MISSIONARY DISCIPLES IN THE WORLD OF HEALTH

Guide for Health Ministry in Latin America and the Caribbean

Preface

The fifth general conference of the Latin American episcopate held in Aparecida, as an event of grace for the Church which journeys and works in the continent of south America, is a sign of the work of the disciples of Jesus Christ, whose identity is only understood in strict communion with him and his message. 'The new life of Jesus Christ touches a human being in an integral way and develops, to the full, human existence in its personal, familial, social and cultural dimensions. Life in Christ cures, fortifies and humanise. Because he is the living Christ, who walks at our side, manifesting to us the meaning of events, of pain, of death, of happiness and of celebration' (DA, n. 356).

There are no other contents in the message of the disciples of Jesus Christ than those of returning to the new and full life that the Lord offers to men of all cultures and all epochs, and offers above all to the frailest and most vulnerable members of society.

In the same dynamic of love with which God draws near to suffering humanity in Jesus Christ, the Church comes close to people who are met in situations of abandonment, of exclusion and of pain, who contradict the project of the Father, in order to make a commitment to the culture of life (DA, n 358).

God's love leads a Christian to go to the places and conditions of suffering where humanity lives in order to proclaim the value of the presence of the Kingdom of Life which must be manifested through witness to nearness, affectionate closeness, attentive listening, compassionate love and total solidarity with everyone, especially those who are going through the extreme experience of suffering at home, in hospitals, or in rehabilitation centres.

Pastoral care in health, as a specific activity of the disciples of Jesus Christ, is transformed into a proclaiming of the death and resurrection of the Lord, who is the only true salvation (DA, n. 419). An essential aspect in understanding this is the promotion of life in its integral dimension. This is not an action that involves merely the provision of social care to a sick person but, rather, it opens up to the accompanying of that person's family, which is bearing all the difficult responsibilities of looking after a sick person at home. With the proclaiming of Jesus Christ, who is near to the sick, pastoral care in health offers comfort and courage during the difficult moments that the family undergoes. The disciples of the Lord understand and live the solidarity of their teacher who made himself a neighbour to a multitude of sick people

and people in need in order to heal them and retrieve their dignity, reintegrating them into social life. It is solidarity that gives dignity and goes beyond personal and familial limitations and understands that one must work for a public policy whereby governments draw up basic guidelines for the health of the population. This move from pastoral care for the sick to pastoral care in Health is important because it offers the possibility of working holistically so that people can live with dignity. It is not possible to provide only assistance to a sick person: one has to go much further in order to change social structures and allow a healthy and worthy life. The Church, in her mission of making present the Kingdom of God, is called to promote and defend life in all its dimensions and seasons; 'she is called to be the advocate of justice and the defence of the weak' (DA, n. 395), and she never ceases to act so that conditions for a development of life with dignity are re-established.

I am happy to present the edition in Portuguese of the text 'Missionary Disciples in the World of Health – a Guide for Pastoral Care in Health in Latin America and the Caribbean', the outcome of long work, of fraternal and fertile dialogue between those who work in the field of pastoral care in health of the Bishops' Conference of this continent, which is called to be the continent of love. This will be a useful and valuable tool for the carrying out of this specific form of pastoral care which seeks to answer the great questions about life, and about the meaning of suffering and death, in the light of the death and resurrection of the Lord (DA, n 418).

I appreciate the great efforts made by the support team for pastoral care in health of the Department for Justice and Solidarity of CELAM and, in particular, of Fr. Leo Pessini, a Camillian, for his support for the translation of this *Guide*, but above all else, for his direct participation in its composition.

I pray that this *Guide* may give a renewed impulse to pastoral care in health and reactivate a new missionary passion in the proclaiming of the news of the life of Jesus Christ to our people.

+ Dom Raymundo Damasceno Assis
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President of the Bishops' Conference of Latin America – CELAM.

Aparecida, 25 May 2010,
the Birthday of St. Camillus de Lellis.

Presentation

"The church has made an option for life" (Aparecida 417). This conclusive affirmation of the Latin American and Caribbean Bishops, joined together in Aparecida in 2007, situates us in the task that the Church must carry out in the world. Even when they ask what the mission of Jesus' disciples is, they respond clearly and conclusively: "Living and communicating the new Life in Christ to our peoples" (Aparecida 348).

John Paul II had already stated, in the Encyclical *Evangelium Vitae,* that "The revelation of the Gospel of Life is given to us as a treasure which must be communicated to all: so that all men may be in communion with us and with the Trinity (cf. Jn. 1:3). We cannot have full joy if we do not communicate this Gospel to others…" (EV 101).

In this context we find Pastoral Health Ministry as "the response to the great questions of life, such as suffering and death, in the light of the Lord's death and resurrection" (Aparecida 418). Our task is thus, to promote, care for, defend and celebrate life, bringing into history the liberating and salvific gift of Jesus, who has come to bring us life and life in abundance (cf. Jn 10:10).

With this spirit we offer the Episcopal Conferences of Latin America and the Caribbean some general guidelines to inculturate the Good News into the world of health care.

This "Guide" is the fruit of work carried out in the Regional and Latin American meetings of Pastoral Health Ministry which, since 1989, have been organized by the Department of Social Pastoral Ministry-DEPAS-CELAM, now the "Department of Justice and Solidarity-DEJUSOL".

In the Second Latin American and Caribbean Meeting, carried out in Quito, Ecuador in 1994, a first work document was drawn up which was enriched with the contribution of the Episcopal Commissions and the groups of Pastoral Health Ministry that are committed to the evangelization of the world of health care throughout this continent. This first phase of the process culminated in the Third Latin American and Caribbean meeting held in Santo Domingo in 1998, where there was also discussion of the topics of the training of pastoral workers in the area of health.

The Fourth Meeting (Sao Paulo, Brazil, 2003), worked on strengthening the process of structuring and organizing Pastoral Health Ministry in Latin America and the Caribbean.

Following this there were the Regional Meetings of Camexpa (Mexico and Panama) and the Caribbean, Southern Cone and Bolivarian countries with the goal of updating this guide with the contributions of different countries.

In 2007, the Fifth General Conference of the Latin American Episcopate took place with the theme "Disciples and missionaries of Jesus Christ so that our nations, in Him, may have Life", in the light of the biblical text "I am the Way, the Truth and the Life" (Jn 14:6).

The Fifth Latin American and Caribbean Meeting of Pastoral Health Ministry, which was held in Panama in 2009, proposed the revision and updating, once again, of the Guide, in light of the Aparecida document. The text that we now offer the Episcopal Conferences and the Christian communities is a fruit of this process.

Together with this guide, CELAM offers the "Manual of Theology and Pastoral Health Ministry" and other material for training which, without a doubt, will be a valuable resource for the formation of professionals and pastoral workers that serve in the world of health in Latin America and the Caribbean.

We are thankful for the ongoing and generous commitment of the CELAM Support Team for Pastoral Health Ministry, as well as the collaboration of all the people that have helped this Guide to become a reality. May these guidelines help to drive and strengthen Pastoral Health Ministry throughout the continent. May the whole Christian community, with a renewed missionary spirit, feel called to announce, celebrate and serve the Gospel of Life and of Hope (cf. EV 80-91).

+ José Leopoldo González González
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CELAM Secretary General
February 11, 2010
World Day of the Sick

Introduction

1. This document seeks to offer the whole Christian community guidelines and standards regarding Pastoral Health Ministry in Latin America and the Caribbean.
2. Modern-day society, especially in the world of health, has experienced numerous and profound changes that call us to be in an attitude of listening and seeking to act pastorally with efficacy and realism.
3. A suffering person is cause for worry and care in the missionary action of the Church. Suffering and pain affect a person not only in their physical aspect, but it affects their integrity and their family and social environment; they are inseparable companions of humanity. To alleviate pain, one needs medicine and analgesics; to alleviate suffering, we must find answers about the meaning and transcendence of human life.
4. In 1981, John Paul II already suggested, "It is necessary to delineate a unifying project of Pastoral Health Ministry in collaboration with the whole Christian community", in an attitude of openness, valuing the contributions from psychosocial sciences and medical research, with a solid theological and Biblical foundation and a structure and organization specific to Latin America and the Caribbean.
5. In this vein, we see that it is important to unify criteria, guidelines and language. We no longer speak of pastoral care of the sick, but pastoral care of health in its three dimensions: solidarity, community, and political-institutional, because the Church's action must reach the complete reality of the person where they live and act, and not only their situation of being sick.

   It is a humanizing and evangelizing ministry that manifests the gestures and words of a merciful Jesus and conveys consolation and hope to those that suffer; a ministry that announces the God of life and that promotes justice and the defense of the rights of those who are weakest, of the sick; that involves the whole Christian community in an organized and structured task within its overall Ministry

Chapter 1

What is health?

6. Health is the affirmation of life and, as such, has to do with subjectivity, spirituality, coexistence, a culture of recognition of differences, of joy, and of celebration. It's also a respectful coexistence with nature: the experience of relationship with the earth as mother of life and as home and environment for all living beings.
7. Health is a fundamental right that states should guarantee and to which every person should have access without privileges or exclusions.
8. Health is a harmonious process of physical, psychic, social and spiritual well-being and not just the absence of sickness, which trains a human being to fulfill the mission to which God has destined them, in line with their current life stage and condition.

   Health is a "biographical" experience: it encompasses the different dimensions of the human person and it is closely related to the experience that each person has of their own corporeal nature, of their place in the world and the values on which they build their existence. In summary, we could say that health is harmony between body and spirit, harmony between a person and their environment, harmony between personality and responsibility.
9. Health is an essential condition for personal and community development that has certain requirements, among which we highlight:
   - Balancing health with diet, education, work, financial compensation, advancement of women, children, ecology, environment, etc.
   - Taking on the actions of promotion of and defense of life and of health, not just in function of the immediate needs of people, of communities and of interpersonal relationships, but also in function of the development of public policies and national, local and parochial development projects, in a framework of equity, solidarity, justice, democracy, quality of life and citizen participation.
10. This dynamic and socioecological understanding of health allows us to understand not just the physical, mental and spiritual causes of sickness but also the social causes, and from this perspective, to contribute elements for a dialogue and a pact between society and the Church to improve the situation of health in the countries of Latin America and the Caribbean. In addition, it allows health ministry to have a referential framework for the development of its actions and work plans.

Chapter 2

The reality of Health in Latin America and the Caribbean[*1]

11. The Church expressed its preoccupation and anguish faced with the "increasing impoverishment of millions of our brothers reaching intolerable extremes of misery, the most devastating and humiliating scourge experienced by Latin America and the Caribbean."

Economic Aspect

12. In 2007, the approximate population of Latin America and the Caribbean reached a total of 565 million inhabitants, of which almost 209 million people continue living beneath the poverty line, and furthermore, millions suffer from extreme poverty. The gap between poor and rich is continually growing. This situation has structural causes, but it has been increased by the effect of neoliberal austerity policies, applied in almost all our countries, in order to foment an international insertion of Latin America and the Caribbean into an increasingly globalized and interdependent world, where the great powers decide the planet's destiny.
13. These policies of structural adjustment had their main justification in the fiscal and external macroeconomic imbalances that were accentuated in the 80s and 90s.

    "The 80s were characterized by the scourge of inflation accentuated by a fiscal deficit, the weight of external debt and monetary instability, the destruction of state economies by the loss of fiscal resources, inflation, corruption, the drop in national and foreign investments…, very unfavorably affecting the economy of our countries. This situation continues and is getting worse."
14. Today, close to 200 million people lack regular and expeditious access to health care services due to geographic location, economic barriers, or the lack of health centers nearby. 53 million people have no access to potable water; 127 million people lack basic sanitation systems; 100 million people have no access to trash collection.

    Millions of people that suffer the ravages of this crisis and the economic adjustments have no protection from the state; on the other hand, society's solidarity is still insufficient to address the magnitude of these socio-economic problems.

[1] * The information cited in this chapter comes from the document "Health in the Americas" (PAHO/WHO), which utilizes numbers and statistics sent by the health and governmental authorities from each country.

15. In these years of austerity under the neoliberal model, social spending has gone by the wayside, especially in the areas of education, health and social security, giving priority to the payment of foreign debt. This has led to a situation of greater poverty and discouragement in the populations of Latin America and the Caribbean, with a negative repercussion on communities' development.
16. A challenge that we are faced with in the present moment is orienting economic development towards a perspective that incorporates preoccupation for the human person and the environment and the deepening of democracy not only as a method of government but also as a substantial way of life.

Demographic aspect

17. An inversion of the demographic pyramid is in progress, as a consequence of the reduction of the birth rate and infant mortality and an increase in life expectancy, leading to an ageing of the population. We are seeing large migration between countries and forced internal displacements of population, due to violence and the search for improved life conditions that have generated a traumatic urbanism with grave consequences for a population's health.
18. It is necessary to reflect on and denounce the concept of a demographic explosion presented by the first world as the only cause of poverty, and not considering it to be a fruit of injustice, of corruption and of poor resource distribution. It is a fact that the indicators of fertility and birth rates have dropped in Latin America and the Caribbean but life quality indicators have not improved; on the contrary, there has been an increase in poverty, which generates more sickness and death.

Social Aspect

19. The Church mentions the suffering faces of Christ in Latin America and the Caribbean in the Documents of Puebla, Santo Domingo and Aparecida. We read in Aparecida:

"There are the indigenous and Afro-American communities, which often are not treated with dignity and equality of conditions; many women who are excluded because of their sex, race, or socioeconomic situation; young people who receive a poor education and have no opportunities to advance in their studies or to enter into the labor market so as to move ahead and establish a family; many poor people, unemployed, migrants, displaced, landless peasants, who seek to survive on the informal market; boys and girls subjected to child prostitution, often linked to sex tourism; also children victims of abortion. Millions of people and families live in dire poverty and even go hungry. We are also concerned about those addicted to drugs, differently-abled people, bearers and victims of serious diseases such as malaria, tuberculosis, Chagas disease, leishmaniasis,

and HIV-AIDS, who suffer from loneliness, and are excluded from family and community life. Nor do we forget those who are kidnapped and the victims of violence, terrorism, armed conflicts, and public insecurity; likewise the elderly, who, in addition to feeling excluded from the production system, often find themselves rejected by their family as people who are a nuisance and useless. Finally, we are pained by the inhuman situation of the vast majority of prisoners, who also need us to stand with them and provide fraternal aid. A globalization without solidarity has a negative impact on the poorest groups."

20. It is worrisome to see the lack of comprehensive attention to and the situation of abandonment of many elderly, mentally ill, terminally ill and people with special needs.

    Aparecida makes a special call regarding five situations: people living on the street, migrants, the sick, drug addicts, and prisoners.

    Other realities like the excessive cost of and the lack of controls of price and quality of medicines, organ trafficking, sterilization of the sources of life, the incredibly elevated number of abortions, the proliferation of proposals and laws legalizing its practice, human trafficking, especially of children and women… demand an answer.

21. It is also worrisome to observe the advances of medical and scientific technology which only benefit a privileged sector of the population and often intervene in human life with no ethical or bioethical values.
22. On the other hand, Latin American and Caribbean countries have had to attend simultaneously to health problems born from poverty and underdevelopment and sicknesses characteristic of developed countries, such as chronic diseases (diabetes, hypertension, tobacco use, cancer) and degenerative diseases (Alzheimer's and Parkinson's), and those due to external causes (family and urban violence, traffic and workplace accidents…).
23. The social breakdown, the situation of violence and crime has led to alarming increases in homicides, suicides and violent deaths, particularly in certain countries.
24. This is in addition to mental health problems, such as depression and anxiety, which are exacerbated by situations such as the deterioration of the environment and life conditions and the increase in violence.
25. A key point is the new focus on the factors that cause sickness and death.

    We know that longevity is affected 53% by life habits; 20% by the environment; 17% by genetics, and only 10% by the health system, which has been the primary preoccupation.

    According to the data of the Pan American Health Organization (PAHO), in the Americas, there are approximately 700,000 annual deaths due to causes that are

preventable with current knowledge and resources. Among these, diarrheic infections are responsible for a high proportion of children's deaths.

It is estimated that forty million Latin Americans live in an area of moderate to high risk of malaria transmission and more than one million people, mainly children under five, die each year from malaria infections.

In recent years, dengue cases have increased, 430,000 in 2005, reflecting the serious lack of precaution and care by the population and health authorities.

At the same time, tuberculosis affects more than 350,000 people and kills 50,000 annually. This situation is made worse by the coinfection of tuberculosis and HIV/AIDS and by the resistance of tuberculosis to combined treatments, which impedes attempts to control the sickness throughout the region.

The so-called tropical sicknesses are directly linked to poverty, malnutrition, lack of education and unemployment.

In almost all the countries of Latin America and the Caribbean, there is a process of epidemiological transition in which chronic-degenerative diseases will substitute the sicknesses of infecto-contagious transmission as main causes of morbidity and mortality, except in Haiti, where transmissible diseases continue to be the main cause of mortality, with a total estimated rate of 351.2 deaths per 100,000 inhabitants, followed by sicknesses of the circulatory system with a mortality rate of 227.9 per 100,000 inhabitants.

Both circulatory system sicknesses as well as cancer, chronic respiratory sicknesses, and diabetes, have become the main causes of death, together with external causes such as accidents, homicides and other forms of violence.

26. Cholera has spread in recent decades, bringing to light the underdevelopment and lack of adequate infrastructure for health, potable water and basic sanitation which affects the population, especially the poorest sectors. There are over one million cases of malaria per year, while pulmonary tuberculosis, leishmaniasis, dengue and sexually-transmitted diseases continue claiming victims.

There have been successful campaigns to eradicate poliomyelitis, tetanus, diphtheria, and pertussis in children under five; nevertheless, there are still outbreaks and epidemics of measles and neonatal tetanus.

Unfortunately, a serious decrease in infant vaccination has been observed, with the associated outbreaks of preventable contagious diseases.

27. Malnutrition is a health problem that affects at least 10% of the region's population: 52 million people in 2003 (there is no more recent data) and close to seven million children under five. In some countries the situation is even worse, where malnutrition reaches 28% of the population. Even though there has been a drop in global infant mortality, the perinatal morbidity and mortality rate is still a source of concern.

HIV/AIDS, a significant public health challenge

28. A 2006 morbidity analysis of the Americas indicates that the main causes of death that have the greatest effect with respect to years lost for men are diabetes, HIV/AIDS and homicide.

    According to estimates by the WHO and UNAIDS, at the end of 2005, there were approximately 3,230,000 people with HIV/AIDS in the Americas, of which 1,940,000 were in Latin America and the Caribbean. In 2005 alone, 220,000 new cases were diagnosed, including 30,690 minors under 15 years of age. It is believed that these reported numbers are far below the real ones, as there is a low reporting rate and a delay in the sickness notification process. In 2005, 30% of adults with HIV/AIDS in the Americas were women (25% in North America, 31% in Latin America and 51% in the Caribbean).

    The reported cases are increasing, especially among women. It is estimated that 104,000 people die annually due to HIV/AIDS infections in the Americas, which means that 211 people die every day in Latin America. Aparecida states: "We regard it as extremely important to encourage a ministry to people living with HIV-AIDS, in its broader context and in its pastoral meanings. It should promote accompanying people with understanding and mercy, and defending the rights of persons who are infected, make information available, and promote education and prevention with ethical criteria, primarily among the younger generations, so as to awaken the consciousness of everyone to contain this pandemic. We ask governments to provide free universal access to AIDS drugs and the proper dosages."

Ecological Aspect

29. There are numerous threats to the environment today: deforestation, water and air pollution, erosion, desertification, acid rain, effects on the ozone layer and global warming.[2]*

[2] *According to the WHO in 2004, of the 102 main sicknesses, 85 were in part caused by exposure to environmental risks due to the fact that environmental factors contributed close to 25% of years of life lost due to disability and 25% of deaths were also related.

"World peace is threatened not just by the arms race, by regional conflicts and injustices in peoples and nations, but also by the lack of respect for nature, by the disordered exploitation of natures' resources and the progressive deterioration of the quality of life."

30. Natural disasters continue to affect various countries in Latin America and the Caribbean, with a common denominator of the absence of a culture of prevention of their impacts and the lack of a systematic effort to attend to the populations affected by the disasters.

    "Nature has been and continues to be assaulted. The earth was pillaged. The waters are being treated like merchandise, as well as being fought over by the superpowers. A key example of this is in Amazonia."

31. Humanity has increasing awareness that they can no longer continue abusing earth's assets as they have in the past; it is necessary to create a resource management system that is more internationally coordinated, adopting ethical and efficacious initiatives for the short-term and long-term.

32. "The best way to respect nature is to promote a human ecology open to transcendence."

    "One must be conscious of the devastating effects of an uncontrolled industrialization and an urbanization of alarming proportions. The depletion of natural resources and the contamination of the environment will become a dramatic problem." 77% of the population (473 million) lives in cities and the percentage is increasing.

33. The commitment of the believer to the environment is directly born out of their faith in a creator God. The earth is not a reserve to be limitlessly exploited; a person can utilize it but it is owed respect, care and admiration since one is collaborator and architect, not an absolute owner of themselves or of the things around them.

    "For this reason, it is indispensable that humanity renew and reinforce that alliance between the human being and the environment which should reflect the creative love of God, from whom we come and towards whom we journey."

Health Services

34. We see the deterioration, the inefficiency and the inequity in the provision of health services on all levels as well as the consequences of limitations in the assignment of economic, human and material resources and their inadequate management. In addition, the lack of continuity in the implementation of strategies that require a medium term to obtain objectives, leads to inappropriate results.

35. We also see a deterioration in the mystique, vocation and ethics of health workers, due to the deficiency in overall formation, the poor working conditions and excessive workload, a situation also present in some Catholic institutions.
36. In addition to these problems, we see health policies that prioritize profit and gain to the detriment of health care services and access to these services as well as to the detriment of workers' workplace conditions. We are concerned with the State's tendency to privatize these services, showing even less concern for the most poor.
37. In these recent years, Ministries of Health, the PAHO and Non-Governmental Organizations (NGOs) have recognized the importance of working on advancement and education in the area of health.

    We understand advancement in education and health as the process by which peoples and nations are given the means through which they can understand and prevent sicknesses and care for their own health.
38. There is a tendency to reduce the most complicated health problems to personal behavior, especially in what refers to habits that imply risk such as drinking and smoking, inappropriate diet, and a sedentary lifestyle. In addition, the new addictions to gambling, abusive use of electronic media and the internet, etc., have led to the implementation of a large number of programs and strategies oriented towards promoting a healthy lifestyle.
    - We point out the importance of a basic education in the areas of habits of hygiene, environmental sanitation, adequate nutrition, exercise and a proper use of free time.
    - Offer urban and rural populations basic health services such as sufficient quantity and quality of potable water accompanied by sanitary services: latrines, trash collection, sewers, etc.
    - Offer the poorest groups all the necessary information about health and education including their rights so that they can benefit from this basic knowledge.

    This and other modalities of economic support on a community level will allow for a dignified, sustainable, just and equitable human development.

Signs of Hope

39. Reflection and overall focus which is given to health as quality of life, overall well-being, as a fundamental right of every person and an essential condition for personal and community development.
40. The development of numerous popular organizations that work on the care, defense and advancement of life in rural and urban areas with programs in education and nutritional and dietary training; the organization of health centers, community medicine cabinets and pharmacies.

41. The increasingly significant presence of women who take on commitments to benefit communities: health committees, health promoters, accompaniment of the sick and elderly and the creation and strengthening of solidarity networks.
42. Popular and alternative medicine that is being developed with all the value it brings that takes into account the global context of health and sickness. The knowledge and use of popular wisdom that allows for the strengthening of communities' cultural identity with adequate responsibilities and training and respect for indigenous culture and wisdom.
43. At the Church level, there is an awakening of organized initiatives and projects that promote the humanization of health services, of hospital structures and institutions, of educational institutions, promoting training, formation and modernization of health professionals at a human, ethical and bioethical level.
44. It also fills us with hope to see the development of health ministry groups, associations of the sick and popular community health organizations that formulate proposals with respect to the social control of health public policies as an indispensable requirement to improve citizens' living conditions.
45. The evangelizing presence of the Church through numerous committed laypeople, health professionals, priests and religious men and women that promote, encourage and support these initiatives.
46. Numerous Episcopal Conferences value Health Ministry and are committed to organizing and structuring it within overall ministry.

Chapter 3

Biblical and Theological Foundation

47. Observing reality in the light of the Gospel leads us to discover the signs of life and death that are revealed in our daily life and challenges us to define ourselves as generators of life or death.
48. The Word of the Lord makes itself heard in the suffering faces of men and women in these Latin American and Caribbean nations and they tell us that they are hungry and thirsty, that they are sick, and they call us to commit ourselves to the defense and care of life and health which is faced with multiple threats.

    From this faith perspective, we discover the commitment and solidarity of the Church in the affirmation of life as a sign of the liberating and salvific action of God in history.

    Jesus, the Good Shepherd, wants to communicate his life to us and place himself at the service of life: "I have come so that they may have life and have it in abundance" (Jn 10:10). Full life for all. A decent life for all.
49. The God of the Bible is a God of love that makes us participants of that love through creation. All things have been created for the good and for the happiness of human beings.
50. God wants man to be the lord of creation and invites him to administer it, preserve natural resources, care for the environment, live in harmony with nature, prevent adverse effects, admire and enjoy the landscape; take pleasure in and transform nature in accordance with the divine plan.

    Created in the image and likeness of God, man and woman receive life from Him and are called to communicate it, care for it, defend it, protect it, promote it and celebrate it, from its conception until its natural end. (Cf. Gn. 1:26-28)

    We are called to live out this responsibility in freedom: "I place before you life or death, blessing or curse. Choose life so that you may live, you and your descendants" (Deut. 30:19).

    A human achieves their complete fulfillment when they live in friendship with the God of life. Thus to be generators of hunger, pain, suffering, sickness, in one word, of death, is to reject the love of God, to deny the reception of the gift of life, sign of His presence in our history.

Merciful love of Jesus for the poor and the sick

51. In the mystery of the incarnation, visible expression of the love of the Father, the Son of God takes on our condition and unites himself with the entire human situation (Cf. Phil. 2:7). Jesus is not only sensitive to every human pain, but he identifies himself with those who suffer hunger, pain, are sick… and he makes a commitment to the needy a criteria of salvation or condemnation: "Come, you who are blessed by my Father… Depart from me, you accursed…" (Cf. 25:31-46). Jesus suffered the passion and death by the cross to free us from sin and from death; that is why he shines like a Word of Life.
52. Upon contemplating the life and mission of Jesus, we discover the announcement of the Kingdom of God with gestures and words: "He went round the whole of Galilee teaching in their synagogues, proclaiming the good news of the kingdom and curing all kinds of disease and illness among the people" (Mt. 4:23).

    The health that reaches the sick in the gestures and words of Jesus is a visible sign of the love of God and of his power to forgive sins (Cf. Mk. 2:3-11).

    When John the Baptist sends messengers to ask Jesus about his identity, Jesus responds: "Go back and tell John what you hear and see; the blind see again, and the lame walk, those suffering from leprosy are cleansed, and the deaf hear, the dead are raised to life and the good news is proclaimed to the poor" (Mt. 11:4-5).

    Jesus is the one Anointed by the Spirit and he carries out God's projects (Cf. Is. 61:1-13 and Lk. 4:16-21)
53. Jesus drew near to the sick, to the poor, to women and all those excluded and marginalized from the religious institutions and politics of his time, not to reinforce the situation of exclusion, marginalization and pain, but rather to make them feel worthy, to value them, accompany them, and invite them to rise up from their prostration, take them out of their condition of sin and reinsert them into the community (Cf. Lk. 5:12-26; 6:6-11; 7:36-50; 8:43-48; 13:10-17; 17:11-19; 18:35-43).

    That is why the poor, the needy, and all those whose lives are in danger seek him out because He has the words of health, of eternal life (Cf. Jn. 6:68).
54. The passion and death of Jesus are a consequence of the conflict between the preaching of the kingdom and the powers of death that oppose it (Cf. Lk. 22:2; 23:2). With his passion and death, Jesus takes on the identity of Yahweh's Servant (Cf. Is. 42:1-9; 45:1-7; 50:4-11).

    In the midst of the sickness, the pain and the suffering, Jesus announces hope and is a source of life. For Jesus, the poor, the forgotten, the sick, are not just

an object of compassion or of cure, but protagonists of the Kingdom, preachers of the Gospel. It is in this perspective in which the Jesus of the Cross appears as a key to paschal understanding and as a generator of hope, which helps us to discover the meaning of pain and of suffering (Cf. Jn. 4:46-54; Lk 7:1-10; Jn 9:1-41; Mk. 5:24-34).

The Church continues the mission of Jesus

55. Like Jesus, the apostolic Church continues the announcement of the liberating Good News of the Gospel and that announcement involves it radically and wholeheartedly.
56. The command of Jesus to his followers and to the Church includes preferential attention to the sick and afflicted. In the missionary and apostolic sending out of the disciples, he explicitly tells them: "Go and proclaim that the Kingdom of Heaven is near. Cure the sick…" (Cf. Mt. 10:7-8; Lk 9:1-2; Mk. 16:15).

    The apostles and the first Christian communities are faithful to the mission of Jesus in the service and announcement of the Kingdom "I have neither silver nor gold…, in the name of Jesus Christ, the Nazarene, stand up and walk" (Cf. Acts 3:6; 9:32-34; 14:8-9; 19:11-12).

    The power to cure, to reestablish health is a charism and a ministry within the community and is a sign of the proclamation of the Good News of life and salvation in Christ.
57. The Samaritan spirit must drive the working of the Church; as a loving mother must draw near to the sick, the weak, the wounded, to all those she finds lost along the way to take them in, care for them, cure them, and give them strength and hope (Cf. Lk. 10:25-37).

    In the reestablishment of physical health, there is something more than the immediate victory over sickness. When we draw near to the sick, we draw near to every human being and to their universe of relationships, because sickness affects their whole life.
58. Jesus encounters the sick to cure them, to reestablish their health, to make them feel like people and reincorporate them into society and proclaim the miracle of life; in them is manifested the victory of Christ over sin and death and they become bearers of the Good News of the Kingdom.
59. In its prophetic mission, the Church is called to announce the Kingdom to the sick and to all who suffer, ensuring that their rights are recognized and respected, as well as denounce sin and its historical, social, political and economic roots that produce evils such as sickness and death.

The Christian community announces the Good News of salvation when it opts for life, for the construction of a more human world, feeding the hope of "new heavens and new earth" (Cf. Rev. 21:1-5).

60. Without this special preoccupation for the poor and marginalized, the Church loses her identity; without drawing near with kindness, service and freedom to the sick and all who suffer, she loses her reason for existence.

"It can be said that man in a special fashion becomes the way for the Church when suffering enters his life… and this way is one of the most important ones."

The Church is conscious of this in her self-examining look in Vatican Council II, as well as in the Conferences of Medellín, Puebla, Santo Domingo and Aparecida with respect to the reality of Latin America and the Caribbean and the New Evangelization: "The suffering, the injustice and the cross all challenge us to live as a Samaritan Church."

61. The world of health, in its multiple expressions, has always occupied a place of privilege in the charitable action of the Church. Throughout the centuries, it has not only led to the birth, among Christians, of diverse works of mercy, but it has also led to the creation of many religious institutions with the specific end of promoting, organizing, perfecting and extending the assistance to the sick, the weak and the poor.

There are many religious men and women that live their consecration to God and participate in the mission of the Church through service to the sick and those who suffer. It is a true army of servants of life that work in difficult and precarious situations, that help brothers and sisters affected by sickness, pain and death and seek and find human and Christian meaning in this reality, and inspire humanizing energies in places and environments that run the risk of becoming places of abandonment and despair.

We cannot forget the riches of so many laypeople and their evangelizing potential who as faithful missionary disciples make visible the merciful love of the Father.

"The joys and the hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ. Indeed, nothing genuinely human fails to raise an echo in their hearts. For theirs is a community composed of men. United in Christ, they are led by the Holy Spirit …this community realizes that it is truly linked with mankind and its history by the deepest of bonds."

62. For Christians, solidarity with the weak is a theological place: “The sick are veritable cathedrals of the encounter with the Lord Jesus,” from them, the Lord calls us to make a historical reality his promise of consolation of the sick and protection of the helpless, as a first step to a more full life.

    We evangelize and let ourselves be evangelized when we create spaces of affirmation of life, when we have a personal encounter with those who suffer, when in daily life, each pastoral health worker feeds themselves mystically both in the promotion of health as well as in charitable work for the sick; when with our life testimony we make the Christian community a visible sign of the Kingdom.

The Church, Healing Community

63. The Church, sacrament of salvation has the end of bringing men and women to the salvation given by the Father through Christ in the Spirit; a complete salvation that redeems the human person in all their dimensions.
64. Christ came to the world so that men “might have life and have it in the fullest.” Every announcement of the Gospel of salvation as a healing action of Jesus, has love towards those who are suffering as a privileged way of manifesting it and carrying it out.

    Jesus never separates his therapeutic activity from the proclamation of the Kingdom (Cf. Mt. 10:7f). His healings are the most evident sign of the salvation that he offers (Cf. Mk. 16:18). This means that the evangelization of the world of health by the ecclesial community must integrate itself into gestures of personal attention and healing, to the point that these actions themselves must be the gospel, a joyful announcement that God is a God who is present, who loves, cures, consoles and saves. In every search for health, there is a longing for salvation.
65. The “healing”, that can sometimes be expressed with gestures of extraordinary healing, is an integral part of the mission of the Church itself, of its pastoral and evangelizing actions, a moment that forms part of its ministry.
66. In communion with the dead and resurrected Christ, the Church becomes a place of welcoming, where life is respected, defended, loved and served; a place of hope, where every pilgrim, tired or sick, that seeks meaning in their life experience, can live out in a healthy and saving way their suffering and death seen in the light of the resurrection.
67. Mary, Mother of the Church, teaches us to be by the side of whoever suffers, with the attention, delicacy and generosity that are unique to mothers. Her silent accompaniment by the side of Jesus who is dying, suggests to us, perhaps, the only possible pastoral presence when faced with death.

Chapter 4

The Magisterium of the Church in the World of Health

The interventions of the Church in the world of health have been opportune and meaningful. The Magisterium of John Paul II is encouraging in its sensitivity and attention to the sick. We will cite some of the most recent documents.

68. The Apostolic Letter *Salvifici Doloris – The Christian meaning of human suffering* (1984). It is the first pontifical document in which human suffering is discussed broadly and systematically.
    John Paul II speaks of the "creative character of suffering", because "the suffering of Christ has created the good of the world's redemption."

    In addition, and here is the strongest affirmation of the Apostolic Letter, he speaks of the "salvific value of suffering", as all human sufferings can be penetrated by the force of God that has been manifested in the cross of Christ. It is true, only Christ is the source of salvation, but He communicates this saving power to all love that is expressed in human suffering.
69. The *motu proprio*, *Dolentium Hominem* (1985), through which John Paul II institutes the "Pontifical Commission for Pastoral Assistance to Healthcare Workers", today the *Pontifical Council for Health Care Ministry*, whose mission is to coordinate, encourage and promote national and international initiatives on behalf of the world of health.

    The Pontifical Council publishes the quarterly *Magazine*: "Dolentium Hominum", which carries the same title as the Document that founded it.
70. The apostolic exhortation *Christifideles Laici – Vocation and mission of the laity in the Church and in the world* (1988). This emphasizes how the sick are called to participate in the growth of the Kingdom of God and invites a "decided pastoral action 'for' and 'with' the sick", agents and subjects of the Pastoral Health Ministry of Health: "the sick are also sent (by the Lord) as workers to his vineyard."
71. In 1992, Pope John Paul II created the *World Day of the Sick*; their official day is February 11th, feast day of Our Lady of Lourdes. It has as its goal: promote awareness among the people of God, healthcare institutions, and society in general. This World Day has been celebrated since 1993, and with this in mind, the Holy Father sends messages with very valuable human and pastoral content.
72. With the Encyclical *Evangelium Vitae – The Gospel of Life* (1995), John Paul II denounces the reigning culture of death in our society today and calls on the faithful to be "the people of life for life", with an urgent cry: "Announce the Gospel of life; celebrate the Gospel of life; serve the Gospel of life."

73. Among the documents of the Pontifical Council of Health Care Ministry, special attention should be given to *Letters to Healthcare Workers* (1995), "Custodians and servants of human life." Structured in three parts: Engender, live, die. The Letter is an organic and exhaustive synthesis of the position of the Church regarding the value of all human life.
74. In the Encyclical Letter *God is Love* (2005), Benedict XVI tells us: "Practicing love for widows and orphans, prisoners, and the sick and needy of every kind, is as essential to the Church as the ministry of the sacraments and preaching of the Gospel. The Church cannot neglect the service of charity any more than she can neglect the Sacraments and the Word."

In Latin America

75. *The Church in the current transformation of Latin America in the light of the Second Vatican Council* (1968). Offers key thoughts for ministry:
    - Contribution of the Gospel to the world's transformation.
    - The Church that promotes social justice.
    - Social sin as a cause of poverty, injustice and suffering.
76. *Evangelization in the present and future of Latin America* (1979). Latin America lives out her sufferings between anguish and hope. Puebla posits the preferential option for the poor and those who suffer and demands of the Church in Latin America coherence, creativity, audacity, and generosity.
77. *New evangelization, human development and Christian culture* (1992). The New Evangelization suggests a new evangelizing strategy: "New in its ardor", "New in its methods" and "New in its expressions".
78. *"Disciples and Missionaries of Jesus Christ so that our peoples may have life in Him."* Brazil, May 13 – 31, 2007

    "The Church has made an option for life. That option inevitably pushes us toward the furthest limits of existence: being born and dying, the child and the old person, the healthy person and the ill. St. Irenaeus tells us that 'the glory of God is the living human being,' even one who is weak, the recently conceived, the one worn out by the years and the sick person. Christ invited his apostles to preach the Kingdom of God and heal the sick, who are true cathedrals of encounter with the Lord Jesus."
79. ***Church and Health Meetings organized by CELAM – DEPAS***
    - *The 1st Latin American and Caribbean Meeting on Pastoral Health Ministry*. "Ethical and humanization problems in health." Bogotá, 1989.
    - *The 2nd Latin American and Caribbean meeting on Pastoral Health Ministry*. "Formulating joint lines of action that orient Pastoral Health Ministry." Quito, 1994.

- *The 3rd Latin American and Caribbean meeting on Pastoral Health Ministry*. "Formation of Pastoral Health Ministry Workers." Santo Domingo, 1998
- *The 4th Latin American and Caribbean meeting on Pastoral Health Ministry*. "Strengthening the process of structuring and organization of Pastoral Health Ministry in Latin America and the Caribbean." Sao Paulo, Brazil, 2003.
- *The 5th Latin American and Caribbean meeting on Pastoral Health Ministry*. "Revising and updating the Guide for Pastoral Health Ministry in light of the Aparecida Document." Panama, 2009.

80. **The Latin American and Caribbean Catholic Church and the HIV/AIDS pandemic**

In 2004, there was a Meeting in Bogota of 18 Latin American and Caribbean countries with the goal of reflecting on the pandemic of HIV/AIDS and drawing up a continent-wide Church document.

In 2008, there was a second Meeting in Panama City, with the goal of updating the previous document and to continue strengthening the task of awareness and prevention throughout the Church of Latin America and the Caribbean.

Chapter 5

Bioethics, a cry on behalf of human dignity

Some fundamental ethical discernments

81. One of the great challenges of humanity today, and especially for Christian Catholics is to know how to discern between knowledge that complements the wisdom of life, and knowledge that leads us away from this wisdom, placing us at the service of death. Developing this ethical capacity for discernment is today, a demand of our Christian existence: giving the reasons for our hope with respect, simplicity and a clear conscience (Cf. 1 Pet. 3:15-16).

    We have a challenge: carry out some fundamental ethical discernments in the light of Christian values in relation with the human person, the advances of the biomedical sciences, conjugal sterility, undesired pregnancies, the manipulation of embryos, aspects of sexual and affective life, poverty, violence, suffering and death. In all these situations, Christian values are a light of hope and an affirmation of life for humanity.

82. "A particularly crucial battleground in today's cultural struggle between the supremacy of technology and human moral responsibility is the field of bioethics, where the very possibility of integral human development is radically called into question. In this most delicate and critical area, the fundamental question asserts itself forcefully: is man the product of his own labors or does he depend on God?" (*Caritas in veritate 74)*

    The Encyclical, *Evangelium Vitae,* speaks of the birth of this ethic as one of the signs of hope in its affirmation of a present-day culture of respect for life: "Especially significant is the reawakening of an ethical reflection on issues affecting life. The emergence and ever more widespread development of bioethics is promoting more reflection and dialogue -- between believers and non-believers, as well as between followers of different religions -- on ethical problems, including fundamental issues pertaining to human life."

Choose the paths of life

83. We are called to "choose between paths that lead to life and paths that lead to death (cf. Dt. 30: 15). Paths of death are those that lead to squandering the goods received from God through those who preceded us in the faith. They are paths that mark a culture without God and without his commandments, or even against God, driven by the idols of power, wealth, and momentary pleasure,

which end up being a culture against the human being and against the good of Latin American peoples."

Integral Christian Anthropology

84. "The human being created in God's image and likeness also has an exalted dignity that we cannot trample and that we are called to respect and promote. Life is freely given by God, a gift and task that we must safeguard starting at conception in all its stages, until natural death, unambiguously… if we want to maintain a solid and inviolable base for human rights… otherwise, the circumstances and conveniences of the powerful will always find excuses for abusing persons."

    The dignity of a person is not given, it is recognized; it is not awarded, it is respected. It is written in the depths of each human being, it does not depend on their level of development, on their health, on their qualities, their abilities, or even their behavior. Every human being, whatever their state or condition, is an inseparable unit, body and soul, open to transcendence.

Promoting a creative dialogue between science and faith

85. Globalization influences the sciences and their methods, eliminating ethical guidelines. In this context, we, the disciples of Jesus, must promote a dialogue between science and faith and work for the defense of life. This dialogue must be carried out based on the ethics and the bioethics of Christian inspiration.

    The pastors of our Church in Aparecida said: "Our priority for life and family, both of which are laden with issues debated in ethical matters and in bioethics, impels us to cast the light of the
    Gospel and the Church's magisterium on them."

    The ethical questions raised by the rapid advances of science and its technological applications must be examined with due respect for the dignity of the human person and respect for human rights. Ethics and science must walk together and reciprocally illuminate one another with the objective of perfecting life and respecting the dignity of the human being.

Need for ethics in research involving human beings

86. One of the critical ethical issues in the context of scientific research with human beings is ensuring that each person is not transformed into a mere object. There is no lack of reports of human manipulation in many countries from our region. Faced with the absence of ethical directives and social oversight in research, multinational medical laboratories find a fertile ground for using vulnerable populations in their research. Fortunately, in many countries, there are ethical norms implemented with a network of committees of ethics of research with

human beings that offer ethical vigilance and social oversight. It is necessary to create a new cultural ethic of protection of the human being given the many different situations of vulnerability.

Being the prophetic voice and solidarity with those who have no voice

87. "The child growing in its mother's womb and people who are in their declining years are a claim for dignified life that cries out to heaven and that cannot but make us shudder. The liberalization and routinization of abortion practices are abominable crimes, just as are euthanasia, genetic and embryonic manipulation, unethical medical testing, capital punishment, and so many other ways of assaulting the dignity and life of the human being."

At the same time, we must be prophets of life "in the midst of the idols of profit and efficacy, insensitivity to the suffering of others, attacks on life in the womb, infant mortality, deterioration of some hospitals, and all the modalities of violence against children, youth, men and women."

Donations and Transplants

88. Thanks to the scientific progress and the medicine that made possible the beginning of this era of transplants, today many sick people have a second chance to live. Heart, liver, kidney and lung transplants are concrete possibilities to keep living.

The Christian Catholic ethic promotes and encourages the donation of blood and organs and carrying out these transplants as a sign of solidarity.

"No one has greater love than he who lays down his life for his friends" says Jesus. A heart donor must be accurately diagnosed with the criteria for encephalic death established by the scientific community. There are no lack of reports of commerce and the existence of an organ market in our continent, which we must combat with all our strength and available instruments. Donation can never become a commerce; it is an act of love and solidarity.

Promoting Palliative Care

89. With the aging of the population, there is an increase in the number of chronic-degenerative and incurable diseases (Parkinson's, Alzheimer's), as well as an increase in the number of people with terminal cancer, HIV/AIDS, among other sicknesses that make up a true challenge both for medicine as well as for the Christian community.

When there is no longer a possibility for cure, we are called to carry out palliative care, defined by the WHO as "an integral approach for the quality of

life both of patients and their families faced with the problems associated with life-threatening illnesses. Takes into account the prevention and relief from suffering through the early recognition and a serious evaluation of the criteria for treatment of pain and other physical, psychic and spiritual symptoms."

Palliative care:

♦ Values the possibility of maintaining optimal control of pain and other symptoms that cause suffering

♦ Affirms life and considers death a normal process

♦ Does not advance death (euthanasia) nor delay it (dysthanasia).

♦ Integrates psychological and spiritual aspects in care for the sick

♦ Offers a support system to help the sick to live as actively as possible before and even in the moment of their death.

♦ Helps the family to care for the sick person until the moment of death as well as to mourn.

Benedict XVI suggests: "It is necessary to promote policies that create the conditions in which human beings can put up with incurable diseases and face death with dignity." In this vein, the Pope emphasizes that it is necessary to create Palliative Care Centers that offer integral assistance, guaranteeing the sick the human help and spiritual accompaniment that they need.

Chapter 6

Health Ministry and its dimensions

90. Pastoral Health Ministry is the evangelizing action of all the People of God, committed to promoting, caring for, defending and celebrating life, carrying out the liberating and salvific mission of Jesus in the world of health.

The document of Aparecida states: "Pastoral health ministry is the response to the great questions of life, such as suffering and death, in the light of the Lord's death and resurrection."

91. General Objective:

Evangelize with a renewed missionary spirit in the world of health, with a preferential option for the poor and sick, participating in the construction of a just and caring society at the service of life.

To carry out its mission, Pastoral Health Ministry emphasizes three dimensions: solidarity, community and political-institutional.

Dimension of solidarity

92. Objective:

Be the presence of Jesus, the Good Samaritan, together with the sick and those that suffer in families, communities and in health care institutions.

Areas of action:

♦ Illuminate, through the Christian faith and the person of Jesus, the reality of pain, of suffering, of sickness and of death

♦ Train agents of pastoral health ministry in the human, ethical, bioethical, pastoral and spiritual aspects, in order to announce the Good News of salvation seen from the realities of health and sickness, from life and death.

♦ Celebrate with special care the significant dates related to the world of health: Christmas, Easter, the feast days of the saints of charity, world health day, world day of the sick, world doctor day, world nurse day, etc.

♦ Offer a human and Christian accompaniment to the sick and their relatives in institutions and their homes, respecting freedom of conscience and different religious beliefs.

♦ Help the sick, their relatives and all those that assist them to discover the true meaning of the celebratory and sacramental dimension of faith, especially with the sacraments of Reconciliation, the Eucharist, and the Anointing of the Sick.

♦ Raise awareness in society and in the Church about the reality of suffering, denouncing the marginalization of the terminally ill and elderly, of individuals with special needs, those affected by AIDS, drug addiction, alcoholism, mental illness, and cancer.

♦ Encourage the creation of support groups and/or associations for the chronically and terminally ill and their families.

Community Dimension

93. Objective:

Encourage health education and promotion, with an emphasis on public health and basic sanitation, acting preferentially in the area of sickness prevention and promotion of healthy lifestyles.

Areas of action:

♦ Promote educational actions, implementing a culture of healthy lifestyles, with actions for prevention and promotion, imbued with the values of justice, equity and solidarity.

♦ Redeeming and valuing the wisdom and popular religiosity related to the use of the gifts of Mother Nature and care for the environment.

♦ Verify that the use of different alternative health practices is implemented with the necessary basis, with scientific approval and with responsibility; with respect for indigenous values and cultural beliefs.

♦ Ensure the ongoing formation and training of pastoral agents in the areas of health promotion and sickness prevention, with emphasis on social sicknesses (tobacco use, alcoholism, addictions…) and the handling of emergency situations, calamities and catastrophes.

♦ Educate regarding the new concept of health as quality of life and healthy lifestyles, taking into account people in their biophysical, psychic, social and spiritual dimensions.

Political-Institutional Dimension

94. Objective:

Ensure that the public and private institutions and organizations that offer health care services and train professionals in this area keep in mind their social, political, ethical, bioethical and community mission.

Areas of action:

♦ Contribute to the humanization and evangelization of workers in the world of health, in health care institutions, and in schools training health care professionals.

♦ Promote and defend health as a fundamental human right, linked to solidarity, equity, wholeness and universality.
♦ Participate actively and critically in the official institutions that decide the national, state, regional and municipal health policies through social oversight and participative management.
♦ Promote interinstitutional relationships to help and educate one another with the end goal of sharing material, financial and human resources and to generate joint projects and actions.
♦ Encourage the ongoing formation of health care professionals in the areas of humanization, ethics and bioethics.
♦ Encourage the creation of Catholic associations of health care professionals.
♦ Raise awareness about the social commitment of health care professionals that offer educational, prevention and health care services to the poorest communities, marginalized neighborhoods, and rural areas.
♦ Reflect in light of the Christian faith and the person of Jesus on the reality of health and sickness, as well as the implications of science, technology and bioethics.
♦ Raise awareness in communities about the right to health, and the duty to fight for more humane situations: the right to land, to work, to a fair salary, to housing, to food, to education, to recreation, to basic public services, to the conservation of nature.

Chapter 7

Agents of Pastoral Health Ministry

95. To speak with the pastoral agents of health is to speak with the missionary disciples of Jesus Christ and his Church, of his mission of healing and salvation. In the Church, healing community, everyone is a pastoral agent.

96. The *Bishops* "surround the sick with a paternal charity."

The *Priests* "must be solicitous for the sick and the dying, visiting them and strengthening them in the Lord."

"I ask you, dear presbyters, to spare no effort in giving them care and comfort. Time spent beside those who are put to the test may bear fruits of grace for all the other dimensions of pastoral care." (Benedict XVI, Message for the 18th World Day of the Sick, 2010)

To the *Chaplain* of a health institution: "you are interested in the pastoral care of a particular group of faithful: sick, relatives, healthcare workers and professionals. Your main task is to announce the Good News and to communicate the redeeming love of Christ to whoever suffers in body and in spirit, accompany them with solidarity and love."

May the *Deacons* be merciful and diligent, especially with those who suffer, following the example of the Lord Jesus who became a servant to all.

To *Religious men and women* "be faithful to the charism of merciful charity for the sick." "Be close to the least and the abandoned, practice a welcoming presence, promote and sustain all initiatives in service of those who suffer."

May the *Laity* "practice charity with the poor and the sick… where there are those who suffer due to calamities or a lack of health, there Christian charity must seek them out and find them, console them with diligent care and help them with the necessary services."

The *Sick* are not just the recipient of the love and service of the Church, but also active subjects and responsible for the work of evangelization and salvation: "You too are sent out as workers in his vineyard."

Thus, if the mission of being a pastoral guide of the faithful corresponds to those who receive priestly ministry, the mission of being witnesses to the love of God, through closeness, dialogue, prayer, accompaniment and the exercise of charity is for every baptized Christian and in a special way those who profess the charism of mercy, following the example of Jesus the good Samaritan.

Identity of the Pastoral Agent of Health

97. The pastoral agent of health is called and sent out by God to work on behalf of life in the world of health, they are the loving and liberating presence of Jesus who raises up and heals.

98. Psychological and Human Aspects

♦ A person rich in humanity, who communicates closeness, welcome, affection; capable of listening and welcoming the other with their personal history, their individuality and offering hospitality in their heart.

♦ A balanced person, who possesses a human and psychological maturity that allows them to illuminate and orient conflictive and crisis situations.

♦ Discreet, does not impose their presence; is attentive to capture what the other wants and needs; respects their silences and confidentiality. Recognizes their poverty, their limits, and is conscious of not being able to respond to so many problems, but has a heart capable of welcoming all suffering and communicating consolation, serenity and peace.

♦ In their work, they do not let themselves be guided only by criteria of efficacy and of success. Will constantly purify their motivations and in difficult moments, in which they feel discouraged and impotent, they will reinforce their trust in the Lord, the only one that can save them.

♦ Dynamizes the processes of transformation of realities of suffering, pain and death in the realities of life and of hope. Is a person open to ongoing formation and training, desires to be up to date and offer an adequate and appropriate service.

♦ Has leadership capabilities that enable them to encourage, coordinate, vivify and stimulate the living forces of a community and the work of pastoral groups. Is a natural educator, capable of accompanying processes of change, discovering talents, fostering creativity, awakening and channeling expectations.

♦ Respects the religious freedom and beliefs of the sick, their families and health care workers. Recognizes and accepts the differences of a pluralist world. Is a person of dialogue. Cultivates patience, perseverance and constancy; knows how to carry out proposed plans and projects and is faithful to their commitments.

♦ Believes in and encourages teamwork and interdisciplinary collaboration. Knows how to work in joint pastoral projects and facilitates integration with other areas. Possesses clear knowledge of reality and is trained to educate in the promotion of health and prevention of sickness.

♦ The pastoral agent of health must accept and take on the reality that we live in a sick and wounded society. Accepting and integrating their own wounds will help them to live out the call to share the ministry of healing, pardon and reconciliation, making themselves one with all human suffering, with a welcoming heart, full of comprehension, tenderness and love.

♦ The sick evangelize us and remind us that our hope is placed in God. Their courage and serenity challenge us and help us to grow spiritually; they enrich us on a human level and a level of faith.

99. Christological and ecclesiological aspects

♦ The missionary disciple has the significant mission of living and communicating the new life of Jesus Christ to our peoples. Aparecida affirms it for us once and again: "Life grows by being given away. … Those who enjoy life most are those who leave security on the shore and become excited by in the mission of communicating life to others"

♦ Pastoral agents are called to be a living image of Christ and his Church. They are the ones who, in a different way, update, reveal and communicate to the sick person not only the healing love and consolation of Jesus Christ, but they also express, in a continuous and often silent way, the miracles of healing that the Church has received from Christ and has the power to carry out.

♦ In its therapeutic gestures and in its commitment, the Church puts into play in the field of health, its own credibility. Working in communion, pastoral agents express the totality of the therapeutic closeness of the good Samaritan, who, when he cures, announces the good news of the Father.

♦ The model of service, of diaconia, that the Church is called to express today in the world of health, as a sign of the Kingdom, is the ecclesial communion that tends towards the full insertion of the sick person into the community and family, and also the elderly, the person with special needs, those who are weak and vulnerable, they are all accepted for who they are, without barriers or prejudices, valuing the unique contribution that they can make.

♦ There are many requests for health and needs that await attention and an answer. There are many sick that suffer in hospitals, in our families, in our communities. It is impossible for us to "personally" wash so many feet and bind so many wounds.

The Church is a community with diverse charisms and ministries and it exists together with the sick and their families, in the parish, just as in the hospital. It is the capacity for acting together in communion that can transform it into a healing community

What is missing are not the people, or the good will, or the professional capacity for responding to different needs; what is often missing is a "presence that knows how to see", that intercedes and knows how to patiently build relationships that lead each individual to give their healing answer.

Chapter 8

Spirituality of the pastoral health ministry worker

100. Spirituality is a lifestyle or a way of living according to the Gospel's demands. Speaking of spirituality is not speaking of a part of life, but of all of life; it is speaking of the presence of the Lord in our life and in our Christian community.

We can say that the spirituality of the pastoral health ministry worker is living according to the spirit of the merciful Jesus who spent his life doing good works, curing and healing every kind of sickness and pain (Cf. Acts 10:38).

Thus, living out a relationship with God in service of those who suffer is a particular way of living life in the Spirit.

101. The love of God for us is a free and unconditional love that drives us to communicate it to whoever is near and in a special way to those who suffer. Aparecida invites to make our communities a center of irradiation of life in Christ so that the world may believe.

Jesus asks us to be merciful like his Father and with his life he clearly shows us the way to do so. He becomes profoundly moved faced with the pain and suffering of men. Living life according to the spirit of mercy is to make present the love and tenderness of God to those who suffer with attitudes, gestures and healing words (Cf. Lk. 6:36).

102. It is a spirituality that generates hope and life. The God who resurrected Jesus is a God who offers life where men cause death. The pastoral worker is called to be a paschal presence at the side of those who suffer. Living as resurrected men and women is to orient our life towards a creating love and a solidarity that generates life. Our closeness and accompaniment will be a road of hope, of resurrection.

103. This deep conviction gives our service to the sick a dimension of worship: it is the sacrament of presence, it is when service becomes contemplation. A deep relationship in which the Lord leads us to "see Christ in the sick and be Christ for the sick." The Gospel of St. Matthew is for us a continuous source of spirituality: "In truth I tell you, in so far as you did this to one of the least of these brothers of mine, you did it to me." (Cf. Mt. 25:31-46)

Discovering Christ in the sick calls us to be attentive to his Word, to feed ourselves with the bread of life, to have a contemplative and prayerful attitude. Without this reference to the Lord and his Word, our announcement would lose

its horizon, its efficacy. We are called to join together mystique and commitment, contemplation and action.

It is an incarnated spirituality that demands an attitude of availability and openness to listen to concerns, problems, and issues that cause anguish, suffering and hope. It is a spirituality that is lived out daily: it asks of us a reason for our hope; it asks us to be the light and salt of the earth.

104. Benedict XVI proposes to us the agenda of the good Samaritan: "a heart that sees". This heart sees where love is needed and acts in accordance with that.

John Paul II tells us that the good Samaritan is the one who knows how to:

- *Pause:* Stop, find time and space, not pass by, be willing to change the schedule, not remain indifferent.
- *Draw near:* to listen, understand, share, accompany.
- *Give of oneself*: Make a gift of oneself, to lift up and care for, draw near, bind wounds with oil and wine. Welcome our brothers and sisters in our heart, so that they feel at home. Be silent and caring company, a maternal presence of the Church that surrounds us with her tenderness and strengthens the heart.

105. Listening to the Word of the Lord, learns to read, in faith, the experience of suffering and of pain, to discover God's action and live out these situations with hope.

The pastoral worker has learned that service to the sick cannot be carried out without self-denial and sacrifice. From here is born the strength to abandon oneself in the Lord, the ability to give without reward, overcoming repugnance, knowing how to understand the most diverse situations, with openness and availability to all, with sensitivity and unconditional giving.

106. The pastoral worker is a contemplative person, silent and prayerful. They know how to draw near with delicacy and respect for the mystery of suffering, without explaining it or defending God, but being a testimony to the presence of the Lord who loves them, shares their experience and accompanies them. They embody the Gospel values of understanding, mercy, love, self-giving, and joy.

Following the example of Jesus, Good Shepherd, they are faithful to the mission of communicating life and serving life. Benedict XVI invites us to contemplate the saints of charity, bearers of light in history, to make service a pleasing worship to God, to celebrate the liturgy of charity.

107. Mary, the Mother of Jesus, presents herself as a model in care and "in a service of charity to her cousin Elizabeth, with whom she remained for

‘about three months’ so as to assist her in the final phase of her pregnancy... She is a woman who loves… We see it in the delicacy with which she recognizes the need of the spouses at Cana and makes it known to Jesus” (*Deus caritas est* 41). The hour of the mother will arrive only in the moment of the cross, which will be the true hour of Jesus. When the disciples have fled, she will remain at the foot of the cross (Cf. Jn. 19:25-27). The woman of hope teaches us to be at the side of those who suffer and accompany them with the courage and tenderness of a mother.

Chapter 9

Formation of health ministry workers

108. "The vocation and commitment to be disciples and missionaries of Jesus Christ today in Latin America and the Caribbean requires a clear and firm option for the formation of our communities, for the sake of all the baptized, regardless of the role they play in the Church." (Aparecida 276)

109. The formative itinerary of the missionary disciple sinks its roots in the person of Jesus and the Magisterium of the Church. It will be a complete formation: it will care for the human-community, spiritual, intellectual and pastoral-missionary dimensions. Formation is a long process that requires different and respectful itineraries.

Guiding principles

110. Keep the dignity of the human person at the center, which demands knowledge, respect, defense and promotion of the right to life and health.

- The community is the main overseer and promoter of people's health. They must have easy access to the knowledge of promotion, prevention and education in health, social oversight and public policies.
- Include health as part of the overall development of a person and their community, taking into account the different dimensions of the human person: physical, psychological, intellectual, social and spiritual.
- Fundamental formation regarding the person of Jesus, Holy Scripture and Church documents.
- Preferential option for the most poor, sick and abandoned. "Any evangelization process entails human promotion and authentic liberation, 'without which a just order in society is not possible.'" (Aparecida 399)
- Promote in an efficacious manner, a true ecumenical and interreligious dialogue in the world of health care, as a sign of fraternity and tolerance, and as the basis for comprehensive development and a stable peace.

Thematic Axes

Some of the main themes that can facilitate the design of formation programs for pastoral health ministry workers:

111. **Anthropological and cultural axis**

- Life's sacredness and the dignity of the human person.
- Healthy relationship with oneself, with others, with nature and with God.
- Finite nature, vulnerability and human death.
- Ecology and environment.
- Culture and inculturation, new cultures.

- Health as a personal task and a social and community responsibility.
- Health education and promotion (healthy lifestyles) and sickness prevention.

112. **Ethical axis**

- Protection and defense of life as a supreme value, from conception to natural death.
- Health as a fundamental right of the human person.
- Humanization of health and medicine.
- Ethical challenges related to the extraordinary development of technoscience, of life and health sciences.
- Bioethical challenges related with the beginning, development and end of human life.
- Ethical codes of different health professions.
- Responsible procreation.

113. **Biblical-theological Axis**

- Trinity, community of love.
- God that gives life in abundance.
- Jesus: his gestures, attitudes and words.
- The word of God, source of life and of health.
- The Holy Spirit, Lord and giver of life.
- Mary, mother and intercessor.
- The Church, sacrament of health and salvation.
- Life and health, sickness and suffering, pain and death in the light of the paschal mystery.

114. **Liturgical-celebratory axis**

- Sacraments of life and health.
- *Lectio Divina*
- Prayer and devotions.

115. **Ecclesiological and doctrinal Axis**

- History of the Church in the world of health care (especially in Latin America and the Caribbean).
- Pastoral health ministry and its dimensions.
- Evangelization and humanization of the world of health care.
- Magisterium and Church documents.
- Pastoral plans of the Episcopal Conferences and Dioceses.
- Ecumenical interreligious dialogue.

116. **Psychological axis**

- Psychology of health and sickness.
- Psychology of relationships and human communication.
- Relationship of pastoral help.
- Pastoral psychology in critical situations.
- Mental health and social pathologies (drug addiction, alcoholism, excessive use of tobacco …).

117. **Socio-political education axis**

- Situation of health care in the country, politics of health care and accountability.
- Legislation and regulations regarding health services.
- Social, economic and political processes that have an impact on the world of health care (international humanitarian law, social development, etc.).

Chapter 10

Areas for the action and promotion of health ministry

118. The Christian community is the historical extension of Christ. The sick person should find in it the privileged place that they found in Jesus; the same preference, closeness and welcome, the same respectful and tender treatment, his healing strength.

119. The suffering person is a responsible and active participant in the work of evangelization and salvation and this involves the Christian community in a health ministry that is built around the sick person as protagonist and evangelizer.

120. The family occupies the primary place in the humanization of the person and of society. They are called to be a community of health, to educate in living a healthy lifestyle, to promote health among its members and its environment. It is important to recover the family as an essential collaborator in the care for and accompaniment of the sick members of the community.

121. The parish community takes on human promotion, the care for and preservation of health, pastoral accompaniment of the sick and the elderly in fidelity to its mission of building the Kingdom of God. A collaborative pastoral ministry will take into account the parish and diocesan plan for ministry.

122. Following the example of the first Christian communities, the basic ecclesial communities will show a special care for the weakest and those most in need, fulfilling the evangelizing and prophetic mission of announcing a more just, community-based, and fraternal life and to speak against injustices and situations of social sin.

123. All religious men and women, but in a special way those that profess the charism of Jesus Good Samaritan, are called to be a testimony of faith and hope in a world that is increasingly dehumanized, technocentric and materialistic, and to enrich with their presence the ecclesial community in a spirit of openness and collaboration with the parish activities, as well as to encourage and accompany health ministry groups.

124. Health ministry groups express the vitality and gospel spirit of the People of God; they make present in the Christian community the love and special care of Jesus for the weakest and sickest among us.

125. International, national and local organizations are places where health care policy decisions are made. It is necessary to participate actively and critically in them in order to illuminate the actions of the world of health care with the Gospel, and to work in favor of the poorest and least protected among us.

126. The institutions of the world of health care: hospitals, clinics, dispensaries, universities, etc., are called to educate about and promote health, to care for and defend life, from conception until natural death, to offer comprehensive and human care to sick people and their families, recognizing and respecting their rights.

127. The Catholic hospitals and clinics should keep in mind:

- The institution is a privileged place for evangelization.
- The health personnel should distinguish themselves by their solid human and social formation.
- In hospital management, human and spiritual aspects must take priority to financial and administrative aspects.
- When there are partnerships with public health institutions, "ensure that conscientious objection is recognized in legislation, and monitor to ensure that it is respected by governments."

128. Health workers are natural agents of health ministry; it is important to act together with them, accompanying them in their process of formation, of humanization and strengthening of human, ethical and bioethical values.

129. Humanization leads us to affirm that "being" with the sick person can be more important than "doing". Meeting with the other means listening to them, welcoming them with their preoccupations, hopes, difficulties, with their personal history, their fears, their anguish; establish a relationship of peers with them, centered on the person, reaffirming their dignity and greatness. It means not glossing over situations that the sick person and their family are experiencing; offering a comprehensive assistance that satisfies their needs on a physical, emotional, intellectual, social and spiritual level, and not just solving their specific pathology.

Humanization has to do with a personal attitude, a lifestyle that goes beyond norms, ideology or a philosophy; it is moving from a functional relationship to an empathic one, centered on the person.

"No institution can by itself replace the human heart, human compassion, human love or human initiative, when it is a question of dealing with the sufferings of another." (Salvifici Doloris 29)

"While professional competence is a primary, fundamental requirement, it is not of itself sufficient. We are dealing with human beings, and human beings always need something more than technically proper care. They need humanity. They need heartfelt concern… Consequently, in addition to their necessary professional training, these charity workers need a 'formation of the heart'." (Deus caritas est 31a)

130. Pastoral and spiritual care will be carried out by a team guided by the priest, deacon, religious brother or sister, or a layperson trained in this specific area. The team will be in relationship with the other groups in the institution, with the parish agents of health ministry and with those from other religious beliefs.

It will be a significant presence that gathers together all the Christian strengths present in the institution and will make possible the missionary and healing action of the Christian community on behalf of the sick and their relatives that assist them, respecting their beliefs and faith.

"Love is free; it is not practiced as a way of achieving other ends… Those who practice charity in the Church's name will never seek to impose the Church's faith upon others. They realize that a pure and generous love is the best witness to the God in whom we believe and by whom we are driven to love. A Christian knows when it is time to speak of God and when it is better to say nothing and to let love alone speak. He knows that God is love (cf. 1 Jn 4:8) and that God's presence is felt at the very time when the only thing we do is to love." (Deus caritas est 31c)

131. The educational institutions actively participate in the growth and integral formation of the individuals; thus the importance of the fact that in their plans and programs they include what is related to promotion, prevention, education and humanization in health care.

132. Volunteer service is a concrete expression of the love of God; it is the duty of every person, and especially of the Christian. With their attitude of love and free and unconditional service, volunteers promote the culture of life, based on the values of solidarity and fraternity.

133. Many groups and associations of sick people organize to mutually support one another. It is important to value, recognize and accompany their efforts; they communicate and convey great human and Christian values to the community.

134. The popular (mass movement) organizations are instances of the resistance of a people that organizes in order to survive when faced with growing impoverishment; it is necessary to recognize and support the efforts that are being carried out in service of the community, training them in the promotion of health and prevention of sicknesses.

135. "The new movements and communities are a gift of the Holy Spirit to the Church. In them the faithful find the opportunity to be formed as Christians, growing, and committing themselves apostolically as true missionary disciples… By their very nature they express the charismatic dimension of the church; in the modern world, we must respond to the new situations and needs of Christian life." (Aparecida 311-12)

136. In the seminaries and houses of formation of the religious, it is important to keep in mind the formation plans of the future pastors, and offer training and formation in health ministry that illuminates and molds the heart for the exercise of charity.

137. Media play an ever more important role as institutions of information and communication; thus, it is good to take advantage of and carry out education programs and campaigns in defense of life and promoting health.

Chapter 11

Health ministry and collaborative ministry

138. Collaborative Ministry tends to give the different pastoral activities the unity required by the Church, in order to fulfill their purpose of evangelizing, of carrying the Good news to the men and women of our time, who are called to "have life and have it in abundance" (cf. Jn 10:10).

Paul VI called us to evangelize and work for unity from our diversity:

"The whole Church therefore is called upon to evangelize, and yet within her we have different evangelizing tasks to accomplish. This diversity of services in the unity of the same mission makes up the richness and beauty of evangelization." (Evangelii nuntiandi 66)

139. In the Conclusions of Santo Domingo, the Bishops committed themselves to "drive global processes, ones that are collaborative and planned that facilitate and procure the integration of all the members of the people of God, of the communities and different charisms, and orients them towards the New Evangelization…"

The pastoral efforts oriented towards the encounter with the living Jesus Christ continue to give their fruits and have allowed many Particular Churches to move forward in the structuring of a Comprehensive Ministry in order to better serve the needs of the faithful.

140. "The diocese, presided over by the bishop, is the first realm of communion and mission. It should inspire and lead a renewed and invigorated collaborative pastoral work so that the variety of charisms, ministries, services and organizations are directed toward the same missionary project in order to communicate life in its own territory. This project, which arises from a journey of varied participation, allows for collaborative ministry capable of responding to new challenges. For a project is only efficient if each Christian community, each parish, each educational community, each community of religious life, each association or movement, and each small community is actively part of the collaborative ministry of each diocese. Each is called to evangelize in a

harmonious and integrated manner as part of the pastoral project of the diocese." (Aparecida 169)

The different areas of ministry, among which is included Health Ministry, seek to carry the Gospel to different environments, responding to the new demands of today's world.

141. Health Ministry, in a Church of the People of God, "community of communities", encouraged by the dynamics of communion and participation, must insert itself into Collaborative Ministry, in order to enrich itself with the contribution of the different ministry areas and offer, from its specificity, the elements that benefit the community in general or specific sectors of society.

As an example, we will point out some types of relationship of Health Ministry with other ministry areas.

142. The Church, called together by the Word, has, as one of its main tasks the announcement of the Gospel of life and of comprehensive health, of solidarity with the poor and with the sick.

Catechesis, pre-sacramental preparation, the homily, school religious education, among others, are propitious areas for evangelizing about the value of human life and its inviolable character and the ethical demand to respect it, defend it, love it and serve it.

143. Through the liturgy, we Christians celebrate the salvific mystery through prayer, praise and thanksgiving. The liturgy is the celebration of the abundant life that God gives us.

In this way, the liturgy stimulates us to celebrate the healing action of our Father God, it invites us to fully enjoy life and sustains us in moments of sickness or mourning. On the other hand, it feeds the spiritual life of the professionals and workers of the world of health care so that in the exercise of their profession they may know how to balance competency and humanity; it also sustains health ministry workers and volunteers so that with their dedication and service they may continue to be a testimony to the tenderness of God and ensure life conditions of dignity.

144. The social dimension of our faith leads us to act with the same merciful love of the Father, acting in the areas of announcement, denouncement, and testimony.

In Santo Domingo, the bishops reaffirmed the decision to "prioritize fraternal service to the poorest of the poor and help institutions to care for them: the sick, lonely elderly, abandoned children, prisoners, those suffering handicaps, people suffering from AIDS and all those that demand the merciful closeness of the good Samaritan."

In Social Ministry, different fronts of pastoral action converge: infant ministry, health ministry, elderly ministry, ministry to the HIV-positive, worker ministry, prison ministry, ministry to the migrants and displaced, ministry to the indigenous sectors, to farmers, to the marginalized urban population…

145. Health ministry has, in the family, the first and main community that cares for the health of its members and increases the effort for a comprehensive and preventive health care. The issue of health allows families to join together, offering advice and support to parents, organizing centers of care for single mothers, abandoned women, boys, girls, adolescents, and at-risk youth.

146. Through educational ministry, one can reach the spaces of formal and informal education, in order for men and women, from a young age, to set down pillars of thought, attitude and action, to lead a healthy life.

147. Care for creation is also a privileged space for the promotion of comprehensive health. The current development models have caused veritable environmental disasters that affect the health of people and communities. It is necessary to "begin a task of reeducation of all regarding the value of life and the interdependence of different ecosystems."

"As one called to till and look after the garden of the world (cf. Gen 2:15), man has a specific responsibility towards the environment in which he lives, towards the creation which God has put at the service of his personal dignity, of his life, not only for the present but also for future generations." (Evangelium vitae 42)

148. Health Ministry has much to offer to the different fields of ministry and, at the same time, it receives with true joy the richness that these contribute from their own specificity. The New Evangelization requires the participation of all the baptized, from the different fields of pastoral care, including a fraternal relationship with other Churches and with organisms and movements that work in the world of health, in order to make the message of Jesus a reality: "I have come that they may have life and have life in abundance" (cf. Jn. 10:10).

Chapter 12

Structure of health ministry

149. The *Parish group* of health ministry is advised by the parish pastor and will have its own coordinator. It will work together with the other groups in the parish and a delegate will participate in the parish pastoral council. They will carry out their work in coordination with the Diocesan Commission of Health Ministry.

150. The *Diocesan Commission* of Health Ministry will be coordinated by the Bishop's Delegate and will be made up of health ministry workers representative of the Vicariates, Zones or Deaneries into which the diocese is organized: religious men and women, health ministry chaplains, health ministry workers, and movements that work in this area. It will work in coordination with the National Team and will watch over the formation and accompaniment of parish groups.

151. The *National Team* of health ministry will be presided over by the Bishop designated by the Episcopal Conference and will have a national coordinating team made up of regional or diocesan delegates. It will have the function of serving the dioceses with guidance and subsidies for organizing the health ministry.

152. The *Support Team* for Health Ministry – CELAM – will be made up of the coordinators of the different regions: Southern Cone and Brazil, the Bolivarian Countries, Central America – Mexico and the Caribbean, and some experts.

Functions:

- Coordinate and support health ministry throughout Latin America and the Caribbean.
- Facilitate sharing of experiences, work materials, human resources, etc.
- Support and organize the regional meetings and encounters throughout Latin America and the Caribbean.
- Collaborate in the Department of Justice and Solidarity – DEJUSOL in the CELAM, on which it depends.

153. ***Pontifical Council for Health Ministry***

Purpose:

Faced with the complex problems that the world of health must face today in the area of morals and bioethics, and the need for greater coordination between the multiple organisms that directly involve Christians in this area, No. 6 of *Motu*

Propio Dolentium Hominum establishes the following purposes of the new department:

1. To coordinate the activities carried out by the various departments of the Roman Curia in relation to the world of health care and its problems;
2. To spread, explain and defend the Church's teachings on the subject of health care, and to encourage their penetration into health care practices;
3. To maintain contacts with the local Churches and, in particular, with the Episcopal commissions for the health care world;
4. To carefully follow and to study organizational orientations and concrete initiatives of health care policies on both the international and the national levels, with the purpose of discerning their relevance and implications for the Church's apostolate.

Conclusion

With great joy, we take on as our own the preoccupation that our Church, expert in humanity, manifests regarding the world of health care, in the midst of the permanent threat of a "culture of death."

We fervently desire that, at the level of all the Episcopal conferences, they promote and implement an efficacious health ministry that promotes comprehensive health care, at the service of those who suffer the most.

We wish to offer our recognition and support, as well as our solidarity and commitment, to all the health ministry workers who, especially with their testimony, announce, in the name of Jesus, the Gospel of hope and of life.

To our brothers that experience a situation of pain and suffering, we remind you that the Church will always be attentive to your cry, to each and every one, she will be a close and hopeful presence of the risen Christ who came that we might have life and have it in abundance.

Our thoughts also go out those responsible for our health policies, so that they may work to achieve an equitable and community-based system that guarantees the exercise of the right to health care of all citizens.

May Mary, Health of the Sick, help us to give witness to the world regarding the tenderness of God and to bravely proclaim the Gospel of life.

Enclosure

PASTORAL CARE IN HEALTH IN LATIN AMERICA AND THE CARIBBEAN – SOME HISTORICAL NOTES

Fr. Leo Pessini

The presence of the Church as regards health care in the lands of Latin America and the Caribbean began with the discovery and the colonisation of this continent. If we look at matters from the point of view of pastoral activity in the field of health that is envisaged, coordinated and carried out within the context of overall pastoral care, with clear and precise recommendations, we immediately realise that there was something very new and characteristic in the last years of the twentieth century, even though the Church has a history lasting five centuries in these lands.

Let us highlight the most significant events at a continental level achieved hitherto, trying to outline a profile of the activity of the Church in the world of health and health care.

One should take into account the fact that the challenges and the requirements of health, the cultural, political, economic, social and religious differences and characteristics at both regional and national levels, make up a profoundly rich and diversified picture of the activity of the Church in the world of health and health care in Latin America and the Caribbean.

The First Meeting on Pastoral Care in Health in Latin America and the Caribbean

The first meeting was held in Bogota, Colombia, on 2-6 October 1989, and was organised by the International Federation of Catholic Associations (FIAMC) and by the Department for Social Pastoral Care (DEPAS) of the Latin American Bishops' Council (CELAM). This meeting witnessed the participation of delegates for pastoral care in health of ten Bishops' Conferences. This meeting sought to examine, with a dialogue open to the light of the Magisterium of the Church, many ethical questions and questions relating to humanisation within the context of the planning of health care in Latin America and the adoption of an undertaking in line with the tasks and the mission of the Church in this field.

The following objectives were highlighted:

1. To analyse the situation of health in Latin America and the Caribbean from a socio-economic, political and cultural point of view through the contributions and descriptions of the experiences of the participants.
2. To draw up an assessment of humanisation in the world of health and health care that would permit an identification of the urgent need for future programmes

involving the sensitisation and training of future health-care workers in the continent.

3. To foster an exchange of experiences in the health-care and pastoral spheres.
4. To reflect on ethical questions of the various sectors of health and health care with the aim of developing criteria of judgement in order to engage in coherent Christian action.

Thus we sought to generate greater awareness in, and the Christian commitment of, health-care workers and agents of pastoral care in health. In addition, an agreement was made to strengthen professional organisations of a Christian character by stimulating a structuring of a national pastoral care in health.

The subjects addressed in the papers and during the round tables were as follows: evangelisation and pastoral care in health: the Church and human health; the humanisation of medicine; ethics and medicine in relation to disabled patients; ethical problems in psychiatry; transplants: ethical aspects: new genetics; ethics and medicine: family planning; complete care for hospitalised patients; and the organisation and humanisation of Catholic medical doctors. As one can see the ethical question was present in some medical questions.

The Second Meeting for Pastoral Care in Health in Latin America and the Caribbean

The second meeting was held in Quito, Ecuador, on 14-18 September 1994, and it was coordinated by the Department for Social Pastoral Care (DEPAS) of the Latin American Bishops' Council (CELAM). This meeting witnessed the participation of 41 delegates of the departments for pastoral care in health of thirteen countries. The purpose of this event can be described in the following way: 'To construct, in cooperation with all the countries, shared guidelines that will direct the action of pastoral care in health in Latin America and the Caribbean'. The specific objectives were the following:

1. To study and analyse the situation of pastoral care in health in Latin America and the Caribbean.
2. An exchange of significant pastoral experiences in relation to the subject of health in various countries, including new phenomena such as: medicine and alternative alimentation, and collective health.
3. To explore the theological-pastoral bases of pastoral care in health.
4. To identify the functions and the profiles of those who provide pastoral care in health.

5. To study the development of the role of social centres and their participation in the pathway of pastoral care in health.
6. To define some policies and strategies for the drawing up of national programmes for pastoral care in health.

The meeting began with a work document that had been drawn up by a group of consultants of the DESPAM-CELAM as an instrument for analysis directed towards presenting some pastoral theological elements that could be useful for the creation of a short guide on pastoral care in health.

The following reasons were identified for the offering to the Christian community of directions and guidelines for pastoral care in the world of health and health care.

1. Profound changes in the field of health and health care.
2. Scientific and technological advances and their ethical implications; socio-economic and political changes.
3. Situations of injustice, violence, murders, a lack of respect for the environment, malnutrition, hunger, and endemic diseases which afflict the poorest and call the Church to offer her specific cooperation in the struggle for the safeguarding of human dignity.
4. The need for a unitary project for pastoral care in health. The questions and issues relating to health were increasingly large and complex but partial and isolated responses were insufficient. 'It is necessary to outline a unitary project for pastoral care in health with the cooperation of the whole of the Christian community, in an approach of openness and valuing the contributions that come from the psycho-social sciences' (John Paul II).
5. Organisation and structure: 'the Latin American, national and diocesan levels should be called upon as regards this pastoral care, with a specific Biblical theological motivation and its own structure and organisation, in order to have the place that it deserves in overall organic pastoral care if we want sick people, as at the time of Jesus, to be for the contemporary Church, as well, 'particular property', the chosen of the Lord (John Paul II).

The final document of the meeting which was essentially a textbook on pastoral care in health has three fundamental parts: 1). The situation of health care in Latin America and the Caribbean; 2) Biblical-theological discernment; 3) pastoral care in health: the concept and objectives; 4) centres of communion and participation and the structure of pastoral care in health.

In reality, this document constituted the embryo of the document that was subsequently entitled 'Guide for Pastoral Care in Health for Latin America and the Caribbean'.

Looking toward the future, it was necessary to think of a strategy of coordination and monitoring, with the creation of a central team for the coordination of pastoral care in health for the continent with the goal of the animation, organisation and control of activities involving pastoral care in health in the various countries of the continent. With an increase in regional coordination: the South cone, the Bolivian countries, Central America and the Caribbean.

The Third Meeting for Pastoral Care in Health in Latin America and the Caribbean

The third meeting was held in Santo Domingo, the Dominican Republic, on 16-20 September 1998, once again under the auspices of the Department for Pastoral Care in Health (DEPAS) of the Latin American Bishops' Council (CELAM). Attention was addressed in particular to the questions of the formation and animation of the heads of pastoral care in health, with a rich sharing of experiences of the various countries and the laying down of basic guidelines in this very vital sector of pastoral care in health. This subject had already been present at the meeting held in Quito where the urgent need for the training and proven capacity of agents of pastoral care in health in relation to three fundamental aspects was highlighted: the human, the Christian and the professional, with the following characteristics – intelligence animated by the heart, a Samaritan spirit, a supernatural dimension which give meaning to experiences involving suffering, and Marian spirituality.

The Meeting of the Continental Team for Pastoral Care in Health

The Department for Social Pastoral Care (DEPAS) of the Latin American Bishops' Council, with the objective of relaunching the activity of the Church in the world of health and health care in the countries of Latin America and the Caribbean, held a meeting in Santafé in Bogota, Colombia, on 22-23 July 2000. This was an important meeting that witnessed the participation of various regions of the continent such as: countries of the South cone (Brazil, Argentina, Paraguay, Uruguay, Chile), the Bolivian countries (Peru, Bolivia, Ecuador, Colombia and Venezuela), countries of Central America, Mexico, and countries of the Caribbean.

This meeting was chaired by Don Hugo Garay (the Bishop of Tacna, Peru), in his capacity as president of DEPAS-CELAM, and was coordinated by Fr. Francisco Hernanez Rojas, the executive secretary of DEPAS-CELAM.

The discussion of the meeting centred around three fundamental subjects: a) the four-yearly planning of DEPAS-CELAM as regards pastoral care in health in the continent: b) the organisation of a work team (decisions as to its membership,

activities, functions and tasks); and c) the drawing up of a guide on pastoral care in health in Latin America and the Caribbean.

Fr. Adriano Tarraran, a Camillian and the director of the Camillian Centre for Humanisation and Pastoral Care in Health of Bogota, was proposed as the new coordinator of pastoral care in health for Latin America and the Caribbean. In addition, the representatives of the continental team for the animation of pastoral care in health were also identified. In the agenda of the deliberations an annual meeting of the work group was envisaged which was to take place in the various regions of the continent with meetings in 2001 and 2002, as well as the holding of the fourth meeting for pastoral care in health in Latin America and the Caribbean on 10-16 March 2003 in San Paolo, Brazil.

As regards the guide for pastoral care in health for the continent, a shared project of overall guidelines was suggested which would take into account all the characteristics of the various regions. This was a project that was supported and worked on from the third meeting on pastoral care in health in Latin America and the Caribbean (Santo Domingo-1998) onwards, but which had its origins in the meeting held in Quito (Ecuador) in 1994. The members of the continental team collected suggestions and updating proposals for the drawing up of a 'Guide for Pastoral Care in Health for Latin America and the Caribbean'.

The Fourth Meeting of San Paolo, Brazil, 5-8 April 2003

The objectives of the fourth meeting were as follows:

1.) To outline certain guidelines to make possible communion for solidarity starting with pastoral care in health based on contemporary realities.
2.) To strengthen and consolidate the process of structuring and organising pastoral care in health in Latin America and the Caribbean.

Certain specific questions and issues were addressed:

1) Structural factors and factors relating to tasks that affect health in Central America and the Caribbean.
2) Promotion, care and rehabilitation in health care.
3) Emerging situations: violence, poverty, AIDS, drug addiction.
4) Bioethics as a horizon of hope for humanity.

The Fifth Meeting on Pastoral Care in Health in Latin America and the Caribbean

This meeting took place in the city of Panama on 23-27 November 2009. Its fundamental objective was the following: to update the guidelines for pastoral care in

health for Latin America and the Caribbean in the light of the document of Aparecida (2007).

As has already been observed, a support team completed a process involving the revision of the guidelines for pastoral care in health. On the occasion of the World Day of the Sick of 2010 these guidelines were officially approved by the heads of CELAM with the following title: 'A Guide for Pastoral Care in Health in Latin America and the Caribbean'.

CONCLUSIONS

Over recent years a support team for pastoral care in health of CELAM – the Department for Justice and Solidarity – has organised various regional and continental meetings on the question of prevention and pastoral care against the pandemic of AIDS. As a result of these meetings, a document was drawn up, namely 'The Catholic Church in Latin America and the Caribbean against the Pandemic of HIV/AIDS'. This was approved by the presidency of CELAM on 1 December 2005, the World Day for the Fight against AIDS.

The National Secretariat for Social Pastoral Care in Health, for Pastoral Care in Health, Caritas Colombia, the Camillian Centre for Humanisation and Pastoral Care in Health of Bogota, Colombia, the National Coordination Office for Pastoral Care in Health of the National Bishops' Conference of Brazil, and the St. Camillus University Centre of San Paolo, Brazil, took part in this initiative.

We hope that these guidelines for pastoral care in health in Latin America and the Caribbean, the outcome of participatory work by all the Bishops' Conferences of the Region (Latin America and the Caribbean) over the last twenty years – from the first meeting held in Bogota in 1989 to the fifth meeting held in Panama in November 2009 – will be transformed into a valuable work tool for all those who work in pastoral care in health and for health-care professionals, in the promotion of a new culture of health that will be sensitive to the most vulnerable and the poorest of the population so that we may have 'life in abundance'(Jn 10:10).

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