



**CROSS OVER**  
CAMILLIAN DISASTER SERVICE INTERNATIONAL  
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# **Reinventing the Legacy of the Camillian Martyrs of Charity in our Time**



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CROSSOVER is the quarterly news bulletin of the Camillian Disaster Service International. The name CROSSOVER was inspired by the gospel of Mark (4:35-41) when Jesus invited his disciples to cross over to the other side of the lake, and then a massive storm battered their boat that it almost sank. Fear had overshadowed them; Jesus rose from sleep and calmed the sea. St. Camillus himself had crossed over the confines of the hospitals when he learned about the plague-stricken people, and the victims of floods, war, and pestilence. The enormous strength and enduring compassion of the Camillians are displayed during these difficult historical moments.

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## If the Camillian Martyrs of Charity were Here Today

As of December 21, 2020, the global COVID 19 infection cases reach 76.975.940 with 1.695.846 deaths impacting 191 (98%) countries all over the world. In Italy, we are now experiencing a second wave of infection. WHO is already releasing a warning for a third wave, especially after the holiday season, if appropriate measures are relaxed. Recently, news of a new variant of coronavirus was tracked in the UK (cf. [www.thehealthsite.com](http://www.thehealthsite.com)). This propels doubt and uncertainty as the world awaits the vaccine.

In our first issue of *Crossover* this year, I mentioned a possible link of this virus to the severe problem of climate change. Climate change generates a tremendous impact on the health of the people and the environment. Pope Francis has already mentioned this fact way before the pandemic of coronavirus in his encyclical letter "Laudato Si." All organisms are interconnected. Whatever happens to one will impact the other depending on its degree of exposure and interconnection. And the worst of all, "its effects are often unequal, disproportionately impacting populations who have contributed the least to the problem." (*Lancet Countdown 2020*). Thus, CADIS upholds its operative principle that any form of disaster response, the question of justice must be an impelling question to address.

The *Lancet Countdown 2020* revealed in its report that - (1) global food security is threatened by rising temperatures and increases in the frequency of extreme events, (2) climate suitability for infectious disease transmission has been growing rapidly since the 1950s, with a 15% increase for dengue caused by *Aedes albopictus* in 2018, and regional increases for malaria and *Vibrio* bacteria, (3) based on current populations, between 145 million people and 565 million people face potential inundation from rising sea levels, (4) health burden is substantial - more than one million deaths occur every year as a result of air pollution from coal-fired power, and some 390 000 of these deaths were a result of particulate pollution in 2018 [...] To adapt to the current situation, the following steps need to be undertaken - identify vulnerable populations, assess the

capacity of public health systems, develop and invest in preparedness measures, and emphasize community resilience and equity. (*Lancet Countdown 2020*).

CADIS post-Covid 19 resilience programs respond adequately to these recommendations. However, to achieve our goals, there is a need for a vaccine of the "Camillian martyrs of charity" - the readiness, willingness, and commitment to serve the most vulnerable sick populace. They didn't have enough scientific forces and resources to combat the plague-stricken population of their time. Still, these meager conditions have been reinforced by their readiness to serve the victims without asking too many questions. They are sure of the only thing; that is, death is knocking at their doors.

In our times, we need to appropriate the source and strength of the Camillian martyrs of charity. We could even harness it with the new scientific and spiritual approach of facing the new signs of the times. The CADIS Covid 19 Emergency Intervention is technically an entry point to get to know better and journey with the most vulnerable population (identification), assess the systems in place (assessment) and find creative ways to engage the issue by addressing its causes (developing strategies). The CADIS Post Covid 19 intervention will be a concrete response to this new challenge. It aims to engage the following activities: enhancing the people's capacity to social and economic resilience, strengthening the health systems capacity, increasing food security, and empowering women.

To do these is almost tantamount to risking ourselves to get exposed to the unknown enemy, the virus. It entails a lot of hard work and thinking since we don't want to do it for a "personal feeling happy effect." We want to share our contribution and participation in the intelligent efforts of the global community. Our predecessors called it competent compassion, intelligent charity, engaging with our hearts, hands, heads, etc.



# The Camillian Charism in the Face of the Challenges of Covid-19 Pandemic

## What do the Martyrs of Charity teach us?

By Fr. Gianfranco Lunardon, MI

### A testimony of the past: history, the 'teacher' of life

"Renzo, meanwhile, trotted towards the neighborhood of the good friar. With a bit of study, and not without having to redo some of the roads, he finally managed to get there. He found the hut; he didn't find him there; but, buzzing and searching the surroundings, he saw him in a hut, who, bent down, and almost choking, was comforting a dying man. He stopped there, waiting in silence. A little later, he saw him close his eyes the poor man, then he got down on his knees, pray for a moment, and got up." (Alessandro Manzoni - *I promessi sposi* (1840), Cap. XXXVI).

It's 1630 in Milan. The scourge of the plague rages. Only in the regions of northern Italy, is assumed to have decimated about one million people.

Was the "good friar," Friar Cristoforo, perhaps a Camillian? He could be the religious who, in the *Promessi Sposi* (The Betrothed), was the first to discover the plague of 1630. He could have been inspired not so much by a Capuchin, the Capuchin with the dark habit of the followers of Francis of Assisi, but by the figure of a Camillian Brother Giulio Cesare Terzago, with the flashy red cross that dominates the cassock of the sons of Saint Camillus de' Lellis, who served the plague victims in a leprosarium in Milan, until he died of the same contagion. The hypothesis has already been documented with an absolute



Staff of St Camillus Hospital in Calbayog City, Philippines

amplitude in 1930 in a book by Fr. Mario Vanti on *I Camilliani, il Manzoni e la peste del 1630* (The Camillians, Manzoni and the plague of 1630).

It was precisely Brother Terzago, a Milanese nobleman who was no longer very young (born in 1584 and became a Camillian at the age of twenty accepted by the founder) and chief nurse at the Ca' Granda, the main hospital of the Lombardy capital. At that time, the "ministers of the sick," followers of St. Camillus, made a special vow to devote themselves to the "perennial service of the sick, even those struck by the plague." Terzago had been in Palermo during the epidemic that broke out in the Sicilian capital between 1624 and 1626, distinguishing himself for his dedication as responsible of the leprosarium: "To attend to all his needs with solicitude - says a chronicle of the time - he rode a mule, staying at a time continually day and

night, without saving anything. He did infinite works of charity... and he was often seen taking the creatures in his arms who were languishing and waiting for death, he made soup for them and fed them".

After four months, however, the religious also fell ill and was sent first to quarantine, heal, and finally to his homeland in Milan, where his confreres worked at the *Ospedale Maggiore*. The epidemic then reached its peak from the spring of 1630 onwards, until December; at the end of the disease, of the 130,000 inhabitants of Milan, about 60,000 survived. The religious were in the frontline assisting. The Camillians, in particular, counted their first victim already on April 15, and at the end, out of 50 religious workings in the city, half of them died. Other leprosaria were opened, apparently one in each Milanese gateway. In July, Brother Terzago - who had contracted





*A woman beneficiary of the "Covid 19 Emergency" program in Vietnam*

the disease at Ca' Granda and cured - was assigned with two brothers to the leprosarium of Saint Barnabas near Porta Ticinese, capable of treating about 4,000 patients. Fr. Vanti testifies: "For two months, as long as he survived, he was the angel of life and good death there" until he died, on an uncertain date between August 19 and September 2, 1630.

### **What do the martyrs of charity teach us?**

At the time, there was an authentic competition in 'charity' between religious families, even those belonging to different charisms. There was a concerted tension throughout the church (men and women) to compete for the 'big dish' of charity, under the single banner of Christian proximity, inspired by the common Gospel of mercy. By way of example, we can recall the stature of the holiness of Luiz Gonzaga, a young Jesuit, of Charles Borromeo, Bishop of Milan, of Catherine of Genoa, of Francesco Maria of Camporosso, all saints of the

plague, cholera, typhus, etc.

I think that our and other "consecrated" persons, whom we remember and venerate today as "martyrs of charity," in those highly dramatic moments of their personal and community life, had no intention of "teaching" anyone anything.

Teaching presupposes a chair, an altar, and codified contents. These men, on the other hand, were too busy 'living'; simply living their consecration - in some cases the simple and fundamental baptismal consecration - to the fullest in a context of proximity to illness and death that left nothing to the imagination about their fate in the future (i.e., high probability of contagion and death to happen) and did not leave too much space and time for reasoning or the formulation of strategic plans of intervention.

They were indeed not men or women who were naïve in their spiritual feelings, rational thinking, or approximate pragmatic behavior.

However, it was the contingent situation of need, pain, and grief that determined their action's immediacy and dictated the very human and empathetic style of their choices. The vivid descriptions we have of their work in the pandemic context of the time do not lend themselves to any form of interpretation: 'stabat'!

They stayed with the afflicted, the needy, the sick. There was an intense presence, a compassionate touch, a consoling word, a reassuring hand, a caring gaze, a long and dedicated time. Someone who, with a corporate personality, almost representing an entire religious and ecclesial community, stayed with the sick person.

The "good friar" puts in sequence a series of exquisitely human actions that retrace the same immediate and concrete choices of the Good Samaritan of the Gospel. "In a hut, bent over and almost collapsing, he was comforting a dying man. He saw him close his eyes to the poor man, then kneel, pray for a moment, and get up."

What is most striking is their living out in such a natural way, without categorical mediation or interpretive reductionism, the very reversal that Jesus asks to the expert of the law from "Who is my neighbor?" (Lk 10:29) to "Which of these three do you think was neighbor to the one who fell into the hands of robbers?" (Lk 10:36). The focus that catalyzes every intervention is no longer 'mine' but 'who fell into the hands of the robbers.' The center of gravity of the intervention work is no longer 'my' feelings, intentions, fears, aspirations, but 'his' needs, fears, necessities, torments, sufferings!

Personally, the almost incredulous admiration and amazement at the audacity and courage of the works of these men are mixed with the disquiet of some simple questions that have haunted me for some time. It is emotionally lovely to leaf through these beautiful pages of our "family album" (church, ecclesial communities, religious institutes, etc.) to discover that



we are proud heirs and members of such an impressive human and Christian history. I believe it is even more important to read between these individual biographies' lines to grasp some coordinates that can, today, realistically instruct and convert me.

*Gratia supponit naturam et perficit eam.* What kind of nature could the 'good friar' have, whom grace then performed to the point of making him capable of such a natural gesture as 'pitifully closing the eyes of a newly dead plague victim'?

Every man, between the heights of holiness and the abjection of sin, is never the fruit of chance, of determinism, but always of an interweaving of relationships that qualify or disqualify him, that is, that give or take away consistency from his natural qualities.

To what families were these people born and raised? To what Christian communities were they "initiated" into faith and charity? What cultural and spiritual coordinates nourished and oriented their image of God and man? What kind of formation or which formators discerned their vocation and then cultivated it and made it grow? With whom did they accompany and support and confront each other in these life choices? Who helped them to become fully human persons?

### **The depth of thought and spiritual life**

We live in a particular period where shadows seem to occupy almost all the illuminated spaces; resources are running out, fragilities and fears guide the rudder of our existence and history. Many of us rebel, others suffer or react, others still build, even paying in person, so that the other may live.

We often believe that we can resolve every precarious situation by flaunting and defending our thought at all times, even if it is not always founded on the Gospel or compared with others, to find a synthesis at every juncture. In reality, observing our personal and social

history, we realize that there is "much movement on the surface of the mind, but the depth of thought is neither moved nor unmoved" (*Gaudete et Exsultate* 38). At times, we absolutize individual thought without, however, translating it into action.

Caught in the grip of our individualism, we do not see or even listen to those who want to walk with us to revisit the paths together and seek an objective reading of each cross-section of life. The standard method adopted today: any offer that comes from the other is to be contested, without checking whether the contribution can open up new processes that "build people, rather than obtaining immediate results that produce an easy, rapid and ephemeral image, but which do not build human fullness" (*Evangelii Gaudium*, 224). In defense of our little garden, we seem to lack the ability to broaden our global vision of the world, see the positive in others and recognize the piece to latch on to build the common good.

It isn't easy today to put together the various puzzle pieces that give back a global vision of reality through the continuous exercise of a depth of thought! We need to return to being human persons. We need to rediscover care for the common good. We need a faith approach to reality. Perhaps the commitment to be holy as God is holy has gone out of fashion? What does it mean for us today to follow the path of holiness, to be authentic witnesses of Jesus Christ?

Today it is urgent to find the Lord, the meaning of our lives. By cultivating a relationship with Him, we can listen to His Word and live it in our daily lives, not on extraordinary occasions, but in the present moment, bringing our evangelical contribution that takes shape in not only personal but also social choices. We cannot continue to remain spectators of history.

The holiness of life is revealed in the person's ability always to be there evangelically where he lives, to build a society of love, where he testifies that

the other is precious, worthy, welcome, and beautiful, beyond physical or moral appearances and that love for him drives one to seek the best for his life (cf. *Fratelli tutti* 94).

The depth of the Christian life and, therefore, of the believer's path to holiness can be recognized immediately by the love he or she has toward God and his or her brothers and sisters, without exclusion. In this time of pandemic in which, out of fear, we risk closing ourselves in a selfish circle, rejecting people, we are called to verify the relational capacity that makes us a gift to others, even in critical times, like Jesus who gave his life until death on the cross.

Today, since people do not readily talk about their life of faith because it is often relegated to an intimate area, there is an urgent need to share the search for the face of God; to communicate and welcome the way to remain always in relationship with others; to seek together the resources drawn from the Gospel to forgive, to be merciful, to express tenderness as a preventive love, deep love for others, to be men and women of peace, justice, joy, hope. Therefore, not aleatory holiness but holiness made of flesh, which is seen in itinerant, looking at the example of Jesus, who became incarnate and died for us, to live the beauty of human life to the full as children of God.

### **Maturation in humanity**

In this time of the pandemic, we are all called to confront and, in a certain way, to reconcile ourselves deeply with our humanity. For the most part, at least in our Western sensibility and culture, when we resort to this word "humanity," we usually do so in a very solemn and sometimes presumptuous way. We evoke this precious word, in which we recognize ourselves, distinguish ourselves from other living creatures, in the sense of excellence that we take for granted and acquired. In reality, this word refers radically to that humus, to that clay soil from which we were taken and to which we are



Humanity is measured in  
the relationship with  
human suffering and  
especially with the face of  
the suffering



Child care in Ecuador

called to return with serenity, after having traveled the path of our humanity. The most proper characteristic of our human dignity is the awareness of our reality, which should always generate *humilitas*. Humility is proper for human persons worthy of this name. In our Western culture, we are more inclined to think of our humanity from Prometheus's myth than from the mystery of Christ the Lord.

The challenging experience of coping with a pandemic such as a Coronavirus is proving to be an almost deafening shock. We had not thought that we, too, were vulnerable and so tremendously fragile. We had convinced ourselves that we were a portion of humanity that, at the cost of admirable sacrifice and resourcefulness, had earned the privilege of substantial and lasting immunity from fear and the human sense of insecurity. We were so proud and full of ourselves that we even thought that the others - the poorest and most disadvantaged peoples - were reaping the fruits of their pusillanimity, so much so that we felt obliged to deny them the right to sit at the banquet of our happiness.

The pandemic changed everything in an instant. Slowing down our usual pace can be an opportunity to gain depth and amplify our way of experiencing the vast and varied realities of our lives. The challenge of moving from the gallop of emotions and sensations to the quiet tasting of each fragment of life, even when the

constraints of the situation limit it, becomes a task to grow in humanity. The clear sense of fragility can become an opportunity to grasp the essentials and hold ourselves ready for anything, even what upsets us.

Fear should lead us to reflect on the precariousness of health and life, on the temporariness of certainties and acquired goods, the reality or possibility of our mortality or that of our loved ones or others. Doing introspection is a healthy opportunity: the virus provides a bath of existential realism. We must choose to gain depth. This is the only way to reach the peripheries of our personality that are sometimes rarely frequented so that everything is brighter and more serene. We have the opportunity to rediscover that harmony for which we carry in our hearts not only an irrepressible nostalgia but also the alphabet necessary to narrate and transmit it, especially in the most painful and challenging moments.

The community of Christ's disciples does not give up living the Gospel's message better and witnessing it to the world. The pandemic puts into a crisis that mode of arrogance translates into forgetfulness of our frailty to the point of hiding death. As disciples of the Lord Jesus, we believe in the resurrection. By this faith, we await eternal life without ever confusing it with the claim and illusion of being immortal. As creatures, we are mortal and death, together with the many deaths we have to go through in life, is an integral part of our human adventure.

In a situation that makes us aware that we are all potentially sick, the proclamation of Christian hope becomes even more urgent and perhaps even more audible to our brothers and sisters in humanity. The sudden burst of death on the scene has reopened the great question of meaning. The present condition confronts us with one of the great taboos of contemporary culture, death. Death has been "exculturated" by contemporary society.

Today it is coming back, suddenly and in an unknown mode. And there is no doubt that it is an occasion to awaken our consciences numbed by egocentric, narcissistic well-being.

Death from lung disease, in years past, was very present but never scandalized us. Deaths from traffic accidents are countless, but they don't shock us and so forth. This time, a tiny, unknown virus has brought out the fear of death in everyone. And what's more, the fact of dying without anyone beside you, without the comfort of the sacraments for those who believe, without a funeral or even a place in a cemetery, has upset people. How can we not reflect on this?

Never before has the relationship of care presented itself as the fundamental paradigm of our human coexistence. The change from *de facto* interdependence to desired solidarity is not an automatic transformation.

This condition is another side of the fragility revealed by the pandemic.



It is a dimension that poses to us, in a much sharper and more precise way, the theme of the beyond. It is a universal theme that has always been present in all cultures. Death brings us to the "threshold of mystery." The space of this threshold unites believers and non-believers. The only ones who pull out are the unthinking. This pandemic is a pressing invitation to look up from a demeaning narcissism.

The opportunity to grow is there because the question about death has been buried by narcissism has not been erased. What we are experiencing at this time is an opportunity to take stock of our maturation of humanity. To be human, without being content to be part of the category of human beings who inhabit this strip of the cosmos with and among other creatures. What we are experiencing today reminds us of the duty to accept our limits to the point of honoring them and bringing them together. Once again, we can make our own the invitation that Etty Hillesum addressed to herself: "But let us bear it with grace," with humility, patience, and compassion.

Suffering never leaves us equal to ourselves: either it makes us better or it makes us worse. The death of some, the suffering of many, and the fear of all are a sign that calls us to a jolt of dignity: we are all sick of humanity! And here, prayer - in the broadest and most varied sense - is a sure anchor. By turning to the Most High, as creatures among creatures, we find our rightful dimension. In this way, we will be able to mature in our ability to take on even death without ceasing to love life and fight passionately so that all may have it in abundance.

One question remains unanswered: as believers, will we know how to distinguish the illusion of immortality from the desire for eternal life towards which we turn serenely, taking into account our death and that of those we love?

### **'Heroes'? No, just 'brothers'!**

German poet and playwright Bertolt

Brecht once said, "Blessed are the people who do not need heroes." In these times of pandemic, often the typical rhetoric has emphatically defined as 'heroes,' the health workers or providers of essential services to the community, only to forget, very quickly, all their efforts, or not supporting them with shared attitudes of prudence, commitment, and civic sense.

The hero seems to be that man who self-sacrificingly assumes a value and consistently tries to live it. In this sense, the heroic person appears to reveal the "full" face of history and, at the same time, shows all the "voids" of virtue and the critical aspects of projects. If people need to identify heroes, the weak and fragile elements of contemporary history desperately outweigh values and meaning. And as such, these people live a profound and desperate 'historical unhappiness.'

People who do not need "heroes" do not need extraordinary actions to feel alive; it does not need heroic myths to which it can delegate its identity; it does not need protagonists to grasp the nuances of good and truth. If goodness, proximity, virtue, commitment, coherence, sacrifice, dedication, the desire for transcendence, the relationship of care were values and attitudes belonging only to an elite and heroic part of society, then these values would be the utopias of a few and most people would be destined to boredom and the repetition of empty clichés!

The Manzonian plague of 1630 caused by the bacillus *Yersinia pestis* is not even comparable to Coronavirus-2 (SARS-CoV-2), which is known as Covid-19. The social situation, epidemiological evolution, and health care resources available in the first half of the 1600s are not remotely comparable to our technical and scientific capacity and availability in the 2020s. However, one thing has not changed since 1630: the measure of humanity is measured in the relationship with human suffering and especially with the face of the suffering. As such, the human paradigm that we must cultivate as

individuals and as a community is not that of heroism but fraternity!

Fraternity is the tremendous unfulfilled promise of modernity. Nevertheless, even from the human sciences' point of view, in all their articulation, this unfulfilled promise is what makes freedom and equality possible. To say "fraternity" is not, however, to say something taken for granted.

"Fraternity" is not an empty word. "Fraternity" requires a great battle, first of all against one's individualism, against the idolatry of oneself. This is the most challenging battle to fight and to win. Individualism is the companion virus of the Coronavirus. Individualism is the great heresy of modernity.

The martyrs of charity, in this sense, continue even today to germinate dreams, to arouse prophecies and visions, to stimulate trust, to bind up wounds, to interweave relationships, and to create a positive image that enlightens minds, warms hearts, restores strength to hands, and inspires everyone, not just a few 'heroes,' the vision of a future worthy of man, in which 'the rights of the weak are not weak rights,' are not rights protected from above, but recognized and shared by a renewed shared consciousness.

Today we are faced with the excellent opportunity to express our being brothers, to be good Samaritans who take upon themselves the pain of failures. History teaches us that there are no systems or crises that can completely nullify the capacity, ingenuity, and creativity that God never ceases to arouse in hearts.

The martyrs of charity, then as now, have not been afraid to involve themselves and to touch the body and soul of their contemporaries with the gaze of Jesus. They have not been afraid to courageously inhabit the conflicts and crossroads of history to anoint them with the aroma of the 'beatitudes.' They have not been afraid to unite with other men, to create a real community, to weave a new way of making history and of being in the world!





Medical care in St Martin's Hospital in India

## Pedagogy of Covid-19 Resilience Response from the Peripheries

By Fr. Aris Miranda, MI

The CADIS COVID 19 Emergency Intervention phase 1 program is primarily designed to deliver relief to the most vulnerable population and immediate assistance to the Camillian healthcare facilities in the developing countries of Africa, America, and Asia. Moreover, it also aimed to get first-hand information on the real situation, the available resources (human and material) and capacities of the local communities affected, and how to rebuild and strengthen vulnerable communities' resilience (second phase). Thus, phase 1 served as an entry point to CADIS's main thrust, i.e., to deliver a community-based and participatory response to the complex impact of the COVID 19 pandemic to vulnerable communities. It offered a learning space for a more in-depth analysis of the pandemic's impact while finding ways to confront the issue with a rights-based and integral approach.

### SEE: The emergency relief response

On January 30, 2020, the World Health Organization (WHO) declared COVID 19 as a public health emergency of international concern (PHEIC). This would allow the WHO to coordinate the global response better and hold nations accountable if they ignore the organization's standards pertaining to travel, trade, quarantine, and screening. A month later, on March 11, a pandemic was declared.

By the time that CADIS began its daily monitoring of COVID

cases in the 37 mission countries of the Camillians in April 2020, there were already 1.403.367 confirmed cases, 97.874 deaths, and 306.914 recovered (21% rate of recovery). In September, confirmed cases reached 25.604.771, deaths at 777.194, and recovered 18.949.023. Though confirmed cases are increasing, the rate of recovery is tremendously rising to 74%. Thanks to the global scientific and political efforts, which led to new strategies in fighting the coronavirus infection. Learning from the past pandemics lessons, the quarantine measure has helped in flattening the curve of the spread and infection of coronavirus. However, it has some adverse collateral damages to the personal and social life of the people. This has been noticed in the recent research on the impact of quarantine measures published in *The Lancet*. "Separation from loved ones, the loss of freedom, uncertainty over disease status, and boredom can, on occasion, create dramatic effects. Suicide has been reported, substantial anger generated, and lawsuits brought following the imposition of quarantine in previous outbreaks." (*Lancet* 2020; 395: 912-20, 26 Feb. 2020). This finding was based on a scientific literature review done by the Department of Psychological Medicine, King's College London, and published in one of the prestigious medical journals - *The Lancet*.

While preparing for emergency relief intervention, CADIS collaborated with some members of the Camillian Charismatic Family (CCF) and other non-Camilian partners





*Beneficiaries of the “COVID 19 Emergency” program in Indonesia*

and organized an online multi-lingual psychosocial and spiritual support to persons affected by the pandemic. It was realized through an online platform initiated by the Catholic Health Association of India called the Corona Care ([https:// coronacare.life/](https://coronacare.life/)). WHO’s Information Network for Epidemics (EPI-WIN) convened a meeting of Faith-Based Organizations (FBOs) like CADIS and faith leaders of major world religions to formulate guidelines on FBOs’ engagement to proper and accurate delivery of messages regarding the pandemic. This multi stakeholder’s approach to establishing psychosocial and spiritual support is highly effective in mitigating the onset of serious mental health issues among those affected by the pandemic. Considering this pandemic’s complexity, a multidisciplinary, culture-sensitive, and rights-based approach needs to be integrated into whatever forms of responses.

Apart from the distance mental health and psychosocial-spiritual (MHPSS) intervention, CADIS engaged with emergency relief operations. Of the 37 mission countries of the Camillians, 18 developing countries were selected for the relief operation in Asia (India, Indonesia, Pakistan,

Philippines, Vietnam), America (Argentina, Colombia, Ecuador, Haiti, Mexico, Peru), and Africa (Benin, Burkina Faso, CAR, Kenya, Tanzania, Togo, Uganda). Three major programs were organized, such as 1) food and non-food distribution, 2) provisions of PPEs and 3) institutional support to healthcare personnel (frontliners). The main funders of these projects are CADIS Taiwan, the Episcopal Conference of Italy (CEI), and some individual donors.

The emergency relief operation has a double objective, namely, a) to ease the economic and psychological burden of the people and b) to see, to feel, and to understand the situation on the ground in preparation for the second phase post-coronavirus intervention. The programs’ implementation was conducted with due observance to the public health protocols by the members of CADIS, CCF, confreres, and volunteers. Physical presence onsite was then necessary for this intervention to achieve the objectives of this project. CADIS’s emergency response has eased the economic and psycho-spiritual burden of the families and the Camillian healthcare facilities, who remained operational amid the pandemic. On the other hand, it motivates CADIS members and volunteers to engage and be proactive, especially in a crisis.

### **JUDGE: Learnings and realizations from the response**

The COVID 19 pandemic reminds of our shared humanity. It does not discriminate by race, religion, nationality, and socio-economic status. It renders influential leaders like Mr. Boris Johnson of the UK and Mr. Donald Trump of the USA just as vulnerable as ordinary citizens. In its path, we are all equal, which means we all must face this crisis together. The chief rabbi of South Africa, Warren Goldstein, claimed that: “At a



*A woman beneficiary of the “Covid 19 Emergency” program in Pakistan*



time of heightened polarization worldwide, this pandemic is reminding us of our shared humanity. Its relentless spread should reinforce our faith in the common dignity of all human beings.”

Moreover, the coronavirus is also a reminder of our collective fragility. “Despite our grand 21st-century advancements in medicine and technology, a stealthy and invisible virus has demonstrated our weakness. We recognize and express in prayers our fundamental vulnerability, and acknowledge that we are, after all, in God’s hands.” (Rabbi Warren Goldstein) What’s behind our shared humanity and collective fragility is the fundamental truth about human existence - all creations’ interconnectedness. “If we do not take care of one another, starting with the least, with those who are most impacted, including creation, we cannot heal the world.” (Pope Francis, General Audience August 12, 2020). Therefore, any effective solutions to diminish this pandemic’s severe impact require an integral vision that is person-centered, aligned with the principles of rights-based healthcare, and ecological justice and the method of participation that is primarily community-based. This is the path that CADIS will be following in its post-COVID 19 resilience program.

**Integral vision:** The impact of the pandemic is far from over. Everybody is convinced that its worst impact is still about to come. It’s wreaking havoc to the personal, social (which includes economic - the exchange of goods between persons and society at large, and the political - the exercise of rights and duties of persons in the polis), and spiritual (reflective dimension of human beings interrelation to God and others). Thus, it is imperative to design a response to mitigate the impact of COVID 19, which regards all the other interrelated aspects of human life. This is primarily in line with CADIS’s vision, i.e., the fullness of life in a resilient community. Any project must be anchored with a particular vision and projects itself for a transformation in the affected people’s lives. The vital question that needs an accurate answer is what has been transformed (qualitative) and not just what has been changed (quantitative).

A person-centered approach puts the person at the center of all our goals. After the lockdown measures have been gradually eased in most countries, the economy takes the center of the stage in the ongoing debate on the way forward, even at the expense of public health. Everyone seems to forget that the economy is at the service of humanity and not vice versa. Pope Francis has pointed out the direction and aspiration that we need to take.

“The world was relentlessly moving towards an economy that, thanks to technological progress, sought to reduce “human costs”; there were those who would have had us believe that freedom of the market was sufficient to keep everything secure. Yet the brutal and unforeseen blow of this uncontrolled pandemic forced us to recover our concern for human beings, for everyone, rather than for the benefit of a few. Today we can recognize that “we fed ourselves on dreams of splendor and grandeur, and ended up consuming



*Distribution of personal protective equipment at St Martin’s Hospital in India*

**“At a time of heightened polarization worldwide, this pandemic is reminding us of our shared humanity. Its relentless spread should reinforce our faith in the common dignity of all human beings.”**

Warren Goldstein

distraction, insularity, and solitude. We gorged ourselves on networking and lost the taste of fraternity. We looked for quick and safe results, only to find ourselves overwhelmed by impatience and anxiety. Prisoners of virtual reality, we lost the taste and flavor of the truly real”. The pain, uncertainty and fear, and the realization of our own limitations, brought on by the pandemic have only made it all the more urgent that we rethink our styles of life, our relationships, the organization of our societies, and, above all, the meaning of our existence.” (FT, 33)

A person-centered approach supports and enables a person to build and keep control over their life. It places the person at the ‘center of the service,’ to make decisions about their life. Its strengths are based, where people are acknowledged as the experts in their life, focusing on what they can do first, and any help they need second. Thus it encourages participation and valuing one’s capabilities because no one has the monopoly of particular knowledge. There’s an old African proverb that says, “If you want to go quickly, go alone. If you want to go far, go together.”

### **Rights-based**

COVID 19 holds no respect to whatever boundaries such as race, religion, nationality, and socioeconomic status.





*Food distribution in Pakistan*

However, it unmasked the gross inequality among peoples and nations. According to the United Nations Development Program (UNDP) report on the socioeconomic impact assessments of the 63 countries in June 2020, 40-60 million people will be pushed into extreme poverty because of the economic shocks from COVID-19; 1.6 billion informal workers lost 60% of their income, with little to no savings and no access to social protection; 265 million people in low and middle-income countries at risk of acute food insecurity; and 55% of the world's population (as many as 4 billion people) are not covered by social insurance or social assistance.

To build an enduring impact and transformation to the lives of the vulnerable families and communities affected by COVID 19, it is desired that any initiatives to rescue them must be rights-based. There is a need to strengthen and build people's capacities and improve the social condition that will enhance self-protection and rebuild community assets to protect them from the pandemic's adverse impact. In one of his catechism in Covid times, Pope Francis says: "[...] we must also cure a larger virus, that of social injustice, inequality of opportunity, marginalization, and the lack of protection for the weakest. In this dual response for healing, there is a choice that, according to the Gospel, cannot be lacking: the preferential option for the poor." (General Audience, August 19, 2020)

### **ACT: Building and strengthening the resilience of vulnerable communities**

The CADIS Post-Coronavirus Action Plan (PCAP) aims to provide a medium through which the Provinces and Delegations

of the Order of the Ministers of the Infirm, as well as their legally registered CADIS country organizations, and their partner organizations can work with CADIS International to build international alliances, collaboration and or partnership that will a) respond to the current outbreak of COVID-19 in developing countries; b) address essential objectives and c) advance the strategic priorities and goals of CADIS. By partnering with CADIS, the Provinces and Delegations can leverage the expertise, assets, and working relationships of CADIS in a manner that advances success to address COVID-19 and fosters the broader goals of building the resilience of peoples and local healthcare systems and advocating for justice and inclusion of communities sidelined by mainstream development processes.

CADIS is committed to an evolving partnership model, collaboration, and networking with those the Camillians serve worldwide. It recognizes that creating sustainable solutions for global challenges is a joint effort involving leaders and communities who live in the countries where the Camillian religious members work.

CADIS is passionate about challenging conventional wisdom and practice in doing ministry in healthcare, international development, and humanitarian actions to create new ways of working directly with local organizations and communities in developing countries where the Camillian religious members are present.

At this point, CADIS is now working closely with the Camillians in Burkina Faso, Uganda, Tanzania, Kenya, and Haiti in building and strengthening community resilience of challenged communities. This project will benefit over 500,000 vulnerable populations in these five developing countries. Uganda and Tanzania projects will support primary health care delivery services focusing on maternal and child healthcare and skills building for single mothers and school drop-outs. Kenya will work on building resilience and sustainable ecosystems among semi-arid land communities using the method of SMART agriculture to resolve food insecurity. Haiti will build on strengthening the resilience of the healthcare facility and initiating micro-enterprise in pilot vulnerable communities. Burkina Faso will focus on building resilience among internally displaced populations (IDPs) in the country's northern part.

CADIS considers these future initiatives as seeds for change and innovation to the ministry in the world of health. Sick people are not only confined within the walls of the healthcare facilities. Saint Camillus de Lellis is convinced that wherever the sick is, the Camillian should be there - the *mare magnum* of charity (the Camillian ministry).



## Photo Gallery

# COVID-19 Emergency Programme



Staff of St Camillus Hospital in Calbayog City, Philippines, receiving packages

By Fr. Emmanuel Zongo MI

For almost a year now, the new Coronavirus (COVID-19) has forced humanity to face one of the greatest challenges in contemporary history with millions of infected people and over a million deaths. Although this situation has generated a health crisis, it would be a serious mistake to reduce it simply to a health issue.

It is a large-scale human crisis that is causing great misery and profound human suffering. The socio-economic well-being of the large sections of the world's population is sliding towards the brink of collapse. According to the report of the United Nations Department of Economic and Social Affairs, this pandemic constitutes "a humanitarian calamity that is causing alterations and transformations that affect the heart of societies and economies. Early warnings of the crisis already indicate that the center of gravity of the social, health and economic impact of the virus is disproportionately shifting to poor and disadvantaged people around the world as such, corrective, urgent and effective policy interventions are urgently needed." (UNDESA, 2020).

While some of the so-called developed countries manage to succeed through various income support programs for their populations, this is not the case in a number of countries in Africa, Latin America and Asia. In fact, in these so-called

developing countries, where the economy is struggling to take off and where many inhabitants do not have stable work that offers them adequate guarantees, the measures adopted to curb the spread of the virus have deprived the populations of the ability to take care of themselves. Faced with the precariousness of life and the urgent need for food and personal protective equipments (PPEs), CADIS, with the significant contribution of CADIS Taiwan of the Camillian delegation in Taiwan and other benefactors, has activated a support program called CADIS COVID-19, emergency interventions.

The program implemented in collaboration with the local CADIS leaders and the Camillian charismatic family was conceived and designed primarily to provide relief to the most vulnerable populations and immediate assistance to Camillian health facilities in 18 countries in Africa, America and Asia.

This emergency intervention was able to reach and benefit more than 60,000 people who received the basic necessities (food, hygiene kits, etc.) and personal protective equipment (PPE) against the coronavirus.

In this photo gallery, we offer you a selection of images of the initiatives of the CADIS Covid-19' Emergency Intervention.





Distribution of Kits in Ecuador , Central Africa, Mexico , Tanzania and Thailand



Distribution of Kits in Burkina Faso, Togo, Uganda and Vietnam



Distribution of Kits in Burkina Faso and Indonesia



**Help us to make our response effective..  
Donate to CADIS emergency fund**

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