

**REMARKS OF HIS EXCELLENCY ARCHBISHOP CHRISTOPHE PIERRE**  
**APOSTOLIC NUNCIO TO THE UNITED STATES**  
**TWENTY-SEVENTH WORKSHOP FOR BISHOPS**  
**NATIONAL CATHOLIC BIOETHICS CENTER**  
**“FAITHFUL CATHOLIC HEALTH CARE: AN AGENT FOR CULTURAL TRANSFORMATION”**  
**OMNI MANDALAY HOTEL AT LAS COLINAS, IRVING, TEXAS**  
**FEBRUARY 3, 2020**

My Dear Friends in Christ,

I am pleased to be with you at this Twenty-Seventh Workshop for Bishops sponsored by the National Catholic Bioethics Center, with a generous grant from the Knights of Columbus, as you address the theme, “Faithful Catholic Health Care: An Agent for Cultural Transformation”. I thank your new President, Dr. Joseph Meaney for his kind invitation to be with you. I also wish to acknowledge Dr. John Haas, the President Emeritus of the NCBC and to thank him for his many years of service. I greet and thank Archbishop Aymond, Chairman of the Board, as well as Bishop Burns for their graciousness and hospitality.

As the Apostolic Nuncio, I greet you in the name of the Holy Father Pope Francis and express his spiritual closeness, assuring you of his prayers during your gathering. The issue of Catholic health care, especially with the recent aggressive promotion of euthanasia and physician assisted suicide, is among the priorities of Pope Francis. In fact, his first document of this new year was his Message for the World Day of the Sick, which will be celebrated next week.

When confronting the problem of human suffering, many secular institutions, while trying to *cure* a medical problem, have forgotten to *care* about the whole person in his totality – that he is a unity of body and soul. The Holy Father wrote:

“There are so many kinds of grave suffering: incurable and chronic diseases, psychological diseases, situations calling for rehabilitation or palliative care, numerous forms of disability, children’s or geriatric diseases... At times human warmth is lacking in our approach to these. What is needed is a personalized approach to the sick, not just of *curing* but also of *caring*, in view of an integral human healing. In experiencing illness, individuals not only feel threatened in their physical integrity, but also in the relational, intellectual, affective and spiritual dimensions of their lives. For this reason, in addition to therapy and support, they expect care and attention. In a word, love.” (POPE FRANCIS, MESSAGE FOR THE 28<sup>TH</sup> WORLD DAY OF THE SICK, 3 JANUARY 2020, 2)

This is the difference that faithful, Catholic health care can make, serving as an agent for cultural transformation, rejecting the notion that man is made of only his material components, to be used and disposed of according to his whims. The Holy Father added:

“...let us always remember that diagnostic, preventive and therapeutic treatments, research, care and rehabilitation are always in the service of the sick person; indeed, the noun “person” takes priority over the adjective “sick”. In your work, may you always strive to promote the dignity and life of each person, and reject any compromise in the direction of euthanasia, assisted suicide or suppression of life, even in the case of terminal illness.” (IBID., 4)

Catholic health care can serve as an instrument of change, if we remember, in addition to the dignity of the human person in his bodily and spiritual integrity, who we are as a Church. The Second Vatican Council speaks of the Church as the sacrament of salvation; that it, it is a sign and instrument of our union with God. Mindful of this, we should consider the words of Pope Benedict XVI:

“The Church's deepest nature is expressed in her three-fold responsibility: of proclaiming the word of God (*kerygma-martyria*), celebrating the sacraments (*leitourgia*), and exercising the ministry of charity (*diakonia*). These duties presuppose each other and are inseparable. For the Church, charity is not a kind of welfare activity which could equally well be left to others, but is a part of her nature, an indispensable expression of her very being.” (POPE BENEDICT XVI, ENCYCLICAL LETTER *DEUS CARITAS EST*, 25 DECEMBER 2005, 25)

In the field of health care, the Church exercises her *diakonia* in a threefold way. First, she shows it by remaining firm in her commitment to the preferential option for the poor, which was at the origin of Catholic health care, particularly among monastic communities and religious orders. Catholic institutions are tireless in their service of the poor and marginalized, those at the peripheries. Pope Francis never ceases to remind us of our duty toward the poor – to be communities that are progressively more inclusive of the poor.

Second, the Church exercises her *diakonia* in her care for the sick and the disabled. Recently, Pope Francis wrote:

“We are called to recognize in every person with disabilities, even with complex and grave disabilities, a unique contribution to the common good through his or her own original life story. To acknowledge the dignity of each person, well aware that this does not depend on the functionality of the five senses ... This conversion is taught by the Gospel. It is necessary to develop antibodies against a culture that considers some lives to be “League A” and others “League B”: this is a social sin!” (POPE FRANCIS, MESSAGE FOR INTERNATIONAL DAY OF PERSONS WITH DISABILITIES, 3 DECEMBER 2019)

Third, she exercises her *diakonia* in her defense of and accompaniment of the sick and dying. Late last year, the Holy Father warned:

“Therefore, in front of any change in medicine or society ...It is important that the doctor does not lose sight of the singularity of each patient, with his dignity and fragility. A man or a woman to accompany with conscience, with intelligence and heart, especially in the most serious situations. With this attitude, one can and must reject the temptation – induced also by legislative changes – to use medicine to support a possible desire for death by the patient, providing assistance to suicide or causing death directly with euthanasia.” (POPE FRANCIS, UDIENZA ALLA FEDERAZIONE NAZIONALE DEGLI ORDINI DEI MEDICI CHIRURGHI E DEGLI ODONTOIATRI, 20 SEPTEMBER 2019)

In addition to these elements of *diakonia*, Catholic health care must also demonstrate its commitment to *martyria*. Again, it does this by viewing the ministry of healing, not as a business which competes against for-profit corporations, but in carrying out its mission in the context of the Church’s mission to evangelize. Jesus proclaims the Gospel of the Kingdom, and this Kingdom is accompanied by

His healing miracles. Jesus also gave his Apostles authority and power to heal in His Name. We must never lose sight of the evangelizing mission of the Church.

This also means being Christ's witnesses as servants and guardians of life and, as I said before, witnessing to the presence of Christ and the Church alongside the sick and the suffering. Returning once more to the World Day of the Sick Message, the Holy Father wrote that the "Church desires to become more and more the 'inn' of the Good Samaritan who is Christ (cf. *Lk 10:34*), that is, a home" where people "can encounter his grace, which finds expression in closeness, acceptance and relief." (cf. *World Day for the Sick Message*, 3)

*Martyria* is also exercised by being a community of more than rules. I do not mean to say that rules are not necessary. In fact, the *Ethical and Religious Directives* of the USCCB are among the most thorough in the world, in upholding the dignity of the person and maintaining the Catholic identity of the institutions. *Martyria*, however, demands going beyond these norms to be communities of conversion, where the patient knows God's mercy and where the hearts and minds of doctors, nurses, and health care providers are converted, so that they experience the transformative power of God's mercy and understand their vocations to be instruments of evangelization in the proclamation of the Gospel of Life.

*Diakonia* and *martyria* are inseparable from *leitourgia*. Faithful Catholic health care necessarily involves sacramental and pastoral care. The availability of Catholic chaplains, who offer the sacraments to people in their suffering, particularly at the end of life is essential. The celebration of the sacred mysteries reveals not only the transcendent nature of the human person but also reveals the Mystery of the Triune God in whose image each person is made.

Beyond the expected sacramental and pastoral care, an authentic Catholic institution will be an agent for cultural transformation inasmuch as it fosters what St. Thomas calls *dulia* (but without idolatry). That is, Catholic health care by its very nature and in its structures – in the hallways and offices of a building, in emergency rooms and at the bedside of patients – ought to foster *reverence* for the human person, made in God's image. It should be a locus where every person is treated with courtesy and compassion, compassion understood as suffering in solidarity with another person rather than choosing to eliminate or abandon him or her. It necessarily involves listening, which also requires the virtue of humility and mutual respect. Finally, I think it involves using language that is less technical and more human, conveying the tenderness of God.

My Friends, as you gather for these days, having been inspired by the recent March for Life, in which we witnessed so many young people committed to transforming the culture from one of death to a culture of life, know of the Holy Father's closeness as you help the Church be a real sign of the sacrament of salvation – through her charisms of *diakonia*, *martyria*, and *leitourgia* – and an agent of cultural transformation. Thank you.