

CATHOLIC HEALTHCARE INTERNATIONAL  
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## THE CATHOLIC IDENTITY OF CATHOLIC HOSPITALS IN AN AGE OF SECULARIZATION

### Introduction

For some time already, Catholic health care in the United States of America and in other countries as well, especially the countries of Europe, has been confronting a serious challenge to its Catholic identity. The challenge has philosophical roots in a false understanding of man which alienates him from his origin and his destiny in the immeasurable and unceasing love of God, manifested most perfectly in the Incarnation of God the Son. According to the erroneous philosophy which underlies the challenge, man is no longer accorded the respect due to the only earthly creature created in the image and likeness of God and redeemed by the Precious Blood of God the Son Incarnate, in order to be God's steward in the care of the world.

At the same time, conscience, the privileged forum in which God speaks to the heart of man, revealing His law for the safeguarding and fostering of order in society and in the world, is no longer respected as the infallible norm for the actions of man. Rather, man himself pretends to be the author of life, determining for himself the nature of human life, its beginning and its end. Human law is no longer subject to divine law; it no longer respects the order which God has placed in His creation and in the heart of man, and, thereby, becomes irrational and arbitrary. In such a setting, the critical decisions about human life are no longer governed by Divine Law but by the relative judgments of whoever happens to be in power in any given society or nation.

The situation reminds me of the words of Blessed Pope John Paul II in his Encyclical Letter *Evangelium Vitae* about the transformation of society and culture by forming consciences "with regard to the incomparable and inviolable good of every human life."<sup>1</sup> Commenting on the necessity of reestablishing "*the essential connection between life and freedom*" as "two inseparable goods," he further observed:

No less critical in the formation of conscience is *the recovery of the necessary link between freedom and truth*. As I have frequently stated, when freedom is

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<sup>1</sup> "de immenso inviolabilique cuiusque humanae vitae bono." Ioannes Paulus PP. II, Litterae encyclicae *Evangelium vitae*, 25 martii 1995, AAS 87 (1995), p. 510, no. 96. English translation: Città del Vaticano: Libreria Editrice Vaticana, pp. 170, no. 96.

detached from objective truth it becomes impossible to establish personal rights on a firm rational basis; and the ground is laid for society to be at the mercy of the unrestrained will of individuals or the oppressive totalitarianism of public authority.<sup>2</sup>

We are presently witnesses to the totalitarianism which is the fruit of the alienation of freedom from the objective truth about the world and about man, in particular.

The implications of the crisis in the understanding of man and of conscience in our society are clear for Catholic health care. Such a view of man and of his freedom of conscience and religion would seemingly eliminate the possibility of carrying out a public care of the sick and dying in accord with the sacred dictates of conscience.

### **Catholic Identity and the Church's Perennial Teaching on Man**

The challenge is to witness to the truth of God's Law before a society which has grown forgetful of and even hostile towards God and His commandments. Catholic teaching on man and conscience in what pertains to health care is found first of all in the Gospel in which an essential and principal part of the public ministry of Christ, God the Son Incarnate, is the care for and healing of the sick. By means of the Parable of the Good Samaritan, Christ taught us the unconditional love with which God loves us and with which we are to love one another without condition or boundary.<sup>3</sup>

The consummation of Christ's public ministry, in His saving Passion and Death, is directed essentially and principally to the healing of the sick and to the eternal life of the dying. As He was dying on the Cross for the salvation of man, Christ expressed His love of souls without boundary with the simple words: "I thirst."<sup>4</sup> After He had died, the Roman centurion pierced His side, His Sacred Heart, with a spear. From His side flowed blood and water to signify the unceasing and immeasurable outpouring of grace from His glorious pierced Heart as He is now seated in glory at the right hand of the Father. Thus, amid many accounts of the ministry of the Apostles and the first disciples on behalf of the sick and dying, we find the text of the Letter of Saint James which instructs our first ancestors in the faith and

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<sup>2</sup> "Haud minoris ponderis in conscientia informanda est *nova detectio constitutivi vinculi quod libertatem cum veritate coniungit*. Ut haud semel confirmavimus, si libertas ab obiectiva veritate abstrahitur, iura hominis solido rationis fundamento niti nequeunt, atque hac ratione principia ponuntur quorum virtute in vita sociali sive anarchicum arbitrium singulorum sive absolutum regimen contumeliosum publicae auctoritatis constituentur (Cfr. Ioannis Pauli PP II, *Centesimus Annus*, 17; *Veritatis Splendor*, 95-101)." *Ibid.*

<sup>3</sup> Cf. *Lk* 10:25-37.

<sup>4</sup> *Jn* 19:28.

us regarding the abiding sacramental presence of Christ with the sick.<sup>5</sup> Sacred Tradition has recognized in the rite described by the Apostle James the revelation of one of the seven sacraments instituted by Christ to give His grace to the suffering and dying.<sup>6</sup>

Life in Christ in the Church must, therefore, be marked by a particular concern for the sick and dying which respects the inviolable dignity of human life. Christ, in the Parable of the Last Judgment, makes clear that those who live in Him recognize Him in the sick and suffering. His words are indeed clear and strong.<sup>7</sup> The care of the sick and dying is not, therefore, something extraneous or occasional to our life in Christ, some inconvenience or trouble which bothers us from time to time, but rather is integral to our Christian being.

With regard to suffering and dying itself, they are lived in Christ and have in Christ a significance which is profound and lasting. Saint Paul expresses the profound meaning of human suffering, when he comments on his own suffering for the sake of preaching the Gospel in the Letter to the Colossians. He writes:

Now I rejoice in my sufferings for your sake, and in my flesh I complete what is lacking in Christ's afflictions for the sake of his body, that is the Church, of which I became a minister according to the divine office which was given to me for you, to make the word of God fully known, the mystery hidden for ages and generations but now made manifest to his saints. To them God chose to make known how great among the Gentiles are the riches of the glory of this mystery, which is Christ in you, the hope of glory.<sup>8</sup>

Human suffering does not signify any lack in the redemptive work of Christ but calls us to complete Christ's redemptive work by uniting our sufferings to His sufferings, so that they may become in Him redemptive. Our suffering becomes a manifestation of the glory of Christ alive in us by the mystery of His Redemptive Incarnation.

### ***Ethical and Religious Directives for Catholic Health Care Services***

The *Ethical and Religious Directives for Catholic Health Care Services* of the United States Conference of Catholic Bishops, now in its fifth edition, summarizes in a striking manner the heart of the truth about the meaning of illness and death, and of the care of the sick and dying:

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<sup>5</sup> Cf. *Jas* 5:14-15.

<sup>6</sup> *Catechism of the Catholic Church*, 2<sup>nd</sup> ed., Washington, D.C.: Libreria Editrice Vaticana, 1997, no. 1510.

<sup>7</sup> *Mt* 25:39.

<sup>8</sup> *Col* 1:24-27.

The mystery of Christ casts light on every facet of Catholic health care: to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of Christ's mission; to see suffering as a participation in the redemptive power of Christ's passion, death, and resurrection; and to see death, transformed by the resurrection, as an opportunity for a final act of communion with Christ.<sup>9</sup>

The Catholic identity of Catholic health care means viewing the care of the sick and dying with the eyes and heart of Christ Himself. It means caring for our neighbor without boundary, in all of the aspects of his life, and with a view to his eternal salvation. For the Church, Catholic identity in health care is not a question of an option among various ways to care for the sick and dying but an imperative in all care of our brothers and sisters who bear a burden of suffering because of illness, special needs or advanced years.

Since the care of the sick and dying is carried out with the grace which comes from the glorious pierced Heart of Jesus, it is essentially a work of the Church and is, therefore, related to the office of the Diocesan Bishop who shepherds, in the very person of Christ the Good Shepherd, the portion of the flock entrusted to his care. It would be absurd to speak of Catholic health care apart from obedience to the Diocesan Bishops in communion with the Roman Pontiff, Vicar of Christ on earth. Once again, the *Ethical and Religious Directives for Catholic Health Care Services* gives expression to the central aspect of the Diocesan Bishop's involvement in Catholic health care with these words:

Catholic health care expresses the healing ministry of Christ in a specific way within the local church. Here the diocesan bishop exercises responsibilities that are rooted in his office as pastor, teacher, and priest. As the center of unity in the diocese and coordinator of ministries in the local church, the diocesan bishop fosters the mission of Catholic health care in a way that promotes collaboration among health care leaders, providers, medical professionals, theologians, and other specialists. As pastor, the diocesan bishop is in a unique position to encourage the faithful to greater responsibility in the healing ministry of the Church. As teacher, the diocesan bishop ensures the moral and religious identity of the health care ministry in whatever setting it is carried out in the diocese. As priest, the diocesan bishop oversees the sacramental care of the sick. These responsibilities will require that Catholic health care providers

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<sup>9</sup> United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 5<sup>th</sup> ed., Washington, D.C.: USCCB Publishing, 2009, p. 3.

and the diocesan bishop engage in ongoing communication on ethical and pastoral matters that require his attention.<sup>10</sup>

It is impossible to conceive of true Catholic health care which is not undertaken and carried forward under the care, direction and governance of the Diocesan Bishops. The recent situation in our nation which involved high-level representatives of Catholic health care taking a public and obstinate position contrary to the direction of the Diocesan Bishops acting through the Conference of Bishops is completely unacceptable and raises the serious question about the Catholic identity of the health care which the individuals involved represent. It is also a source of serious scandal, giving the impression that the Catholic Church is divided, instead of one Catholic Church throughout the world under the secure governance of the Roman Pontiff, Successor of Saint Peter, and the Bishops as true successors of the Apostles in communion with Peter and his successor.

### **2002 International Conference of the Pontifical Council for Health Pastoral Care**

From November 7<sup>th</sup> to 9<sup>th</sup> of 2002 the Pontifical Council for Health Pastoral Care held its 17<sup>th</sup> International Conference with the theme, “The identity of Catholic health care institutions.” Bishops, consecrated religious and lay faithful from some 57 countries took part in the Conference.<sup>11</sup> At the conclusion of the Conference, they all desired to make five statements about Catholic health care which illustrate the unchanging teaching of Christ in the Church in what pertains to the care of the sick and dying. It is helpful to recall their statements in our reflection on the importance of the Catholic identity of Catholic hospitals in an ever more secularized world. The assertions are the following: 1) “Catholic institutions for social assistance and health-care are the Church’s response of solidarity and charity to the mandate of the Lord, who sent out the Twelve who went about ‘preaching the Gospel and healing everywhere (cf. Lk 9,6)’”; 2) “one can only acquire a deep understanding of the identity of health-care institutions if one goes to the heart of what constitutes the Church, where the supreme law is love or, in other words, the privileged witness of the Good Samaritan through deep faith and hope in the Resurrection”; 3) “there is an indissoluble bond between Catholic health-care institutions and the bishop which is expressed in the Eucharistic celebration through which the Holy Spirit projects into the present time Christ’s unrepeatable action of treating the sick, a present in which the sick are all healed as a sign of the coming of God’s Kingdom”; 4) “the role of hospitals, clinics and nursing homes: their true identity is

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<sup>10</sup> *Ibid.*, pp. 4-5.

<sup>11</sup> *Dolentium Hominum*, XVIII (2003), 52: no. 1.

not merely limited to structures in which the sick and dying are nursed, but above all their capacity to provide an environment where suffering, pain and death are acknowledged and understood in their human and specifically Christian meaning. This must be especially evident and effective in institutions staffed by religious or in any way connected with the Church (cf. Encyclical Letter *Evangelium vitae*, n. 88)”; and 5) “down the ages the work of evangelization has always been associated with nursing and the care of the sick, making these activities an indispensable norm of any authentic apostolate.”<sup>12</sup>

Among the recommendations and proposals which were derived from the five statements, three stand out in particular. First of all, Catholic health-care institutions are reminded that “the different circumstances of time, place and persons in which Catholic hospitals on the various continents function is no excuse for losing sight of the centrality of the patient; this leads to safeguarding and respecting their dignity and their life, from conception to natural death.”<sup>13</sup> Secondly, regarding financial resources, “even if limited financial resources require hospital administrators to manage them with honesty and a sense of responsibility, this must not be a reason for running a hospital like a business that is concerned solely with profits and cost-benefit instead of the real needs of the sick.”<sup>14</sup> Thirdly and perhaps most importantly, “health-care workers, doctors, pharmacists and nurses, are called to be genuine servants of life within the hospital, thereby witnessing to their vocation and Christian mission to serve the sick who manifests the suffering face of Christ the Divine Healer.”<sup>15</sup>

### **Facing the Challenge**

Can the Church continue her essential mission of caring for the sick and dying in a society which is either indifferent or hostile to her teaching regarding man? There are those today who respond that the Church should no longer be involved in health care, that the care of the sick has become too technologically and legally complicated and costly for the Church to be effectively involved in it. Some believe that the Church should flee from the difficult and delicate medical-moral dilemmas posed in our day by advanced medical technology. And yet where does the ministry of the Church more appropriately belong, if not in the care of the sick and suffering? How can the Church bring the mercy of God, the love of our Lord Jesus

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<sup>12</sup> 17<sup>th</sup> International Conference on Catholic Health Care Institutions, “Proposal on Catholic identity of Catholic health-care facilities,” *L’Osservatore Romano Weekly Edition in English*, 8 January 2003, p. 6.

<sup>13</sup> *Ibid.*

<sup>14</sup> *Ibid.*

<sup>15</sup> *Ibid.*

Christ, into the world, if does not care for and heal the sick as our Lord Jesus did during His earthly ministry? And how can our Lord Jesus Christ's victory over sin and death be ours through our life in the Church, if the sick and suffering are not viewed as the Church's treasured members, with a distinct title to God's mercy, to Christ's saving love? Who, if not the Church, will give witness to God's mercy, to Christ's saving love, through which sickness and suffering are no longer seen as a deprivation and a diminishment of the person but rather become a personal and intimate share in the cross of Christ, in His saving passion and death?

In a totally secularized society, with its inherent culture of death, there is more than ever a hunger for the witness to the meaning of human life and human suffering which Catholic health care gives. Our country suffers the scourge of an attack on the dignity of human life, of a severe loss of respect for human life. Direct abortion on demand, the termination of the life of those who have special needs or are weakened because of illness or advanced years, and the pervasive view of the human body as a tool to be used for achieving maximum personal convenience and pleasure in life are some of the signs of the deterioration of the respect for human life. Catholic health care, by its constant and careful attention to the perennial moral teaching of the Church, safeguards and promotes the respect for all human life from the moment of conception to the moment of natural death. It stands as a beacon of light, the light of Jesus Christ, in a society which finds itself confused about the most fundamental truths, about the nature of human life and the vocation of man and woman to follow Christ also in His suffering and dying. It responds to the fundamental need of the sick to know that those who care for them are free to act according to conscience.

Surely, an increasingly secularized society presents great challenges for Catholic health care, but the Church is not unaccustomed to such challenges. If she desires to care for the sick and dying with the love of Christ, she will find the way to do so. The teaching of the Church as it has been faithfully embodied in Catholic health care throughout the Christian centuries shows us what will be the necessary elements in finding the way to meet the challenge.

The first element must be a sound and thorough understanding of what it means to be Catholic and of the importance of providing health care in accord with the teaching, worship and governance of the Catholic Church. What distinct care of the sick does an institution of Catholic health care offer, if its life is not rooted deeply in a knowledge and love of the Church and of her teaching?

The second element is the knowledge and commitment to a distinct form of health care, namely the care of the sick and dying in the Church, as an integral part of the Church's

mission under the direction of the Diocesan Bishop and ultimately the Roman Pontiff. A Catholic health care institution cannot see itself as simply part of what is called “the general health care delivery system” but must know that it is participating in Christ’s care for and healing of the sick.

The third element is the personal commitment of the administration and staff of the Catholic health care institution to the Church’s teaching, to carrying out the care of the sick and dying after the mind of Christ alive for us in the Church. Such commitment cannot be simply adherence to “company policy” but rather a knowing and willing adherence to God’s Law providing for the true good of man, to his true fulfillment also in suffering and dying.

The fourth element is a Catholic understanding of man which inspires the care of the whole person. In other words, Catholic health care can never view the sick and the dying from the impoverished perspective of biology or psychology alone, but must see the physical and emotional difficulties of the person within the context of his moral and spiritual life. In other words, Catholic health care must be the model of the truth that good medical treatment is by definition morally sound and respects both the unity of body and soul in the human person. In other words, Catholic health care directs the care of the sick not only to the healing of bodies but ultimately to the saving of souls.

The fifth element is the priority of ethical and religious standards over professional standing and position within the larger medical community. The desire to have the approval of prominent secular institutions can never justify the compromise of ethical and religious principles. The *Ethical and Religious Directives for Catholic Health Care Services* must be viewed as the binding norms for a full and dynamic care of the sick, not as relative guidelines to be manipulated in order to do whatever is seen to benefit most the institution or to serve the good of the sick, according to the mind of the health care giver and abstracted from his ultimate good as described by the natural moral law.

The sixth element must be freedom from financial support and assistance which is given under conditions which obscure or even betray the Catholic identity of the Catholic health care institution. Here, the proposed approach of cultural tolerance in Catholic health care is unacceptable, for it would countenance the acceptance of policies and practices contrary to the natural moral law which is always and everywhere binding.<sup>16</sup> I note what Pope Benedict XVI wrote about the natural moral law in his Encyclical Letter *Caritas in Veritate*:

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<sup>16</sup> Regarding cultural tolerance, see, for example: Daniel P. Sulmasy, O.F.M., “Institutional Conscience and Moral Pluralism in Health Care,” *New Theology Review* 10 (1997), pp. 13-20.

Technologically advanced societies must not confuse their own technological development with a presumed cultural superiority, but must rather rediscover within themselves the oft-forgotten virtues which made it possible for them to flourish throughout their history. Evolving societies must remain faithful to all that is truly human in their traditions, avoiding the temptation to overlay them automatically with the mechanisms of a globalized technological civilization. In all cultures there are examples of ethical convergence, some isolated, some interrelated, as an expression of the one human nature, willed by the Creator; the tradition of ethical wisdom knows this as the natural law. This universal moral law provides a sound basis for all cultural, religious and political dialogue, and it ensures that the multi-faceted pluralism of cultural diversity does not detach itself from the common quest for truth, goodness and God. This adherence to the law etched on human hearts is the precondition for all constructive social cooperation. Every culture has burdens from which it must be freed and shadows from which it must emerge. The Christian faith, by becoming incarnate in cultures and at the same time transcending them, can help them grow in universal brotherhood and solidarity, for the advancement of global and community development.<sup>17</sup>

Catholic health care has a particular and urgent contribution to make in calling culture to fidelity to the natural moral law, particularly in what pertains to the inviolable dignity of human life, the integrity of the marital union, and the free exercise of conscience.

The seventh element must be the discipline of the desire for credibility or prestige which would lead the Catholic institution into relationships with large non-Catholic health care institutions by way of mergers, partnerships or joint ventures. Why would a Catholic hospital see the need to compete for secular prestige by engaging in practices which violate

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<sup>17</sup> “Societates technica arte praestantiores commiscere non debent propriam technologicam progressionem cum praesumpta praestantia culturali, sed in se ipsae oportet virtutes retegant nonnumquam neglectas, quae eas in historia florere fecerunt. Societates crescentes fideles maneant humanis elementis earum traditionis, vitando ne iis superponantur machinamenta civitatis technologicae globalizatae. Omnibus in culturis singulae exstant et multiplices concursiones ethicae, quae ipsam naturam humanam manifestant, quam ipse Creator voluit, quamque humanitatis ethica sapientia legem naturalem appellat. Eiusmodi lex moralis universalis firmum constituit fundamentum cuiusque dialogi culturalis, religiosi et politici atque multiplici consentit pluralismo variarum culturarum ne a communi veritatis, boni et Dei inquisitione seiungantur. Adhaesio illi legi in cordibus inscriptae est igitur fundamentum cuiusque fructuosae cooperationis socialis. In omnibus culturis quaedam exstant gravamina a quibus oportet nos liberari, umbrae ex quibus eripi. Christiana fides, quae in culturis incarnatur easque transcendit, iuvare potest ad conviviali more crescendum et in universali solidaritate pro progressionis communitatis totiusque orbis utilitate.” Benedictus PP. XVI, Litterae Encyclicae *Caritas in Veritate*, 29 Iunii 2009, AAS 101 (2009), pp. 694-695, no. 59. English translation: Città del Vaticano: Libreria Editrice Vaticana, pp. 99-100, no. 59.

the moral law? The unique contribution and therefore prestige of a Catholic health care institution comes from its fidelity to the Church's teaching in every aspect of its life.

Fidelity to these essential elements in the delivery of Catholic health care will meet the challenge of caring for the sick and dying in a totally secularized society. Meeting the challenge will not be easy and will require the ingenuity and sacrifice which fidelity to the essential elements demands.

### **Saint Pio's Home for the Relief of Suffering**

It will be helpful to examine one example of the effective effort to deliver Catholic health care in a secularized society. I refer to the Home for the Relief of Suffering founded at San Giovanni Rotondo in Italy by Saint Pio of Pietrelcina, a work which Catholic Healthcare International seeks to continue.

Saint Pio was truly a most ardent student of the mystery of God's love for us in Jesus Christ. He participated so completely in the mystery of God's love of man, expressed in its fullness in the Redemptive Incarnation of God the Son, that he was granted the singular favor of bearing in his body the wounds of Our Lord Jesus Christ. Saint Pio's carrying of the Cross of Divine Love, as "Everybody's Cyrenean," inspired in him a particular compassion toward the suffering. On March 26, 1914, he wrote to Father Benedetto, his spiritual director, about the particular gift of compassion toward the suffering, with which Our Lord had blessed him:

When I know that a person is afflicted in soul or body, what would I not do to have the Lord relieve him of his sufferings! Willingly would I take upon myself all his afflictions in order to see him saved, and I would even hand over to him the benefits of such sufferings, if the Lord would allow it.<sup>18</sup>

From the union of his heart with the glorious pierced Heart of Jesus, Saint Pio drew the inspiration and strength to found the Home for the Relief of Suffering, what he also called "The Cathedral of Charity."

So intense was the union of his heart with the Heart of Jesus that Saint Pio understood that the place in which we welcome the suffering as our honored guests is indeed the House of God, the *Hôtel-Dieu*, as the Venerable Pope Pius XII reminded a distinguished group of surgeons from the United States during an audience granted to them on May 24, 1956.<sup>19</sup>

In the Home for the Relief of Suffering, those who have grown weak through

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<sup>18</sup> Padre Pio of Pietrelcina, *Letters*, Vol. 1, 2<sup>nd</sup> ed., ed. Father Gerardo Di Flumeri, O.F.M.Cap., San Giovanni Rotondo: "Padre Pio da Pietrelcina" Editions, 1984, p. 519.

<sup>19</sup> Pius PP. XII, "A un distinto gruppo di chirurghi degli Stati Uniti," 24 maggio 1956, *Discorsi e radiomessaggi di Sua Santità Pio XII*, Vol. 18, Città del Vaticano: Tipografia Poliglotta Vaticana, 1957, p. 243.

advanced years or serious illness or because of special needs receive the best possible medical care, but, first and foremost, they receive the care of their souls, in accord with the teaching of the Church. The sick, through the spiritual care given to them, come to understand their participation in the suffering of Christ for the love of all men and, therefore, Christ's altogether particular closeness to them, especially through the Sacraments of Penance and the Holy Eucharist.

In his visit of May 23, 1987 to the Home for the Relief of Suffering, Blessed Pope John Paul II, in greeting the medical personnel and patients, expressed the extraordinary gift of God's grace, given to Saint Pio for the establishment of the Home:

Padre Pio's great intuition was that of uniting science in the service of the sick together with faith and prayer: medical science, in the always more advanced *battle* against illness; faith and prayer in the *transfiguring* and *sublimating* of that suffering which, despite all the progress of medicine, will always remain, to a certain extent, the legacy of life here below.

For this, an essential aspect of Padre Pio's great plan was and is that a stay in this Home should be able to bring about, yes, a cure of the body, but also a true and proper *education in love understood as* Christian acceptance of suffering. *And that ought* to be able to happen, above all, thanks to the witness of charity, offered by the medical, paramedical and priestly personnel who assist and care for the sick. In such a way, a *true and proper community founded on the love of Christ* should be formed; ....<sup>20</sup>

Through the gift received from God by Saint Pio, we have all received the gift of a living model of Catholic healthcare. Even as the personnel and guests of the Home for the Relief of Suffering must convert each day anew to Christ, discovering in Him the gift of suffering as an act of love, even so they invite others to join them in the great work of love, which comes from the Heart of Jesus, on behalf of the suffering.

Rightly, Dr. Guglielmo Sanguinetti, a founder, with Saint Pio, of the Home, referred to the foundation as a "first link in a great chain" and as "the model for many other, innumerable Homes with the same name, and above all the same spirit, which must bring Love to all of humanity."<sup>21</sup>

Homes for the Relief of Suffering are so much needed in a culture which more and

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<sup>20</sup> Ioannes Paulus PP. II, *Insegnamenti di Giovanni Paolo II*, Vol. 10, 2, Città del Vaticano: Libreria Editrice Vaticana, 1988, p. 1770; English translation by author.

<sup>21</sup> Guglielmo Sanguinetti, *Bolletino della Casa Sollievo di Sofferenza*, July 1950.

more views the helpless, the weak and the sick as a burden for society and even presumes to act against human life, in grave violation of the moral law, for the sake of a more convenient and less burdensome situation. The same culture manifests a godless disregard for the conscience of the healthcare worker who is asked to assist in diminishing or taking human life, against the most sacred dictates of his conscience. Understandably, in such a culture, both the suffering and those who care for them lose hope, for they no longer perceive the reality of human suffering as an act of love, united to the Sacrifice of Our Lord, especially through the Sacrament of the Holy Eucharist. How much we need the beacon of sure and enduring hope offered by the Home for the Relief of Suffering!

In the present most challenging situation, one prays that the noble vision of Catholic Healthcare International will enjoy an abundant outpouring of God's blessings. One also prays that it will receive the needed support, in order to fulfill all that it is resolved to do for the sake of those who have the first title to our care, the sick and the suffering. May the Holy Spirit give to the leaders of Catholic Healthcare International and to all who work with them a generous portion of the spirit of Saint Pio of Pietrelcina, the spirit which is alive and active in the Home for the Relief of Suffering.

## **Conclusion**

It is my hope that these observations have been of some assistance to you in reflecting upon the importance of the Catholic identity of Catholic health care institutions in an increasingly secularized society. In a particular way, I hope that these observations have inspired hope that Catholic health care can be carried out with integrity in our time and indeed must be provided for the good of souls.

In closing, I quote words of Pope Benedict XVI from his *Encyclical Caritas in Veritate* regarding the place of religion and faith in the public life of a people. The implications for Catholic health care are clear. The Holy Father declared:

The Christian religion and other religions can offer their contribution to development *only if God has a place in the public realm*, specifically in regard to its cultural, social, economic, and particularly its political dimensions. The Church's social doctrine came into being in order to claim "citizen status" for the Christian religion. Denying the right to profess one's religion in public and the right to bring the truths of faith to bear upon public life has negative consequences for true development. The exclusion of religion from the public square – and, at the other other extreme, religious fundamentalism – hinders an

encounter between persons and their collaboration for the progress of humanity. Public life is sapped of its motivation and politics takes on a domineering and aggressive character. Human rights risk being ignored either because they are robbed of their transcendent foundation or because personal freedom is not acknowledged. Secularism and fundamentalism exclude the possibility of a fruitful dialogue and effective cooperation between reason and religious faith. Reason always stands in need of being purified by faith: this also holds true for political reason, which must not consider itself omnipotent. For its part, religion always needs to be purified by reason in order to show its authentically human face. Any breach in this dialogue comes only at an enormous price to human development.<sup>22</sup>

Let us pray and work that Catholic health care, by unswerving fidelity to its Catholic identity, may make its irreplaceable contribution to the care of the sick and dying for the good of individual souls and the common good.

Raymond Leo Cardinal BURKE

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<sup>22</sup> “Christiana religio aliaeque religiones ad progressionem conferre possunt *solummodo si Deus locum etiam in provincia politica invenit*, peculiariter perpensis culturalibus, socialibus, oeconomicis, atque potissimum politicis aspectibus. Socialis doctrina Ecclesiae est edita ad hoc « civitatis statutum » christianae religionis vindicandum. Negatio iuris ad publice propriam profitendam religionem et ad laborandum ut fidei veritates etiam publicam vitam pervadant, negativa amplectitur circa veram progressionem consecraria. Tum exclusio religionis ex ambitu publico, tum quoque fundamentalismus religiosus, consortionem inter personas impediunt earumque consociatam operam ad humanitatem provehendam. Vita publica rationum cumulo extenuatur et res politica pugnacem vultum adhibet. Iura humana in periculo versantur ne observentur, quia suo transcendentem fundamento orbantur vel humana non agnoscitur libertas. In laicismo et fundamentalismo facultas amittitur frugiferi colloquii atque efficacis cooperationis inter rationem et religiosam fidem. *Ratio semper fide est purificanda*, quod etiam de politica ratione est dicendum, quae non debet putare se omnipotentem esse. *Religio quoque semper ratione est purificanda* ut suum authenticum humanum vultum demonstret. Huius dialogi abruptio perquam onerosum erga humanitatis progressionem secum fert pretium.” Benedictus PP. XVI, Litterae Encyclicae *Caritas in Veritate*, 29 Iunii 2009, AAS 101 (2009), pp. 691-692, no. 56. English translation: Città del Vaticano: Libreria Editrice Vaticana, pp. 94-95, no. 56.