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**Editorial and Business Offices:** PONTIFICAL COUNCIL FOR HEALTH PASTORAL CARE  
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**[www.healthpastoral.org](http://www.healthpastoral.org)** - e-mail: **[opersanit@hlthwork.va](mailto:opersanit@hlthwork.va)**

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*The illustration in this edition are taken from the catalogue of the exhibition:  
"Ave Crux Gloriosa,  
Croci e Crocifissi nell' arte  
dall' VIII al XX secolo"  
edited by Pietro Vittorelli,  
Abbazia di Montecassino*



# XII World Day of the Sick



LOURDES, FRANCE,  
11 FEBRUARY 2004

## The Immaculate Conception and Health in the Christian Roots of Europe

*To renew pastoral care in health in the world  
and in particular in Europe (France)  
through the celebration of the 150th  
anniversary of the proclamation of the dogma  
of the IMMACULATE CONCEPTION*

### MONDAY, 9 FEBRUARY 2004

*This day is limited to the representatives  
of the Bishops' Conferences of Europe*

- 09.00 Celebration of the Eucharist
- 11.00 **'Pastoral Care in Health':  
His Eminence Cardinal Javier  
Lozano Barragán, President  
of the Pontifical Council for Health  
Pastoral Care (the Holy See)**
- 12.00 The Situation of Pastoral Care in Health  
in Every Country of Europe (seven  
minutes for each paper)
- 13.00 Lunch
- 16.00 The Situation of Pastoral Care in Health  
in Every Country of Europe (follow-on)
- 18.00 Comments and proposals on how to  
improve pastoral care in health in  
Europe (forum chaired by the Vatican  
Pontifical Council)
- 19.00 End of the session
- 21.00 Marian torchlight procession

### TUESDAY, 10 FEBRUARY 2004

*This day is open to everyone*

- 08.30 Celebration of the Eucharist (Basilica  
of the Immaculate Conception)
- 10.30 **'The New Paradigm: Bioethics  
that is Closed and Bioethics that is  
Open to the Transcendent':  
Paper by His Eminence  
Cardinal Javier Lozano Barragán,  
President of the Pontifical Council  
for Health Pastoral Care  
(the Holy See)**
- 14.30 'Applications in the Field of  
Biogenetics': Rev. Arnaud de Vaujuas,  
lecturer at the Catholic Institute of  
Toulouse, medical doctor
- 15.30 'The IMMACULATE CONCEPTION  
and the Sick at Lourdes': Rev. André  
Cabes, Doctor of Theology, formerly  
chaplain at Lourdes; Dr. Patrick  
Theillier, Director of the Medical  
Office of Lourdes
- 17.00 Eucharistic procession, anointing of  
the sick, and blessing.

### WEDNESDAY, 11 FEBRUARY 2004

*Feast of Our Lady of Lourdes*

- 09.30 Solemn welcoming of the Special  
Envoy of the Holy Father  
Reading of the Papal Message  
Celebration of the Eucharist (Basilica  
of St. Pius X)  
Angelus at the Grotto

# Message of His Holiness John Paul II for the Twelfth World Day of the Sick

LOURDES, FRANCE, 11 FEBRUARY 2004

*To Our Venerable Brother*

*Javier Card. Lozano Barragán*

*President of the Pontifical Council for Health Pastoral Care*

1. The World Day of the Sick, an event that each year is held in a different continent, on this occasion has a special meaning. It will take place, in fact, in Lourdes, in France, the place where the Virgin appeared on 11 February 1858, and which since that time has become the destination of very many pilgrims. Our Lady, in that mountainous region, wanted to manifest her maternal love in particular towards the suffering and the sick. Since then she has continued to make herself present with constant care and concern.

This sanctuary was chosen because 2004 is the hundred and fiftieth anniversary of the proclamation of the dogma of the Immaculate Conception. It was, indeed, on 8 December 1854 that my predecessor of happy memory, Blessed Pius IX, with his dogmatic Bull *Ineffabilis Deus*, declared that ‘the doctrine which holds that the most Blessed Virgin Mary, in the first instance of her Conception, by a singular grace and privilege granted by Almighty God, in view of the merits of Jesus Christ, the Saviour of the human race, was preserved free from all stain of original sin, is a doctrine revealed by God’ (DS 2803). In Lourdes, speaking in the dialect of that place, Mary said: ‘*Que soy era Immaculada Concepciou*’.

2. With these words did not the Virgin perhaps also express the bond that connects her with health and with life? Although death entered the world because of the original sin, God, by virtue of the merits of Jesus Christ, preserved Mary from every stain of sin, and salvation and life came to us (cf. *Rom* 5:12-21).

The dogma of the Immaculate Conception introduces us into the heart of the mystery of Creation and of Redemption (cf. *Eph* 1:4-12; 3:9-11). God wanted to give life in abundance to His human creature (cf. *Jn* 10:10), on the condition, however, of a free and loving response to this initiative of His. In rejecting this gift through the disobedience that led to sin, man tragically interrupted the vital dialogue with his Creator. To the ‘yes’ of God, the source of the fullness of life, was opposed the ‘no’ of man, motivated by proud self-reliance, foreboding of death (cf. *Rom* 5:19).

The whole of mankind was heavily involved in this closure to God. Only Mary of Nazareth, by virtue of the merits of Christ, was conceived immune from original sin and totally open to the divine plan, so that the heavenly Father could realise in her the project that He had for men.

The Immaculate Conception foreshadowed the harmonious intertwining of the 'yes' of God and the 'yes' that Mary would pronounce with total self-giving when the angel consigned to her the heavenly message (cf. *Lk* 1:38). This 'yes' of hers, on behalf of mankind, reopened the doors of heaven to the world, thanks to the incarnation of the Word of God in her womb through the action of the Holy Spirit (cf. *Lk* 1:35). In this way, the original project of the creation was restored and strengthened in Christ, and in this project she, the Virgin Mother, also found a place.

3. Here is to be encountered the keystone of history: with the Immaculate Conception of Mary began the great work of the Redemption, which was actuated in the precious blood of Christ. In him every person is called to fulfil himself or herself to the full perfection of holiness (cf. *Col* 1:28).

The Immaculate Conception was thus the dawn that promised the radiant day of Christ, who, by his death and resurrection, would re-establish full harmony between God and mankind. If Jesus is the spring of life that defeats death, Mary is the caring mother who meets the hopes of her children by obtaining for them the health of their souls and bodies. This is the message that the sanctuary of Lourdes constantly re-proposes to the devout and to pilgrims. This is also the meaning of the corporeal and spiritual healings that take place in the grotto of Massabielle.

Since the day of her apparition to Bernedette Soubirous, Mary has in that place 'treated' pains and illnesses, restoring to so many of her children the health of their bodies as well. However, she has worked much more surprising miracles in the spirits of believers, opening their spirits to the encounter with her son Jesus, the true answer to the deepest hopes of the human heart. The Holy Spirit, who covered her with his shadow at the moment of the Incarnation of the Word, transforms the spirit of the innumerable sick people who turn to her. Even when they do not obtain the gift of corporeal health, they can also receive a gift that is much more important: the conversion of their hearts, the source of peace and inner joy. This gift transforms their existence and makes them apostles of the cross of Christ, the *vexillum* of hope, even in the hardest and most difficult trials.

4. In my apostolic letter *Salvifici doloris* I observed that suffering belongs to the historical experience of man, who must learn to accept it and overcome it (cf. n. 2: AAS 576 [1984], 202). But how can he do this if not by virtue of the cross of Christ?

Human suffering finds its deepest meaning and its salvific value in the death and

resurrection of the Redeemer. The whole weight of the tribulations and pains of mankind is epitomised in the mystery of a God who, in taking on our human nature, humbled himself to the point of making himself 'a victim of sin' (2 Cor 5:21). On Golgotha he took on the faults of every human creature, and in the loneliness of abandonment, cried out to the Father 'why have you forsaken me?' (Mt 27:46).

From the paradox of the Cross comes the answer to our most disquieting questions. *Christ suffers for us*: he takes upon himself the suffering of everyone and redeems it. *Christ suffers with us*, giving us the possibility of sharing our afflictions with him. Joined to the suffering of Christ, human suffering becomes a means of salvation. This is why the believer can say with St. Paul: 'It makes me happy to be suffering for you now, and in my own body to make up all the hardships that still have to be undergone by Christ for the sake of his body, the Church' (Col 1:24). Pain, accepted with faith, becomes the door by which to enter the mystery of the redemptive suffering of the Lord: a suffering that no longer takes away peace and happiness because it is illuminated by the splendour of the resurrection.

5. Mary, a very special participant in the sufferings of the Son, made mother of humanity, and ready to intercede so that every person may obtain salvation, suffered in silence at the foot of the Cross (John Paul II, Apostolic Letter *Salvificis doloris* [11 February 1984], 25: AAS 76 [1984], 235-238).

At Lourdes it is not difficult to understand this singular sharing of Our Lady in the salvific role of Christ. The miracle of the Immaculate Conception reminds believers of a fundamental truth: it is possible to achieve salvation only by meekly sharing in the project of the Father, who wanted to redeem the world through the death and resurrection of His only begotten Son. Through baptism the believer is placed in this salvific plan and is freed from original sin. Illness and death, although they continue to be present in earthly existence, nonetheless lose their negative meaning. In the light of faith, the death of the body, a death defeated by the death of Christ (*Rom 6:4*), becomes the necessary passageway to the fullness of immortal life.

6. Our time has made great steps forward in scientific knowledge about life – that fundamental gift of God of which we are the stewards. Life should be welcomed, respected and defended from its beginning until its natural end. With life should be defended also the family, the cradle of every unborn life.

Nowadays, reference is currently made to 'genetic engineering', alluding therewith to the extraordinary possibilities that science offers today as regards intervention in relation to the very sources of life. Every authentic advance in this field can but be encouraged, but as long as it always respects the rights and the dignity of the person from his or her conception. Indeed, nobody can arrogate to themselves the



faculty to destroy or to manipulate indiscriminately the life of a human being. A specific task of workers in the field of pastoral care in health is to sensitise those who work in this delicate sector so that they feel committed to always placing themselves at the service of life.

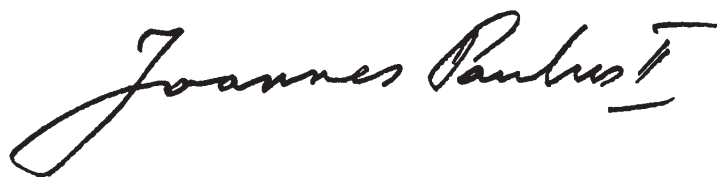
On the occasion of the World Day of the Sick, I wish to thank all the agents of pastoral care in health, and in particular the bishops who are responsible for this area in the various Bishops' Conferences, chaplains, parish priests and other priests involved in this field, Religious Congregations and Orders, voluntary workers and all those who tirelessly offer coherent witness to the death and resurrection of the Lord in the face of suffering, pain, and death.

I would like to extend my gratitude to health care workers, medical and paramedical staff, researchers – especially those who devote themselves to creating new pharmacies – and to those who are responsible for the production of drugs and medicines that are also accessible to our poorer brethren.

I entrust all of them to the Most Holy Virgin, venerated in the Sanctuary of Lourdes in her Immaculate Conception. May she help every Christian to bear witness that the only authentic answer to pain, suffering and death is Christ, our Lord, who died and rose again for us!

With these sentiments I willingly send to you, venerable Brother, and to those who are taking part in the celebration of the Day of the Sick, a special Apostolic Blessing.

From the Vatican, 1 December 2003

A handwritten signature in black ink, reading "Johannes Paulus II". The signature is written in a cursive, flowing style with a prominent initial 'J' and a long, sweeping underline.



**Letter in which the Holy Father John Paul II  
Announces to His Excellency  
Mgr. Javier Lozano Barragán  
his Appointment as a Cardinal  
of the Holy Roman Church**

To Our Venerable Brother  
Javier Lozano Barragán  
Archbishop-Bishop Emeritus of Zacatecas  
President of the Pontifical Council for Health Pastoral Care


By this letter We announce to you  
that during the course of the consistory  
that will be held on 21 October next  
you will be called to be a part of the College of Cardinals  
of the Holy Roman Church.

To bear witness to Our special benevolence,  
honoured by the importance of this great dignity  
and adherence to the Church,  
We associate you more closely to Our Ministry  
for the good of the Universal Church.

What is announced to you by this Letter  
must remain a strict pontifical secret,  
until the moment that it is made public,  
on the twenty-eighth day of this month, at mid-day, Roman time.

We most willingly impart to you the Apostolic Blessing of the Lord  
as a sign of Our good will.

From the Vatican City,  
26 September 2003,  
in the twenty-fifth year of Our Pontificate,



**Letter of Appointment as a Cardinal Deacon and  
Assignment of the Church of St. Michael the Archangel**

**John Paul II Bishop**

*Servant of the Servants of God*

To Our Venerable Brother JAVIER LOZANO BARRAGÁN,  
President of the Pontifical Council for Health Pastoral Care,  
elected Cardinal of the Holy Roman Church,  
Health and Our Apostolic Blessing.

Having believed it right to place you, Venerable Brother,  
endowed with excellent qualities and well-deserving in the Church,  
in the College of the Cardinal Fathers at this consistory,  
by the power of Our Apostolic authority We appoint you

**Cardinal Deacon**

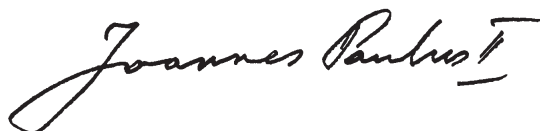
With all the rights and duties that belong to the Cardinals of your order,  
assigning to you in this Alma Urbe the famous temple of

**ST MICHAEL THE ARCHANGEL**

Whose Rector, Clergy and those attached to it We paternally exhort,  
when you take possession of it, to welcome you with joy  
and to love you with devoted reverence.

In addition, We keenly congratulate you because,  
elected to the Senate of the Catholic Church, you will be able to help Us  
in attending to things of supreme interest and to honour the Roman See,  
while We pray the most beneficent God to enrich you with His gifts  
and to confirm you with His grace and His help.

Given in Rome, at St. Peter's, under the seal of the Fisherman,  
on the twenty-first day of the month of October in the year of the Lord 2003,  
the twenty-sixth year of Our Pontificate.



# Homily on Taking Possession of the Cardinal Deaconry of the Parish of St. Michael the Archangel in Pietralata

29 NOVEMBRE 2003

For me it is truly a great honour to take possession of this Cardinal deaconry in the parish of St. Michael the Archangel in Pietralata.

A little more than a month ago the Holy Father John Paul II granted me the Cardinal's hat. In the document containing my appointment he spoke to me about granting me this grace in order, amongst other things, to create a closer union with him. Well, the Holy Father is the principle of the unity and the strength of the whole Church because he is the Primate of the Catholic Church and the Bishop of Rome. To take possession of this parish attests to the close union with the Holy Father as the Bishop of Rome and means making him especially present amongst you.

The fact that your Bishop, John Paul II, is the principle of the unity and the strength of the whole of the Church means that his leadership of love must be an example of Christian life in this parish. You should also be model Christians who imitate the principle of unity and strength of the Holy Father.

With respect to unity, so many things could be said. Unity is not specifically uniformity but rather the joining together of those that are different. We may think of the unity of the families of this parish. Each family has different members but all of them must join together in mutual service. The parents must complete each other, they must accept their various kinds of differences, but they must also join these differences together to mutual benefit. Parents must know how to cultivate in their own children the specific personalities of those children, but without wanting them to be a reproduction of their parents; and they should ensure that the siblings help each other and join together in the love and respect that is due to the parents. Families must also help each other; they should not live as complete strangers in the same apartment block but should seek to make friendship grow up amongst them, and in particular when they find themselves in difficult situations. And in families a privileged place should be given to the elderly: they should not be abandoned to their own loneliness as though they were something that was no longer useful because no longer productive.

Unity means solidarity with all the people of the parish and with the whole city. Solidarity is

not a concept that belongs only to civil life, it is something that is essential to Christianity: without solidarity one can understand neither original sin nor the Redemption. We must practice solidarity in particular towards those who are most in need, towards the poorest amongst us. Solidarity does not know frontiers; it extends to the whole of mankind and embraces all men as brothers. The problem that today afflicts the great cities is loneliness, feeling isolated in the middle of the multitude. Accompanying, affection, friendship towards everyone, the free giving of oneself: this is a way of becoming worthy of being Roman Catholics, the diocesans of the Holy Father John Paul II. The odious distinction that defines immigrants from outside the European Community as second-class people is not Christian.

The strength of the Holy Father as Primate of the Catholic Church is his faithfulness to Christ the Lord, who died and rose again, the only salvation and the only solution to the very great problems of our time.

Today so many saviours present themselves. Very often, at all levels, it is thought, for example, that economic prosperity is the ideal solution to life as a whole; other people think that health is the absence of illness and also think that it is the most that one could wish for; others imagine that to enjoy the present moment with the greatest possible pleasure is



the most that one could wish for – one may think here of discotheques, of drugs; other people aspire to security in relation to violence and terrorism; others, again, believe totally in the gaining and exercise of power and influence; and there are so many other things. Then there are those who turn to forms of the so-called new spirituality; they turn their faces to the thinking of other religions or to oriental esoteric practices, or even to ecology transformed into a religion. But we well know that the only route to happiness is Christ himself. This involves irremovable faithfulness, which is given to us by being based on the solid rock of Christ, who made Peter his representative and visible rock, and John Paul II.

This faithful response to all these contemporary questions, this response that parents must give from the beginning of the lives of their children, and which afterwards they must continue together with schools and the Church, is the strength that Roman Catholics learn from their Bishop, the principle of strength of the whole of the Catholic Church.

In this way you, Romans, will be worthy of the statement made by St. Ignatius of Antioch in the year 106 AD: *'Neminem umquam invidisti, alios docuisti, ego vero quoque forma esse volo quod docetis et praecepitis'*.<sup>1</sup> He was referring to the Church in Rome, and after praising it because he presided over it from within the region of the Romans, he spoke about his communion with it: as it had as a bishop a successor of Peter, whom its members followed, he was the source from which sprang the doctrinal strength of the Church.

And in the phrase that I have just quoted he said to them: 'you have envied no one, you have taught others, I believe that what you have taught and sent is certain'.

You, therefore, should be the mirror of the Pope for the whole Church. In the secularised environment in which we find ourselves, you should be strong in Christ who died and rose again, the only path by which to give meaning to life and to be able to defeat death.

May the Lord by intercession of the Most Holy Mother, at this beginning of this period of Advent in which I take possession of my Cardinal deaconry, increase in all of you, and especially in those who belong to this parish of St. Michael the Archangel, a special love for the Holy Father, and thus a faithful imitation of his ministry as the rock of the unity and strength in the Church!

I repeat once again that I feel very honoured to have received this parish, and thus all of you, as a Cardinal deaconry entrusted to me by the Holy Father to represent him amongst you. May God help you with all His blessings and graces, and may St. Michael the Archangel, your patron saint, protect your families and continue to be your guardian throughout the whole of your loves! Amen.

His Eminence Cardinal  
JAVIER LOZANO BARRAGÁN  
*President of the Pontifical Council  
for Health Pastoral Care  
The Holy See*

#### Nota

<sup>1</sup> RJ 53; MG 65,688.



## *Topics*



*Respect and Lack of Respect  
for the Disabled Person  
in Contemporary Culture*

*Illness, Suffering  
and the Cross  
as Places of Encounter  
and New Evangelisation*

# Respect and Lack of Respect for the Disabled Person in Contemporary Culture\*

The resolution passed by the general assembly of the United Nations which established 1981 as the 'international year of handicapped people' with the slogan 'full participation and equality'<sup>1</sup> definitively knocked down that wall of separation and civil loneliness of millions of citizens for whom 'culture' since time immemorial had represented a kind of intellectual process of being shut up in a ghetto.

This was a slow but constant process and according to some this radical change began about two hundred years ago,<sup>2</sup> when at the height of the French Revolution of 1848 the 'law on mental health' was passed.

In my opinion this first effective and important blow against this indecent wall should be shifted back in time. And it is with real pleasure and keenly felt pride that I see our fellow countryman João Ciudad, better known as S. João de Deu (St. John of God) as the real and first initiator of this long march when, while at the height of a dramatic personal experience as a patient in a hospital, he prayed as follows: 'Jesus Christ give me the time and the grace so that I can have a hospital where I can gather the abandoned poor and the mentally ill and serve them as I would like...'<sup>3</sup>

He was certainly not the first Good Samaritan in history but he was certainly the first to create a stable organisation of men consecrated to God who thought and acted as he did, and who were also well trained professionally and in the name of the 'Good News' brought to the 'old world' and the newly discovered so-called 'new world' a new revolutionary approach towards, and esteem

for, mentally disabled people, who were seen as 'brothers and lords'. They slowly penetrated the minds and the behaviour of the human communities that they touched, and imposed themselves on, the attention of the general public.

## The stages of a change

Placing my trust in experts and researchers in the field of history, I think that it is advisable to engage in a brief survey of how the way in which man lives and sees things changes and becomes adapted to new realities and needs in a way that is conditioned by the evolution of the habitat in which he is immersed.

Man writes his own history by interacting with nature. The resources that nature possesses are there to be transformed into 'life possibilities'. And it is always and only man who creates these 'possibilities' by taking resources as his starting point. The 'resources' are *natural* whereas the 'possibilities' are *cultural and historical*.<sup>4</sup>

When a human being finds a new way, or better still, a 'revolutionary' way, of transforming natural resources into life possibilities, he activates an important cultural and historical change. In a brief fashion I will now follow this historical pathway that man has taken.

First of all there was 'pre-historic society', which lasted for about three million years. From the origins of human society until about 10,000/6,000 BC the populations of this era did not know how to transform resources into possibilities, and as a result they did not know how to create wealth. They were more what one might call predators on natural resources.

They lived in an economy described as a 'pure subsistence economy', and as a result there were no cultural, political, religious or other institutions. During this age what consideration could be felt for a member of a family who was handicapped? One need only imagine.

Roundabout the date indicated in the previous paragraph, human society engaged in a notable leap forward by becoming transformed from a 'hunter and gatherer' society into an *agricultural society*. The 'Neolithic revolution' involved populations that learnt to cultivate the land and to domesticate animals, thereby laying the foundations for a *new way of transforming resources into more suitable life possibilities*, and thus of *generating wealth*.

Human society became sedentary, creating large urban concentrations and an important 'culture' – the economic sector – which generated surplus wealth and which is termed the 'primary sector'. This 'revolution' lasted a long time because no 'new discovery' intervened in relation to the transformation of 'natural resources'.

A good and reliable source that provides information about how this 'culture' treated handicapped people is the Holy Bible, which on a number of occasions refers to contemporary behaviour and beliefs.

By way of example, we may refer to the meeting between Jesus and 'the man blind from birth'. The question of the disciples – 'Rabbi, who sinned, he or his parents, that he was born blind?' – reveals to us in an unequivocal way what the belief of the time was. This belief

\* Address given by His Eminence Cardinal José Saraiva Martins, Prefect of the Congregation for the Causes of Saints, on the occasion of the seventeenth national meeting on pastoral care in health dedicated to the subject 'the disabled person in our society', Fatima, 25-28 November 2003



was also born out, or rather expressed in exaggerated form, by the reaction of the Pharisees to the ironic observations of the man who had been cured: 'what, they answered, are we to have lessons from thee, all steeped in sin from thy birth? And they cast him out from their presence' (Jn 9:2-34).

This was a culture, unfortunately, which lasted for a long time, abandoning itself to fantastic and imaginary reasons that provided explanations for the presence of handicap.

It was only in the middle of the eighteenth century, with the so-called 'industrial revolution', that a significant change took place in this area. This profound transformation occurred when man replaced *human or animal traction* with *mechanical traction* in the world of production, and created increasingly advanced machines. A society thus came into existence that was based upon the development of the 'secondary' economic sector.

As regards the concerns of this paper, it should be borne in mind that during this period 'health care' also changed as a result of two principal new developments. On the one hand, there was the placing of hospital care within the realm of medicine with the result that hospitals moved from being charitable institutions to being centres of medical care. On the other hand, there was the birth of public health care and of health care policies, and thus the increasing involvement of the state in the world of health and health care.<sup>5</sup>

At this time 'health' was seen as a *commodity of production*: the healthy man could work; the sick man could not!

After the First World War, human society took another step forward and generated the 'post-industrial revolution' after the creation of the motor engine and thus the intensive use of oil.

The revolutionary way of transforming natural resources into life possibilities, on a scale never before imagined, that this involved, led to the so-called 'tertiary sector or service sector' economy.

'Consumption' was the en-

gine of this economy and the producer of wealth, an idea that in turn generated a new view of health – 'health as a commodity of consumption'.

This was an important step but perhaps one that had little that was 'human' about it. However, this was the launch pad which set in motion the process of adaptation of 'culture' to the 'human' model of things: it became interested in the members of society because after a certain fashion they belonged to the sphere of 'consumption'.

Described in such terms, this does not inspire noble motivations! However, it created the path by which to reach objectives that are very human and began a process of strong solidarity and attention towards people who are handicapped.

A notable advance took place after the Second World War. The international body that placed a large number of nations around a table, but which unfortunately had not been able to avoid the terrible catastrophe of the war, was



transformed into the present-day United Nations Organisation – the UN. Over the years this organisation has expanded its membership and it may now be said that it contains all the representatives of the nations that now exist in the world.

This has generated a long series of specialised offices within the UN concerned with the individual spheres of human

activity that have made possible the march forward of profound changes.

As regards the field of *health and health care*, we can observe that today the 'welfare state' sees health as 'wellbeing', and the World Health Organisation has defined health as a 'state of perfect, physical, mental and social wellbeing and not the mere absence of illness'.

### Handicapped people today

The most recent statistics of the relevant organisations tell us that there are more than six hundred million people with some form of handicap on the planet, that is to say about 10% of the world's population. Of these, two-thirds live in developing countries. And only 2% of handicapped children in these countries have access to education or benefit from services that are suited to their needs.<sup>6</sup>

The celebration of the 'international year of disabled people' in 1981 necessarily secured the attention of individual communities and set in motion an unstoppable chain reaction.

The beginning of this pathway towards that special 'international year' can be located in the year 1971 and the resolution of the general assembly of the United Nations which was entitled in French '*déclaration des droits du déficient mental*'.<sup>7</sup>

Article 1 of this declaration states categorically that these people have the same fundamental rights as all other human beings. It then goes on to list those rights that have an especial importance for these people, for example education, professional training, and rehabilitation. The general assembly said that it was aware of the need to protect the interests of these people and that it was also ready to appoint a tutor who could express their requirements and needs.

A subsequent resolution of the United Nations speeded up the advance – the '*déclaration sur les droits des personnes handicapées*' of 9 December 1975.<sup>8</sup>



Together with the statement that these people have the same civil and political rights as other human beings (par. 4), it lists the economic and social rights that have a special importance for the development of their capacities and their social integration (par. 6) and states that they have the right to see their own needs and requirements taken into consideration at all levels of economic and social planning (par. 8).

1981 witnessed an irreversible development and the move from a model based upon 'protection' to a model based upon 'rights'.

In 1982 the United Nations proclaimed the decade 1983-1992 the 'international decade of the disabled' with a resolution entitled '*le programme d'action mondial concernant les handicapés*'.<sup>9</sup>

This 'international decade' finished with the creation of the 'world day of the disabled' which was to be celebrated on 3 December of every year.<sup>10</sup> This resolution invited all the governments of the member States to celebrate this 'world day' by engaging in suitable initiatives to make the whole of their populations aware of the advantages and benefits that would accrue to all people and to society as a whole through the integration of disabled people in all spheres of social, economic and political life.

In addition, it asserted the need to ensure that disabled people and their organisations take part in all the decisions that affect them, including the organisation of their own 'world day'. It also invited people to find a way to link its celebration every year to an important international event, and listed some such events that were to take place shortly afterwards.

Since then until the present day, general assemblies of the United Nations have been concerned with this field and have passed important resolutions directed towards removing every obstacle to the implementation of the rights that have been recognised.

Special emphasis should be given to those measures that are clearly located within that

'culture of the economy' that has been indicated in this paper as 'the tertiary sector or services sector', which sees 'health as a commodity of consumption'. This is in order to give peace of mind to those people who are closely linked to disabled people through family ties.

This would be without doubt an act of justice, but also an act of great intelligence, because in this way this 'work force' would be maintained in good shape. Otherwise, for obvious reasons, the disabled people belonging to it would be reduced in numbers – if not actually condemned to a forced suspension of work – with serious damaging effects for the economy.



The eighty-eighth general assembly of the United Nations therefore: '*Exhorte les gouvernements, les organisations intergouvernementales et les organisations non gouvernementales à accorder une protection spéciale aux filles et aux femmes handicapées, aux personnes âgées handicapées et aux personnes souffrant d'incapacités liées au développement et de troubles mentaux, l'idée étant de les intégrer dans la société et de protéger et promouvoir leurs droits fondamentaux*'.<sup>11</sup> In the '*Règles pour l'égalisation de chances des handicapés*', it wrote, '*Soulignant à nouveau que les handicapés, leurs père et mère, leurs tuteurs, leurs*

*défenseurs et les organismes qui les représentent doivent participer activement avec les Etats à la planification et à la mise en oeuvre de toutes les mesures ayant des incidences sur leurs droits civils, politiques, économiques, sociaux et culturels...*'<sup>12</sup>

### The 'cultural' change: the new paradigm

At this historical moment, this approach involving care for disabled people and their integration into human society constitutes a positive answer to the question posed in the title of this paper, that is to say the question of 'respect'.

The international agreements of the member States of the United Nations, which produce laws in their own respective countries, are an effective vehicle for the generation of cultural changes in their own societies.

In those countries that rapidly adapted themselves, the enforcement of a law that recognises disabled people as people who contribute in potential terms to the economic and social growth and development of the whole nation sets in motion the possibility of gradually eliminating the preconceived idea that they are passive receivers and a burden on society as a whole. Laws, however, on their own, do not eliminate the propensity of people to engage in discrimination towards their neighbours.

'Change requires liberation from the past; freeing ourselves from attitudes and ideas that for far too long a time have described disabled people in a mistaken way. The advance of change is slow because it requires each one of us personally to bury our own prejudices, our own fears, and our own severities.

However, in the contemporary era this has become a strong active proposal. Perhaps the change from commiseration to acceptance, from ignorance to knowledge, and from not doing to doing, is more significant. The basis of the hope of every disabled person and of the members of his or her fam-

ily is provided by this slow but constant change'.<sup>13</sup>

This lucid analysis by Msgr. Cribbin, the director of the National Catholic Office of the United States of America, should be fully supported.

However, one cannot deny that radical changes have taken place in 'culture'. It is no small thing to observe that in language as well there has been a constant attempt to utilise more suitable phrases. Today 'differently abled' predominates, which is not only an example of 'politically correct' language but also an indicator of the arduous search for a terminology that brings out the progress that society is achieving in relation to people who in some way have a physical or mental limitation.

The reality of the incalculable number of non-governmental organisations that are committed to defending the rights of 'differently abled' people and to supporting them in all their actions has been an incontrovertible sign of an extended and limitless radical change in 'culture'. These NGOs are much to be praised and have a great power of penetration, things recognised by the United Nations which has officially stated – when observing the large number of initiatives in this field that are now underway – that in addition to being the work of governmental organisations this is also the work 'ainsi que par les organisations non gouvernementales, pour renforcer les droits des handicapés et promouvoir l'égalisation des chances des handicapés par eux-mêmes, pour eux-mêmes et avec leur concours, dans tous les secteurs de la société'.<sup>14</sup>

And the UN believes that this is especially important as regards advancing public opinion in this area: 'Encourage les gouvernements et les organisations intergouvernementales et non gouvernementales à continuer à prendre des mesures pratiques, notamment des campagnes d'information menées par les handicapés, pour les handicapés et avec leur concours, afin de faire mieux connaître et comprendre les questions d'invalidité, de combattre

*et de vaincre la discrimination à l'égard des handicapés et de promouvoir leur participation intégrale et effective à la société*'.<sup>15</sup>

The production of literature on this field is vast and ranges from highly specialised literature of a technical and legislative kind to literary works designed to sensitive people in this field.

In recent decades well-known figures, rendered 'differently abled' because of accidents of various kinds, have had a notable impact and commanded attention. Public opinion has not been indifferent to what happened to a 'Formula 1' driver who had won the world championship on a number of occasions, or to what befell a prominent basketball player because of a simple fall, or to the fate of a film star who had previously played the part superman (also because of a simple fall), or to the destiny of a young English star of a song festival for young people who was struck by a moment of distraction while she was in a car that was moving slowly. And one could go on with the list and refer to many others who have met with similar misfortune.

These are dramatic stories about people, about *popular idols*, who in a few minutes lost their power and shook consciences by drawing attention to a reality that is near in physical terms but so very distant from people's minds and hearts.

And if we also want to cast a glance at the visual media, at cinema and television, we can observe a slow but constant change which has shifted away from the long years of a presentation designed to remove 'pity', if not *commiseration*, to move towards presenting people who are well integrated into daily life and often have highly specialised tasks that frequently solve dramatic situations. This is certainly fiction but it is clearly useful in modifying some people's attitudes, people who are not inclined to take on board the messages that the international community has been sending over recent decades.

## The ethical imperative of 'respect'

Unfortunately, and not withstanding the notable radical change that has taken place at high levels, such as the United Nations, one has to observe that a 'counter-culture' against 'differently abled' people continues to exist.

This is a reality which was realistically described by the document issued by the Secretariat of State of the Holy See for the international year of the disabled of 1981: 'even the best legislation, however, runs the risk of not having an impact on the social context or of not bearing all its fruit if it is not taken on board by the personal conscience of citizens and the collective conscience of society'.

'Handicapped people, their families and their relatives are a part of the great human family. However great, unfortunately, their number may be, they constitute a minority group within the community. Because of this sole fact alone, the danger exists that they will not win sufficient attention. To this may be added the frequently spontaneous reaction of a community that psychologically rejects and represses what does not fit into its customs and habits. Man does not want to be confronted with forms of existence that visibly reflect the negative aspects of life. And thus originates the phenomenon of marginalisation and discrimination as a sort of mechanism of rejection and defence. However, man and society are really human when they enter a conscious and willed process of acceptance, as well, of weakness, of solidarity, and of participation, even in the sufferings of their neighbour. Thus the reaction to this tendency of rejection and defence must take the form of educating people.'<sup>16</sup>

Educating and sensitising is the constant concern of the international bodies when they legislate in favour of the disabled. We may quote the whole of the following paragraphs: '2. Les Etats devraient lancer et appuyer des campagnes d'information sur les handi-

capés et sur les politiques adoptées en leur faveur qui propagent l'idée que les handicapés ont les mêmes droits et les mêmes obligations que leurs concitoyens, ce qui justifie les mesures visant à lever les obstacles à leur intégration. — 3. Les Etats devraient encourager les médias à présenter les handicapés sous un jour favorable; les organisations représentant les intéressés devraient être consultées sur ce point. — 4. Les Etats devraient faire en sorte que les programmes d'instruction publique reflètent sous tous leurs aspects les principes d'intégration et d'égalité.<sup>17</sup>

And this is also your concern, as the Director of the Comissão Nacional da Pastoral da Saude tells us: 'there are still many people who cultivate exclusion, at the same time excluding themselves from problematic reality, and they are afraid to show themselves and to participate, and they want at the same time to exclude those people who have small disabilities'.

These pockets of resistance, even though they are large in number, cannot weaken the 'culture of respect for differently abled people' that has now become established in our society. We should, if this is possible, think of new and more effective strategies which, even if they do not eliminate these pockets of resistance, will at least make them more visible and above all not in the least harmful to the exercise of acknowledged human rights and to the achievement of the psychological peace not only of individual disabled people but also to all of that part of the human family which gravitates around them.

In this undertaking the mass media must be very good allies. We should lower the imposition of the efficiency-worshipping model of humans with the potential of superman! We should lower the exalted tones of supreme beauty at any cost, which is seen as the only way of ensuring that one is appreciated and valued.

Is this a utopian dream? Perhaps...but in this 'culture', in

this sensitive reality as well, which is a 'daily co-existence', much depends on this 'life possibility' produced by 'natural resources', and it is certainly the case that if it is not directed towards producing 'peace and serenity' in the human consortium it will not perform any part of its primary purpose.

### A 'third industrial revolution'?

Experts and researchers in *world economics* have for some time been giving voice to warnings about the excessive use of 'human resources'.

Since November 1971 there has existed a report signed by the so-called 'Club of Rome'. Its title is 'the limits to growth'. This report calls attention to the excessive exploitation of resources and thus to a fall in quality of life. In some quarters reference is made to the advent of the 'third industrial revolution', piloted and directed by the electronic and the digital, which should begin the stage of 'sustainable development'.

In 1991 the study group referred to above issued 'another report with the title 'beyond limits'. According to its thesis, mankind has gone beyond the limits of growth, and at the present time is immersed in a development that cannot be sustained infinitely or for much longer'.<sup>18</sup>

This hypothesis, which predicts the *non-sustainability* of the *development of the first world and the underdevelopment of the third world*, proposes a global change towards so-called 'sustainable development'.

This is certainly an 'economic theory' but it is also a political theory, and one which is from certain points of view worrying. For this reason, the United Nations has adopted it as its own political philosophy. But this theory is not only this; it is much more because it necessarily touches upon the sphere of ethics.

'The doctrine of sustainable development affirms that in decision-making processes one should take into account not

only the individuals of a society or of a country but the whole of mankind, both now and in the future. Lastly, it is also a medical theory. Indeed, the Hastings Centre has been working in recent years on a project called 'sustainable health'.

Sustainable growth must of necessity be *global*. Hence the importance acquired by the concept of *globalisation* during this stage'.<sup>19</sup>

How can today's 'culture', which is with so much difficulty securing *respect for the differently abled person*, seek to maintain that respect in the presence of this worrying future scenario hanging over human society?

### 'A Christian revolution'

This survey of the major stages that have marked the historical evolution and development of man and his way of relating to his fellow men, even though necessarily carried out in a rapid way, has brought out that the end is not political but existential because it reveals the *discovery* of new ways of transforming *natural resources into life possibilities* during different periods of history.

There is a non-political such discovery dedicated to transforming 'natural resources', which for two thousand years have been transforming 'human resources', understood as 'persons', into 'quality of life possibilities beyond all barriers'.

This was the discovery inaugurated by Jesus Christ, the Word made Flesh, who, in response to being asked which was the greatest commandment, answered: 'Thou shalt love thy God with thy whole heart and thy whole soul and thy whole mind. This is the greatest of the commandments, and the first. And the second, its like, is this, thou shalt love thy neighbour as thyself. On these two commandments, all the law and the prophets depend' (Mt 22:37-40).

It was the Teacher who stopped beside the paralytic who had been at the side of the



pool of Bethsaida for thirty-eight years because he had found no kindly person who would put him in the waters to reacquire his physical force; the Teacher who said to him: 'rise up. Take up thy bed, and walk' (cf. Jn 5:1-18).

It was the man who broke through the pressing wall that kept him in a chaotic embrace and paid attention to the imploring voices of the *two blind men* on the road to Jericho who were submerged by the chorus of the complaining voices of people who were annoyed by their appeals for help.



These brief references do not in the least seek to say something new; everything that could be known is known. They are only a brief invitation to subject what is known to a more careful analysis and reflection.

Both so that the Christian community can be purified within of elements that disturb behaviour that is consistent with what the Divine Teacher meant by that commandment, and so that the Christian community can ask itself about how it can have an even more 'incisive' impact on contemporary 'culture'.

Evangelisation does not seek to invent strategies – it is the witness to life and hope of

those who have met the Lord and radiate that witness from person to person, from family to family, and from community to community.

We can say that we are privileged to live at a time when human society has finally recognised, and legislated to the effect, that 'differently abled people' are fully entitled to enjoy all the rights attributed to every member of the human consortium, and has definitively eliminated the concept of 'welfarism'.

A 'law', however, is an element that is extraneous to the human being, and it is not sufficiently strong to shape and modify his way of relating to the rest of the world, which is outside him. Strong values are necessary, values established not out of fear but out of love, so that there is respect for the *spirit* of laws.

A Christian community is really active in this sphere to the extent to which it manages to be a witness to the mission of Jesus Christ: communicating the joyous new that God the Father takes care of each one of His creatures, that He lives amongst them, and that He kneels before each creature who suffers more than others.

Because we are immersed in this world, and we have as our companions on our journey, and in the construction of the human community people, who use a different terminology, we may say that the *differently abled* person needs *solidarity, co-participation and sharing*.

In ending the proceedings of the seventh international conference organised by the Pontifical Council for Health Pastoral Care on the subject 'disabled people in society', the Holy Father John Paul II said: 'although in this field much has been done notwithstanding the difficulties and the obstacles, much remains to be done so that the cultural, social and architectural barriers that prevent disabled people from reaching their legitimate aspirations can be definitively overcome. We should act so that they feel welcomed into the community to full effect because they have been given a

real opportunity to play an active role in the family, society and the Church...

The disabled person, therefore, should not be left alone. No one more than the Christian is able to understand the duty of engaging in such an altruistic action. Indeed, St. Paul, when speaking about the Church, the mystic Body of Christ, reminds the Christian that 'if one part is suffering, all the rest suffer with it' (I Cor 12:26). This revelation illuminates human society from on high as well and makes us understand that within structures solidarity must be the real governing criterion of relationships between individuals and groups...

The family, the state and the Church – structures that carry within them human co-existence – are asked to make a special contribution to ensure that the *culture of solidarity* develops and disabled people can become authentic and free protagonists of their own existence'.<sup>20</sup>

## Conclusion

And it is on the basis of these indications of the Magisterium of the Holy Father that we can formulate some lines for action.

– Always, everywhere, and in all cases our action should involve an affirmation and a defence of the fact that every 'differently abled person' enjoys all the rights that are attributed to every member of the human society.

– Our actions should generate and develop concrete 'equal opportunities' where disabled people can place at the service of the community the qualities and talents of which they are the bearers both in professional contexts and (even more) in moral and religious contexts, where, indeed, they have a special sensitivity and capacity when it comes to understanding the deep and founding values of human beings.

– The Christian community should be permeated by that 'charity' described in such visible terms by St. Paul: 'if one

part is suffering, all the rest suffer with it' (I Cor 12:26).

Charity is not 'pityism'! This term, even though inappropriately used, refers to a false feeling of participation in the suffering of other people. The charity of the Christian is the charity indicated by St. Paul: 'Rejoice with those who rejoice, mourn with the mourner' (Rom 12:15).

Because of the 'service' that was entrusted to me by the Holy Father, I know about extensive evidence concerning brothers and sisters who, in these last two centuries in particular, have exalted this 'charity' and thereby made themselves credible witnesses because they made the love of Christ for creatures who are forgotten and abandoned by human society an 'existential dimension' of their own.

May God be thanked that today the people who rule over and guide States have legislated to the effect that the 'differently abled person' has the full 'right' to enjoy the 'civil rights' of every member of so-

ciety, cancelling thereby the voice that gave rise to the 'welfare' model.

Given that this conference is celebrated within the framework of the 'European Year of the Disabled', we would do well not to forget the incontrovertible historical fact of two thousand years of the presence of that 'charity' that has been described in this paper and which permeated human society by placing its roots in the minds and the hearts of the members of that society.

His Eminence Cardinal  
JOSÉ SARAIVA MARTINS,  
*Prefect of the Congregation for the  
Doctrine of the Faith,  
The Holy See.*

### Notes

<sup>1</sup> General Assembly U.N., Resolution 31/123 of 16 December 1976.

<sup>2</sup> Résolution 48/96 de l'Assemblée générale de Nations Unies, 20 décembre 1993 – Annexe, "Regles pour l'égalisation des chances des handicapés", Introduction – Historique et conjoncture actuelle, n. 3.

<sup>3</sup> F. DI CASTRO, *Storia della vita e sante opere di Giovanni di Dio* (Ediz. Fatebenefratelli, Milan, 1989), p. 52.

<sup>4</sup> D.G. GUILLEN, 'Medicina e cambiamento culturale', *Dolentium Hominum*, n. 46 p. 51, Pont.Cons. Pastorale della Salute, Vatican City, 2001.

<sup>5</sup> *Idem*, p. 55.

<sup>6</sup> Cf. G. QUINN and T. DEGENER, 'Droits de l'homme et invalidité', HC-NUDH (Edit. Nations Unies, New York and Geneva, 2002), p. 1

<sup>7</sup> Résolution 2856 (XXVI) de l'Assemblée générale de Nations Unies, 20 décembre 1971.

<sup>8</sup> Résolution 3447 (XXX) de l'Assemblée générale de Nations Unies, 9 décembre 1975.

<sup>9</sup> Résolution 37/52 de l'Ass. gén. de N.U., 3 décembre 1982.

<sup>10</sup> Résolution 47/3 de l'Ass. gén. de N.U., 14 octobre 1992.

<sup>11</sup> Résolution 56/115 de l'Ass. gén. de N.U., 19 décembre 2001, n. 12.

<sup>12</sup> Résolution 48/96 *op.cit.*, Annexe – Préambule.

<sup>13</sup> T.F. CRIBBIN, 'Affermazione per un cambiamento', *Dolentium Hominum* n. 22, p. 118, Pont. Cons. Pastorale della Salute, Vatican City, 1993.

<sup>14</sup> Résolution 56/115 de l'Ass. gén. de N.U., 19 décembre 2001, n. 1.

<sup>15</sup> *Idem*, n. 6.

<sup>16</sup> Secretariat of State, 'To All Who Work for the Disabled', Holy See, 4 March 1981, *Enchiridion Vaticanum* n. 7 (EDB, Bologna, 1982), pp. 1138-1170.

<sup>17</sup> Résolution 48/96 *op.cit.*, I. Conditions préalables à la participation dans l'égalité, Règle 1. Sensibilisation, §. 2-4.

<sup>18</sup> D.G. GUILLEN, *op.cit.* p. 57.

<sup>19</sup> *Ibidem*.

<sup>20</sup> *Dolentium Hominum*, n. 22, p. 8, Vatican City, 1993.



# Illness, Suffering and the Cross as Places of Encounter and New Evangelisation\*

## INTRODUCTION

My paper is divided into three parts. In the first part I will try to describe what evangelisation is, its context, and its purpose. In the second part I will direct attention to the meaning of the new evangelisation and its connections with the world of the sick. In the third part I will present a number of texts of the Church that point out that suffering is a place of encounter. In the fourth part, which is longer than the others, I intend to bring out how the Good News passes by way of the cross through suffering both in the preaching and the reality of Christ and in the new historical phase, that is to say in our time, which must undergo a retrieval of the original flame. In this way, suffering and illness are a place of encounter, a moment of conversion and of salvation.

## PART ONE: EVANGELISATION: METHODS AND PURPOSE

*'And he sent them out to proclaim the kingdom of God, and to heal the sick' (Lk 9:1-6).*

### 1. What evangelisation is<sup>1</sup>

a. To evangelise is to bring the Gospel – the Good News – the Good Announcement (*Evangelii Nuntiandi*, 18).

b. To evangelise is to proclaim with one's life (the silent proclamation), and with witness, this salvific presence of God (*Evangelii Nuntiandi*, 21).

c. To evangelise is to reveal what is hidden, to proclaim it through speech, to give reasons for our having hope (*Evangelii Nuntiandi*, 22). *There can be*

*no real evangelisation unless one proclaims the name, the teaching, the life and the mystery of Christ.* Such a proclamation provokes in the person who is listening to it a conversion, an adherence (*Evangelii Nuntiandi*, 23 and 24).

d. To evangelise is to give concreteness to witness, to commit oneself with one's own life, to celebrate the Word of God, to participate in it (faith is commitment and mission: one lives, one celebrates, and one participates).

e. The person who has been evangelised becomes in his or her turn an evangeliser – he or she is an apostle, a witness.

### 2. One evangelises in many ways<sup>2</sup>

a. Evangelisation by proclamation: 'the kingdom of God is near at hand, repent' (Mk 1:14-15); Jesus with the Samaritan woman (Jn 4) and with the disciples of Emmaus (Lk 24).

b. Evangelisation by calling: 'invite (everyone) to the wedding' (Mt 22:9).

c. Evangelisation by attraction: without missionaries being sent out, the crowd ran there (Acts 5:16).

d. Evangelisation by irradiation: 'like a burning lamp' (Jn 5:35); 'you must let them see from your honourable behaviour what you are; they will praise God for you' (1 Pt 2:12).

e. Evangelisation by contagion: 'came to bring fire' (Lk 12:49); 'win them over... by example' (1 Pt 3:1-2).

### 3. So that everyone may be saved: this is the Good News of the Gospel

a. The Good News that comes

from Jesus when in the synagogue of Nazareth he proclaims: 'The Spirit of the Lord is upon me; he has anointed me, and sent me out to preach the gospel to the poor, to restore the broken-hearted; to bid the prisoners go free, and the blind have sight; to set the oppressed at liberty, to proclaim a year when men find acceptance with the Lord' (Lk 4:18-19).

b. The Good News that comes from Jesus when in order to accredit his evangelising mission, his messianic and salvific presence, he says to the disciples of John: 'Go and



tell John what your own ears and eyes have witnessed; how the blind see, and the lame walk, how the lepers are made clean, and the deaf hear, how the dead are raised to life, and the poor have the gospel preached to them. Blessed is the man who does not lose confidence in me' (Mt 11:4-6).

c. The Good News comes from Jesus as the Gospels themselves bear out in practi-

\* Address given by His Excellency Msgr. José Luis Redrado, O.H., Secretary of the Pontifical Council for Health Pastoral Care, on the occasion of the National Meeting of the Diocesan Delegates, Madrid, September 2003.

cal fashion: 'And when the sun was going down, all those who had friends afflicted with diseases of any kind brought them to him: and he laid his hands upon each one of them, and healed them' (Lk 4:40). 'Listen all those who have ears to hear with' (Mk 4:23). 'And they anxiously said to one another, we have brought no bread. Jesus knew it, and said, what is this anxiety, that you have brought no bread with you? Have you no sense, no wits, even now?' (Mk 8:16-17).

d. The proclaiming of the Gospel is joined to the actions and presence of Jesus amongst the sick, an almost inter-



minable list indeed: the blind, the deaf, the dumb, lepers... (Mt 14:34-36; 15:29-31; Mk 6:53-56).

e. Good News for the salvation of *everyone*. In the preface to the *Eucharistic Prayer* we read: 'In him you manifested to us your love for the small and the poor, for the sick and the excluded. He never closed himself to the needs and the suffering of brethren. By his life and words he proclaimed to the world that you are the Father and he took care of all your children'. And in the consecration of the wine the Church remembers the words of Jesus: 'This is the chalice of

my blood for the new and eternal covenant, shed for you and for everyone as a remission of sins'.

## PART TWO: THE NEW EVANGELISATION

1. The first person to speak about a 'new evangelisation' was His Holiness John Paul II. He referred to it for the first time during his first apostolic visit to Poland, on 9 June 1979, when speaking in Nowa Huta: 'The new cross of wood has been raised not far from here... With it we have given a *sign*, which is that on the threshold of the new millennium... the Gospel is proclaimed once again. A *new evangelisation* has begun, almost as though there was a second proclaiming, even though in reality it has always been the same... And we ask everyone that it should bear fruit, like the first – indeed, even more' (*Insegnamenti di Giovanni Paolo II*, II/1 (1979), p. 1505 s., cf. *La Civiltà Cattolica* VI (1991), pp. 325-336).

The Pontiff spoke about the new evangelisation in a broader way in two addresses given in Latin America. In the address to the nineteenth assembly of the CELA (Port-au-Prince, Haiti, 9 March 1983), John Paul II said that the commemoration in 1992 of the fifth centenary of the evangelisation of Latin America, which began with the discovery of that continent, would obtain full meaning only if it were a 'commitment' of everyone – bishops, archbishops, and the faithful: 'A commitment, not to a re-evangelisation but to a new evangelisation. New in its ardour, in its methods, in its expression' (Giovanni Paolo II, 'Discorso alla Assemblea Ordinaria del CELAM, Port-au-Prince, Haiti', in *Insegnamenti*, VI, 1 (1983), pp. 696-699. His Holiness then took up the subject again in his addresses to the bishops of Peru of 2 February 1985 and 15 May 1988). John Paul II returned to the idea in Santo Domingo on 12 October 1984 when inaugurat-

ing the Novena for the preparations for, and celebration of, the fifth centenary of the evangelisation of the continent of South America (cf. Giovanni Paolo II, 'Fedeltà al passato di fede, sguardo alle sfide del presente, impegno per una nuova evangelizzazione', in *Insegnamenti*, VII, 2 (1984), pp. 885-897).

Since then, this illuminating reference has become increasingly frequent in the Magisterium of John Paul II, as well as during the recent synods and in many actions by bishops' conferences.<sup>3</sup>

2. 'Vatican Council II', Pope John Paul II said in 1985, 'was the foundation and the launch of a gigantic work of evangelisation of the modern world... What is the 'new evangelisation' and what is it not? The new evangelisation is first of all a movement that concerns the Church herself, her innermost identity. It is above all else the affirmation of the primacy of evangelisation in relation to all the other tasks of the Church. It is not a new 'gospel', nor is it, as some have wanted to see it, an adjustment, an adaptation of the Gospel to the modern age. What is new does not regard the contents of the gospel message, which are unchanging, but concerns the language, the actions, and the methods of the apostolate'.<sup>4</sup>

3. It will always be a new evangelisation – because of its *freshness*, its contemporary relevance and its witness: evangelisation amongst the least amongst us, the sick, and those in need.

A modern author describes the policy of preferential love for the poor within a culture of solidarity in the following way:<sup>5</sup> 'Gospel-based charity privileges service to 'the least of our brethren'<sup>5</sup> and is always addressed to the person and not only to his needs. It is, therefore, committed to constant welcoming and conversion; to meeting the new forms of marginalisation and poverty that are spreading; to a taking on by the community of the option for the poorest; and to a universal broadening of that



choice to contribute to the installing in the world of the 'civilisation of love'. Today, given the worldwide dimension that the social question has taken on, this preferential love, with the decisions that it inspires in us, cannot but embrace the immense multitudes of the hungry, of beggars, of the homeless, who are without medical care and above all else without hope that there will be for them a better future – one cannot but take into account these realities'.<sup>7</sup> The following paragraph written by Pope John Paul II is magnificent:<sup>8</sup>

"Master, where do you live?"

'Come and you will see'. *You will meet Jesus where men suffer and hope*: in the small villages spread throughout the continents of the world, apparently on the margins of history, as Nazareth was when God sent his angel to Mary; in the immense metropolises where millions of human beings often live as foreigners. Every man, in reality, is a 'fellow countryman of' Christ.

*Jesus lives next to you*, in the brethren with whom you share daily existence. His face is that of the poor, of the marginalised, the frequent victims of an unjust model of development that puts profits first and makes man a means rather than an end. The home of Jesus is everywhere that a man suffers because his rights have been denied, his hopes betrayed, and his concerns ignored. There, amongst men, is where the home of Christ is to be found, and he asks you, in his name, to dry every tear and to remind those who feel alone that nobody is ever alone if they place their hope in him' (cf. Mt 25:31-46).<sup>9</sup>

'Come and you will see': Jesus lives in those who are afflicted by cancer, by AIDS, in the dying...

'Come and you will see'. The sick and the health care field are the *privileged* places to proclaim the Gospel.<sup>9</sup>

'Come and you will see': the joy and the hope of so many men and women who suffer... and these men and women, these places of suffering are real witness of the Gospel,

they are good news.

'In the same way is required, from the point of view of evangelisation and witness, the presence of the so-called 'works of charity' managed by the Church through so many religious institutes or groups of members of the laity. These works should, however, not be understood in terms of mere substitutive 'social care', or even worse, be seen as being in competition with the social works of civil society or the state. They should be seen in their full meaning, referred to by Vatican Council II as well: 'While every exercise of apostolate must draw its origins and vigour from charity, some works, those that Christ the Lord wanted to be signs of his messianic mission, by their very nature are destined to become a vivid expression of charity.' The works of the Church, therefore, are by their nature, witness to the concrete nature of charity, a constant sign of the love of God for all men: this is the meaning for their existence'.<sup>10</sup>

Everything speaks to us – without words (with gestures, with one's own life) – of the Good News, that is to say: Jesus passes by and cures; Jesus passes by and welcomes; Jesus passes by and saves.

### **PART THREE: PLACES OF ENCOUNTER**

#### **1. Illness: An Appropriate Place of Encounter for Evangelisation**

Illness is an appropriate place of encounter for evangelisation primarily for the *sick person* himself, given that the new situation that he has to experience totally changes his life, leading him, perhaps, from what was major activity to the paralysis of activity, from not having time to having every hour available to him to think, to appreciate, to revisit, and 'to live'.

Around the sick person there is the *family*, which takes part in, and suffers, the same reality and which, in the illness of its relatives, can find space to re-

new its own faith and its own love.

Illness is a suitable time for the *Christian community* as well, which can exercise the values of solidarity and welcoming or faith shared in prayer.

Illness is a special time for



those who work in the hospital, and in particular the pastoral workers, and for all Christians, because the sick person is a 'sounding board' for many problems, he is an occasion for the carrying out of apostolate.

But above all else illness is the time of *God*. God has His moments, His plans, and His means. God repeatedly passes through the life of man, who at times, however, is distracted. In illness he can listen to God without there being so much noise around him. By experience we know that illness for many people is a suitable moment to change one's life, to feel nearer to God, who passes but does not do so to judge us but to save us.

#### **2. In the Sick Person and Health Care Centres the Church Discovers Places of Encounter and Evangelisation**

By apostolic mandate the Church, as a community of believers, was entrusted with 'caring for the sick'. This care for the sick cannot be separated from 'evangelisation'. The very tradition of the Church, through her Magisterium, teaches us:

– that service to the sick is an integral part of her mission (*Dolentium Hominum*, n.1.);

– that the Church looks for encounter with man, in particular through his journey of suffering. ‘Man becomes the way for the Church’,

– that looking after the sick is a ‘deaconate’ of the local and universal Church. This



ministry is not confined to her faithful but opens up – must open up, out of loyalty to the Gospel – to all those who suffer (Lk 10: 25-37);

– that care for a man involves his somatic-spiritual unity (*DH*, n. 2);

– that it is, therefore, incumbent on the Christian community to help the sick person to liberate himself from everything that prevents suffering from being, for him and for others, ‘a force for redemption’ (*SD*, n. 9);

– that care for the sick is an ecclesial ‘deaconate’ that perfectly expresses the Church’s nature as ‘the universal sacrament of salvation’ (*LG*, n. 1).

This *care and concern* of the Church for the sick, witness to which, as history demonstrates, is not only great in terms of range but also in terms of quality, this concern, and I repeat the point, has been repeatedly *emphasised by the Magisterium of the Church over recent years*. Pius XII enlightened medical science with innumerable addresses which at the present time are of great topical relevance. *Vatican*

*Council II*, in addition to its special message to sick people, called upon both bishops and priests to have greater care and concern ‘for the sick and the dying, visiting them and comforting them in the Lord’ (*PO*, 6; *LG*, 38). *Canon Law* (can. 529, par. 1) itself reminds parish priests of their duty to care for the sick and dying with generous charity.

Two documents of the present Pontiff, John Paul II, should be emphasised in particular: *Salvificis Doloris* and *Dolentium Hominum*. The first is on the Christian meaning of suffering; the second is the *Moto Proprio* which established the Pontifical Council for Health Pastoral Care. Both these documents launched a new movement as regards pastoral care for sick people. We can put the World Day of the Sick side by side with these two works.

At the time of the World Day of the Sick, every year the Holy Father writes a message in which he emphasises in a strong way the meaning of suffering and the contribution that it makes to the new evangelisation. He refers to health care centres as places of encounter, of life, and of hope, authentic sanctuaries in which the paschal mystery is experienced, and in which suitable personnel should never be absent to give their witness of life, faith, and hope by accompanying, like the Good Samaritan, the man who suffers.

The reader can find all these views in the first message, at the time of the World Day of Health at Lourdes of 1993, and in the most recent message for the World Day of Health, which was celebrated in Washington in 2003.

During the World Day of Health celebrated in Lourdes on 11 February 1993 the Pope said: ‘Down the centuries splendid pages of heroism in suffering accepted and offered in union with Christ have been written. And no less splendid pages have been traced through humble service to the poor and the sick, in whose martyred flesh was recognised the presence of the poor and crucified Christ. Your suffer-

ing, welcomed and sustained by granite faith, united to the suffering of Christ acquire an extraordinary value for the life of the Church and for the good of mankind’.

During the World Day of Health celebrated in Washington in 2003 John Paul II proposed to us the following programme: ‘Catholic hospitals should be centres of life and of hope, where, together with the chaplaincies, ethical committees, the training of lay health care staff, the humanisation of care and treatment for the sick, care for their families and a special sensitivity towards the poor and the marginalised should also grow. Their professional work should be expressed in a concrete way in an authentic witness of charity, bearing in mind that life is a gift of God, of which man is only the administrator and guarantor’.

The World Days of Health has given rise within the universal Church to a great movement of reflection, prayer and action that contribute to the recognition of the importance of pastoral care in health for the Church.

Many Bishops’ Conferences have adhered to the messages of the Holy Father by accompanying them with celebrations in their own countries. I will reproduce here, because of the force to be found within it, section six of the message of the Spanish Episcopal Commission on Pastoral Care in Health at the time of the World Day of the Sick of 21 May 1995. It contains the following thoughts when referring to the evangelisation of suffering:

‘To evangelise the world of suffering, for our Christian communities, is a challenge. We recognise their work, we encourage them to carry on with it with commitment and we propose the following actions, which we believe to be of primary and urgent importance:

– To educate people to live and take on suffering. ‘It is a part of human experience, and it is vain as well as erroneous to seek to censor it and remove it. Each person, instead, must be helped to understand, in

concrete and hard reality, its deep mystery' (*Evangelium Vitae*, 9).

– To renew, in the light of the Gospel, one's attitudes and to purify language as regards one's own suffering, or that of other people, so that faith is a source of strength and not a burden in illness. At the present time resignation and the offering of suffering are called into question.

– To listen to sick people more so that they know what suffering means, spread their witness and facilitate an interchange of experiences of faith in illness. The person who suffers needs models and examples more than he needs words.

– To reawaken and refine sensitivity towards one's neighbour and develop attitudes marked by nearness and assistance (*SD*, 29).

– To promote affective and effective solidarity towards sick people. 'Suffering is present in the world to release love in man' (*SD*, 29).

– Lastly, to recognise and celebrate the success of science in eliminating or alleviating pain, the innumerable gestures of affection, worry and tenderness of those who care for the sick, as well as the presence of sacrifice and love of families in relation to all their loved ones.

Such pastoral solicitude has been equally expressed in a special way by the Pope in his two apostolic exhortations *Christifideles laici* (see nn. 53 and 54) and *Vita consecrata* (see nn. 82 and 83) and more recently in *Ecclesia in America* and *Ecclesia in Europa*, of which I here propose the following passages.

In the post-synod apostolic exhortation *Ecclesia in America* (n. 12) we read: 'The Scriptures and the Eucharist, places of encounter with Christ, are evoked in the story of the apparition of the Risen Jesus to the disciples of Emmaus. The Gospel text concerning the final judgment (cf. *Mt* 25:31-46), which states that we will be judged on our love towards the needy in whom the Lord Jesus is mysteriously present, indicates that we must not ne-

glect a third place of encounter with Christ: 'the persons, especially the poor, with whom Christ identifies himself'. At the closing of the Second Vatican Council, Pope Paul VI recalled that 'on the face of every human being, especially when marked by tears and sufferings, we can and must see the face of Christ (cf. *Mt* 25:40), the Son of Man''.

And in the post-synod apostolic exhortation *Ecclesia in Europa* (n. 88) we read: 'Due importance must also be given to *the pastoral care of the sick*. Since sickness is a situation which raises fundamental questions about the meaning of life, 'in a prosperous and efficient society, in a culture characterized by idolatry of the body, dismissal of suffering and pain and by the myth of perennial youth', the care of the sick is to be considered a priority. To this end, an appropriate pastoral presence needs to be ensured in the different places where the suffering are found, as for example through the committed work of hospital chaplains, members of volunteer associations and Church-associated



health care institutions, while on the other hand support should be provided for the families of the sick. There is also a need for a suitable pastoral presence among medical and paramedical personnel, in order to support them in their demanding vocation in the service of the sick. In their work, health care personnel daily render a noble service to life. They too are called to offer patients that special spiritual support which builds on the warmth of an authentic human contact.'

#### **PART FOUR: THE GOOD NEWS OF JESUS PASSES BY WAY OF THE CROSS**

*The cross speaks to us of love and forgiveness. In the 'madness' of the cross is the victory of love. Jesus, dying on the cross, showed us the victory of love.*

#### **Some clarifications**

The Gospel: Good News, God loves me, God saves me. But how can the Gospel be Good News for the man who suffers, for the man who does not have a home, who does not have a job, or for the man who because of an accident has had his leg amputated? Is it Good News as well for the child who begins his life with an illness or for a mother with breast cancer? Is it Good News for a person who is constantly in clinics to be subjected to an endless series of tests and who asks himself major questions about his health and does not know what is happening to him? Is it Good News for the sick man who spends most of his time in hospital or at home in bed? Is the Gospel, lastly, Good News in a home where there is a sick person suffering from AIDS, a handicapped person, or a drug addict? It is not easy to answer the very many questions of this kind.

A society which frenetically strives for well-being, for possession, for youth and for beauty... a society that consumes dugs and cosmetics solely to show off for the purposes of external image... a society that is in a hurry, a society of 'inescapable' obligations, a society of stress, of self-importance, of having to do so many things, is a society that is not ready for difficulties, for illness, for suffering, or for death. These are misfortunes that can happen to anyone, but it is better not to think about them... and thus when they arrive, suddenly everything collapses.

We must, however, proclaim that the Good News of Jesus passes by way of the cross. The cross is not a 'pole', it is imitation of Christ, it is being a



witness, it is being patient and persevering, it is to be unfashionable as a result of being in conformity with the commandment of God: non-comprehension and marginalisation are the cross; physical malady is the cross; misfortunes, illness, death, the consequence of our being finite; and the cross is also the moral evil that our behaviour provokes – wars, oppression, the consequence of the bad use that we make of our freedom.

God does not want this cross; He does not want this evil for us. God is not a sadist who works against man; God does not want us to suffer, God is the Father, He is full of love, of mercy, of forgiveness and He does not send us illness. But man suffers, and how much he suffers!

I have seen many pained faces, faces of suffering. The faces of hunger, of poverty, of unemployment, of peoples at war; terrorised faces; faces without an identity, anonymous faces; the faces of desolate mothers, of marginalised women; the faces of exploited children; the faces of sick people (who are suffering from cancer, AIDS...); and the faces of the dying.

The statistics, which I call the statistics of shame, of this immense army of men and women who suffer speak for themselves: almost a million people live in situations of poverty, malnutrition and illness; every year forty-six million people die; about 850 million people live in zones afflicted by malaria; in many countries average life spans do not reach the age of fifty (when life expectancy today is



seventy-five); the rate of infant mortality in many countries ranges from 100% to 200%. In the world today there are: ten million epileptics; fifteen million lepers; thirty-two million deaf and dumb people; and fifty million paralytics. 12% of the world's population suffers from some kind of mental disturbance. To this may be added: AIDS, drug addiction, alcoholism, old age, and unemployment.

As can be observed, this is a long journey, a great pilgrimage of the whole of mankind in the map of the world of suffering; in it there is a universality that links together individuals and whole peoples, the poor and the rich, the uneducated and men of learning, believers and non-believers.

Suffering, enigma, mystery, and in the face of mystery: silence, admiration, a lack of facts with which to form a judgement; 'now' we see in a confused way; 'then' we see things face to face (I Cor 13:12).

Can we liberate ourselves from suffering? However much learning we have, however much love we have for those who suffer, we can only alleviate it and at the most only eliminate it in part.

For this reason, man must give meaning to suffering; he must know why he suffers and how he should suffer so that this reality, which is life, has a meaning. The key is love and the resurrection. The cross and suffering, without love, have no meaning. Easter Friday without Easter Sunday has no meaning, just as there can be no Sunday without Friday.

The phrase 'the cross/suffering' expresses many concepts. I do not believe that when they have spoken about the cross the Supreme Pontiffs, or the liturgy itself and the messages of the Church, have not had in mind that this cross is not only pain and Easter Friday, but also, and above all else, a place of love and a journey towards the resurrection.

The paschal mystery is the cross and resurrection; it is Friday and Sunday. At many moments in life, however, man experiences more the former

than the latter; at times it is more Friday than Sunday. The former, however, does not exist without the latter. In Christ both were present and when he was raised up on the cross it was not the suffering, the nails, the flagellation, the cross speaking in a material sense that saved us but his love, the love of God who loves us infinitely and who in mysterious fashion chooses a road that at first sight surprises us, is something that we do not understand, and which to us appears to be a mystery. And united to this paschal mystery of Christ is the way in which the Christian co-suffers, co-dies and co-rises again, thereby giving meaning to his cross, to his suffering, because he suffers, he dies, and he rises again with Christ.

This ideal is not always easy. However, in the journey of suffering we encounter people with a great readiness to help, who know how to take on illness, death, and suffering; who have a great inner self, and who have a good relationship with themselves and with other people.

The literature and the examples of witness that I have taken as an example and a model during this paper are many in number and meaningful. However, when suffering is experienced in a negative way, in constant rebellion or in a passive way, as something that 'has to' happen, then it loses meaning and value.

Searching, hope, love and the capacity to give meaning to our suffering is the strategy that we have in our hands and which allows us to participate in a process of transformation and inner growth. We have seen this in many experiences: how love, solidarity, trust, and openness to great values grow! But at many moments of suffering, there is also anger, depression, tiredness... For this reason, it is necessary to transform this experience of fragility into an area that provides a perspective, a horizon, and a meaning full of life.

And this space is love; love illuminates, vivifies and gives meaning to human suffering. If it is greeted in this way, with

faith and love, suffering is transfigured; it changes, and in such a way as to reach joy and the action of grace. One can also praise God with tears in one's eyes and suffering in one's body or spirit. 'Who sows with tears, will reap with joy' (Psalm 125).

'We have a treasure, then, in our keeping, but its shell is of perishable earthenware: it must be God, and not anything to ourselves, that gives its sovereign power' (II Cor 4:7). St. Paul also turned to the Lord to free him, to alleviate his suffering. But the Lord said to him: 'My grace is enough for thee; my strength finds its full scope in thy weakness' (II Cor 12:9).

Your strength is the hand of the Lord: 'You have fought on earth; I will be your reward' (*'Antifona dell'Ufficio di Lettura, comune di vari martiri'*)

In the light of all these 'clarifying' phrases on the meaning of suffering, we will have a better understanding of the texts of Holy Scripture, of the words of the Popes, of the messages of the Church, and of the examples of witness described in this part of my paper.

## 1. This Good News of Jesus Passed by Way of the Cross in the First Evangelisation

### 1.1. Proclaiming and reality in Christ

In the life of Christ the cross, suffering, is a reality that was always present. His teaching was marked by an invitation to live out a precise approach to pain: 'And he said to all alike, if any man has a mind to come my way let him renounce self, and take up his cross daily, and follow me' (Lk 9:23).

Not only does Christ invite his disciples to 'take up their cross' but also tells them that he himself will have to suffer and die for us, for our supreme good (cf. Lk 9:44); 'he will have to suffer a great deal and be despised' (Mk 9:12). And this suffering of his opened to us the doors of the Kingdom of Heaven. Such is the Good

News: doors that open, in this life as well, with the key alone of our personal acceptance of the cross and thus of pain. He proclaimed this with a small example: the grain of corn that has to fall to the earth and die in order to bear fruit' (cf. Jn 12:24).

Christ expresses himself with a great deal of clarity on this point with his apostles. And to such an extent that when Peter demonstrated great



disappointment at hearing that his master would have to die and rise again, Christ replied: 'Back, Satan; thou art a stone in my path; for these thoughts of thine are man's, not God's' (Mt 16:23).

In commenting on this passage from the gospels, a contemporary journalist made the following observations: 'In the words of Peter sounded out the voice of the tempter who wanted to distance Jesus from the will of the Father... Every time that we reject the cross with our thoughts or with our protests we are subject to the dominion of the great adversary of Christ, Satan... In particular, one understands more clearly the strong action of Satan in this field when one is reminded that Jesus proclaimed his victory over the prince of this world through the sacrifice of the cross (Jn 12:31-32). Through the cross is exercised a divine strength that attracts men to Christ... Trials can depress, but when we recognise the cross in them we are attracted to Christ and we hear the call to join ourselves to his

sacrifice... Christ invites us to offer everything and gives us the strength to do this. With the impetus of his grace he raises us up with him and makes us experience the deep joy of being united with him in all the suffering and difficulties that make us love even more'.<sup>11</sup>

We see in this statement of Christ's the need to bear in mind the close relationship that exists, in the light of the Gospel, between suffering and joy, death and life; and while so many times man can not do anything to avoid pain, illness and death, Christ proclaims that we can live out an experience of peace and profound life in them because of his Cross. Such is the Good News. Where we are weak we become strong because of the redemptive grace of Christ (cf. II Cor 12:10).

Let us remember a passage from a speech by a great master and pastor of the Church: 'We celebrate the feast of the holy cross by means of which the shadows were expelled and the light returned... And such is the richness of the cross that whoever possesses it has a real treasure. And they rightly call it in this way because in name and in deed it is the most valuable of all goods. It is in the cross that all our salvation resides. It is the means and the way for the return to the original state.'<sup>12</sup>

I cannot but reproduce here certain patristic texts on the force of the cross. The quotations may be long but it is worthwhile including them because they are very enlightening.<sup>13</sup>

'O admirable power of the cross! O ineffable glory of the passion! In it we can admire the tribunal of the Lord, the judgement of the world and the power of the crucifix... because you, O cross, are now the source of every blessing and the origin of every grace. Through you believers find strength in weakness, glory in opprobrium, life in death itself' (St. Leo the Great).

'Not only must we be ashamed at the death of our God and Lord but we must trust in it with all our strength

and glorify ourselves in it above all other things: because in taking death from our hands, which he found in us, he promised us with all his faithfulness that he would have given in himself that life that we cannot possess in ourselves... We confess, therefore, intrepidly, brothers, and declare openly, that Christ was crucified for us: and we do this not with fear but with joy, not with shame but with pride' (St. Augustine).

'The Messiah had to suffer and his passion was so necessary as he himself said... Because he, in truth, came to save his people, leaving that glory that he had together with the Father before the existence of the world... And we see, after a certain fashion, how that glory that he possesses as the only begotten son and which he had abandoned for us for a short while, was returned to him through the cross in the same flesh that he had taken on' (St. Anastasius of Antioch).

'O most precious gift of the cross! What is more resplendent! It does not contain, as the



tree of paradise does, good and evil mixed together. Instead, everything in it is beautiful and attractive, both for the sight and for the palate. It is a tree that generates life without provoking death; that illuminates without producing shadows; that brings you into paradise without expelling anyone from it; it is the wood that Christ

raised, as a king ascends to his chariot drawn by a team of four horses, to destroy the devil who held the power of death and to free mankind from the slavery to which he had been subjected by the devil' (St. Theodore Estudita).

'Our Lord was trodden over by death, but he, in his turn, trod over death, passing over it as though it were a pathway. He subjected himself to death and bore it deliberately to destroy obstinate death. Indeed, our Lord went out burdened by his cross, as death wanted; but from the cross he cried out calling death to resurrection, in opposition to what death wanted... Because death went back to Eve... but later Mary appeared, the new life which took the place of the old; Christ, the new Life, lived in her. Death, according to his custom, was seeking nourishment and did not notice that in that mortal fruit Life was hidden, Life that destroys death; for this reason he fearlessly bit the fruit, but in so doing he freed life and with it many people' (St. Ephrem).

#### *The mystery of the suffering of Jesus<sup>14</sup>*

The texts that follow from the *Catechism of the Catholic Church* sufficiently express this union between the cross and resurrection, between suffering, love, liberation and salvation.

'571. The Paschal mystery of Christ's cross and Resurrection stands at the centre of the Good News that the apostles, and the Church following them, are to proclaim to the world. God's saving plan was accomplished 'once for all' (cf. Heb 12:3) by the redemptive death of his Son Jesus Christ.'

'572. The Church remains faithful to the interpretation of 'all the Scriptures' that Jesus gave both before and after his Passover: 'Was it not necessary that the Christ should suffer these things and enter into his glory?' (Lk 24:26-27; 44-45) Jesus' sufferings took their historical, concrete form from the fact that he was 'rejected by the elders and the chief priests and the scribes' (Mk

8:31), who handed 'him to the Gentiles to be mocked and scourged and crucified' (Mt 20:19).

'599. Jesus' violent death was not the result of chance in an unfortunate coincidence of circumstances, but is part of the mystery of God's plan, as St. Peter explains to the Jews of Jerusalem in his first sermon on Pentecost: 'This Jesus [was] delivered up according to the definite plan and foreknowledge of God' (Acts 2:23).'

'601. The Scriptures had foretold this divine plan of salvation through the putting to death of 'the righteous one, my Servant' (cf. Is 53:11; Acts 3:14) as a mystery of universal redemption, that is, as the ransom that would free men from the slavery of sin (cf. Is 53:11-12; Jn 8:34-36). Citing a confession of faith that he himself had 'received', St. Paul professes that 'Christ died for our sins in accordance with the scriptures' (I Cor 15:3; cf. Acts 3:18; 7:52; 13:29; 26:22-23). In particular Jesus' redemptive death fulfils Isaiah's prophecy of the suffering Servant (cf. Is 53:7-8); Acts 8:32-35). Indeed Jesus himself explained the meaning of his life and death in the light of God's suffering Servant (cf. Mt 20:28). After his Resurrection he gave this interpretation of the Scriptures to the disciples at Emmaus (cf. Lk 24:25-27), and then to the apostles (cf. Lk 24:44-45).'

Not only did Christ proclaim the redemptive value of pain, but he also experienced it to the utmost in his passion, crucifixion and death, accompanied by the moral anxiety of Gethsemane ('My soul, he said to them, is ready to die with sorrow' (Mk 14:34). And it is in this redemptive suffering that real and authentic evangelisation is rooted: 'Order your lives in charity, upon the model of that charity which Christ showed to us, when he gave himself up on our behalf, a sacrifice breathing our fragrance as he offered it to God' (Eph 5:2). This is the Good News for mankind!

However, the sacrifice of Christ cannot be understood if it is not united to the love of



the Father for us: 'God so loved the world that he gave up his only-begotten Son, so that those who believe in him may not perish' (Jn 3:16). 'He did not even spare his own Son, but gave him up for us all; and must not that gift be accompanied by the gift of all else?' (Rm 8:32). 'He had still one messenger left, his own well-beloved son; he sent to them last of all; they will have reverence, he said, for my son' (Mk 12:6).

He taught us the perfect form of living pain:

With *generosity*: 'This is the greatest love a man can show; that he should lay down his life for his friends' (Jn 15:13). This, in essentials, is the reason: utmost love leads to total giving; his divine love led Christ to his crucifixion and his death, for all men.

With *humility*: 'he lowered his own dignity, accepted an obedience which brought him to death, death on a cross' (Phil 2:8).

### 1.2. *The suffering and evangelisation of the Apostles*

Under the guidance of the Holy Spirit the mission outside Jewish territory began with the persecution of the Jews in Jerusalem (Acts 8), even though the risen Christ had issued the mandate 'the Holy Spirit will come upon you, and you will receive strength from him; you are to be my witnesses in Jerusalem and throughout Judaea, in Samaria, yes, and the ends of the earth' (Acts 1:8). It is at that point that St. Luke tells of the conversion of Saul (Paul) and thus the mission to the pagans begins to the full.

Like Jesus, the Apostles, too, employ moments of healing to proclaim the Gospel.

After healing the lame man at the gate of the temple of Jerusalem, known as the 'Beautiful Gate', Peter evangelises the people that were admiring the miracle that had been performed (Acts 3:11-26) and thus converts many of them (Acts 4:4). The same things happens to Paul and Barnabas in Listra (a com-

pletely pagan territory), where the same kind of miracle, that is to say the healing of a lame man, becomes an opportunity to preach the Gospel (Acts 14:15-18), at the end of which there also takes place the conversion of those who were listening (this is what St. Luke says of St. Timothy and the 'brethren' of Listra: cf. Acts 16:1-2).



The history of St. Paul, like the evangelisation of the pagans, is full of pain and suffering, as is brought out by the Acts of the Apostles and the letters of St. Paul himself. His life is summarised as follows:

'We have a treasure, then, in our keeping, but its shell is of perishable earthenware; it must be god, and not anything in ourselves, that gives it its sovereign power. For ourselves, we are hampered everywhere, yet still have room to breathe, are hard put to it, but never at a loss; persecution does not leave us unbefriended, nor crushing blows destroy us; we carry about continually in our bodies the dying state of Jesus, so that the living power of Jesus may be manifested in our bodies too. Always we, alive as we are, are being given up to death for Jesus' sake, so that the living power of Jesus may be manifested in this mortal nature of ours. So death makes itself felt in us, and life in you' (II Cor 4:7-12).

The line of total generosity in pain, opened by the blood of Jesus, after the Apostles had understood it through the Pentecost, became the path of light of the nascent Church. This makes the Apostle Paul ex-

claim: 'I am glad of my sufferings on your behalf, as, in this mortal frame of mine, I help to pay off the debt which the afflictions of Christ leave still to be paid, for the sake of his body, the Church' (Col 1:24); 'we carry about continually in our bodies, so that the living power of Jesus may be manifested in our bodies too' (II Cor 4:10).

And this spirit spreads amongst the disciples like a fire that would be handed down the first centuries of the heroic survival and expansion of the Church in the Greco-Roman world.

### 1.3. *In the martyrs*

'The blood of the martyrs is the seed of Christians' (Tertullian, *Apologeticus*, 50: PL 1, 534).

During the first centuries of Christianity, the tandems 'pain/joy' and 'death/glory' were present among believers imbued with an immense vital charge; during the persecutions these believers every day ran the risk of being dragged before a tribunal or martyred because of their faith. However, their faith comforted them and the Gospel, through their blood and their pain, progressively penetrated not only the roads and culture of the Roman empire but also the hearts of men, who were witnesses to so much pain that was experienced with love, and in the same faith: 'and if we are his children, then we are his heirs too; heirs of God, sharing the inheritance of Christ; only we must share his sufferings, if we are to share his glory' (Rm 8:17).

The Christians of the early centuries kept the freshness of the words of their Master, who had encouraged them to embrace every experience of pain with a new spirit: 'Then he lifted up his eyes towards his disciples, and said; Blessed are you who are poor; the kingdom of God is yours. Blessed are you who are hungry now; you will have your fill. Blessed are you who weep now; you will laugh for joy. Blessed are you, when men hate you and cast you off and



revile you, when they reject your name as something evil, for the Son of Man's sake. When that day comes, rejoice and exult over it; for behold, a rich reward awaits you in heaven; their fathers treated the prophets no better. But woe upon you who are filled full; you shall be hungry. Woe upon you who laugh now; you shall mourn and weep. Woe upon you, when all men speak well of you; their fathers treated the false prophets no worse' (Lk 6:20-26).

## 2. In the new evangelisation

### 2.1. *The retrieval of the original flame*

The new evangelisation is nothing else but the retrieval of the original flame, the light of the world 'to give light to all the people of the house' (cf. Mt 5:14) and to transmit it from heart to heart. But one has to begin with faith: faith in the victory of life over death, in Christ. 'Our Lord Jesus Christ... has died for our sakes, that we, waking or sleeping, may find life with him' (I Thes 5:10). For this reason, the new evangelisation, like the Gospel itself, must provide an answer to all the questions and hopes of the human heart, including those that derive from the experience of pain and suffering.

Like the first evangelisation, the new evangelisation necessarily passes by way of suffering because suffering is an experience common to all men and was the way by which God chose the Redemption for us.

As Pope John Paul II clearly reminds us: 'the new evangelisation would not be authentic if it did not follow in the footsteps of Christ, who was sent to evangelise the poor'.<sup>15</sup>

For the early Christians the first evangelisation meant the experience of a new life, of a 'second birth' because of their obedience to the Gospel. At the same time, this experience passed – and always passes – by way of a free acceptance of suffering. Indeed, if a person's encounter with suffering is accepted, and suffering is taken

on in communion with Christ, as St. Paul testifies, it becomes co-redemptive 'solidarity'. 'In this mortal frame of mine, I help to pay off the debt which the afflictions of Christ leave still to be paid' (Col 1:24). It also becomes spiritual strength, even though in itself suffering is fragility and weakness: 'nothing is beyond my powers, thanks to the strength God gives me' (Phil 4:13).



It is for this reason that the Church counts upon the value of the suffering of every Christian to achieve the salvation of the world: 'The Gospel of suffering... speaks unceasingly with the words of this strange paradox: the springs of divine power gush forth precisely in the midst of human weakness. Those who share in the sufferings of Christ preserve in their own sufferings a very special particle of the infinite treasure of the world's Redemption, and can share this treasure with others'.<sup>16</sup>

The new evangelisation must proclaim to us that 'the poor are always with us', that illness is not an evil, and that the cross is a sign of salvation. Not only must the new evangelisation say this, but it must also bear witness to it; not only must it speak about suffering, it must also *experience it, endure it* in itself, that is to say it must suffer. 'Today the new evangelisation can find in sick people not only the recipients of the good news but even more individuals who are protagonists. Indeed, the person who has met the Lord in moments of physical suffering as well spontaneously becomes a witness to, and a proclaimer

of, the project of God for other brothers and sisters. Pastoral care in health, for this reason, is a privileged field for activities of dioceses and every parish'.<sup>17</sup>

Cardinal Martini refers to the different contexts or spheres for the communication of the lived out Gospel and says: 'this is particularly true when the context is a context of pain and illness. Making people understand, with peace of heart and serenity during trials, that illness and misfortunes are not the worst things in life, but that there is a higher hope, is a great act of evangelisation. This does not need many words and arguments: it is a form of persuasion that the person who believes irradiates through his way of looking and speaking, of hurrying with calm and answering with patience, bearing evil and spreading hope, in good. One thus comes even to see not only that life has a meaning but also a point of exit, which rises above the darkness itself of innocent suffering and death'.<sup>18</sup>

### 2.2. *Suffering as a force for co-redemption*

The witness of the Cross lies, therefore, in spiritual strength for the edification of one's neighbour that springs from those who experience their own suffering in Christ: 'While the first great chapter of the Gospel of suffering is written down, as the generations pass, by those who suffer persecutions for Christ's sake, simultaneously another great chapter of this Gospel unfolds through the course of history. This chapter is written by all those who suffer together with Christ, uniting their human sufferings to his salvific suffering... In those people there is fulfilled the Gospel of suffering, and, at the same time, each of them continues in a certain sense to write it: they write it and proclaim it to the world, they announce it to the world in which they live and the people of their time. Down through the centuries and generations it has been seen that in suffering there is concealed a particular power

that draws a person interiorly close to Christ'.<sup>19</sup>

Indeed, suffering experienced according to God is suffering that leads to the conversion and the transformation of the person; it produces peace and joy.<sup>20</sup>

### 2.3. *The positive aspect of suffering*

'In the cross of Christ not only is the Redemption accomplished through suffering, but also human suffering itself has been redeemed... The Redeemer suffered in place of man and for man... In bringing about the Redemption through suffering, Christ has also raised human suffering to the level of the Redemption. Thus each man, in his suffering, can also become a sharer in the redemptive suffering of Christ'.<sup>21</sup>

To understand the consequence of what has just been observed, let us recall the words of the Holy Father in his message at the time of the one hundred and twentieth World Day of Missions, in which he stressed this mission and declared that: 'the identity of Christian witness is marked by the inextinguishable and defining presence of the cross. Without the cross, authentic witness cannot exist... Indeed, the imitation of Christ in faithful witness and in patient and persevering daily work is the 'Cross'. Going against the tide, directing one's own choices according to the commandments of God despite not being understood, unpopularity, marginalisation... is the 'Cross'.<sup>22</sup>

The co-redemptive meaning of the Cross is thus very important for the salvation of the world, as is pointed out in the 'Letter to the Sick', called 'Courage': 'if we were to abandon the cross on which we are nailed (not defeated), the world would be put out of balance. It would be as though there was no oxygen in the air, no blood in our veins, or no sleep during the night'. And this author goes on to add: 'suffering keeps the world spiritually fixed'. He concludes by addressing sick people: 'we should be proud of this call – because it is vocation'.<sup>23</sup>

### 2.4. *The sick person has a mission to carry out*

For St. Paul, suffering is an opportunity to proclaim the Gospel: 'when I preached the gospel to you in the first instance, it was, you remember, because of infirmity of the flesh which was humiliating to me' (Gal 4: 12b-14).<sup>24</sup>

'Happy is the person who manages to make the light of God shine forth in the poverty of a suffered and diminished life'.<sup>25</sup>

However, even if Christ raised every human pain to redemption not all people live out their own crosses so as to be real witnesses to life in death, to peace in pain, and to love in suffering.

Amongst all forms of human suffering, there is one, that provoked by illness, that is in itself a place of witness, of peace or anxiety, of humility or rejection, where in all its transparency what is in the heart of the person who is suffering expresses itself: 'where your treasure is, there your heart is'.

Masks fall during illness. The person finds himself face to face with his own spiritual and moral resources; the Christian finds himself face to face with the purity of his own faith.

For this reason, also the so-called 'planet of pain'<sup>26</sup> has to be evangelised. On the one hand, because the immensity of pain that is experienced in the Church and the contemporary world must be raised to Christ and converted into a place of encounter, of conversion, as a sanctification of the whole of mankind; on the other hand, because people afflicted by suffering have a special vocation to be privileged witnesses of the co-redemption of Christ.

'The Church also tells us that the sick person has a mission to perform and witness to bear', and thus 'the Christian community must know how to discover that the sick person is not a passive member of that community but rather that he leads us to relativise many things, above all to open ourselves up to transcendence be-

cause his state reminds us that everything in this life passes away; the sick person leads us to live hope, patience, the modesty of life... In a word, the sick person makes us better, he evangelises us'.<sup>27</sup>

On repeated occasions Pope John Paul II has emphasised the great apostolic role of sick people within the Mystical Body of Christ, and because of this they are a source of immense good for the whole of the Church. Let us remember in relation to this, by way of example, the appeal made in the Message for the World Day of the Sick of 1993, n. 5: 'Dear sick people... your suffering, welcomed and borne by a rock-solid faith, united to that of Christ, acquires an extraordinary value for the life of the Church and for the good of mankind'.<sup>28</sup>

The Spanish Church, through its Department of Pastoral Care in Health, in the



'Campaign for the Sick' of 2003 elaborated in a lucid and clear way (section n. 7) what the evangelising mission of the sick person is and how he evangelises. I will here reproduce only the major points of section 7:

1. The sick person evangelises by being a witness who helps us to be realistic in a world that lives by appearances, turning its back on illness, suffering and death.

2. By being a witness who teaches us to relativise values.

3. By calling us to live out and to retrieve the fundamental values of the Gospel: free giving, service, love...

4. By inviting us to engage in solidarity, love and sacrifice: he calls us to be sensitive and solidarity-inspired in the face of need, he calls us to selfless love.

5. The sick person evangelises us by showing us the face of Christ.

6. He evangelises us by being a living witness when he lives all the stages of his illness with Christian meaning.

The forty-seventh synod of the diocese of Milan emphasised the role of pastoral care in health and pointed out that one of the challenges facing it is to place the sick person at the centre of such care: 'It is a matter not only of proclaiming but above all of believing and working with the belief that the pain of patients 'united to the pain of Christ' constitutes valuable and effective capital.



And the sick person, the suffering person, the handicapped person really co-operate in the work of salvation and redemption. Thus this heritage should 'be more valued and enriched through renewal and decisive initiatives of pastoral activity for and with the sick and suffering' (*Christifideles laici*, 54). It is incumbent upon us, above all, to accept all the implications of this idea of 'with'

the sick in order to avoid engaging in pastoral activity that limits itself to the aspect of providing assistance or consolation (although this is certainly required), forgetting or diminishing the active and responsible subjectivity of the sick person precisely in relation to evangelisation'.<sup>29</sup>

At the end of Vatican Council II, the Council Fathers addressed the following message to suffering people: 'You all who heavily feel the burden of the cross, you who are poor and abandoned, you who weep, you who are persecuted for justice's sake, you who are surrounded by silence, you the unknown of pain, have courage: you are the preferred ones of the Kingdom of God, the Kingdom of hope, of happiness and life; you are the brethren of the suffering Christ; and with him, if you want, you will save the world'.

#### 2.5. Witnesses to the Gospel in illness

These are the people who on the cross allow peace to transpire, and in that peace the presence of Christ. These are those people who have the courage to live out their illness with total trust in Christ and have experienced the interior transformation of their person into him. They are those people in whom is opened up the horizon of a new reality through encounter with suffering seen as a grace, indeed as a friend entrusted with making them friends and beautiful for the wedding feast of the Lamb (Ap 22:14). And it is for this reason that in a certain sense they love suffering.

Amongst these witnesses, giants of faith, in hope and in charity, we should also remember the example of those who, full of generosity in helping their neighbours to carry their cross, embody the image of the Cyrene who helped Jesus at the most dramatic moment of his life, or that of the Good Samaritan, whom Christ gave as a model to be imitated in order to achieve authentic witness, doing good in pain and doing good to those who suffer.

Illness is a place of encounter; it is a watchtower, a school, a university, an opportunity to give a new direction to one's life, and at times an opportunity for an authentic conversion and for the apostolate. Examples of witness are innumerable, and here I will refer to only a few of them.<sup>30</sup>

#### *The experience of a chaplain in a paediatric hospital*

The most surprising thing, the richest thing in the experience of evangelisation is life, the surprise of living every day asking myself about the life of these children who after being born are imperilled by suffering and illness. The surprise is to see mothers – many families – at the feet of the cross of their children in pain. How much tenacity, how much strength, how much pain, how many questions, and how much mystery! Our religious service is not an organisation, nor is it even a cold and chronometric presence – it is, rather, a life, a sign. This we see in many things that family relatives of the children say. Allow me to relate to you a few that I remember:

– 'A thousand thanks Elvira, you have helped me a great deal': this was the sentence spoken by a mother to a woman who had paid a visit to her after the funeral of her baby girl.

– I remember the anxiety of a young couple caused by the illness of their baby son who died at the age of three months: how much time they spent in the chapel between hope and discouragement!

– And the mother of Giorgio: with how much love and hope did he look after his baby son!

– How many families wait for us to visit them! And often they say to us: we were expecting you!

– And that father, downcast, disappointed, desolate about his son suffering from an affliction of the spine and who did not believe in anything, who said that he had lost his faith... We encouraged him to escape from his darkness, from his sadness, and after a few days we saw more light and



peace of mind in that room, in that couple together with their baby son.

– And what can I say about Alice, aged 12; Giovanni aged 8; and Gemma aged 9 and afflicted with leukaemia, and José Manuel aged 6, and Maria aged 3?

– Miguel Angel is a child aged seven who has a malign tumour. His is a hopeless case. He is ill, he knows this, and with the awareness of an adult he repeats with a certain frequency, between sobs: ‘mummy, mummy, kill me, allow me to die!’ We speak to the parents, we try to be very near to them, to encourage them, but we do not have enough time for a conversation that is not interrupted. Everything is broken. It is a very difficult situation, and there is so much worry!

– The following is the observation made by a father: ‘at work I feel distant and I do not have trust in my colleagues. I have always believed that there was a great deal of wickedness in people, but after so many days in hospital I discovered that there are very many good people who dedicate themselves to those who suffer; I discovered this human value in the health care workers, in the voluntary workers, and in the religious service. I am happy despite the fact that my son is still ill. The hospital has been a surprise?’

– And here are the words of another father: ‘We parents, low in morale and frightened by the incurable illness of our daughter, are only consoled by the words of the priest who celebrated the baptism and the funeral of our daughter’.

And to finish, please allow me to tell you about the witness of a girl aged eight who together with her cousin was involved in an accident and whom we visited in hospital with a certain assiduity. After being discharged one day she came to visit the hospital and amongst the various things that she brought with her there was also this letter: ‘Dear St. John of God: my granny offers you this bunch of flowers because you cured me and my cousin. Cure all the children in

this hospital. Help Jolanda and Gustavo, Raffa etc., so that they get better, as you did with me. My granny sends you this bunch of flowers so that you will cure other children. I want you to give a good lesson to the cooks who produce bad meals that the children in the hospital do not like at all. I am leaving you my crutches because I no longer need them because you cured me. I am leaving them to you so that if another child needs them he can use them, but I ask you to make sure that nobody in the world has to use them. Because I believe that people don’t have to die or suffer, because if these terrible things did not exist the world would be happy. I tell you this with affection, Isabel Maria’.

I will now quote two meaningful examples of witness of two famous representatives of the world of contemporary art who had to deal with experiences of pain. I am talking here about the famous film director Federico Fellini and the tenor José Carreras.

I will reproduce first of all the declaration of Federico Fellini to the Barcelona newspaper *La Vanguardia* on 29 August 1993 after he had been admitted to a convalescent home in Rimini. ‘I have discovered that a hospital is a splendid place to think about one’s own projects and one’s own life’. The interview went on as follows:

– ‘Now, for you, what is fear?’

– ‘First of all, I will tell you that I was afraid.’

– ‘During those days did you pray?’

– ‘Yes, I prayed.’

– ‘What is prayer?’

– ‘An extremely rational and intelligent way to lay down the heaviest burdens of life and to entrust to someone the burden of worries and doubts.’

– ‘Did you think about God?’

– ‘How would it be possible to live without thinking about God?’

On another occasion this same newspaper printed the declarations of the tenor José Carreras: ‘as a result of my illness I learnt to appreciate the

religious aspect of things, a certain mysticism, a certain kind of reflection, and this was one of the most positive experiences of that situation... I



matured more as a man because of this episode in my life and I now see things in a deeper way’.

And many other examples could be given if we consider the large number of examples of witness that have been lived out and written down, and which are also expressions of a life that has been lived, a path and an experience. Let us remember, because of its importance for our subject, that at the time of the International Eucharistic Congress celebrated in Seville from 7-13 June 1993 the Pope was presented – at the time of the celebration of the Eucharistic ceremony to close the congress – with a book entitled ‘The witness of sick people’, which had been written by the National Department for Pastoral Care in Health and the diocesan delegation of Seville. This was a work full of questions, of paths that had been journeyed, of hope, and of lives transformed. It is a book of life.

#### *Witnesses to the cross and to joy<sup>31</sup>*

This is the title of a book in Italian that seeks to be the spiritual journey of a group of cancer patients. These are men and women who, with their lives, which are full of suffering because of their illness, transmit to us an authentic and valuable message.

I will now present, almost in the form of an anthology, the witness of certain sick people.

– *Livia*: she is young, sweet, pretty and attached to life; she has made ‘mistakes’; however, a ‘friend’ is leading her along a path that is changing her life. Afflicted by a malign tumour, she thanks God for having changed her life. ‘I am happy to live, I am well and I live as though this illness was not mine’. And she repeats: ‘thank you, Lord Jesus, for having changed my life’.

– *Antonietta*: she is a happy wife with three children that she has brought up; a happy character. In this serene context suddenly the impact of an illness with a terrible name – cancer. After many months spent in hospital she returned



home with a strong spirit and with a new way of seeing reality, because, at times, because of hurry one loses sight of the authentic values of life. And Antonietta has discovered: God, her family, and life as a gift of God.

– *Glem*: the father of a family. The experience of his illness has led him to a high spirituality; for him this illness is a time of grace and he expresses this fact in the following words: ‘the time of my illness has been a dramatic period, but at the same time it has been wonderful, a gift that today I see as a privilege that has given ‘fullness’ to my life’.

– *Luciano*: he thinks he is happy because he discovered the ‘truth’ starting from the experience of his illness.

– *Giacomo*: he is forty-nine years old and has a malign tumour in an advanced state; she reveals the greatness of her vocation to the female religious who is caring for him. This is

what the sister has to say: ‘the nurses and the medical doctors enter and leave his room controlling the drip, the clinical sheet, the monitor and the various parameters. As a sister and ward sister I work with the others in looking after him. The evening arrives, the medical doctors leave the ward and the nurses hand over their ‘deliveries’ to their night colleague. I am at the end of my service but before leaving the ward for the celebration of community prayer I briefly visit all the patients, staying for a while next to those in a most serious condition. At the bedside of Giacomo the situation has got notably worse: his breathing has become difficult, his pulse is irregular, the cyanosis of his face is intense; however, his mind is still perfectly lucid. I remain in silence in front of him, I look at him, I dry his sweat, I give him a caress. I pray in the silence of my heart. In the meantime his wife and daughters leave the room for a moment to breathe while I sit next to the patient and hold his hand in silence and in prayer. Reassured by this presence, Giacomo seems to improve and to breathe with less difficulty; he utters the following words: ‘thank you having become a nun!’ This wonderful statement touched me deeply, I sense its meaning but I dare to say: ‘why did you say that to me, Giacomo?’ ‘You see, sister’, the patient replies, ‘the nurses and doctors are very good, but when they leave here they have other things to think about: their families, their children, their interests, the requirements and the trials of this world. But when you leave this room, you still think about me, you carry me in your heart, you follow me in prayer even in the silence of your convent; thank you for listening to me, for helping me, for understanding me; thank you most of all for what you are for me and for all the patients’. My eyes now betray emotion; nobody had ever sculptured so well the profound identity of my Camillian vocation’.

Illness is also a place of encounter for Manuel Lozano

Garrido, for Giacomo, for Juana, for Rev. Hilderbrando Gregori and for many other people – numberless biographical histories full of life.

– *Manuel Lozano Garrido*: ‘Lolo’, a journalist and invalid, will be a saint of our times when the Church proclaims him a saint. The victim of an illness that he contracted in youth, he was ill for the whole of his life. As a journalist he ‘saw the footsteps of God in the teleprinters’, and in dying he left behind the fragrance of holiness. Although he was blind, he did not interrupt his work as a journalist and writer, even during the worst moments of his illness or during his days of greatest pain. He created and edited a newspaper for sick people who offered their illness up for journalists, for newspapers, and for the cause of information. One day we will see on the altars a journalist, a sick man, and a model of the apostolate.<sup>31</sup>

– *Giacomo*: he is disabled and offers his witness: ‘I, too, believe that God loves me. He loves me in my suffering and with my handicap as well. I went through a strong experience of God which led me to convert my life and to live it for Him, not only with my physical handicap, where God has come to me, but also in my dedication to other people, which I want to be a reflection of the love of God that I have experienced.’<sup>33</sup>

– *Juana*: she, too, is handicapped and relates her experience: ‘I worked in a hospital until the age of twenty-two but a spine tumour immobilised me in a wheelchair. Until that moment I saw pain as a punishment, but subsequently little by little during this illness I think that I encountered God and since that moment, from the moment of having faith, pain has been for me authentic liberation’.<sup>34</sup>

– *Rev. Ildebrando Gregori*: the founder of the Restorative Sisters of the Holy Face of Our Lord Jesus Christ was greatly concerned, as he often repeated, ‘to dry tears, and there were an infinite number’.<sup>35</sup> For him, to serve Christ in man had to mean to serve him in his

extreme suffering, a synthesis and compendium of all physical, moral and spiritual suffering... He did not dwell upon works but upon virtues, he did not worry about the efficiency of his sisters but the intensity of their interior and spiritual lives; he did not invite them to ask themselves about external results but to examine themselves deep within their consciences... To Rev. Ildebrando may well be applied the words of St. Gregory the Great: 'the great have this particular feature – in the pain of their tribulations they do not cease to be concerned about others; and while they suffer in themselves bearing their own tribulations they provide for others, advising them as to their needs. They are like heroic physicians, afflicted by illness, who bear the wounds of their own malady and provide others with care and medicine so that they may get better' ('Comment on the Book of Job, Liturgy of the Hours, XX Ordinary Time Week, Monday 2a. Reading').<sup>36</sup>

Rev. Ildebrando spoke as followers to his 'dearest daughters': 'During the most dramatic day in the life of mankind, Good Friday, the column, the whips, the crown of spines, the sneers; the blows, the cross, the nails, the thrust of the spear in his side; during that dramatic day the greatest desolation sounded forth, being abandoned by the Eternal Father... but never from the parched lips of blessed Jesus was to be heard the word 'no'. And when the final hour arrived with the desolate weeping of the whole of creation, in a voice of triumph, he, the dying Jesus, pronounced our salvation... 'Consummatum est': sin had been cancelled and the whole of humanity had been redeemed.

The human creature, frightened by the violent shaking of the creation at the suffering of Jesus the Word made Flesh was not able to perceive the joy of the firmament, but in heaven the doors had been opened and the always eternal triumph of the Halleluiah that transformed earth and heaven was being prepared'.<sup>37</sup>

'One day suffering, the inevitable guest of mankind, arrives without notice, enters our lives without asking our leave, settles down in our home, and becomes the obligatory companion of our journey... Its troubling presence breaks the daily routine of our existence... Suffering relativises our apparent forms of security. It breaks our integrity, reduces the bases upon which we rest the unfolding of our lives, makes our projects disappear... Suffering – and this should be said after all – laughs at our masks, our pride, our external appearances, our titles, our public positions... It is a black star in the firmament



of our lives. More than a problem, it is a mystery. Mystery is a part of human reality and we mature by becoming aware of it... Suffering is a cascade of questions. There are many moments of loneliness, empty nights, accumulated things without meaning, feelings of powerlessness, questions sent out in the search for a meaning which return silent to the wounded heart... To give space to pain means to give space to love'.<sup>38</sup>

'Suffering is present in the world in order to release love, in order to give birth to works

of love towards neighbour, in order to transform the whole of human civilisation into a 'civilisation of love' (SD, 30).

In this love the meaning of suffering is totally realised and suffering achieves its definitive dimension.

Human suffering is a call to love; 'it is a vocation', as Pope John Paul II says in his apostolic letter *Salvific Doloris*, n. 26: a mysterious call to love more, to participate in the infinite love of God for humanity.

Paul Claudel and Emmanuel Mounier left behind them these very beautiful examples of witness in relation to suffering.

'God came down amongst us to eliminate suffering, not to explain it. He came to fill it with His presence'. Paul Claudel then went on: 'pain is a presence, it thus requires our presence – a hand joined ours and grasped us'.

And Emmanuel Mounier, at the time of the illness of his daughter Françoise, wrote as follows to his wife: 'we should not think that this illness is something that we give, and this so that we do not lose the value – the grace – of this 'little Christ' who is amongst us... I do not want to lose these days by forgetting that they are days full of unknown grace'.

A modern author, when addressing the subject of suffering and pain from the psychological point of view as well, argued that: 'suffering is a good, but it is not an immediate good...man needs education in looking in order to see thinks differently and to know how to interpret suffering with perspectives... that allow him to contemplate life in a different way'.<sup>40</sup> And he also comes to declare that:

'Everything that is good in man is the child of pain and suffering'.<sup>41</sup>

'Suffering draws us nearer to other people, it makes us become understanding, tolerant, it cares for us gradually in our intransigence... it completes us. It is thus necessary to rise above the plan of the merely immediate to attain a perspective that gives us the possibility of observing events from a certain height and to see the



hidden, positive and pedagogic face of suffering'.<sup>42</sup>

'Suffering draws us nearer to other people; a sensation of corporeal pain and unpleasant feelings have many tight and hidden wounds that only a singular man is able to see, to live out and to analysis with an approach of vivisection. This is a dialogue of opposition that nonetheless has the purpose of raising man above a strictly material outlook. This wisdom is concealed in the depths of suffering and it is for this reason that one can well state that good tasting fruit germinates in cold and dry earth'.<sup>43</sup>

This approach coincides with the spiritual tradition of the Church, which recognises the purifying meaning of pain: 'if Life had not been nailed to the wood, from his side those springs of immortality, blood and water, which purify the world, would never have gushed forth'.<sup>44</sup>

This power of purification, of witness, and of being a place of encounter that suffering contains is in a particular way pointed to in the life of certain saints, both because they were in contact with sick people because they cared for them (St. John of God, Camillo de Lellis...) and because every spiritual journey involves a suffering that purifies and leads to holiness.

In imitating Christ many saints have experienced in their human and Christian existence the redemptive value of suffering for themselves and for the Church.

Here are a number of references to this:<sup>45</sup>

*St. Teresa of Lisieux.* For the little Teresa, the foolishness of the cross, which was nonetheless wisdom, governed the wish for, and acceptance of, suffering by freeing hope in an unveiled and joyous encounter with the Voice of the Saviour.

*St. Ignatius of Lojola.* To be a disciple of Christ was for him not only a readiness to accept the 'crucifying' consequences of being his disciple: it was to identify the sign, which was certainly not absolute, but possible and to be desired, of being his disciple in an experience not of ascetic

kind but one of suffering and humiliation.

*St. Teresa of Avila.* For her 'suffering' meant the interior approach and behaviour of a person who does not live an absolute but thinks that life must be used and given according to a specific vocational framework – the austere framework of the life of the Reformed Carmelite.

*St. John of the Cross.* His experience in the prison of Toledo enabled him to experience pain and suffering in the first person. He experienced the 'suffering of being despised' in a heroic way, in the sense of the meekness, the discretion, and the sweetness that come from self-abandon.

*St. Vincent de Paul.* For the apostle of the poor, the mystery lay in the relationship between what happens and the



approval of God. What takes place is certainly a 'sign' for the action. The 'sign' of the 'poor' is Christic, like the 'approval'. Christ, in fact, is the content itself of the 'approval'. If the approval is not contradicted by the participation of Christ in suffering and poverty, it is plausible that by obeying in a Christian way the 'sign' of the poor person one obeys and dwells in the 'approval' of God.

In the lives of all these saints

is the possibility of meaning that was given concretely 'once and for all' by the Cross of Christ in order 'to give value' to suffering. From suffering one passes to suffering in a Christian way, in the explicit reflected horizon of the Cross of the Lord, and suffering this becomes witness, a place of encounter.

Such examples of witness in the field of suffering are countless in number. One need only draw near to hospitals or enter many homes, where so many families have for years looked after a sick loved one, to grasp the power that suffering has to change, to convert, people; the power to bear witness and to say to other people that the Lord is good and that the strength of human beings does not always coincide with good health, but that also in weakness and in sickness they can display great strength.

If practical life abounds with these examples, which is at times hidden, no less copious is the literature which in written form captures these lives.<sup>46</sup>

Some phrases taken from the witness of sick people bring out this dynamic of suffering for us, not only as regards those who experience suffering but also as an evangelising force:

– 'Never, pain, will you be able to shut me up... I can love on the rack of torture' (Martin Descalzo).

– She died at the age of two, troubled by pain. 'They never saw her tire of suffering' (Maria Teresa).

– 'I thank God for having given me the strength to see my reality' (Maria Dolores).

– 'I knew you, so to speak, but now my eyes see you' (Gb 42:2-6)

– 'In my illness I felt closer to the fatherhood of God and Jesus as a friend and companion' (Martin Descalzo).

– 'I am happy even though my son is still ill. The hospital has been a surprise' (a father).

I would like, however, to direct our attention to an exceptional witness in the field of suffering over recent years – Pope John Paul II, a Pope who 'has travelled' the world of suffering, who experienced



suffering in his own flesh during the days when he was in the Policlinico Gemelli for a variety of reasons.

This Pope will go down in history for his very large number of trips, for his opening to the East, and for his tenacity in striving for unity and peace; I also dare to say that he will be remembered in particular for his relationship to suffering and the sick.

Our Pontifical Council brought together this witness in a fine book,<sup>47</sup> which has subjects and titles that are full of realism:

– John Paul II, a Pope who comes from suffering, the herald of the Gospel of suffering, a Pope who explains suffering, who is at the service of those who suffer, a Pope who loves the sick, and a Pope who suffers.

– A Pope who sent an apostolic letter – *Salvificis Doloris* – to the Church on the Christian meaning of human suffering (11 February 1984); a Pope who also established the Pontifical Council for Health Pastoral Care (Motu Proprio *Dolentium Hominum*, 11 February 1985) and created the World Day of the Sick.

All this is symbolism, even more an example, of witness to life. His pontificate was born, developed and has concluded ‘attached’ to pain. This fine book on his pontificate begins with a page that is all life. The day after his election, John Paul II visited a friend of his who was seriously ill. The daily newspaper *L’Osservatore Romano* (19 October 1978) printed news of this visit under the following headline: ‘John Paul II amongst the sick at the Policlinico Agostino Gemelli’. Together with this headline there were also the words of the Holy Father, printed by this daily newspaper of the Holy See: ‘I also want to thank all those who guided me here and also saved me because as a result of the great enthusiasm which has been expressed the Pope could also have had to stay in this hospital to be treated’. ‘But above all’, he continued after the short interruption almost imposed on him by the applause of those who were

present, ‘I think that all this is a fact due to Divine Providence. I came to visit a friend of mine, my colleague as a bishop – Msgr. Andrea Deskur, the President of the Pontifical Commission for Social Communications. To him I owe so many good things, so much friendship. For many days, almost on the eve of the conclave, he has been in this hospital and he is in a really serious condition, I wanted to pay him a visit, and a visit not only to him but also to all the other patients’

The Holy Father then went on by recalling what he had said that morning to the Cardinal Fathers, of his wish to ‘rest my papal ministry above all on all those who suffer and unite their prayer to suffering, passion, and pain’. ‘Dearest brothers and sisters’, the Pope also said, ‘I would like to entrust myself to your prayers’.

In finishing his speech the Holy Father also said: ‘in thanking God for this significant occasion and for this meeting which is so valuable for me, and I think for everyone, I also want to thank all those who serve the sick in the hospital of the Catholic Hospital of the Sacred Heart – the professors, the medical doctors, the sisters, the male and female personnel and everyone else. Behold, Christ is amongst you, in the hearts of the sick and in the hearts of the ‘Samaritans’ who serve the sick. Praise be to Jesus Christ’.

‘Amongst them we see with a preferential gaze the weakest, the poorest, the sick, and the afflicted. And it is to these people, in particular, at the first moment of our pastoral ministry, that we wish to open our heart. Is it not you, brothers and sisters, who with your suffering share in the passion of the Redeemer himself and after a certain fashion complete it? This unworthy successor of Peter, who aims to peer into the unfathomable riches of Christ, has the greatest need of your help, of your prayer, of your sacrifice, and asks you most humbly for these. Such was the programmatic address of John Paul II yesterday morning given in the Sistine Chapel to the men of the whole world’.

This is a great programme based upon the poor, upon the sick, upon weakness, but with the ‘power possessed by suffering’. This would be a constant pathway in the pastoral work of John Paul II. The book



on his life ends with the same witness to the power present in suffering. As a convalescent in the Policlinico Gemelli, he gave the world the following witness: ‘in these days of illness I have had an opportunity to understand better the value of service that the Lord has called me to render to the Church as a priest, as a bishop, as the successor of Peter: it also passes by way of the gift of suffering, by which it is possible to complete in one’s own flesh the debt which the afflictions of Christ still leave to be paid, for the sake of his body, the Church (Col 1:24)’ (13 October 1996).

John Paul II is a Pope who has spoken on many occasions about suffering, who has visited a large number of sick people, but his strength and witness lie in having suffered a great deal. He is a Pope who has great experience of suffering. ‘The pain of the Pope, a symbol of our time’, wrote Rocco Buttiglione in a fine article (*Il Tempo*, 19 September 1996).

The statement of Paul VI to be found in his apostolic exhortation *Evangelii Nuntiandi* is a great reality: ‘contemporary man listens more willingly to witnesses than to teachers, or if he listens to teachers he does so because they are witnesses’ (n. 41).

This was true of the early

Christians because of their alive and working faith, and it is true, it must be true, of today's Church, above all through suffering, as a privileged field to create witnesses, to evangelise. Cardinal Fiorenzo Angelini well outlined the importance of suffering as a generator of life when it is shared: 'it is pain that can generate life, and this comes from sharing in the suffering of others, from the ability to place the great lesson learnt from our personal suffering at the service of others'.<sup>48</sup> Belief in the value of suffering joined to love effects an encounter of extraordinary spiritual fertility.<sup>49</sup>

The Gospel is a school of love, just as God Himself is love, and it is also a school of strength in suffering. Man suffers, the Church suffers; every person has to face up to their own cross and every Christian is invited by Christ to go along a two-lane path: the lane of taking on and sharing with him his pain, and that of generosity in helping other people to carry their cross.<sup>50</sup> It is for this reason that the world of health and illness is a privileged terrain of witness for the new evangelisation, and this is because, and I will repeat the point employing the same words as those of Pope John Paul II, it has no other purpose than 'to release love, in order to give birth to works of love towards neighbour, in order to transform the whole of human civilisation into a 'civilisation of love'.<sup>51</sup>

'Dearest sick people, in love may you know how to find the 'salvific meaning of your sorrow and valid answers to all of your questions' (Apostolic Letter *Salvificis Doloris*, n. 31). Your mission is of very great value both for the Church and for society. You who carry the burden of suffering are amongst the first that God loves. Like all those that he encountered along the ways of Palestine, Jesus has looked at you with a glance full of tenderness; his love will never go away' (address to the sick and the suffering given in Tours on 21 September 1996, in *L'Osservatore Romano*, 23/4,

September 1996, p. 4). 'May you know how to be generous witnesses to this love through the giving of your suffering, which can do so much for the salvation of mankind'.<sup>52</sup>



#### A FINAL REFLECTION

To conclude this paper I will give space to four friendly voices. Each one of them went through personal experiences of suffering or of nearness to those who suffer. Their voices and their ways of living are a place of encounter and of evangelisation.

*The first voice:* Rev. Pierluigi Marchesi (+2002)

He was a great defender of the sick, a man of the frontier and a man with a great prophetic vision. Twenty years ago, at the Synod on Reconciliation of 1983, in front of the Holy Father and the Synod Fathers, he expressed himself in the following terms: 'it is always edifying to bring sick people to sanctuaries, at least those that are capable of going even though it is not always they who have greatest need of doing so. Today, it is necessary, above all else, for the Church to engage in a pilgrimage to hospitals which in many countries are frequented by more people than our parishes and where the presence of Christ who wants reconciliation is present'. He finished his talk in the following way: 'let us not forget that one day all of us will belong to the people of the sick and the dying, even

us; it will be an inescapable way of encountering Christ who reconciles us and invites us to his Easter'.

*The second voice:* the life and death of Ananias (+2003)

His body died but his life did not. He knew about tears and suffering but he always bore them with tenacity and courage. He was a light that illuminated without offending, that warmed without burning. He died in the style of a champion. He was given only a temporal farewell. A cross of stone, and there was the silence of wise words, and life sublimated by death, and love stronger than death, and God to embrace after ninety-three years, and to love for always. Thus lived and thus passed away our brother Ananias, father of our friend, Rude. His death was full of life. His witness fills us with joy and hope.

*The third voice:* a bishop relates his experience (D. Fernando Sebastián) the Bishop of Pamplona. Cf. *La verità del Vangelo* (Ed. Seguirimi), pp. 793-4.

'Your bishop was ill; it was nothing serious but long and complicated... The first lesson illness gives you is to realise that our lives are provisional and fragile. Illness is always something unforeseen. It does not belong to our agenda. When we are well we take it for granted that we will always be healthy and strong. But that day comes when our bodies do not respond and we realise that our apparent strength is based upon a hill, a pyramid of wonders, which we do not control and we know very little about.

This fragility as well is a part of the truth of our lives and for this reason illness helps us to know ourselves with greater realism, and to see the truth of our society in a better way.

...There are many of us, we are worth a great deal, but what we are and what we are worth is based upon something that does not depend on us, which precedes us and escapes us. Health, life, everything that we are is a gift.

...Illness makes us appreci-

ate what we receive from others as well. Somebody must be at your side to help you to live.

...During days of illness you pray more, you feel nearer to the presence of God who consoles us and makes us strong, and the words of St. Paul become clearer: 'my grace is enough for you'. 'The strength of God is manifested in our weakness'. The acceptance of one's own weakness helps one to appreciate more the possibilities of others, and above all else the great strength of the love of God which is never absent. Illness is a time of deep insight. One understands better the mystery of pain, the strength of love, necessary solidarity, the definitive wisdom of the cross of Christ, innocent love realised in the love of the path of freedom and salvation.

My experience was strengthened by the illness and death of two friends and brothers of mine, both of whom were very close to me: Bishop Congret and Bishop Osés. They went to the depths of their experience and passed through the narrow door of death to reach the glorious encounter with the God of love and life. We learnt from them to die and to live near to this God who awaits us with patience and mercy'.

*The fourth voice:* Jesús Burgaleta offers the following reflection:

– In Christ suffering is 'joined to love' (SD, 18).

– And because suffering is a fact it is possible to live it out humanly and positively.

– The evangelisation of the sick person must help him to live his experience of pain in a constructive way.

– How? By becoming aware of our limitations and finitude; by taking on to the full, and with trepidation, human destiny; by preparing oneself for the encounter with God as a silent companion; by preparing to take on death, that is to say to finish one's life as an act of giving, of total trust, of giving to others and to God.

Only love experienced amidst illness can give illness meaning and only love, giving,

can give death a meaning such as to transform illness into a vital act *par excellence*: 'he loved me and gave himself for me' (Gal 2:20). Love is also the richest source there is regarding the meaning of suffering, which is always a mystery. This answer was given by God to man in the cross of Jesus Christ (SD, 13).

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

## Notes

<sup>1</sup> JOSÉ L. REDRADO, 'Evangelizzazione e pastorale sanitaria', *Dolentium Hominum*, n. 12/1989.

<sup>2</sup> CARDINAL CARLO M. MARTINI, *Vivere i valori del Vangelo* (Einaudi, Turin, 1996), pp. 90-91.

<sup>3</sup> Cf. FRIGIOLA GIUSEPPE, *La nuova evangelizzazione di Giovanni Paolo II*, (Progetto Gutenberg, Rome, 1995), p. 16.

<sup>4</sup> *La nuova Evangelizzazione e l'ospitalità alle soglie del terzo millennio* (Fatebenefratelli, Collana n. 6, Brescia, 1996), pag. 12.

<sup>5</sup> SERGIO PINTOR, *L'uomo via della Chiesa*, (EDB, Bologna, 1992), p. 187.

<sup>6</sup> Cf. Mt 25: 31-46.

<sup>7</sup> SR5 42: EV 10/2673.

<sup>8</sup> GIOVANNI PAOLO II, 'Messaggio in occasione della XII Giornata Mondiale della Gioventù 1997', n. 4.

<sup>9</sup> Cf. CARDINAL FIORENZO ANGELINI, in *Dolentium Hominum*, n. 32/1996, pp. 7-10.

<sup>10</sup> SERGIO PINTOR, *op.cit.*, p. 189.

<sup>11</sup> JEAN GALOT, 'La vittoria dell'amore', *L'Osservatore Romano*, 14 September 1996.

<sup>12</sup> From the *Discourses of St. Andrew of Crete*, bishop. From the Office of Readings – 14 September – Second reading.

<sup>13</sup> Cf. *Vida religiosa*, nn. 1 and 2/1996 (Istituto Vida religiosa, PP. Claretianos, Madrid).

<sup>14</sup> From the *Catechism of the Catholic Church*.

<sup>15</sup> GIOVANNI PAOLO II, *Omelia durante la celebrazione della Parola* (Viedma, Argentina, 7 April 1987).

<sup>16</sup> JOHN PAUL II, *Salvificis Doloris*, n. 27.

<sup>17</sup> 'Consulta diocesana di Padova per la pastorale della sanità' *Anime e corpi* n. 185/1996, p. 358.

<sup>18</sup> Cardinal Carlo M. Martini, *Vivere i valori del Vangelo* (Einaudi, Turin, 1996), p. 100.

<sup>19</sup> JOHN PAUL II, *Salvificis Doloris*, n. 26.

<sup>20</sup> Cf. 'Messaggio del Santo Padre in preparazione alla III Giornata Mondiale del Malato, 11 febbraio 1995', n. 4.

<sup>21</sup> JOHN PAUL II, *Salvificis Doloris*, n. 19.

<sup>22</sup> GIOVANNI PAOLO II, 'Missione e vi-

ta. Annuncia Cristo per far vivere il mondo, LXX Giornata Missionaria Mondiale, 20 ottobre 1996'.

<sup>23</sup> ANTONIO BELLO, *Coraggio! Lettera agli ammalati* (La Meridiana, Molfetta, BA, 1996), p. 9.

<sup>24</sup> B. HAERING, 'Il cristiano di fronte alle sfide della malattia e della violenza', *Crede oggi*, 6/1987, n. 42, pp. 88-89, quoted in 'La spiritualità nel tempo della malattia' AA.VV., *Camillianum* n. 1.

<sup>25</sup> GIOVANNI PAOLO II, 'Messaggio per la II Giornata Mondiale del Malato, 11 febbraio 1994'.

<sup>26</sup> 'In the Christian view of existence, pain can really be said to be a planet, because it receives light, justification, and value from Christ the Redeemer' (FIORENZO ANGELINI, *Quel soffio sulla creta*, p. 147).

<sup>27</sup> AAVV, *Pastorale degli infermi nell'ospedale e nella parrocchia*, (Paoline), p. 13.

<sup>28</sup> Cf. *Dolentium Hominum*, n. 21/1992.

<sup>29</sup> Cf. VITTORIO MADÈ, 'La pastorale dei malati nel 47° Sinodo della diocesi di Milano', in *L'ancora nell'unità della salute*, n. 4/1996, p. 316.

<sup>30</sup> JOSÉ L. REDRADO, *Curate infirmos y la vida consagrada* (Pontificio Consiglio per la Pastorale della Salute, Vatican City).

<sup>31</sup> RICCARDA LAZZARI, *Testimoni della croce e della gioia* (Camilliane, Turin, 1997).

<sup>32</sup> Cf. 'Un ejemplo concreto', *Riv. Ecclesia*, Madrid 7 September 1996.

<sup>33</sup> JOSÉ L. REDRADO, *Curate infirmos*, p. 121.

<sup>34</sup> *Op. cit.*, p. 119.

<sup>35</sup> FIORENZO ANGELINI, *L'eremo e la folla*, p. 111.

<sup>36</sup> *Op. cit.*, p. 154.

<sup>37</sup> P. ILDEBRANDO GREGORI, O.S.B., *Carissime Figliole* (Congregazione delle Suore Benedettine Riparatrici del S. Volto di N. S. Gesù Cristo, Bassano Romano, 1987), pp. 41-42.

<sup>38</sup> MATEO BAUTISTA, *Para mi amigo enfermo* (San Pablo, Buenos Aires, 1994), pp. 7-9.

<sup>39</sup> Cf. *Labor Hospitalaria*, n. 235/1995. *Cartas sobre el dolor*, pp. 52-56.

<sup>40</sup> ENRIQUE ROJAS, *Una teoria della felicità* (Paoline, Rome, 1988), p. 268.

<sup>41</sup> *Op. cit.*, p. 269.

<sup>42</sup> *Op. cit.*, p. 274.

<sup>43</sup> *Op. cit.*, pp. 274-275.

<sup>44</sup> ST. JOHN CHRYSOSTOME, 'Homily on the Second Letter to Timothy, 1-23'.

<sup>45</sup> Cf. AA.VV., Il significato cristiano della sofferenza (La lezione di alcune personalità emblematiche) (La Scuola, Brescia, 1982), pp. 8-98.

<sup>46</sup> JOSÉ VICO PEINADO, *Profetas en el dolor* (Paulinas, Madrid, 1981); JOSÉ L. REDRADO, 'Evangelizzazione e mondo sanitario: una sfida ai religiosi della sanità', in *Curate infirmos* (Pontificio Consiglio per la Pastorale della Salute), pp. 113-135; AA.VV., *Vivir sanamente el sufrimiento - Reflexiones a la luz de experiencias de enfermos*, Conferenza Episcopale Spagnola, Departamento di Pastorale della Salute, Col. Iglesia y Mundo de la Salud, n. 3; RICCARDA LAZZARI, *Testimoni della croce e della gioia* (Camilliane, Turin, 1997).

<sup>47</sup> Pontificio Consiglio per la Pastorale della Salute, *Giovanni Paolo II e la sofferenza* (Velar, Bergamo, 1995).

<sup>48</sup> FIORENZO ANGELINI, *Quel soffio sulla creta*, p. 148.

<sup>49</sup> *Op. cit.*, p. 160.

<sup>50</sup> *At one and the same time Christ has taught man to do good by his suffering and to do good to those who suffer. In this double aspect he has completely revealed the meaning of suffering, Salvificis Doloris*, n. 30.



<sup>51</sup> JOHN PAUL II, *Salvificis Doloris*, n. 30.

<sup>52</sup> GIOVANNI PAOLO II, 'Messaggio per la V Giornata Mondiale del Malato, 1997', n. 4.

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## *Testimony*



*Commission for Healthcare  
Catholic Bishops'  
Conference of India  
Report of the Activities  
for the Year 2002-2003*

*The Pastoral Care  
in Health Week  
Nampula, Mozambique,  
9-14 June 2003*

*Pastoral Care in Health  
in the Vicariate of San José  
in the Amazon  
during the Twentieth Century*

*The Tiber Island:  
on the Island of Health  
for Five Centuries*

# Commission for Health Care Catholic Bishops' Conference of India Report of Activities for the Year 2002-2003

## Introduction

The deliberations of the 25<sup>th</sup> General Body Meeting of CBCI on the theme, "The Church in Dialogue", held from 1 to 8 March 2002 in Jalandhar, set a new tone and orientation for the strategies of involvement for various CBCI Commissions. The Commission for Healthcare too decided to give adequate emphasis in the areas of networking and coordination, evolving policies and strategies through consultation, promotion of health education, and a special attention on healthcare interventions in emergency situations. With the approval of the CBCI Standing Committee, various initiatives were taken up to promote health in the larger interest of the country as a whole.

## 1. Election and Appointment

On March 7, 2002, during the CBCI General Body Meeting held in Jalandhar, Bishop Bernard Moras was elected as the new Chairman of the Commission for Health and Bishop Thomas Elavanal and Bishop Ignatius Menezes as its members.

The Commission would like to place on record our deep-felt gratitude and appreciation to Bishop Thumma Bala, the former Chairman and Bishop Gratian Mundadan, one of its former members, for their guidance, support and encouragement. We also congratulate Bishop Thumma Bala for having been appointed as a Member of the Pontifical Council for Health Pastoral Care, the Vatican.

As a follow up to the deci-

sion taken at the CBCI Standing Committee Meeting held on September 11-13, 2002 in Bangalore, Bishop Bernard Moras, appointed the following persons as Consultors to the Commission for Healthcare, on May 1, 2003. 1. Rev. Dr. Thomas Kalam, Director, St. John's National Academy of Health Sciences; 2. Rev. Fr. Sebastian Ouseparambil, Director, Catholic Health Association of India; 3. Dr. Vimala Mary, President, Indian Federation of Medical Guilds (IFMG); 4. Dr. Gracious Thomas, Co-ordinator, CBCI-IGNOU Chair for Health and Social Welfare; 5. Sr. Dr. Hermina, President, Sister Doctors' Forum of India (SDFI); 6. Mrs. Jeanette Menezes, President, Catholic Nurses Guild of India (CNGI).



## 2. CBCI-IGNOU Chair for Health and Social Welfare

CBCI and IGNOU (Indira Gandhi National Open University) signed a Memorandum of Understanding (MoU)

on February 29, 2000 and established the CBCI-IGNOU Chair on 'Health and Social Welfare' at IGNOU. The aim has been to impart quality education in the field of health and social welfare. The Joint Advisory Committee, which was formed as per the MoU, comprising of 3 members from these organizations, met on September 24, 2002 and November 6, 2003.

### 2.1. Fighting HIV/AIDS with education and prevention: A Study Programme on "HIV and Family Education", the outcome of CBCI-IGNOU collaboration

At a moment when the country is experiencing an unabated spread in the HIV pandemic, a serious and in-depth understanding on the modes of transmission, prevention care, counseling and other related issues, is very significant. The study programme on "HIV and Family Education" is aimed to this end. A certificate programme was launched in January 2002. After a year, in January 2003, the programme was further developed and a new diploma course was also initiated and launched by the CBCI-IGNOU Chair.

Anyone with a 10+2 qualification from any part of India can enroll for these programmes. The university has fixed the fee at a very reasonable level in order to provide this opportunity to more people. For a certificate course one needs to pay Rs. 800/- while for the diploma the fee is Rs. 1600/- inclusive of examination fee, registration fee as well as the print package.



These programmes are available both in English and Hindi. Already over 2,200 students have enrolled in these programmes. These programmes are being coordinated by Prof. Gracious Thomas, Director of the School of Continuing Education at IGNOU. It is a matter of great satisfaction to report that these value-based programmes have attracted wider attention. Already the Kenyatha University from Kenya has sought license to adapt this programme in that country. IGNOU has also started offering these programmes in Namibia.

### *2.2. A Bachelor Degree in social work, with a special emphasis on health issues*

The CBCI-IGNOU Chair planned for a bachelor's degree in social work with a special emphasis on health-related issues, and it was proposed to the Academic Council of IGNOU, which eventually gave its approval. Various meetings were held in connection with the development of this programme in which many experts from different Catholic colleges and departments of social work were invited, and their collaboration is sought, as experts, course-writers, etc. The programme is expected to be launched by July 2004, in Hindi and English.

### **3. Commemoration of the XI World Day of the Sick, Health Sunday and Healing Week-2003 on the theme "Caring for my Neighbour"**

"The term health implies harmonious living together and true caring for one another. Caring means feeling so united as to be one with the other, especially in the moments of suffering and sickness. It involves positive action, with compassion and commitment", wrote the Bishop-Chairman, in the Message of the Health Sun-

day and Health and Healing Week-2003. The theme "Caring for my Neighbour" was selected, as was explained in the Message; "In the deplorable background of the growing tension between individuals and communities and of the sporadic outbursts of communal violence in various parts of our country, an in-depth reflection on this theme is indeed, significant." As is now almost the custom each year, the theme was selected, and posters, bible-study etc. were prepared as a joint-effort of the Christian Medical Association of India (CMAI), the Catholic Health Association of India (CHAI) and the CBCI Commission for Health.

For the year 2004 the theme is, "Your Faith has Healed You" (Mt. 5:34), which is selected in view of greater emphasis on the spiritual and pastoral element in health-care, especially in our health-care institutions.

### **4. Emergency Interventions**

#### *4.1. The presence of volunteers gives comfort and relief to the victims of communal violence in Gujarat.*

As an emergency intervention, the Commission for Health organized a team of medical doctors and social workers to help the victims of communal riots in Ahmedabad. This was done in collaboration with the Social Service Department of the Diocese of Ahmedabad and Caritas India. At an earlier visit to Gujarat with a multi-religious team from Delhi, *Sadbhavana Tirthayatra*, it was identified that the immediate need in the relief camps was medical aid and trauma counseling. The Health Commission then organized a Trauma Counseling Session for a group of volunteers at the CBCI Centre, New Delhi, on April 13, 2002. Rev. Dr. P.O. Jose, SDB, who holds a doctorate in trauma counseling, was the resource person.

The team of 12 volunteers, consisting of medical doctors, nurses, social workers and two priests, left Delhi on May 9, 2002, and began their work mainly in three camps, such as Amman Chawk, Sundram Nagar and Juni Medeawali Chawl, and visited other camps at Shah Alam and Dariya Klhan Ghummat, all within Ahmedabad, where around 105 relief camps were existing at that time. The main work of the team was to offer medical and counseling services to the victims. For everyone in the team it was a unique experience of sacrifice and service with compassion, and for the traumatized people in the camps, a sign of solace and support.

#### *4.2. Visit to the Flood affected areas in Muzaffarpur and Purnea*

The breaking of embankments in the northern regions of Bihar at the end of August 2002 caused large-scale destruction in these areas leading to loss of human life and property. Caritas India initiated the overall relief and rehabilitation programme in these flood affected areas. The CBCI Health Commission was approached specifically to assess the health care situation and requested to propose programmes to ameliorate the condition. Mr. Sunil from Caritas India and Fr. Alex, the Secretary of the Commission made field-visits to the flood affected areas, especially villages like Sirnia, Sajauti, etc. near Dharbanga in Muzaffarpur and Gopalganj, Baghela etc. in Purnea from 1<sup>st</sup> to 5<sup>th</sup> September, 2002. A detailed report was submitted to Caritas India in view of resource mobilization for relief and rehabilitation.

### **5. Delhi Catholic Doctors' Meeting on "The Challenges of a Catholic Doctor Today"**

A meeting of Catholic doctors in Delhi was jointly organized by the Sister Doctors' Forum of North India,

Rajasthan-Uttar Pradesh Catholic Health Association and CBCI Commission for Health, on December 15, 2002 at the CBCI Centre, New Delhi. Archbishop Vincent M. Concessao of Delhi in his introductory talk expressed his concern at the false propaganda that is going on against the service provided by the Christian Community in India especially in the field of health and development. The Archbishop also mentioned that as the result of globalization the healthcare sector is being changed into a lucrative business and five star hospitals totally ignore the poor of our country. Dr. Lazar Mathew, the former Director of Institute of Nuclear Sciences, Dr. Sr. Alphonsa, the late president of RUPCHA were the main speakers.

#### **6. Inter-denominational Bishops' Consultation on Health Issues, in Delhi**

"The Government alone cannot tackle all the health needs of the people. It needs the partnership between the voluntary sector, especially faith-based organizations", said Dr. A. K. Walia, the Minister for Health of Delhi. He was speaking at the inaugural function of the Inter-denominational Bishops' Consultation on Joint-Strategic Planning on Health-related issues, held on April 28, 2003 at YMCA, Delhi. "Serious issues such as drinking water, poverty, malnutrition, communicable diseases like T.B, Malaria, HIV/AIDS, Hepatitis-B, etc. can be contained only if there is a close collaboration between every sector in a society", said the minister. "You (Christians) are able to contribute much; we can cooperate with you wherever possible", he assured the delegates. The day-long consultation was jointly organized by the Leprosy Mission, the Christian Medical Association of India, World Vision, the Catholic Health Association of India and the CBCI

Commission for Health. Participants were prominent Church leaders from various Churches, health professionals and senior functionaries from healthcare agencies.

#### **7. The Church's Collective Response to HIV/AIDS: Special Consultation of Bishops and Major Health and Developmental Organizations held in Bangalore**

The first case of the Human Immunodeficiency Virus (HIV) was detected in India in 1987. In the last 15 years the disease has spread rapidly all over the country. Today India is estimated to have about 4.5 million HIV positive people. It is said that if the spread of HIV/AIDS is not checked it is likely to wipe out the decades of development achieved in our country. Therefore, a special Consultation on "the Church's Collective Response to HIV/AIDS in India and a Scale up Action" was held on August 8-9, 2003 at St. John's Medical College, Bangalore. The programme was coordinated by the CBCI Health Commission in partnership with the Catholic Medical Mission Board (CMMB), New York, U.S.A. Together with 11 Bishops, representatives from three Catholic medical colleges and office-bearers of International and national health and developmental organizations such as CMMB, Caritas Internationalis, Caritas India, CRS, CHAI, the Catholic Nurses Guild of India, the Sister Doctors Forum of India and the CBCI-IGNOU Chair on Health and Social Welfare attended the meeting.

Archbishop Vincent Concessao in his inaugural message said: "The Church's activities must somehow reflect the ministry of Jesus and witness to His love and compassion. The Church, therefore, has to look at HIV/AIDS as an opportunity precisely to show its concern about the disease and see how best it

can serve the increasing number of patients in our country and enable them to experience God's compassion for them."

Rev. Dr. Robert Vitillo, Co-chairman, Caritas Internationalis AIDS Task Force, Rev. Dr. Michael Perry, OFM Cap, from the United States Conference of Catholic Bishops, Dr. Rabia Mathai, Global Director of Programs, CMMB, New York, Rev. Dr. Thomas Kalam and Dr. G.D Ravindran from St. John's National Academy of Health Sciences, Bangalore, Dr. R. Kuttan and Dr. Kesavan from Amala Institute of Medical Sciences, Trichur were the resource persons. Bishop Bernard Moras, the Chairman of the Commission, spoke on "the Collective Catholic Action against AIDS", and stressed that the approach in HIV/AIDS intervention should be holistic, and the response should be collective and concerted and inter-sectoral. The priority should be prevention through community participation, though the Church will continue to concentrate on care and support.

Some of the proposals that emanated from the discussion are as follows: formation of a national coordination team; finalization of the draft of the Church's policy on HIV/AIDS; regional level training of trainers; strategies for prevention; observance of HIV/AIDS Sunday; starting community or institution-based care and support and capacity building of existing organisations for greater involvement.

The first follow-up programme was organized on November 2-3, 2003 at St. John's, Bangalore, in which the Draft Policy and Strategy for future intervention, etc. were discussed. The Bishop-chairman sent out a Message for the World AIDS Day-2003, on the theme, "The Challenge to be His Light Today," which was translated into local languages on the initiative of the Bishops in-charge of health in the regional Episcopal Councils.

## 8. Seminars in Dioceses on Health, Health Education and Pro-Life in 2003

**Diocese of Meerut:** “Catholics working in the field of healthcare have the urgent task of doing all they can to defend life when it is most seriously threatened and to act with a conscience correctly formed according to the teaching of the Church”, said the Holy Father in his Message for the IX World Day of the Sick. The seminar organized for the healthcare personnel at the Meerut Seva Samaj was to familiarize with the teaching of the Church on pro-life and certain current issues on medical ethics.

**Diocese of Bhagalpur:** “Health education is considered as the core of healthy living”. The seminar in Bhagalpur was jointly organized by the CRS and CBCI Commission for Health on March 8 and 9, 2003. The participants, seventy in total, were mainly heads of educational institutions and healthcare personnel from the diocese of Bhagalpur. Bishop Thomas Kozhimala in his inaugural address reminded the participants that an inter-sectorial approach is essential in the effective empowerment of people in the communities.

**Diocese of Jhansi:** The Pastoral Centre in Jhansi hosted the next health seminar on March 16, 2003. Inaugurating the seminar, Bishop Frederick D’Souza, spoke in appreciation of the yeoman service rendered to the people by those in the healthcare institutions. “By your efforts, you are making Christ, the ‘Good Samaritan’, alive today,” said the Bishop. He reminded them also that the task ahead for the Church, in the scenario of high prevalence of communicable diseases like TB, Malaria, Kala Azar, and now HIV/AIDS, and various other health hazards, is to form more effective strategies as they work in communities. The seminar was organized by the CBCI Health Commission

and Jhansi Diocesan Health Commission, headed by Fr. Peter Parapilly.

**Diocese of Bareilly:** A seminar on pro-life and medical ethics for healthcare personnel was held on September 21, 2003 at the Diocesan Pastoral and Communication Centre in the diocese of Bareilly. Forty healthcare personnel working in various parts of the diocese attended the one-day seminar, jointly organized by the CBCI Commission and the Diocesan Health Commission.

**Diocese of Port Blair:** The entire Pastoral team of the Diocese of Port Blair – Bishop, priests religious and representatives of the laity – came together from 27 to 30 September, 2003, to deliberate on healthcare programmes for the coming years. Inaugurating the programme Bishop Alex Dias emphasized the importance of integrating health components in pastoral care and in the education ministry. The programme was jointly organized by the Catholic Health Association of Bihar, Jharkhand and Andamans (CHABIAN) and CBCI Commission for Health. At the end of the seminar a co-ordination team was formed and a plan of action for the future was prepared.

## 9. The Directory of Catholic Healthcare Facilities in India

Archbishop Cyril Mar Baselios, the President of the CBCI, released the “Directory of Catholic Health Facilities in India” on April 30, 2003 during the Meeting of the CBCI Standing Committee held in Delhi. The Directory, in 635 pages, contains details of all the healthcare facilities in 148 dioceses in India. It gives also an address list of major funding agencies in healthcare. The directory gives the latest healthcare statistics which show that the Catholic Church alone has 764 hospitals, 2587 dispensaries and health centers, 70

rehabilitation centers, 108 centers for the mentally challenged, 162 non-formal health facilities, 165 leprosaria, 418 healthcare centers for the aged, 61 centers for alternative systems of cure, 113 medical training centers and 5 medical colleges. Of these institutions, 85% are in remote villages, and most of the areas are otherwise totally or partially deprived of adequate healthcare services and structures. Christians, who are just 2,3 % of the total population, are the single largest group in India and offers 22% of healthcare service in this country.



## 10. “Health in Abundance”: A new Journal by the CBCI Commission for Health

With the approval of the CBCI Standing Committee of April 2003, the commission decided to bring out a quarterly journal, “Health in Abundance”. In its first issue of May 2003, the Bishop-Chairman explained its aims and objectives in these words: “The focus will be on the Christian values in healthcare. This journal will try to respond to Pope John Paul II’s repeated appeal “to build a culture of love and life and to fight against the culture of death.” The emphasis, therefore, will be on the moral and pastoral aspects of healthcare, which we hope will benefit the healthcare personnel and



leaders of communities in their attempts in bringing holistic health.”

### **11. Website by the Health Commission: [www.cbcihealth.com](http://www.cbcihealth.com)**

The CBCI Commission for Health has launched its updated website: [www.cbcihealth.com](http://www.cbcihealth.com). The website has details on healthcare involvement of the Church in India and topics on medical ethics, etc. It also contains information on the study programme on “HIV and Family Education” offered by the CBCI-IGNOU Chair and an on-line version of the current and past issues of the journal, “Health in Abundance.”

### **12. Meetings and Participation in Seminars and Programmes**

#### *12.1. Commission meetings*

The Health Commission had three special meetings. For the meeting held on April 19, 2002 at the CBCI Centre, New Delhi, Fr. Francis Borgia, Fr. Harry Stocks and Dr. Gracious Thomas were invited as experts for a better understanding on various areas of concern. On August 8, 2003, the Commission held its meeting at St. John’s Medical College, Bangalore, in which bishops in-charge of health commissions in the Regional Bishops’ Councils and five new consultants of the commission, were present.

#### *12.2. Other programmes*

The chairman and the secretary participated in two consecutive Annual General Body Meetings of CHAI, held on October 11-13, 2002 in Jalandhar and on October 24-26, 2003 in Secunderabad. Similarly both of them took part in the Golden Jubilee of the Catholic Nurses Guild of India held from 16 to 20 October 2002 in Bangalore, and 75<sup>th</sup> anniversary of

CMMB, which was held from 16 to 18 November 2003 in New York. The commission was represented at the international conferences organized by the Pontifical Council for Health Pastoral Care, which were held in November 2002 and 2003 at the Vatican. The Secretary took part at the XI World Day of the Sick, held from 9 to 11 February 2003, and at the Global Health Council held from 25 to 28 May, 2003, which were held in Washington DC. The secretary participated also at the Interdenominational Church meeting on HIV/AIDS organized by the National Council of Churches from 23 to 24 September 2003 in Nagpur.

### **13. Future Plans:**

#### *13.1. Revision of the health policy of the Catholic Church in India*

The commission plans to revise the health policy of the Church in India, which was brought out in 1991. Since health needs in our country have changed considerably and in the context of the globalization and privatization of healthcare in our nation such a revision seems imperative. This will include also a set of guidelines based on the Gospel values and the teaching of the Church on moral and ethical issues.

#### *13.2. Networking and partnership*

There has been a closer collaboration with the national health organizations, especially with the CHAI in the past years. The commission plans to work towards greater networking with CHAI, the CNGI, the Indian Federation of Medical Guilds, the Christian Medical Association of India (CMAI) and similar organizations.

#### *13.3. Communicable diseases*

The widespread increase of various communicable dis-

eases like TB, malaria, kala azar, HIV/AIDS, leprosy, etc. compels us to concentrate more on the preventive and promotive aspects, particularly by involving the healthcare, educational and developmental organizations of the Church.

### **14. A Word of Gratitude and Appreciation**

We take this opportunity to place on record our sincere thanks and appreciation for the whole-hearted support, encouragement and guidance that the commission enjoys



from Bishop Bernard Moras, the chairman. The commission’s members, Bishop Ignatius Menezes and Bishop Thomas Elavanal, deserve our special thanks for their valuable advice, assistance and support. We also thank all the esteemed members of the CBCI for the encouragement, Caritas, the CRS, the IGSSS, the CMMB and other agencies that have assisted us financially in the realization of various programmes and projects.

### **15. Conclusion**

In the recent Post-Synodal Apostolic Exhortation, *Pastores Gregis*, Holy Father, Pope John Paul II, explaining the mission of an integral proclamation of the “Gospel of Life”, points out that “When Christians try to humanize medicine and the care



of the sick by showing personal concern and closeness to the suffering, they become for everyone a powerful image of Jesus himself, the healer of bodies and souls". The Church in India, though a miniscule community of just 2.3 % of the total population, has been communicating Jesus, the divine healer,

in an intense way, especially through its effective presence in the healthcare sector in rural areas, which are totally or partially deprived of other health services and structures, and by her preferential option to serve the marginalized sick and the poor. The theme, "Church and social communications", reminds

everyone that they should continue to communicate by caring and serving the sick and the suffering.

Rev. ALEX VADAKUMTALA  
*Executive Secretary  
Commission for Health Care  
Catholic Bishops' Conference  
of India*



# The Pastoral Care in Health Week Nampula, Mozambique, 9-14 June 2003

Given the low presence of pastoral care in health in the life of parishes and dioceses, the Diocesan Committee for Pastoral Care in Health of Nampula decided to organise a training course lasting a week at a national level, that is to say for the whole of Mozambique.

The decision to organise this course was taken, even though there was an awareness of the economic and logistical difficulties that such an event would involve, with the encouragement of the Pontifical Council for Health Pastoral Care.

First of all, it was necessary to contact people who were specialised in this form of pastoral care and find a way to get them to Mozambique. Rev. Feytor Pinto, the national delegate for pastoral care in health for Portugal whom we contacted on the matter, told us about his strong wish to visit our country again – he had visited it over thirty years previously. It was only necessary to find the right date for those giving the papers that were in the programme. We also contacted Rev. Aires Garniero of the Hospital Order of the Fatabenefratelli, a psychologist and specialist in behaviour (dependency) illnesses, and he also agreed to take part in this training course.

The other speakers came from Mozambique itself. We turned to the Provincial Director for Health, Dr. Alberto Vaquina, who undertook to give a paper on health in Mozambique and in particular in Nampula, and to Dr. Ramon Ferrero, also a member of the Hospital Order of the Fatabenefratelli, the health care director of the psychiatric hospital of Nampula, who agreed to address subjects connected with his long experience in the field of pastoral care in health.

Despite the difficulties that were encountered in ensuring that representatives from the

provinces of Mozambique came to the course, because those furthest away were more than two thousand kilometres from Nampula, invitations were sent to all the provinces and dioceses. The result was the presence of students from seven dioceses and an encouraging total of sixty-five participants.

The week began with a slight delay as regards the programme of events because of the times of the flight arrival from Portugal. But we took advantage of the morning of the ninth day to present detailed information about the support that the Community of St. Egidio wants to give to Mozambique in its fight against AIDS. We are dealing here with a programme which is already underway in two of the principal cities of the country (Maputo and Beiro) and which will not be extended to Nampula as well. It involves providing the necessary analyses to diagnose this disease and help in caring for the carriers of the virus, including the administration of anti-retrovirals. During the training week the Director of the Anti-Aids Unit, Dr. Eusebio Chaquise, also gave two papers to the training week, in which he provided up-dated statistics in the spread of this disease in the southern region of the country and the trends envisaged for the future. These two papers were of great interest, both in health care and pastoral care terms.

In the evening, once Rev. Feytor Pinto and Rev. Aires Garniero had arrived from Portugal, the real programme of the week began. Rev. Avelinio, the Episcopal Vicar for Pastoral Care in Health, made a speech of greetings to those taking part which was given on behalf of the Archbishop.

Dr. Ferrero opened the proceedings by addressing the general subject of the concept of health and the way in which

it should be promoted in modern society. He stressed the value of emphasising prevention more than cure. The psychological, social and spiritual implications of the two concepts in contemporary consumer society and the way in which health can be promoted both individually and collectively were discussed and illustrated.

The Provincial Director for Health then spoke and provided an overall vision of the health care system in Mozambique and at a more practical level that to be found in the province of Nampula, of which he is the director. He accompanied his talk with a series of graphs and statistics that were very instructive. He enthralled the audience with his exposition and left the data that he had used so that they could be used for a more detailed subsequent study later on.

The following day began with the pastoral vision of health and illness with reference to the history of the Church and her magisterium in this field. Rev. Feytor Pinto and Rev. Aires Gameiro addressed subjects connected with the history of pastoral care in health from the pioneering beginnings in various countries until the publication of pontifical documents which consecrated such pastoral care in a definitive way, namely *Salvificis Doloris* and *Dolentium Hominum*.

Over subsequent days different subjects in the programme were addressed, both in their theological and their historical aspects.

The implications of this form of pastoral care at the level of different possible agents were also analysed in detail: health care professionals, pastors at a diocesan and parish level, members of the lay faithful and voluntary workers. But the role of sick people in the development and experience of

this form of pastoral care was also a subject that was not neglected.

A day was then dedicated to the study of the challenges provided by bioethics today in the vast field of its application and to the relationship between this discipline and medicine, law, morality and theology in general. We dwelt upon certain topical subjects about which pastoral care in health must reflect and in relation to which it should express its point of view, with reference to other criteria as well, and on such subjects of great topical relevance as the use of stem cells, frozen embryos, adult cells to replace existing ones, and so forth.

Reference was also made to the advisability of the Church and her representatives being up-dated so that advice can be given in different fields – the medical, social and political fields – in which health is present and promoted. Given that health is a valuable possession, the best way to distribute existing resources within poor countries must be studied. Useless waste through investing in appearances has to be avoided

given that those most in need do not have access to the basic needs of food, hygiene, drinking water or essential drugs and medicines.

The broad horizon now present in the world of health and health care requires an increasingly exact knowledge of the elements that condition that world: the quality of life, ecology, health care, etc.

Over subsequent days a complete survey of pastoral care in health in various contexts was provided: from hospital institutions with a large number of personnel and patients, which require a better organisation of the pastoral service offered, to small health care centres and also the family and personal context where the individual action of pastoral workers can be sufficient.

During the course of the training week we also organised an exhibition of books and material on pastoral care in health offered by the publishers St. Paul's who sent one of their sisters. At this exhibition these books and material were also on sale. This initiative was a further support for this form of pastoral care that will allow

us to keep up with the advances made in this field. Furthermore, during the papers given during the training week references were made to publications in the field and to the possibility of acquiring instruction on its various questions and issues by buying academic works where necessary.

An assessment carried out at an individual level at the end of the training week provided an overall result of over 70% of an assessment of 'excellent'. We thus feel encouraged to carry on in the future along this qualitative and methodological pathway so that, gradually, pastoral care in health will become a part of the programmes of the annual courses that the Catechetical Centre of Anchilo (where the training week was organised) will provide for the various courses that it teaches.

We hope that the fruits of this training week will be felt in the dioceses from which the various representatives came.

Fra. RAMÓN FERRERÓ OH,  
*Director of the Psychiatric  
Hospital of Nampula,  
Mozambique.*



# Pastoral Care in Health in the Vicariate of San José in the Amazon during the Twentieth Century

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Twelve ethno-linguistic families and sixty-three ethnic groups have lived along the banks of the Amazon rivers of Peru for centuries. The ethnic groups of the North West of the Peruvian Amazon did not form a part of the system organised by the empire of the Incas. The first Catholic priest to reach this region was Fra. Gaspar de Baltasar, the first chaplain of the Spanish expedition which, in obedience to the orders issued by Pedro de Orellana, arrived for the first time in Peruvian territory in 1542, and more specifically in the area of the river Rio. Fra. Baltasar wrote a detailed report on the areas populated by the natives and on the geographical size of these areas.

The first contact of the natives with the Europeans involved their exposure to diseases that were then unknown in the region; hence the major impact that these diseases had on these populations.

After these explorations, the Jesuits established settlements – the so-called '*reducciones*' – so as to evangelise and educate the natives, but their missionary effort was interrupted in 1878 when they were expelled from Peru (see Rev. Samuel Fritz, *Reducciones de Maynas*). In 1894 Leo XIII, who had been elected Pope in 1878, sent a letter to the bishops of the country in which he said that he wanted the eastern part of Peru to be evangelised. In order to meet the wishes of the Pope, Rev. Soto proposed the creation of three apostolic prefectures for the Selva region, named respectively San León del Amazonas, San Francisco del Ucayali, and Santo Domingo del Urubamba.

After being established, the Work for the Propagation of the Faith in the East of Peru was

entrusted in 1896 to Rev. Francesco de Lales SSCC. At the beginning of the twentieth century these three above mentioned apostolic prefectures were created, and this produced what Maria Victoria Fernandez, a professor of history, calls in her work 'The Missionary Church in Peru and the Augustinians in the Twentieth Century', 'the second entrance of the missionaries'. The prelature of San León del Amazonas was entrusted to the Augustinians; the prelature of San Francisco del Ucayali was given to the Franciscans; and the prelature of Santo Domingo dell'Urubamba was placed in the hands of the Dominicans.

This historical event took place at the end of the golden period of the production of caoutchouc, and for the natives, and in particular for those who had not been baptised – who were seen as 'savages' by the urban population – this period meant becoming marginalised because they were transferred by the 'caucheros' to be used as manual labour in production of caoutchouc. Other natives, of their own accord, moved towards the central part of the territory to avoid being forced to work in such conditions.

In 1901 the Augustinians reached the city of Iquitos, which had been the capital of the department of Loreto since 1887, according to what is related by Rev. Gregorio Martínez and Rev. Joarquin Garcia OSA in their reports to the regional vicariate of Iquitos in Amazonian Peru. Their mission was to begin the evangelisation of the natives. Rev. Paulino Diaz was made the Apostolic Prefect of the Vicariate of San León del Amazonas and Superior of the Augustinians, a position that he held until 1911, the year when he re-

turned to Spain and was replaced by the presbyter Pedro Prat. The missionaries were received with little enthusiasm by the urban population of Iquitos who were experiencing a flourishing period described by Rev. Jesús Victor San Román as the 'period of caoutchouc', a period which covered the years 1880-1914.

The work of native workers, or of workers who had emigrated from other provinces, in the production of caoutchouc exposed them to malaria, yellow fever, and snakebites, as we are told by Rev. Jesús Victor San Román in his '*Perfiles Históricos de la Amazonia Peruana*' (CETA-CAAAP-IIIAP, 1995). The difficult condition of the workers, described by among others Rev. Paulino Diaz, was the subject of reflection on the part of His Holiness Pius X in his *Lacrimabili Statu*.

The prefecture of San José del Amazonas was separated from the vicariate of San León del Amazonas in 1943. The jurisdiction of this vicariate covered 135,000 square kilometres and its first bishop was H.E. Msgr. Dámaso Laberge. On his death, which took place on 25 December 1968, this bishop was succeeded by the Canadian Franciscan, Msgr. Lorenzo Guibord Levesque OFM, who in 1967 was consecrated bishop and also made the Auxiliary of the vicariate. In 1971 Msgr. Guisbord asked the Congregation for the Propaganda of the Faith to allow the Association of the Franciscans of the Holy Apostles, to which he belonged, to pass under his authority.

On 17 January 1998, H.E. Msgr. Alberto Campos Hernández was made head of the vicariate. He is a Franciscan of Mexican nationality who is still carrying out his mission in a re-



gion of 89,000 inhabitants with twelve priests, five diocesans, seven male religious, three sisters, twenty-nine female religious, and seven women lay missionaries.

In 1971, that is to say after Vatican Council II, the missionaries of the Selva region of Peru met at a meeting on missionary pastoral care in the Alto Amazonas to reflect on their work. They have carried out their work of evangelisation and human promotion supported by the Centre for Theological Studies of the Amazon (CETA) and by the Amazonian Centre for Anthropology and Practical Application (CAAAP).

The CETA, which was created in 1972 by the now deceased Msgr. Gabino Peral de la Torre OSA, organises courses in theology. This prestigious institution, supported by the enthusiasm of the Augustinian priest Joaquin Garcia, is engaged in a massive publishing and documentation venture that contributes to the process involving the inculturation of pastoral workers.

One of the goals of the Amazonian Centre for Anthropology and Practical Application (CAAAP), which was founded in 1974 by the bishops of Amazonian Peru, is as follows: to accompany pastoral workers in reflection on the reality and contribute to the overall promotion of Amazonian man.

In the vicariate of San José del Amazonas the missionaries begun their service of rural pastoral care in health in a context in which the native communities had their own view of the cosmos and a holistic approach to the health/illness process.

Amongst the natives the exponent of religion who deals with illness is the medicine man, whose function is still active today and who carries out treatment through the oral administration of herbs, such as ayahuasca or toé, accompanied by songs and prayers. The natives, indeed, have a deep knowledge of the medicinal properties of plants.

Pastoral care in health began in the vicariate with the presence of the female hospital religious of St. Joseph, the sisters

of New Brunswick, who in 1948 reached Iquitos to move along the banks of the Rio towards the distant locality of San Pablo with a view to taking care of leprosy sufferers. At the time people suffering from this disease were stigmatised by society and were thus the social category that most had to endure situations that wounded human dignity. Some of the lepers had reached that place after a solitary voyage on a raft.

These sisters took responsibility for the leper sanctuary of



San Pablo, which had been created by the government of Peru by a law of 28 January 1925. By a decree of the then President of the Republic, Augusto Bernadino Leguia, it was designated as the centre where all the lepers of the country were to be sent. Sister Grant was one of the first people to be in charge of this institution.

For those lepers who did not have anyone to take care of them the female religious organised the 'Casa San José'. It is moving to see on the walls near to their beds photographs of their relatives whom they will never see again, and their tales about how they reached that locality are dramatic.

At the beginning of the 1990s, when Sister Juan Beltrave was the head of the health care centre of San Pablo, which is run by the state, she was supported in her work by receiving from the vicariate a medical doctor who had been sent out to provide his service. The CAAAP also provided training in emergency services to the auxiliary nursing staff.

During that decade the health care centre relied for a number

of months on the collaboration of two Spanish women doctors who helped to improve the quality of life of the leprosy victims by treating those who suffered subsequently from foot disorders.

In order to avoid the spread of the disease, the hospital sisters of San José created a school for the children of leprosy victims in the locality of Indiana. This programme was underway until 1969. In that year these children returned to live in San Pablo and were thus reunited with their parents. A health care institution was also created in this area which was subsequently entrusted to the state and which at the present time is a health care centre, with the permanent presence of a medical doctor, that engages in activity involving prevention and promotion for the community under its jurisdiction. A female hospital religious of San José works there as a nurse.

In 1951 the Sisters of Our Lady of the Angels reached the locality of Santa Clotilde on the river Napo in order to provide education to those who lived there. They created a college for women. Within the framework of this parish mission, the Franciscan missionaries promoted the creation of bilingual primary schools in the Quichuas community.

The sisters also organised a health care clinic where a priest and medical doctor, Rev. Jack MacCarthy, who had graduated in medicine in 1977, later came to work. This priest is still carrying on his activity today together with the presbyter of the Congregation of the Oblates of Mary and the medical doctor Mauricio Schoreder, who is of Canadian nationality. Sister Colette, of the Congregation of Our Lady of the Angels, also joined this medical team, and in addition to looking after patients in the health care centre she also took part in activities involving preventive medicine and the control of tuberculosis in the river communities.

The clinic became a state health care centre and at the beginning of the 1990s it was in practical terms a rural hospital with twenty-two beds, sound management in the hands of

the missionaries, and a medical doctor who engaged in the annual service required by the state.

The missionaries were also responsible for the health care provided to the members of their own communities and promoted the creation of clinics and the training of community health care workers. In June 1973 Rev. Juan Marcos Mercier, together with the health care directorate of Iquitos, co-ordinated the organisation of a course for health care promoters of the native communities – the Secoyas, the Ticunas, the Boras, the Vacacochas, the Yaguas, the Orejones and the Yumbos-Quichuas – living within the vicariate. The course lasted a month and involved the participation of Sister Teresa Hubert, a nurse from the clinic of St. Clotilde. The male religious doctors of this health care centre continued to train health care promoters in small groups, who were then transferred to St. Clotilde and stayed there for a specific period of time.

The Italian civil project 'Domani', organised in the High Napo with the support of the native communities of the Orikuan Association, together with the vicariate and the health care centre of St. Clotilde, co-ordinated the launching of activities involving preventive medicine within the jurisdiction of this mission. The missionaries of St. Clotilde promoted a system involving the listing and check listing of patients who went to the city of Iquitos in the boat of the mission when their clinical state required it. These people continued to receive the support of the missionaries.

In practical terms, the health care centre of St. Clotilde is a rural hospital with twenty-two inside beds. From this institution the male religious and Sister Colette went out to reach the communities for the purposes of vaccination campaigns or to engage in a programme for the control of tuberculosis.

Other parishes also responded to the need for health care in the rural areas. When returning from San Pablo across the Rio one meets the population of the

municipality of Pevas in whose territory live the natives of the Boro and Huitoto tribes of the river Ampiyacu, together with the Yaguas community. Sister Carballo encouraged them to train their own health care promoters and with her support in



the parish structures a course to this end was established. Another locality with the presence of missionaries is Yanashi, a parish that was reached by the Orsoline Sisters. These religious organised a health care clinic that deals with the needs of the rural communities, and especially the Yaguas communities of the river Orosa.

In an area bordered on one side by the city of Iquitos, after going down the Rio, one comes to the regions of the Tamshiyacu and the Aucayo. In this latter region the Orsoline sisters organised an educational centre and a health care clinic which was subsequently transferred to the state.

In the jurisdiction of the commune of Fernando Lores there is the Tamshiyacu region which, together with the Aucayo region, forms a nature reserve. When Rev. Clemente Larose was the parish priest (San Viator), until his departure he periodically visited the communities in his jurisdiction as a part of his pastoral ministry, and he paid special attention to a specific part of the Tamshiyacu region. He also co-operated in calling together health care promoters in order to provide them with training and he also offered the use of parish structures for these meetings.

During the cholera epidemic of 1991, the health care promoters of Tamshiyacu realised the need for preventive mea-

asures such as the building of latrines in the high areas of the communities in order to avoid the contamination of water supplies in the flood area, as well as the boiling of drinking water. The most seriously ill patients were transferred to the health care centre of Tamshiyacu, which is run by the state, or to the hospital in Iquitos.

A mobile service to help the most distant communities is another characteristic of the pastoral care in health of this vicariate. For many years Sister Gaetane Souey Martin, who is a nurse, was entrusted by the vicariate with running the preventive medicine service of the vicariate. On the advice of Sister De Lucia, the representative of the Pan-American Health Organisation, in 1979 she visited the communities along the river Napo of Tempestad, Chingana, Monterrico, Campo Serio, Rumi tumi, San Carlos, Puca Barranca, Negro Urco and Diamante Azul in order to assess the activities of the health care promoters working there and to carry out a survey of the most common illnesses on the region and to listen to the views of the inhabitants of the above mentioned localities.

For many years, the responsibilities of Sister Gaetane were not limited to the Quichuas communities alone. The medical doctors Brigida and Pedro Berweger, who in order to engage in a diagnosis of the health care situation of the Secoyas travelled the regions of the river Yubinetto and the river Anguilla (tributaries of the river Putumayo) in 1981, pointed out in their preliminary report that during the previous decade the only vaccination campaigns to have taken place were those organised by the vicariate itself. The first such campaign was in 1974/1975 and the second was in 1980 – years in which three new cases of polio were also diagnosed. In these communities were also to be found cases of plasmodium falciparum malaria, measles, and hepatitis.

During the 1980s, in the region of the river Putumayo, between Jerusalem and Ipiringa and the river Yubinetto and the river Anguilla, there was no

state-run health care centre and the nearest such structure was in Estrecho, which was five days' travel away. The only health care operator to periodically visit this region was Sister Gaetane.

In the training course for health care promoters organised in 1973 by the vicariate a health care promoter from the most heavily populated Secoya community received training. He then organised a small communal pharmacy. The Secoyas also have a traditional medical figure in their medicine man.

On 5 February 1985, His Holiness John Paul II went to Iquitos and addressed a message to the local population at the airport of this city. He declared: 'I also know about – and this is something that causes me pain – the insufficient attention you can pay to your physical health because of a lack of the medicines and means to keep your lives healthy'. He also exhorted his listeners to foster their spiritual and material advance. The answer to this appeal came from the vicariate, the non-governmental organisations and public institutions.

In 1989, an increase in the levels of the river Napo, which flooded the communities along its banks and produced the highest flood levels for the waters of the river Napo in forty-two years, had heavy repercussions for the inhabitants of the communities of the zone who lost their domestic animals and saw their fields flooded. In addition, a large number of wild animals also died. Worried by the situation, Msgr. Guibord provided for the mobilisation of the vicariate to support the communities involved.

In 1990, the second meeting on evangelisation and health organised by the 'Episcopal Commission for Social Action in the Selva Region' took place. The next meeting was organised the subsequent year in Iquitos and one of the subjects discussed at the meeting was the drawing up of a concept of overall health. The 'Provvida', an institution organised by the Catholic Church, which, together with the organisation and management of community dispensaries, constituted the

response (with a health care promoter) of these communities to a perceived need, also took part in this meeting.

The Orsoline religious Blandine Massicotte, of Canadian nationality, participated with great enthusiasm and energy in the training actions of the woman-child survival mobilisation programme of UNICEF for the women of the native and 'campesinas' communities of the vicariate. Inviting them to the city of Iquitos or meeting them in their communities, she promoted oral re-hydration therapy and urged a positive approach to breastfeeding.

In order to really appreciate the real scale of this initiative we need only remember that the inhabitants of most of the river communities do not have fresh water supplies and so drink water from the rivers; and given that there is no sewage system they are forced to use latrines.

A positive approach to maternal breastfeeding has also been very important because mothers usually make additions to the diet of their children very early on. These take the form of cow's milk and a drink called 'masato', which is



based upon cooked and minced cassava to which they add bits of chewed cassava in order to facilitate the process of fermentation. Another regional food given to breast fed children is called 'maduro' and this is made from cooked platan which is then mixed with water.

Amongst the forest children, diarrhoea-related diseases are an important cause of fatal ill-

nesses, and these children are also attacked by parasites that give them anaemia.

Another aspect to be borne in mind is that the task of training people to engage in mobilisation has meant the active participation of women in community actions based on solidarity and the promotion of the leadership of women in the river communities.

Sister Blandine, as a representative of the Department for Pastoral Care in Health of the Bishops' Conference of Peru, has continued to encourage the participation of pastoral workers and health care promoters from the river communities in actions involving prevention and promotion, including those from the remotest parishes such as that of Cabalcocha or the parish of the heart of Jesus of Orellana. These pastoral workers and health care promoters, in these meetings organised by the Department for Pastoral Care in Health of the Bishops' Conference of Peru, have found a space for reflection and the exchange of experiences.

All the parishes of the mission have progressively transformed their activities, moving from pastoral care involving services to social pastoral care for human promotion. Within its jurisdiction, the vicariate contributed to the creation of a health care structure in the rural areas, which was then taken over by the state, and to the training of rural community leaders in the field of health and health care in order to promote an improvement in the life conditions of their families and communities. At the present time, many of the pastoral workers who have borne witness to the commitment to the Lord by bringing his words to the remotest communities and providing them with service – an example of love for others – are no longer in the region. But they are alive in the memories and the oral tradition of its inhabitants.

Dr. CARLOS J. CHAVERA  
BIANCHI,  
*Surgeon,  
former head (1989-1992)  
of the Health Area of the CAAAP,  
Iquitos, Peru*



# The Tiber Island: on the Island of Health for Five Centuries

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The history of the Hospital Order of St. John of God, better known as the 'Fatebenefratelli', is inseparably bound up with the Tiber Island. At the same time the history of this Order is also linked to the history of hospitals. Although the present-day hospital has a very precise name ('San Giovanni Calibita'; 'St. John the Calibita'), there are very few Romans, and nobody outside Rome, who know the hospital as such. For everyone it is the hospital of the Tiber Island or even more simply 'of the Island', and in this there is a simple identification of a geographical connotation with the identity of the structure to be found on the island.

It is precisely this very special tie, which has lasted down the centuries, that deserves special analysis, an analysis which should not only and so much be of a historical character but one based upon reference to 'the philosophy of care'. In fact, the Fatebenefratelli carry with them a heritage made up of a *culture of hospitality*, and that makes them an advanced point of that Church which Paul VI deemed an 'expert in humanity'.

## 1. The Health Care Vocation of the Tiber Island

### 1.1. The origins of the island according to legend

Even though the Fatebenefratelli 'drew near' to the island only in the sixteenth century, the history of the island already had, according to legend, a centuries old health care tradition from the times of its origins.

According to a very old popular tradition recorded by Titus Livy and with a greater caution by other historians of the island, the island came into being during the age of the Roman

monarchy, in 509 BC, following a precise episode which Titus Livy himself described in the following way: 'The territory of the Tarquinians to be found between the city and the Tiber was consecrated to Mars and thus became the Field of Mars. It is said that exactly at that moment there was a crop of grain which was ready to be harvested. But because it would have been sacrilege to have taken advantage of such a harvest, a great crowd of people went there and cut the grain with all the stalks and bundled it up with cords, and threw it into the Tiber, which as happens in the middle of summer was at that time very low.<sup>1</sup> Thus the heaps of matter, lying in the shallow points of the river bed, ended up by settling and being covered by sediment. Gradually accumulating everything else that the river usually brings down with it, an island came to be formed'.<sup>2</sup>

Modern knowledge about watercourses provides us with a different idea of the facts and attributes the formation of the island not only to times that are much more remote but to the slow accumulation of the detritus of the river which later formed into sedimentary rocks. However, it should be observed, in support of the ancient legend, that there is the fact that recent surveys have found a notable quantity of grain five metres beneath the surface.<sup>3</sup>

### 1.2. The Temple of Esculapius

In 292 BC Rome was struck by a very serious plague that lasted for three years. At that point the Senate decided to send an embassy to Epidaurus to beseech the god of medicine, Esculapius, for help. Up to that point requests to him 'from afar' had produced no results. This god was wor-

shipped in the form of a golden snake in which it was thought the god was present but which was rarely seen by the faithful. This time, however, this snake came out immediately and after three days spontaneously reached the Roman trireme and then took the road to Rome. Although the banks of the Tiber were high, the snake threw itself into the river and reached the island. At the same time the epidemic stopped and, obviously enough, it was decided to build a temple to Esculapius on the island. The episode that has just been described in essential terms and in a very short way became enriched in the accounts of the different historians in various rich and picturesque terms that cannot be related here.<sup>4</sup>

The real reasons why the Tiber Island was chosen for the construction of the temple of Esculapius were many and can be traced back to the wish to locate the crowd of sick people who would have thronged there outside the centre of the city, to suspicion towards a cult that was after all 'foreign' even though popular, to certain diffidence towards the art of medicine which was often exercised by charlatans, or more simply to the need to have large quantities of water for the needs required by worship in the temple itself.<sup>5</sup> The temple was built where there is now the Church of St. Bartholomew, the construction of which employed certain materials of the temple which today take the form of marble fragments, certain mosaics and columns.

However much it may be immortalised by a copious iconography, the 'rebuilding' of the whole island in the form of a ship, the 'ship of stone' as it was called, is equally a matter of legend. Such a possibility is to be found solely in the existence a 'prow' on one of the



sides of the island, but nothing allows us to think that a planning of the whole site along these lines was ever envisaged.

### 1.3. Later Buildings

Roundabout the year 1000 AD, Otto II had a church built on the ruins of the temple of Esculapius which was designed to hold the relics of St. Adalbert of Prague.<sup>6</sup> The church was then dedicated to St. Bartholomew after his relics (or at least some of them) had been brought there by St. Beneventure.

After the temple of Esculapius, the Church of St. Bartholomew was the second health care connection of the Tiber Island. And not because of activity involving care, which was probably never engaged in, but because of the figure of the saint who by tradition was linked to healing. Indeed, many hospitals were named after him,<sup>7</sup> and of these the most famous is undoubtedly Old Bart's of London, one of the most prestigious hospitals of Victorian England.<sup>8</sup> The saint was prayed to above all else for help in cases of convulsions, muscular spasms, and nervous maladies in general.<sup>9</sup> As testimony to that past, there still exists the well from which, following a tradition that went back to ancient Asclepeius, water was drawn that was held to be 'miraculous', and this tradition continued until recent times.

On the other side of the island, where there the hospital of the Fatebenefratelli is to be found, the Church of St. John the Calibita was built. This still exists and still today this is responsible for the official name on the hospital.

John was the son of a noble Roman family that probably had its palace on the exact place where the hospital now stands or along the opposite banks. Abandoning the family home and the brilliant future that awaited him, John went to Bitania and became an *acemeta* (that is to say a non-sleeping) monk. After returning to his homeland after six years he continued his life of penitence and of being a mendicant at the

gateway of his father's home. His father did not recognise him but took pity on him and allowed him to continue in this activity. John only asked for a hut where he could live (*kalùbe*) and it was for this reason that he was subsequently known as the '*calibita*'. Only a little time before his death did he reveal to his parents who he really was. Because of these various biographical events he was soon seen as the patron saint of pilgrims and – or so we would say today – of the 'homeless', and he also had a notable reputation as a healer.

When the Fatebenefratelli took possession of the church that was devoted to him, which amongst other things contained his tomb, they wanted to conserve the name, even though this in the meanwhile had given rise to two difficulties. On the one hand, there was the confusion made by some people who identified this St. John (the Calibita) with other St. John (of God), who had founded the Fatebenefratelli, and on the other there was the fact that the reasons for the name were absolutely unknown because almost everyone failed to realise that the Hospital of St. John the Calibita was not the Hospital of St. John (another well known Roman hospital) but the hospital of the Fatebenefratelli or the 'Hospital on the Tiber Island'.

The provision of health care continued over subsequent centuries when, side by side with the building of the Church of St. John the Calibita, which had sprung up on the site of the chapel in which this saint had died, a monastery was built which at the outset was inhabited first by Benedictine fathers and then by Benedictine nuns.<sup>11</sup> As is well known, hospitality and care provided to the sick and infirm is one of the specific prerogatives of the Benedictine order, which in this monastery engaged in this kind of activity in an effective way.

## 2. The Arrival of the Fatebenefratelli in Italy

On the morning of 7 October 1571 the Christian army summoned to liberate the Mediter-

anean from the increasing danger of the Turks entered the Gulf of Lepanto. It was led by John of Austria<sup>12</sup> and amongst the 'nurses' to care for the soldiers were also to be found the friars of St. John of God.<sup>13</sup>

In Rome, in the meantime, Pius V was involved in discussing various affairs of state. All of a sudden, according to certain witnesses of the time, he stood up and looking at the sky said: 'this is no longer the time to discuss our affairs; hur-



ry to thank God; because our army at this moment has gained a victory over the Turks'. Telepathy? Supernatural inspiration? Mere legend? We do not know. But it is a fact that as a result of this victory this Pope established the cult of the 'Madonna della Vittoria' ('Our Lady of Victory'), subsequently altered and changed to the plural ('Our Lady of the Victories'), with a clear extension in a spiritual sense, as well as a general reference to 'Our Lady of the Rosary', to whose intercession was attributed the defeat of the Turks.

Probably, leaving aside a series of internal contrasts that arose along the return road between the 'Venetian' component and the 'Spanish' component of the army, there was a supernatural explanation given to that event and thus a renewed religious fervour took hold. This is, I think, to be seen as a by no means secondary factor in understanding the subsequent decisions taken by the hospital friars on their way back from the war.

St. John of God had died in Granada on 8 March 1550

without leaving behind him a real and authentic 'congregation' or religious 'order', even though we know with certainty that he wanted to create such a body.<sup>14</sup> His early companions, within the space of a few years, had founded hospitals in Madrid, Toledo, Cordoba and



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Lucena. In fact, beyond any formal steps, they already amounted to a diocesan religious family (as is clear from the existence of a habit and the constitutions). Even though it cannot be excluded that for some time a formal recognition of the institution was being thought about, worry about the provision of care and treatment were certainly far greater than concerns about juridical matters. Until, that was, a new factor came to accelerate this process. In fact, exploiting the good name of the friars and the ingenuousness of people, certain beggars had asked for alms in the name of, and behalf of, the Fatabenefratelli of St. John of God. The juridical formalisation of the institute became, from this point of view, even more necessary.

It is also possible that there was another factor that lay behind this step. At that time there were numerous 'communities' made up of members of the laity who lived together with a habit that was different from the clothes worn by ordinary people and who were under a sort of 'superior' but who, obviously enough, were not subject in the least to the authority of the local bishop. Often the members of these groups (like many other spontaneous groups with Church commitments that still arise to-

day) 'entered and left' such communities and at times provided witness that was not very edifying. In order to end this state of affairs, Pius VI himself in 1568 issued the papal Bull *Lubricum vitae genus* by which he obliged such people to choose one of the set of rules that had already approved by the ecclesiastical authorities and to adopt a life in conformity with it, either engaging in a profession of religious vows publicly or leaving their communities for good.

For this reason it cannot be excluded that in the presence of this papal Bull, which also obliged the community of the brothers of St. John of God to take this step, and given their wish for recognition on the part of the Pope, there was a strong impulse to ask the Pope for something more than mere conformity with his previous order.

Thus it was that Rodrigo da Siguenza, an senior brother of the hospital of Granada, sent Friar Sebastiano Arias and Friar Pedro Soriano to Rome to ask the Pope for the raising of their religious family (which by now was existing in a real sense) to the level of an institute by pontifical law. Agrisani tells us that this took place in 1569<sup>15</sup>, but it is likely that specific approaches in this sense had already taken place in 1568.<sup>16</sup> As events turned out, Soriano and Arias were sent to Rome in the spring of 1571.

Given that papal approval was given specifically at the beginning of 1572 in the form of the *Licet ex debito*, one may infer that for some months the two friars stayed in Rome while waiting for the hoped for papal approval of their order. Obviously enough, in that period they were not inactive and as Celi tells us they found lodgings in a small hospital where they took care of the poor people who had been admitted to it.<sup>17</sup> *This early presence and activity of the two friars, as well as the Pope's acquaintance with them, and esteem for them, would be fundamental in bringing about the subsequent establishment of the order in the city.*

Subsequent events can be summarised by quoting the

words of an accurate historian of the order: 'after obtaining the dispatches and the Bull from His Holiness St. Pius V, the venerable Father Sebastiano Arias took on the responsibility of taking them to Spain. Going through Naples with the Servant of God (Friar Pedro Soriano) and visiting Naples, they met in that city, the garden of the world, the most serene John of Austria, the victor of the famous battle of Lepanto, and as they had met him during their presence in the army in Granada, in which they had served in order to care for wounded soldiers and the sick people of Alpujarras, they went to see him and speak to him. And they received five thousand ducats from His Highness to found a hospital-monastery in that city, and this was the first to be founded in Italy. The venerable Sebastiano Arias returned to Spain with the Briefs whilst the Servant of God Pedro Soriano stayed on with the intention of proceeding with the foundation'.<sup>18</sup>

This hospital activity was actually begun at the already existing Hospital of Our Lady of the Victory (situated in the present-day square of the same name) in 1572, and this hospital was subsequently joined to the Hospital of St. James. After transferring for a brief period to the Hospital of St. Mary in Agnone, the Fatabenefratelli acquired an aristocratic palace in 1586 in the Tribunali district, and there they founded the Hospital of St. Mary of Peace, the structures of which still exist, and where the Fatabenefratelli would remain until 1866.<sup>19</sup>

### 3. The Fatabenefratelli and the Tiber Island

#### 3.1. Their establishment in Rome

Ever since his first 'stay in Rome', Rev. Soriano had wanted to found a hospital in that city but for various reasons this was not possible. After the foundation in Naples he went on a number of occasions to Rome. In 1581 he was successful in the undertaking and es-

tablished himself in an old orphanage (which had for some time transferred its activity to another place) in Piazza di Pietra near to the ancient temple of Hadrian, of which certain archaeological vestiges still remain today.<sup>20</sup>

We do not know very much about these early years of the activity of the Fatabenefratelli in Rome. The information we do have comes for the most part from an old manuscript,<sup>21</sup> which is even attributed to Soriano himself.<sup>22</sup> It is not possible to understand from this document why the friars specifically settled in that district and in that building. Russotto supposes that it was because of their proximity of this district and building to the other hospital structures, which were administered by the 'Spagnoli' (the Hospital of St. Mary of Pity and the Hospital of St. James of the Spanish) and even to the Roman College of the Jesuits, of which at that time St. Francesco Borgia, a great admirer of the Fatabenefratelli, was the Superior General.<sup>23</sup> This explanation is plausible, but I am more led to believe that this decision arose more as a result of fortunate circumstances such as the chance availability of free and suitable buildings, the convenient levels of their rent, the role of some acquaintance etc. The activity of care began on 25 March, the feast of the Annunciation, 'with only three beds, donated by Gaspar di Avila, a native of Almagro, and a few items of equipment, they began to exercise charitable hospitality to the benefit of those who were considered most in need of care, who at times had been encountered in some public thoroughfare'.<sup>24</sup>

In a short time the initial donation of six beds was joined by other such donations, and within three months there were twenty-two beds and fifteen religious together with various furnishings and other things. As Perotti observes: 'such were the beginnings of this hospital, that those humble hospital friars had to labour a great deal in searching for alms, not only in that city but also in other cities as well'.<sup>25</sup>

### 3.2. *Fatabenefratelli!*

It was precisely to such begging for alms that the attribution of the name of the religious of St. John of God is traced back: '*Fate bene fratelli!*' ('Do good brothers!').

This use goes back to the life of the saint himself who, as his first biographer observes, had the custom of going through the streets of Granada in the evening saying: '*hazeis bien por amor de Dios, hermanos mios en Jesu Christo*'.<sup>26</sup>

This sung refrain was immediately taken up by his religious who in the evening went through the streets of Rome begging with their alms boxes on their shoulders together with a bell with which they attracted the attention of possible benefactors. It is interesting to observe, however, that this was not a simple matter of begging, that is to say a request for an economic contribution for their activity of care and treatment. The friars, in fact, carried out a real and authentic work of *evangelisation* (which today has unfortunately been abandoned) by speaking about how short life is, the need for prayer, the duty to do good and avoid evil, spiritual suffrage for souls in purgatory, and so forth.

The custom of this itinerant preaching/begging for alms was formally prescribed in the first Constitutions of the Order (1587) and was kept, albeit in a more summarising form, in those emanated in 1616.

The popularity of the '*Fatebene-fratelli*' in Rome is also attested to by a '*villanella*'<sup>27</sup> of 1572 which read as follows:

'They go through Rome with hoods on their necks,  
Crying *Fate bene fratelli*  
To treat the poor sick people!  
There is no woman so mean  
As not to give alms to them,  
Or to be liberal and pious towards them'.

The reference to a hood requires a clarification. This was one of the characteristics of these religious, who once again followed the example of their founder who used to beg for alms with a hood (*capacha*), which is today kept in the small museum of the Basilica of St. John of God in Granada. This

hood was used to bring back the offerings that did not take the form of money. For a certain period of time this was the 'symbol' of these religious who in Rome were known as 'the hood friars'.

### 3.3. *The Move to the Tiber Island*

After three years at the hospital of Piazza di Pietra the religious transferred to the Tiber Island, which was destined to become over the next five centuries the heart of their whole hospital order and almost a universal symbol of religious health care.

The reasons for this move, I believe, are rather obvious and are to be traced back to the increase in hospital activity which could not be carried out in the small spaces of Piazza di Pietra, which, for that matter, could not be enlarged.

The opportunity, this time, derived from the availability to the religious of the Church of St. John the Calibita, together with the adjoining monastery which had first been inhabited by the Benedictine nuns and after their move to another place was occupied by the Brotherhood of the Bolognesi. The purchase was also made possible by a generous gift of 3,000 'scudi' by Gregory XIII. This gift, together with the concession of the church, had already taken place in 1582, even though another two years were to pass before the act of purchase was formally made due to the fact that the Bolognesi already possessed the building but had not yet finished paying the Benedictines for it.

The act of purchase was signed on 21 August 1584 and after a number of months which were dedicated to necessary reconstructions the religious transferred the sick and all their hospital activity to it. After a few years they also acquired adjoining areas, and this to the point of practically occupying the whole of the half of the island to the north of the two bridges. Since then one can say that the activity of enlarging and restructuring, albeit within the necessary limits im-



posed by the 'boundaries' themselves of the island, have never ceased!

### 3.4. *Our Lady of the Lamp*

An episode that certainly deserves to be remembered, even though it does not directly concern the sphere of providing care and treatment but rather the spiritual sphere, relates to the rediscovery of the so-called 'Madonna of the Lamp', whose feast is still celebrated today every 9 July.

The name goes back to a fresco of the thirteenth century that was originally to be found on the outside wall of the Tiber Island on the side of the Fabricio bridge. This image was held particularly dear by the boatmen who passed by it and in a sign of devotion looked at the face of Mary which was illuminated by a small oil lamp that burned beneath it.

In 1557 this fresco was the protagonist of an episode that was thought to be miraculous. It had been completely submerged when the Tiber was in flood but when the waters had gone down the lamp was found to be still alight. A further miraculous episode, to which the liturgical celebrations are linked, goes back to 9 July 1796 and is to be placed amongst a series of phenomena to which a supernatural character was attributed and which caused a stir amongst half the population of Rome: about thirty images of Mary, according to the Romans, moved their eyes. The phenomenon began to manifest itself with the image of Our Lady of Archetto and repeated itself in many other churches. The images that were involved in this phenomenon included that of Our Lady of the Lamp, and this obviously enough led to a further intensification in devotion to it, which was anyway already well consolidated by that time.

The image was then taken down and taken to the Church of St. John the Calibita, where it is still to be found, and in front of which, still today, the community meets every Saturday afternoon in prayer.

### 3.5. *Hospital Activity*

The original ward of the hospital (which I will discuss in greater detail later in this paper) usually contained fifty beds which were lined up against the walls of the ward, with twenty-five beds lined up on each side. In special circumstances at least twenty-five beds could be lined along the middle of the hall.<sup>28</sup> It appears, in fact, that these beds were put on special trolleys with wheels called '*cariole*'. From certain points of view they were forerunners not only of our contemporary mobile beds but also of ambulances, given that the sick person was often taken from his home and moved on these '*cariole*' to the hospital. During emergency times of epidemics, however, the total number of beds was over two hundred and they were placed almost everywhere, including the upper floors.

On entering the hospital the friars washed the feet of the patient. This was without doubt a gesture of humility, in memory indeed of the famous episode when St. John of God washed the feet of a sick man and this latter was transfigured into Christ.<sup>29</sup> But it was also a gesture which was a matter of hygiene given the conditions of the time when the sick person went around without shoes. The religious performed this act singing the *Benedictus* or a psalm.

The general information about the sick person was then recorded and he was given clean sheets, slippers, and a nightshirt and nightcap. Once the sick person had been put to bed (it is to be observed that the hospital practically only admitted people with a fever and sent those suffering from scrofula, ringworm or other pathologies or 'not critical' illnesses as we would call them today somewhere else), he received confession so that he could take Holy Communion before his first medical examination.

This examination took place the day after the celebration of Holy Mass, which took place in front of the altar that was positioned at the foot of the ward and could be seen by all the pa-

tients when they moved the curtains that surrounded their beds. All the friars were present at the medical examination and they read the so-called 'memory sheets' which were the forerunners of our 'clinical sheets'. There was also a 'physician's book' in which the prescriptions were also recorded, and which we could call an 'nursing sheet' *ante litteram*.

Food was distributed by all the religious present, including those who had the highest positions in the institution. The only 'dispensation' they enjoyed was that they did not have to take part in night duty. The food that was given included not only a first hot course but also a second course of meat, which was rather unusual for the time given that meat was considered a luxury commodity in those days, and certainly something that was not eaten every day.

The patient stayed in the hospital until he had recovered, and this included his convalescence. In order to encourage, as we would say today, a greater 'rotation' in the use of the hospital beds, in the seventeenth century a building was purchased in today's Via Agostino Depretis to serve as a convalescent home ('S. Maria della Sanità' 'St. Mary of Holiness').

### 3.6. *Health Care during the Epidemics*

In addition to ordinary hospital care and treatment, the Hospital of the Fatebenefratelli stood out in particular for the service it rendered during the various epidemics that afflicted the city of Rome. And this was not only because of the special dedication shown towards sick people by the religious order but also because of its actual geographical location within the city – it was central but at the same time it was also isolated.

The first epidemic took place on 1591. It was a terrible 'pestilence' that lasted only a few months and from the descriptions of it that have been handed down to us it was in all probability a typhus epidemic. We do not have many documents bearing on this episode



yet we know that the Fatabenefratelli also admitted patients from the nearby 'Ospedale della Carrozze' ('Hospital of Carriages') that the Camillians had opened in the present-day Piazza Bocca della Verità and which they had been forced to close probably because they were short of friars, all of whom had indeed died because of the disease. Because of the care and treatment that they had given during this episode, Pope Gregory XVI defined the Fatabenefratelli in the following way in his papal Brief of 1591: 'Those that engage in works of hospitality and every other form of charity in a praiseworthy way, in Rome and elsewhere, providing a very high example of humility and charity and of edification of the faithful'.<sup>30</sup>

The second epidemic was the (authentic) pestilence of 1656, which has gone down in history as 'the plague of Cardinal Gastaldi', given that it was this Cardinal who was entrusted with co-ordinating preventive measures throughout the city at the time. He did this with great care and wisdom, and to such an extent as to notably reduce the number of infected people in Rome compared with other cities in Italy. In this work of his as an 'epidemic specialist' he was well helped by a French medical doctor who was a member of the order of the Fatabenefratelli – Rev. Pasquale de l'Homme. After the epidemic was over the people of Rome praised this man as the person who had, after a certain fashion, defeated the pestilence. Amongst the most important measures of prevention that was employed was that of creating an isolation ward on the Tiber Island which could be easily controlled given that access could only be gained to it from the two bridges to the island. It is interesting to observe that it is precisely to this period that we can trace back one of the miracles thanks to which St. John of God was canonised, and more specifically Isabella Arcelli's recovery from the plague when she was in the isolation ward on the Tiber Island.<sup>31</sup>

Other epidemics during

which the work of the Fatabenefratelli on the Tiber Island stood out included cholera epidemics, in particular during that of 1837, when Rev. Benedetto Vernò, who a few months previously had been elected General of the order, was called to work together with Cardinal Sala, the President of the Commission for Public Safety.<sup>32</sup> It appears that it was because of the esteem that Rev. Vernò won as a result of his activities during this epidemic that he was proposed for the Cardinal's hat. In addition to the care and treatment provided during the later epidemics of 1854-55, reference should also be made to the epidemic of 1867 in Albano which broke out with great intensity. The friars of the Tiber Island worked hard to support the community of that town and they also acquired the management of the two local pharmacies.

### 3.7. Two Great Restorations: the Sala Assunta and the Sala Amici

It would be impossible to outline in a few pages the various building initiatives concerning the hospital on the Tiber Island, even though these have been closely correlated with the work of the Fatabenefratelli. The historical experience of their founder, in fact, was closely connected to 'hospital structures'; not only to care and treatment in a general sense provided to sick people. After being incarcerated in the lunatic asylum wing of the Royal Hospital of Granada, St. John of God prayed to God to allow him to be able to have 'a hospital where one can look after sick people as I would wish it'<sup>33</sup> after he was discharged from that wing. This orientation was at the centre of the charism that was then handed down to his spiritual sons.

In this sense, one of the most interesting experiences, at least during the first two decades of the history of the order, was exactly this kind of 'building humanisation', that is to say the building of a structure not only so that it could be a place to welcome sick people but also

so that it would be *in conformity with that welcoming*. Two initiatives on the Tiber Island bear witness in a special way to this intention: the Sala Assunta and the Sala Amici.

Until the eighteenth century there was only one hall in which the patients were placed, and with all probability it was not particularly functional given that it was high up compared to the level of the street



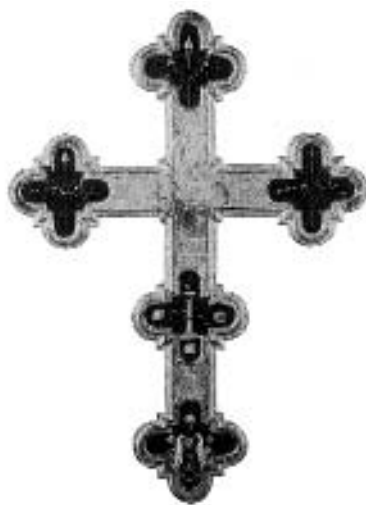
and had no more than about fifteen beds. In 1702 building was begun on a much larger hall on the ground floor which was able to hold fifty beds and was built according to real criteria of 'structural humanisation'. At the end of this hall, as was the custom, there was an altar with a large tapestry, the work of Andrea Gennaroli, depicting the Assumption, and this was framed by a Baroque triumph of angels that gave special solemnity to the whole milieu. This room was inaugurated on 1 March by Pope Clement XI as was recorded by a tapestry that unfortunately was destroyed in the bombings of 1943.

This room or hall was particularly bright given that large windows opened directly onto the floor next to the street and the light that came through them was reflected onto the large white facing wall. The beds, with canopies and a curtain so that one patient could be isolated in a visual sense as well from another, were placed against the walls. The fifty beds could easily be doubled in number by placing others along

the middle of the hall, as has already been observed. Six large frescos were on the ceiling so that they could easily be seen by the sick people as they lay on their backs on their beds.

This hall with various structural changes remained in large measure as it was until the year 1981, when the patients were transferred and the hall was transformed into a modern and functional conference hall.

As regards the Sala Amici,



this had different origins. In 1858, thanks to a large donation made by Francesco Amici, a new hall was built whose construction was entrusted to the architect, Azzurri, who was a real authority in the field of hospital buildings in which he had specialised abroad following precise orders from Pius IX. Azzurri infused into the new construction all his professional skill and expertise and at the same time brought about the first expression of 'environmental humanisation'. To the principal room, which had space for twenty beds, he added a small room for convalescent patients and a small isolation room with two beds. At the end he put a room for the overseers. For the system of ventilation he created eighteen windows positioned in such a way that currents of air that could harm the patients were not present. In fact, the most logical arrangement as regards ventilation would have been to put the windows under the ceiling but this would have deprived the patients of the opportunity of looking out of the

room and would have generated a sort of 'prison effect'. The problem was solved by the so-called '*a libretto*' style windows, which allowed the two positions alternatively and which were thus introduced into Rome for the first time. Heating was provided by twelve pipes that were connected to two fireplaces. Two chair commodes, with a clay vase and then a zinc vase underneath, were used for sanitary purposes.<sup>34</sup>

This hall was in use until 1993 when it was demolished to be rebuilt into the present surgery section.

### 3.8. The Pharmacy

Even though we do not have evidence on the original creation of the pharmacy, this must have taken place at the same time as the foundation of the hospital, as for that matter was the custom with the other houses of this religious order. The pharmacy appears in various apostolic reports and visits from the early part of the seventeenth century onwards and was always described with words that expressed appreciation of its orderly character and its efficiency.

The pharmacy did not confine itself to producing pharmacies for patients within the hospital but in time it also opened to external customers, as for that matter the pharmacies managed by other monasteries (run by the Benedictines, the 'Cassinesi', the 'Minimi', etc.) began to do,<sup>(35)</sup> selling drugs and medicines at more moderate prices than was the case with other pharmacies in the city. This gave rise to the protests of the 'secular' pharmacies which turned to the University of Chemists, and gave rise to numerous controversies which required the intervention of the public authorities. These last sometimes prohibited the sale of some drugs and medicines, then allowed their sale again on precise conditions, and then prohibited some religious orders from selling them and allowed other such orders to offer them for sale. The friars, in part out of protest and in part out of a very

rigorous application of their charism, began to give drugs and medicines away without charge. But this, too, obviously enough, was not something that pleased the chemists of the time.

Decrees of various Popes, from Clement XII to Benedict XIV, then prohibited the opening of conventional pharmacies to the general public, with the sole exception of the pharmacy on the Tiber Island, as long as the profits from it were all used for the pharmacy itself or for the hospital.

Special praise was given to this pharmacy by the already referred to Cardinal Antonio Sala, who with reference to what the friars had done during the cholera epidemic of 1837 said: 'How could the commission say nothing about the noble disinterest with which so many drugs and medicines were supplied by the pharmacy of the Fatebenefratelli at a very low cost?'

Unfortunately, the bad laws that suppressed the religious orders also involved in 1873 the pharmacy meeting with the same fate as the hospital, with the property being taken away from the religious. However, the Commission for Hospitals signed a convention with Rev Alfieri, the Superior General of the order, and rented the pharmacy to the 'Civil association of the Fatabenefratelli'. In 1892 (as will be described in greater detail later in this paper) the religious managed to regain possession of the hospital and of the pharmacy as well. The pharmacy was then radically restructured in the years 1930-1934 and acquired what was to remain its present form.

### 3.9. The Napoleonic and Risorgimento Storms

The events connected with the hospital have often been intertwined with the events of Roman politics, and this was especially the case on two occasions: during the French occupation of 1808 and during the events of the Italian Risorgimento.

French troops entered Rome on 2 February 1808 under General Miollis. Despite the situa-

tion of progressive and evident conflict between the French and the Romans which was destined to end up with the arrest of Pius VII by Napoleon, General Miollis always demonstrated a special benevolence towards members of religious orders and the Church authorities themselves, and to such an extent as to be accused of connivance or at least of weakness. There were two reasons for his approach.

The first was due to the fact that General Miollis had a brother, a bishop, who had previously taken refuge in Rome because he had refused to swear in favour of the civil constitution of the clergy in France. His brother, the General, could not forget the protection that had been given to his brother, and where possible he returned the favour. Secondly, a personal friendship existed between General Miollis and the Superior General of the Fatabenefratelli, Rev. Romolini, whom he had met at Leghorn a few years previously when the latter, as a superior of the hospital of that town, had admitted a large number of French soldiers and overcome every form of parochial hostility. It is a matter of historical fact that after the occupation the French government established a committee for the reorganisation of all hospital health care, which was to include the closure and fusion of certain health care structures. As events turned out, not only was the hospital on the Tiber Island not in the least touched (indeed, even when it was subsequently taken over by the state the friars continued to work there undisturbed) but Rev. Romolini was called to be part of the committee of benefactors and was entrusted by the administrative committee with renewing the 'Ospedale di Santo Spirito in Sassia' ('Hospital of the Holy Spirit in Sassia').

The period of the Risorgimento was another period which involved the hospital in various vicissitudes, and more precisely the troubled period of the creation of the Roman Republic.<sup>36</sup> The hospital of the Fatabenefratelli, together with the Hospital of the Holy Spirit and

the 'Ospedale di S. Maria della Consolazione' ('Hospital of St. Mary of Consolation'), was identified by the triumvirate as one to which the wounded of the fighting were to be brought. From the registers it emerges that at that time more than one hundred and fifty soldiers were admitted to the hospital on the Tiber Island. As a result of the fighting of 22 June, when Luciano Manara and Goffredo Mameli, as well as the famous Milanese painter Girolamo Induno, were amongst the wounded, these figures were both cared for and treated by the friars, who also hid them, given that the French authorities were looking for them in order to put them on trial.

But it should not be thought that at a time of war-induced hatred the friars did not engage in their duty to provide health care beyond national, religious or political boundaries. With the same zeal, indeed, they cared for French soldiers, as for that matter is borne witness to by a letter sent by General Rosoltan to the prior of the hospital on the Tiber Island, Rev. Colognesi: '*Après l'entrée de troupes françaises à Rome, vous avez reçu dans l'hôpital dirigé par vous, un grand nombre de soldats malades; les soins que vous n'avez cessé de leur prodiguer, les attentions dont ils ont été l'objet, le zèle et le désintéressement avec lesquels vous avez rempli votre philanthropique et charitable ministère vous ont mérité leur reconnaissance. Ils vous ont aussi donné des titres à notre bienveillance et à notre souvenir reconnaissant.*'<sup>37</sup>

### 3.10. From its Elimination to our Times

With the fall of Rome, the laws suppressing the religious orders and the expropriation of their goods and property, which had already existed for some time in the rest of the Kingdom of Italy, extended their range. Once the 'Board for the Liquidation of Ecclesiastical Property' had been established in the city, the hospital on the Tiber Island was expropriated, although the friars were allowed to stay there (as had already

happened in other parts of Italy) 'to ensure the assistance and service provided by the hospital, separated from monastic ties'. The protests and appeals of the Superior General, Rev. Alfieri, were to no avail, the last of which was personally addressed to the King. On the morning of 8 February 1878 a committee headed by the mayor of the city, Ruspoli, appeared at the hospital to proceed with the expropriation. In a very cold fashion Rev. Alfieri handed over the keys, accompanied the committee to see the buildings, but refused to sign the official documents handing over the hospital.

However, the Town Council was not of a sufficient competence to manage the hospital, as the religious had done so diligently for more than two centuries. It worked, therefore, to rid itself of the hospital until it found three buyers: a certain Mr. Leitner and two partners – the priests Berthelin and Menêtre, who asked to purchase it. In reality, these were three members of the Fatabenefratelli, and the whole of the manoeuvre was arranged in secret by Rev. Alfieri himself. In order to obtain the purchase price, which amounted to four hundred thousand Italian lire, all the houses of the order were subject to a special tax. Thus in a rather pantomime fashion the friars took back possession of their hospital, and restarted their previous activity of providing care and treatment as though nothing had happened.

The rest is history and is under the eyes of all those who today go to the Hospital of the Island to be admitted, for a consultation in the clinic, or for a visit to a family relative or to a friend. Or why not? Sometimes as mere passers-by or as tourists who stop and look.

## 4. Conclusion

As has often been said in this paper, it is not easy to summarise in one paper centuries of the history of a hospital, and what is more of what has been the driving engine of the order, that is to say its general curia. In addition, when one attempts



such an undertaking one always runs the risk of exposing oneself to inevitable and most of the time involuntary omissions – but why wasn't reference made to...why did you not speak about...

It is exactly for this reason that I have refused to venture into the impossible undertaking of addressing, albeit succinctly, the very many and splendid religious personalities who have drawn near to the Tiber Island leaving behind themselves 'abundant fruits of good works'. I will confine myself to citing just one, from recent times, who in a certain way was representative of all the others and who through the strength of his prophetic witness left behind him a wake that is certainly destined to remain not only in the history of this hospital Order but of health care in general. I am referring here to Friar Pierluigi Marchesi (1929-2003), the Superior General of the Order from 1976 to 1988 and the 'prophet of humanisation'.

It is specifically to this subject that he dedicated his fundamental document (*Umanizzazione*, 1981), a subject that was taken up in nearly all of his writings, speeches and activities. And I would like to take from this volume certain passages to summarise this paper, from which one can well understand how what has been exemplary in hospital health care, and has found in the Tiber Island not only its specific historical implementation but also a symbol of idealism that should always been striven for, is always to be placed 'beyond' a tension that – if only raised high – can never betray the glorious past to which the Tiber Island is itself a living witness.

'To humanise a hospital is not like putting a coat of paint on the walls of a house; it means acting in a radical way on the structure of the house itself. It is an action that overturns relations, forms of communication, power, the affective life. This is because relations, power, forms of communication and feelings are directed towards the sick person, to his well-being: the sick person is the centre of a humanised

hospital, and finally he can receive answers that are not only scientific or technical in character but also human.

A religious hospital that does not know how to give answers in a way that respects freedom, truth and love has no possibility of defining itself as such and no right to define itself as such. To be really humanised it must have the following characteristics:

- a humanised hospital has no doors, that is to say it is open, it is transparent. Everybody can not only frequent it, respecting its efficiency, but can also see, criticise, help it to always be precise in its service;

- a humanised hospital has a well-defined map of power which is transparent at all levels, and this includes the religious. Trust in the lay collaborators characterises a humanised religious who works in hospitals: he sees in the collaborators people who can in their turn become humanising; for this reason he supports them and does not see them as competitors, as people who 'are on the other side';

- a humanised hospital believes in team work. The Prior and the community of a humanised hospital believe in the men who work under the same roof, and do everything to increase their trust, their spirit of collaboration, and their work in common;

- in a humanised hospital there is on-going training. This training involves all the collaborators, and in particular the religious;

- a humanised hospital is a family home; it is the fulcrum around which revolves the professional, affective and intellectual life of the workers, the sick people, and the family relatives'.<sup>38</sup>

Prof. SALVINO LEONE,  
Director of the Service  
of Humanistic Medicine  
of the Roman Province  
of the Fatebenefratelli,  
Lecturer in Moral Theology  
and Bioethics.

## Notes

<sup>1</sup> To become aware of the character of this statement one need only observe what happened last summer as a result of the drought caused by the marked increase in the temperature of the environment – the deepest parts of the riverbed were indeed left 'high and dry'.

<sup>2</sup> T. LIVY, *Ab Urbe condita*, II, 5.

<sup>3</sup> Romolo Augusto STACCIOLI 'L'Isola Tiberina nell'antichità: storia e archeologia', in AA.VV., "L'isola della salute", *Amici dell'Ospedale Fatebenefratelli dell'Isola Tiberina*, (Rome, 1996), p. 29.

<sup>4</sup> Valerius Maximus, Aurelius Vittore, Festus, Pliny the Elder, Ovid and even St. Augustine.

<sup>5</sup> R.A. STACCIOLI, *op. cit.*, pp. 47-49.

<sup>6</sup> Emperor Otto III was very close to St. Adalbert, the Bishop of Prague and the evangeliser of the Bohemians, because he had come to his court after all of his family had been exterminated in his homeland.

<sup>7</sup> By a singular coincidence it is probable that in one of these, in the city of Palermo, the Fatebenefratelli provided care for a certain period of time, as is suggested by some authorities who have engaged in a careful reading of a number of relevant documents (cf. S. LEONE, *Storia dei Fatebenefratelli nella Provincia Romana*, Bi.Os., Rome, 1999, p. 77).

<sup>8</sup> It appears that the decision to build it was taken specifically after a visit made to the Church of St. Bartholomew on the island. A minstrel of the court of Henry I (a certain Rahere), indeed, had asked the English delegation that had gone to Rome for Lateran Council I to bring with him with them. But falling ill he had himself taken to St. Bartholomew's and drank the waters from the 'miraculous well'. He promised that if he recovered he would have built a hospital in London dedicated to the saint. This is what in fact actually happened (G. MAGLIOZZI, *Rahere e l'Isola della salute*, n. 7-8, 1967, pp. 210-212).

<sup>9</sup> It cannot be excluded, however, that the connection between St. Bartholomew and healing had followed another path, namely a medical one. After being martyred by being flayed alive, his effigy in statue form was often used as a model for the purposes of anatomic demonstrations. For this reason he became a figure that was after a certain fashion held 'dear' by medical doctors, as well, precisely because of his martyrdom, as being the ancient protector of the arts of surgery.

<sup>10</sup> In fact they lived in cenobitical communities where prayer was continuous for twenty-four hours every day, thanks to their special system of turns. Thus it was the community as a whole that never slept rather than the individual monks themselves. It was not unusual, in monasticism with Syriac origins, for there to be various and extravagant forms of ascetic practices (cf. I. PEÑA, *La straordinaria vita dei monaci sirii*, Ed. Paoline, Cinisello Balsamo, 1990).

<sup>11</sup> Because of the name of their founder, the Blessed Santuccia da Gubbio, they were popularly known as 'le Santuccie'.

<sup>12</sup> The illegitimate son of Charles of whose existence the heir to the throne, Phillip II, only learnt after the death of his father. This is discussed in detail in the next section.

<sup>13</sup> For further details see S. LEONE, *Storia dell'Ordine Ospedaliero nella Provincia Romana*, vol. 1 (Naples, Bi.Os, Rome, 1997).

<sup>14</sup> This can be clearly deduced from what he confided a short time before dying to an acquaintance (cf. F. DE CASTRO, *Storia della vita e sante oepre di Giovan-*



ni di Dio, Granada 1585, chap. XVIII).

<sup>15</sup> Cf. F.M. ANGRISANI, 'Li fasti umili dell'ospitalità', ms. of 1721 (General Archives of the Order, coll. Stor. 87). There is no published version of this text. We only have a typescript transcription made by Rev. Gabriele Russotto which is kept at the 'Archivio della Provincia Romana'. The page references in these notes refer to this typescript.

<sup>16</sup> In that year the *Lubricum Vitae Genus* was issued by which the Pope ordered that within twenty-four hours the communities (which lived in the style of 'religious communities') had to say whether they wanted to engage in a profession of religious vows. If they did, within a month they would have had to choose a rule from among those that existed and make their vows. Otherwise, they would be dissolved or the reluctant religious thrown out.

<sup>17</sup> D. CELI, *Miraculosa vida y santas obras del beato patriarca Iuan de Dios* (Burgos, 1621), chap. XXIII.

<sup>18</sup> J. SANTOS, *Chronologia Hospitalaria y resumen historial de la sagrada Religión del glorioso Patriarca San Juan de Dios* (Madrid, 1715), p. 515

<sup>19</sup> For the complex events of this period see G. RUSSOTTO, *S. Giovanni di Dio e il suo Ordine Ospedaliero*, vol.1 (Centro Studi San Giovanni di Dio, Rome, 1969).

<sup>20</sup> This building, which is still visible and the current location of the Roman stock exchange, was constructed specifi-

cally within the ruins of the temple. Suitable walls closed the spaces between the columns.

<sup>21</sup> The text ('Memoria de conpra de san Joan Colabvita in Ynsola') was published for the first time by A. PAZZINI, *Assistenza e ospedali nella storia dei Fatebenefratelli* (Marietti, 1956), pp. 119-120.

<sup>22</sup> Fra Gioacchino PEROTTI, 'Memorie storiche su la vita di san Giovanni di Dio e intorno al suo Ordine degli Spedalieri', p. 141, Rome, General Archive of the Order.

<sup>23</sup> G. RUSSOTTO, 'Le origini dei Fatebenefratelli in Roma' in *Antologia per un giubileo* (Centro Studi S. Giovanni di Dio, Rome, 1980), p. 23.

<sup>24</sup> G. PEROTTI, *op. cit.* p. 151.

<sup>25</sup> G. PEROTTI, *op. cit.* p. 142.

<sup>26</sup> 'Do good out of love for God, my brothers in Jesus Christ' (F. de CASTRO, *op. cit.* chap. XII).

<sup>27</sup> A 'villanella' (from 'villano', a peasant) is a versed dancing song with three or four voices, of Neapolitan origins.

<sup>28</sup> A good summary of the various reports on canonical visits and inventories has been carried out by M. FRANCINI, *Il Tevere sotto il tetto* (Centro di Documentazione Giornalistica, Rome, 1982).

<sup>29</sup> The episode, which is one of the most recurrent in the iconography of this saint is related to us by Celi in his biography, which is more a collection of anec-

dotes than the presentation of rigorously historical episodes. After the revelation of Christ in the form of the poor man, Celi tells us that St. John of God heard Christ himself say: 'John, when you wash the feet of the poor, it is mine that you are washing (D. CELI, *Burgos*, 1621, chap. IX). Hence the custom of these religious that is referred to in the text.

<sup>30</sup> A. PAZZINI, *op. cit.*, p.374.

<sup>31</sup> An interesting iconographical reference to this healing remains: a large tapestry by Francesco Solimena (1657-1747) kept at the Museo Civico di Castel Nuovo in Naples.

<sup>32</sup> G. RUSSOTTO *op. cit.* II, pp. 224-225.

<sup>33</sup> F. DE CASTRO, *op. cit.* chap. IX.

<sup>34</sup> For all information on this subject see the monograph published by F. AZZURRI, *La nuova Sala Amici nell'ospedale dei Fatebenefratelli all'Isola Tiberina* (Rome, 1865).

<sup>35</sup> I derive this and other facts about the pharmacy at the hospital from L. HUETTER, 'Farmacie conventuali in Roma', *Vita Ospedaliera*, n. 1 (1951) pp. 11-17.

<sup>36</sup> On this subject see L. HUETTER, 'L'ospedale dei Fatebenefratelli per i feriti del 1849', *Vita Ospedaliera*, n. 3 (1949) pp. 57-60.

<sup>37</sup> From the *Gazette du midi*, Marseille, 6 December 1849 (quoted by A. PAZZINI, *op. cit.* p. 343).

<sup>38</sup> P. L. MARCHESI, *L'umanizzazione* (Centro Stampa Fatebenefratelli, Rome, 1981), pp. 104-110.





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