend the night, and wash your feet; then may you rise up early and go on your way' (Gn 19:2) This is a description that comes from Mesopotamia and the land of Canaan, now Palestine, in about 1,850 BC. The Bible contains many similar passages, some of which may be cited here by way of example: Gn 25:15-60; Jg 17:7-13 and 19:11-15; 1 Kings 17:7-16; Tob 7:1-16.

In the Odyssey we find many passages dealing with hospitality in the classic sense of the term, and all of these are full of a rich doctrine on welcoming. In Book II of this great work we read: 'The prudent Telemachos answered: stranger, you have spoken to me very cordially, as a father to his son, and I will never forget your advice. But tarry a little longer, even though you are in a hurry, and after pleasing you heart you will return to your ship full of joy, with a rich and valuable gift that I want to offer you, as is the custom amongst a host and a guest who are friends'.

At times it can happen that the host is distracted and does not notice the presence of the guest. It is necessary to alert him to the fact that a guest is present so that he can engage and worthily perform the unwritten but required canons that apply to moral works of hospitality. This is what we read in Book VII. Here we can appreciate the importance of the act of welcoming and the category to which the traveller, the stranger, was assigned. He was placed amongst the ranks of the *venerable*: 'Alcinos, it is of little honour to you if the stranger sits by the spent ashes; and if he does not move, it is because the meal awaits. Rise up, off the ground, and place the silverware on the chair; and give orders to the servants, praise to the great Jupiter who still commands the lightning, and accompany that praise with adoring requests, let us wash. That which you have in the larder, give it to the stranger for supper.

Ulysses goes on his way, incognito, without being recognised by anyone. Book XVII is interesting and instructive on this point. Ulysses reaches one of his properties where a certain Eumeos looks after the swine. On his arrival, without allowing himself to be recognised, he is welcomed by the custodian, who washes his feet and gives him food to eat. The custodian then sets up a place for Ulysses in the hut or tent that he is using as a dwelling so that the guest can rest. Some days later, Eumeos accompanies him to the local town, to Ulysses' villa, the villa where the wife and son of Ulysses live. Once inside his home, turning to the beggar, Ulysses introduces him to the hostess and says: 'father guest, the wise Penelope, the mother of Thelamacos, receives you'. Once again reference must be made to the respect that is due to the guest, who here is called 'father guest'.

The whole of Christianity is a living source of hospitality. From the gospels we draw two cases of hospitality with *moral equals*. In John 19:27 we find 'Behold your mother! And from that hour the disciple took her to his own home', and in Luke 10:38 we read: 'Now as they went on their way, he entered a village; and a woman named Martha received him into her house'.

From its very beginnings, Christianity provided a large number of models of hospitality provided to *moral strangers*, in Matthew 25:37-45, to Levi, in Luke 5:27-32; to a Pharisee in Luke 11:37-50; to another Pharisee in Luke 14:1-6; and to Zacchaeus in Luke 19:1-10. Without enlarging too much, we may emphasise St. Basil and his sister, St. Macrina, 360, with their homes for charities, hospitals, old people's homes, and rest homes for foreigners in Caesarea in Cappadocia, and the monks of St. Benedict, 580-647, in Italy and the rest of Europe. Also of notable interest to our subject of hospitality and *Xenia* is chapter 53 of the *Rules of St. Benedict*, as well as chapter 36, which deals with the sick and those who look after them. And St. Augustine and his monks, with their hospitals in Africa and throughout Europe. In Spain, Bishop Masona and his hospital in Merida, Cáceres, 620. And also St. Isidorus of Seville with his rules for monks, the subjects of nursing, and the chapters on medicine in his *Le Etimolgie*. The Hospital Brotherhoods in France, the Hôtel-Dieu in Paris and other cities, beginning in 1200. Various Hospital Orders such as that of St. John of Jerusalem, in Israel, Rodi and throughout Europe. Cathedral hospitality and hospitality provided by monks throughout the continent of Europe. Beginning in the fifteenth century, the Hospital Order of St. John of God, the Minister Priests to the Sick, the Camillians, and St. Vincent de Paul starting in the eighteenth century, and the Sisters of Charity. From the end of the eighteenth century there was a proliferation of new hospital congregations throughout the continent of Europe, which cannot be cited here because this paper has its limits as regards length.

It is also interesting to point out that from the sixteenth century onwards this great movement of Christian hospitals and nursing expanded to the whole of America, to Africa and to other continents in the world.

The great movement connected with *Xenia*, the ritual of hospitality provided to travellers in ancient Greece, was promoted in Europe, and especially in Spain, through *Ja-*

cobean retreats, with hospitality offered by hospitellers in their locations, hospitals and hotels, which were strewn in abundance along the highways. Wayfarers, pilgrims, foreigners and the sick were welcomed, *moral strangers*, until the high medieval period. The Callistine Code, book v, *Camino Francés*, lays down that hospitals and hotels are 'holy places, houses of God, refuges for holy men on pilgrimages, rest places for those in need, consolation for the sick, the salvation of the dead, help for the living'. At the present time, this great Jacobean hospital movement has been greatly revitalised and now displays an evident improvement as regards pilgrims, travellers and guests, whose numbers have also greatly increased. Indeed, the future of this movement is marked by many positive features.

In an Islamic tale of the fourteenth century, whose basis in the Koran can be found in sura XVII, 1, which is read by pilgrims in Mecca when celebrating the night of the ascension of the Prophet, we can encounter a model for hospitality provided to *moral strangers*. The Prophet ascends, or is made to ascend, and is received at various levels by the heavens of the Koran, and at more or less all of these levels the same scene is repeated. On arriving a door is opened and a voice from within asks: 'Who is there?' 'Gabriel', replies the companion of Mohamed. 'Mohamed'. 'He to whom the revelation was revealed?' 'Certainly', replies Gabriel. 'He is welcome! His arrival is a happy one!' (Mircea Eliades, tome IV).

Islam also has a high anthropological content. In the Koran, sura L, 15-16, we read: 'Allah is closer to man than his jugular vein'. Hospitality amongst Arabs specifically revolves around a rite of the Koran which involves what we know as 'the lit fire and the fire that is not lit'. A good follower of the Koran always has the fire lit in his home so that he can immediately warm water for his guest so that the guest can then wash his feet and hot food can be prepared for the person who has just arrived'.

3. The Ethics of Hospital Nursing

Always and for always ethics has permeated, and will permeate, the profound being of nursing thought and activity. Morality has also been the heritage of hospitality at every time and in every place. But this thought, this activity, this way of living and this way of proceeding must be noted, must be appreciated, and must be shaped in what every professional feels and achieves. For this reason, they should not be reduced to the private sphere. Were our ethics, our way of receiving those in need, the traveller, the foreigner and the sick into our home and into our hospital, to be reduced to something that was private, it would not manage to generate professional culture, it would not represent or pose challenges for the future.

Men and women, our professionals, nursing, our hospitality, may prefer a host of philosophical, aesthetic, ethical and moral theories. We, the professionals of nursing, as regards these points, will focus in on a movement for morality: for *moral equals* and for *moral neighbours or strangers*. And this always has meaning and is a proposal for the future: to act for *happiness* as a social, healthy and human-humanistic good. Anthropology.

Aristotle deals with happiness in his Letter to Nicomacheas. However, this has also been a theme of Buddhist and Jewish hospitality until our times. Today, as always, we wish for happiness for ourselves, for other people, and for the future. We are all bearers of goods, of happiness. The Emperor Ashoka, 274-232, a Buddhist philosopher and benefactor of hospitals, declared: 'all men are my children. Just as I look for happiness in this world and the other, so also do I look for it for all men' (Mircea Eliade, vol. IV, p. 582).

In addition, we are, or we must be, givers of *presents*. This is connected with aesthetics and precedes ethics and morality. It is not possible to think that we are acting in an ethical and moral way when our way of doing things, our human relations and our professional techniques are unpleasant to the sight, to good manners, to good taste, and even to comfort. What is anti-aesthetic is always anti-ethical and anti-moral. We may recall the behaviour of Alcinos who kept his guest sitting on the

dusty earth. The choice of the best calf, the lit fire, the washing of feet, giving food to the horse or donkey of the traveller, serving the guest, and giving him presents, are an example of a high level of aesthetics because quality and aesthetics are the fruit of good will.

In modern society, in the professional contexts of health and of nursing, values are much talked about and much commented on. The problem is to clarify whether we are talking or not about human values. In olden times, values were at times expressed in what we know as courtesy, politeness and good manners. This is something that the guest who has come into our home expects from our hospitality: hospitals, health care clinics, emergency departments, palliative care, and improvements in health. We know that every relationship with another person, with a guest, is demanding.

A guest expects that we really treat him or her with truth. Truth is a paradigm, a unit of social-cultural-professional measurement, an ethical and moral commitment. Infusing another person with hope is a great nursing and hospital value. Hope is life for the guest, for the sick person. Hope stimulates. It is also a way of offering, of providing peace. What is done for peace is worth more than thousands of words of praise. The host-nurse must be light, must be light for other people. He or she must really mean integrity, *be whole*. But above all else *be*. Positive reality. And *service*. The prototype of the host in his or her relationship with a guest, a sick person, is service. When we say that nursing offers services, we are speaking about the most noble and worthy aspect of hospitality. To serve with nobility bestows relevance on our work. To serve strengthens the dignity of the guest and of the traveller, of the stranger, and of the sick person. Love/loving is to serve with love. Values call upon, challenge, stimulate, and make people live. But at the same time they involve commitment.

4. Progressive Nursing-Hospitality

Professionalism of a high level, as has already been observed in this paper, is what is emphasised. But nursing is much more than professionalism. Today it also means techniques, resources, scientific methods, efficiency and empirical results. Otherwise, we would be moving on shifting, subjective, factual ground, in virtual reality, in practice, in the void.

In his book 'Ginoseología', J.M. De Alejandro argues that mathematics is essential to the modern concept of science, and to such an extent, he says, that without mathematics there can be no science. The real is always measurable. Scientific knowledge is based upon the experimental method, which Galileo organised at a methodological level around observation, hypothesis and verification. The positive spirit looks for the 'mathematisation' of the results of research through the reduction of quality to quantity. *Something that we must look for, understand and take on.*

Our professionalised work must always be preceded by a rigorous formulation of objectives. Our work is so serious that it must be rigorously planned. Every project, every objective, must be subjected to a series of premises so that it becomes: *relevant, logical, concrete, achievable, observable and measurable*. In this way we can obtain good results in our health care, hospital and nursing activity. Improvisation is not good travelling company for male and female nurses.

Hospitality today, nursing today, is not achieved working on one's own. One could say that the figure of the guest, as it was conceived and practiced in antiquity, is not sufficient. If for a moment we go with our imaginations into the desert, to the entrance of the tent-home-family of Abraham or of any other host that has been mentioned in this paper, we can observe how he acts, helped by his wife and various servants: bakers, shepherds, butchers, cooks, people who wait at table etc. The same thing takes place with our nursing work of hospitality. In our home, that is to say in a hospital, in infirmaries as our operational and inescapable field of action, work many professionals who belong to different specialisations. This leads us and induces us to see that if one does not manage to create teamwork it will be very difficult, if not impossible, to reach our empirical objectives. Today it is certainly the case that the guest is more complicated, and by this

is not meant that he or she is more demanding, even though this is true to a certain extent. Teamwork opens and closes a circuit of implementation: communication/trust; comparison of views; the taking of decisions. This is the law of reciprocity: *all for one and one for all*.

Nursing today and nursing of the future is closely bound up with progress, with specialisation, and thus with the increase in basic training and ongoing training. The times, nowadays, are demanding. New needs require greater training. And this is why for many years we have been calling for higher levels of training and higher levels of recognition. Some countries more than others have taken steps forward in this direction of expansion in the field of training. In reality, all countries are aware of this need. But in reality it is as though people do not see matters as they really are or do not want to see them as they really are. In the final analysis, it is only a matter of forecasting expenditure, without taking into account the advantages and also the economic savings and much more positive results for society. Only educated societies advance. And this educated society applies pressure because of a lack of quality in many of the negative services of assistance, a lack of quality that is often attributed to nursing, when, in fact, the poor results generally come from other sources, from other nurseries, and from more political (and negatively political) sources than the world of assistance.

In most countries the demand for university training in the field of nursing is unanimous. In North America all levels of university training for nurses have already been reached. We can see that in the continent of Europe, in Portugal, in the United Kingdom, in Holland, in Ireland, in Greece, in Finland, and in some cantons of Germany, nurses are already university students at all levels of academic qualifications. Spain, Italy, France and some other countries remain at the level of academic qualifications of the first level, that is to say diplomas. What we propose, however, meets a global imperative towards modernity and growth that attributes to nursing every action carried

out to benefit people in need of help, the sick, guests, vulnerable people, quite aside from the question of a lack of economic resources. Having said this, we must recognise that in Spain the *facultative* condition has been attributed to the nursing profession. This confers great professional prestige but no academic recognition or economic remuneration of any kind (Law for the Regulation of the Nursing Professions, November 2003).

The European Union has asked for the question of the adaptation of universities in all the member States to be resolved by 2010. This carries on the trajectory of the Bologna Declaration. As regards Spain, for example, we do not know whether the government of the day is, or will be, prepared to respect the European guidelines. They give us the possibility of following a professional curriculum in the sciences of care with the possibility of enriching studies through caring for the sick, teaching, research, and nursing and hospital management. And we have to address and remember the different specialisations that motivate and strengthen nursing now and in the future. Nobody is unaware of the fact that nursing looks after the sick, who are moral guests, from emergencies to catastrophes, and on to attacks and harmful events in general. In addition, nursing must receive a special training so as to deal with mental problems, births, emergencies, operating theatres, patients receiving palliative care, gerontology, surgery, clinical analyses, intensive care units and heart units, military nursing, cancer, artificial kidneys and other branches of high professional training with a high socio-cultural content: transcendent nursing as an active process that follows on from the multi-cultural world in which we live and work.

If before ending these reflections on the nursing profession we wanted to turn our gaze backwards, we would be surprised to see that in hospital action or care in antiquity, and nursing throughout time, the extremes join. Ancient nursing and nursing of the future, hospitality always and for always, involve: *the arrival* of the guest, of the sick person, who lacks health; *the welcoming* of the guest, the sick person, who lacks health; *service* to the guest, to the sick person, to the vulnerable person; *dialogue* of the host with the guest – otherness; *departure and a gift* as a grateful remembrance: a healed sick person, a person whose health has been improved. This is, and the point is repeated once again, without further complications (although there are many grave situations), ancient nursing, medieval nursing, our nursing, and the future of nursing.

5. Conclusion

We do well to base ourselves on sciences, on documents and on accounts from the past so as to achieve knowledge, philosophy, about what our profession, which we are concerned about, deal with, and interested by, really means. Few human professions are, or feel, so sustained or illuminated by philosophy as the health care professions, and in particular the nursing profession. Thus we need – and this is something that interests us – to grasp the profound meaning and contents of hospitality. Innerarity observes (p. 19): 'the moral imperative in

relation to a family is not so much to build as to help. Encounter with the weakness of things and of beings raises responsibility for defence to the primary position amongst values. In this context, fundamental needs are not expressed in the word 'liberation' but in the word 'responsibility'. We centre our nursing responsibility, which provides and offers hospitality, on providing services and care to the wayfarers who have fallen into the subsidence holes of thousands of roads, gathering them up, carrying them to our home-hospital, making them welcome and giving them suitable and professional skills and treatment that will make them healthy and place them once again on the road of life. On other occasions, one is dealing solely with giving them a decent burial, as was done in ancient times. All of this is hospitality. This is, and always will be, the hospitality of nursing, the challenges that have always been, the challenges of the future.

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The Theological Foundations of the Right to Overall Health

Those who seek the heart of the message of Jesus become increasingly convinced that one is dealing with a gospel of life. A theologian amongst the Evangelists reveals that Jesus emphasises the central core of his redemptive mission with the following words: 'I came that they may have life, and have it in abundantly' (Jn 10:10). To be precise, Christ is referring to that 'new' and 'eternal' life that is made up of communion with the Father, to which every man is freely called in the Son by the power of the Sanctifying Spirit. However, it is specifically in this 'life' that all the aspects and the stages of the life of man achieve their full meaning.[1]

The presentation by Jesus of the central core of his mission and the exegesis given to it by John Paul II directly lead us to the path to follow in order to arrive at the theological foundation of the right to health, precisely because they lead us back to the mystery of redemption. Indeed, and this confirms the point, Pope Wojtyla makes clear, together with the Fathers of the Second Vatican Council, that 'By his incarnation the Son of God has united himself in some fashion with every human being'.[2]

It is, therefore, in this event that we must grasp with constant renewed amazement the incomparable value of every human person.

'Therefore', observes the Pope, 'every threat to human dignity and life must necessarily be felt in the Church's very heart; it cannot but affect her at the core of her faith in the Redemptive Incarnation of the Son of God, and engage her in her mission of proclaiming the *Gospel of life* in all the world and to every creature (cf. Mk. 16:15).'[3]

This is why I will locate the fundamental and primary right of every man to life, the right to the defence of health, within this Christological context.

The Incarnation and the Right to Overall Health

I would like to observe that this paper addresses the sphere of both health and health care. By the term and the concept of 'health', I mean everything that is connected with prevention, diagnosis, treatment and rehabilitation directed towards achieving the better physical, mental and spiritual balance and well being of a person. By the term and concept of 'health care', I mean everything that is connected with health-care policy, legislation, planning and structures.[4] It is for this reason, first of all, that it becomes clear that the overall concept of health is directly reflected in that of health care as well. This is also the case, secondly, because the synthesis and the encounter in practice of the needs and tasks inherent in the concept of health and health care 'constitute the way of *humanisation* for medicine'; and finally it is so because this humanisation, in turn, constructs at a deep level 'that civilisation of love and life' without which the existence of individuals and society loses its most authentically human meaning.[5]

Now it is the incarnation of the 'Word of life' – because it proclaims and communicates divine and eternal life – that reveals to us the fullness of the value and the meaning of the physical, mental and spiritual life of human life during its time on earth. At this point John Paul II observes that in relation to human life one is dealing with a 'duty of justice, whose performance cannot be entirely delegated to others but requires the commitment of everyone'.[6]

However, in order to grasp with greater clarity the 'founding' theological meaning of the right of every man to overall health it is necessary to make clear that the Son of God is a man. In the mysterious union of the Incarnation 'human nature was assumed, not absorbed'; indeed, the Church confesses 'the full reality of Christ's human soul, with its operations of intellect and will, and of his human body'.[7]

However, at the same time, it must be confessed 'that Christ's human nature belongs, as his own, to the divine person of the Son of God, who assumed it. Everything that Christ is and does in this nature derives from 'one of the Trinity'. The Son of God therefore communicates to his humanity his own personal mode of experience in the Trinity. In his soul as in his body, Christ thus expresses humanly the divine ways of the Trinity'.[8]

Thus 'Jesus is the Son who from all eternity receives life from the Father (cf. Jn 5:26), and who has come among men to make them sharers in this gift: "I came that they may have life, and have it abundantly" (Jn 10:10). Through the words, the actions and the very person of Jesus, man is given the possibility of "knowing" the complete truth concerning the value of human life. From this "source" he receives, in particular, the capacity to "accomplish" this truth perfectly (cf. Jn 3:21, that is, to accept and fulfil completely the responsibility of loving and serving, of defending and promoting human life'.[9]

This is why Jesus proclaims that life is a good to which the love of the Father gives meaning and value: 'the blind receive their sight, the lame walk, lepers are cleansed, and the deaf hear, the dead are raised up, the poor have good news preached to them' (Lk 7:22).

Some Ethical and Juridical Consequences

With these words, Jesus enables us to understand that God is concerned about the life and the health of man. The crowds of the sick and outcasts find in the words and the actions of the 'Word of life' a revelation as to the great value of their lives and the accuracy of their expectations of salvation.[10] As a result, the right to health also finds in that Word its own theological foundation. The value of life must be really great if the Son of God took it upon himself in order to make it a place of salvation for the whole of mankind!

This is what Christ reminds us when he stresses the obligation to welcome and serve life in those of our brethren who are undergoing the tribulations of various kinds of suffering: the hungry, the thirsty, foreigners, the naked, the sick, those in prison… What is done to each of them is done to Christ himself.[11] John Paul II does not hesitate to state that 'the mission of Jesus, with the many healings he performed, shows *God's great concern even for man's bodily life*'.[12] 'Physician of the flesh and the spirit',[13] Christ sends out his disciples into the world and 'entrusts them with a mission in which the healing of the sick is accompanied by the preaching of the Gospel: 'preach as you go, saying, 'The kingdom of heaven is at hand'. Heal the sick, raise the dead, cleanse lepers, cast out demons'.[14]

In this context of the 'theological' foundation of the right to health, the *Charter for Health Care Workers* reads: 'The work of health care persons is a very valuable *service to life*. It expresses a profoundly human and Christian commitment, undertaken and carried out not only as a technical activity but also as one of dedication to and love of neighbour. It is "a form of Christian witness"'.[15] 'Their profession calls for them to be guardians and servants of human life. In today's cultural and social context, in which science and the practice of medicine risk losing sight of their inherent ethical dimension, health-care professionals can be strongly tempted to become manipulators of life, or even agents of death'.[16] The *Catechism of the Catholic Church* rightly observes: 'Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them, taking into account the needs of others and the common good. *Concern for the health* of its citizens requires that society help in the attainment of living conditions that allow them to grow and reach maturity: food and clothing, housing, health care, basic education, employment and social assistance'.[17]

From what has been said hitherto in this paper about the value of life and the right to overall health it follows, in the light of their theological foundation, that an attempt to uphold the moral neutrality of scientific research and its technical applications is 'illusory'. It is true that both scientific research and its application are proof of the lordship of man entrusted to him by God over the creation and that they are very valuable resources at the service of human life and health. However, 'guiding principles cannot be inferred from simple technical efficiency, or from the usefulness accruing to some at the expense of others or, even worse, from prevailing ideologies. Science and technology by their very nature require unconditional respect for fundamental moral criteria. They must be at the service of the human person, of his inalienable rights, of his true and integral good, in conformity with the plan and the will of God'.[18]

The theological foundation of the right to overall health gives full support to what the *Charter for Health Care Workers* affirms: 'For the Christian, it is an actualised continuation of the healing love of Christ, who "went about doing good and healing everyone" (Acts 10:38). And at the same time it is love for Christ: he is the sick person…Seen in this light, health care assumes a new and more exalted meaning as " service to life" and "healing ministry"…. To serve life is to serve God in the person: it is to become a "collaborator with God in restoring health to the sick body" and to give praise and glory to God in the loving welcome to life, especially if it be weak and ill'.[19]

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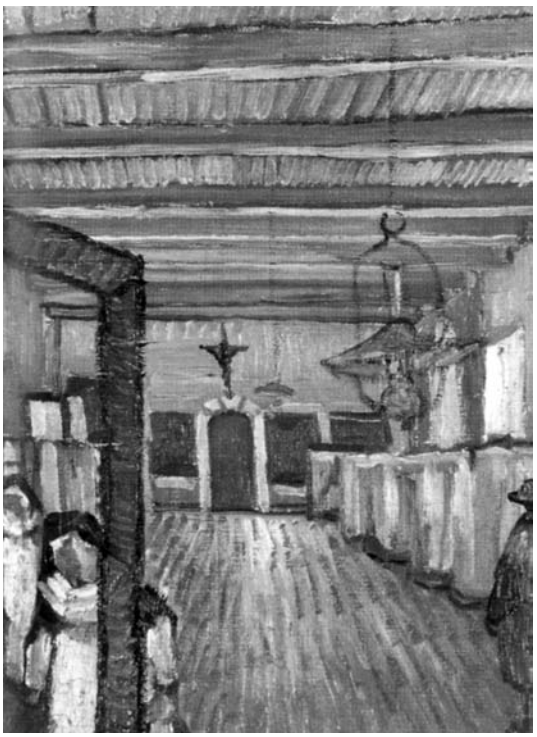
Notes

[1] JOHN PAUL II, *Evangelium Vitae*, Encyclical Letter on the value and inviolability of human life, Introduction, hereafter *EV*.
[2] Constitution on the Church in the Contemporary World *Gaudium et Spes*, quoted in *EV*, n. 2.
[3] *EV*, n. 3.
[4] Cf. JOHN PAUL II, 'All'Assemblea plenaria del Pontificio Consiglio della Pastorale per gli Operatori Sanitari, 9 febbraio 1990', in *Insegnamenti*, XIII/2, (1990), 405, n. 4.
[5] Cf. *EV*, n. 27.
[6] JOHN PAUL II, 'A scienziati e ad operatori sanitari, 12 novembre 1987', in *Insegnamenti*, X/3 (1987), 1088.
[7] *Catechism of the Catholic Church* (hereafter *CC*), n. 470.
[8] *Ibidem*.
[9] *EV*, n. 29.
[10] *EV*, n. 32.
[11] Cf. Mt 25:31-46.
[12] *EV*, n. 47.
[13] ST. IGNATIUS OF ANTIOCH, *Letter to the Ephesians*, 7, 2; *Patres Apostolici*, ed. F.X. Funk, II, 82.
[14] Mt 10:7-8; cf. Mk 6:13, 16:18.
[15] JOHN PAUL II, 'Durante la visita al "Mercy Maternity Hospital" di Melbourne, 8 novembre 1986', in *Insegnamenti*, IX/2 (1986), 1734, n. 5, quoted in *Charter for Health Care Workers*, n. 1.
[16] *EV*, n. 89.
[17] *CCC*, n. 2288.
[18] *CCC*, n. 2294.
[19] *Charter for Health Care Workers*, n. 4.

Testimony



Facing Health Challenges in Africa

Paper given by H.E. Msgr. José L. Redrado at the Symposium Organised by Cumvivium

From the Right to Die to the Duty to Die?

Christmas Message: 'Lovers of Life'

The Life of Niels Stensen (1638-1686) Scientist and Saint

Facing Health Challenges in Africa

REPORT ON THE 3rd. ENGLISH-SPEAKING AFRICA REGIONAL CONFERENCE OF CICIAMS, ABUJA – NIGERIA , 20-24 SEPTEMBER 2004

This was a very unique four day conference, the first of its kind in West Africa. Abuja, the capital city of Nigeria, felt the presence of Catholic nurses from different countries of Africa and all over Nigeria as they were hosted by the Catholic Nurses Guild of Nigeria led by their national president.

Heading the conference were the dynamic and ever hardworking CICIAMS's international President, Dr. An Verlinde and the amiable tireless CICIAMS Ecclesiastical Adviser, Rev. Fr. J. Joblin, S.J. Overlooking the activities of the conference at a Vatican level were His Excellency Mgr. José L. Redrado O.H. (Secretary of the Pontifical Council for Health Pastoral Care), Rev. Fr. Charles Namugera and Rev. Fr. Raymond Hickey, O.S.A, the representative of His Excellency Archbishop Renzo Frattini (the Apostolic Nuncio to Nigeria).

The English-Speaking African Region President, Mr Sello Komoreng, led a delegation of eight members from his country, South Africa. Delegates came from Swaziland too.

The Bishops of Nigeria headed by His Grace, the Most Rev. J. Onaiyekan, Archbishop of Abuja (President of Catholic Bishops Conference of Nigeria), His Lordship Bishop S.A. Amatu (Chairman of the Health Committee, Catholic Bishops Conference of Nigeria Health Committee), priests and the religious from all over Nigeria turned out in big numbers to support the conference. A total of about four hundred participants attended the conference.

The opening ceremony started with the co-celebration of the Holy Mass presided over by H.E. José L. Redrado, Archbishop J. Onaiyekan, other Bishops and priests, concluding with a blessing of the nurses' palms. This was followed by addresses given by the international regional and national executives and clergy, crowned with the Pope's message. The Nigerian Catholic Nurses Guild closed the ceremony with the presentation of awards to some personalities. Holy Mass was celebrated daily and cultural displays in the evenings entertained guests.

The conference fielded seven papers with challenging topics presented by some knowledgeable personalities. In her address the International President for CICIAMS, Dr An Verlinde, expressed joy at seeing the materialisation of the hosting of the 3rd. English Speaking Africa Region Conference by the Nigerian Catholic Nurses Guild, the presence of the Nigerian Catholic Church, His Grace the Archbishop of Abuja, and the highly esteemed Vatican delegates. She pointed out that all Catholic nurses worldwide, bounded by CICIAMS, should feel at home in the bosom of the CHURCH.

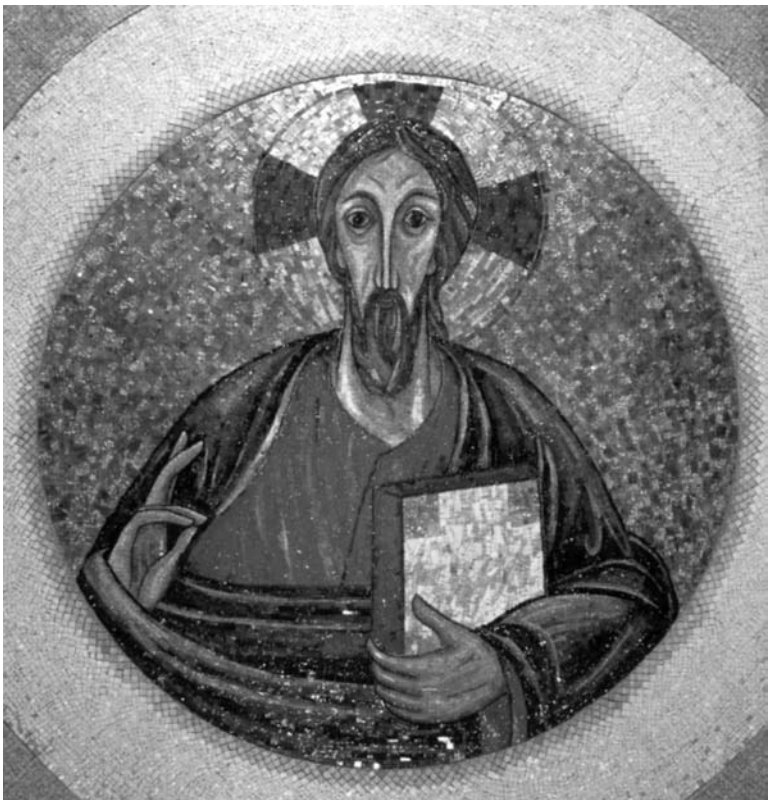
The English-Speaking African Region President, Mr Sello Komoreng, in his address reminded the participants of the health challenges facing Africa: war, disease, famine, destitution, and called on them as members of the same profession and faith to use the congress as a means of sharing experiences and coming up with a united front aimed at finding solutions to the challenges.

Short summary of the papers

In his paper on *Catholic Women Nurses Faced With the Challenges of Health in Africa,* H.E. José L. Redrado pointed out the complex features of Africa (different people with different cultures, beliefs, traditions) as one of the difficulties encountered when addressing the issue of health in Africa. He stressed the need for solidarity between African States and the urgent need for them to unite their vital forces to address the issue of social, technological, and professional skills, and expertise. Most importantly, he stressed the need to care for sick people and overall pastoral care involving the entire Christian community, including health care workers and voluntary groups. Need for a United States of Africa aimed at finding healthcare solutions is vital as Africa is still plagued with diseases ranging from meningitis to tuberculosis, and polio, malnutrition, the current HIV/AIDS due to poverty, poor sanitation, insufficient health facilities and lack of sufficient drugs. He pointed out the great work the Catholic Church has been doing in healthcare in Africa right from the time the colonial authorities called on the Church for help in providing healthcare. The Church built hospitals, clinics and leper hospitals, most of which are run by Catholic nurses who are expected to show love and provide spiritual care. There is a need for the Churches in Africa to co-operate and form a strong healthcare network so as to enable them to tackle financial and logistical problems. Emphasis was placed on the care for the sick person's body, soul and spirit as overall medicine. Evangelisation of the world of suffering and health remains the paramount duty of the Church and she must also concern herself with the salvation of the sick.

Catholic nurses were encouraged to keep up with changing technology in the treatment and care of the sick.

Rev. Fr. Joblin in his paper *Nursing With the Human Face, Responsibility of Catholic Nurses,* called on Catholic nurses to show love and dignity to life, mentally, physically, socially and spiritually. Nurses were encouraged to adapt to new techniques and be involved in research in new fields of caring for patients whose ethical values they disagree with and also to know when to choose the truth as Christians. He reminded nurses that beyond political decision making at certain levels in society, Christians act like leaven in the dough. He also reminded them of the work of the Good Samaritan, and urged them to live up to their social and Christian responsibilities and to be tolerant.



The paper by Dr. Mrs. D. Akunyili on *The Incidence of Women Trafficking and Child Labor in Africa: Impact on Health* and *The Menace of Fake Drugs in Africa* underscored the common devastating effects of these evils on health among African countries. Fake drugs mislead doctors during treatment of their patients because they prescribe them thinking they are the proper drugs, yet they are not. This has led to the death of not a few people. Women used in trafficking end up as prostitutes subjected to sexually transmitted diseases (STDs) and HIV/AIDS. Children are subjected to work as domestic servants, hawking on the streets and any type of labour under harsh conditions and poor nutrition, resulting in death for some of them. African countries were urged to form a common front, improve the socio-economic levels of their people and devise means to curb these vices perpetrated by a syndicate of people in different countries desperate to make quick money.

Dr. Patrick Matemilola (MD) a person living with HIV/AIDS himself, delivered a paper on *The Scourge of HIV/AIDS: a Christian Response.* HIV/AIDS was said to be the biggest health problem Africa was facing. The high level of poverty and ignorance was attributed to the spread of the disease. Most people living with HIV/AIDS in Africa cannot afford a nutritious diet to fight the opportunistic infections which cause death. Most people are not enlightened enough to understand the need to check their sexual habits to avoid contacting the disease. Retroviral drugs are unaffordable to Africans. A whole generation in Africa is being wiped out by HIV/AIDS. African countries are still far from finding a solution to the spread of HIV/AIDS. There is need to appeal to the Western world for assistance in achieving a subsidised cost for retroviral drugs. Catholic nurses were implored to treat people living with HIV/AIDS with love, to give them confidentiality and encouragement to live like anyone else. As for the terminally ill, nurses were told to give good physical and spiritual care, love and empathy to enable the patient to die with dignity. There is still a great need to step up the HIV/AIDS awareness campaigns.

The paper on *Traditional Healing Practice, a Challenge To Health Care* was based mostly on the crude use of local herbs for illness, which is becoming very popular in African countries due to the fact that it is affordable and easily available to the common man. This type of treatment is claimed to bring about relief for some ailments, even though, unlike the clinic-oriented approach used all over the world nowadays, it lacks documentation on successes and failures. African countries should try to monitor and standardise the use of traditional herbs to avoid unforeseen hazards.

The closing ceremony was marked by the presentation of awards to some of the participants in recognition of their contribution towards the success of the conference. This was done by the Vatican Representative, Mgr. José L. Redrado and the International President, Dr An Verlinde.

This was followed by the presentation of certificates of attendance to the participants by the President of the Nigerian Catholic Nurses Guild.

In conclusion, it was clear to all Catholic nurses that they were to be at the service of life in their work. They, as Catholics, must PROTECT THE SECREDNESS AND DIGNITY OF HUMAN LIFE. This has to be at the FOREFRONT of all their undertakings.

Remarks on the future of the CICIAMS in Africa

The aim should be towards:

a) Uniting and strengthening the Catholic nurses of the region.

b) Providing a forum for them to exchange ideas and benefit with each other.

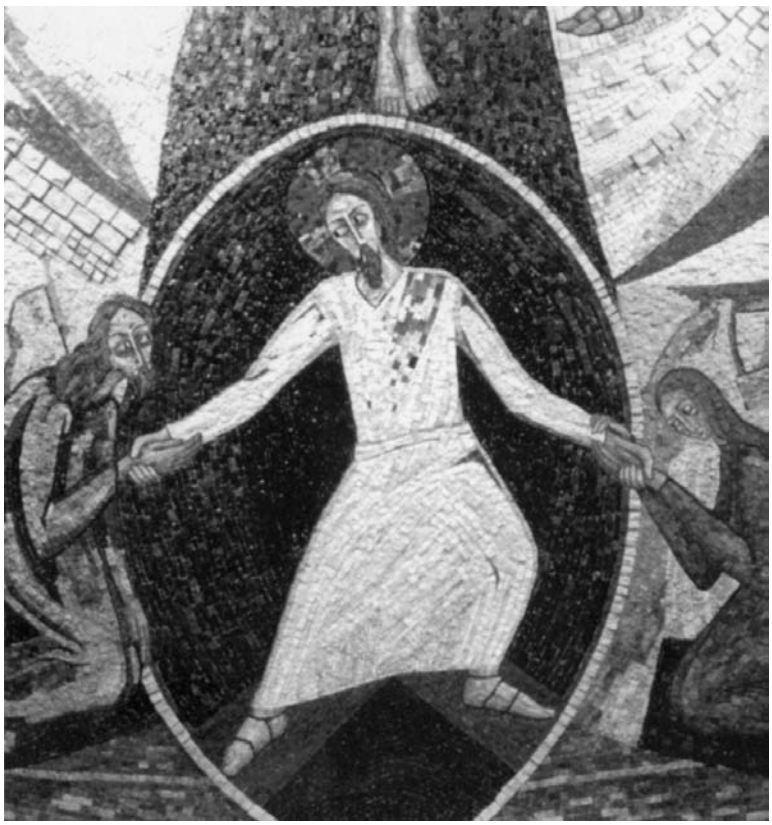
c) Binding African Catholic nurses together, helping them promote and fight for their belief in preserving human life, its dignity and its values.

d) Encouragement of establishments of more Catholic nurses organisations under the umbrella of the CICIAMS.

All this depends mainly on the Church's involvement through the Bishops of Africa throwing their weight behind the nurses especially in communication between the countries of the region, and guiding them in taking certain decisions in line with the church's teachings. The growth of CICIAMS in the African region is still dependent on the church, for Catholic nurses in Africa work under difficult conditions and need spiritual guidance and encouragement.

Mrs VERONICA PISERCHIA
Abuja 2004 Conference
Organising Secretary

Report Presented on behalf of the Regional President, Mr. Sello Komoreng.



Paper Given by H.E. Msgr. José L. Redrado at the Symposium Organised by CUMVIVIUM

WITH THE REPRESENTATIVES OF MOST IMPORTANT PRODUCERS IN THE WORLD OF ESSENTIAL DRUGS AND MEDICINES, SANTA MARTA ,VATICAN CITY, 7-8 MAY 2004

On behalf of His Eminence Cardinal Javier Barragán, the President of the Pontifical Council for Health Pastoral Care, who apologises for not being able to take part in this symposium because of unavoidable engagements, and on behalf of the dicastery of which I am the secretary, I would like to thank Prof. Alain Lejeune and the Board of CUMVIVIUM for their invitation to our Pontifical Council to speak at this first meeting, which, I very much hope, can in the future be of help by meeting the needs of the poor populations of the world as regards essential drugs and medicines, in general, and those used in the prevention and treatment of HIV/AIDS, in particular.

I cordially extend my greetings to the distinguished participants who will certainly help us, on the basis of their professional and/or industrial experiences in the field of pharmacology, to find elements by which to provide answers to the questions that will be examined by the various papers of this meeting but above all during the discussions that will follow those papers.

The message of the Church to those who work in the field of pharmacology is one of encouragement, hope and solidarity. Indeed, thanks to drugs and medicines many diseases have been weakened or have in part disappeared. Today, many diseases can be effectively treated, above all in the developed world. Serums, vaccines and drugs and medicines have allowed mankind to prevent, treat or at least to alleviate a great deal of suffering. This has also led to a notable improvement in life expectancy, above all in the rich countries of the planet.

The progress achieved has not, however, always been without problems as regards the creation, spread, use and accessibility for all sick people of drugs and medicines, independently of their social context or the country to which they belong.

We know with certainty that the launching of the production of drugs and medicines is a complex and expensive process that has certain economic and social effects. Very expensive research and the development of new molecules are indispensable in combating old and new pathologies and emerging and re-emerging diseases. The corollary of this is intellectual property rights, which, although they are justified and help to stimulate progress, can in some cases come into conflict with certain fundamental rights, such as the right to health.

At a time when 80% of drugs and medicines are used by about 15% of the world's population, there is not only the question of distributive justice but also that of the superconsumption of certain products that are used for purposes that are not therapeutic, as well as the abuse of drugs and medicines such as antibiotics, a phenomenon that gives rise to the resistance of diseases to pharmacological treatment.

The populations of developing countries are often the protagonists of experimentations with drugs and medicines. In these cases, prudence, deontology and professional ethics require respect for rules so as to avoid the exploitation of the conditions of difficulty that exist, which mean that people are made to subject themselves to such experiments as though they were mere objects, with the accompanying risk that the health and lives of these people come to be placed at risk.

In a way that rigorously respects an ethical code of behaviour, it is to be hoped that if positive results emerge from experimentations in developing countries then the benefits of these with be shared with such countries, which have great needs in the field of health and health care, in forms that can be established together.

Eighteen years ago, when addressing the first international conference of the Pontifical Council for Health Pastoral Care on the subject 'drugs and medicines at the service of human life', the Holy Father John Paul II, after observing the dramatic situation of developing countries as regards both the access of their populations to health care, which is a fundamental right of man, and the case of 'orphan' drugs and medicines required for the treatment of diseases that are endemic in tropical and poor regions but which do not benefit from scientific research and progress for almost exclusively commercial reasons, invited the international community to work together because of the vastness of the problem and the insufficiency of – albeit precious and irreplaceable – individual efforts: 'at the present time it is absolutely necessary to work together, to co-ordinate policy measures and thus practical initiatives as well at an international level. We know how much the World Health Organisation, like other associations and initiatives that express a solidarity that goes beyond frontiers, is committed to this (John Paul II, address to the international conference on 'drugs and medicines at the service of human life', 1985, n. 5).

The birth of CUMVIVUM

and the symposium that you are now celebrating seem to constitute a response to this appeal made by the Holy Father.

The invitation of the Holy Father to the international community to move speedily in this direction has been repeated on a number of occasions, and in particular during his visits to sick people and in countries especially struck by emerging pathologies. The appeal made by the Holy Father on 21 June 2001 to the Secretary General of the UN, Kofi Annan, within the context of the special summit of the United Nations on HIV/AIDS, to ensure that AIDS victims in the South of the planet finally have access, as far as this is possible, to very expensive anti-viral treatment, should be recalled. On that occasion, the Holy Father referred to the social mortgage on private property which exists because of the universal destination of the goods of the earth and which justifies a certain limitation on intellectual property (patents) when the health and lives of millions of people are at stake.

Today, the following statistics about HIV/AIDS confront us:

– Sub-Saharan Africa: 25 million victims; 2.2 million deaths.

– South East Asia: 4.6 million victims; 330 thousand deaths.

– Latin America: 1.3 million victims; 49 thousand deaths.

– Eastern Europe and Central Asia: 1.2 million victims; 23 thousand deaths.

– North America: 790 thousand victims; 12 thousand deaths.

– Western Europe: 520 thousand victims; 2,600 deaths.

Total: 40 million victims and 3 million deaths.

– In September 2000, ARV therapy with patented drugs cost $10,439 per person per year.

– In October 2000 the Indian company Cipla put its generic drug on sale at the price of $800 per person per year. The owners of the patent then lowered their price from $10,439 to $931.

– In January 2001 Cipla lowered its generic drug again to $350 per person per year. The owners of the patent reacted by selling their patented product at $727 per person per year.

– The price of the generic drugs continued to fall and reached the level of $201 per person per year. The price of the patented drugs remained at $700 per person per year.

– In 2005, India (the greatest exporter of generic drugs) will have to sign the Trips agreements on drugs and medicines. It will thus become subject to the restrictions imposed by these agreements and it will no longer be possible to buy these drugs on the market at a low price.

What should be Done?

I will conclude by referring to two events that I believe are significant and have a historical importance:

– Last year the twenty-fifth anniversary of the Declaration of Alma A (Kazakhstan) was celebrated. This upheld the *policy of health for all* with the strategic corollary of *primary health care*. This remains today an interesting framework to be proposed anew for a realistic policy in favour of the poor being able to obtain access to essential drugs and medicines and anti-viral treatment.

– *The 3x5 initiative* of the current director of the World Health Organisation, i.e. the free treatment of three million HIV/AIDS victims in developing countries with Arv by 2005. This is an opportunity that we must seize, This, indeed, amounts to a change in policy on the part of the World Health Organisation, given that so far more attention has been paid to prevention in poor countries than to treatment because these countries are unable to pay for the high cost of the drugs and medicines involved. But, as we know, the availability of drugs and medicines is not in itself sufficient. We also need to help these countries to equip themselves with minimum infrastructures and laboratories for analyses, train *ad hoc* health care staff, and above all else assure follow-up to treatment to avoid major and serious complications for the health of people who have been treated because of a sudden halt in that treatment. The 3x5 initiative, however, should not be allowed to make us forget the dramatic situation of children with HIV/AIDS and the orphans of parents who have died because of HIV/AIDS, who were recently referred to by the Holy Father in his address for Lent 2004. Hence the need for a choral commitment, in particular by Catholic pharmacists, to vertical prevention, that is to say from the mother to her unborn child, which is less expensive and which is a policy able to ensure the birth of a large number of children who are free of the virus.

H.E. Msgr. JOSÉ L. REDRADO
Secretary of the Pontifical Council for Health Pastoral Care, The Holy See.

From the Right to Die to the Duty to Die?

JOINT DECLARATION OF THE EPISCOPAL COLLEGE OF THE CHURCH OF ENGLAND AND THE CATHOLIC EPISCOPAL CONFERENCE OF ENGLAND AND WALES GIVEN TO THE COMMITTEE OF THE HOUES OF LORDS ON THE BILL ON ASSISTED DEATH FOR THE TERMINALLY ILL IN THE UNITED KINGDOM, 2 SEPTEMBER 2004

Foundations[1]

The arguments presented in this submission grow out of our belief that God himself has given to humankind the gift of life. As such, it is to be revered and cherished.

Christian beliefs about the special nature and value of human life lie at the root of the Western Christian humanist tradition, which remains greatly influential in shaping the values held by many in our society. These beliefs are also shared in whole or in part by many people of all faiths and none.

All human beings are to be valued, irrespective of age, sex, race, religion, social status or their potential for achievement.

Those who become vulnerable through illness or disability deserve special care and protection. Adherence to this principle provides a fundamental test as to what constitutes a civilised society.

The whole of humankind is the recipient of God's gift of life. Life is to be received with gratitude and used responsibly. Human beings each have their own distinct identities but these are formed by and take their place within complex networks of relationships. All decisions about individual lives bear upon others with whom we live in community.

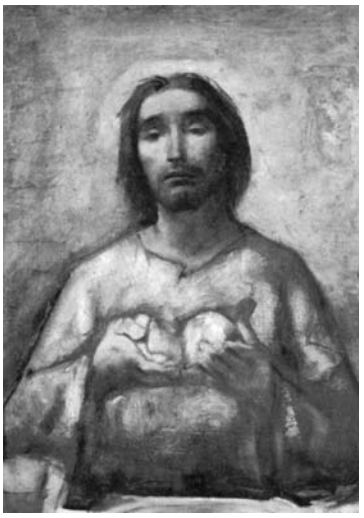
For this reason, the law relating to euthanasia is not simply concerned either with private morality or with utilitarian approaches. This is one of the issues – relatively few in number but fundamental in importance – on which justice calls for a limit to moral or ethical pluralism. A positive choice has to be made by society in favour of protecting the interests of its vulnerable members even if this means limiting the freedom of others to determine their end.

Two arguments for legalising euthanasia

There are two considerations which are often appealed to in defence of euthanasia – individual autonomy (the so-called 'right' to die at a time of one's choosing) and welfare (the view that at beyond a certain point some lives are not worth living).

In recent years there has been an increasing emphasis on individual rights and self-determination. In the world of medicine, this has had its impact with patient autonomy being accorded an ever higher priority in medical ethics. In the Assisted Dying for the Terminally Ill Bill, the emphasis on autonomy is evident in the way that "unbearable suffering" is given a purely subjective definition: it is suffering "…which the patient finds so severe as to be unacceptable..". The Bill requires the patient to be informed of alternative responses including palliative care, but the patient must then be helped to die if this is his or her settled wish. The Bill does however restrict its scope to those who are terminally ill, where death is likely to result "within a few months at most.". But if the principle of autonomy is being invoked to justify the Bill it is difficult to see how this restriction could be defended. The suffering caused by a non-terminal chronic illness, whether mental or physical, may equally be "so severe as to be unacceptable" to those affected. Why should euthanasia not be made available to them too?

At this point the second consideration – welfare – comes in. If it is not enough simply for the patient to want euthanasia, then the justification often given is that it is in



his or her best interests to die. It is argued that in some situations life has no value, especially if the patient cannot look forward to any improvement and faces a slow and lingering death. But if this is the justification, there is once again no basis for restricting the scope of euthanasia to the terminally ill, or indeed to those making a voluntary request.

Both autonomy and welfare considerations can lead in practice to much more widespread euthanasia than was originally envisaged. The submission to this Committee from the Linacre Centre for Healthcare Ethics contains ample evidence of this in the case of the Netherlands where, as they point out 'we see both an extension of euthanasia to those who are mentally ill or 'tired of life' and its extension

to those who are unable to consent such as infants and young children'.

The limits of autonomy

Neither of our Churches insists that a dying or seriously ill person should be kept alive by all possible means for as long as possible. On the other hand we do not believe that the right to personal autonomy is absolute. Patients should not be overtreated, and may reasonably refuse particular treatments as too burdensome. Having said this, life should be respected, whether in oneself or in another; the aim of giving or refusing treatment should never be to make the patient die.

The exercise of personal autonomy necessarily has to be limited in order that human beings may live together in reasonable harmony. While at present people may exercise their legal right to refuse treatment (although this may be overridden in special but strictly limited circumstances), the law denies that there is a legal right to die at a time of one's own choosing. The consequences which could flow from a change in the law on voluntary euthanasia would outweigh the benefits to be gained from more rigid adherence to the notion of personal autonomy. But in any case we believe (para 6) that respect for the life of a vulnerable person is the overriding principle.

The right of personal autonomy cannot demand action on the part of another. Patients cannot and should not be able to demand that doctors collaborate in bringing about their deaths, which is intrinsically illegal and morally wrong.

A serious consequence of introducing euthanasia would be to undermine the relationship of trust between doctors and patients. The value attaching to human life implies that the primary duties of doctors caring for those with terminal illness are to ensure their patients are as free from pain as possible, given the information they and their carers request or require to make informed choices about their future lives, and are supported through the personal challenges which face them. But if doctors were allowed in some circumstances to kill their patients rather than care for them, this would inexorably lead to an undermining of trust. Medical treatment would come to be regarded by the vulnerable person as potentially life threatening rather than as conferring benefit.

A change in the law to permit assisted dying would also change the cultural air we all breathe, and affect attitudes to older people and those with chronic illness. For example, the law permitting abortion has profoundly changed society's attitude towards the status of the foetus.

Protection of the vulnerable

Doctors are rightly concerned to do the best they possibly can for the actual patients in front of them, and so are the families and friends of those who are ill. It is hard to stand back from the trauma of the individual suffering and look at the wider picture; to think about the long-term implications of decisions made under the pressure of individual need. This is why the law has to play its part in providing a framework within which the medical profession can operate. A foundational guiding principle of the current legal framework is that we should not deliberately kill each other.

Palliative care and burdensome treatment

Behind many of the arguments in favour of euthanasia lie powerful fears, and in particular the fear that the alternative to euthanasia might be a lingering and painful death, exacerbated by futile and burdensome medical treatment.

When death is imminent or inevitable, the withholding or withdrawing of medical treatment that is judged futile or burdensome is both moral and legal today as in the past. Doctors do not have an overriding obligation to prolong life by all available means. Treatment for a dying patient should be 'proportionate' to the therapeutic effect to be expected, and should not be disproportionately painful, intrusive, risky, or costly, in the circumstances. Treatment may therefore be withheld or withdrawn, though such decisions should be guided by the principle that a pattern of care should never be adopted with the intention, purpose or aim of terminating the life or bringing about the death of a patient. Death, if it ensues, will have resulted from the underlying condition which required medical intervention, not as a direct consequence of the decision to withhold or withdraw treatment.

The hospice movement developed from a concern that people should be helped to die with dignity (that is, to live with dignity until they die). This work has enriched not only the lives of terminally ill people but also their carers, volunteers, and health professionals, who have found that caring for those who are dying can be a great source of blessing. Friendship, companionship and above all love are the key characteristics of a good death. Helping people to die well in this way is not the preserve of any particular faith. It is a profoundly compassionate and humane response to the reality of death which we all eventually face.

We are concerned that the lessons learned in hospices about pain control, and emotional and spiritual support should be applied throughout the health service to all dying people. This requires that medical personnel remain aware of how advice on pain control may be obtained, seek specialist help where necessary, and that adequate resources are made available for the care of sick and elderly people.

We believe that deliberately to kill a dying person would be to reject them. Our duty is to be with them, to offer appropriate physical, emotional

and spiritual help in their anxiety and depression, and to communicate through our presence and care that they are supported by their fellow human beings and the divine presence.

Conclusion

It is deeply misguided to propose a law by which it would be legal for terminally ill people to be killed or assisted in suicide by those caring for them, even if there are safeguards to ensure it is only the terminally ill who would qualify. To take this step would fundamentally undermine the basis of law and medicine and undermine the duty of the state to care for vulnerable people. It would risk a gradual erosion of values in which over time the cold calculation of costs of caring properly for the ill and the old would loom large. As a result many who are ill or dying would feel a burden to others. The right to die would become the duty to die.[2]

The Bill is unnecessary. When death is imminent or inevitable there is at present no legal or moral obligation to give medical treatment that is futile or burdensome. It is both moral and legal now for necessary pain relief to be given even if it is likely that death will be hastened as a result. But that is not murder or assisted suicide. What terminally ill people need is to be cared for, not to be killed. They need excellent palliative care including proper and effective regimes for pain relief. They need to be treated with the compassion and respect that this bill would put gravely at risk.

For the Anglican Church:
Dr. ROWAN WILLIAMS
Archbishop of Canterbury

For the Catholic Church:
H.Em. Card. CORMAC
MURPHY-O'CONNOR
Archbishop of Westminster

Note

[1] In 1993 we made a joint submission to the House of Lords Select Committee on Medical Ethics considering the question of euthanasia. In presenting some arguments specific to this Bill, we have drawn on and restated a number of principles set out in that original submission, which we believe are just as valid today, and apply equally to the Bill being considered by this Select Committee.

[2] It is noteworthy that the 1994 House of Lords Select Committee members came back from the Netherlands deeply disturbed that some doctors there were not following required procedures. The committee was finally not persuaded that 'it is possible to set secure limits on voluntary euthanasia' and remained 'concerned that vulnerable people - the elderly, lonely, sick or distressed - would feel pressure, whether real or imagined, to request early death... the message which society sends to vulnerable and disadvantaged people should not, however obliquely, encourage them to seek death, but should assure them of our care and support.' [paras 238-9].

Christmas Message: 'Lovers of Life'

WE NOW OFFER TO OUR READERS THE CHRISTMAS MESSAGE OF FR. PASCUAL PILES , SUPERIOR GENERAL OF THE ORDER OF ST. JOHN OF GOD, TO ALL THE MEMBERS OF HIS ORDER

We are now preparing to live through Advent, and with it prepare for the celebration of Christmas.

Bearing in mind the challenges facing human existence today, my Christmas message this year has been entitled 'Lovers of life', according to the programme for the Sexennium.

As Catholic Christians, as persons, we are duty-bound to love life. Firstly, because of what the dignity of each individual person, from birth to natural death, signifies. Secondly, because we are born to live, and we must give the best possible quality to our lives, thinking not only of ourselves, but of the lives of our neighbours, of all our fellow men and women.

Unfortunately around us there are so many situations of death: crime, terrorism, war, marginalisation and deprivation, unbridled selfishness, boundless materialism, active euthanasia, abortion, and so on.

Christmas is an enlivening period, through the liturgy in the case of believers, and in terms of cultural practices and custom for many others, because of the atmosphere that has been built up around Christmas. All of us are busily doing something. The atmosphere of celebration and partying can be found in homes, institutions, and in whole peoples.

Christmas makes us think afresh about the fact that we must be lovers of life at all times and under all circumstances.

Without opting out of this environment of celebration and partying, and although we try to experience it joyfully, as we do every year, it is also period that should give us the possibility of welcoming this message and to reflect on it, so that it can enlighten our lives not only at Christmastide, but throughout the whole of the coming year, 2005.

Here are four thoughts I would like to share with you:

1. Let us foster the joyful welcoming of new-born life

The whole of the family looks forward with great expectation to the arrival of a new being, a new baby son or daughter. The whole home sets about doing things. In the case of a first child, it is a genuine novelty because it fills the whole house; the family grows from two to three members; everyone is attentive to any need that the newborn baby may have.

Those of you who are parents know much better than I do that this is the case. Today we have the possibility of watching the foetus develop within the mother's womb using echographs; we can see the heart beating, the foetus growing, and we can even keep the film of it, which enables us to enjoy watching the development of the foetus in the bosom of the mother whenever we wish to at a later stage.

It is only logical for us to experience these moments with great joy.

Yet for various reasons there may be unwanted pregnancies, which are more difficult to accept, such that some people decide to have an abortion.

In some cases, the resources and facilities enable us to discover the diseases of the foetus through early diagnosis, and even though in some cases these can be remedied by corrective surgery, and in others the parents accept the child as their own in full knowledge of the consequences and implications, there are still others who decide to eliminate the foetus, and hence undergo an abortion.

Our attitude as Catholic Christians and as citizens is to promote a culture of life. To support actions which, under all circumstances, enable the new life to be welcomed joyfully.

Under these circumstances we must do everything within our power to help the newborn baby and its parents. As Centres belonging to the Church, we must do this through our intensive paediatric care and obstetrics services, where they exist, providing special treatment for their human needs, and also as persons living in our own sphere of life. We are called by God to protect and cherish life.

In the course of my life I have had the opportunity of accompanying eleven families, trying to help them accept the implications of their decision to go through with an abortion. He was not easy for me, considering the seriousness of what they had done, to promote life in the heart of a mother, father or both, as they tried to come to terms with the sense of guilt for the decision they had taken, and were unable to get over it.

I believe that I brought life to these people who had deliberately eliminated life.

Entering into the ecological dimension, we also have to promote care for nature, but without exaggerating, which includes both animals and plant life. All living beings have a purpose in the universe. They accompany us, they help us, and they embellish the world and the environment in which we live.

2. Let us help the largest number of people to live their lives with dignity

Life is to be lived, and lived well. We have to enjoy life, with the ability to take on board both the ups and the downs. It is difficult to enjoy life when things are going badly, but we cannot be eternal sufferers, and we have to try to live well and help others to live well, too.

There are some people who have better luck in life than others. But I have read a book on so-called 'good luck' that says that this is not the luck of chance, but the luck that gives particular individuals the capacity to create within and outside themselves something truly worthwhile.

In life there are people whose lot makes them suffer more. This is a mystery. Some suffer from birth. Sometimes we find it incomprehensible, and we ask ourselves why, we seek out reasons for it, but the fact remains that this is just the way things are.

The Church has spoken about suffering on many occasions, and when, as in the case of our Lord, it is a mystery which cannot be revealed, the Church accepts and enlightens it, heals it and accompanies it when it is impossible to remove it.

We also have to strive to make it possible for everyone to live with dignity. Here we touch on the issues of justice and solidarity. In my visits I have had the privilege of coming into contact with many different environments in our world, including situations of extreme poverty. The truth is that we do not have to look very far to become aware of it.

We must necessarily strive to create a more just world, and we cannot fail to show solidarity with so many human beings who have far less than we do.

Christmas must not only be a time for the liturgy or a time for consumption. It must also be a time the commitment with the least favoured, so that they can improve their quality of life, and find greater justice and peace.

3. Let us accompany people to help them die with dignity

Our faith teaches us that dying is being born. Life does not end, but is transformed, as we know from the Preface in the Mass of the Departed.

When my mother, a woman who was so full of life, died at the age of 91, grieving at her loss I spent the whole day before her body, thinking of her already enjoying the fullness of life in heaven.

There are many deaths that we find hard to take - deaths of babies, young people, and adults. There are those whose death marks others for the rest of their lives.

When a death occurs, we are called to help, discreetly and wisely, to help people to live. Sometimes this is done simply by remaining silent and by merely being present, but at other times it requires words to soothe distress and, with the passage of time, help those left behind to rediscover the meaning of life.

We are also called to accompany the death of those who leave us under what we might call more normal circumstances, through serious terminal illnesses, and in very old age. We have made a great deal of progress in the possibilities we have to accompany such persons.

In the Order's Centres there are many internal medicine services for seriously ill patients, long-term care units, palliative care units, and we are also opening up a few residential hospices, and so on. We are promoting the accompaniment of death, alleviating pain and trying to attend to the psychological and religious needs of the patients. We also accompany their loved ones, in all their needs. For us, helping someone to die with dignity is helping to open up the gates of Life.

Christmas does not have the same 'colour' for everyone. There may be families over Christmastide with little life because of their poverty, or because of rifts that hamper their relations. Christmas will mean little in homes where loved ones have been visited by death. It is important for us to know how to accompany those situations as well, because they all have to do with loss and death, to enable people to live through them with the dignity which gives them peace of mind and serenity.

4. We are bringers of the life that Christ gave us

'I came that they may have life, and have it abundantly' (Jn 10:10). These words were spoken by Jesus of Nazareth, the anniversary of whose birth we are preparing to celebrate.

Jesus was and is for all humanity the bringer of life in abundance, life that can be experienced, as I said before, even in sickness, suffering and death.

But above all he wanted us to enjoy life. He was close to those who suffered and children, and he deliberately went out to choose particular persons, he attended weddings, he prayed in the synagogues, he went on pilgrimage, he worked, and he enjoyed the company of his friends. Jesus enjoyed life. He loved life, and he found it difficult to die for that very reason, even though he accepted his father's Will.

May Christmas be a time in which all of us can once again enjoy life, and may we once again see, as Christ is born, the need to be full of life, and to promote, protect and be custodians of life. Let us enjoy the life that Christ has brought us through his birth, and let us give it to others, so that all can enjoy life, and life in abundance.

The Pope has proclaimed this to be the 'Year of the Eucharist'. During this year, may the love of the Eucharist grow within us, and may the Bread of Life help us to be lovers of life.

I wish all a very happy Christmas.

Fr. PASCUAL PILES , OH,
Superior General of the Order of St. John of God

The Life of Niels Stensen (1638-1686) Scientist and Saint*

Niels Stensen (or Steensen) was born in Copenhagen on 1 January 1638 (according to the Julian calendar which was still in use at that time in Denmark) during the reign of Christian IV (1588-1648) and at the time of the Thirty Years War (1618-1648). His family, which was Lutheran, had given to a number of preachers to its Church and these had been active primarily in southern Sweden (which at that time was, like Norway, Iceland and Greenland, under Danish rule). His father, Sten Pedersen, was the owner of a famous goldsmith's in the Danish capital and had married Anne Nielstochter, who would be the mother of the young Niels, as his second wife. She became a widow when her son was only seven and was later to be married twice again to other goldsmiths, thereby ensuring the continuation of the craft within the family as well as its economic security.

After a childhood marked by rather bad health, which, indeed, had rather limited his games as a child and made him used to listening to the conversations of adults, at the age of about eight Niels Stensen began to attend the Latin School of Our Lady, a school within the environs of the university. In this school, side by side with religious instruction, the humanities, mathematics and the natural sciences were also taught. Perhaps because he was influenced by the fact that he had been brought up in a craftsman's workshop where wonderful products of nature such as gems were treated and worked according to the goldsmith's art and the technical-scientific knowledge connected with it, the young Stensen immediately demonstrated a strong interest and an undeniable talent for the natural sciences. Indeed, since childhood he had a certain familiarity with the works of the physician and botanist Simon Paulli (1603-1680), who had been responsible for the creation of the 'Anatomical Theatre' of the Faculty of Medicine of the local university. In November 1656 Stensen matriculated at the University of Copenhagen and his lecturers at that university in medicine were the anatomist Thomas Bartholin (1616-1680) and the naturalist Ole Borch (1626-1690). The manuscript known as 'Chaos', in which personal notes are mixed with quotations from various authors, constitutes an illuminating example of the interests and studies of Stensen during his time at university.

In 1660 he continued his studies in medicine at the University of Amsterdam. Under the guidance of Professor Gerard Blaes (Blasius; 1625-1682) he engaged in research in anatomy that led him to discover, during the dissection of a kid's head, the principal duct of the parotid gland (which, indeed, still bears his name). Because of misunderstandings with Blaes, and after publishing a work on thermal subject matter of a rather Scholastic approach ('De thermis'), in the same year Stensen moved to Leida where he carried on his research into anatomy in the university of that town, a university where the famous Franz De La Boe (Sylvius; 1614-1672) was at that time a lecturer. Here, in 1661, Stensen presented his dissertation 'On Mouth Glands and Saliva Ducts from These and Hitherto Unknown Sources'. He also studied other secretions of the body (such as tears, sweat and milk) and finally went on to the structure of muscles in general and the heart in particular, as is evident from his work 'Essay on Anatomical Observations' which comes from the last period of his studies carried out in Dutch universities. During the same period this young and promising scientist also spent time in the company of the philosopher Spinoza and the mathematician Golius. Stensen had also become a close friend of the physician and naturalist Jan Swammerdam (1637-1680).

Niels Stensen graduated in medicine at the University of Leida on 4 December 1664. However, he could not be present at the degree ceremony because in the meantime he had transferred to Paris with his friend Swammerdam, given that at that time Stensen had no chances of obtaining a university position in Copenhagen. The 'Sun King' Louis XIV (1638-1715) had just come to power and with the help of his minister Jean-Baptiste Colbert (1619-1683) the new King would make France one of the major powers of Europe. During their stay in Paris the two young scholars stayed at the home of Melchisédec Thévenot, a benefactor who was engaged in the promotion of learning and also held scholarly meetings periodically in his house in the Marais quarter in which a large number of intellectuals took part, intellectuals who would within a short period of time belong to the Académie des Sciences. During his stay in Paris, Stensen devoted himself in particular to the study and the practice of anatomy and attended the Ecole de Médecine de St. Come. He also wrote, in French, 'Discourse on the Brain', a work in which he expounded the results of his research into the brain and criticised the ideas of René Descartes (1596-1650) on anatomy and the brain, even though Stensen admired his method of scientific inquiry.

At the end of the autumn of

* At the end of the process of canonisation now under way.

1665, Niel Stensen left Paris for good to go to Montpallier where he stayed for a few months. In 1666 he reached the Grand Duchy of Tuscany after stopping first at Pisa in February of that year. He then stayed during the spring months in Rome (where he was able to meet the mathematician Michele Angelo Ricci and the polygraph Athanasius Kircher). Finally, he settled for good in Florence. This little State and its capital, in the eyes of this twenty-eight year old Dane, had all the attraction of its artistic-cultural splendour (Florence had been one the cities that symbolised the Italian Renaissance) but it also enjoyed the more recent fame of a scientific environment that was especially vital and stimulating (in the universities and academies of Tuscany scientists and scholars of the calibre of Galileo Galilei, Evangelista Torricelli, Marcello Malpighi, Alfonso Borelli, Francesco Redi, Vincenzo Viviani, Lorenzo Magalotti had worked or were working). Indeed, under the Grand Duke Ferdinand II de Medici (1610-1670) the botanical gardens had recently been restored in Pisa; in Florence, the Grand Ducal Herb Garden had been created and the Accademia del Cimento had been established (on the initiative of Cardinal Leopoldo de Medici).

When he arrived in Florence, Niels Stensen, whose Nordic name had been Italianised into Niccolò Stenone (from the Latin Nicolaus Steno), was very well received by the Grand Duke, who gave him apartments in the Palazzo Vecchio and an annuity, employing him as his personal doctor and appointing him Professor of Anatomy at the Ospedale di Santa Maria Nuova. The Grand Duke, also encouraged Stensen to continue with his studies in natural history. The Danish scientist soon joined the Accademia del Cimento whose scientific meetings took place at Palazzo Pitti under the patronage of the Grand Duke. In Tuscany Stensen thus continued his research into anatomy and in 1667 published his work 'Elementorum myologiae specimen, seu musculi descriptio geometrica', in which he examined the structure and function of the muscular system. In addition, in a text appended to this work, namely 'Historia dissecti piscis ex canum genere', which dealt with the dissection that he had carried out on a gigantic shark captured in the sea just outside Leghorn and given to him by the Grand Duke, he correctly described and interpreted the structure and the function of its ovaries, the ovary duct and the womb. During the same period

Stensen also dedicated himself to palaeontology, mineralogy and geology. Thus, for example, in his work 'Canis carchariae dissectum caput', which was also appended to the above-mentioned publication on the muscular system, he grasped the connection between animal teeth and so-called 'glossostones' by understanding that what had hitherto been seen as the curious products of nature of mineral origins were in fact fossil remains with biological origins. In addition, in 'De solido intra solidum naturaliter contento dissertationis prodromus' (published in 1669), beginning with personal observations and experiences (in Valdarno, on the island of Elba, in metal-bearing hills, on the Apuan Alps, and elsewhere), Stensen dealt with the earth's crust and the changes to it, the processes of sedimentation and erosion, geological strata and the fossils to be found in them, the formation of minerals, and the structure of crystals. For the court of the Grand Duke of Tuscany, Stensen then edited an 'Index of the Natural Things' to be found in the medical gallery of Florence as well as a list of the mineralogical objects that were then kept in the University of Pisa, with a view to their possible transfer to Florence.

During his stay in the Grand Duchy of Tuscany, Stensen's wholly interior and troubled journey that would lead to his conversion to the Catholic faith and his subsequent pastoral activity, took increasing form. As a child he had received a religious upbringing in the Lutheran church to which his family belonged. His Christian education had continued during his school years and at university. After leaving his native land as a young man, the young Stensen came into contact with the Catholic circles of the European countries he visited and he always formed very good impressions of them. It seemed to him, in particular, that many of his Catholic acquaintances had an approach to life and thought that was superior to that of the Lutherans. When moving through Leghorn (where for a few months he stayed at the court of the Grand Duke), in June 1666 he was profoundly struck by the 'Corpus Domini' procession. This procession involved those present keeling before and adoring the consecrated host. It seemed to him strange that so many people could show so much devotion to a piece of bread, even though it was blessed. However, Stensen had already begun in Paris to address the various dogmas of the Catholic religion and in particular he shared the company of an unmarried niece of Thévenot, Marie Perriquet, a woman of great learning and morality, who after her conversion to Catholicism would later die famous for her holiness. When Stensen reached Tuscany he shared the company of a further two women, both of whom were fervent Catholics and were in particular endowed with extensive and intense religiousity: Sister Maria Flavia del Nero, who worked in the herb garden of the Florentine convent of Annalena (from which the Danish scientist him-

self obtained drugs and medicines) and Mrs Lavinia Cenami, the wife of Silvestro Arnolfini, the ambassador of the Republic of Luca to the court of the Grand Duke. Stensen also began to study Catholic patristic literature with great care and to read the original versions in Greek or Latin that he could find in the Laurenzian Library or other libraries in Florence. Stensen finally became convinced of the undeniable truth and validity of Catholic doctrine and in 1667 abjured the Lutheran faith and converted to the Church of Rome.

Between the autumn of 1668 and the summer of 1670 Niels Stensen went on a long journey through Central Europe. During this journey he deepened his studies primarily in geology and mineralogy (the staging posts of this scientific pilgrimage were as follows: Florence – Rome – Naples – Rome – Loreto – Bologna – Venice – the Brenner – Innsbruck – Schwatz – Salzburg – Nuremberg – the Danube – Vienna – Monti Tatra – Prague – Monti Erzgebirge – Chemnitz – Vienna – Amsterdam – Florence – Pisa – Leghorn). After returning to Tuscany in June 1670, Stensen found that Ferdinand II, who had just died, had been replaced by the new Grand Duke Cosimo III (1639-1723), who welcomed him with the warmth of a father and renewed his positions, his home and his annuity. The Danish scientist, once again propelled by his interest in geology and mineralogy, explored two alpine grottos (located respectively in the mountains around Lake Garda and the mountains around Lake Como) during the summer of the year 1671.

In the spring of 1672 Niels Stensen received an official invitation to return to his homeland to receive the post of 'Anatomicus Regius'. With the post went a suitable salary. Stensen moved in the summer of the same year to Copenhagen where he found lodgings in the home of his sister Anna. He then carried out a large number of dissections both of human and of animals in the Theatrum Anatomicum, trying, as always, through his work to demonstrate the beauties and the wonders of the creation. For that matter, in January 1673, in the prolusion to his demonstrations on anatomy, Stensen had declared: 'Et hic verus Anatomiae finis est, ut per corporis stupendum artificium in animae dignitatem, et consequenter per utriusque miracula in authoris notitiam et amorem spectatores subleventur'. He also went on to add: 'Pulchra, quae sine dissectione sensibus patent; pulchriora, quae dissectio ex abditis penetralibus protrahit; longe autem pulcherrima, quae, sensus fugientia, ope tamen sensibilium per rationem agnoscuntur'. However, given that his appointment as Professor of Anatomy at the local university was delayed because of his new religious faith, Stensen returned to Florence in December 1674 and accepted the post of tutor to the son of the Grand Duke, the young Ferdinand.

Not long after his return to the Grand Duchy of Tuscany, the Danish scientist began to feel the need to consecrate himself totally to God through priestly service. In April 1675, after a course of spiritual exercises, he was ordained priest, and could thus celebrate his first Holy Mass in the Florentine church of the 'Annunziata'. In his constant aspiration to the ideals of the Gospels, Stensen, once he had become a priest, followed a lifestyle marked by poverty and dedication to his neighbour. He had now abandoned scientific research and was to dedicate himself solely to pastoral activity, in which he distinguished himself for his work of evangelisation amongst non-believers.

In response to a proposal made by the Duke of Hanover, Francis Frederick, Neils Stensen was then appointed by Pope Innocent XI (1611-1689) Apostolic Vicar of Hanover in August 1677. The following September the Danish priest was consecrated Bishop (with the titular seat of Titiopolis, in Asia Minor) and towards the end of the same year he reached his destination: Hanover and the German territories of the Vicariate. The conditions in which Stensen had to work were undoubtedly difficult in a geographical area in which the Catholic presence was almost insignificant, but the new Apostolic Vicar knew how to distinguish himself by his Christian piety and pastoral zeal and secured a large number of conversions. In October 1680, the Holy See conferred on him the position of Suffragan Bishop of Munster. At the same time it entrusted him with the pastoral care of the territories of Hanover, Hamburg and Denmark. During his stay in Munster, the Apostolic Vicar was concerned above all else with the training of the clergy in relation to care of souls, and, indeed, he also published a pastoral tract on the subject ('Parochorum hoc age'; 1684). In September 1683, however, he left the seat of Munster after contrasts with the Chapter of the Duomo about the choice of the new Bishop, and reached Hamburg where, as a guest of the physician Theodor Kerkring (1640-1693), Resident of the Grand Duke of Tuscany, he continued to dedicate himself to his Vicariate.

In 1685 Bishop Stensen, after visiting Hanover and Copenhagen, planned a journey to the Grand Duchy of Tuscany, which he saw as his 'second homeland'. He received the approval of the Congregation of the Doctrine of the Faith for this visit but in December of the same year he had to go to the town of Schewerin, where it had been agreed for the first time that he could live and look after the small Catholic community. The Apostolic Vicar, after a few months living in his new seat, which tired him greatly, was afflicted in November by violent stomach pains (probably kidney stones from which he had suffered for many years).

Niels Stensen died on 25 November 1686 (according to the Julian calendar then in use in the Protestant lands of northern Germany) after making a public confession of his sins because he realised that no other priest could assist him spiritually. According to some witnesses his body after death remained intact and untainted.

Indeed, it seems that the face of the corpse had a better aspect than was the case when Stensen was alive. Dressed in his bishop's robes, he was laid in his coffin in Schewerin on 6 December 1686.

When Grand Duke Cosimo III heard of the death of the Bishop he entrusted Kerkring with bringing the coffin to Tuscany. The coffin containing his mortal remains, together with sweet smelling herbs, was placed in another chest on which it was written that it contained valuable books that were being sent to the Grand Duke. This chest was loaded onto a boat which sailed from the port of Hamburg in May 1687 and stayed in the port of Leghorn for several months. The coffin of Bishop Stensen was finally laid to rest in the crypt of the Basilica of St. Lorenzo in 1687.

In October 1953 the mortal remains of the Bishop, whose reputation for holiness had strengthened over time and population devotion to whom had constantly increased, was removed to the transept on the right of the Church of St. Lorenzo after being placed in an ancient Christian sarcophagus.

Niels Stensen was declared a Servant of God in 1984 and while awaiting his final elevation to the honours of the altars he remains the object of intense and widespread devotion, as is demonstrated by the large number of notes, requesting or bearing witness to a grace received, that people of every social background (amongst whom stand out university students, in large part but not exclusively from abroad) place every day on his tomb, with confidence or gratitude, addressed to the great Danish scientist of the seventeenth century, a pious Bishop and an untiring evangeliser![1]

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