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ACCESS TO HEALTH PROVISION
A QUESTION OF JUSTICE

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Editorial

This edition of SEDOS pays special attention to health ministry. Apart from articles by missionaries who have made health the focal point of their pastoral activity, we are publishing the very rich reflection which took place on this ministry during a two-day Seminar promoted by the JPIC Commission of the USG / UISG, in Rome on 18 and 19 October last.

We can expect health and healing to be central to our mission and ministry today for at least two reasons. It was central in Jesus' mission and ministry. He set the parameters of his ministry very clearly when he announced "*I have come that they may have life, and have it to the full*" (Jn 10:10). The Gospels present numerous healing miracles that Jesus performed: of lepers, of paralytics, of the possessed, of the blind, of a person with a haemorrhage, of Simon Peter's mother-in-law, of the centurion's servant.… He restored the dead to life: Lazarus (Jn 11:44), the widow of Naim's son (Lk 7:15) and the official's daughter. As Jesus proclaimed God's Reign, he tangibly showed it present as he cured illnesses and restored life especially to those who were on the margins of existence. One of the clear signs of the presence of God's Reign in Jesus' mission and ministry was his restoration of so many to a full life. As he commissioned the Twelve to proclaim God's Reign, he also emphasized the centrality of health and healing: "*When Jesus had called the Twelve together, he gave them power and authority to drive out all demons and to cure diseases, and he sent them out to preach the Kingdom of God and to heal the sick*" (Lk 9:1-2).

The fragility of the health situation of so many people in today's world also calls us to place special emphasis on health and healing in our contemporary mission and ministry. Two examples suffice to show this: HIV / AIDS and malaria. Statistics are not always reliable, however they paint a very disturbing picture. The latest UNAIDS statistics calculate that between 30.6 million and 36.1 million people are currently infected with HIV/AIDS. In 2007 alone, according to the same statistics, between 1.8 million and 4.1 million more will be infected and deaths from AIDS this year will be somewhere between 1.9 million and 2.4 million people. On the other hand malaria kills approximately 3,000 children a day and is responsible for at least one million deaths annually.

The USG/UISG Seminar presented the results of the recent mapping of religious working with HIV/AIDS which shows their impressive contribution in the health-care of those infected by this virus. Yet the reflection presented in this edition of SEDOS shows the need for an increased involvement of religious and Church groups in healthcare today, even of those who do not have an explicit health ministry in their charism. Poverty is one of the main causes of health problems and inevitably the poor are those who suffer the most. This of course raises the central question about why so many people lack the basic necessities to live a dignified life and, in the context of the Seminar, why so many lack basic health care. Many Religious involved in the healing ministry have tended to shy away from the questions regarding causes.

More and more today, the charism of many Religious Congregations is being "stretched" as they are being called to look at their specific responses to Jesus' invitation to preach God's Reign especially to the poor in so many different and difficult contexts in today's world. As we face this enormous task in mission today we are convinced that collaboration with each other and with all people of goodwill, will make this task in health ministry much more effective.

A Blessed and Happy Christmas Season to All of You

Access to Health Provision A Question of Justice

Premise

I received the following advice from an elderly and wise parish priest when giving my first priests' retreat: don't go over a half hour, leave your holy Founder at home, and don't apologise for your existence.

It is a rule I have always sought to observe but in a way I am going to break that rule by explaining why I accepted to be involved in this gathering. Some years ago I gently chided my friend Sr Pat Murray of the Justice Commission about the absence of health issues on the Justice Agenda. Her reply was to ponder as to why no health religious attended the meetings organised by the Justice Commission. So when Fr Gearóid approached me, on the suggestion of colleagues from the health field I could not in honesty refuse as Sr Pat's challenge was still pricking my conscience.

While I have been active on some justice issues during my life I am far from being any kind of expert in the area and do not profess to be one. Most of what I have to say comes from my personal experience in hospital administration and pastoral psychological care of the sick and from the fact that I spent the last few years heavily involved in the preparation of our last General Chapter (May 2007) which had as its theme: "United in Solidarity and Justice in the World of Health".

There are four people in whose debt I find myself through their writings and conversations as I prepared this paper: Fr Sean Healy and Sr Brigid Reynolds of CORI Justice Desk, and Frs. Bob Vitillo of *Caritas Internationalis* and Fr Michael Czerny, S.J., of Jesuit African AIDS Response.

I. Introduction

- Frank Monks -

a) Our starting place: All men, reflecting the image of God, are equal in dignity, and all, without exception, are entitled to the goods of the earth so as to lead a life corresponding with their original identity.

Having established that the dignity of the human person, based on his "being created in the image of God", lies, and indeed must lie, at the root of social justice, the Bible offers a lot of other data regarding social justice, beginning with the divine dispositions contained in the so-called "The Code of the Covenant" (Ex 20:22-23, 19) through to the tough anathemas launched by the Book of the Apocalypse of John against the abusive holders of political power. Then there are the series of often merciless appeals, by the prophets, the psalmist, the wise men of Israel, the Gospels and the remaining writings of the New Testament.

"Jesus has taken the side of the poor and unfortunate. He has condemned the hardness of heart of the proud and rich who place their trust in their own goods. By His word and example Jesus, from the moment of His death and of His Paschal Resurrection, has adopted the active attitude of "pro-existence", that is the total gift and the sacrifice of His own life for others" (CTI, 2.1.1).

The Letter of James, like the writings of Luke, is especially hard on the rich who make a mockery of every form of justice in relation to the poor, and who heedlessly or because of their upbringing violate the very right of survival.

b) The pandemic AIDS (40 million at presen – 700,000 deaths in Uganda alone in early 1990s) and the resultant orphan dilemma (12 million had lost one parent at least, many two by end of 2006 according to

WHO), the spread of Malaria, the re-emergence with a vengeance of Tuberculosis, health and poverty issues resulting from abuse of the environment (ecological), lack of health education, of primary and community care, lack of formation of health assistants, trafficking in women and children, financial cutbacks in healthcare delivery, the increase in the number of suicides in the West, the ethical issues emanating from modern research and the resultant minefield for the ordinary healthcare worker are some of the issues which engage the mind of healthcare people on a daily basis.

However, it is important to underline that most of them are not just healthcare, medical problems but rather humanitarian ones. Nor can they be left solely in the hands of medical science or sociologists as they affect the philosophy of our day. Christian input is a must.

One common denominator to the above issues is that those most at risk and who bear the heaviest burden are the poor. Talk of free access to health for the poor is likely at the moment to bring a knowing smile of resignation from the poor themselves and a cynical one from the carers as just being more political soundings and promises, promises….

Poverty is the main cause of illness, and combating poverty is therefore an issue for healthcare personnel along with all those people interested in the well-being of our planet. All of us need to be actively involved in the campaign to combat poverty.

Our world is complicated. We have great wealth and growth on the one hand while there is widespread poverty and destitution on the other. As I write these few thoughts every thirty seconds a child dies from mosquito-borne malaria, every day the scourge of malaria is killing 3,000 children in sub-Saharan Africa alone, and because of the recent severe flooding, the crisis is getting worse in Central and East Africa and the death rate from malaria is soaring (those under five are most at risk as they do not have as much blood volume as adults to fight off the infection by the Anopheles mosquito). And why is this? It is simply because of the absence of simple necessities such as mosquito-nets and medicine.

Let's make no mistake about it: the greatest cause of ill health is poverty.

How should we define poverty?

"People are said to be living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living that is regarded as acceptable by society generally. As a result of inadequate income and resources people may be excluded and marginalised from participating in activities that are considered the norm for other people in society" (Addressing Inequality – CORI Justice).

This is a European definition with which we in Ireland can readily identify as it is a definition for a developed country. But to what extent would it be acceptable in a developing country? The poor in our developed countries would be considered lucky by their counterparts in some developing countries, as they simply have no standard of living – rather destitution. Everything is relative (e.g. in different countries one is confronted by misery which is beyond poverty).

Yet the world has the resources to feed all and for all to live with dignity, but they are accumulated by the few to the exclusion of the many. The world as it is today is very far from the Christian ideal**.** Real political power is in the hands of the few nations leading to growing terrorism, organised crime, spreading of disease. Cultural values are more polarised than ever: secular society's values and religious values seem to have no common meeting ground; there is a growth of fundamentalism and spirituality and a decrease in the practice of mainline religion: there is an evident tension between individualism and the common good. All of which challenges us to find a way of living together while respecting difference. Is it possible? Yes, if we – commit ourselves to openness, humility and learning:

- to accept diversity as the norm
- to work at bridge building
- to search honestly for common ground.

c) Let us look at HIV/ AIDS (to which

I will return in more detail in a later intervention), one of the most serious problems facing humanity at this moment in history. With some 39.5 million people worldwide living with the virus at the end of 2006, 2.3 million of whom are children, some 4.3 million people having been newly infected during that year, and some 2.9 million people have lost their lives to AIDS-related illnesses during that period.[1] It was statistics of such magnitude that motivated the former Secretary General of the United Nations to raise this urgent alert:

"HIV/AIDS has unfolded along a pattern we tend to see only in nightmares. It has spread further, faster and with more catastrophic long-term effects than any other disease. Its impact has become a devastating obstacle to the progress of humankind. In 25 short years, HIV/AIDS has gone from local obscurity to global emergency.[2]

Mandela talks about his country coming through *apartheid* but now has to deal with the Aids crisis, which he describes as "genocide": look at the orphans, the secret struggle because of the stigma which is still attached to it, the almost impossible burden being borne by the women who are infected through no fault of their own, the children *in utero*.…

A crisis of such catastrophic dimensions might tempt us to become paralyzed with both fear and despair. There is also a mistaken tendency to place blame, to stigmatize, and to marginalize those whom we consider to be "vectors" of disease as a result of their engagement in what we label as "high risk" activities. The Church does have a history of having confronted such reactions in the past during the course of her service to the poorest of the poor.

Some current developments in response to the HIV pandemic give us just cause for optimism: the work of UNAIDS, WHO, the Clinton Fund, the Gates Foundation. The promises made by government leaders at the United Nations General Assembly Special Sessions on AIDS in 2001 and 2006, as well as those articulated at the Meeting of the G8 Heads of State in 2005, have oriented us on a course to seek Universal Access to HIV prevention, care, support and treatment, with a target date of 2010 established for such a goal. And some progress can be reported in this regard:

Global funding for HIV programmes increased significantly, 28-fold in fact, from $ 300 million in 1996, to $ 8.3 billion in 2005;[3]

Access to anti-retroviral therapy for advanced HIV infection in low- and middle-income countries continued to grow throughout 2006, with more than 2 million people receiving such treatment, a 54% increase over the previous year.[4]

Bob Vitillo was saying recently that the observant eye will notice some changes: in the early 1990s the journey from Entebbe Airport to Kampala was marked by the prominent sale of coffins all along the way. The same journey in 2006 was very different and marked by the almost absence of this sales' pitch. This was due to the fact that many of the poor now had access to ARVs, and those who once were at death's door can return to work and farming, provide for their families, and are themselves serving as staff and volunteers in AIDS care, support, and treatment programmes and in HIV prevention education.

However, before we become too complacent with progress made to date, let us confront the long road ahead of us if we are to realize the goal of Universal Access for all who need it by the year 2010. We were informed at the June Vigil of Solidarity here in Rome that:

Only 28% of the estimated 7.1 million people in need of anti-retroviral treatment in low – and middle-income countries were receiving it in December 2006;

Merely 11% of HIV-positive pregnant women in need of anti-retrovirals (ARVs) to prevent mother-to-child transmission in low- and middle-income countries are receiving them despite the fact that this programme when implemented has a high success rate;

Only 33% of male youth and 20% of female youth were able to correctly identify ways of preventing HIV transmission, thus highlighting the need for education and a role in this pandemic for Congregations whose charism is in the education field.

The eloquent phrases of world leaders in their Global Declarations must be translated into just laws and policies that give access to value-based HIV preventive

education, care, support, and treatment among our sisters and brothers living with HIV, and among their loved ones affected by the virus. Bob Vitillo suggests that "we should repeat loudly and boldly the appeal made by our Holy Father to Chancellor Angela Merkel as she assumed the Presidency of both the G8 leaders and the European Union:

… a substantial investment of resources for research and for the development of medicines to treat AIDS, tuberculosis, malaria, and other tropical diseases is needed.... There is also a need to make available medical and pharmaceutical technology and health care expertise without imposing legal or economic conditions.[5]

There are other infectious pathologies besides HIV/AIDS causing epidemics in many countries. They are not spoken of even though their effects are devastating on public and personal health (leprosy, buruli ulcers, tuberculosis …). The basic funds necessary for their eradication and for the care of the sick is lacking, and so they are the victims of yet another injustice. Religious should give particular attention to the sick who suffer from these infectious deseases, even though it is not very glamorous work as these sick people are very often at the wrong end of the social ladder.

I have attempted to give a thumbnail sketch of some of the health issues facing us. As we seek to respond to needs such as the above mentioned it is fundamental that we look to our motivation and our roots so as not to lose sight of the fact that we are religious, and that is what I would like to do right now.

II. The Church and the healthcare world

One of the objectives/challenges of the healthcare institutes should be to attempt to make the Church in general more aware of the centrality of healing in her mission. Healthcare has always been, and to a certain extent continues to be, seen as a peripheral ministry within the official Church, and perhaps in the vision of the Union of Superior Generals too. The Church has not always shown an understanding of the possibilities for evangelising offered by the healing of the human body, as a starting-point for proclaiming the Good News. As Camillians we find that the concept of priest/doctor, priest/nurse, priest/administrator is perplexing for many church people. How many Pastoral Letters do you know of that deal with health care issues? Having correctly stated that: *"theology has pushed the subject of healing, to the margins, the periphery of things. The Church's Christology has overlooked it especially in her proclamation of salvation".* The Church has been solicitous in fulfilling her mandate to go and teach, and to go and baptise. But she has not shown herself too sure as to how to go about implementing her mandate to go and heal. She has often reduced her involvement to a charitable-assistential level, or to a religious assistance seen primarily as a preparation for death. The approach of the Congregations involved in the pastoral healthcare ministry is to seek to restore the *"messianic sign of healing"* by developing the therapeutic dimension of evangelisation. This involves recovering the attitude of Jesus towards the sick which goes well beyond the sacramental happy death approach.

In *Salvifici Doloris* John Paul II refers to Sacred Scripture as a great book of human suffering. In fact, the whole history of salvation is a history of healing. But it is from **Jesus** that the Church gets her mandate to heal.

Perhaps, we too readily forget just how central healing was to the ministry of Jesus and therefore to the Church**.** Let's listen to the words of Jesus himself. On returning to his home village the locals were perplexed and began asking: who is this guy? Is he not the son of the carpenter, the son of our neighbour Mary? In response Jesus went into the synagogue, opened the scriptures at Isaiah and read: *"The Spirit of the Lord has been given to me for He has anointed me. He has sent me to bring the good news to the poor, to proclaim liberty to captives, and to the blind new sight, (to heal the broken hearted), to set the down-trodden free, to proclaim the Lord's year of favour*"(*cf.* Lk 4:18). Elsewhere in St Mathew we read: *"Now John in his prison cell had heard what Christ was doing and he sent his disciples to ask him, 'are you the one who is to come or do we look for someone else?'. Jesus answered, 'Go back and tell John what you hear and see; the blind see again, the lame walk, lepers are cleansed, the deaf hear, and the dead are raised to life, and the good news is preached to the poor…*" (*cf.* Mt 11:2-5).

What we learn from this is that for Jesus the main components of his ministry are Preaching and Healing.

Jesus did not just say that healing was an integral part of His ministry, but He lived this mandate daily: "He went all over Galilee teaching in their synagogues, preaching the Good News of the Kingdom and healing all sorts of sickness and diseases (*cf.* Mt 4:23). In fact, over 50% of Mark's Gospel deals with Jesus reaching out to the sick and suffering.

It is evident that Jesus wanted this to continue as an integral part of the apostolate of His followers: "He called the twelve together, and gave them power and authority over all demons and to cure diseases. He sent them out to proclaim the kingdom of God and to heal" (Lk 9:1-2). And that is precisely how the first Disciples understood their ministry as that is precisely what they did: "they set out and went from village to village proclaiming the Good News and healing people everywhere"(Lk 9:6).

Healing is not an added extra which the Church may or may not perform, it is not peripheral in relation to other pastoral ministries, but is rather an integral part of the mission of the Church. And yet most dioceses have no infra-structures for health care ministry. The Pontifical Council for Health Pastoral Care is of very recent origin (twenty years odd old), and we are very encouraged by its institution, and very grateful to the late Holy Father for his great interest in this sector of the Church's ministry and activity.

So we as religious working in healthcare consider ourselves privileged to be involved in the world of the sick and suffering as it means we are called to evangelise through our ministry in whatever culture we are at the heart of Christ's ministry – charity/love at its most practical. More people pass through a hospital in a week than a Church in a year, and the same hospital door is still very much open to the Church. Nobody escapes either being a patient or the visitor of a relative in a hospital. "*Sickness can have the prophet's role of jarring the dreamer awake. Sickness is a collision with human limitation, a harsh and uncompromising reminder of the reality of man's finiteness and of the emptiness of the pursuit of an earthly paradise. Sickness forces the sick person to come to terms with the reality of the human condition. And through him confronts our society with a sign of contradiction, a challenge of truth*" (Bowman: The Importance of Being Sick", p. 35). In this whole debate the committed, convinced and knowledgeable Christian has much to offer, with our Camillian theology of the Cross having something very valid to contribute. Rahner puts it rather beautifully when he states, that the comfort of time is: "*the belief that to close life well is also to attain oneself completely, with all one has been and done, in strength as well as in weakness"* (Theological Investigations II).

Biblical perspective

Health in the biblical sense means "***wholeness***": physical, spiritual, pychological, individual, social, institutional. *"I came so that they may have life, and have it abundantly"* (Jn 10:10).

JESUS HEALED THE WHOLE PERSON: body, soul, emotions – He did not divide them into a soul to be saved and a body to suffer.

"*Health is a state of complete physical, social and mental well being and not just an absence of sickness and disease*" (United Nations Definition). We would want to add the word "spiritual" to this definition. **HEALTH IS** a state of complete **physical social mental** and **spiritual well being** and **not just an absence of sickness and disease.**

The unique healing power of Jesus lay in his ability to care, and this is something which is far too often overlooked. What do we mean when we say Jesus cared? We might say that it is obvious that He cared. But is it? Care comes from the gothic word **KARA**: to lament with, to enter into the suffering of another. We concentrate so much on the extraordinary (miracles) in the life of Jesus that we fail to notice the ordinary (human warmth). He did not raise Lazarus from the dead without first weeping for him and accepting the reproaches of Martha and Mary; He did not feed the five thousand without first having the humility to accept fish and bread from a small boy in the crowd. What we see and like to see are the extraordinary things He did and we overlook the ordinary which preceded the extraordinary. Care is not a question of the strong to the weak, the *"haves"* to the *"have nots"*.

Real care is

Powerlessness/helplessness – but still being there.

Perhaps, there is no other form of ministry where you will feel so powerless and helpless than when ministering to the sick. And yet so much healing takes place at moments like this when despite not having the answers we do not run away, and we avoid using prayer or the sacraments as a refuge. The young man who, on finding himself totally lost and uncomfortable with his patient, asked the patient, who was sharing with him at a deep level, if he would like him to pray with him, and received the response "*if it will help you, Father*", learnt an invaluable lesson that has much to teach us: *don't run away – don't use prayer as a refuge.*

There is a big difference between being "*skilled*" and being "*capable*". We may have learned numerous techniques and skills in communicating, and, in fact, be very professional, and still not be "capable": Capable means the ability to draw to oneself, to embrace, to stay with a situation even when there are no real answers. One of the most skilful surgeons I ever knew was a disaster when it came to communicating with his patients. He often left them in tears through his lack of sensitivity. Working with the sick you will often find people thanking you for your help when you genuinely feel you did nothing or actually felt lost, but yet you stayed with the situation.

Some suggest that the concept of healing as powerlessness is a dodge, an excuse for not giving answers. In fact, it is very difficult to be powerless. All of us are more comfortable when we are doing something, getting a cup of water, having some terribly intelligent insight to share, fixing a pillow, saying a prayer or some such thing. A friend of mine suggests that, "*real poverty is where you are aware of your own vulnerability*". And we will discover that an awareness of our own powerlessness and vulnerability gives us a strange power. Sick people like to ask all sorts of questions to which they do not always expect answers but it is so important to them to ask. Mother Teresa suggested that: "*we heal through contagious humanity*". How true. The older I get the more convinced I become that we are called to support one another along the dusty road of life and allow ourselves be supported in turn. When we are capable of being human with one another real healing takes place. A Kenyan nurse once summed up a Seminar on caring by stating that, "*to cure without caring is to dehumanise".*

We would do well to ponder the insightful words of Henri Nouwen: "*Jesus ministry reached its climax on Calvary: the crucified and glorified Healer, healed and saved through his death and Resurrection. When He was at His most powerless He was in fact at his most powerful: His taking part in suffering humanity enabled Him to triumph over its ills. Christ was the wounded healer*".

III. Care is the effort we make to "understand"

Try and put yourself into the shoes of the person with the illness, facing the crisis. For example, try to imagine what it is like to be elderly. Basically it entails loss (and this applies to most suffering): Loss of space (from the world being your village to 10 x 10 feet); Loss of mobility (wheel chair, confined to bed, unable to go to the toilet); Loss of control over space (who comes and who goes); Loss of control over time (when they come with medicines); Loss of control over what is done to your body – for the healthy their skin is a kind of barrier (you won't get under my skin) whereas now needles, tubes, liquids are unwelcome enforced visitors; Loss of contact (you cannot go to people and the ones you want do not necessarily come to you). Basically you lose your INDEPENDENCE: as one male patient once put it to me – "*when they take away your trousers you know you are going no where*". This loss of independence involves an experience of *Separation* from life patterns, work, play: "the sick person is the loneliest exile in the world"; of *fragmentation* as I cannot fulfill my ordinary role: farmer, husband, wife, priest; of being *devalued* as I am now a receiver and cannot contribute – I am made to feel guilty – turned into an object; confusion regarding *faith* – I cannot pray.

There is such a thing as a sacrament of presence. So in caring much depends on how we see ourselves: Are we there to apply a skill or is there something more? Caring is about relationships. At its most idealistic: "*Christ in me meets Christ in you". But this* is not always possible. I may not be able to see Christ in front of me but what I can see is the person in the bed and I am called to represent God

by godly action. It is basically about how I treat the person before me. "*Words whisper – actions shout"*. Much soul pain is reached, touched and healed by the way in which care is carried out. Through our compassionate attention to the whole person, we are recognising their worth as unique individuals. Cicely Saunders tells us that "*the way care is given can reach the most hidden place"*. Skills must be administered with compassion, bearing in mind that cure without care is dehumanising.

Our tools are twofold: our acquired skills and our hearts. The primacy of love is at the heart of Jesus' message. For those in pain love takes on a new urgency. We should not be afraid to show affection. The patient so often feels ugly, degraded, useless because of the toll of illness. It is humbling to see what simple acts of courtesy can do, and equally distressing to realise how often they are omitted.

I firmly believe that the most important preparation is not the fact that I am a doctor, nurse or any other healthcare professional, but rather the fact that I am committed to my own inner journey. If I am, then I will be aware of my own vulnerability, of my own not knowing, and will be less judgemental in my relations with others. As Michael Kearney says so beautifully, *"it is the belief that in this area it is not so much about the skills I have but the self, who I am"*.

Each one of us needs the mental conviction that care is positive therapy, that it is required by the individual just as much as medicine: the pills and operations. And that all dimensions of the human personality are touched in real healing. The hallmark of Catholic healthcare has always been:

PERSONALISED CARE. "You are called to humanise sickness, to treat the sick as a creature of God, a brother of Christ. You, by your presence and your patient loving charity, make faith in Christ and the fatherhood of God credible" (John Paul II). Our challenge is to be healers – to use the gifts the Lord has given us, and to use them with love.

Group Work

1. Religious in healthcare rate very highly on solidarity with the poor but do not rate quite as well when it comes to working for justice. Would you agree or disagree with this statement, and if yes, why?

2. One of the objectives/challenges of the healthcare institutes should be to attempt to make the Church in general more aware of the centrality of healing in her mission. If you agree can you suggest how we might go about it, what we should do?

3. Faced with the evident fact that the Church is no longer a player in the world of health and sickness: faced by a secularism that puts religious and spiritual values and all traces of God firmly in the background; faced with the conviction of not being in tune with the values and practices that are ever more contrary to the Gospel … how does one implement the Christian mission?

4. When our facilities become a part of the assistential activities of society, how do we keep the Gospel dimension alive and credible? What concrete demands of an ethical, working and professional character arise as a result of the "a-confessional" nature of secularised bodies? How do we render our own facilities relevant and avoid suffocating our freedom to welcome all: how can we remain open to be guided by the Spirit, by the challenge of the unexpected? How do we broaden our horizons so as to embrace new forms of presence in places where the most urgent needs of society, the cry of the poor and a thirst for justice are more evident?

5. In your opinion what should our priorities in health be right now?

Notes

[1] *Report on the Global AIDS Epidemic,* UNAIDS, December 2006.

[2] UN Secretary-General Kofi Annan, Opening Address to U.N. General Assembly High-Level Meeting on AIDS, 31 May 2006.

[3] *Report on the Global AIDS Epidemic: UNAIDS Tenth Anniversary Special Edition,* Geneva: UNAIDS, 2006, p. 224.

[4] "Significant growth in access to HIV treatment in 2006: More efforts needed for universal access to services" joint News Release WHO/UNAIDS/UNICEF, 17 April 2007 London, http://www.who.int/mediacentre/news/releases/2007/pr16/en/index.html

[5] Letter of His Holiness Pope Benedict XVI to Her Excellency Dr. Angela Merkel, Chancellor of the Federal Republic of Germany, 16 December 2006, http://www.evangelizatio.org/portale/adgentes/pontefici/pontefice.php?id=770

What We Might Bear in Mind in Any Response

- *Frank Monks* -

I believe that in responding we should bear the following six points in mind:

1) the need to rediscover the Prophetic Mission inherent to Consecrated Life;

2) read the signs of the times by engaging in social analysis;

3) learn to dialogue in a bilingual fashion;

4) create Unity/Collaboration among ourselves;

5) remember that our credibility comes from involvement – our response at the coal face;

6) some crucial points to keep in mind

I. Prophecy

Any discussion on solidarity with the poor or justice for the poor sick must bear in mind that consecrated life is based on the search for God and a relationship with Christ. A prophet is someone who is not afraid to underline for the People of God of his own time those aspects of the Gospel of Jesus Christ which are being neglected and which people usually have little wish to hear or accept.

Many Church documents of recent times urged us toward a greater understanding of the prophetic dimension inherent in our religious consecration. The response to the challenges faced by our ministry forces us, on the one hand, to ally ourselves with the positive present in the societies in which we live, especially in the world of health care, and, on the other, to effect a confrontation which questions those values which are not in conformity with those of the Gospel.

"Without a vision people perish" (Proverbs). The dominant vision being offered at the moment sees wealth, employment and production growing steadily. This will then produce, so the theory goes, a world where the goods can be accessed by all. It assumes that in a world twice as large as it is today, everyone can aspire to the high consumption life-style presently enjoyed by the affluent minority. This in the opinion of Church people is simply unattainable as "the global realities facing decision-makers today are environmental degradation, encroaching deserts, widening gaps between rich and poor, exclusion from participation in decision-making or development of society. Globalisation is accompanied by social inequality, endemic deprivation and environmental stress" (Healy).

We cannot allow vision building to remain solely the work of sociologists or economists but it must involve theologians. How do Gospel motivated people see the future and how can it be articulated so as to energise and motivate action for a just and fair world? It is not sufficient to simply call for "bold transformations and innovations" we must be actively involved. We need to acknowledge that healthcare religious are not noted in this regard.

I have noticed over the years that the more I am involved in the wider reality the greater the danger that I will become submerged/ engulfed by the *status quo*. We can unconsciously accept the dominant philosophy underpinning the *status quo* and lose sight of the proclamation of the Good News of Jesus Christ. We are called "to nourish, nurture and evoke a consciousness and perceptive alternative to the consciousness and perception of the dominant culture around us" (Brueggemann).

One of the tasks we are set is that of promoting a greater understanding of the structures of sin and death present in the political and economic lives of the countries where we work and which contribute to the causes of poverty and disease in the poorest countries (Camillian General Chapter 2001).

We are called to raise the level of consciousness of these structures among our fellow religious and lay co-workers, operating in public and private, through dialogue, writings and training courses. We are reminded in *Vita Consacrata* that: "*consecrated life represents ... a special form of sharing in Christ's prophetic role ...*" *and is a sign of "the primacy which God and the truths of the Gospel have in Christian life.… True prophecy is*

born of God, from friendship with him, from attentive listening to his word in the different circumstances of history. Prophets feel in their hearts a burning desire for the holiness of God and, having heard His word in the dialogue of prayer, they proclaim that word with their lives, with their lips and with their actions, becoming people who speak for God against evil and sin. Prophetic witness requires the constant and passionate search for God's will, for self-giving, for unfailing communion in the Church, for the practice of spiritual discernment and love of the truth. It is also expressed through the denunciation of all that is contrary to the divine will and through the exploration of new ways to apply the Gospel in history, in expectation of the coming of God's Kingdom" (n. 84).

It is at the heart of all our traditions to denounce evil and support good, defend the rights of the sick, in particular the poorest sick, and promote a culture of solidarity. This means critiquing dominant consciousness with an alternative vision that is not afraid to seek the new. "The dominant culture is always uncritical and does not readily tolerate serious or fundamental criticism and will work to prevent this criticism taking place. It lacks compassion. It has always been central to Judeo-Christian thought to dismantle the politics of oppression and exploitation" (Healy) Ours is not a static God who simply protects the interests of those with resources. We cannot just focus on politics and social change nor can we just focus on God. The prophet invariably manages to marry the two.

It is a commonly held conviction that it is in opting for the most abandoned that Religious Institutes fulfil the prophetic dimension inherent in religious life. This is accomplished by defending the rights of the weak, co-operating in the promotion of political thought, and in exposing injustice. (e.g. the Justice Desk of CORI).

We are invited to "*contribute so that society promotes the humanisation of health structures and services and, through juridical, social and political regulations, guarantees the rights of the sick and respect for their individual dignity in the best way possible"* as our own Constitution states. And at the same time we contribute to the action of God in history: *"by untiring effort so that individual human rights are respected and increasingly* better defended according to the expectations of the poor' (*Discourse* of John Paul II to the International Theological Commission, 5 December 1983).

We come from a tradition that has tended to identify prophecy as denunciation and protestation. This is an excessively reductive vision. The experience and the prophetic mission are much more complex and much richer. The prophet, besides denouncing also announces. His critical interpretation is not so as to protest but is more geared to propose, to exhort, to call to conversion: in short to a search for alternatives. It comes up with alternatives (example of religious on Irish TV).

God is always presented in the Bible, without exception, as a "God for", that is, a God who lives, acts and moves in favour of man, for the good of man, for man's happiness, driven by a love that, although its motivations are mysterious, nevertheless exists. One is struck by the fact that this cohesive love for man is shown in visible, palpable actions and not in empty words and unfulfilled promises.

He who wishes to be and live as a prophet in the health world cannot restrict his search to denunciation and protestation. "He will first and foremost examine a situation from a "contemplative" dimension: that is without haste, lovingly, faithful to earth and sky" (Healy). He will be passionate and faith filled. That is why the prophet always appears new and innovative, holy and contesting, inconvenient and healthy, persuasive and challenged by others.

How does the world of health appear when examined from this perspective? It is very much "Gospel territory". By this we mean that the world of health and healthcare should be seen and lived in as a privileged space for the revelation of God. As a meeting place with man which is salvific and salutary: Surely it is the road the Church must travel if she is to fulfil her mission: walking the dusty road of life with man especially in times of adversity, suffering and limitation.

Christians cannot remain indifferent or inactive, if they are to take seriously the biblical-theological appeals regarding justice and solidarity in the social field. To passively accept the situation as it is would mean offending, not only humanity, but God: offending him through lack of care and concern for His dearest treasure, man.

It would be rather irresponsible, to limit our intervention in the justice sector to being a simple duty without being aware of the nature of the solidarity which is not well understood, and is often limited to a light, superficial, interest, which is politically oriented almost as if the necessities and the rights of men may be submitted to the ideological humours of parties. For this reason we must engage in serious professional analysis of the situations in which we are called to minister.

Prophetic vision and action in the world of health and sickness.

For the consecrated person charism and mission give rise to a profound tension which leads to a Passion for Christ and Passion for Humanity (November 2004 Convention – a summary of Christian healthcare commitment). Prophecy in consecrated life is incomprehensible without this.

Consecrated life has been raised up by the Spirit to be different, and it is often called to be an instrument of denunciation, of contrast and of confrontation. But it will always be Christ centred: we move from Christ to discover our fellow man especially in his suffering. The prophetic mission is none other than the mission of the Church, in which every believer participates, according to the different gifts of the Spirit. For this reason the prophet will be identified as follows (Camillian General Chapter 2007):

Men and women in touch with the Absolute who see the world from the perspective of God, with His vision.

Passionately Christ Centred: all those who distinguished themselves for their prophecy, through the course of the history of Christianity, were all men and women profoundly rooted in God.

Sincere search for truth, and authenticity of life. Basically, their very existence is oriented and guided by the love of life and their love of God. However they denounce life's surrogates and refuse to allow themselves be seduced by the fascination of power, and success.

Acute sensitivity to the evil in the world; they are invariably attentive to the silent (or dumb) voice of the poor and of the marginalized.

Familiarity with the desert of fruitful and resounding solitude: the prophetic experience is unthinkable without a profound encounter with the hidden I, with the naked truth of one's being, with one's shadow side, with that "centre" where God and man meet.

An alternative that is at times harrowing: true prophets whatever their condition, have often an alternative conscience and offer a different hierarchy of values. As they are totally centred on the one thing necessary (*unicum necessarium*), are convinced of the value of the essential, they are openly challenging.

A salutary tension. Since the Spirit breathes where and how He wills, prophetic experience is and will always be animated by a sane and often uncomfortable tension.

Humbly enthusiastic. The charism of prophecy is never calculating or pessimistic, nor is it given to catastrophic interpretation of time and history (they are never prophets of doom).

Sent (mandated). The awareness of having been personally chosen and sent becomes the most determining spiritual experience of the prophet.

II. Signs of the times - Social analysis

Ever since the Second Vatican Council and Pope John XXIII we are very conscious of the need to read "the signs of the times". However, there is no one clear unambiguous reading of the reality of our world and the perspective is naturally very different depending on ones roots and beliefs. We are called to engage in two conversations – one, with those who share our faith and two, with those who do not.

However, there is only one reality no matter how different the perspectives: reality is reality. Our perspective will quite naturally be influenced by our faith but our analysis must not be any less thorough because of this (*Example of Sr Marias mapping programme on AIDS involvement by religious – collaboration of UNAIDS, Caritas international and Georgetown University*). This same analysis will always be on-going as the reality is constantly changing.

Our own preparatory document for our recent General Chapter stated that: "*compassion is not sufficient because 'to transform the world implies that we know something about the world and that we know what has to be transformed. Every involvement in any action for justice has to recognise the systematic injustice which is the cause of much of the hunger in*

the world, of the situation of the homeless, of the violence and the destruction of the environment. Social analysis is an instrument widely used and which is effective and permits one to examine the structures of society – political, economic, cultural, social, and religious – and to discover from whence the causes of social injustice arise".

III. Bilingual dialogue

We dialogue at two levels – one, with those who share our faith and also, with the wider society – and we need to be engaged in both. The language spoken in both these conversations is different and this is a major issue. Tracy says: "*conversation is a game with some hard rules: say only what you mean, say it as accurately as you can; listen to and respect what the other says however different; be willing to correct or defend your opinions if challenged by the other conversation partner; be willing to argue if necessary, to confront if demanded, to endure necessary conflict, to change your mind if the evidence suggests it".*

We speak one language with those who share our faith but a very different language must be found for the wider society. There will be different assumptions, core meanings, perceptions of the world depending on our formation. One of the first lessons I learned as a young priest working in health care was that in dialogue with medial research it was not simply that we had divergent religious viewpoints but that we came from fundamentally different philosophies of life. It was a real eye-opener for a raw kid coming from a traditional Catholic background and a Catholic university.

This dialogue is important as it is not the faith-based groups that make the decisions that have major impacts on the lives of people, especially the sick poor. This is why the late Holy Father was anxious that we set up A Camillian University: if we are to enter into meaningful dialogue with medical science it requires a certain preparation. I was very struck by Sean Healy's assertion: *"that the conversation with those with whom we share our faith is the critically important one of these two conversations".* I firmly believe that if we fail to keep up a dialogue with our faith base we will likely end up accepting uncritically the dominant culture of the wider world.

Our education should prepare us for this bilingual conversation. The language used in the conversation with those with whom we share our faith would not be effective in the conversation with the wider world and will be seen as irrelevant. Many initiatives fall down because of this. Language, conversation, dialogue is one of the really great challenges facing the Church at the moment.

IV. Create Greater Unity/ Collaboration

United with whom? This unity must be among ourselves in our communities, in our parishes, with other religious congregations and especially with the laity as we collaborate for the good of our Church and the spreading of His Kingdom. We cannot forget the great prayer of Jesus for the Church before returning to the Father: "*may they all be one ... Father ... as you are in me and I am in you ... that they also may be in us ... so that the world may believe that it was you who sent me*" (Jn 17:21-23).

We are all witnessing within our Congregations an increasing number of international communities, but recently this collaboration has been taken a step further resulting in religious working in partnership with other organisations, be they religious institutes, dioceses or lay organisations. In these all the parties share some degree of decision-making and control – it is a kind of partnership of equals in which the decision-making is shared.

As I reflect on this interesting and provocative form of thinking I find myself asking: could we not come to a cooperative arrangement with other institutes to save a worthwhile project? Could we be open to such an arrangement? Sometimes a project might be beyond the resources of any one institute on its own – one might have the financial resources, another the know-how, still another the trained personnel. Together we might be able to undertake a project which separately could not be managed. This would lead to greater efficiency, effectiveness and quality.

We live in a rapidly changing world which requires adaptation in order to avoid being left behind and without influence. All collaborative planning today has to take cognisance of many different factors: *the signs of the times* as we must be aware of what is happening among

the people and society; *professional competency* as we need intelligent charity where accountability is a fundamental requisite; and *theological literacy* providing us with the knowledge of the theology of religious life and of the lay vocation.

Collaboration will force us to keep up to date, and will challenge us to think in new and different ways. This invariably influences standards and protects us from making tragic mistakes. It is also true that real collaboration will challenge us to find ways to protect our patrimony, our heritage, without being dragged into the slip stream of the larger partner and disappearing. Some maintain that collaboration will always challenge us to higher ethical standards as uniform standards will have to be applied.

But perhaps the greatest challenge to overcome in entering into true collaboration is that fierce spirit of independence which leads more naturally to a spirit of competitiveness within the institute and with other institutes. I believe that today we are being called:

° to move from collaboration to creating communion;
° to insisting on working towards co-responsibility;
° to improving our communication and formation;
° to incarnating the Gospel together through the formation of community.

All this requires a change of mentality in which religious are no longer the sole guardians of the charism, but rather the heart, the transferors, and guarantors of the same. They are called to respect, sustain and encourage the lay vocation. The laity is challenged to make the Order's projects their own.

Group Work

1. Faced with the evident fact that the Church is no longer a player in the world of health and sickness: faced by a secularism that puts religious and spiritual values and all traces of God firmly in the background; faced with the conviction of not being in tune with the values and practices that are ever more contrary to the Gospel … how does one implement the Christian mission?

2. When our facilities become a part of the assistential activities of society, how do we keep the Gospel dimension alive and credible? What concrete demands of an ethical, working and professional character arise as a result of the "a-confessional" nature of secularised bodies? How do we render our own facilities relevant and avoid suffocating our freedom to welcome all: how can we remain open to be guided by the Spirit, by the challenge of the unexpected? How do we broaden our horizons so as to embrace new forms of presence in places where the most urgent needs of society, the cry of the poor and a thirst for justice are more evident?

3. We come from a tradition that has tended to identify prophecy as denunciation and protestation. This is an excessively reductive vision. The experience and the prophetic mission are much more complex and much richer. The prophet, besides denouncing also announces. His critical interpretation is not so as to protest but is more geared to propose, to exhort, to call to conversion: in short to a search for alternatives. It comes up with alternatives.

What are we proposing?

4. Accepting the need for dialogue and bilingualism what conversations are we engaged in today in health? With whom precisely?

5. We are all witnessing within our Congregations an increasing number of international communities but recently this collaboration has been taken a step further resulting in religious working in partnership with other organisations, be they religious institutes, dioceses or lay organisations. In these all the parties share some degree of decision-making and control – it is a kind of partnership of equals in which the decision-making is shared.

As I reflect on this interesting and provocative form of thinking I find myself asking: could we not come to a cooperative arrangement with other institutes to save a worthwhile project? Could we be open to such an arrangement? Sometimes a project might be beyond the resources of any one institute on its own – one might have the financial resources, another the know-how, still another the trained personnel. Together we might be able to undertake a project which separately could not be managed. This would lead to greater efficiency, effectiveness and quality.

Do you see inter-Congregational cooperation as a possibility?

_____

… Credibility through involvement

Faced with the evident fact that the Church is no longer a player in the world of health and sickness: faced by a secularism that puts religious and spiritual values and all traces of God firmly in the background; faced with the conviction of not being in tune with the values and practices that are ever more contrary to the Gospel … how does one implement the Christian mission?

I believe it is our involvement which is our strongest card. Credibility never comes from speaking from on high. Involvement is essential for credibility. I have always marvelled in my travels at the number of very highly effective and professional projects being carried out by Religious throughout the world despite the lack of public funding or funding by the big international agencies. I have always seen this as a mini miracle. I see in my own country the amazing involvement of CORI (Conference of Religious of Ireland) in analysing, critiquing and presenting alternatives. These are essential ingredients in seeking the truth. "Too often positions emanating from Church bodies are presented in an unintelligible language and depend too often for credibility on claims that they are emanating, even if indirectly, from God. This is not a credible position for an actor in these arenas in the twenty-first century" (Healy). But it is difficult to argue with practical hands-on care that is doing its talking through its action. I have seen representatives of international agencies change their attitude to the Catholic Church when confronted by the selfless, professional and compassionate work carried out by happy religious and their lay collaborators in the most difficult of circumstances and with almost no public funding.

I would like to look now at some areas of involvement which I believe merit highlighting and where religious are in the front line.

A) HIV/AIDS

1) AIDS is one, if not **the** challenge facing this new millennium. There are presently over 40 million HIV/AIDS cases spread across the globe, and the number is growing. With entire generations disappearing in some countries the resultant orphan problem is immense. Tuberculosis and Malaria are on the increase once again around the world with 1.8 million dying from TB in Africa last year, most of whom were AIDS sufferers. AIDS is no longer a purely medical issue, if it ever was one, but a humanitarian problem, and if the prognosis of reputable agencies proves correct, especially in the case of Asia (India/China), this issue is going to be with us for many, many years to come. Despite the fact that it presents a rather frightening spectre AIDS is no longer a high profile news issue (the media likes to give the idea that all is under control).

2) It would be an awful indictment of Consecrated Life if this new millennium did not find us involved at various levels in the fight against the frightening HIV/AIDS pandemic afflicting humankind in the latter part of the twentieth and the beginning of the twenty-first centuries. And we can be proud of our response. The religious institutes will always be alive and well once they are strongly motivated by the desire to keep *the merciful love of Christ for the sick* alive, and its members continue to feel in their hearts the challenge to express this mercy in the historical context of the age in which they live.

It is most important that we religious and our lay associates be involved at all levels from the hands-on service of welcoming, medicating and caring especially for those whom society is still inclined to ignore or reject, to the research laboratories and practical pastoral educational concerns. There is no doubt but that we could be still more involved and that it should be extended well beyond the so called "healthcare institutes".

3) The Congregations with justifiable excellent reputations in the field of caring-for and educating the youth of the world have so much to contribute, especially in the

sector of prevention through the education of youth and in the whole pastoral sphere where the needs are enormous. All of you are needed. **Your charism is needed**. There are excellent catholic prevention responses that are worthy of being repeated but cannot through lack of personnel. Some Congregations when we invited them to an international meeting to present our AIDS project on mapping, replied in the negative because they felt that AIDS was a purely health issue. I invite you, I plead with you in the name of those millions who will contract AIDS over the coming years, of those who are being infected with AIDS as I am speaking, of those who will contract AIDS over the coming months and years, and we are talking about millions, I plead with you to commit yourselves to prevention programmes, and to get involved where you are certainly needed.

My work over the past 12 years allowed me the possibility of witnessing in the Southern and Eastern hemispheres of our planet Earth the children, the orphans, who are considered fortunate if they have a grand-parent. I have experienced the discomfort of watching the young mothers and fathers wasting away in front of the eyes of their young. I have sat with the wives, who had never ventured from their mountain villages, as they wondered with deep perplexity how the 'slimming disease' could be happening to them. I have walked 70-bedded wards where each new person encountered was more skeleton-like than the last as they lay there fatalistically awaiting the grim reaper. Recently I read that "*four point seven million in South Africa have been infected with HIV; 1,500 more contract the virus each day, there will be a million orphans within three years, and one in five of them will be HIV positive"* (A. Ivereigh).

Then I think of the Northern and Western hemispheres where in the early 1980's there was such deep confusion, great fear, lack of knowledge, and numerous deaths. But this has all changed dramatically through well-planned education programmes, research, improved medical procedures and the relatively easy access to anti-retroviral treatments thus delaying the onset of full blown AIDS for years, decades and hopefully longer. When I ponder that North and South, East and West are each part of this great planet of ours then I become annoyed, perplexed and very frustrated at this great divide and unjust distribution in the availability of health delivery between the developed and developing countries. The brotherhood of man is much easier to accept and admire if you are fortunate enough to have been born in the Northern or Western hemispheres.

4) A Pastoral issue arising from HIV/AIDS is the question of *stigma*.. Although progress has been made in this area there is still a lot of work to be done in changing the attitude of society. I see this stigmatization as a form of infectious disease. The Good Samaritan in Luke's Gospel did not ask the man who had been left half dead on the side of the road why he had been journeying on those dark and lonely desert roads on his own, but rather seeing his condition he set about helping and caring for him. It is as sinful to discriminate against AIDS sufferers as it is to remain indifferent to the causes of the syndrome.

5) Pastorally, when we speak of AIDS we are not speaking of a syndrome but of people. We are not talking of people *out there* but of our brothers and sisters in Christ. We all have to honestly ask ourselves: what is my attitude when confronted by a brother with AIDS?

6). Our voice must be heard alongside those who fight for justice in the corridors of power, our feet must begin marching down the same streets, and our influence should be unashamedly used in the search to change the *status quo*. The huge injustices of the world must be exposed for what they are. We have economic injustice due to huge international debts which prevent impoverished nations from improving their lot, and here thankfully there is some movement to improve the situation. As concerned healthcare workers we must fight for greater access to treatment, affordable drugs, and support programmes for infected children and for the education of the orphans.

7) We are called to "*increase the awareness of our fellow Religious and lay people working in the private and public sectors as to the presence of these unjust*

structures. This may be done through dialogue, our magazines, talks, and our formation centres".

One of the positive results of our own response to the *tsunami* was that many *confrères* discovered that they are more capable than they realised. We have responded in Indonesia, Thailand, India, and the Philippines to natural disasters in a most effective manner. As a result the religious in Thailand now have an emergency unit in place capable of responding very quickly to any emergency.

It is our hope that we can encourage more Congregations without a healthcare background to adopt AIDS as a priority and begin examining ways of helping.

8) We suspect that the Catholic Church is the most involved and biggest single player in the battle against this global Pandemic largely through the work of the Religious Sisters, Brothers and Priests. But our involvement has many limitations due to:

Weak coordination – we don't know what one another is doing.

Inadequate Visibility – we are fragmented and therefore receive isolated or negative TV coverage.

Under-valuation: due to the misunderstanding and misrepresentation of the Church's work, many lay people think we are only engaged in a battle against the use of condoms: "we are seen through the glasses of a condom".

Insufficient advocacy: we have no experience in lobbying and using our influence effectively and to our own advantage.

Limited funding access: due to the negative perception of our work and lack of unity we do not have access to funds (which are available).

Presently a mapping exercise of which Sr Maria will be speaking later on is almost completed. It is an attempt to provide us with the information necessary so as to improve the impact of the work of religious Congregations in response to the global pandemic of HIV/AIDS. It is hoped that the mapping exercise will detail exactly what religious Congregations are doing in the field of HIV/AIDS. Apart from providing us with essential information it will give us a stronger voice in our discussion on policy with UNAIDS, and accessing the very serious money which is available for those who work in this field and which until very recently was not accessible to FBOs (faith based groups). We will not lose our identity or our stand on ethical issues in the process, as has been made quite clear to the funding agencies.

This USG/USIG project has, as its overriding aim to provide a still more effective response to the HIV/AIDS plague, and the one wish of its Health Commission is that all of us working so courageously and compassionately in this field may be open to still greater collaboration and sharing of ideas and resources, and that we may learn to speak with one voice for those who have little or no voice. To do this we need the collaboration of your Congregation, we need to work and speak with a united voice.

Some fallout from HIV/AIDS

1) My experience of the reaction of lay and secular organisations and individuals to the testing of candidates to religious life prior to entry is not very positive.

It is most disconcerting to hear especially priest *confrères* speak at international gatherings of the stigmatisation they have experienced. If they are giving personal testimonies we must presume that this stigmatisation does exist.

Then there is the problem for the formator who is approached by a temporary professed to be informed that he has tested positive for HIV. What does this mean for his vocation? He wants to remain a religious but is ashamed, and worried about discovery.

Or you may find yourself faced by the *confrère* who comes to inform you that his brother/sister has died of AIDS leaving a wife/husband and three children. He feels a responsibility towards them and feels he should leave the Congregation. What do you do?

AIDS is one of today's realities and we need to talk about it openly and establish guidelines for the acceptance of candidates and on other issues we consider relevant. We are interested in so far as it involves ourselves and also indirectly as we in healthcare are the ones often called upon to carry out the medicals on candidates.

Guidelines would establish a coherent

and sustainable approach which can be adapted to the local circumstances of HIV/AIDS. At the same time, the Guidelines would be just that – a worked-out set of indications and suggestions – and when circumstances require, decisions should be made which are appropriate even if not according to the Guidelines.

The purpose of these Guidelines would be to assist Major Superiors to exercise leadership and make decisions with greater clarity, consistency, effectiveness and sustainability regarding HIV/AIDS as it touches our own membership and our close relatives. It is also to assist local Superiors and others in offering appropriate care and support to those infected and affected. Thus our struggle against HIV/AIDS begins at home, within the Congregation.

The Guidelines should attempt to deal with HIV-status as an illness to be treated with compassion and competence. The Guidelines should encourage religious to distinguish HIV itself (and its consequences) from the behaviour that led to the infection.

A positive status should not, by itself and automatically, constitute grounds for dismissal nor, on the other hand, should it block consideration of dismissal if other serious (and perhaps related) grounds do exist. Therefore, clarity, compassion and discernment are some of the key values which should mark the Congregation's way of proceeding in this matter.

Another purpose of the Guidelines could be to generate good discussion of HIV/AIDS in Councils, among the local Superiors, and even within the communities of each Province/Region. The Guidelines would assure that, when taking care of our companions or relatives, we do so in a contextualized and indeed apostolic manner which links our praxis with the Church's ministry. I read somewhere recently something to the effect that sooner or later the Church is going to be pressed to account for its HIV/AIDS policies and practices, and the considered approach of Religious Congregations could be of service to dioceses in how they handle HIV/AIDS.

The Guidelines should assume that HIV/AIDS, whether in *confrère* or in any other person, is an illness and not itself a sin. In the age of AIDS, each individual Religious should feel personally responsible to act as a personal leader and a role model and hence to avoid all possibility of infection, accidental and otherwise.

It is worth noting in passing that HIV/AIDS is not the only health concern that confronts Religious Superiors. It would be wise for each Congregation to establish a general health care policy for its members, including how to deal with alcoholism, drug abuse and mental illness, and to look into the possibility of health insurance. There is a real concern within many Congregations as to how to deal with Brothers/Sisters in our communities who for varying reasons and in different degrees have to face up to psychological suffering, from classical cases of psychosis to the so-called "borderline" cases of personality disorders or pronounced symptoms of immaturity.

I personally feel very strongly that every candidate be expected to undergo a comprehensive medical examination, including an HIV test (I say this because it is presently being challenged). The candidate should be aware of what is involved and declare in writing his willingness to undergo the medical examination. Such an examination, including an HIV-test, seems quite commonplace if not universal. I feel that the candidate who prefers not to undergo the medical examination or take the HIV-test is thereby withdrawing from the candidacy programme and cannot apply for admission.

After examination, the candidate should be the first to receive the results, and be counselled after the test. The results will also be given to a suitably qualified Religious (usually the Formator) who can counsel the candidate in view of the medical results and help him to discern his future.

Such a procedure is consistent with Canon Law: "Superiors are to exercise vigilant care to admit only those who ... are healthy ... without prejudice to can. 220" (*cf.* can. 642). "No one may unlawfully harm the good reputation a person enjoys, or violate the right of every person to protect his or her privacy" (*cf.* can. 220).

An HIV+ candidate needs to consider

the heavy personal burden he might be imposing on himself by joining the Congregation, while the Superior needs to think about the Institute's ability to accompany the man throughout his formation and apostolic life.

We need to be up-to-date with medical advances in the treatment of HIV/Aids. We need to avoid jumping to the conclusion that being HIV+ would inevitably impede a fruitful religious life and ministry. Greater clarity about ARVs might help clarify our attitude towards HIV+ applicants for admission to the Congregation. Being HIV+, like most physical conditions, should not constitute automatic grounds for refusing admission to the Congregation but needs to be considered, together with many other factors, when taking a decision about an individual. Let us not exclude all possibility of accepting a candidate who tests positive, but show that the Congregation is able to identify with (and not only serve) those who are HIV+.

The Congregation is not obliged to accept the candidate and the candidate does not have a right to enter the Congregation. But from the Formator's side, being HIV positive should not by itself constitute the only serious reason for refusing to admit the candidate.

The Congregation is not obliged to give reasons in the case of a refusal to accept the candidate but charity requires that the candidate be counselled in a compassionate manner.

Someone who has made a long candidacy, who turns out to be HIV-positive and is not admitted, should be offered good counselling and, if needed, some medical assistance.

Most of the issues raised by **a novice** who becomes HIV+ **during novitiate** will have to do, **not** with his HIV-status, but with questions of behaviour, transparency, and suitability for religious life. The most important Guideline is that the Novice Master maintain his freedom and good judgment in deciding whether to dismiss the novice or allow him to complete is novitiate and apply for vows.

Responding to an HIV+ Religious

A) Guidelines

The Major Superior should first help the infected Religious to accept his condition so that he can eventually receive the required counselling and treatment. While it would be unethical for the Superior to disclose the HIV+ companion's status to anyone else, the former can encourage him to let his *confrères* and others know, given the different culture and customs of each Region.

Therefore the Superior, offering sensitive and supportive care for the individual, has an important role in encouraging openness. He should seek a balance between compassion and over-protectiveness, avoiding if possible denial and cover up.

The Province health policy should assure access to the medical care which it can afford, including ARVs, as well as nutritional support and counselling. The possibility of ARVs should be thoroughly discussed with the individual, bearing in mind that treatment will need to continue throughout his lifetime and that he will need willingly to adhere to the regimen. Most Congregations that I know are committed to providing ARV for a Religious once he has taken first vows.

The Major or local Superior should help the infected Religious to find appropriate ministry, for example, HIV prevention or counselling, or in another field using his education and talents as much as possible. Such ministry can be of great value and continue through many years of life in the Congregation, especially when a healthy lifestyle and appropriate treatment are assured. The Religious' local Superior and community are encouraged to include him in every way.

The possibility that Religious may become HIV-positive should encourage all of us, and especially Superiors and Formators, to reflect deeply about the Congregation's attitudes/practices regarding chastity, relationships and sexuality. Perhaps our formation programmes are a bit lacking at the moment in this regard. The whole question of chastity needs to be gone into in much more depth than is presently the case.

There are numerous other issues related to HIV/AIDS that arise and need attention at administration level in each Congregation. My desire was simply to highlight the need for guidelines.

B) The environment

To be "lord of the fish of the sea and of the birds of the air, and of all animals who live on the earth" (*cf.* Gn 1:26) brings grave responsibilities to respect God's Creation. There is a tension between the people and the planet. The population is growing and all have rights. We are obliged to be concerned for the ecological problems and to involve ourselves in the education and sensitising of people to a greater respect for the environment, to the dangers involved in the misuse and abuse of technology and the unlimited use of energy, because as is invariably the case the poor will be the first victims of global warming, which is already in full swing and is having an effect on the availability of food.

It is evident that the health of the environment effects the physical, emotional and spiritual health of humanity, and as such must be of interest to healthcare institutes and their educational institutions. The time is ripe for a theological reflection on Creation and man's responsibility. John Paul II spoke of an "ecological conversion" which would make humanity "*more sensitive to the catastrophe towards which it is heading".* Human beings he said should become "stewards of Creation" instead of "autonomous despots" and realise "they must stop at the edge of the abyss". Humanity and the rest of Creation are closely linked, and if essential elements of Creation are threatened that means we are all in the line of fire.

Benedict XVI reminds us that "*We must denounce those who squander the earth's riches, provoking inequalities that cry out to heaven* (Jas. 5.4).... *The Lord Jesus, the bread of eternal life, spurs us to be mindful of situations of extreme poverty in which a great part of humanity still lives: these are situations for which human beings bear a clear and disquieting responsibility.... The food of truth demands that we denounce inhumane situations, in which people starve to death because of injustice and exploitation, and it gives us renewed strength and courage to work tirelessly in the service of the civilization of love*" (Benedict XVI, *Sacramentum Caritatis*, n. 90).

In theory our planet should be capable of sustaining life, including human life for thousands of years to come, some would say millions. It all depends on the human race. Until recently the main threat to stability came from the superpowers. Now it is the danger to the environment, and in particular from the discharge of greenhouse gases like methane e carbon dioxide. The danger does not lie in the fact that the human race could disappear in an instant but rather in the fact that a planet, which at the moment can sustain six billion people, in one or two generations, because of global warming will be capable of sustaining only a fraction of that number, or so the experts say, and we must take note. Millions will die with enormous problems and in great misery. And of course the poor will be the first to feel the pinch. Do we have a choice in accepting or not accepting the reality of global warming?

Is there a moral issue involved here?

Today we know that the melting of the ice cap and the greenhouse effect, brought about by industrialisation, are giving rise to the proliferation of pathogens which in many parts of the world will cause epidemics and pandemics of infectious diseases.

"The switch from fossils to biofuels is being encouraged by Governments to combat global warming but emissions in their manufacture are worse than burning diesel". And the quantity of land required for this process is contributing to a worldwide shortage of food (Raj Patel, *The Tablet* - 8 September 2007).

What is the role of the Christian who is committed to bringing the Good News in this reality? Let us begin by taking a more active interest in environmental issues.

***C) The need for* Formation**

This is a sector requiring immediate attention. Everywhere I go there is a cry from Bishops, priests and Christian laity for formation. After all, if we wish to enter into meaningful dialogue with medical science and healthcare providers we need education/preparation. As Camillians we have sought to respond to this through the setting-up of the Camillianum here in Rome and 20 Pastoral Health Centres throughout the world. Other Congregations have their own specific responses, but sadly we are not

always aware of what each other is doing. We might usefully look at ways of sharing, utilising and promoting one another's initiatives more.

Conclusions

In conclusion I would like to emphasise that:

1) Health is a basic human right and everybody should have right of access. This basic human right is far from universally recognised today. We should feel obliged to work towards having it recognised. Presently it is linked with work, income, accommodation, education, respect and involvement.

2) Our focus at all times should go beyond the sick and illness to health and all its facets.

3) Poverty is one of the main causes of sickness and so many religious are discovering that they must extend their charism to include the fight against poverty. This is so because we simply cannot ignore the causes of ill health and find ourselves obligated to respond. After all, a charism must be applied to today's needs today.

4) Prevention and primary/community healthcare need greater attention and may well be the way forward for religious.

5) And finally, let us stop apologising for our existence and realise that Religious in healthcare have credibility. We need to recognise the influence we have and use it. We must not be afraid to advocate for change where change is necessary. "All that's necessary for evil to triumph is that good people do nothing" (Edmund Burke). We must overcome our fear (be not afraid) as *"the future of humanity lies in the hands of those who can provide future generations with reasons for living and hoping*" (*Gaudium et Spes*). In the words of Annie Lennox, the white soul singer, our motto might be "I have a voice and I will be heard". And to do this we need to learn how to lobby and engage in same.

May the merciful Christ through the intercession of Our Lady Health of the Sick bless us with a passion for Him and a passion for His suffering humanity.

Group Work

1. If our credibility comes from our involvement where should we be primarily involved today?

2. Should common Guidelines for all religious be elaborated on issues relating to AIDS?

3. Are we a hope-filled people in the midst of suffering?

Sources

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A Decade of HIV/AIDS Prevention - Lessons learned – St Camillus Foundation Thailand.

Material from last Camillian General Chapter (May 2007).

"Lord of the fish of the sea and of the birds of the air, and of all animals who live on the earth" (*cf.* Gn 1:26).
Picture by www.qumran2.net

- Round Table -

IN LOVING SERVICE: FINDINGS OF A GLOBAL SURVEY

- Sr Maria Martinelli -

"Closely following Christ's example, the Church has always considered the care of the sick as an integral part of her mission.

"Therefore I encourage the many initiatives promoted, especially by ecclesial communities, to eradicate this sickness, and I feel close to AIDS sufferers and their families, invoking upon them the help and comfort of the Lord" (Pope Benedict XVI).

From the beginning of the global HIV and AIDS epidemic, men and women Religious have played critical roles in providing direct care to people infected with HIV and suffering with AIDS; in preventive activities and in continuing to address the cultural, political and socioeconomic factors that contribute both to the proliferation of the disease and its consequences.

However, although, asVatican officials have reported, the Catholic Church sponsors approximately 26.7% of all AIDS-related services, the breadth and depth of the role individuals and Catholic organizations play is largely unrecognized and under-funded.

The latter has dire consequences for their ability to continue to provide urgently needed care.

The "mapping" project

It was designed by the UISG and USG, in order to mitigate fragmentation in Religious-sponsored HIV and AIDS work at the local, regional, national and global levels.

The idea was to develop a network that would help strengthen the capacity of the religious Institutes, their members and lay associates to carry out HIV and AIDS care and provide a venue for mutual support.

Enhanced visibility could encourage new sources of funding and elicit voluntary technical assistance for Catholic Religious Communities involved in HIV and AIDS services.

It is to be hoped that this survey will reveal the work of so many men and women Religious throughout the world, who since the beginning of the pandemic were not afraid to assist those suffering from AIDS and their families — providing companionship as well as care and had the courage to tell the truth about the ways the disease is transmitted, about their role in prevention and education programmes, and how they work with young people to offer them positive values as a foundation for their life.

Methodology

In December 2005, representatives from a number of different Religious Institutes involved in the HIV and AIDS sector met to develop a plan for a survey within the Catholic Religious Institutes to report on the types of HIV and AIDS work in which they are engaged.

The surveys were designed by the UISG and USG with technical and financial support from UNAIDS and *Caritas Internationalis*.

Under the auspices of the Office of the President, Georgetown University faculty and students analyzed the data and created the Mapping Database.

The survey included nearly 50 questions in five categories:

prevention
care and support
treatment
additional activities
financing

It also included an open-ended question designed to elicit other information related to services provided by the respondents.

Surveys were distributed to all Catholic Institutes in more than 200 countries. 162 of them participated, with a total of 446 surveys partially or fully completed and returned to USIG/USG.

Some Institutes are not represented in the responses, although they are known to provide HIV and AIDS care in many regions of the world.

A number of Institutes answered saying they do not work specifically in the HIV and AIDS sector, nonetheless they keep this problem in prayer.

In 2005: more than 15 million children were orphaned as a result of AIDS, more than 12 million of whom live in Sub-Saharan Africa.

In 2006: of the **39.2 million** people who had contracted HIV and AIDS. **2.9 million** died of the disease in the same year.

Overview of Services Provided

Provision of services varies by geographical region: Respondents from Africa were much more likely to provide VCT services than those from other areas, but less likely to provide ARV care than others, with the exception of those from South America.

The variability in access to ARV medication during the time the survey was conducted should be noted.

Stigma Eradication efforts and other HIV and AIDS related services go hand in hand;

those programmes that provide VCT, PMTCT, or ARV services also are highly likely to provide stigma eradication and education services and only one-third (32.5%) of those programmes engaged in stigma eradication efforts are not involved in the provision of VCT, PMTCT, or ARV.

Education/Prevention

During the 12 months prior to the survey, the respondents provided education/ information services to 3.9 million individuals.

91% engaged in *information/education services* to:

Church members (73%),
Schools (70%),
Workers in the communities/ neighbourhoods (63%),
Parish groups (59%).

Methods:

Peer education (46%) and peer groups (68%)
Dissemination of information through the radio (22%).

Individuals reached by these activities totaled: 3,925,304, average number of beneficiaries per organization: nearly 15,000.

Care and Support

During the 12 months prior to the survey, the respondents provided care and support services to 348,169 individuals.

Pastoral care, including spirituality and prayer: 73% (Nearly ¾);
Counselling centres and support groups: 55%;
Extended services for women and orphans: 45%;
Health services of various types: approx. 50%.

Priority of health services:

Nutrition	60%
Palliative care	45%
Home-based care	43%
Hospital based care	37%
Clinical based care	35%
Natural medicines	19%

ARV Services

During the 12 months prior to the survey, the respondents provided ARV services to 90,154 patients.

ARV services:	42%
Directly provided:	23%
Referral of patients:	43%
Home-based ARV serv.:	10%

Although fewer provide these services directly than by referral, they are engaged in ensuring adequate care for these patients:

Medical follow-up of their patients on ARVs: 44%;
Treatment literacy to patients: 40%;
Activities that help to ensure treatment adherence: 33%;
Have pediatric formulations of ARVs: 17%

Difficulties of the religious in providing antiretroviral therapy (ARV):

Lack of financial resources: 73%, nearly 3/4 of respondents;
Inadequate number of trained personnel: 43%;
Adequate Lab facilities: 16% only;
Problems with ARV supplies: 17%
ARV medication not available in many regions in 2005.
86.0% prescribe ARVs;
84.6% regularly provide ARVs for their patients;
83.5% deliver ARVs in a structure;
81.4% deliver ARVs at home;
74.4% ensure medical follow-up of patients on ARVs

Average number of patients who need ARVs and do not have access to

the medication: 403.

Religious involved in ARV services: 297
Volunteers: 2,332
Paid staff members: 762

Individuals treated in the 12 months prior to the survey: 90,154
Average number of beneficiaries for each responding organization: 527
Advocacy
Involved in stigma eradication activities: 67%
Awareness programmes addressing stigma: 63%,
Involving people infected with HIV and AIDS (PLWHA) in these programmes: 49% (nearly half)
Directing stigma awareness programmes to religious leaders: 43%
Networking related to HIV and AIDS: 77% (more than three-fourths)

Types of organizations and systems for networking:
Local Churches: 52%
Diocesan AIDS projects: 51%
Other FBO: 47%,
Government agencies: 42%,
International NGOs: 32% and
PLWHA networks: 24%.

Other services
Thirty-five have gender-specific activities, including 31% with women's groups and 15% with men's groups.

Fewer than expected respondents are involved with theological research or reflection – just 20%.

9% are involved in medical research.

Finances

Fundraising activities specifically related to HIV and AIDS: Nearly half of respondents.
Income-generating activities: 30%
Cooperatives (6%),
Micro credit (11%)
Production and sales of handicrafts (14%)
Solicit funds from specific groups of donors: 25%

Specific challenges
Lack of medicines, in particular ARVs
Lack of equipment (medical, educational and administrative)
Training of personnel, including VCT counsellors and health providers who would dispense ARVs
Transportation to improve accessibility
poor water and sanitation, including water supplies to health facilities
Poverty and illiteracy among population treated.

Reflexions

Men and women Religious are providing urgently needed care, education and social services to millions of people in every region of the world.

They are deeply involved in the eradication of stigma, which not only hinders provision and seeking of care, but burdens the heart and soul of every individual affected.

Nearly half of them are engaged in fundraising activities, reducing the time they could spend developing programmes and providing direct services.

Pathways forward

Respondents Suggestions
Establishing policies (by the religious communities) on HIV and AIDS;

Investing more resources on targeting the youth who are most vulnerable;

Expanding and strengthening VCT services;

Providing scholarships for orphans and vulnerable children;

Expanding support groups to diverse populations (youth, parents, prisoners, the broad community) to encourage positive living and thus prevent reinfection and further spread of the HIV;

Significantly expanding and strengthening work to reduce the stigma;

Creating awareness for teachers and nursing students, and school children;

Participating in conferences at national and international levels;

Taking part in programmes on World AIDS day;

Strengthening cooperation among various faith communities: other Christian groups, Muslims and others;

Strengthening relationships between the FBOs and the national, regional and local Governments and other NGOs;

REFLECTIONS ON CHALLENGES FACING HEALTH CARE WORKERS IN AFRICA

-Ursula Sharpe, MMM -

When we talk of Justice and Access to Health Care we need to pause and ask "Justice for whom?". What prompts this question is the situation that many religious find themselves in when running a hospital or large health centre. We are expected to treat the poorest of the poor who cannot pay their bills, and yet we cannot get money to cover the basic costs involved in their care and running the hospital. What do we do? Give them the prescribed drugs for a day if that is all they can pay for? Not admit them until they pay a deposit first? Send them to the Government hospital at night when you know that there is no one there to treat them? Getting funding for the running costs of a hospital is impossible, many Governments give little or no money to mission hospitals, and so what can we do?

I recall meeting a woman in a hospital in the U.S. one afternoon. She was on continuous oxygen. The next day I again visited and found her bed empty. She had been sent home because her insurance cover had run out. In Ireland we have a two tier system, those who can pay high health insurance, those who have a medical card and those who have nothing. One lady with bowel cancer died last week after waiting seven months to have a colonoscopy. The same day that she was referred for the procedure she sat beside another lady with the same problem. She had insurance, so had hers done three days later, had her surgery and is well. Where is the justice here? I have no answer but injustice in health care is not just an issue in the developing countries it is all over. Chronic illness can use up all the savings of a family and indeed a Government, in a very short time.

In Africa Anti-retroviral Therapy has been hailed as a wonderful miracle for those with AIDS, but many patients who have started on the drugs did not continue because they had no money for transport to the health centre issuing them. This is not only a terrible outcome for the patients concerned but for the community as a whole. It will, and indeed has, created resistance to these drugs, leading to the need for more expensive second line drugs, but will the Global Fund manage to provide these when they need $42 billion in 2010 alone to fund the current programme for HIV/AIDS, Malaria and TB. This scenario of the inability to access drugs leading to resistance if the regime is not followed closely, also applies to TB treatment. And what of access to food? There are many reported cases of people with AIDS and TB stopping their treatment due to lack of food as the side effects of taking these drugs on an empty stomach are too much to be tolerated. The World Food Programme has a document which was signed and adopted by 156 nations in 1966 stating that each person has the right to sufficient food. Yet most do not….

On a more positive note I have been asked to talk about some succesful interventions in my experience working in Africa.

In Uganda, we became aware in the early days of the HIV and AIDS pandemic of the need to have an integrated approach to the disease. Medical, pastoral and counselling care were not sufficient. Extended families were dying off leaving young children on their own. We saw the importance of supporting widows of AIDS patients and their orphans and vulnerable children. All had some small farm so that was the way to help so that they could feed their families and not face hunger and further stress. Most people with AIDS who are not on ARV therapy are ill for a long time and unable to work for the last year or two of their lives. Whatever savings they may have had is used for drugs, food and basic necessities. The wife is so busy caring for the husband that she has little time for

the farm. Soon they are hungry and the children drop out of school. I know of several young girls of 12/13 years of age who were having sex with older men in order to provide food for the family. I cared for girls of 15/16 years dying from AIDS and who had contracted the virus in this way.

Besides the Home and Palliative Care Programme, a major part of our effort was in educating orphans and vulnerable children to make them self-sufficient, able to get a job, which in turn would guarantee access to food and health care for themselves and their younger siblings. We did this through Farm Schools which we established, enabling teenagers who were Heads of Households, to be residential for one week each month over two years. They were/are taught basic farming methods, care of small animals. They continue with literacy and learn about marketing their produce, legislation re the ownership of land, etc. When ready they are given a small revolving fund to help them get started to buy small animals, grow more or different crops, etc. Each teenager participates in counselling as most have been traumatized in some way. Behaviour/attitude change are also part of the programme and building on their value systems.

Although we are a medical congregation the HIV and AIDS epidemic forced us into new ways of helping and caring when dealing with the consequences of the disease. We sponsor many children in formal education. Here we discovered that many of these children were being sexually, physically and emotionally abused especially by their teachers. And if the same was happening at home to these children, especially the orphans and those with sick parents, who could they talk to, who would help them? We set up a programme of training school counsellors specializing in Trauma. First the children were sensitized about what counselling is, then all the teachers in the school.... Then both the students and teachers selected two teachers for training, one male and one female. The Course was conducted over one year, theory and practical. The practical comprised each teacher having to present six case studies to a peer group under the supervision of a trained counsellor from the programme.

The results have been monitored and show that the level of exploitation of children has gone down dramatically, children are better able to study and concentrate, and counsellors are often called to visit the homes of the children to help sort out problems. Several hundred teachers have so far been trained with the full support and participation of the Government District and local Education authorities.

HIV and AIDS has, and is, and will continue to affect and infect Clergy and Religious all over the world but particularly so in Africa. Large numbers of priests have died in most African countries and more are ill. When a priest has AIDS he is often hidden away, often shunned by family and fellow Clergy. Sisters and Brothers also become infected, but even if a Sister has been doing midwifery or surgery without proper safety precautions, the older Sisters may say that she was not living her vow of celibacy, and she also is hidden. The other tremendous pressure on both Clergy and Religious are the needs of their families in this time of AIDS. They may be the last surviving member of their family which leaves any orphaned children their responsibility ... where are they to get money to care for them? School fees, food, uniforms, etc.

It can be helpful to run counselling Courses for Clergy and Religious in these countries. When they are sure of each other's confidentiality, they will share what is happening to them. It is only in this way that the problems of these groups can be addressed.

Two American Mercy Sisters set up the group "Sister to Sister". They have run conferences in different parts of Africa to hear what the problems of their African Sisters are. The Sisters in the U.S. have many highly trained and experienced people who are older and retired. The opposite is true of their African brethren. So they thought why not link the two groups and see how we can help each other, to give the Americans new life and energy in looking outwards, and the Africans the value of experience and training. I will not go into more detail here but this is a very interesting movement now in operation.

That brings me to the value and need for networking and collaborating with other congregations and groups. There is so much to be done but we cannot do it all, nor need we. But we are slow to open up and share, slow to learn from each other and acknowledge that we need help. There are many lay volunteers who would work with us on mission, but do we let them? Is it fear that prevents us or a feeling of superiority that we have given our lives to mission while these are only willing to give a year or two? One of the more recent collaboration successes has been the Catholic Hospital in Wolliso in Ethiopia, which is staffed and run by several different Congregations. When the Medical Missionaries of Mary went to Rwanda after the genocide, they went collaboratively with the Mercy Sisters and the St Patrick's Missionary Society (Kiltegans). The Mercy Sisters were in education, MMM, in health and the Fathers in parish and pastoral programmes. The three groups complimented each other very well, although of course not without challenges at times! The new Sudan initiative is an exciting model for religious to be part of.

And what of the hospitals and schools that we expatriate Congregations are handing over to the local Congregations? Are we able to share what are "best practices" in doing so? What about not so good hand-overs? We who have years of experience and substantial funding bases from family, friends and donors, are now pulling out and expect the incoming group to continue to run the institutions as well as we did … would it not be of great help if we were to share our experiences on what does and does not work?

Finally, we need to learn from each other, to visit each other's ministries, to have workshops for like-minded people, to discuss ethical issues which affect our works, to share our vision and plan together. But who will have the courage, initiative and interest to start the ball rolling?!

"... The Mercy Sisters were in education, M.M.M., in health and the Fathers in parish and pastoral programmes..." (From the article). Picture by www.qumran2.net

Lutte contre le SIDA : illusions, desillusions et vision

- Jean-Evangéliste Kazadi Katumbay -

Actuel supérieur de la région Gabon-Guinée Equatoriale (PAC), le Père Jean-Evangéliste Kazadi Katumbay est, depuis quelques années, coordinateur du réseau ecclésial gabonais de la lutte contre le SIDA et, à ce titre, s'investit beaucoup dans le combat contre ce fléau. Il est également assez impliqué à l'échelle de la sous région d'Afrique centrale. Il nous livre ici ses réflexions sur une pandémie qui va bien au-delà d'un simple problème de santé et où se mêlent parfois d'autres enjeux qui peuvent nous dérouter dans nos convictions.

C'est à la suite d'une conférence suivie en l'an 2000 intitulée «l'impact et les ramifications du VIH/SIDA sur le développement en Afrique sub-saharienne» que j'ai décidé de m'engager dans la lutte contre le VIH/SIDA. Pour moi, à cette époque, lutter contre le sida signifiait sensibiliser les populations aux risques que représente cette pandémie. Je croyais qu'il suffisait d'informer les populations des désastres causés par le VIH/SIDA pour amener celles-ci à l'adoption des comportements à moindre risque.

Très motivé et convaincu de la valeur évangélique du combat que je voulais mener, j'ai travaillé à l'organisation en mai 2001, sous couvert de l'ACERAC et de l'Archevêché de Libreville, d'un colloque international sur le VIH/SIDA. Avec l'appui technique et stratégique de l'OMS, de l'ONUSIDA, de l'ACDI et du Centre International de Gestion des Projets de Montréal, cette rencontre regroupait les acteurs clés de la lutte contre le SIDA en Afrique Centrale : Evêques, représentants des gouvernements des pays de la sous région, Programmes Nationaux de Lutte contre le VIH/SIDA, le monde associatif, médecins, chercheurs, phytothérapeutes et les experts internationaux venus du Canada, d'Europe et de l'Afrique de l'Ouest.

L'objectif de cette rencontre était de mettre en place un «réseau» régional et multisectoriel entre les différents acteurs de la lutte contre le SIDA qui puissent observer et étudier les faits, centraliser et diffuser les informations utiles, canaliser les énergies, créer des synergies, penser et promouvoir des actions prioritaires qui soient les réponses les plus appropriées à cette pandémie planétaire aux conséquences innombrables en Afrique Noire particulièrement.

Le Colloque en lui-même fut incontestablement un succès. Le Président de la République gabonaise accompagné de son épouse et de plusieurs membres du gouvernement sont venus à la cérémonie d'ouverture. Le premier ministre est venu clôturer le colloque. Deux semaines après le colloque, le gouvernement gabonais mettait en place un «fonds de solidarité thérapeutique» pour permettre aux plus pauvres d'accéder presque gratuitement aux antirétroviraux. Depuis lors, effectivement au Gabon, les coûts des médicaments ont baissé et plusieurs personnes ont accès aux trithérapies.

Les débats pendant le colloque étaient ouverts aux vues et considérations diverses. Les scientifiques présents n'ont pas hésité de dire aux évêques que le préservatif était finalement un recours indispensable à ceux et celles qui ne suivent pas la morale de l'Eglise ou même à ceux et celles qui, malgré leurs convictions religieuses, ne parviennent pas de temps en temps à gérer rationnellement leurs pulsions sexuelles.

Les Evêques n'ont pas hésité eux aussi d'annoncer aux scientifiques les convictions

de l'Eglise et les limites des méthodes promues par les organisations internationales. Chacun restait ferme dans ses convictions et ne voulait surtout pas trahir la pensée de ses maîtres. Après de longs et houleux débats sans parler des échanges mutuellement enrichissants, on a pu trouver un compromis. «Au lieu de se rejeter mutuellement par rapport à nos différences, travaillons sur la base de nos ressemblances». Le Ministre gabonais de la santé de l'époque, Faustin BOUKOUBI qui a participé à un panel, a même proposé aux uns et aux autres «un silence sauveur» comme soubassement relationnel entre les différents acteurs de la lutte contre le VIH/SIDA. Pour lui, même si on n'est pas convaincu par l'autre, on peut tolérer ou mieux respecter son avis, sans nécessairement conditionner une quelconque collaboration par une uniformité des vues. Il est vrai que dans une église qui promeut l'œcuménisme, «l'unité dans la diversité», ces propos ont calmé plus d'un.

A la fin du colloque, les évêques ont créée un mécanisme sous régional 'ACERAC SIDA' et ont signé une déclaration d'engagement des églises locales dans la lutte contre le SIDA. L'idée d'un réseau **formel** multisectoriel et sous régional, ne fut pas adoptée de **manière explicite** par les participants pour des raisons de ***mandat, de légitimité, d'autorité et de financement***. Concrètement :

- Les hauts fonctionnaires présents ne pouvaient pas engagés les Etats qu'ils représentaient sans s'en référer d'abord à leurs autorités de tutelle et sans l'accord de celles-ci.
- Quel serait le cadre de travail d'un tel réseau ? Quelles seraient ses missions par rapport aux structures existantes dans divers pays ? Quelle serait son autorité 'orientatrice' dans la définition des meilleures pistes à suivre pour vaincre le SIDA ?, etc.
- Quelle serait la nature d'une telle organisation : étatique ? paraétatique ? civile ?
- Qui en serait le donneur d'ordre ? Et par conséquent qui financerait les activités et l'organisation ?

En ma qualité de coordonnateur principal du colloque, ce forum m'a permis de manière directe de comprendre les trafics d'influence, les enjeux financiers, géopolitiques et stratégiques qui se cachent derrière les engagements internationaux même ceux taxés d'humanitaire. Par la même occasion je percevais mieux les paramètres qui paralysent et étranglent toute volonté de développement des pays africains. Je le comprenais d'autant mieux que le choix des conférences, des thèmes à débattre, des orientations du colloque, etc. a été difficile à cause de diverses pressions venant de différents bailleurs des fonds et des mains invisibles des laboratoires pharmaceutiques qu'ils représentaient sans le dire.

En tant que religieux, j'avais en conscience, une Eglise à défendre de manière objective sans nécessairement exclure les autres. Le colloque était un lieu pour dialoguer dans la mesure du possible et un moment pour se compléter dans nos insuffisances. Chaque mot devait être pesé et mesuré pour éviter des malentendus inutiles entre différents «protagonistes» idéologiques ou stratégiques. Il fallait aussi faire attention à la susceptibilité des Etats. Les études préliminaires à l'organisation du Colloque, nous faisaient prendre conscience qu'il y avait des problèmes de gestion des ressources humaines et médicales, d'organisation, de planification, etc., dans les différents pays. Mais il fallait dire tout cela de manière douce. L'approche prophétique cédait ainsi place à l'approche diplomatique. La vérité est bonne à dire, mais il faut l'annoncer de manière la plus acceptable, ai-je appris à l'occasion.

Après le Colloque, mes convictions de base n'avaient pas changé. Le premier 'succès' apparent enregistré à l'occasion de l'organisation de ce colloque m'enchantait et m'encourageait. J'étais convaincu que l'Eglise pouvait faire «quelque chose» d'un peu magique pour réduire l'impact du VIH/SIDA. Evidemment, je ne travaille pas seul. J'ai avec moi un groupe de laïcs très actifs et volontaires pour lutter contre le VIH/SIDA. Par ailleurs, j'ai l'appui sans faille de l'Archevêque de Libreville, qui incarne l'autorité ecclésiale et qui est convaincu également qu'on peut faire avancer la cause du SIDA.

Depuis le Colloque, avec l'appui de certaines ambassades et de certains

particuliers nous organisons des activités de sensibilisation et d'information dans les paroisses, les écoles, les groupes organisés, les supermarchés, etc. Avec l'accord de l'Archevêque de Libreville, nous avons même rédigé lors d'un séminaire national une ***'prière de lutte contre le SIDA'*** qui est récitée dans toutes les paroisses au moment de la prière universelle. A l'occasion des journées mondiales de lutte contre le SIDA, l'Archevêque de Libreville publie des réflexions pastorales qui sont lues et commentées dans toutes les paroisses. L'un de nos confrères, le père Innocent NZEMBA, a même écrit des pièces de théâtre qui sont jouées avec beaucoup de succès par un groupe de jeunes. Deux autres confrères, très impliqués dans les projets de développement communautaire, les pères EVES Sylvestre et Martin ALEGBEMI, ont ouvert des espaces d'information sur le VIH/SIDA dans leurs centres polyvalents. En partenariat avec «l'Initiative Régionale de Lutte Contre le SIDA» du Conseil Œcuménique des Eglises(COE) qui a son siège à Kinshasa, nous avons organisé plusieurs activités destinées aux enseignants des futurs prêtres et pasteurs, aux leaders religieux, aux femmes, aux leaders socio-communautaires, etc. Nous avons même édité un livre destiné aux prédicateurs pour éviter la mauvaise interprétation des textes sacrés relatifs aux maladies et aux «sanctions divines». Avec l'appui du COE, nous avons co-organisés des activités au Cameroun, en Centrafrique et à Brazzaville.

Sommes nous pour autant satisfaits par rapport à cette litanie d'activités organisées avec très peu de moyens ? La réponse est certainement mitigée pour multiples raisons développées dans les points qui suivent :

1. Le non recul des taux de nouvelles infections, la difficulté à passer le test VIH et la honte à avouer la sérologie positive VIH

Quand nous avons commencé la sensibilisation dans les églises, certaines organisations internationales nous disaient que l'influence de l'Eglise sur les chrétiens peut contribuer pour faire reculer la pandémie. Il y a eu cependant beaucoup de résistance au début, même de certains religieux. Car beaucoup réduisait la question du SIDA à celle du préservatif. Depuis lors, les barrières socio-culturelles et théologiques sont tombées. Les prêtres, religieux et religieuses, les catéchistes parlent du SIDA sans ambages ni contours.

Sous l'impulsion de l'Archevêque de Libreville, Mgr Basile MVE ENGONE, tous les autres diocèses aujourd'hui jouent le jeu. Le SIDA n'est plus une question taboue. Toutefois, je me presse de dire que le VIH/SIDA n'a pas le même statut que le paludisme (la malaria) ou la grippe. La sérologie positive au VIH est encore une situation honteuse. Quelque part, dans l'inconscient collectif, sexe et VIH/SIDA font mariage. Et tant que tout ce qui touche au sexe est taxé de honteux, le VIH/SIDA demeure un problème épineux.

Dire qu'on est séropositif dans notre contexte est encore tabou. Je ne connais point d'hommes politiques ou d'églises de premier plan (présidents de la République, membres du gouvernement, présidents d'Assemblée parlementaires et sénatoriales, évêques, prêtres,), d'Afrique Centrale ou d'églises qui aient avoué officiellement la sérologie positive au VIH. Du coup, les masses hésitent. Il n'y a pas encore de courageux qui puissent créer un effet d'entraînement qui mettrait sur le même pied d'égalité dans l'imaginaire populaire le VIH/SIDA et le paludisme ou la grippe. Malgré toutes les sensibilisations faites dans la sous région, je suis toujours surpris par la masse des séro-ignorants qu'il y a dans toutes les églises de la sous région Afrique Centrale.

Si on a réussi à en parler, on n'a pas réussi à «banaliser l'infection». Par ailleurs, nous sommes surpris chaque année de constater que la pente d'infections nouvelles est toujours ascendante. Depuis quelques mois on parle de la stabilisation. Ce constat est discutable à partir du moment où le nombre de grossesses précoces, d'avortements clandestins ou autorisés, de viols, etc., n'a pas baissé.

Dans un contexte où les nouvelles infections sont liées essentiellement aux pratiques sexuelles, cette ex-croissance de nouvelles infections traduit bel et bien que le domaine sexuel est encore à évangéliser, à rationaliser, à canaliser, etc.

Des études relativement poussées en sexologie méritent d'être menées pour pouvoir proposer à nos fidèles un discours qui tient compte de leurs réalités socio-anthropologiques et de leur environnement. Il ne s'agit pas d'«embrasser» aveuglement les pratiques locales mais de mettre en place une approche évangélique et pastorale qui arrose à la fois la bonne herbe et l'ivraie. Une approche pastorale qui ne tient compte que du droit canon et qui exclut systématiquement les personnes jugées non conformes aux normes morales éternellement établies, excommunie et fragilise à long terme l'Eglise.

Je n'apologise pas ici le libéralismemorale et religieux mais je suggère un accompagnement de personnes dans leurs parcours individuels et dans la croissance de leur maturité à la fois spirituelle et humaine.

2. La non prise en considération des véritables déterminants socio-culturels et économiques de la propagation rapide du VIH/SIDA

Suffit-il de demander aux gens de changer pour qu'ils changent ? Suffit-il de présenter aux gens les risques de la mort pour qu'ils adoptent des comportements responsables ? L'instinct de survie, serait-il plus fort que les facteurs socio-culturels qui conditionnent même le regard que l'on porte sur la vie ? Ces questions me font penser à une autre d'une autre nature : suffit-il de dire aux gens Jésus Christ est Seigneur et Sauveur du monde pour qu'ils fassent de lui la pierre angulaire sur laquelle ils construisent leurs existences ?

J'ai l'impression que l'information et la sensibilisation ne suffisent pas pour vaincre le VIH/SIDA. Le changement ou l'adoption des comportements responsables procèdent de l'**éducation**. Plus qu'une simple instruction, l'éducation implique les rites, les mythes, la symbolique, la perception, les valeurs et la référence à une dimension transcendantale.

L'éducation me paraît un phénomène global et multidimensionnel. Pour être efficace, elle doit être **une** dans sa perception et **multiple** dans sa réalisation. Elle suppose que l'on tienne compte de plusieurs dimensions et expressions de l'être humain. Les dimensions visibles et invisibles. Bref, la face visible et cachée de l'iceberg.

Si dans certaines cultures on pense que la mort, même violente, est plus douce que la domination et l'esclavage, on devrait s'interroger, sans préjugés, sur la place qu'occupe le ***plaisir*** dans l'imaginaire collectif. La recherche du plaisir peut être plus forte que l'instinct de survie dans certaines circonstances. Pour aboutir à un vécu équilibré, il y a peut-être un travail de type **psycho-thérapeutique** et **socio-spirituel** à réaliser sur les fantasmes, les rêves, les désirs, le plaisir, les représentations de force et du pouvoir, de la virilité, de différences sexo-spécifiques, etc.

Cette approche de l'éducation me fait penser que la lutte contre le SIDA ne doit pas être un DISCOURS sur le VIH/SIDA, les voies de contaminations et comment s'en prémunir. Car le SIDA n'est pas qu'un problème de santé, il touche à tout un ensemble de dimensions existentielles qui conditionnent et/ou motivent notre agir individuel et collectif.

3. Les limites des actions menées par les organisations non gouvernementales

Une association est un groupe de personnes qui organise des activités en fonction d'un objectif prédéterminé. Lutter contre le SIDA est un concept vague et vaste. A vrai dire, il ne veut rien dire. Le SIDA est un phénomène aux multiples facettes. Il touche aussi bien aux infrastructures médicales, au personnel soignant, aux orphelins et leurs interminables problèmes, aux médias et à l'information, à l'école et à l'université, aux traitements à donner, à la honte liée au SIDA, à l'accompagnement des personnes infectées, à la pauvreté économique, à la politique nationale de dépistage et d'accès aux soins, au suivi des personnes sous traitements pour éviter les surinfections et les résistances aux médicaments, aux leaders religieux (car leurs discours peuvent être dangereux) pour le bien être mental des personnes infectées ou affectées par le VIH/SIDA, au counselling, etc. La liste des ramifications et des conséquences du VIH/SIDA est vraiment longue.

Mon expérience actuelle dans la lutte contre le VIH/SIDA me fait penser que des

actions qui ne sont pas menées et coordonnées dans ***une vision globale*** du phénomène SIDA, avec l'implication complémentaire de tous les leaders socio-communautaires et/ou d'opinion, avec des moyens humains et financiers conséquents, dans un environnement participatif assaini et sous le leadership éclairé de l'Etat, ***n'aboutiraient à rien***.

Je suis toujours un peu **gêné** de constater que si les Ambassades de certains pays occidentaux ou des Organisations internationales, etc. n'existaient pas, beaucoup d'ONG de lutte contre le SIDA ou la PAUVRETE d'Afrique ne fonctionneraient pas. Les Etats d'Afrique ne savent pas appuyer financièrement les associations pour être efficaces et professionnels.

Je suis de plus en plus convaincu que seuls un Etat, crédible et déterminé, avec tous les moyens à sa disposition, peut lutter contre le **mal-être-mental** et/ou le **mal-vivre-social** dont les symptômes sont nommés SIDA, PAUVRETE, PRECARITE, etc. Les actions des ONG, souvent mal coordonnées, en fonction des orientations fixées par leurs bailleurs, ne sont que des palliatifs.

4. La dimension politique du phénomène SIDA

Lors d'un séminaire organisé au profit des jeunes filles de 15 à 18 ans à Libreville, dont l'objectif principal était de les encourager à s'abstenir des relations sexuelles avant le mariage et surtout de s'abstenir des liens affectifs avec des hommes âgés, 45 filles sur 50, ont refusé ouvertement d'adhérer à notre démarche qui consistait à les amener à créer des clubs d'abstinence.

Les filles nous disaient que cela était certainement un idéal à atteindre mais pas dans leurs conditions matérielles. La plupart des filles venaient des familles pauvres et profitaient de ces hommes âgés, (qu'elles n'aiment pas mais jouent avec), pour avoir un peu d'argent et assurer leur survie. Leur situation matérielle justifiait leur multipartenariat sexuel. L'homme riche pour le chèque et un jeune homme de leur âge pour le choc 'émotionnel'.

Peut-on valablement parler du SIDA sans parler de la pauvreté ? Mais peut-on parler de la pauvreté dans une sous région qui regorge de pétrole, du bois, de l'or, du diamant, de l'or, de manganèse, de la pluie et de l'eau douce, de la mer et ses richesses halieutiques, etc. sans parler des causes structurelles de cette pauvreté ?

Peut-on, sans gêne, parler de l'accessibilité aux médicaments dans des pays où les médicaments achetés par les Etats n'arrivent pas dans les hôpitaux et trouvent leur destination finale dans des pharmacies privées.

A partir du moment où l'on réfléchit et l'on propose des pistes pour mieux lutter contre le VIH/SIDA, on ne peut pas ne pas analyser :

- les causes de la pauvreté,
- les dysfonctionnements des structures hospitalières,
- l'inefficacité des services publics,
- l'opacité dans la gestion des ressources publiques destinées à la santé, à l'éducation, à la souveraineté alimentaireetc.

Ce type d'analyse a une dimension politique et par conséquent déstabilisateur pour les pouvoirs en place. Et jusqu'à la preuve du contraire, aucun pouvoir absolu n'accepte d'être remis en cause dans ses habitudes administratives.

Et pour éviter d'affronter la toute puissance de l'Etat et l'écrasante machine administrative, les Eglises, les systèmes internationaux inter-étatiques et les ONG se rabattent sur des actions à moindre risque politique du genre : sensibilisations et informations des masses sur les voies de contamination, les moyens de prévention, la prise en charge psycho spirituelle des personnes infectées ou affectées par le VIH/SIDA, la réduction des coûts des médicaments et des traitements, (pour éviter la révolte des masses de plus en plus informées sur les fortunes qui circulent sur la planète) etc. Certaines associations, avec l'appui du PAM (Programme Alimentaire Mondiale) distribuent de la nourriture qui vient je ne sais d'où sans poser la question la plus importante : «Sommes nous incapables de produire localement suffisamment de nourriture pour tous ?».

Néanmoins, les différentes activités suscités donnent bonne conscience et le sentiment d'être fidèle au message de Jésus qui nous dit : «à chaque fois que vous l'aurez fait à l'un de ces petits, c'est à moi, que vous l'avez fait».

5. Les enjeux financiers derrière le SIDA

Le SIDA n'est pas qu'un problème de santé. La santé elle-même finalement est déjà un enjeu financier énorme. Derrière chaque ordonnance ou prescription médicale, se cache souvent un ou plusieurs industries pharmaceutiques. Celles-ci ne sont pas des entreprises philanthropiques qui veulent «sauver» le monde. Elles sont là pour se faire « du fric » en Afrique ou ailleurs. En dehors des médicaments qui sont destinés aux personnes en phase de maladie, donc du SIDA, il y a tous les autres destinés aux personnes atteintes par le virus (personnes séropositives). A cela, il faut ajouter les examens de laboratoires pour déterminer les CD4 et autres qui conditionnent l'accessibilité aux antirétroviraux.

L'autre marché juteux est celui du préservatif. Une certaine presse dit que le pape Jean Paul II, de vénérable mémoire, n'a jamais prononcé ce mot dans tous ses discours. Méfiance ou prudence, nulle ne saura le dire.

Les promoteurs du préservatif le présente comme un produit qui se vend mondialement et se veut incontournable à tous ceux et celles qui :

- Estiment qu'ils ne peuvent pas se maîtriser quand ils sont «*sous tension*» sexuelle
- Veulent se donner quelques libertés sexuelles extra-conjugales.
- qui seraient confrontées aux situations dites de 'séro – discordance'.
- Se trouvent dans multiples situations dites «normales ou anormales», «naturelles ou artificielles» veulent éviter des grossesses et/ou des infections ou maladies sexuellement transmissibles.
- N'adhère pas ou n'adhère que partiellement à la morale sexuelle et affective de l'Eglise.

L'Eglise n'est pas de cet avis. Elle se donne pour mission de promouvoir la culture de la responsabilité et de la vie. Face aux situations de détresse, certaines voix à l'intérieur de l'Eglise appellent à une interprétation moins radicale du message du l'Eglise (France, Canada, Ile Maurice, etc.) et souhaitent que l'on tienne compte de l'être humain, non pas tel qu'il devait être mais tel qu'il est au quotidien, dans un parcours de construction de sa personnalité plein d'embûches. Débat interminable, dit-on.

En attendant, les vendeurs des préservatifs ont des publicités gratuites organisées par les Etats et les organisations internationales au nom de la santé publique. Leur chiffre d'affaires ne fait que croître. Un discours contre le préservatif est un coup de pied à leur chiffre d'affaires. Qui d'entre nous, accepterait dans le cadre des affaires, qu'un concurrent fasse une publicité agressive au point de mettre en danger ses produits ?

Quelque part, chacun défend ses intérêts et/ou sa vision du monde. Chacun se situe au préservatif en tenant compte de sa situation morale, économique, culturelle, religieuse, etc. et de la représentation qu'il se fait de l'être humain, du présent et de l'avenir.

Dire non au préservatif ne suffit pas. Il faut proposer aux 'hommes' de notre temps, une vision du monde, de la vie et de Dieu qui les élèvent, les transforment et les rend heureux. « Je suis venu pour que vous ayez la vie en abondance » nous dit Jésus. Jean 10,10. Quand on interdit la cigarette à quelqu'un, on lui propose de pratiquer régulièrement un sport pour rétablir l'équilibre mental perturbé par le renoncement à une consommation devenue instinctive.

6. Les limites d'une Église sclérosée et inorganisée

Je constate avec souffrance et désolation que notre Eglise est absente des lieux où les grandes décisions qui orientent le monde sont prises. L'Eglise d'Afrique est absente de l'Union Africaine, du NEPAD, de la Francophonie, du Commonwealth, etc. La voix de l'Eglise africaine reste souvent enfermée dans les chapelles et églises où l'on trouve déjà des convaincus de l'Eglise. Quand l'Eglise se fait entendre, elle est souvent en situation défensive. Les lettres pastorales souvent dénoncent la mauvaise gouvernance en Afrique mais faut-il attendre une mauvaise gestion des ressources publiques pour la dénoncer ? Ne faut-il pas plutôt agir en amont pour éradiquer la culture du pillage des biens communs en se structurant et en se situant d'une certaine manière dans la société ?

Comment se fait-il que les dénonciations d'Amnesty International ou de Transparency International soient plus relayées par les médias que celles de l'Eglise ? N'y a-t-il pas un problème d'**organisation**, de **communication**, de **méthode** et de **professionnalisme** dans **l'être – en – relation** de l'Eglise ?

Dire oui au préservatif, sans réserves ni interrogation, ne suffit pas non plus. Que peut-on proposer aux enfants de 12 ans dont la précocité sexuelle est renforcée par la télévision et la libre circulation des revues et compacts disques romantiques à outrance ou pornographiques ? Le préservatif ? La maîtrise de soi ? Consommation du sexe ou canalisation de pulsions sexuelles ? Le délire ou le désir en abondance ?

Est-ce que les églises locales et les congrégations sont capables de parler d'une seule et même voix aux autorités politiques et économiques du monde (gouvernements, FMI, Banque Mondiale, Multinationales, Organisations Internationales, Leaders d'opinion, etc.) ? Pouvions-nous en tant qu'Organisation faire pression sur les laboratoires pharmaceutiques pour obtenir la réduction des prix d'antirétroviraux ?

Peut-on justifier pourquoi l'Eglise est absente des mécanismes qui définissent les programmes scolaires en Afrique ? Ignorons-nous que celui qui contrôle les programmes scolaires et universitaires, contrôle le devenir d'un peuple ou d'une nation ?

7. La non implication réelle de la société civile

Le VIH/SIDA, comme le NEPAD ou l'UNION AFRICAINE, n'est pas encore un enjeu sociétal. La lutte contre le SIDA est encore abordée de manière pyramidale. Les experts pensent ce qui est bon. Ils sollicitent quelques membres de la société civile pour valider leur approche. Et on va sur le terrain, on dit aux gens comment ils doivent se comporter s'ils ne veulent pas disparaître de la carte géographique mondiale.

Cette méthode de travail n'aboutit à rien. La mission des bailleurs des fonds ne devrait pas consister en la définition des activités en fonction de leur propre lecture des réalités locales. Les experts ne devaient avoir pour mission que d'encadrer. Pour s'approprier des thématiques, les activités doivent être conçues, planifiées et exécutées uniquement par les bénéficiaires. Les programmes scolaires et académiques nous prouvent à suffisance que les élèves ne parviennent à s'approprier des connaissances qu'à travers un long processus durant lequel, ils étudient les thèmes de manière progressive et les intègrent petit à petit dans leur manière de penser et d'envisager la réalité.

Les leçons que l'on étudie pour faire face à un concours d'admission à la Fonction Publique ou dans une entreprise sont tout de suite oubliées, dès que la nécessité ne se fait plus sentir.

8. L'absence d'une vision et d'un leadership continental

Le plus grand mal dont souffre l'Afrique d'aujourd'hui est l'absence d'un groupe de leaders d'envergure continentale qui ne soit pas politique. Des hommes et des femmes qui soient des valeurs sûres, des références, des voix fortes qui parlent sans micro mais qui se font entendre aux quatre coins du monde.

L'Afrique manque cruellement des hommes et des femmes qui soient des tracteurs et des mythes mobilisateurs. Des hommes et des femmes qui ne soient pas esclaves de l'argent ; on dirait même, qui sachent utiliser l'argent et sa puissance apparente au service du bien être subjectif et collectif.

L'Afrique n'a pas encore trouvé ses mères TERESA, ses Martin Luther KING, ses GHANDI, ses MALULA etc. Des hommes et des femmes qui ne soient ni guerriers ni négriers, des hommes et des femmes qui refusent de trahir leur conscience éclairée par la transcendance,

Des hommes et des femmes que l'on aime écouter, même quand on est en désaccord avec eux, parce qu'ils disent toujours la vérité.

Des hommes et des femmes qui savent canaliser positivement nos énergies créatrices et nos pulsions annihilatrices.

Ma vision et mes convictions actuelles

- Le VIH/SIDA est plus qu'une affaire

de sexualité et/ou de santé. C'est un problème qui rejoint toutes les dimensions de l'être humain.

- Le VIH/SIDA révèle une fois de plus la place qu'occupe la sexualité dans les mœurs.

- Il n'est pas nécessaire de multiplier les associations de lutte contre le VIH/SIDA. A la limite, il faut créer des structures qui s'occupent de la question santé dans sa globalité.

- S'il faut déployer autant de moyens et stratégies pour lutter contre le VIH/SIDA, et s'il est aussi difficile de faire adopter de nouveaux comportements par rapport à la sexualité uniquement, je mesure l'immensité de moyens humains et stratégiques nécessaires pour lutter simultanément contre le corruption, l'insalubrité, la mauvaise gouvernance, les abus des droits humains, etc.

- Pour être efficace, l'Eglise Africaine doit **unir** ses maigres ressources humaines, financières, stratégiques et informationnelles autour d'un projet mobilisateur de développement communautaire, d'envergure continentale

- Au moment où l'on parle de l'Union Africaine, il serait souhaitable, ne fut-ce que pour des raisons d'efficacité, que l'Eglise Africaine aille plus rapidement que les Etats vers l'intégration des conférences épiscopales en une seule Conférence Episcopale polyglotte Africaine. Celle-ci deviendrait une sérieuse force de proposition et un interlocuteur valable des institutions internationales.

- Les médias occupent une place de choix dans la lutte contre le SIDA. Au lieu de continuer à multiplier les radios et télévisions diocésaines, il est temps que l'Eglise Africaine se dote des moyens de communication transversaux de dimension continentale. Une radiotélévision polyglotte, quelques sites Internet thématiques, au service de la bonne nouvelle et de bonnes nouvelles africaines.

- L'efficacité dans la lutte pour une ***cause complexe*** *(SIDA, pauvreté, insalubrité, analphabétisme, corruption, commerce des armes, etc.)* passe nécessairement par la mise en place d'une organisation dont la vision, les objectifs et les moyens d'action sont clairement définis et rendus publiques, la reconnaissance de cette organisation par les autorités publiques d'un Etat, la maîtrise du sujet par les membres de l'organisation, avec l'appui des spécialistes, des études et analyses se basant sur des données plus ou moins incontestables, un mécanisme permanent de coordination des efforts fournis par les différents acteurs, une large diffusion des informations disponibles, des plaidoyers et du lobbying prioritairement destinés aux masses avant même d'aborder les décideurs, (tant nationaux qu'internationaux), un réseautage actif, etc.

Dans cette optique, l'implication des congrégations religieuses dans les luttes pour de grandes causes humanitaires devrait se structurer avec un minimum de professionnalisme. Les combats individuels ne vont pas loin. Par rapport aux multiples défis africains, chaque congrégation diocésaine ou internationale devait être experte en une ou deux cause(s) spécifique(s), en lien bien sûr, avec d'autres congrégations. Cela ne veut pas dire que tous les membres d'une congrégation devraient travailler dans un seul secteur. Tout en ayant d'autres activités pastorales, les membres d'une congrégation peuvent volontairement appuyer leur conseil général et quelques confrères mandatés à réussir une cause spécifique qui améliore le bien être intégral de l'être humain.

Dans la logique de la soi-disant «communauté internationale», une pétition signée par trois mille spiritains et cent mille personnes laïques proches de spiritains éparpillés à travers la planète, représente un poids immense. Et si les médias s'y mêlent, la cause bénéficiaire du plaidoyer sera encore mieux entendue. Les associations des consommateurs, les associations écologiques, etc., nous prouvent que petit à petit, à force de parler d'une question, même les oreilles volontairement sourdes à un moment, cèdent sous pression et acceptent de faire ensemble une partie du chemin.

Je voudrais rêver qu'un jour, notre congrégation, en lien avec d'autres personnes physiques ou morales, parviendra à créer des «communautés internationales et interculturelles phares», situées au cœur de grandes villes (Kinshasa, Lagos, Nairobi, Paris, Londres, Pittsburgh, Bruxelles, Johannesburg, etc., qui, avec l'appui de tous les confrères, qui seront des véritables laboratoires socio-économiques, culturels et politiques, capables de dynamiter la morosité

ambiante et de dynamiser les multiples ressources humaines et stratégiques dont regorgent le continent africain et les autres pays taxés ironiquement de PPTE (pays pauvres et très endettés). A quand la traçabilité de la dette africaine ?

Nous n'avons pas d'excuses qui justifieraient notre silence sur les grandes questions et les grands enjeux qui influencent le devenir du monde. Mieux que certaines organisations de type humanitaire, notre patrimoine religieux, intellectuel, culturel, médiatique, immobilier et foncier dans plusieurs grandes villes du monde, constitue en soi un atout majeur pour une meilleure organisation, une visibilité et des publicités planétaires, et une mobilisation forte de la communauté internationale sur des problèmes spécifiques. Les nouvelles technologies sont venues à notre secours pour une évangélisation qui correspond aux souhaits de Libermann : « ;;;;;;; ».

Si certains éléments précités ici ne sont pas pris en compte dans notre approche de la lutte contre le SIDA, j'ai peur que notre combat soit un leurre, une illusion et un mirage. Puisse l'Afrique TROUVER des hommes et des femmes qui rassurent par leur conviction, leur détermination, leur conscience et leur clairvoyance.

Réf. : Jean Kazadi Katumbay – muazadi@yahoo.fr (*Vie Spiritaine*, n. 16, septembre 2007, pp. 7-23).

...*"Nous n'avons pas d'excuses qui justifieraient notre silence sur les grandes questions ... qui influencent le devenir du monde ...Certaines organisations de type humanitaire ... constitue en soi un atout majeur ... et une mobilisation forte de la communauté internationale sur des problèmes spécifiques* ..." (from the article). Picture by www.qumran2.net

Faire renaitre l'espoir chez les vueves et orphelins du SIDA en centrafrique

Jean Simon Pierre Ngele Eyene

« Ensemble nous vaincrons le Sida », tel est le leitmotiv lancé par la Conférence épiscopale de Centrafrique pour rallier les cœurs et les forces vives de la nation dans la lutte contre la pandémie du VIH/SIDA. Sans minimiser l'ampleur du fléau dans le pays, l'article tend à montrer, à travers d'humbles initiatives concrètes, que ce leitmotiv n'est pas un slogan creux ; il mobilise des énergies et crée des actions. Quelques unes, à l'initiative des confrères spiritains, sont particulièrement édifiantes. Elles concernent notamment le service des veuves et orphelins du SIDA. Mais partout où ils sont présents, les Spiritains s'investissent dans ce combat avec courage et intelligence.

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Introduction

Le Centrafrique comme plusieurs pays africains a connu le SIDA à ses débuts et n'a pas tout de suite pris la mesure du fléau. Actuellement, on dirait qu'il se fait tard. Comme si le temps était à l'enterrement des morts ! Pourtant quelque chose commence à bouger aujourd'hui : on se réveille pour faire face à la pandémie. Des initiatives sont prises aussi bien au niveau de l'Etat qu'à l'échelle des Organisations Non Gouvernementales (ONG) et de l'Eglise locale.

Dans cette action à triple niveau, y a-t-il une action spécifiquement spiritaine face au SIDA en Centrafrique ? S'il y en a une, comment se présente-t-elle et quelle est sa portée ? Pour répondre à cette question, il nous faut d'abord parler de la difficile situation sociale où le SIDA plonge les familles et les conséquences que cela entraîne dans la vie de chaque jour ; ensuite, nous présenterons ce que fait l'Eglise Catholique. Enfin, nous nous appesantirons sur le travail des spiritains, quoique disparate : puisque aucune action commune n'est définie dans la région spiritaine de Centrafrique pour faire face au SIDA.

I. L'impact nefaste de la pandemie

La République Centrafricaine (RCA) est au cœur du continent africain entourée du Cameroun, du Tchad, du Soudan et du Congo et de la République Démocratique du Congo. Elle a une population d'environ 4 millions d'habitants pour une superficie de 623,000 Km^2. Cette population est en proie à plusieurs fléaux. Déjà meurtrie par plusieurs années de troubles socio-politiques, la population centrafricaine connaît aussi des problèmes économiques et de santé. Un des problèmes majeurs, du point de vue de la santé, est actuellement le SIDA. C'est tout le pays qui est concerné par cette pandémie et chacun, à son niveau, doit y faire face. La situation est très critique puisque le SIDA n'a pas encore de traitement curatif, et le taux de séroprévalence ne fait qu'augmenter au lieu de diminuer. En voici quelque chiffres : 2, 06% en 1987, 14% en 1999 et 15% en 2005. Plus critique encore le fait que ce taux est plus fort en zone rurale qu'à Bangui, la capitale. Face à cette situation galopante du VIH/SIDA, force est de constater que le tissu social est en train de se détériorer.

a. Déstabilisation de la famille

Les problèmes qu'engendre la pandémie du VIH/SIDA sont multiples. La cellule sociale de base qu'est la famille se trouve éclatée et même inexistante. En fait, la famille telle que nous la connaissons est composée du père, de la mère et des enfants. Le SIDA a maintenant bousculé cet état de chose et fait de la famille le lieu où l'on trouve la grand-mère et les orphelins, ou le grand-père et les orphelins. Du point de vue social, ce type de famille donne du fil à retordre. Quand la moyenne de ceux qui meurent du SIDA est de 35 ans, que peut-on espérer après ? Si le papa est mort alors que la maman est déjà contaminée, la garde des enfants incombe à la grand-mère et au

grand-père. Ces enfants vont alors être confrontés à des problèmes de scolarisation, de nutrition, et même d'éducation en famille.

Pour beaucoup de familles, le SIDA est la maladie de la honte. Son diagnostic n'a jamais été révélé. Quand on est malade, les familles continuent d'accuser la sorcellerie ou l'empoisonnement. Car, celui qui contracte cette maladie est rejeté. Parfois, les enfants issus d'une famille de laquelle les parents sont morts de cette maladie sont aussi rejetés. C'est vers l'Eglise que l'on se tourne la plupart du temps pour trouver une solution. Les Gouvernements africains doivent chercher des voies et moyens pour juguler la situation et limiter les ravages de la pandémie. Car déjà la tranche d'âge de la population active parait menacée de disparition. La vie économique n'en sera donc que plus difficile.

b. La mort des jeunes, un frein pour le développement

Un proverbe africain dit «les jeunes arbres sont la survie de la forêt». Notre forêt équatoriale se vide de ses jeunes arbres. Elle se vide de sa force et de ses intellectuels. Comment arriver plus tard à avoir des économies fortes en Afrique en général et en Centrafrique en particulier si tous ceux qui sont chargés d'animer ces économies sont en train de finir leur vie à la fleur de l'âge. Les ressources humaines sont en train de disparaître rapidement. Les statistiques sont secrètes et discrètes mais une chose est certaine, le SIDA freine et va encore freiner la vie économique pour longtemps. Il engendre actuellement des jeunes errant, des enfants qui vont dans la rue parce qu'il n'est pas possible de les nourrir, des oncles et des tantes qui ne peuvent plus accueillir, faute de moyens.

Une famille qui a réussi à épargner pour mieux faire face à l'avenir est obligée de vider son épargne quand arrive la maladie. Il n'est pas rare de voir des gens vendre leurs biens (véhicule, maisons, terrains…) pour se soigner ou aller se soigner à l'étranger. Difficile situation économique qui ne laisse pas espérer des lendemains meilleurs ! Car ceux qui sont chargés de la relever n'ont plus de force. Il faut attendre les futures générations qui sont orphelines aujourd'hui pour espérer voir l'économie en bonne santé. A condition qu'elles ne tombent pas dans le piège de toutes les convoitises qui conduisent au SIDA. Il faut aussi reconnaître que le SIDA pose un problème religieux.

c. L'incertitude religieuse

Le SIDA pose un problème religieux, puisqu'il était tabou dès le départ. On en parlait mais il ne fallait pas dire qui l'avait. Jusque là, ce n'est pas facile de reconnaître par soi-même que l'on est malade de SIDA ou que l'on porte en soi ce virus mortel. Le problème religieux posé par le SIDA se situe au niveau de l'engagement des uns et des autres dans leur confession religieuse. A travers cette pandémie, on assiste à un vrai retour à la fois aux croyances jadis dénoncées comme inadéquates avec la foi en Christ Ressuscité et un engagement à une vie chrétienne sans faille. Certains malades de SIDA sont ballottés d'un guérisseur traditionnel à un autre. D'ailleurs, des guérisseurs traditionnels affirment soigner cette maladie. Bien plus, d'autres au lieu de reconnaître leur incapacité à la soigner, préfèrent organiser des séances de prière d'exorcismes qui conduisent à des accusations des membres de familles. C'est le cas de cet enfant qui est mort de VIH/SIDA à 21 ans. Le guérisseur a dit à ses parents qu'il a été tué par sa grand-mère âgée de 75 ans. Celle-ci a été mise dehors et destinée à quémander de maison en maison.

La foi chrétienne que nous annonçons n'a plus de place quand survient cette maladie. Néanmoins, d'autres restent lucides et peuvent recourir au sacrement des malades. C'est souvent trop tard malheureusement. Cette situation religieuse nous pousse à travailler dans nos paroisses pour que les personnes victimes du SIDA ne soient pas exclues ; et qu'elles puissent trouver leur place au sein de nos communautés chrétiennes. Elles-mêmes se font souvent exclure pour éviter ce regard plein de dédain qui est porté sur eux. Ainsi créons-nous des lieux de partage et de rencontre pour ces personnes qui sont les pauvres du 21ème siècle dont il faut être proche. Nous en reparlerons plus tard.

L'analyse des trois problèmes engendrés par la pandémie du SIDA est sans doute limitée, mais il a semblé pertinent de la faire avant de dire ce que fait l'Eglise Catholique en Centrafrique pour lutter contre le SIDA et accompagner veuves et orphelins de cette maladie.

II. L'action de l'Église entrafricaine

Au mois de janvier 2006, l'Eglise Catholique a organisé par l'intermédiaire du Comité Episcopal National Face au Sida (CENFAS), une grande restitution de l'enquête qu'elle a réalisée sur ce qu'elle fait dans tout le pays en matière de lutte contre le SIDA. Les autorités politiques et religieuses du pays ont été mobilisées. Les bailleurs de fond et les représentants des organismes internationaux présents à Bangui étaient là. Le leitmotiv de cette journée a été «Ensemble nous allons vaincre le SIDA». Ce fut une journée médiatisée et suivie. Elle a pu nous faire découvrir l'état des lieux de ce que fait l'Eglise Catholique en Centrafrique dans les 9 diocèses de ce pays qui compte 16 préfectures. Le but a été défini comme suit : «Dans l'Esprit de l'Evangile, contribuer aux côtés du gouvernement et des partenaires à la réduction de la prévalence de l'infection à VIH/SIDA dans le pays et à soutenir les personnes infectées et affectées» (*cf.* Brochure éditée pour la circonstance).

Le CENFAS est né de la Coordination Nationale de la Santé. Il exprime la volonté de la Conférence Episcopale de Centrafrique de mettre sur pied un comité face au SIDA. Il a vu le jour en 2001. Il est multisectoriel, car englobant toutes les commissions épiscopales : Santé, Education, Apostolat des laïcs, Jeunes, Caritas, Famille/Femme, Justice et Paix, Liturgie/Evangelisation, Médias/Communications, Culture, et les Congrégations Religieuses. A présent, chaque diocèse s'est doté d'un Comité Diocésain Face au Sida et plus tard, chaque Paroisse pourra se doter de cette structure. Au-delà de cette organisation en structure, il faut reconnaître que l'Eglise Catholique en Centrafrique ne cesse de sensibiliser les chrétiens pour qu'ils combattent le SIDA : à travers les Dispensaires Catholiques, les Mouvements et Fraternités, les programmes d'Education au changement des mentalités à l'instar du Programme de l'Education à la Vie et à l'Amour.

Il y a réellement un vaste réseau de solidarité qui s'est mis en place et les différentes Caritas paroissiales sont à pied d'œuvre pour aider à la prise en charge des personnes en difficulté d'une part, et surtout dans la prévention de l'infection à VIH/SIDA d'autre part. Cet engagement de l'Eglise aide de plus en plus les malades de SIDA et les personnes vivant avec le VIH à pouvoir se sentir aussi Hommes parmi les Hommes. Le «groupe espoir» sur Bangui, par exemple, s'est engagé à aider au suivi des personnes vivant avec le VIH et à aider les malades à avoir un peu d'espoir. Ce groupe soutenu par Caritas-Bangui a donc la possibilité d'encadrer ces malades nouveaux et anciens en leur prodiguant des conseils pour qu'ils puissent mieux se sentir et espérer ajouter à leur vie des jours en plus.

Mais il faut quand même reconnaître que tout ce travail se fait au rythme de «chacun pour soi» en quelque sorte. La vraie stratégie pour faire face au SIDA sortira d'ici peu. Pour le moment, chacun à son niveau cherche à poser une barrière pour freiner l'évolution du SIDA là où il est. Les Paroisses deviennent alors les lieux où la pastorale qui se fait en une année doit pouvoir intégrer la question du SIDA pour que chaque chrétien y apporte sa contribution. Les spiritains en Centrafrique n'ont pas défini un plan propre. Cependant, là où ils sont, ils ne manquent pas de se faire proches de ces malades et surtout des veuves et des orphelins de la maladie.

III. Que font les spiritains ?

Les spiritains qui travaillent ici ne sont pas indifférents à ce problème. Engagés dans une Eglise locale, nous faisons nôtres les stratégies pastorales définies par cette Eglise. Les Spiritains travaillent en synergie avec les autres pour faire face au SIDA. C'est ensemble que nous faisons front contre ce fléau en République Centrafricaine. Mais cela n'exclut pas des actions particulièrement spiritaines, notamment en ce qui concerne le ministère auprès des veuves et des orphelins.

a. Le «Groupe Espoir»

Lorsqu'il était à la tête de Caritas-Bangui, notre confrère, le Père Yves Gauthier a mis en route le «groupe espoir». Ce groupe est chargé d'assister les malades du SIDA mais surtout d'aider les veuves. C'est une expérience qui aide les personnes malades à pouvoir bénéficier des Antirétroviraux (ARV), d'un suivi diététique et d'une prise en charge psychosociale. Mais ce groupe ne se multiplie pas dans les paroisses où sont les spiritains. Nous voyons plutôt naître des groupes de Personnes vivant avec le VIH (PVV). Ce sont des groupes initiés sous le

modèle du «groupe espoir», mais ils ne bénéficient pas des avantages du «groupe espoir». Ils sont certes structurés mais manquent d'une assise réelle.

Autrement dit, l'accompagnement des veuves n'est pas systématiquement une affaire spiritaine mais les spiritains y apportent une contribution sérieuse. Dans les différentes paroisses où nous sommes, chaque confrère reste attentif et préoccupé par le groupe des malades de SIDA. Il ne s'agit pas d'un groupe qui prend le malade en charge totalement. Il a pour objectif de redonner espoir, c'est-à-dire aider les veuves et les veufs malades à pouvoir sortir de leur dépendance. C'est ainsi que certains bénéficient d'une allocation d'environ Euro 30,00 pour mener quelques activités génératrices de revenus. Ils peuvent ainsi se nourrir, contribuer à l'achat de leurs médicaments, et soutenir leurs enfants.

L'exemple de la Paroisse Notre Dame d'Afrique de Bangui qui va suivre nous présente ce qui se fait de façon concrète auprès des veuves et des orphelins de SIDA.

b. Une Action spécifique à la Paroisse Notre Dame d'Afrique de Bangui

La Paroisse Notre Dame d'Afrique est la plus grande paroisse tenue par les spiritains en Centrafrique. Elle peut nous donner une idée approximative du ministère auprès des plus défavorisés. Cette paroisse couvre d'importants quartiers populaires de Bangui. Il y a une présence spiritaine et son action s'appuie sur les structures mises en place dans le cas précis du suivi des veuves et des orphelins.

Le champ d'action auprès des veuves et orphelins de SIDA dans cette paroisse a pu être couvert par l'action de la Caritas paroissiale. Dans cette structure, il y a deux commissions spéciales pour les cas de ces personnes : La commission santé et la commission scolarisation et enfants démunis.

b.1. Auprès des veuves

La commission santé est dirigée par un médecin et un étudiant en médecine appuyés de deux sages femmes et d'un jeune étudiant pharmacien. Cette équipe recense les malades. Elle les présente à la réunion hebdomadaire de la Caritas et l'appui pour ces malades est décidé par toute l'équipe de la Caritas qui est dirigée par le Père Jean Simon. Le suivi santé de ces malades est coûteux. Il faut d'abord refaire les examens médicaux de la veuve, lui demander de pouvoir être localisée à un point fixe sur le territoire paroissial. C'est pour ne pas disperser nos forces et pour être capable d'aider un maximum de personnes que nous prenons toutes ces précautions. Si les examens médicaux de la veuve révèlent effectivement qu'elle porte le VIH et qu'elle est véritablement une veuve avec des enfants à charge ou pas, nous nous organisons à l'aider pour les produits de première nécessité. Le Programme Alimentaire Mondial nous donnait des vivres pour ces personnes mais il a arrêté de le faire. Nous avons essayé d'élargir le groupe des veuves pour avoir un groupe composé de femmes séropositives et depuis quelque temps de quelques hommes dans le même cas.

En trois ans de suivi des veuves de SIDA, nous avons connu la mort d'environ 20 mamans qui ont laissé des enfants à charge aux grands mères et grands pères. Le groupe actuel compte 70 veuves inscrites et 30 non inscrites mais qui sont suivies dans nos communautés ecclésiales de base par les délégués de la Caritas paroissiale. Chaque année, autour de la journée mondiale du SIDA, nous organisons trois jours de réflexion autour de ce fléau. Cette année, nous avons organisé une conférence débat sur le thème «Famille et SIDA, comment combattre l'exclusion sociale des veuves et des orphelins de SIDA ?». Nous avons noté la présence d'un médecin et d'une religieuse qui travaillent dans le cadre de la lutte contre le SIDA. Dommage que le public, majoritairement féminin, ne soit pas venu nombreux. Le jour suivant, nous avons organisé un test volontaire de dépistage qui nous a révélé que tout le monde n'est pas atteint, puisque sur 84 personnes volontaires, il y avait 77 séronégatifs et 7 cas de personnes séropositives. Sur les 7 contaminés, il y a 6 femmes dont la moyenne d'âge est de 32 ans et un garçon de 12 ans. Le dernier jour a été consacré à la célébration eucharistique où nous avons invité les malades en général, ceux du VIH en particulier, le Ministère de la Santé Publique et l'Organisation Mondiale de la Santé. Ces activités ont été relayées par des sensibilisations sur le SIDA dans les 12 Communautés ecclésiales de base de notre Paroisse.

En fait, une équipe de jeunes Légionnaires,

sous l'égide de Caritas et du Père Jean Simon, organise souvent une sensibilisation auprès des chrétiens dans leur quartier. C'est un travail qui prend du temps et leur dévouement est vraiment encourageant.

La plus grande difficulté est la mise en route des moyens pour aider ces veuves à se prendre en charge. La Caritas diocésaine qui a encouragé ces initiatives des groupes des veuves dans les paroisses souhaiterait que ces femmes se prennent de plus en plus en charge pour qu'elles ne soient pas dépendantes ou mendiantes du fait de leur maladie. Il arrive des cas malheureux où certaines vont de paroisse en paroisse et de quartier en quartier pour présenter leurs misères. Ces déplacements sont pénibles. Certaines veuves ont été chassées de leur maison par les familles et elles sont obligées d'errer partout.…

Il faut donc que ces veuves trouvent quelque chose à faire afin de subvenir aux besoins de leurs enfants et de pouvoir s'acheter des médicaments pour se soigner contre les maladies opportunistes. Vendre du bois ou d'autres petits produits domestiques est souvent une des solutions employées. Mais elle est très risquée, car le capital peut être utilisé dès que se pose le problème de santé de la veuve ou de ses enfants. Cela rend l'épargne très aléatoire. Probablement que nous trouverons une solution puisque nous espérons ouvrir un petit compte en Paroisse pour toutes ces veuves, lequel compte servira d'épargne pour leur octroyer des micro-crédits. Cela reste un projet d'avenir. Il est important que les veuves se prennent en charge. Nous devons les y aider pour éviter qu'elles soient d'éternelles assistées.

En définitive, les veuves ont repris de l'espoir avec toutes ces activités. On n'en parlait pas à l'époque mais le fait d'en parler et de les entourer de toute notre affection et des conseils pour leur vie les fait vivre à nouveau. L'une d'entre elles déclarait : «Mon Père, nous aussi nous existons. Plusieurs fois, nous avons eu honte parce que nous sommes porteurs du VIH. Plusieurs fois nous nous sommes cachées et cela a entamé notre moral. Actuellement, c'est différent et nous sentons que nous vivons avec les autres». Cet espoir que nous essayons de susciter est important. Et quand survient la mort, nous intervenons aux obsèques en apportant une petite contribution à la famille éprouvée, en achetant parfois un cercueil pour les plus démunis et en donnant une somme pour le transport du corps par le corbillard de la mairie de Bangui. Nous pouvons également mentionner l'aide apportée dans le cadre de la scolarisation des enfants.

b.2. Auprès des orphelins

Plus haut, nous avons parlé d'une commission scolarisation et enfants démunis. Placée sous la responsabilité du Père Jean Simon, elle a pour rôle de recenser les orphelins quels qu'ils soient, de les localiser sur le territoire paroissial et de se rapprocher des familles pour évaluer l'aide que nous pouvons leur apporter dans le domaine de la santé, de l'éducation et la non-exclusion de ces enfants. Nos listes révisées cette année portent le nombre de ces enfants à 300 environ. Ils sont de familles diverses. Ils ne sont pas scolarisés en majorité. En passant dans les quartiers aux heures de classe, on trouve plusieurs d'entre eux à la maison. L'une des conséquences du SIDA est qu'il jette dans la nature un grand nombre d'enfants qui ne vont pas à l'école et ne sont pas certains d'un avenir juste et épanouissant.

Notre travail consiste donc à scolariser ces enfants. Pour le faire, il faut compter sur l'aide de la Caritas diocésaine qui envoie chaque année une somme de 50 000 FCFA soit environ 40 USD ou Euro 76,00 environ pour chaque paroisse pour l'inscription des enfants à l'école. Cette somme n'est pas exclusive aux orphelins de SIDA. Elle englobe tous les enfants démunis. C'est pourquoi nous avons décidé d'organiser chaque année une kermesse pendant les vacances pour préparer la rentrée des enfants orphelins de SIDA et tous les autres pour que nous puissions envoyer plusieurs autres enfants à l'école. Mais notre première kermesse, à l'occasion de la journée de l'enfant africain du 16 juin 2005, n'a pu rapporter que 13 775 FCFA (soit environ Euro 21,00). En plus de 40 000 FCFA de réserve, nous avons pu augmenter notre budget scolarisation de l'année écoulée à 103 775 (soit environ Euro 150,00). Des bienfaiteurs nous ont aidé. C'est ainsi que la sœur d'un confrère a pris en charge l'inscription d'une dizaine d'enfants orphelins. Plusieurs paroissiens font des dons en nature (tels que stylos, cahiers, ardoises…). Notre mission spiritaine est portée par cet élan de solidarité collectif.

Il faut dire que nous ne disposons pas d'un fonds pour cela et nous nous

abandonnons à la Providence qui, de temps en temps, nous fait un clin d'œil! Nos efforts pourront être soutenus pour que nous puissions mieux nous organiser. L'éducation est capitale et peut ainsi sauver plusieurs enfants de la rue. Nous pensons avoir atteint cet objectif de scolarisation cette année. Mais le problème majeur reste le suivi de ces enfants. Plusieurs familles n'en sont guère plus capables, quand bien même l'enfant ait été inscrit. Or nous avons l'intime conviction que l'école aidera ces enfants à s'en sortir. Nous avons inscrit une fille de 15 ans à la SIL il y a trois ans. Elle a une progression extraordinaire et un courage qui lui permet aujourd'hui de s'épanouir.

La santé de ces enfants nous préoccupe aussi. Nous devons bien souvent remonter le moral des parents quand un enfant est gravement malade. S'il est séronégatif, la situation est gérable. Mais s'il est séropositif, cela devient dramatique et peut aller jusqu'à l'abandon. Les services sociaux de notre pays ont besoin de mieux se structurer. Notre contribution passe toujours par le biais de la commission santé de Caritas. Nous demandons aux parents de contribuer pour les examens médicaux et nous prenons en charge les ordonnances. Il arrive que la Caritas diocésaine soit également sollicitée. Le taux de mortalité reste relativement bas chez les orphelins en général. Le moment le plus douloureux est d'accompagner un enfant atteint du VIH. En plus, certains enfants qui ne sont pas contaminés souffrent l'exclusion à cause du soupçon que leurs parents sont décédés de cette maladie. Notre travail, par le biais de la commission famille en détresse, est de se rapprocher de ces familles pour leur faire comprendre que l'enfant a droit à la santé et à l'éducation.

L'autre volet du ministère auprès des orphelins est l'organisation des loisirs pour les enfants de notre Paroisse. Chaque année, avec l'aide des Sœurs de l'Enfant Jésus Providence de Rouen, nous avons un arbre de Noël où nous invitons des enfants orphelins à venir prendre des cadeaux après des concours de danse, des poèmes, des sketchs. En raison de nos moyens limités, seuls 50 enfants furent invités en 2004 et 2005. Mais en 2006, l'effectif a doublé, grâce à des aides reçues de nos amis, des bienfaiteurs de la Paroisse et des Sœurs de l'Enfant Jésus Providence de Rouen. C'est une manifestation qui commence à prendre de l'ampleur. Nous avons déjà parlé de la kermesse qui a lieu depuis l'année dernière autour des manifestations de la journée de l'Enfant Africain du 16 juin. Pourtant notre ministère ne peut se développer sans l'appui des autorités civiles et des organisations internationales. Nous pensons souvent recevoir d'elles des contributions pour les conférences éducatives, et un peu de financement pour nos activités. Ce qui est malheureusement rare ! Nous sommes sous représentés auprès de ces institutions et la lourde bureaucratie qui les caractérise ne joue pas toujours en notre faveur.…

Bref, le travail est immense et, malgré nos moyens dérisoires, notre engagement reste le même : œuvrer à favoriser la scolarisation de ces enfants orphelins ! Un projet d'alphabétisation va voir le jour l'année prochaine, et nous espérons pouvoir réaliser quelques progrès notables.

Conclusion

Face à la pandémie du SIDA, et particulièrement interpellés par la situation des veuves et orphelins, les Spiritains de Centrafrique se mobilisent. Chacun à son niveau prend sa part dans la lutte. Il nous manque cependant une organisation pour mieux conjuguer nos efforts et amplifier notre action à l'échelle nationale. Nous en restons à des implications locales, comme ce qui se fait à la Paroisse Notre Dame d'Afrique de Bangui ; ce que nous avons présenté. Il n'en demeure pas moins que cela reste une activité spiritaine. Nous espérons avoir un Centre de Dépistage Volontaire qui pourrait nous aider à mieux éduquer pour mieux prévenir cette maladie dans notre Paroisse. Notre Région gagnera aussi de la solidarité des confrères qui sont au loin. En effet, tout ce que nous faisons jusque là à quelque niveau que ce soit est le fruit de la solidarité et du leitmotiv donné par le CENFAS «Ensemble nous vaincrons le SIDA». Puisse les confrères au loin nous aider à accroître ces activités pour le bien des veuves et des orphelins à qui nous devons accorder une grande attention dans notre ministère.

Réf. : Jean Simon Pierre Ngele Eyene jngele@yahoo.fr — *Vie Spiritaine*, n. 16, septembre 2007, pp. 46-57.

SEDOS REPORT 2007
ANNUAL GENERAL ASSEMBLY

"*SEDOS is a forum open to Institutes of Consecrated Life, which commit themselves to deepening their understanding of global mission. SEDOS encourages research and disseminates information through its Bulletin and website, public conferences, working groups and its Annual Seminar*".

INTRODUCTION

Two thousand and seven seems to have one by at high speed leaving in its wake a year full of events and many changes. General Chapters have presented us with new faces among the teams of the Generalates Members of SEDOS. We welcome them and look forward to their new ideas and advice to improve our services. Likewise, we express our gratitude to those who have finished their term in Rome for all the help, support and encouragement they have provide us with. We have also been through painful moments on saying goodbye to those that the Lord called to Him, especially our ***Sister Margarita Gomez Lee, M.M.B.***, so close and active in all SEDOS' work. We are sure she will now channel blessings and encouragement to all of us as we continue to labour for the Kingdom.

It is thanks to all of you that once more our efforts during the year 2007 have been fruitful. We, the members of the SEDOS family do not pretend to solve the problems of the World nor those of the Church, but we continue to be committed in word and deed to the study of Mission as our small contribution to all our brothers and Sisters. Yes, I believe that 2007 has been another fruitful year thanks to the commitment of the Institutes Members of SEDOS and specially to so many personal contributions. Thanks to your support and your efforts SEDOS has been able to continue to offer its services to everybody, wherever they are and whatever their faith. Thank You, each and all for your missionary spirit.

To our brothers the members of the **Society of the Divine Word** a very special word of thanks. Year after year they continue to generously offer the premises to house the office of SEDOS, a contribution that can not be repaid but by the Blessing of the Lord. We should not forget to thank the **Brothers of the Christian Schools** that offer their premises for just a nominal fee to host all the SEDOS Conferences, a contribution that makes it possible to continue offering this service. We also wish to remember and thank those of you who graciously send your books and magazines to our Documentation Centre, specially the **Maryknoll Fathers and Brothers** who always make sure SEDOS receives copies of the new titles published by **ORBIS Books** and the **Editrice Missionaria Italiana (EMI).**

Our gratitude goes to the members of the **SEDOS Executive Committee** that all through the year have given their time, encouragement and advice so as to facilitate and make possible the diverse activities of SEDOS. Special thanks go to Michael McCabe, SMA, for all the years and effort he has contributed to SEDOS. We will surely miss him around and we wish him all the blessings of the Lord to fulfil the responsibilities in his new workplace.

Naturally, we remember with gratitude our Partners and Sponsors in Mission formation, **Misereor, Missio Achen and Missio Munich** for the continuous material and moral support they generously provide us with. They are always silently walking with us and their support is warmly felt and greatly appreciated.

We also wish to say '*thank you*' to the many friends who through the year have sent us so many words of encouragement.

SEDOS ORGANIZATION

This year we are pleased to introduce three

Congregations that have requested and have been accepted into our SEDOS family to share their rich experience with us:

- ***Ursuline Sisters of Tildonk***
- ***Sisters of St Joseph***
- ***Sisters of Bon Secours of Paris***

With a little sadness, we have also to report that the Congregation of **Sisters of Christ** and **the Marist Brothers**, for different reasons, have decided to leave SEDOS. We thank the members of both Congregations for their support during the past years and pray they will continue to benefit us all with their experience.

Executive Committee Members of the Year 2006-2007:

The members of the Executive Committee have once more managed to find time in their busy schedule to assist the Director and meet together in between trips. Specially appreciated were the calls and messages they sent from different parts of the World providing the office with guidance and help in planning the activities of SEDOS.

President: Fr Edouard Tsimba, CICM, Superior General of the Congregation of the Immaculate Heart of Mary. Elected to the Executive in 2007.

Vice-President: Sr Maria Pilar Benavente Serrano, NDA/OLA, Superior General of Missionary Sisters of Our Lady of Africa. Elected to the Executive in 2007.

Treasurer: Sr Monika Lita Hasanah, OSU, General Councillor of the Ursulines of the Roman Union. Elected to the Executive in 2003.

Fr Teresino Serra, MCCJ, Superior General of the Comboni Missionaries. Elected to the Executive in 2004.

Sr Inés Marîa Gutiérrez, SUSC, General Councillor of Holy Union Sisters. Elected to the Executive in 2005.

Sr Elisa Kidanè, SMC, General Councillor of the Comboni Missionary Sisters. Elected to the Executive in 2005.

Fr Pierre-Paul Walraet, OSC, General Councillor of the Order of the Holy Cross (Crosiers). Elected to the Executive in 2001.

Fr Juan Antonio Flores Osuna, SX, Generalate of the Xaverian Missionaries. Elected to the Executive in 2002.

Fr Michael McCabe, SMA, Generalate of the Society of African Missions. Elected to the Executive in 2002.

Sr Maureen McBride, RNDM, Superior General of the Religious of Our Lady of the Missions. Elected to the Executive in 2003.

Sr Judith Moore, SMSM, Superior General of the Missionary Sisters of the Society of Mary. Elected to the Executive in 2007.

Fr Carlos Rodríguez Linera, OP, Order of Preachers (Dominican Order). Re-elected as Executive Director in 2006.

As mentioned above, this year Fr Michael McCabe has finished his term and has left Rome. We have been looking for a new member to take his place. Therefore we are presenting and requesting the Assembly to confirm ***Fr Pio Estepa, SVD,*** as a new member of the Committee. We thank Fr Pio and the SVDs for generously accepting to devote his time and efforts to our common task.

SEDOS Staff

The office has slowly continued with the plans of restructuring and modernising, trying to update the ways and services provided to the members and to all. The office has finished the programme of downsizing and, as a consequence, we were obliged to let ***Mrs Margarita Lofthouse*** leave. We hope that the painful period is now over so that we can concentrate on the future. We have continued to provide training for the staff, and the areas of Internet and Database management have been updated and brought up to date. This was one of the biggest problems the office had and we are confident that it has at last been solved.

In charge of the publication of the Bulletin and Homepage articles and the general administration of the office is ***Mrs Ilaria Iadeluca,*** while ***Sr Celine Kokkat, J.M.J.,*** cares for all the matters of the Documentation Centre. Apart from their specific tasks they are also called upon to share in the organization of the different activities throughout the year. Providing special, professional help is *Ms.* ***Philippa Wooldridge*** as proof-reader, and *Mr* ***Bernard Perez*** as the person in charge of the Webpage maintenance and development, on a part-time basis, and of training the staff in the use of the programmes.

LOOKING AT THE YEAR'S ACTIVITIES

SEDOS has continued to strengthen its relationship with the different groups and

Institutions related to global mission, be they Catholic or from other Confessions. We endeavoured to ensure that SEDOS was represented at most meetings and at events related to Mission outreach, offering and making our resources available and known to the staff and students at Universities and to the members of different commissions and committee groups.

SEDOS attended the USG and UISG Annual Assemblies. We took part in the 2007 Missiological Conference of the IACM (International Association of Catholic Missiologists) held in Pieniezno, Poland. The theme of the conference was : Sharing the Good News in the Interaction of Cultures : "The Word of God grew and multiplied". Contacts of cooperation are being developed with the Institutes of Missiology in South America, India and Africa through e-mails and visits. And we have continued to be in close contact and cooperation with the IAMS (International Association of Mission Studies) as well as with the Preparatory Committee for the Ecumenical Events in Edinburgh 2010.

A. SEMINARS AND CONFERENCES

During the year we have continued our efforts to increase cooperation with other groups and Organizations, sharing resources in planning and carrying out Annual Conferences, thus maximising the choice maintaining a wide range of themes and avoiding overlapping and duplication.

Thanks to the continued financial assistance and spiritual support we receive from Misereor, Missio Aachen and Missio Munich SEDOS has been able to organize and co-sponsor a variety of Educational Conferences and the Residential Seminar in Ariccia.

List of Conferences

· **5 December 2006**
Annual General Assembly
– *"Christian Mission and Millennium Development Goals"* –
Speaker:
- Donal Dorr, S.P.S.

· **10 January 2007**
SEDOS - JPIC
– *"In Cammino Verso il CELAM V"* –
Speakers:
- Luis Gallo, S.D.B.: *"Una lettura teologico-pastorale del Documento di Partecipazione"*
- Dott.ssa Leticia Soberón: "*La RIAL al servizio della partecipazione*"
- Antonio Flores, SX: "*Riflessioni dalla prospettiva della JPIC*"

· **24 - 28 April 2007**
SEDOS Residential Seminar - Ariccia
– "*International Formation for 'Missio ad Gentes'*" –
Speakers:
- **Pio Estepa, SVD**: *Seminar Facilitator*
- **Bill Burrows,** ORBIS Books: "*Formation for Mission 'missio ad et inter gentes'*"
- **Fernando Domingues, MCCJ**: "*Multicultural Formation*" and **Chinyeaka Ezeani, MSHR**: "*Essential Lines Regarding Intercultural Formation in Initial and Permanent Formation*".
- **Marie-Christine Béranger, FMM**: "*Préparation à la Mission 'ad gentes' pendant la Formation Permanente chez les Franciscaines Missionnaires de Marie*" and **Pero Vrebac, OFM**: "*Multicultural Formation for the Franciscan Missionaries*".

· **21 September 2007**
SEDOS and JPIC
– *"Mission and Ecology": Christian Mission in the Light of an Environment Under Threat"*
Speaker:
- **Gearóid Francisco Ó Conaire, OFM**

· **29 October 2007**
SEDOS and USG/UISG /JPIC/Jesuit Office
– *"Bold Innovations in Education: "One Laptop Per Child"* –
Speakers:
- **His Eminence Cardinal Poupard**
- **Professor Nicholas Negroponte**

Also Supported:

· **14 February 2007**
USG/UISG/JPIC
– "*Human Rights: Humanity at the Heart of Our Advocacy*" –
Speaker:
- **Fr Gabriel Nissim, OP**

· **28 February 2007**
MultiMedia International
– *"Why Religious Communities Need to Find the Verve to Stay Actively Engaged in the Explosive World of Mass Media"* –
Speaker:
Robert Mickens

Residential Seminar

This year the Annual SEDOS Residential Seminar was held at Ariccia from the 24 to 28 of April. The theme on which the participants shared experiences was: ***"Intercultural Formation for 'missio ad gentes'".*** The structure of the Seminar offered a balanced combination of input and personal experiences with the help of a well chosen group of Speakers and the sharing of working groups. The Facilitator was **Fr Pio Estepa, SVD**, and experienced Speakers were invited to share with us the insights of their Congregations in this field, as well as their rich personal experiences. This year we were completely overwhelmed by the massive response of the members that forced us to close the registration at the end of February. Thus, many members were unable to attend the over-subscribed Seminar and we regret that we could not accomodate them due to lack of space. We humbly apologize for not having been able to foresee this situation.

Next year (2008) our Annual Seminar will again be held at Ariccia **in the third week of May – from the 20 to the 24 –** and the Theme of our research discussion will be: ***"Missionary Church in a Globalizing World"***.

B. SEDOS WORKING GROUPS

Our SEDOS Working Groups (**Economic Justice, "Donne ad Gentes"** and ***China Group***) have continued to facilitate the exchange of ideas and the deepening and detailed study of the themes presented at the Conferences.

C. SEDOS PUBLICATION

SEDOS Bulletin

The publication of the SEDOS Bulletin continues to be one of the main tasks of all the office personnel. The publication continues to be in English and French, and we still have not solved the long-discussed matter of the including the Spanish language in order to reach out to our brothers and sisters from South America. We continue to discuss various possibilities with the Editors of ***Spiritus***, French and Spanish.

Our **databank** on subscriptions has been practically updated and we are beginning to offer the possibility of 'On-line' subscriptions. All the subscribers are now being provided with a password to be able to access the Bulletin on-line and they are encouraged to open an electronic subscription that will help in cutting the cost of printing and posting. The Subscription prices for 2008 have not been changed; it will still be *Euro 30,00 for Europe*, *Euro 45,00 (55,00 US$)* for outside Europe and *Euro 20,00* for an on-line subscription. The number of subscribers during 2007 totalled 783; including 163 as exchange copies and 54 complimentary copies.

The editorial policy continues to maintain the global scope of the articles inserted. All the members of our Congregations read and come across good articles on Global Mission. Herewith we invite all the Congregations to encourage their members engaged in research studies on Mission to write and send papers to the SEDOS publication desk. We need the research efforts of our members to keep the flame of SEDOS alive. We also invite and encourage all our readers to share their insights by writing or sending us information about the many interesting articles they come across so that we can make them available to everybody.

D. SEDOS HOMEPAGE

At the time of writing this Report the counter of our SEDOS webpage (http://www.sedos.org) registers 1,355,399 hits, since January 2007. This tells us that our page is visited quite often and that the material is used by many Education Institutions, as well as by individuals. This fact serves as an encouragement to us, but presents as well a big challenge to improve the page and to widen the scope of the much sought after content on mission. Soon we shall be able to post the catalogue of the Library as well as an archive with the past SEDOS Bulletin Publications.

Documentation Centre

The **Documentation Centre** continues to be open and available to all, although the 'physical' visits to the Library are not many. Sister Celine takes care of updating the Library and documenting the magazines we receive.

As you know, SEDOS does not have a Budget to buy books and our Library grows thanks to our members' Contributions.

Some Congregations send us a free copy of the publications of their members in matters related to mission. We would like to encourage

our SEDOS members to help us gather a comprehensive Documentation Centre on Mission by sending us the books they write and publish.

LOOKING AHEAD

After 40 years of service to the Church encouraging research on Mission trends, SEDOS needs to maintain its role as an open forum for Missionary Religious Institutions, and not only for them, but for all Missiologists from both the Catholic and Protestant Churches. The members of the Executive are confident that SEDOS has already fulfilled its mission of fostering and raising awareness of mission. Other institutes that emerged later provide formation on mission. Through links on the website, SEDOS could become a kind of "search engine" or "hub" for helping readers to find the information they need, and directing them to publications issued by Institutes of Missiology, to conferences and courses that are being held on the topic of Missiology, etc. This would facilitate the gathering and channelling of resources and information on Mission trends from and to the different Missiology Institutes around the World.

SEDOS must "push" its readers towards the new frontiers of mission, and continue networking with different groups, establishing close relationships with other Churches and other religions.

In order to play this role SEDOS needs to continue making good use of the information technology to link and exchange information in real time. Efforts have been made and will continue to be made in training the staff by inviting technology experts to help – within reasonable limits- to achieve this goal.

We are already offering the possibility of 'on-line' Subscription to the Bulletin since the beginning of 2007. If this offer is taken up it will lower the costs for the office (and for the subscribers). All the subscribers are provided with a pass-word that offers them the possibility
of downloading material directly from our website. Something to be considered for discussion in the near future might be the possibility of having the publication of the Bulletin only in electronic format, thus cutting all the costs of printing and posting.

We are already working on an Archive and we shall soon begin posting the numbers of past SEDOS Bulletins on the website.

We hope to begin digitising the contents of the old Bulletins by the first quarter of next year. Once this is finished, we shall be able to offer a valuable overview of the development of missionary thinking since the Second Vatican Council. We also plan to offer the whole collection on DVD format so as to facilitate distribution and use of the material.

On-line 'Forums' for the SEDOS Working Groups are still pending and we are still looking for people to coordinate and administer the contents.

Regarding Research Conferences for the year 2008 we shall continue to plan them in cooperation with the different religious groups from USG/UISG and JPIC. Tentative areas of research will be: *New frontiers of mission. Context of mission today. Ethical questions. Mission and politics. Engaging the world in prophetic dialogue. Islam, how to dialogue. Mission and spirituality. Mission as witness. The Word of God in the Life and Mission of the Church. Communion as the Mission of the Church.*

These are our main goals for the near future, out of the many possibilities open to us. Naturally, this calls for a commitment of material resources and personnel on the part of the Religious Congregations members of SEDOS. We gratefully count on the generous help from ***Misereor, Missio Aachen*** and ***Missio Munich***. We are grateful for the great help and commitment that some of the Congregations are offering and we invite all the other members to make SEDOS Services known within their own Institutes, encouraging their members to write and share their Mission insights and research work.

Respectfully yours,

Carlos Rodríguez Linera, OP
SEDOS Executive Director

MERRY CHRISTMAS AND A VERY HAPPY NEW YEAR

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NEXT SEDOS RESIDENTIAL SEMINAR
20-24 May 2008

"Missionary Church in a Globalising World "

Missionary Church
New Mission Presence
Being Missioner vs. Doing Mission
Role of the Religious