

## Why is the Catholic Church involved in the care of those with HIV/AIDS?

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In 1995, Pope John Paul II wrote in an Apostolic Exhortation, *Ecclesia in Africa*: "The battle against AIDS ought to be everyone's battle. Echoing the voice of the Synod Fathers, I too ask pastoral workers to bring to their brothers and sisters affected by AIDS all possible material, moral and spiritual comfort. I urgently ask the world's scientists and political leaders, moved by the love and respect due to every human person, to use every means available in order to put an end to this scourge."

There is no doubt how strongly the Roman Catholic Church reacts to AIDS, and a fact that deserves to be better known is that the Roman Catholic Church is the largest, single contributor to the work being done to put an end to this "scourge". In June 2006, in his address to the United Nations on the topic of HIV/AIDS, Cardinal Barragan, the president of the Pontifical Council for Health Care Workers, pointed out that one out of every four AIDS patients is treated in a Roman Catholic centre.

Helping people in times of great distress is obviously not just a "Catholic" matter. This is a preeminently human response, since most of us tend to feel compassionate towards suffering people. Why, though, does our Church exhort us to take on the battle of AIDS as everyone's battle? Why should we take part in this "fight", specifically as Catholic Christians?

### Scripture and Tradition

As Catholics, our response to the HIV/AIDS pandemic, or indeed any crisis, is directed by the two major pillars of our faith: Scripture and Tradition. In reading Scripture and in listening to the Word, our whole person becomes receptive to the message and mission of Jesus, the great healer of body, mind and soul.

Catholicism, indeed Christianity, has always insisted on the integration of these dimensions within every person. We do not look at illness only as physical distress. We are aware of how deeply illness can alter people, and we observe the whole person, to see how he/she is affected. We know that many people feel emotionally rejected by others when they are sick, in fact because they are sick. They do not want to be perceived as weak or vulnerable, when they have been used to strength and control. Some people even feel somewhat ashamed, and angry, as though their bodies have let them down. Sometimes it is difficult for healthy people to show true compassion and empathy for the sick. Instead we may feel pity for people, while being secretly glad that we are not similarly affected. We can be rather self-congratulatory that WE are not like that, as if somehow our wellness is due to some special merit on our part. These reactions may colour our attitude also to people with HIV/AIDS.

According to Scripture, Jesus cut through this self-centred and distorted way of thinking, singling out all types of people and curing them from many diseases. Further, His healing of the lepers, the outcasts of their day, restored not just their physical well being, but also their human dignity and their status in society.

Certain illnesses are destructive at many levels, and leprosy is an early example of this, yet Jesus restored society's most feared and rejected members to more than health – they would now be treated as “normal”. What more do any of us desire? While not wishing to compare AIDS with leprosy, the two conditions have resulted in some similar societal reactions. Shame and rejection still abound in some parts of the world in terms of how society treats people with HIV/AIDS. While fear of contagion and social stigma do not exist in Canada to quite the same extent as before, those reactions are still common in places where there has been little education about the disease.

### The Good Samaritan

How does Scripture direct us today in our response to people with HIV/AIDS? Jesus not only pointed the way for us, He illustrated it perfectly. For those of us who continue to ask: Who is my neighbour? Why should I help? - the parable of the Good Samaritan lets us see into the mind of Jesus. As He tells us the story of the man who went out of his way to help someone whom his ethnic group normally ignored or rejected, Jesus appeals to our hearts, to our better selves, who recognize the truth of His meaning. The Samaritan was oblivious to all barriers of ethnicity, religion, prejudice, distaste or fear as he looked after the other man's every need. His example is undoubtedly demanding for anyone to imitate, yet Jesus left the clear message that this is the way we are to treat our neighbour, no matter how much it costs us in terms not only of time and money, but also in terms of reputation and social standing.

### The long established Catholic Tradition of Helping the Sick

In our Catholic Tradition there is a long history of people helping the sick. We are told in Acts that the early Christians looked after each other in times of need. Later, the history of medicine itself is sometimes described as the history of monasticism, so involved were the early religious orders in looking for cures to help the sick and distressed. The monks' work with plants and herbal remedies showed their concern for curing the sick, while at the same time they provided places for the sick to stay while they were nursed back to health.

We know that Eastern monasticism founded hospices in the third and fourth centuries, and western monasticism followed this, especially at Montecassino, where Benedict gave precise instructions about the practice of health care in his monasteries. The Benedictine rule states: the care of the sick is to be placed above and before every other duty, as if indeed Christ were being directly served by waiting on them. Almost half of the hospitals in medieval Europe were directly affiliated with monasteries, priories or other religious institutions. The monks developed many treatments, both therapeutic and spiritual. Patients were supposed to help each other through prayer and calm, perhaps benefiting as much from this as from any physical treatment offered.

The monastery hospitals of the Middle Ages were the first ever to be devoted to long-term support of the diseased, the poor, and the downtrodden. The helping of the sick began to dominate Christian life, especially once the Crusades brought to Europe epidemics of typhus, smallpox, leprosy, plague, and many other contagious diseases. With the arrival of the Black Death or bubonic plague in the 14th century, hospitals increasingly became places where people came to die, rather than be cured. Yet the number of hospitals increased to deal with the vast numbers of the sick and dying and many hospital orders were founded, such as the Order of the Knights of the Hospital of St. John of Jerusalem, the Order of Lazarus which was devoted to the care of lepers, and the Order of the Holy Ghost.

Care for the infirm was undertaken as a corporal work of mercy, following the Gospel's “I was sick and you took care of me...” Illness was seen as a means of purification and sanctification, but the body was treated as a gift of God that had to be respected and maintained as well as possible. This was further explained in an article by Professor Massimo Aliverti ( *Dolentium Hominum*, No. 53 2003, No 2) who wrote that for health care personnel in the Christian west “there was a correspondence between serving and hospitality, and between the poor and the sick. The poor and sick were seen as lords (domini) who were to be served and revered as the chosen of the Lord: their bodies had to be cared for and defended as though they were the chosen limbs of the body of Christ. “Illness was seen within the context of original sin, and spiritual treatment was just as important for the cure as any physical method.”

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The development of secular hospitals after the appearance of the first universities in the thirteenth century led to the monks relinquishing their role, but when women began to found religious orders in Europe, they opened many hospitals, orphanages and other institutions to look after the poor and needy in society. Most of the hospitals in the New World were begun by religious sisters invited by the newly appointed bishops to extend their mission to the growing population of North America, and their pioneering work, performed sometimes in the most difficult and constrained situations, has lasted right down the centuries. The many Catholic hospitals still existing in Canada are a testament to their heroic endeavours. The development of HIV/ AIDS has resulted in new Catholic institutions being founded for the purpose of taking care of men, women and children with the disease. For example, Barrett House was founded in Toronto by the Little Brothers of the Good Shepherd in 1986 to look after HIV/AIDS patients, with admirable results.

### **Magisterial Documents on the Care of the Sick**

The Church's official teaching, not surprisingly, still refers to the Christian duty to take care of the sick. On the first World Day of the Sick in 1993, Cardinal Angelini said that "the healing value of suffering is bound up with the first among works of justice and love, which is service to those suffering." He continued: "We know that to combat illness and its consequences science is not enough and medical facilities are not enough, but what is needed is a heart able to give itself, a heart making us tireless in giving, strong in consoling, persevering in love, capable of sharing the suffering which can be shared only in love".

Pope John Paul II said: "Medicine is always at the service of life. ... Working enthusiastically to help the patient in every situation means being aware of the inalienable dignity of every human being, even in the extreme conditions of terminal illness. Christians recognize this devotion as a fundamental dimension of their vocation: indeed, in carrying out this task they know that they are caring for Christ himself (cf. Mt 25:35-40). Love of neighbour, which Jesus vividly portrayed in the Parable of the Good Samaritan (Luke 10:2ff), enables us to recognize the dignity of every person, even when illness has become a burden".

In their message for the World Day of the Sick, 2005, the Canadian Conference of Catholic Bishops articulated the heart and soul of the Church's health care ministry, namely the person and compassionate healing ministry of Jesus Christ. They wrote that "With Jesus, healing of mind and body becomes the clear sign that the kingdom of God is already present. When Jesus heals a leper or proclaims the parable of the Good Samaritan it is an obvious sign of his compassion. But even more it points to the new life of the Kingdom: the total and permanent healing of the human person in all its dimensions and relationships. Jesus' healing word of power reaches the whole person. It heals the body, but even more importantly it first restores those who suffer to a healthy relationship with God and the community."

The CCCB noted several points from this foundational approach that are important. First, they remind us that, as the baptized people of God, we walk in the footsteps of Jesus the healer, remembering His compassion and healing power. The Church has always regarded healing as one of the powers of the Spirit that Jesus left us, for our use.

Second, Jesus healed the body and the soul of each person, liberating every dimension: physical, spiritual, mental, emotional and social. The Catholic ministry of healing today seeks nothing less than that similar total wellbeing of the person.

Third, when Jesus healed, it was a tangible sign of the in-breaking of the reign of God. "The healing ministry is an attempt to remove every form of suffering and alienation that may still prevent a person from surrendering more completely to God." This echoes the beliefs of the monks, hospitallers, nuns and faith-filled health care workers who have gone before, reminding us of the permanence of our mission to the sick, to restore to life and, more importantly, to restore them to Life in Christ.

### **The global situation**

Globally, it has become apparent that the real obstacles in the fight against HIV/AIDS are poverty and negative cultural practices which do not ensure the dignity of men and women. Our bishops remind us that working to promote health and well being is not only about

curing symptoms: it also means confronting the social and political causes of disease, and this takes us on to an even higher level of responsibility. The Catholic Church is represented at the United Nations, for example, where it continues to state the Roman Catholic moral stance, while also proclaiming its compassion for the sick by virtue of the numbers of hospitals, hospices and foundations it has founded and supports, not least in Africa where the numbers suffering from HIV/AIDS prove the significance of Pope John Paul's use of the word "scourge" in 1995.

We can see that the universal church is continuing its traditional Gospel-based mandate to take care of the sick with the utmost concern, and we in Canada can ally ourselves to this mandate by responding to an invitation extended to us by our Canadian bishops, who said in their letter *Beyond Fear: Compassion, Clear-sightedness, Solidarity*: "We warmly invite Christians to strive, in accordance with the power of Jesus, to believe more in the contagious power of good than in the eventual spread of any evil or disease". We know that the fight against the apparent power of HIV/AIDS will be long and complicated, but with hope in the power of good manifested to us through Christ's resurrection we know that we are equipped for the task.

We asked earlier: who is my neighbour? Why should I help? As Christians, we know the answers. But there is a further question. In the light of Scripture and the example of Christianity through the ages, how will we respond?

This article first appeared in the August 5, 2006 edition of The Catholic Register. Reprinted with permission.

*Excerpt from an interview of the Holy Father Benedict XVI in preparation for Journey to Bavaria, given at the Palace of Castel Gandolfo, 5 August 2006.*

"I believe that the real problem of our historical moment lies in the imbalance between the incredibly fast growth of our technical power and that of our moral capacity, which has not grown in proportion. **That is why the formation of the human person is the true recipe, the key to it all, I would say, and this is what the Church proposes.** Briefly speaking, this formation has a

dual dimension: of course, we have to learn, to acquire knowledge, ability, know-how, as they say. In this sense Europe and in the last decades America have done a lot, and that is important. But if we only teach know-how, if we only teach how to build and to use machines and how to use contraceptives, then we should not be surprised when we find ourselves facing wars and AIDS epidemics; because we need two dimensions: simultaneously, **we need the formation of the heart**, if I can express myself in this way, with which the human person acquires points of reference and learns how to use the techniques correctly. And that is what we try to do. Throughout Africa and in many countries in Asia, we have a vast network of every level of school where people can first of all learn, form a true conscience and acquire professional ability which gives them autonomy and freedom. But in these schools we try to communicate more than know-how; rather, we try to form human beings capable of reconciliation, who know that we must build and not destroy, and who have the necessary references to be able to live together. In much of Africa, relations between Christians and Muslims are exemplary.... We offer treatment, treatment to AIDS victims too, and we offer education, helping to establish good relationships with others. So I think we should correct that image that sees the Church as spreading severe "no's". We work a lot in Africa so that the various dimensions of formation can be integrated and so that it will become possible to overcome violence and epidemics, that include malaria and tuberculosis as well."

### The complete article can be viewed on the Vatican Website:

[http://www.vatican.va/holy\\_father/benedict\\_xvi/speeches/2006/august/documents/hf\\_ben-xvi\\_spe\\_20060805\\_intervista\\_en.html](http://www.vatican.va/holy_father/benedict_xvi/speeches/2006/august/documents/hf_ben-xvi_spe_20060805_intervista_en.html)

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