

GENERAL CURIA

Rome, 5 May 2006

To the Visitors of the Congregation of the Mission

Dear Brothers,

May the grace and peace of Our Lord Jesus Christ fill your hearts now and forever!

Sensitive to the reality of the men and women of our world, the members of the Vincentian Family, and in a special way the Daughters of Charity, have tried, from the beginning, to respond in many ways to the challenge of an illness which is spreading by leaps and bounds especially among the poor: HIV/AIDS.

The Union of Superiors General (USG) in Rome, through its Health Commission, held a conference on 10 March with Superiors General and some members of their General Curiae. At this meeting it presented the conclusions of the panel: *"Religious in the world of the HIV/AIDS pandemic: commitment, challenges and prophecy."* We are not alien to this reality; thanks be to God, many sisters and brothers witness to their generous devotion to the victims.

I invite you to participate more broadly in this struggle, uniting ourselves to the USG's initiative. Its documents are attached. I ask you to send them to each of our local communities, requesting that they respond to the questionnaire and collaborate, through their replies, in drawing up the information solicited of us. May our experience, united to that of religious throughout the world, help the USG make concrete commitments in favor of the most vulnerable.

The replies should be sent to the Office of the USIG/USG, as is indicated in the documents attached to this letter. I would also like you to send a copy of those replies to my address: cmcuria@tin.it

I am sure that the road already covered by the members of the Vincentian Family throughout the world in favor of our brothers and sisters will not only contribute to the Church's initiatives, but will also enrich the mission of all the members of our Family.

May the Lord strengthen you and fill you with his peace and his love in this Easter season.

Your brother in St. Vincent,

G. Gregory Gay, C.M.

Superior General

RELIGIOUS IN THE WORLD AND THE AIDS PANDEMIC: COMMITMENT, CHALLENGE AND PROPHECY

Introduction *A Samaritan traveller who came upon him was moved with compassion* (Lk. 10:33)

The third millennium has reawakened a need in us; a need to come together, to join forces, to share expectations and hopes in order to reflect on a theme which for us is life. We are talking about that life which we encounter daily and which we seek to serve: that life which has been wounded in so many ways and in diverse circumstances by the HIV/AIDS pandemic. This desire to serve became a reality when a group of 40 male and female religious from many different countries and various Religious Congregations met in Rome from 12th-14th December 2005. The theme of the meeting was, "Religious in the world and the AIDS pandemic: commitment, challenge and prophecy." The event was organised by the Health Commission of the two Unions of Superiors General UISG and USG to which about 2000 religious institutes and their approximately one million members involved in many and diverse fields in the various continents belong.

Representatives of Caritas Internationalis and UNAIDS,¹ organisations with whom we are working to establish dialogue, were also present at our meeting.

The meeting brought us to the heart of the world. During these days together we heard the cry of many brothers and sisters; we shared our experiences, hopes and concerns and, even more, we rediscovered the two icons which seem most significant for our present reality, the Good Samaritan and the Samaritan Woman. These two icons were presented to us in the Congress on Religious Life last year one of the fruits of which was this meeting.

We feel that this moment is a call to be prophetic, to speak out courageously about a reality which questions us even while we try to deny it or run away from it. The pandemic challenges us to find new forms of radical poverty in sharing in the suffering and the tragedy of a great part of humanity, and it also invites us to unconditional love.

From the beginnings of this enormous tragedy of our time, just like the Good Samaritan and led by our shared passion for Christ and for humanity, we have stopped to help the many people left on the side of the road. At the same time we recognise that we are among the wounded; we are vulnerable people marked by our

¹ The United Nations Department which is specifically concerned with the HIV/AIDS problem.

fragility and limitations. In fact, AIDS is not just outside of us but is found within our very communities.

Like the Samaritan we are aware that it is faith, the living water, which offers a response to the many questions on the meaning of life, death and illness. It frees our capacity for love and forgiveness while it reminds us of the people we have met who have given us so much and have shared their great human and spiritual richness with us. Our service has been an exchange of gifts.

We have been reconfirmed in our commitment and in our conviction of the need to mobilise our energies and outline new strategies for future collaboration among ourselves, overcoming division and individualism. In the fight against HIV/AIDS, which presents us with extremely vast and diverse challenges, each Institute has something to contribute from its own charisma.

The reality *Give me a drink* (Jn. 4:7)

AIDS is considered by the WHO² to be among the three principal dangers for our planet together with nuclear risk and climate change. The situation of HIV/AIDS infection in the world (as given in the UNAIDS Report 2005), is that of an epidemic currently in expansion with an increase in the number of infected people in Eastern Europe and in Asia. There are also alarming signs in the Pacific. The increased number of people at risk in these areas makes our commitment to programmes of prevention and care, which will bring about a change in behaviour, even more urgent.

In December 2005 the estimated number of people with HIV was 40 million. Almost 5 million new cases were reported in 2005. AIDS has already killed 25 million people since it was first recognised in 1981. In spite of the great number of new cases and the fact that the number of people who are HIV positive is greatly increased, there is ample evidence that the efforts at prevention have lessened in many groups and especially among young people. Although there are new cases all over the world, sub-Saharan Africa is still the most strongly affected and has about 26 million people who are HIV positive, which means that two thirds of all the people there are living with AIDS. The growing number of AIDS orphans, of families headed by children, of grandparents who take on the burden of a large number of orphans and the tremendous weight of suffering carried by children in Africa is a growing concern for us. We are challenged by the growing number of women affected by this pandemic; 50% of those who live with the virus are women and they pay the highest price in this situation.

² World Health Organisation.

The prevention of the disease among the youth and those who are most at risk needs to concentrate on education for life and on sexuality. It needs to be carried out clearly and thoroughly particularly in areas in which neglect and poverty makes those who work in the sex industry and those who seek “escape” through drugs more vulnerable to HIV infection.

Though the responses to HIV/AIDS have increased and improved notably in the last ten years they have still not kept pace with an epidemic which is constantly worsening. Access to anti-retroviral drugs has increased and these are available in the richer countries, but the situation is different in the poorer countries of Eastern Europe, Latin America, the greater part of Asia and virtually in the whole of sub-Saharan Africa.

Responses and challenges *He went up and bandaged his wounds, pouring oil and wine on them* (Lk. 10:34)

Effective prevention is still undermined by stigma and discrimination that create a climate in which the pandemic continues to advance. These challenges require competent co-operation from all men and women of good will, from international agencies, with NGOs³ and Faith — based groups, cross cultural co-operation and the sharing of resources which can guarantee the best care, education and prevention which our human creativity can put together.

In this collaboration, we religious can offer in a particular way, the richness of our experience inspired by evangelical values. We would like to point out what is specific to religious life and which brings us to:

- a) Be and create bridges of mutual dialogue:
 - Inside Congregations, local Churches, Social Organisations, Governments...
 - With people: proximity, nearness, vital relationships, listening in order to understand the problem, care (cf. The icon of the Good Samaritan)
 - With cultures, in order to discover their values and bring them out rather than importing everything from outside (cfr. Icon of the Samaritan Woman)
- b) Harmonise the response to the urgency of the pandemic with an integral approach that considers all the various sides of the problem, which takes time.

³ Non-Governmental Organisations.

- c) Recognise the challenge to conversion for us as religious in the face of a problem which touches the way we interpret the illness, overcoming ignorance and the tendency to “moralise,” and to recognise, with humility, the presence of the illness even within our communities.
- d) To be prophetic in recognising the demands that this illness brings into the pastoral environment and to deepen the theological and pastoral reflection brought about by HIV/AIDS.

Action points

1. Bring about awareness in all the Congregations and in the Church that the AIDS problem is a complex reality that goes beyond the medical aspect; that it includes education, social, economic and political conditions; that it is about justice and that is the responsibility of all of us. For this reason HIV/AIDS should become a part of our pastoral programmes, of our teaching, preaching, care, social development programmes and justice education programmes.
2. Continue the plan of mapping⁴ and bringing about awareness in religious communities to facilitate subsequent interventions in this area according to the various charismas.
3. Collaborate and network among ourselves and with other groups continuing along the lines of this initial event with the formation of a larger forum in order to bring about the recommended resolutions.
4. Learn from one another which are the best strategies, such as those we have heard in these days. These will include preventive care programmes, sexual education for life, the formation of youth, care of the sick, integration of children with HIV/AIDS into society, particular attention to orphans and children in the counselling⁵ field, the setting up of research in this area, support programmes for women, for the sick and their families etc.
5. Involve ourselves in advocacy.⁶ The aim of this will be to seek funds, to facilitate treatment of the most vulnerable groups so

⁴ One of the aims of the AIDS project of the Union is to know and make known the activities world-wide that religious are carrying out in the fight against HIV/AIDS. To help with this a questionnaire will be sent to all religious communities as a basic tool to help in drawing up a complete picture or a map, of all our initiatives.

⁵ Psycho-spiritual support.

⁶ Assistance, speak for, support, encouragement.

that all might have access to anti-retroviral⁷ treatment and other necessary care, and for prevention.

6. Make use of the Justice and Peace web site (UISG-USG) and establish links with the websites of the various congregations and of other Catholic organisations, which are committed to combating the pandemic.
7. Pay attention to the call for the pastoral and humane care of those caught up in the pandemic; the care of the sick and dying of AIDS, solicitude for those who care for them, for those who are HIV positive and for those who lose their relatives. Organise days of support and of healing prayer and create family support groups.
8. Specific formation in the training of health workers and those working in pastoral care. Set up programmes in our houses of formation which should include courses on HIV/AIDS, as well as personal and religious development. Create models of formation that others can follow.
9. Circumscription superiors should establish guidelines that offer support to priests, brothers and sisters who live with the virus.
10. Face the problem of stigmatisation and discrimination by means of a series of theological and pastoral reflection and offer our witness of involvement with people living with HIV.
11. Work in collaboration with those who live with HIV/AIDS, with other Catholic organisations who are involved in the fight against the pandemic, with people and organisations of other denominations and faith groups, governments, international agencies (such as UNAIDS, WHO and the Global Fund for the fight against AIDS, TB and Malaria), and civil society.

Conclusion

Last November Pope Benedict XVI, referring to World AIDS day, declared that the statistics of those who suffer from AIDS were “*truly alarming.*” He went on to say, “*Following the example of Christ, the Church has always considered the care of the sick an integral part of its mission. Therefore, I encourage the many initiatives being carried out, especially by the Christian communities, for the eradication of this disease, and I am close to those who suffer from AIDS along with their families, as I invoke the help and comfort of the Lord upon them.*”

We have a steadfast hope that this initiative is only the first step on a long journey that we have to take and along which we can

⁷ Specific drugs for the treatment of AIDS.

proceed together. We hope that other Congregations that are not specifically involved in health ministry might also respond to this call according to their charismas. We are also aware that the response of the Congregations which are already involved need to move to greater unity as we work to overcome the present fragmentation of our various commitments.

Forty million people who suffer from AIDS are looking to us with hope!

Rome, 15 December 2005

For the participants:

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