



# The Holy See

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***ADDRESS OF HIS HOLINESS BENEDICT XVI  
TO THE PARTICIPANTS IN THE 21st INTERNATIONAL CONGRESS  
ORGANIZED BY THE PONTIFICAL COUNCIL  
FOR HEALTH PASTORAL CARE***

Clementine Hall

Friday, 24 November 2006

*Dear Brothers and Sisters,*

I am pleased to meet you on the occasion of the International Conference organized by the Pontifical Council for Health Pastoral Care.

I address my cordial greeting to each one of you, and in the first place to Cardinal Javier Lozano Barragán, whom I thank for his courteous words.

The choice of the theme: *"Pastoral aspects of the treatment of infectious diseases"*, affords you an opportunity for reflecting, from various points of view, on the infective pathologies that have always accompanied humanity's journey. The number and variety of ways in which, even in our time, they are often a mortal threat to human life is striking.

Terms such as "leprosy", "the plague", "tuberculosis", "AIDS" and "Ebola" evoke dramatic scenes of sorrow and fear: sorrow for the victims and their loved ones, often crushed by a feeling of powerlessness in the face of the inexorable gravity of the illness; fear for the population in general and for those who, because of their profession or their own choice, are in contact with people suffering from these diseases.

Despite the beneficial effects of prevention that the progress in science, medical technology and social policies has brought, the persistence of infectious diseases continues to take a heavy toll of victims and highlights the inevitable limitations of the human condition.

The task of humanity, however, must be to never cease seeking the most effective means and ways to intervene in order to combat these illnesses and reduce patient suffering.

In the past, multitudes of men and women put their skills and their reserve of human generosity at the disposal of sick people with repulsive pathologies. In the context of the Christian Community, "Many consecrated persons *have given their lives* in service to victims of contagious diseases, confirming the truth that dedication to the point of heroism belongs to the prophetic nature of the consecrated life" (Apostolic Exhortation *Vita Consecrata*, n. 83).

However, these highly praiseworthy initiatives and generous acts of love are still obstructed by many forms of injustice.

How can we forget the numerous people afflicted by infectious diseases who are forced to live in segregation and sometimes humiliatingly stigmatized? These deplorable situations appear all the more serious in the social and financial disparity between the world's North and the South.

It is important to respond to them with practical interventions that encourage closeness to the sick person by a more lively evangelization of culture and by proposing inspiring motives for the financial and political programmes of governments.

In the first place, *closeness to the sick person* afflicted by an infectious disease: this is a goal for which the Ecclesial Community should always strive.

The example of Christ who, breaking with the customs of his time, not only permitted lepers to approach him but also restored their health and dignity as persons, has "infected" many of his disciples down through the two millennia of Christian history.

The kiss that Francis of Assisi gave the leper has not only been imitated by heroic figures such as Bl. Damian de Veuster, who died on the Island of Molokai while treating lepers there, and Bl. Teresa of Calcutta as well as the Italian women religious who were killed a few years ago by the *Ebola* virus, but also by many who champion initiatives for the infectious sick, especially in developing countries.

This rich tradition of the Catholic Church should be kept alive so that, through the exercise of charity to those who are suffering, the values inspired by authentic humanity and by the Gospel are made visible: the dignity of the person, mercy and Christ's identification with the sick person.

No intervention will be adequate if it does not reveal love for the human being, a love nourished by the encounter with Christ.

The indispensable closeness to the sick person should go hand in hand with the *evangelization of*

*the cultural context* in which we live.

Prejudices that hinder or restrict effective help to the victims of infectious diseases include the attitude of indifference and even of exclusion and rejection that surface from time to time in an affluent society.

This attitude is also encouraged by images of men and women mainly concerned with the physical beauty, health and biological vitality that are conveyed in the media. This is a dangerous cultural trend that leads to putting oneself at the centre, shutting oneself in one's own small world and turning one's back on the commitment to serve those in need.

My venerable Predecessor John Paul II, in his Apostolic Letter *Salvifici Doloris*, expressed the hope that suffering would instead help to "unleash love in the human person, that unselfish gift of one's "I" on behalf of other people, especially those who suffer".

And he added: "The world of human suffering unceasingly calls for, so to speak, another world: the world of human love; and in a certain sense man owes to suffering that unselfish love which stirs in his heart and actions" (n. 29).

What is further needed is a pastoral service that can uplift the sick as they face suffering and help them transform their own condition into a moment of grace, for themselves and for others, through lively participation in Christ's mystery.

Lastly, I would like to reaffirm the importance of *collaboration with the various public bodies* so that social justice may be implemented in this sensitive area of the treatment and nursing of contagious patients.

I wish to mention, for example, the fair distribution of resources for research and treatment, as well as the promotion of living standards which help to prevent the occurrence and limit the spread of contagious diseases.

In this, as in other areas, the "mediated" task of contributing "to the purification of reason and to the reawakening of those moral forces without which just structures are neither established nor prove effective in the long run", is incumbent upon the Church, whereas "the direct duty to work for a just ordering of society, on the other hand, is proper to the lay faithful... called to take part in public life in a personal capacity" (*Deus Caritas Est*, n. 29).

Thank you, dear friends, for the commitment you devote to the service of a cause in which the healing and saving work of Jesus, the divine Samaritan of souls and bodies, is put into practice.

As I wish your Conference a successful conclusion, I warmly impart a special Apostolic Blessing to

you and to your loved ones.

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