

**TANGAZA COLLEGE
CATHOLIC UNIVERSITY OF EASTERN AFRICA**

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**THE CHRISTIAN RESPONSE TO SICKNESS IN THE
AFRICAN CONTEXT: WITH REFERENCE TO MBAGATHI
DISTRICT HOSPITAL**

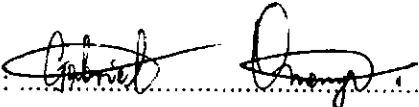
Moderator
Rev. Dr. Fritz Stenger, M.Afr.

A Long Essay Submitted in Partial fulfillment of the Requirements for the
Ecclesiastical Degree of Baccalaureate in Theology.

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STUDENT'S DECLARATION

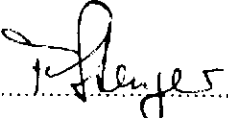
I, the undersigned, declare that this long essay is my original work achieved through my personal reading, scientific research method and critical reflection. It is submitted in partial fulfilment of the requirements for the Ecclesiastical Degree of Baccalaureate in Theology. It has never been submitted to any other college or university for academic credit. All sources have been cited in full and acknowledged.

Signed: 

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Date: 10 NOVEMBER 2003.

This Long Essay has been submitted for examination with my approval as the College Supervisor.

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Name of the Supervisor: F. F. STENGER

Date: 10 Nov 2003

DEDICATION

I dedicate this work to all those people who proclaim the gospel wholeheartedly through loving and serving the sick.

EPIGRAPH

“Then the King will say to those at his right hand, ‘Come, O blessed of my Father, inherit the Kingdom prepared for you from the foundation of the world for ... I was sick and you visited me ...’”(Mt. 25:34-36).

ACKNOWLEDGMENTS

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Conclusively. I thank all those who have helped me in one avenue or another in the accomplishment of my thesis. May, the Almighty Father bless and grant you long life.

GENERAL INTRODUCTION

I belong to the congregation of Camillians and our ministry is to serve the sick wherever they are. We usually do our pastoral work in the hospitals.

Mbagathi District Hospital is situated along Mbagathi road, just near the city mortuary in Nairobi (Refer to the Map on Page 78). Most of the sick people there are suffering from highly infectious diseases e.g. tuberculosis, and hepatitis. Most of them are suffering from AIDS. Most of the sick there are very sick. It is very hard to get the relatives of the sick in this hospital visiting them. Some of them have been sick for quite along time. Most of the patients here are from the Nairobi slums as the treatment is a bit cheap and they can afford to pay from their meagre salaries.

It is human nature that most of the people don't like to see somebody who is very sick. The hospital doesn't pay salaries which will motivate some Church ministers to go and work there. So most of the work done in Mbagathi is voluntary and without any pay, hence it is absolutely under the personal initiative and self-transcendent love of any good willed church minister.

After being posted by my superior to exercise my pastoral ministry there, I have thought how I can use this opportunity to evangelize the sick there and also to empower more members of the community to work there as the patients are progressively increasing. In this hospital we have various categories of patients: there are some who are not evangelized, some who were evangelized but because of their sickness they have

lost their hope and trust in God, some have lost their hope in life, some don't want even to hear the Word of God as they blame God for their sickness.

My essay contains five chapters. Each chapter has an introduction, sub-topics and conclusion. I will explore my experience with the sick in Mbagathi district hospital. In the first chapter I will examine the uniqueness of each individual, the root causes of sickness. How people experience sickness in blaming others, God, themselves and the environment. The ministry of caring for the sick being one where one feels powerless and helpless. Sickness as a form of suffering. Then I will give the results of some interviews which I carried among the sick people.

In the second chapter I will look at the socio-cultural analysis of sickness. In this chapter I will look at the African understanding of sickness, traditional experience of sickness and suffering, sickness as a whole human experience. African understanding of health and disease and the teaching of the Catholic Church.

In my essay's third chapter, I will discuss the theological understanding of sickness. In this chapter I will look at human sickness as a mystery, Jesus as a healer par excellence, the biblical both Old and New Testaments' understanding of sickness.

In the fourth chapter, I will look at evangelization in the service of the sick. I will examine the hospital chaplaincy as an important means of evangelization, Jesus as our missionary model, accompanying the sick in terminal stages, the Church's mission, the spiritual pain of the sick, the ministry of healing. The prophet-healing African

Independent churches, the healing in the ministry of Jesus and the sacraments of healing.

In the last chapter, I will discuss the empowerment of the members of the community to offer their service to the sick. In this I will examine the missionary animation, the vow of poverty as a gateway to love the sick and the training of priests. I will terminate my essay with a general conclusion.

CHAPTER ONE

MY EXPERIENCE WITH THE SICK IN MBAGATHI DISTRICT HOSPITAL

I. INTRODUCTION

My experience with the sick in the above cited hospital has been very challenging and enriching in my ministry. It has been challenging, in that I came to appreciate the gift of health the Lord has given me and to use it in serving others. In Africa, a gift of life is highly valued, it is one of the great realities. Life is perceived like a "fluid" that flows through all members of a community. This ensures the community's enjoyment of a unique degree of fullness. When one member is sick, the healthy members care for him or her. This is because of also the value of community life. I am caring for the sick spiritually in Mbagathi district hospital. I have come to discover how different people perceive sickness. Their perception depends on how they perceive themselves, others, God and the world around them.

The gift of life should be taken seriously, because to lose it is like losing a very precious gift; pearl. It is like pouring water on the ground which cannot be recollect. Hence people fear sickness as it is like having a hole on the bottom of the cup which is containing milk. If the hole is not sealed as fast as possible the milk spills until it is over. In the same way if sickness is not treated fast, one may die. The treatment of sickness involves emotional, physical, and spiritual elements. All these three aspects of a person should be taken care of.

In this chapter I will explore my experience in Mbagathi district hospital. I will look at the situation there, how real care is powerless, sickness as a form of suffering. Then I will look at different interviewees. How these interviewees deem sickness and their need when sick. Conclusively, I will tackle the African understanding of health and sickness.

II. THE SITUATION IN MBAGATHI DISTRICT HOSPITAL

Most of the sick people in Mbagathi District Hospital are downtrodden. In my own understanding and in the African context a person who is sick is considered as the poorest of the poor. Hence, every member of the community directs all his or her strength to aid him or her. In fact, nobody in the whole world wishes to be sick. Sickness is considered as a calamity when it invades the community or individual. In my own experience once one is sick the question which he asks himself is, will I get healed? When? Why am I sick? Most of the people when sick will start fearing death (the end of their life). Most of the people become tremendously afraid in front of sickness. This is worsened in the case of terminal sickness and contagious or infectious diseases. Most of the patients in Mbagathi are not visited because of fear of getting contaminated or infected. Yet, what can we say about the suffering of sickness? Certainly, it is part of our lives. For some of us here, it is acutely experienced right now. "Sickness is just a kind of suffering just as others e.g. poverty, famine, death."¹

¹ KENNETH R. OVERBERG, *To Comfort and Confront*. (New York: Living Flame Press, 1983), 59.

There are various causes of sickness. Some people say our sinful choices lead to sickness. The human family has always tried to find some meaning and understanding in sickness. Some have said that suffering is God's way of punishing evil doers. Such people associate sickness with sinfulness. The intensity of the sin done is similar to the effect of the sin. The author of Hebrews 12: 5-7 is more compassionate- using a good example from family life: as a parent disciplines a child, so God disciplines us. Yet, this view I find inadequate and unsatisfying. Perhaps the suffering of sickness can be seen simply as a necessary part of the process of creation, a given in creation's movement toward that new and eternal Jerusalem described in the readings from Hebrew Scriptures and the Gospel of Luke 13:22-30. Generally, all life moves towards death. What becomes important then is not our vain attempts to answer why but rather how we respond to sickness. Physical and personal sickness call us to work to overcome that evil, call us to acknowledge our responsibility to help build up the Kingdom now.

In the time of great suffering and sorrow, it is the Spirit of the Lord working in us as individuals, and through us as a community who keeps this grief from becoming despair. It is our Faith in the risen Lord that gives us a fundamental sense of hope and allows us to share that hope with others. In the time of great pain, it is the Spirit of the Lord who prevents us from being overwhelmed and from giving up. "Our Faith energizes us to work now to reduce that pain according to our talents."²

² IDEM, 60.

Various people have different talents as I have noted in the hospital some are very welcoming and inspiring though they are very sick. These groups of patients have positively accepted their suffering. According to my experience in the hospital most of these types usually have a reconciliatory and happy death.

Some of the patients are very angry and bitter with themselves, God, others and their cosmos. These keep on blaming themselves. For example a patient says "if I did not had sex with prostitutes I would not have got Aids, if God loves me I couldn't have got Tuberculosis since I was a pastor of my local Church community." Others can blame their family by saying that I have got Aids because my family was poor and I thought the only way to survive is to become a prostitute.

III. REAL CARE AS POWERLESS

There is no other form of ministry where you will so often feel powerless and helpless. Yet, so much healing takes place at moments like this despite not having the answers we don't run away, we don't use prayer or the sacraments as a refuge.

It is very difficult to be powerless. We are all much more comfortable when we can get the cup of water for the sick person, when we have something terribly intelligent to say, when we can say a prayer or something. But an awareness of our own powerlessness and vulnerability gives us strange power. A friend of mine suggests that "real poverty is where we are not aware of our own vulnerability". People don't always expect answers to their questions but it is so important that they have a forum for asking them.

More often than not we heal through contagious humanity. We are called to support one another along our journey of life. When we are capable of being human with one another, real healing takes place. Once a nurse, summed up a seminar in the hospital on caring by stating that “to cure without caring was to dehumanise”.

We must never forget, as Henri Nouwen reminds us, “that Jesus’ ministry reached its climax on Calvary: the crucified and glorified healing, 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 ill. Christ was the wounded healer.”³

IV. SICKNESS AS A FORM OF SUFFERING

Suffering, as experience shows us, respects no condition, age, place or human being. It is a reality which is ubiquitous. Only the causes, intensity, extent, duration and attitude may differ. Suffering can be seen under five categories: self-inflicted suffering, suffering caused by others, suffering on behalf of others, the mysterious suffering of the innocent. Much of the suffering we experience in and around us is self-inflicted through sin, misbehaviour, ignorance, lack of self-control, laziness, narrow-mindedness and malice. Self-inflicted suffering gives birth to many people living always regretting, but when it is already too late. For example one can be warned and advised to

³ HENRI J. M. NOUWEN, *The wounded Healer* (New York: Doubleday & Company, 1972), 84

stop smoking and he refuses and later he gets cancer. Later he starts to refer to God as the source of his suffering.

We witness in the world at large and Africa in particular much suffering which is inflicted on innocent people by a few selfish individuals or groups or societies of people. These groups contains people like: rapists, robbery through violent criminals, drunkards. Suffering on behalf of others gives much joy to persons when they suffer for the ones they love. For example, to share with one who has nothing demands a sacrifice, but one which brings joy to both. Everyday people make sacrifices and suffer for those they love. This may be in terms of time, goods, energy or life itself. These group comprises people like Martin Luther, Mahatma Gandhi, Nelson Mandela, Maxilian Kolbe. This is exactly what Jesus of Nazareth did.

The mysterious suffering of the innocent. The conscience of the upright and innocent is revolted when the wicked or arrogant are the happiest, most successful and most secure (Psalm 73). This is the suffering described in the book of Job.

Sickness is one of the major aspects of suffering in Africa. To the outsiders, whose knowledge of Africa is obtained from the mass media, the most dramatized suffering in Africa is lack of basic necessities of life, and this causes death to millions of Africans annually. These include hunger, famine, and malnutrition; insufficient or unclean water; lack of medicine and health care units; unsatisfactory living conditions; the large population of homeless people- the refugees, displaced peoples, orphans, and widows. This suffering is emphasized abroad because it gives birth to compassion and stimulates humanitarian and Christian consciences to give relief to Africa.

Many outsiders advance the root-cause of Africa's sufferings as African tribalism, innate laziness and lack of inventiveness or creativity.⁴ These are the easy and evident signs of Africa's backwardness to outsiders. They often add corruption of the African leaders. They deem the redemption of Africa as lying entirely in the hands of the Africans once they decide, as a community to fight and eradicate those root causes.

V. INTERVIEWS

Here are some of the interviews I had with various people who have experienced sickness and their suggestions what they would like other health members to do to them:

Sabina Kemuma; 85 years old; on 24 December 2002. She told me that formerly there were no hospitals. But the sick were well cared for by their family members, relatives and any member of the community who came across them. Mercy was supposed to be shown to them by giving them food e.g. porridge. Crush millet for them as they had no power mills. They were to use this flour for the preparation of food. One only went to visit the sick person whom s/he knew e.g. a brother, sister, uncle e.t.c. Nobody was forced to visit a sick person. It was a voluntary service and out of compassion and love.

Peter Oundu; 19 years old, on 26 December 2002. His main interest when sick is to be treated and be healed. He also needs somebody to take care of him. This person must be around always, such that he can respond to his immediate needs when need

⁴ J.N.K. MUGAMBI & MAGESA LAURENTE, EDS: *Jesus in African Christianity: Experimentation and Diversity in African Christology*. (Nairobi: Acton Publishers, 1998), 100

arises. When he is alone, he feels that God is present and taking care of him though he feels depressed. Hence, he starts to pray to God in order to get healed.

Elizabeth Gesare, 18 years, on 26 December 2002. Her basic need when sick is to become physically fit. When nobody comes to visit her she feels as if she is going to die. A company of people comforts her and she feels as if she has regained a bit of vigour. If one visits her and tells her that you will get healed she feels much better than before.

Wilfred Nyaribari, 15 years old, on 27 December 2002. Feels like dying when nobody comes to see him. If nobody asks him what he feels, he feels that nobody takes care of him. When sick he needs most, a quiet place to lie and rest.

Josephine Mokeira, 26 years Old, on 27 December 2002. If nobody comes to visit her she gets annoyed and thinks people don't bother about her especially her husband, children, sisters, brothers. Many questions come to her mind: Do people see I am pretending, cheating? Are people fed up with me? Tired with me? Do they want me to die? Do they not want me any more in the society? In case her husband doesn't visit her she starts thinking that he has got another wife. When she is sick her priorities are: to be comforted firstly, treated, asked if she needs food, to be taken care as an infant and to be listened to, to whatever she says.

Callen Kemunto Onsarigo, 16 years old, 28 December 2002. When sick she needs somebody to be near her. Needs to be asked how she feels and needs compassion and mercy from people. If nobody listens to her feels people are merciless. People who give her medicine, comfort, spiritual nourishment are of paramount importance.

Onyancha Manono, 18 years old, 28 December 2002. He feels rejected if not visited often. When he is sick he wants to listen to gospel music, when no caretaker is around. He also re-echoes in his mind the biblical phrase; “Lord why have you forsaken me.” He feels lonely, deserted and hopeless.

VI. CONCLUSION

My encounter with the sick in Mbagathi district hospital made me to feel powerless and compassionate to the sick who were suffering there. It made me also to praise and thank God for the health he has bestowed on me and the uniqueness of myself. It made me feel that each one has a purpose and a unique position in this cosmos which can't be replaced by anybody nor anything. Hence, the sick suffer psychologically, emotionally, spiritually, socially and physically. The rest of the sick who are devoted Christians seek their refuge in the Lord, the Creator. I learned from the interviews I carried among the sick that, almost all of them needed somebody to be near them. They felt secured, loved and cared for when somebody was in their proximity.

After having analysed my experience of sickness and various views of people who have been patients and how they view sickness, the root cause of sickness and how people experience sickness in blaming others, I now move to the social-cultural analysis of sickness.

CHAPTER TWO

SOCIO -CULTURAL ANALYSIS OF SICKNESS

I. INTRODUCTION

In the African context, medicine persons were concerned with the whole person- the physical, emotional, mental, social and spiritual aspects. Death never happens without a cause. Except in really old age, questions are asked - is it witchcraft? And if so, who is the cause? Is it because of neglected ancestors or spirits? Is it due to a curse?

Particular care is taken during funeral rites, so as not to offend the departed, who may cause trouble to one if this happens. So depending on the ethnic group there are a number of rituals to be performed. For the dead - they are only on a certain stage of life - they live after death, through the children, rituals of remembrance and in some cases by the great deeds performed during life which are remembered by the living. In many ethnic communities, the widow and children, along with other possessions are inherited by the brother of the husband.

In this section, I will explore how the sick in Mbagathi district hospital link their faith experience with their sickness. What is the mentality of the people about suffering? I will examine the African understanding of sickness and healing. Then I would look at the traditional experience of sickness and suffering, how sickness is a whole human

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experience: physical, spiritual, cosmological and social spheres. The African understanding of health and disease will be examined in this section. Then I will look at the teaching of the Catholic Church (Magisterium).

II. TRADITIONAL EXPERIENCE OF SICKNESS AND SUFFERING

It would be erroneous to think that "traditional" in traditional African religion refers to a set of religious beliefs and practices no longer in existence or fast sinking into oblivion. Even though tribal structures no longer hold the same socio-political relevance, and old shrines and rituals seem to have been abandoned, the fact is that, observing at a deeper level, they continue to flourish in the minds of people in Africa.

In that system of religious beliefs, the link between sickness and misfortune with the mystery of evil remains deeply engraved in the life-experience of people. Often, in the context of Christian missionary activity, native religious practices and beliefs were not accorded the status of "religion" by missionaries, and so traditional religion was seldom confronted as such by the gospel of Christ. It was mostly seen, and accordingly dealt with, as a number of disconnected backward superstitions. In this context, missionaries, and their direct collaborators, the catechists, did not ask people to renounce their religion in order to accept the Christian faith. The converts were simply asked to leave aside some customs in the field of morality, and to officially renounce what was vaguely "pagan superstitions"

III. A WHOLE HUMAN EXPERIENCE

Sickness always affects the whole person in all his dimensions, and so the process of healing must have as its object not so much the sickness, but the person who suffers it. In the person there are various 'spheres of existence', physical and spiritual. This is a person's relationship and interaction with nature and its forces- and the social level, which includes the relationship both with the living and with those who have already passed through death. Though a particular sickness may affect one specific 'level of being', it is bound to affect the person also on all the other levels; consequently, a healing strategy which limited itself to curing 'the sick body' or the mind that is ill, would still leave the person in her suffering for, in the African traditional experience, sickness of the body or of the mind is very often lived as only the visible tip of a much larger and deeper suffering that is affecting the person.

The traditional approach tends to stress the whole integration of all the spheres, though not always seeing a clear distinction between them. The person is seen as living in intimate contact with his physical environment. Sickness is often seen as coming from the forces of nature, just as it is nature that provides most of the medicines used for healing. As far as the physical level is concerned, knowledge of the actual functioning of the human body is often rudimentary, whereas there is a profound knowledge of and insight into the social level, and great relevance is attributed also to the spiritual world whether seen as spirits, ancestors, or God himself.⁵

⁵ FERNANDO DOMINGUES, *Christology and Traditional Religion in Africa: Dissertotto ad Doctoratum in Facultate Theologiae Pontificiae Universitatis Gregoriana*. (Rome, 1999), 410.

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I. *The physical-spiritual sphere:* A physically ill person needs whole healing. Physical illness may also be caused (or at least experienced as such) by the pressure of a sick society: belief in witchcraft may cause actual death.⁶ The sick person rarely attributes his or her physical ailments exclusively to physical, 'natural' causes. The physical sickness always has something to do with spiritual and social relationships, not only because there is always 'someone' behind it, but also because serious sickness always places the person in a liminal situation in which his relationships with others, be they living or dead, are at least temporarily altered, and sickness always has something to do with the persons who form the human context of the sick person.

Conclusively, the human person's healing always has as its ultimate agent God and the world of spirits. Healing is, in fact, the main subject of many traditional prayers of petition and thanksgiving.⁷

II. *The Cosmological Sphere:* A human being is vitally linked not only to his physical and geographical environment, but even to the cosmos as a whole, he is at its centre. the cross-roads at which the upward thrust of the organic universe, the ultimate longing and search for fullness, contrasts the downward thrust of limitedness, suffering, sickness. which pulls towards isolation, alienation and death. Such vital connection can be seen present in the prescriptions that regard taboos and in the understanding of sin itself and in their relation to sickness and suffering.

⁶ ALYWARD SHORTLIFF, *African Culture and the Christian Church. An Introduction to Social and Pastoral Anthropology*. (London: Dublin, 1973), 423.

⁷ DOMINGUES, *Christology and Traditional Religion in Africo*, 411.

Sin is an offence against the divinely established order of the universe, present in concrete actions but also in a spiritual state in which the person puts himself against the life-mediating structures of the universe. Inner conversion is often not of sufficient remedy, something needs to be done to repair the damage caused. Unknown or secret damage done and not repaired is often seen as being at the root of unexplained misfortune and sickness. Purification rituals often reflect the need to put things right both in the world and in the inner spiritual world of a person.

III. The Social Sphere: In the African understanding the person is basically relational, sickness, which is always experienced as affecting the whole person, cannot but be seen in close connection with human community to which the patient belongs.

Sorcerers, and even more witches with their radically evil and anti-social character and intent, tend to be the current explanation for the causes of sickness. They are the 'enemy within' the evil side of society

Personal sickness can also affect the whole community because of the dependence which is stressed in the African society as Mbiti, says that "I am because you are and you are because I am."⁸

IV. AFRICAN UNDERSTANDING OF HEALTH AND SICKNESS

Health connotes being sound or whole. It is the absence of disease. It signifies the totality of creation, the creator himself. In an African understanding it is a divine gift and grace to creation by God. In the African context, it is the dynamic state of well-

⁸ *Idem.* 412

being of the individual and society of physical, mental, spiritual, economic, political and social well-being; being in harmony with each other with the natural environment and with God. Sickness is the opposite of this well-being. Being whole or possessing health has individual, human, social, environmental and spiritual dimensions. Integrity is experienced by human persons at various spheres, in relationship with nature, in bodily health, in expectation of survival after death, in social and psychic integration and in the sphere of human morality and the worldly forces.

The human person is a complete entity and needs healing in his or her whole being, spiritually, socially, physically, psychologically and in relationship with his or her environment. It is therefore important to have a holistic approach to his or her healing. In the African context any illness or imbalance in the community or individual or in the worldly realm generates physical, emotional, spiritual, psychological and other disharmony. Good health calls for balance in all these dimensions. Health is associated with all that is positively valued in life. Health is part of the entire magico-religious fabric. Health is understood more in its social dimension. It is a sign of correct relationship between people and their environment, with one another and with the supernatural world. Sickness is the opposite of health with all its negative views. Sickness is regarded as a misfortune and is a sign that one has fallen out of the above described balance. Sickness is seen as a social sanction, hence tranquil living with a person's neighbours, observing social norms and living in harmony with one's

environment and with God, spirits and ancestors, is essential to protect oneself and one's family from sickness.

Illness is attributed to breaking taboos, offending God or ancestral spirits; witchcraft, sorcery, evil eye, possession by evil spirit and a curse from parents or from an offended neighbour. The victim may also suffer from the offence of a relative though he or she may not necessarily have done wrong. Sickness may also arise from natural causes. Though most Africans are aware that some sicknesses have natural or organic causes, they have still an overriding belief in the supernatural or spiritual causation. When seeking cures they use herbs, and other medical remedies, spiritual and mystical remedies. The mystical and spiritual remedies involve sacrifices offered to God, Ancestors and Spirits in order to appease them. They perform exorcisms and other rituals.

Many Africans have a belief in evil forces as a cause of misfortune and general problem of disease, this is also part of their answer to the evil's existence in the world. Hence, healing in most African societies encompasses herbal medication, psychotherapy, psychology and reconciliation by a priest -healer, a diviner doctor or medicine-person during the ceremonies of healing.

Healing and health concerns in African religions. Idowu writes "Religion is necessary because only the Maker can remake and repair the changed body and effect wholeness."⁹ So in past times healing was closely associated with the priest, and present

⁹ BOLAJI IDOWU, *African Traditional Religion, A Definition* (London: SCM Press Ltd: 1973), 38

day healers acknowledge that their power comes from God. Nowadays medicine people often say they were taught their art in dreams, although others receive their gifts and training from grandparents. One of the medicine people I visited, Ombaire Maena received his training from his grandfather and so did not go to school. Another old man called Rosana, whose name means a bush or forest claimed that he was born holding leaves of trees in his hands, and when the umbilical cord was cut there were two seeds in it. He now uses quite often seeds in his practice.

In African communities the medicine people are the greatest gift, and the most useful source of assistance. They are called, 'herbalists', 'traditional doctors' or '*Waganga*' (in Kiswahili).¹⁰ These traditional doctors are different from the witch-doctors, in that they are friends of life and they promote life or health while the later are enemies of life, they delight in evil and they kill. There is no fixed rule governing the 'calling' of someone to become a medicine man. The call comes at any age of life. In other cases, a medicine person passes over the tradition to his son or other younger relative. Some medicine men believe that spirits or the living -dead have called them in dreams, visions or in waking, to become what they are. There are both women and men in this profession. They have varying personal qualities, but they are expected to be trustworthy, upright morally, friendly, willing and ready to serve, able to discern people's needs and not be exorbitant in their charges. On the whole they are influential.

¹⁰ JOHN S. MBITI, *African religions and philosophy*. (Nairobi: East African Educational Publishers Ltd: 1994), 166.

though in some societies they have no official position outside their professional duties. They have varying skills and success. In some societies it is believed that the medicine people possess special gifts or powers obtained either through birth or through taking certain 'medicines.' In every case, medicine people must undergo formal or informal training.

The medicine person gives much time and personal attention to the patient, which enables him to penetrate deep into the psychological state of the patient. Even if it is explained to a patient that he has sleeping-sickness because a tsetse fly carrying sleeping -sickness parasites has stung him, he will still want to know why that tsetse fly stung him and not another person. The only answer which people find satisfactory to that question is that someone has 'caused' or sent it to sting a particular individual, by means of magical manipulations. Suffering, misfortune, disease and accident, are all 'caused' mystically, as far as African peoples are concerned. To combat the misfortune or ailment the cause must be found and be counteracted, uprooted or punished. This is where the value of the traditional medicine person comes into the picture. *The medicine person has also a role of taking preventive measures. They also purge witches, detect sorcery, remove curses and control the spirits and the living -dead.*¹¹ They have access to the force of nature and other forms of knowledge unknown or little known by the public. Therefore the public entrusts them with the duty of removing what would be detrimental to the community.

¹¹ IDEM, 166

Medicine people are very close to the natural world, and have a profound knowledge of the healing powers of plants, trees and other natural materials. Both Ombaire and Rosana return to their home places to collect plants regularly. The former invited me to go along and learn about them too.

The role(s) of medicine people include that of:

- Healers: These deal with serious or chronic physical complaints. Ombaire deals with cancer, asthma, long lasting headache, fits, venereal diseases and stomach ulcers, to name a few.
- They deal with personal troubles, when there are no physical complaints - unlike most Western doctors. These may be husband - wife relationships, business affairs and certain types of infertility. So they are also counsellors.
- Also they can drive away evil spirits and protect people from future danger and harm.
- Some are also diviners - that is, they unveil witchcraft and sorcery and remove curses and any evil effects.

They diagnose the source of the trouble by listening; most of the them I visited were excellent listeners. They have their own methods of divining: Ombaire looked into a bowl of water in which there were coins and shells - he also read my palm. Rosana had a gourd with wire stretched across it and made sounds by sweeping a stick across it.

Others threw coloured stones and pebbles on an animal skin and counted them several

times. Others shake pebbles inside a gourd many times, while uttering some words, sometimes singing.

Their treatment varies from instructions to do or not to do certain things, to take various herbal preparations orally or to place them on the skin, to wear amulets, or possibly religious rituals such as a sacrifice.

In traditional African prayer it is always life which is asked: One medicine-man, Rosana from the Kisii ethnic community I visited prayed like this:

God of the heavens, Lord,

give me the strength of life, that I may be strong.

Give me well being.

May I marry, may I have Children.

May I raise cattle, sheep.

May I obtain medicine, and all I need to heal.

May I bloom with health and life.

Engoro (God)!

It is true, God of skies, you shed rain.

May you do ever more!

Receive this white goat, and give it to Grandfather and mother.

Engoro, this is the white goat, yours, that I am giving you.

It is you who dwelt in this hut: I came here and found it erected.

I give you this goat that you may well protect this hut and all its constituents.

Protect your grandsons and daughters, your grandsons' wives and relatives.

Look upon me and protect me, night and noon.

Shield me in the wherever I go,

shield my wife when she prepares the food,

when she goes to fetch water,

when she goes to fetch wood.

Provide always food in this hut.

Engoro, give us your goodness.

We are always ready to receive it with our both hands.

May you live forever.

The therapy of most African healers includes an injunction to do no more evil (sorcery), and they seek first and foremost to reintegrate their patients into society when confinement has placed them outside the socio-economic circuit.

The bipolarity of the religious loyalties of our baptized who carry a rosary in their hand and a "fetish" under their clothing leads us, by way of conclusion of this investigation, to ask whether Jesus can honestly be present in Africa as a healer.

Death is not to be explained by fault. Life explains death. The Paschal mystery is joy not because it consoles us, or removes the weight of our guilt, but because it reveals life in death.

“In a basic way, disease and death for Africans are not the antechambers of nothingness or the antipodes of life, but loci of a new family cohesion, and of sources for a life harmony. With the Crucified One, suffering becomes a remedy for disease, and death a happy issue.”¹²

V. THE TEACHING OF THE CATHOLIC CHURCH (*MAGISTERIUM*)

John Paul II, has made some achievements in the Health Care Ministry.

He wrote an apostolic letter in 1984; “*The Christian Meaning of Human Suffering*”.

In this letter he stressed the suffering which brings salvation. Suffering in this document is seen as a means of salvation. He says that suffering should be faced by praying and working against it by science and politics.¹³ The Holy Father, has also established a “*Pontifical Council to Health Care workers*.” In two years time it is organizing the 14th Symposium on Health Care and Society. He wrote also his encyclical, “*Redemptoris Hominum*” (Redemption of man). In this document, he said our faith is about future life. Suffering leads to redemption. Only one who has faith finds a meaning in suffering.

¹² NOUWEN, *The Wounded Healer*, 92.

¹³ JOHN PAUL II, “*Salvifici Doloris*”, *The Christian Meaning of Suffering*, (Romc: 1984), 25.

VI. CONCLUSION

I have looked on the African understanding of sickness, traditional experience of sickness and suffering, and how the medicine persons were concerned with the welfare of the whole person. Sickness as a whole human experience, a person being a constituent of body and spirit; of the physical and spiritual world respectively. Then I have looked at the African understanding of health and disease. I have also examined the traditional healers, and given an example of an African prayer by a medicine-man. I looked at the teaching of the Catholic Church. In this section I looked at Pope John Paul II's Christian meaning of human suffering. Suffering is seen as a means of salvation. Now I proceed to the next chapter. the theological understanding of sickness.

CHAPTER THREE

THE THEOLOGICAL UNDERSTANDING OF SICKNESS

I. INTRODUCTION

In this chapter I would like to examine the rapport between God and human beings during sickness. Sickness being a major form of suffering which sometimes can't be explained humanly, like the suffering of the just e.g. Job's misfortunes. This necessitates me to look at human sickness as a mystery.

Then I shall look at Jesus as a healer. The healing accounts in the Gospels are linked to the overall meaning of Jesus' life and death. I shall then look at the biblical understanding of sickness both in the Old Testament and in the New Testament. In this section I shall give suggested principles and scriptures related to suffering which the hospital visitor can share with a patient, which are very consoling. The Word of God being the Good News is supposed to unburden the sick person and give him some relief, comfort and consolation as he undergoes his suffering. Hence, the hospital visitor being God's messenger carrying God's word, the Good News is supposed to leave the patient happy, and lead him to a personal conviction of accepting Jesus Christ as his personal Saviour. We believe that God has a plan for the salvation of all people, that plan began to unfold explicitly among the Hebrews, reached its full potential in Jesus Christ, now strives for completion in the Christian Church. This is the history of salvation.

It behoves the Christian community to remember this understanding of history in times of crisis especially sickness.

II. HUMAN SICKNESS AS SHARING IN CHRIST'S SUFFERING

Sickness and pain have always been a heavy burden for man and an enigma to his understanding. Christians suffer sickness and pain like all others; yet their faith helps them to understand better the mystery of suffering and to bear their pain more bravely. They know from Christ's words that their sickness has meaning and value for their own salvation and for the world's; they also know that Christ loved the sick, and that during his life he often looked upon the sick and healed them.

Our redeemer taught that sickness cannot be considered as a punishment which a man suffers for his personal sins. Christ himself was sinless, yet he fulfilled what is written in the book of Isaiah: he bore all the sufferings of his passion and understood human sorrow. Christ still suffers and is tormented in his followers whenever we suffer. If we realize that our sufferings are preparing us for eternal life in glory, then they will seem short and even easy to bear (Cf. 2 Corinthians 4:17).

It is part of the plan laid down by God's providence that we should struggle against all sickness and carefully seek the blessings of good health, so that we can fulfil our role in human society. Yet we should always be prepared to fill up what is lacking in Christ's sufferings for the salvation of the world.

It is not only the sick person who should fight against illness; doctors and all who are dedicated in helping the sick, should consider it their duty to do whatever they judge will help the sick, both physically and spiritually. In doing so, they fulfil the command of Christ to visit the sick: for Christ implied that they should be concerned for the whole person and offer both physical relief and spiritual comfort.

Christ does not desert the sufferings Christians. Christ being the Suffering Servant who experienced suffering and silently suffers with all his children. He is the consoler, comforter, and hope to those who trust in him. During our life-time often when people are suffering or sick wait for a liberator. The sick need to be liberated from sickness as it makes them to be dependant on others. They need a messiah to free them from their sicknesses. The Messiah is always sitting with the sick who are termed as poor as they can't help themselves. Nouwen asserts, "... He is sitting among the poor covered with wounds."¹⁴ The Messiah is among the sick, binding his wounds one at a time, waiting for the moment when he will be needed.

Jesus triumphed after his crucifixion, he was liberated and attained new eternal life. Thus like Jesus, a Christian proclaiming liberation is called to care for his wounds, others' wounds and to make his or her wounds into a major source of his or her healing power. In this case, our wounds are sicknesses. A sick person can experience personal loneliness as one of the most painful human wounds. The Christian way of life does not take away our loneliness, it protects and cherishes it as a precious gift.

¹⁴ NOUWEN, *The Wounded Healer*, 83.

The announcement of the wounded should be that the Christ is coming today during our misery and in the middle of it, right here. "The minister must bind his wounds carefully in anticipation of the moment when he will be needed since it is his task to make visible the first vestiges of liberation."¹⁵ He is called to be the wounded healer who looks after his and others' wounds. In fact, he is both the wounded and healing minister.

III. JESUS AS HEALER

If we were to remove from the gospels the passages dealing with cures of all kinds, little would remain (before the Passion) apart from the parables and the infancy narratives. Indeed, in his programmatic discourse, borrowed from the prophet Isaiah, Jesus presents himself primarily as a healer (Lk. 4:18-19). The healing accounts in the Gospels are bound up with the overall meaning of Jesus' life and death. It is only in the passion and resurrection of Christ that we better understand them. There can be no doubt that Jesus had the gift of healing and that he made use of this talent to bestow health on a number of persons. By a simple intervention of a word, a sign, Jesus heals. It is only in a case like that of the sufferer at the pool of Siloam that Jesus uses an intermediate element between himself and the patient: water. To do the work of a healer is to give a part of one's own humanity to those in need of the same. It is a matter of something one receives "over and above" something one has received for the benefit of those in need.¹⁶

¹⁵ IDEM. 84.

¹⁶ Cf. ROBERT J. SCHREITER, Ed: *Faces of Jesus in Africa*. (New York: Orbis Books, 1991), 131.

IV. BIBLICAL UNDERSTANDING OF SICKNESS

Sickness in the Old Testament

The Hebrew word *marpe* implies healing or cursing , as in Proverbs 12:18, 13:17, Jeremiah 8:15. It also implies restoration to spiritual soundness as in Psalms 42:11, 43:5. The Hebrew word *shalem* (healthy, whole) is a cognate of *shalom* (peace). Peace was one important element to oneself, one's neighbour, God and environment.

For the Hebrews any kind of sickness was regarded as a punishment from God due to disobedience or sin. Sickness was attributed to spiritual causes, healing as a spiritual matter as supported by Yahweh's declaration. 'I am the Lord the Healer' (Exodus 15: 26).

The Mosaic code elaborates on preventive medicine. Priests were regarded as instruments of healing (Lev. 14:2ff). However , later a more scientific attitude towards medicine by the Jews through the Greek influence and doctors. They became accepted as healing instruments in the mixed society of Jews and Greeks.

The bible constantly implies that there is a relationship between sin, sickness, forgiveness and health. Health can only be obtained by observance of the commandments. The consistent observance of the Torah adds material prosperity blessing to physical and material health (Deuteronomy 28: 1-6). Generally, Sickness is seen as the work of the devil e.g. in Job 2:7.

Sickness in the New Testament

The Hebrew word *marpe* means general well-being or wholeness as in John 2, Acts 3:16 and 27:34. A healthy state emanated more from preventing the occurrence of illness rather than cure.

Sickness is seen as the work of the devil, spirits of deafness or dumbness (Mk. 9:17) and parental sin (Jn. 9:2). Christ rejects the crude view of sickness as retributive. He maintains that his power over disease is evidence of his power to forgive sins (Mk. 2:1-12). Jesus is concerned with healing the sick in body, spirit and mind. Jesus as the Messiah brings health and salvation. The gospel depicts this image of Jesus. Jesus' saving action to his people is holistic, it is directed both to the physical body, mind, spirit, relationship within society and with God.

Sickness is a form of suffering. The Bible offers great assurance to Christians in the midst of suffering. Suffering is so much a part of life. A hospital visitor can share the following suggested principles and Scriptures related to suffering:

1. Jesus knows the pain and agony you are going through. He knows exactly how you feel, because he is human and has felt the same temptations you are feeling.¹⁷ Hebrews 4:15 says, "For we do not have a high priest who is unable to sympathize with our weaknesses: but we have one who has been tempted in every way, just as we are- yet was without sin. Let us then approach the throne

¹⁷ DONALD S. CLARKE, *AIDS: The Biblical Solutions* (Nairobi: Zondervan Bible Publishers, 1984), 118.

of grace with confidence, so that we may receive mercy and find grace to help us in our time of need.”

2. Do not be surprised at the painful trial you are enduring (1Peter 4:12-13). Life is filled with toil, trouble, and sorrow. The longer we live, the more trouble we see. God never promised us a life of complete ease and comfort. But he does promise to give us the strength to bear the affliction- remain steadfast and faithful in the trial.
3. Our sufferings in this life are so short and minor compared to the glory of the next life-a life of eternity with God (2 Corinthians 4:17). In Romans 8:18 Paul wrote, “I consider that our present sufferings are not worth comparing with the glory that will be revealed in us.” Some day, according to Romans 8:19-21, the whole of creation will be freed from the curse of sin. All living things will no longer be subject to disease, decay, and death.
4. God is able to give you the strength to bear this suffering and not lose hope of faith (1 Corinthians 10:13).
5. In Jesus you can find rest and peace and perfect understanding (Mt. 11:28-30). You can give your burdens of pain and sorrow to Jesus and ask him to carry them for you. 1Pt. 5:7 says, “Cast all your anxiety on him because he cares for you.”
6. If you endure to the end and remain faithful, God will bless you and give you a special reward in heaven, “the crown of life” (James 1:12).

The whole area of sickness and healing is progressively coming to the fore as one of the pastoral and theological priorities of the Catholic Church in Africa.¹⁸ The recent special assembly of the Synod of bishops on Africa didn't fail to call the attention of the whole Church to the urgent need for bringing the mystery of Christ, who came as the good Samaritan and takes as his priority the one who has been tripped, beaten up and left aside for half-dead, (cf. Lk 10:30 ff.) into healing contact with the African man there, where he experiences himself under attack from the visible and invisible forces of evil, which bring about sickness and suffering. This healing contact must take place not only at the spiritual or physical level, but in all the important areas of his life experience.¹⁹

The importance of this particular area of human experience, in the life of modern African Christian communities was recalled with some insistence by the Synod Fathers,²⁰ and it remains very much alive in the conscience, reflection and ecclesial action of the pastors of God's people in Africa today.²¹

People have always to bear the heavy and paradoxical burden of illness and pain. Christians, like other people, suffer illness and pain, but their faith helps them to achieve a better understanding of the mystery of suffering and bear their pain with greater fortitude. Christ's words show us that illness has a meaning and value for our own salvation and that of the world. We are also aware that during Jesus' life he loved

¹⁸ DOMINGUES, *Christology and Traditional Religion in Africa*, 401

¹⁹ IDEM, 401.

²⁰ IDEM, 401.

²¹ IDEM, 401.

the sick and often healed them. While sickness is closely linked with a person's sinful state, especially in the Old Testament, it would be wrong to see it as a punishment on a person's sins (Cf. Jn. 9:3). Christ was himself without sin, yet, in fulfilment of the prophecy of Isaiah he underwent his own passion and came to know human sorrow (Cf. Is. 53:4-5). Christ still suffers and undergoes torments whenever we his followers suffer. If we realize that the sufferings that come our way are a preparation for an eternal life in glory they will seem short-lived and even more bearable (Cf. 2 Cor. 4:17).

V. CONCLUSION

I have explicated the mystery of human sickness and pain, how they have been burdensome to human beings. As mysteries they find explanation in Jesus Christ as a healer. Jesus was a healer *par excellence*. I examined also the biblical understanding of sickness both in the Old and New Testament. Christ in the New Testament rejects the view of sickness as retributive unlike in the Old Testament it is seen as a reward for the committed. In the next chapter I focus on the evangelization in the service of the sick.

CHAPTER FOUR

EVANGELIZATION IN THE SERVICE OF THE SICK

I. INTRODUCTION

In this chapter, I intend to examine different ways of evangelizing the sick today. Evangelization in the service of the sick is of paramount necessity, because when the person is suffering, he is tempted to lose his faith in Jesus Christ and even resort to witchcraft. The sick person should be helped and supported during the time he undergoes physical and spiritual pain. Evangelization begins with ourselves. The Church is missionary by nature. It keeps on proclaiming the Good News. A sick person needs to be evangelized from all spheres of life. This is done through hospital chaplains. Hospital chaplains are important as they administer sacraments to patients, staff, prepare liturgies, help patients cope with pain, suffering, life and death. All health care workers need to pray or to be in communion with God who gives them strength to serve his people.

Jesus is our missionary model, this is evident from his life and he saw healing the sick as an integral part in his mission. The sick should be accompanied during their terminal stages, this ensures a happy death with hope of starting another new eternal life where everything they have been hoping and praying for is fulfilled. Hence, this accompaniment has an eschatological dimension.

I will look at the Church's mission, God the Father sent the Son, the Son sent the Holy Spirit, God the Father, the Son and the Holy Spirit sent the Church. The Church now has a mission to be compassionate towards the sick and to proclaim the word of God to all humankind: both the sick and health, young and old.

The sick person being multi-dimensional undergoes also spiritual pain which needs to be healed. Hence, I will look how the ministry of healing would be used for the purpose of evangelization. Healing sessions can be organized for the benefit of all members of the community because is a Redeemer of all (both non and Christians). In this section, I will examine the sacraments of healing: Anointing of the sick, the Eucharist and reconciliation. I will look at the healing Churches. They provide integral healing, due to this they have attracted many followers.

II. EVANGELIZATION IN GENERAL

Evangelization must begin with ourselves. Unless one spends time in private prayer with God he cannot be able to keep going with enthusiasm. One has to stay in close communion with God who gives him strength to serve his people. The celebration of the Eucharist should be really a prayer experience and not a performance in order to be really evangelization.

Nature has the power to be so gentle and caressing and life giving, and then it can be destructive. We too possess the ability to spread the merciful love of God with enthusiasm or simply to set out to keep the boat afloat. Each one of us has a choice. We

have been offered the possibility of proclaiming with our lives the merciful love of Christ for the sick.

Evangelization of life and health, illness and care, suffering and death, as well as assistance should be fostered. Visiting and accompanying the sick person and his family in the process of his illness, treatment, and care , and death. The pastoral care of the staff is very vital. Pastoral care directed towards health care workers in order to help them to care for the patients spiritually and physically as they are the majority in any hospital.

Co-operating in the progressive humanisation of health care. The chaplains should provide humanising force of the gospel values. These are: compassion, respect, mutual help, solidarity, self-giving, reconciliation, the human and competent discharge of their own functions. They should also care for those who must suffer the effects of dehumanisation and participation in and support for actions which are promoted in hospitals to obtain more human treatment.

There should be an encouragement of building a Christian Community within the hospital. This is a Body of Christ within which every member of that community develops their own charism and places it at the service of their mission-evangelization.

Christ redeemed the world through suffering. Caring for the sick is part of evangelization, therefore it must be the concern of every Christian. The care for the sick must apply to every priest, not only to those assigned to such ministry. There is a need of spiritual and moral assistance of health care workers. There is a necessity of training

the future priests of medical ethics, bioethics or special studies like clinical pastoral education, including practical ministry through field work. There should be permanent training, that is on-going formation to avoid out-datedness e.g. Doctors after every five years they do updating. The ministry should be sustained with prayers. Priests should co-operate with the laity and promote voluntary work.

One of the fundamental functions that religious power exercises specifically in the sphere of health care is that of promoting the message and the values of the gospel by incarnating them in the cultural physiognomy of each individual, especially if that individual is sick. This form of Inculturation finds its perfect model in the incarnation of the Son of God. With the incarnation, in fact, 'the divine is incarnated in the human and the human is fulfilled in the divine, but in such a way that the divine is not lost in the human and the human does not dissolve in the divine'.

In the ritual of the sick, the celebrant prays that the sick person " be freed from sin and every temptation". The sacred oil is regarded as a "protection for body, soul, and spirit." and prayer *commendo te*, without mentioning hell and the devil, indirectly refers to their existence and action when it asks Christ to save the dying person and number him or her among "his" sheep and "his" chosen ones.²² The language used is evidently intended to avoid upsetting the sick person and his family but it derives nevertheless from faith in the mystery of evil. Celebrating life in the sacraments of the sick:

²²AUSTIN FLANNERY, Ed; *Vatican Council : More Post Conciliar Documents. Vol.2.* (Bandra: St. Paul, 1982), 475.

Reconciliation, communion, anointing and the viaticum is of great importance to the sick as it touches the sick person's physical and spiritual aspects.

III. HOSPITAL CHAPLAINCY, AN IMPORTANT MEANS OF EVANGELIZATION

In the Chaplaincy department ideally we have priests, religious brothers and sisters, and lay people working together as peers, as professionals forming community and complementing one another in the provision of a multiplicity of services: administering the sacraments for patients and staff, preparing liturgies, helping patients cope with pain and suffering, aiding them to face life and death, to overcome the fears and anxieties resulting from illness, arranging and conducting funeral services, offering bereavement counselling, contributing to the training and education of staff and future chaplains, and supporting one another. Ideally in chaplaincy departments there is an accountability to one another and to the hospital administration for the service rendered. The Church needs to show its human face and walk more closely with the people where they find themselves: "We heal through contagious humanity", Mother Teresa of Calcutta remarked.

Healthcare work is full of the ordinary, and most of the time is quite repetitive. I have heard many priests say: "I have become a holy oil dispensing machine." "I have read the prayers for the dying or just dead so often that I now tend to recite them trance like."

I have heard lay and religious colleagues observe: "It was all so exciting and attractive when I began this work but now I am finding it really hard slog." "The calls seem to be unending- I go from trauma to drama and have to pinch myself to make sure that it is all real".

In these days I have heard: " I am fearful approaching a ward today with all the clerical scandals that seem to never go away". "I think I am losing my nerve".

" I cannot cope with being told to get lost or something less polite."

All the above suggest that we need to regularly examine our approach to our ministry.

We need to recover our sense of mission in the Church. Good News should always be shared, and we must never forget that baptism is not just a gift of salvation but also a call to mission. When Andrew had the "*Lamb of God*" pointed out to him by his mentor John the Baptist, he immediately set about following him. When Jesus replied to his "where do you live" with "come and see", Andrew "went and saw where he lived and stayed with him". And being convinced that he had discovered the Messiah he was not content to keep the fact to himself but to set out to communicate and share this with his brother Peter. (Jn. 1:35)

IV. JESUS IS OUR MISSIONARY MODEL

It is evident from the life of Jesus that he himself saw healing as an integral part of his mission. When John the Baptist from his prison cell sent his disciples to enquire of Jesus as to whether he was the one who was to come or should they look for another.

He simply replied “go and tell John what you see and what you hear: the blind see, the lame walk, the lepers are healed, the deaf hear and the poor have the good news preached to them” (Mt.11:5). He is spelling out quite clearly that the main components of His mandate are healing and preaching. This he would repeat again in his home town when in response to the comments of the locals that “surely he was the carpenter’s son (“who does he think he is”), He went into the synagogue and read from the prophet Isaiah: “the spirit of the Lord is upon me and he has anointed me to give the Good News to the poor and to heal the broken hearted” (Lk. 4:16-21). Again he is saying that he would be recognised by his preaching and his concern for the sick and suffering.

Jesus did not just say that concern for the sick was an integral part of his ministry. he actually showed it by his action. “He went through the whole of Galilee preaching the Good News of the Kingdom and healing all sorts of disease” (Mt. 4:23). Over fifty percent of Mark’s gospel deals with Jesus reaching out to the sick and suffering. Jesus’ ministry based on healing brought the Kingdom to the people in a new and vital way.

He was adamant that this was not to end with his return to the Father: “Go out to the whole world, spread the Good News and heal every kind of illness (Lk. 9:1-2). ‘When you go into a city, heal the sick and tell them the Kingdom of God is near at hand.’ It is evident from Acts of the Apostles that this is precisely how the apostles

understood it as “they went through the neighbouring towns preaching the Word and healing all sorts of diseases”.

As a result of Pentecost this healing ministry of Jesus must continue today. The Church is often defined as the “sacrament of Christ’s ministry”. It would appear to me that all our ministry to the sick is sacramental as it brings the Church into the market place, into the ordinary and routine events of the day.

I believe that the most privileged place for announcing the Good News is, as it was in the healing action of Jesus, in the practical love and concern shown for the sick and suffering. Jesus never separated his therapeutic activity from the proclamation of the Gospel. On the contrary they are complimentary of one another and are aspects of Christ’s evangelising activity.

The physical, spiritual and psychological healings are not isolated events in themselves but are always at the service of evangelization. They are in fact the most obvious signs on offer of salvation: “I have come so that you may have life and have it in its fullness” (Jn. 10:10). The healings are the source of our insights into His evangelising technique. This would suggest that evangelising in the healthcare world is not an optional extra for the Christian community. It is something which is added on as an after thought to the therapeutic action of the healthcare professionals, but must be integrated with these other caring and healing activities so that they become Gospel. By Gospel, I mean that they become good news which joyfully proclaims that ours is a God who is present, who is loving in the here and now, who heals, who consoles and invites

us to accept His salvation. We should carry out our ministry if we are to be faithful to the service provided by Christ.

V. ACCOMPANYING THE TERMINALLY SICK PERSONS

In the mission of the Church this is very important as it ensures that its members have a happy death with the hope of starting another new eternal life where everything they have been hoping and praying for is fulfilled. In the eternal life they see God face to face whom they have been serving. Hence, death should be viewed as a gateway to the promised everlasting Kingdom. *A servant of the sick has a distinctive task which is wrapped up into 5 T's:*

- 1. Time: Be mindful that patients control your timetable. If you have not enough, don't ever attempt to pay a visit to them. Please.*
- 2. Touch: The sense of isolation of a patient requires touch. Patients are entitled to claim you and say "You are Mine".*
- 3. Theology: The mercy and compassion of God must work in and through you. Patients are ultra sensitive. They can sense if you are the right person at the right place. Can you so speak about God's goodness that patients could recognize His compassion? Take note. A theology that fails to affect people's life stories is nothing but an intellectual enterprise. It may mean nothing to anyone.*
- 4. Tears: This is what happens if a servant of the sick is close or gets close to someone. Stress your attachment to the patient but remain objective.*

*5. Team: There is no other way for anyone to get through but through a team. A member of the team may become a favourite. That is perfectly all right. We encourage such. As a servant of the sick, do not lose heart.*²³

Serving the sick is not wanting to achieve, rather it is ministering to be with. Be happy that our saviour is God, and not anyone else. He is the Minister. We all need to be alive to die and not to be dead to die. The emphasis of dying is on living. Yours is a pastoral encounter that is not mere intention but a whole lot of attention. We should be a prayer to the patients.

VI. CHURCH'S MISSION

The concern of Jesus was the Kingdom, God's dream for creation. To bring this Kingdom to bear on this world and to transform it into God's final design Jesus chose as his life principle justice and compassion. What counted was a basic human solidarity which would exclude anyone from God's love and would guarantee that all would be treated as brothers and sisters in the great family of God .

For this vision Jesus gave his life to make it come true. In order to continue his work until the end of time he elected disciples and told them "as the Father has sent me, so I am sending you" (Jn. 20: 21). The Church as the community of disciples for the Kingdom has been entrusted with the same mission, namely; first, to announce the arrival of the Kingdom; secondly, to create communities in which God's Kingdom as

²³ Inspired by FR. TOM O'CONNOR, MI; during Camillian Family Retreat in Dimesse Sisters on 23.5.2002.

already present in history will be celebrated and effectively experienced in justice, peace and joy; thirdly, to engage in dialogue with all men and women of good will to discover the Kingdom already present in their midst whatever their faith and beliefs may be. This they do in order that God's final dream will reach all and can be experienced already now in the hope that the whole world will become renewed and prepared for the final coming of God and his Kingdom.²⁴

The mission of the Church must be seen and understood from this perspective: totally in the service of God's Kingdom designed for the transformation of the whole of creation.²⁵ Once the Church is no longer seen as the sole holder of the Kingdom, she does not have to define herself any longer as "the Kingdom of God under siege" by the powers of this world. Since Vatican II she sees herself more as leaven of the Kingdom or in the service of the Kingdom that is broader than herself. In other words, *a theology of transcendence gives way to a theology of transformation.*²⁶ We should be "Christ" to the sick and to see and serve Christ in the sick.

Healing which may at times find expression in extraordinary cures, is an integral part of the mission of the Church and of her pastoral and evangelising activity. But most of the time it will be expressed not through miracles but rather through science and solidarity. We are called to be the living image of Christ and of His Church in our love for the sick. When you are sick you don't need a sermon on the love of God, but rather

²⁴ F. L. J. JOLY, *Evangelization. Theory and Practice*. (Bombay: St Paul Society, 1986), 234.

²⁵ IDEM, 235.

²⁶ IDEM, 235.

that love of God be made real and tangible through the love of those around you. We are called to silently and continuously be the miracles of healing that the Church has power, given by Christ, to accomplish. Years of experience has taught me that the greatest response to unravelling the mystery of suffering is to be found in the mystery of care e.g. a nurse coming to work with her own family problems should put them aside temporally and reach out passionately to those in need. In fact, all of us we are better when we are loved for love expressed through real care brings deep healing.

Healthcare workers have something very important to say to the rest of the Church, aside from the fact that they are providing a huge service in her name. The Church has not always shown that she has understood the evangelising significance contained in the healing of the human body as a starting point for announcing the Good News. The Church has been very solicitous in fulfilling her mandate to go and teach, and to go and baptise. But she has not shown herself to be too sure as to how to go about her mandate to go and heal. She has often reduced her involvement to a charitable-essential level or to a religious assistance seen primarily as a preparation for death. The modern approach to chaplaincy seeks to recover “the messianic sign of healing” by developing the therapeutic dimension of evangelisation. This means recovering Jesus’ attitude to the sick which went way beyond the sacramental, happy death approach. I do believe that the present Holy Father has done much to restore healing to its rightful place in the history of salvation.

VII. SPIRITUAL PAIN

Evangelisation in the healthcare world among other things will involve understanding the reality of spiritual pain. Here it is important to realize that the person is multi-dimensional: physical, intellectual, emotional, social and spiritual. Any one dimension of our personality may be underdeveloped: the intellect through lack of stimulation, the emotions through masking them, the physical through lack of exercise, but it does not mean that they are not there. So too with the spiritual, it may be that it is not the “in” thing to talk about, but that does not mean that this very real dimension of my personality is not there. I remember recently listening to a radio interview with a very wealthy self made man, when in response to a question as to whether he had any regrets when looking back over his life he replied that. “I very much regret that my knowledge of God and development of the spiritual has not progressed beyond where it was when I left school at fourteen.”

I wonder do we sometimes fail to recognise the spiritual in action, the search which is going on, the spiritually based questions. What do you hear when caring for the dying and somebody says to you “I wish they would put me out of my suffering?” “If only they would put me out of my misery”? What do you hear? Is it a plea for euthanasia or are they saying rather “get me out of my suffering” which we attempt to do through medication and counselling leading to a person rediscovering life. I once heard a young paraplegic relate how when he learned the extent of his injuries after a bad car crash that he wanted to die.

What helped him rediscover meaning was the care of a young nurse who was convinced that he could hear her despite his medically diagnosed state of unconsciousness, and would sit talking with him for a half an hour before going off duty every day. His words were: "my spirit was imprisoned by injury and she through her concern set it free."

I can remember during my visitation to the hospital, when patients were not exactly jumping out of skin at the idea of being considered one of its guests, a patient turning to me on the death of his neighbour in the next bed and saying: "I can't think of a better place to live" (not to die).

What do you hear when somebody suffering from the permanent debilitating adverse results of stroke says on the death of a companion: "How I wish it was me. if only I could die too." Is it a cry for death or a cry to reconstruct his life, to rediscover his life, to rediscover meaning. The effort to understand, to be present-real care- can restore that will to live. Love in the form of care can restore meaning.

People on the surface may appear to have lost the spiritual, but in fact they are often crying out in spiritual pain. Their needs are neither physiological or intellectual or social, they are spiritual and they represent each one of us. We all have spiritual needs. One of the patients told me that, it is not that he is afraid to die, but he doesn't want to be there when it happens." Well, maybe our job is to work with one another so that the person who is dying is really present to their own death. We are acknowledging the existence of the spiritual. There is such a thing as spiritual pain and it requires medicine.

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In this context prayer will seldom be the point of departure in our ministry but rather the point of arrival.

VIII. MINISTRY OF HEALING

The ministry of healing should be used to the great advantage for the purpose of evangelization. In the beginning of the Church the charism of healing was bestowed on some chosen Christians to spread the faith and strengthen it among new believers.

When Peter and John cured the lame man at the beautiful gate of the temple, the cure was to be a sign bringing to faith in Jesus not only the man who was healed but many who witnessed the change operated in his condition. Other cures wrought by the apostles and disciples had the same intent of bringing persons to faith in Christ and into membership of the Church.

We are still at the stage of the beginnings of the Church in mission countries where the bulk of the population has no knowledge whatever of the Good News brought to the world by Jesus Christ. Thus it is to be expected that God will back his messengers with signs and miracles that will give credence to their message.

The charismatic renewal led to a stronger belief in the action of the Holy Spirit in the world, that has witnessed more signs of his presence in the Church. An increased number of persons discovered that they had the gift of healing, either individually or in group. Those given this charism should make full use of it for the good of the community, and to make the power of Jesus, of faith in Jesus, of prayer to Jesus.

Sessions of healing can be organized, especially with the collaboration of charismatics, either at shrines, or in parishes, or at meetings in the open air or under a tent. The gift should not be used for the benefit of believing Christians only, but be for non-Christians a sign that Christ is the Redeemer of all. A single cure can help people to believe in Jesus as a healer. Wherever faith and prayer are found in abundance there God works miracles to reward them, as he has promised.

There are Sacraments of healing which are also found in this ministry of healing. These are :

1. Anointing of the Sick: The sacrament of the sick prolongs the concern which the Lord himself showed for the bodily and spiritual welfare of the sick, and which he asked his followers to also show. This sacrament has its beginning in Christ, and has come to be celebrated for the faithful when they are ill.

The celebration of this sacrament consists especially in the laying on of hands by the presbyters of the Church, their offering the prayer of faith and the anointing of the sick with oil sanctified by God's blessing. This rite both signifies and confers the grace of the sacrament.

The proper grace of this sacrament gives strength to the sick person. This grace endows him with God-given peace of soul to bear his suffering. It also effects the forgiveness of his sins, if this is necessary. And, if God so wills, the sacramental anointing can even effect a total restoration of physical health.

The anointing of the sick, which includes the prayer of faith (Cf. James 5:15), is a sacrament of faith, just as the other sacraments are. This faith is important both for the one who administers it and particularly for him who receives it. The sick person will be saved by a faith that looks back to the sacrifice of the cross (which is the source of the sacrament's power) and looks ahead to the Kingdom to come (which is pledged in the Sacraments).²⁷

2. *The Eucharist:* The Eucharist is also the focus of Christian healing since the community is the place of healing. The Eucharist, from which the life of the community flows and in which it finds its peak, will be at the centre of the whole process of encounter between the Divine healer and man. In the Eucharist we encounter Christ, the divine healer, and we find meaning in human suffering. The work of our redemption is actually accomplished in the Eucharist, which is the effective memorial of Christ's death and resurrection. It is through this divine work that Christ takes away the sickness of the Cosmos, which lead to the only definitive death, the loss of eternal happiness with God. This encounter with Christ, the healer through the Eucharist reaches the human person in all dimensions in life.

3. *Reconciliation/ Penance/ Confession:* It is also important to reconcile the sick with God, himself, others and the world. The sick person acquires harmony with God and the Church.

²⁷ JOSEPH M. CHAMPLIN. *The Sacraments in a World of Change*. (Indiana: Ave Maria Press. 1971). 117.

IX. THE PROPHETIC-HEALING AFRICAN INDEPENDENT CHURCHES

The promise of wholesome healing is one of the main attractions that drains large numbers of people from the missionary-established churches to these new local Christian movements. The success of these churches is due to the preaching of a Healer-Saviour who redeemed humankind not only from physical sickness but also sin and other dehumanizing conditions. The African indigenous churches' healing ministry is an integral part of its witness to the Gospel. These churches address themselves to the physical aspects of sickness, spiritual and social aspects. Health in these churches is deemed as a sign of God's victory. These churches attract people because of their mediation in healing. Many people complain that Christians are leaving the mainstream churches to seek healing and sometimes join these churches. Healing is not only sought for physical and mental illness but also broken relationships. These can be problems in work place, joblessness, economical and financial constraints and any other problem that deny persons the ability to live in peace, realise their hopes, ambitions and full human potential. Examples of these Churches are: Nabii Christian Church of Kenya, Legio Maria, Jerusalem Church of Christ and African Israel Church Nineveh in Kenya. The approach to healing used in these Churches is a complex affair that digs deep into the social, spiritual and mystical roots of sickness. Most sicknesses handled in these Churches are psychosomatic. It is not a usual thing for people with other types of sicknesses to claim that they have been healed in these Churches.

Most Africans still have a belief that their problems, material or psychological have a spiritual or mystical explanation as compared to the Europeans who have a scientific explanation. Most of the sick, after failing to receive a cure in modern hospitals or in the Church, found a solution to their problems in prophet-healing Churches or traditional healers. But there are some because of their Christian conviction who deny totally both scientific and traditional medicine.

The efficacy of healing is believed to rest more on faith in the healer than on scientific knowledge in most African Independent Churches. The healers in these Churches are charismatic leaders who, like traditional diviner-healers, act as intermediaries between God and human beings. They are psychotherapists, ritualists, exorcists, priests, and counsellors. They are able to give a diagnosis and heal sickness that has defied modern medicine. Prayer is very central in the healing ministry in these Churches. Evil, as a personal force through witchcraft and haunting by evil spirits is recognised and dealt with through prayer and ritual.

In the traditional communities of affliction, perseverance in membership and attendance is often seen as a condition to avoid the return of sickness. They rely heavily on the healing power of prayer and of the curative qualities of natural elements indicated

by Christ himself such as blessed oil and water.²⁸ Faith in God's spoken Word is a requisite for healing. The healing process is enhanced by such rituals as sipping or being sprinkled with holy water, being anointed with oil; beating drums and playing other musical instruments to drive away evil spirits; and touching of items associated with the charismatic healer such as clothes, cross and staff. Confession of sins is important for the patient. There is an involvement of the union of the patient with family, kinsmen, community and the supernatural world. The prophet-healers support their claim to heal through the analogy of the life, teaching and works of our Saviour, Jesus. Water because it carries in it the very presence of the One who said, "I will give you living water" and the living water is Jesus himself in all his power. This is why, for the purpose of healing, holy water is even more powerful than the oil of anointing recommended by the Apostle James (James 5:14-15), for the oil is already the result of much interference from the work of human hands. Water is a direct gift from God completely unspoilt by human interference, is more powerful and is bound to elicit from the suffering person a purer faith in God's healing power, active in his chosen instruments.²⁹

X. HEALING IN THE MINISTRY OF JESUS

Sin, sickness and healing occupy a very important space in the ministry of Jesus, whatever the interpretation various theologies may attribute to it. Jesus was a medicine-man in his own culture and a worker of wonders. He saw sickness and misfortune as an

²⁸ DOMINGUES, *Christology and Traditional Religion in Africa*, 421

²⁹ IDEM, 423.

image of world-sickness or sin, and he offered a comprehensive redemption from it. This redemption stems from the restorative power of God's love and it is available to those who have faith in Christ's healing power. His ways of healing and working wonders were understandable and acceptable to his people. His free style of life, often going against social and religious conviction, was not far from that of other famous healers and wonder workers of that time in the context of his religious tradition.

Jesus frequently practised healing and exorcism. This is attested by the Synoptic Tradition. He was a typical healer-exorcist who exercised his ministry while continually moving from place to place and refusing to stay for very long in the same village or town (cf. Mk.1:38). In Galilee, healing, exorcism and preaching were his main occupation (cf. MK. 1:39). In fact, healing and exorcism as forms of alleviating human suffering are easily distinguished from each other. Revelation and salvation are the fundamental constitutive elements in Christ's healing and exorcising ministry.

Jesus was a healer of his own time. Healing and exorcism were always connected with faith, and often explicitly linked with forgiveness, repentance and conversion to a new life, at the centre of which was to stand the mystery of Christ himself. For him, healing was much more than curing sickness, and it found its full meaning in the vital context of God's offer of comprehensive salvation and man's answer to it in freedom.

The healing miracle stories of the Gospels have their place in the proclamation that in Christ, God was conquering the powers of evil and suffering that affected

concrete people at all levels of their life. Eventual attempts to explain why the miracles of Jesus as purely natural events just don't seem to respect the truth of his ministry as portrayed by the New Testament.

X. CONCLUSION

Evangelization in the service of the sick should be encouraged and treasured by all the members of the Christian Community and all People of God in general. God wants us to be a community or rather a family with one Father in Heaven. Healing experienced by the whole person and the community to which one belongs. Healing is appreciated as a restoration of a broken body, mind, spirit, hopes, desires, aspirations, relationships with one another and with God, Spirits and ancestors. Evangelization and medicine are inseparable in the traditional African society and African Independent Churches' approach to healing. This is a challenge to other churches in Africa and particularly the mainstream Churches to provide an integrated approach to healing that is inculturated in the African belief systems and culture, a healing that takes place within the community and not in isolation as harmony within the individual, with God, community and environment is important. I now move on to the next chapter of empowering the members of the community to offer their service to the sick brothers and sisters in Christ.

CHAPTER FIVE:

EMPOWERMENT OF THE MEMBERS OF THE COMMUNITY TO OFFER THEIR SERVICE TO THE SICK

I. INTRODUCTION

Empowerment means to give power, to give strength, to energize, or to motivate somebody to do something. In this case, is to give energy to the members of the community to offer their service to the sick. In this chapter I will discuss about this empowerment. "I tell you most solemnly whoever believes in me will perform the same works as I do myself, he will perform even greater work because I am going to the Father" (Jn. 14:12). The healthcare community should be empowered to respond heroically to epidemics and catastrophic diseases especially in Mbagathi District Hospital. Mother Teresa of Calcutta, the foundress of the Sisters of Charity asserts, that *the members of the community should be empowered to know that each sick person is Jesus in distressing disguise.*³⁰

On 20 October 2003, during the Kenyatta Day celebrations, in Nyayo Stadium, the president of Kenya. Mr. Emilio Mwai Kibaki said that, twenty-nine people die per an hour out of AIDS.³¹ This number is great and needs a lot of people to be moved with

³⁰ VANTI MARIO. *St. Camillus De Lellis; Patron of the Sick, Nurses and Hospitals*. (Philippines: St. Camillus College Seminary, 1998), 80.

³¹ Inspired by the PRESIDENT OF KENYA, MR. EMILIO MWAI KIBAKI, during Kenyatta Day Celebrations in Nyayo Stadium, on 20 October 2003.

compassion to care for these sick people in order to die in a respectable manner and with hope of resurrecting to acquire eternal life.

The scriptures are clear about Jesus' posture before those on the periphery of society, and the Church has a longstanding tradition of presence and support for these persons. I will look at the missionary animation, the vow of poverty as a gateway to love the sick. This is a religious perspective. The training of priests as chaplains to serve the sick in the hospital should be encouraged, as the number of patients is increasing. We should help the sick people to combat their illness because they are part of our community.

II. THE SERVICE OF THE SICK IN GENERAL

Anybody working in the care of the sick is privileged to work in an area which was central to Jesus' Ministry. This should be a motivating force for involvement in all aspects of healthcare. We must encounter culture in the healthcare world i.e. we have to challenge the high technology and cost efficiency dominated culture which relegates the patient to being a number in a bed or a statistic on a computer. But in referring to a counter culture I do not wish to suggest that as a servant of the sick I am in opposition to the therapeutic activity that is taking place, but I rather am a member of a therapeutic team helping to complete the overall picture through collaboration. Health in a biblical sense always meant wholeness, and in Catholic practice has always been characterised

by the fact that it is a personalised care. We see health as a state of physical, social, mental and spiritual well-being, and not just absence of sickness or disease.

Medical science sometimes gives the impression that it needs the mental conviction that care is therapy, but it is much more important for chaplains that they themselves be convinced that the medicine they provide is equally as important as that of the other healthcare professionals. It is not a question of adding something catechetical or liturgical to the work of the other healthcare professionals, but rather collaborating in the care and assistance of the whole person so that our care becomes a sign of the presence of the saving Lord and an invitation to salvation.

The uniqueness of Jesus ministry lay in his ability to care: it is obvious that Jesus cared. But sometimes we concentrate so much on his miracles that we miss the ordinary that preceded them. Jesus did not feed the five thousand without first having the humility to accept bread and fish from a small boy in the crowd. He did not raise the son of the widow of Naim without showing compassion for her. He accepted the invitation of Martha and wept for his friend Lazarus before he raised him from the dead.

What we see and like to see are the ordinary things Jesus did. What we sometimes fail to see are the ordinary things that preceded them. This is important because if we are to follow Jesus' example we must go beyond a purely sacramental ministry or happy death syndrome to a more holistic approach. Our ministry will involve promoting everything in the world of suffering which can be incarnated into the activity of Jesus for the sick: defence of the health and well-being of the sick person; the battle

against both the causes and consequences of illness and pain: collaboration in the total care of the patient in all their needs: helping the family bear the consequences of illness; solidarity with the healthcare world; promoting organ donation: denouncing abuses and injustices; the care of the terminally ill.

This is not to downgrade the importance of the celebration of the sacraments but rather to situate them in a broader evangelising context, as deeper and more expressive signs of a Church which desires, seeks and requests wholeness for the sick person.

The proclamation of the Good News is always very difficult and challenging but the Good News is always good. Jesus alone can give a person hope, peace, forgiveness, joy, and a clear conscience. Even though one may be terminally ill, a personal relationship with God through Jesus Christ can deliver a person from fear of disease and death. This makes one to live life with certainty that he is right with God and that when he dies he will go to live with God.

Christians should be mobilised for ministry. The Church should begin to train believers now. Such Christians should be trained how to lead a person to Christ and how to counsel the terminally ill patient.

John Paul II, emphasises that integral human development is “at the very heart of evangelisation.” He acknowledges with gratitude that the Church in Africa plays a leading role in what touches upon integral human development. The integral human development includes the development of every person and of the whole person, especially of the poorest and most neglected in the community. “John Paul II notes with

satisfaction the efforts of the Church to stand resolutely on the side of the oppressed and of the voiceless and marginalized peoples.”³² This stance is a sign that the Church is faithful to its vocation, and the Pope urges it to continue to bear witness.

Contrary to what common sense would have us believe, the deadly diseases in Africa are not the so-called tropical endemic ones, but actually a formidable range of benign and very common disorders which, to say the least, produce disastrous effects and attain alarming proportions due to the shortage of adequate health structures, compounded by an unfavourable socio-economic environment.

According to UNICEF, 4.4 million children below the age of five die every year in Africa: at least 30% of these deaths are caused by diarrhoea which could easily be avoided by a simple and inexpensive treatment of oral rehydration: another 30% is caused by six diseases easily avoidable through immunization: measles, whooping cough, diphtheria, poliomyelitis, tetanus and tuberculosis. According to the most accepted opinion of the international scientific community, people in developing countries are victims of deficiencies of infectious diseases that could easily be avoided. In other words, people in Africa are dying mainly from under development, namely the joint consequences of poverty, malnutrition and under nourishment. Available statistics collected by the various U.N. agencies confirm that people continue to die from hunger in Africa. According to FAO, the daily calories intake per inhabitant is well below the absolute minimum recommended by nutritionists: an average of 2,096 calories against 2,500 which would ensure a correct basic

³² *L'OSSERVATORE ROMANO*, No.21 (1744), 22 May 2002, 10.

metabolism; and in several countries the calorie intake hardly exceeds 1,500 (Mozambique, Chad, Angola and Ethiopia).³³

III. MISSIONARY ANIMATION

The spreading of the knowledge of serving the sick should be done to the laity in order to create the missionary awareness. The missionary awareness of going beyond their families, ethnic, national, and racial boundaries to serve others. They should be encouraged to have the spirit of serving the sick regardless of colour, race or creed.

Education can be done through reading and learning about the most relevant documents on the missionary activity of the Church: "*Ad Gentes*" especially in the evangelization of the sick.

The spreading of good news on missionary work can be done by means of media: newspaper, magazines, videocassettes, internet, TV programs.

Periodic meetings are very necessary in the hospital in order to enrich one another in terms of serving the sick. This includes the sharing of new challenges, opportunities and new strategies formation for the welfare of the sick.

Having a world day of the sick which should involve the appreciation of the good work done by different ministers of the sick. The recognition of their work by either the hospital community is very important in order to motivate others.

Co-operation should be created among different peoples, sharing projects, financial support, information about different sicknesses.

³³ *NEW PEOPLE*, "Health in Africa A Luxury." No. 42. (Nairobi: May-June 1996). 10.

IV. THE VOW OF POVERTY AS A GATEWAY TO LOVE THE SICK

All Christians are called to serve and not to wait to be served. The discussion on poverty nowadays is not easy. It makes us a little uneasy and for some, it is even a cause of annoyance. Perhaps it is because in the past we talked too much without achieving anything, or may be it is because poverty is closely connected with other problems. The essence of the matter, however, is central to the Gospel and so we cannot but talk about it even in the face of resistance.

A certain religious quite sincerely asked, "Does our vow of poverty have any meaning in today's world when many governments are engaged in combating it? Certainly, if for us, religious, being poor means no more than having a kind superior who generously grants permission, then our vow of poverty has no meaning at all. Poverty is examined by St. Paul: "Remember how generous the Lord Jesus was: he was rich, but he became poor for your sake, to make you rich out of his poverty" (2 Cor. 8:9).

Therefore, what is fundamental in this vow is poverty of being, rather than the poverty of having. Roughly, the poverty of being is an emptying of oneself, an emptying of one's pleasure, prestige and power to "live only for Jesus Christ" and in the service of others, especially the needy and suffering. The religious who is poor no longer belongs to himself; rather he is a man-for-others and even ready to die for them. It is here where the Camillian religious understanding and living of the vow of poverty is rooted. For us,

Camillians, engaged in health care ministry, the evangelical counsels are viewed in reference to our charism, i.e. "to witness to the world the ever-present love of Christ for the sick;"³⁴ who are, in reality, the poorest of the poor, for they are truly the most in need and the most abandoned. Our constitution says, that *we want to live solely and uniquely dedicated to the merciful Christ, serving the sick, in poverty, chastity and obedience; engaging, under vow, in the service of the sick with all of our energies, even when our life is at risk; our community life is oriented by and to charity (love); our model is Christ, chaste, poor and obedient. Our vow of poverty, particularly, is a gateway to love the sick. We renounce all other riches in order to give our sole treasure, i.e. love, to the sick.*³⁵

Anybody serving the sick should be convinced of the gift of loving and serving the sick, God has given him. By serving the sick out of love, he eventually serves Jesus who identified himself with the sick. "Come, you, whom my Father has blessed, take for your heritage the Kingdom prepared for you ... for I was sick and you visited me ... insofar as you did this to one of the least of these brothers of mine, you did it to me" (Mt. 25:34, 40). Indeed, in every sick person, the servant of the sick should see and love "the most sacred humanity of Christ". This reality, however, should not be the point of departure, but only the point of arrival of living out of the vow of poverty. Without the vow of poverty one cannot even begin to tread the way to love the sick. Only the pure of

³⁴ VANTI MARIO, *St. Camillus De Lellis: Patron of the Sick, Nurses and Hospitals*. (Philippines: St. Camillus College Seminary, 1998), 55.

³⁵ *Constitution and General Statutes: Ministers of the Sick (Camillians)* (Rome: General House Maddalena, 1988), 41.

heart can see God. "Happy the pure in heart, they shall see God" (Mt. 5:8). People should always be reminded that the bodies of the sick are the holy temples of God. So they should purify themselves, in order to carry the vessels of the Lord (Is. 52: 11; Cf. 1 Thes. 4:4).

The context of understanding of poverty is the ardent desire to understand health care services in the hospital. The elimination of the "mercenary-minded" kind of nursing care being given to the sick: the negligence, lack of concern and care, and even downright cruelty displayed towards the patients by the corrupt and greedy ward attendants and nurses, whose works are solely motivated by monetary remuneration.

I firmly believe that unless the health care givers renounce selfish attachments to material gain or wealth, they cannot totally and wholeheartedly serve and love the sick. This should be the attitude and heart of any servant of the sick's witness to the vow of poverty. Charity and love should motivate the service to the sick. One should give to the sick "a love a mother gives for her only child who is sick."³⁶

Jesus' healing salvation, comprehensive of the whole African human experience, can and must be experienced without contrasting or ignoring the God-given blessing of modern medicine. After the resurrection the wounded healer is made life-giving spirit. His suffering and death is essential to the definitive healing he brings to humanity. As Shorter says, that Jesus is the wounded healer, the one who proves the truth of God's

³⁶ MARIO, *St. Camillus De Lellis*, 56.

love by truth of his suffering. In him, God suffered as a man. Jesus Christ is the wounded surgeon, the dying nurse. With his bleeding hands he heals.³⁷

V. THE TRAINING OF PRIESTS

The training of the Chaplains is also very important. There should be a clear awareness of the training and constant up-dating are a need and requirement when it comes to all those who exercise a profession, have a position to engage in work, in order to be effective and up-to-date. Training must enable chaplains to enter into deep dialogue with the culture of the world of health and healthcare and offer the meaning which the Gospel, theology and the *Magisterium* give to such important subjects as: the defence of and care for life; the human contents of a real quality of life: health as a responsible endeavour directed towards the overall growth of the person: the ecological meaning of health understood as harmony with the environment in which life develops and grows; the Christian vision of the physical dimension of man and the government of the body, the human and Christian possibilities of illness; the human and Christian value of the giving of blood and organs; the human and Christian experience of old age; and the human and Christian sense of dying. In the case of the priest, training is required to him and it is an expression of the faithfulness of his ministry, his love for Christ, and a duty of justice in relation to the people of God who have the right to service to the word.

³⁷ SHORTER. *Jesus and the Witchdoctor*, 15.

the sacraments., and charity. *The supporting of chaplains so that they carry out their missions in an effective way is of paramount importance.*³⁸

The Holy Father spoke to the members of the Pontifical Council for Health Pastoral Care attending their plenary assembly. The Pope warned that the world health care has to make a clear choice between a culture of life and a culture of death.³⁹ “The new frontiers opened up by progress in the sciences of life and the applications deriving from them, have put enormous power and responsibility in human hands. The great amount of work that the council has accomplished in the 17 years since its foundation confirms how necessary it is that among the offices of the Holy See there should be one that is specifically designated to manifest “the Church’s concern for the sick, assisting those who serve the sick and the suffering, so that the apostolate of mercy on which they rely may respond ever better to the new needs” (*Apostolic Constitution Pastor Bonus*, art. 152).

The best way should be reflected to reveal the suffering and glorious face of Christ enlightening the world of health care, suffering and illness with the gospel, sanctifying the sick and health-care workers and promoting the coordination of pastoral health care of sick persons in the Church. “During Easter Season, we contemplate Jesus’ glorious face after meditating , especially in Holy Week, on His sorrowful face.”⁴⁰ It is in these two dimensions that we find the core of the gospel and of the Church’s pastoral

³⁸ *DOCUMENTI M HOMINUM, Church and Health in the World* No. 46-1 Vatican City: Vatican Apostolic Library, 2002), 23.

³⁹ *L’OSSERVATORE ROMANO*, no. 21, 9.

⁴⁰ *L’OSSERVATORE ROMANO*, no. 21, 9.

ministry. Nowadays, the sector of health care demands a generous commitment from everyone.

If one member of Christ's body, the Church, suffers, all members suffer with that member. Consequently, kindness towards the sick, works of charity and given for the relief of human want should be held in high esteem. Every scientific effort to prolong life and every act of love shown the sick is a preparation for the gospel and a sharing in Christ's healing ministry.

It is therefore fitting that all Christians share in this ministry of charity within the body of Christ, combating disease, caring for the sick and celebrating the sacrament of the sick. Like the other sacraments, these have a communal aspect, which should be brought into play as much as possible.

The family and friends of the sick person and those who have care of them have a special share in this ministry of comfort. It is for them to strengthen the sick with words of faith, to pray with them, commending them to the Lord who suffered and was glorified, to urge the sick to associate themselves with the passion and death of Christ for the sake of God's people. If a sick person's condition deteriorates, family and friends and those looking after them are to inform the pastor. They ought also to prepare the sick person, kindly and prudently, for the reception of the sacraments.

It is part of God's plan that we should combat all illness and should prudently seek the blessings of good health. We will thus be able to play our part in secular society and in the Church. However, we should always be willing to complete what is lacking in

the sufferings of Christ for the salvation of the world, as we look towards the liberation of all creation in the glory of the sons of God (Cf. Col. 1:24; Rom. 8:19-21).

Further, the sick people have this role in the Church to put others in mind of the essential, the higher things, reminding them that through the mystery of Christ's death and resurrection our mortal life is given back to us.

Sick people are not left to combat their illness alone. It is the duty of doctors and all who have taken it on themselves to succour the sick to do whatever they deem necessary to help them both physically and spiritually. When they do this they are fulfilling Christ's command to visit the sick, for it was Christ's intention that the whole person should be their concern and that they should offer both physical relief and spiritual comfort.

VI. CONCLUSION

After examining how the members of the community can be empowered to offer their service to the sick. The answer to sickness will depend on people answering the call for assistance. We have a responsibility to ensure that the sick are cared for compassionately with love and mercy. We have a responsibility to become facilitators, advocates, and conveners to make sure that unmet needs are addressed through collaboration and networking. We have a responsibility to make our institutions, our parishes, and our actions show justice and fairness, love, and compassion.

GENERAL CONCLUSION

My experience in Mbagathi District Hospital has led me to have different views of human life especially in crises of sickness. When a person is sick he or she is affected in all spheres: emotionally, spiritually, psychologically, socially and physically. Hence, healing should cover all these areas in order for the person to be health.

Our Christian response should be of bringing life, healing brokenness, and confronting death. It should be one in which people care for one another, comfort and touch one another, and often journey with one another into the very Mystery of God's Love- the hope of resurrection. This response is a concrete manifestation of the power of the risen Christ, here and now. The journey with one another is also manifested in the African context of understanding the person not as an individual but as a member of the community. When one is sick, the whole community is affected. Hence, caring for a patient signifies in one way or another caring for the community as a whole. In the African context, a community is like a tree as a whole, its members are like branches. If you cut one branch the whole tree is affected or if one branch is sick the whole tree is affected and doesn't look healthy.

As Christians we should refuse the concept, that sickness is a punishment of sin. We must reach out with a healing touch. Rather than God's retribution, suffering becomes an occasion for God's Love and compassion to be demonstrated. Where people of faith reach out to evangelize and touch the sick, they transform suffering into a living example of God's compassionate love. As Church and community of faith, we are given

the opportunity through sickness to assist people in need. As teacher the Church can educate and create an understanding of how God's unconditional compassion, love and mercy are manifested in pain and suffering.

Sickness presents a unique set of psychological, social, moral and spiritual issues. The Church will come alive as it awakens the society to Jesus' love for the sick. Our special concern for the sick can be demonstrated fully and clearly as we heed and are empowered by the Gospel's call to resolve crises of sickness. We are called to teach and heal. We are called and empowered to draw on our rich theological and moral tradition in shaping a Christian response to sickness. We are called and empowered to serve one another and to aid all persons achieve the potential that God has willed for them and ultimately for the society as a whole.

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APPENDICES

APPENDIX 1: ABBREVIATIONS:

%: Percentage.

AIDS: Acquired Immune Deficiency Syndrome.

Cf: Confer, Compare.

Col: Colossians.

Cor: Corinthians.

Dr: Doctor.

E.g: *Exempli gratia*, For example.

Ed. : Editor.

Eds. : Editors.

FAO: Food Agricultural Organization.

I.e: id est (Latin): that is.

Idem: from the same source

Is. Isaiah.

ISSn: International Standard Serial Number.

Jn: John.

Lev: Leviticus

M.Afr: Missionaries of Africa.

MI: Ministero degli Infermi (Latin): Servants/ Ministers of the Sick/ Camillians.

MK: Mark.

Mr: Mister.

Mt: Matthew.

No. Number.

P: Page.

PP. Pages.

Ref: Reference.

Rev: Reverend

Rom: Romans.

S.C.D.W: Sacred Congregation For divine Worship.

Thes: Thessalonians.

TV: Television.

UN: United Nations.

UNICEF: United Nations International Children's Fund.

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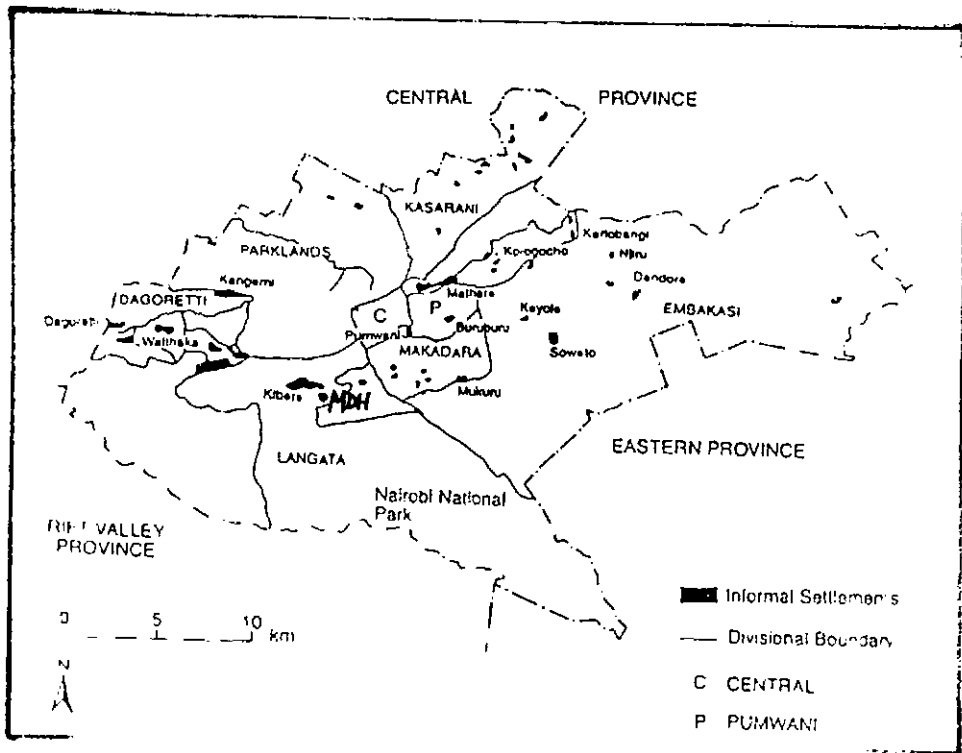
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APPENDIX 4: A MAP SHOWING THE LOCATION OF MBAGATHI DISTRICT HOSPITAL



KEY:
 MDH: Mbagathi District Hospital.

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