SUORE MISSIONARIE COMBONIANE

Assemblea Carisma-Sanità

A cura del GIP Arabo Orientale

in collaborazione con il GIP Sub-Sahara

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Charism and Health that is the topic given to us for a sisterly sharing

Without following any sequential flow, we would like to share from our little experience how this topic is the core of our being as health professional in promoting life among the people to whom we are sent.

It might transpire how this topic is challenging in the unfolding of daily missionary routine, yet at the same time offering us many opportunities in our contemporary era, how this topic can help us humanize health by offering a holistic care of the sick

Our commitment in the health ministry is one of the oldest apostolate since the foundation of the congregation. Our first sisters offered basic health services to people in all the missions. There was no mission that did not offer some basic medical care to the parishioners even to all who came seeking help from the mission. This seem to be one of the well-known thematic however complex to dare share about today as we have become more and more aware and peculiar in carrying our ministry as per our professional preparation and following specific guidelines. We try to discharge our ministry in way that our charism uphold/maintain our ministry as the ministry per se portrays the charism of the missionary in a healthy manner. Perhaps this is one the life boosting topic that helps to offer meaning to our life in serving and restoring health to those whose health condition is impaired due to sickness under whatever form. Charism-health is all about revealing a meaningful life that imparts on the lives of others as we evolve our ministry in the health sector as CMS.

Have we found life with the charism we embraced? Are we healthy because of the charism? Is the outpouring of our life a healthy and life giving one? Is charism allowing us to breathe & to spread and promote health? Are we alive because of our charism? And is the charism alive because of us? Are we adding value to the lives of the people we encounter in our health ministry? Are we adding value to each other' life as we minister together? Are we charismatic and healthy? These are not easy question to answer but let us just keep them in the back of our mind and in our heart.

Is our Ministry in the health sector portraying our Charism? Or are we living our charism as CMS in evolving our ministry in the health sector? What are those charismatic elements that need/must be seen in our ministry in the health sector? The heart of Jesus, love of the Cross, trust and devotion to the Blessed Virgin Mary, and the methodology to save Africa with Africa. What is the final goal we pursue? Is the ministry ending with us? How much to do put in so that everything continue, even in a better way after us? How much energy are we investing on that?

Charisma deriving from a Greek word "charizesthai" which means "to favor" or "gift"; which etymologically stems from the noun "charis" meaning "grace". Life itself is a gift as well as health is a gift from God. While life is a gift from God through our parents, charism is not a hereditary gift but rather a special talent that is acquired from a special experience of life and is developed with time until it becomes part of one's pattern.

As stated, to become a charismatic person is a journey of life where a turning point and the highest pick of one deepest inspiration find its fulfilment in life. Did we embrace health profession by

vocation on by need? How much effort, heart conversion do we put in order to assimilate the ministry we are offering? Are we doing it by chance or by choice?

The first disciples found Jesus a charismatic person; at the words of John the Baptist pointing at the Lamb of God they followed Jesus, stayed in his company, experienced his charm up to the point of inviting others to join. (Jn 1, 37-41). One who has a particular charism does not seek the sole accomplishment but rather serve to enlighten others discover "GOD" in action. Therefore, charisma is considered as an inner conviction that is translated into action which speaks lauder to others and attract them to follow what catches the eyes, mind and spirit, to join and better understand from the inner circle, to emulate and remain in order to practice the same as the charismatic person.

Charisma and health is a complementary duo that hold, maintain, sustain and support life.

As daughters of Comboni, the starting point for all our ministerial endeavors should be Saint Daniel Comboni whose charismatic power generated from his total surrender to the work of the Holy Spirit that made of him an instrument in the hands of God for the regeneration of Africa. In his life we discover the double movements of the Spirit, first his surrender to God moved by the Holy Spirit and secondly his undertaking of a noble mission for the regeneration of Africa; an abandoned or exploited continent. Comboni surrendered through the contemplation of the heart of Jesus so much so that he was able to assimilate his profound sentiments (RoL 3); he surrender so much that he was able of loving the Cross (RoL 4) in the way he took upon himself the sufferings of the people of Africa even though this would bring him misunderstanding within the church. Comboni lived any eventual cross of his missionary endeavors as the summit of accomplishment of God' work. Therefore, he invites all his followers to view their missionary approach through the lens of the cross and entrust all to the intercession of mother Mary (RoL 5).

Our ministry in the health sector would be void of sense if it does not flow from our heart from what we live intimately with the one who called and is calling us daily. Here daily conversion of heart is required so that we make a deliberate daily choice to portray the heart of Jesus. Our ministry will have no meaning at all if it is not a reflection of our Charism, deeply rooted in the spirituality of our religious family. We cannot carry out our ministry in promoting health like anybody else, not even as any other religious congregation. Our Comboni approach must be visible, we live, we work not by chance but by free choice to portray Jesus through our charism; a free choice to work together, walk side by side with each other and with the people who collaborate with us to carry out apostolate as health professionals must display our charism; what we inherit from our founder, what we believe in, what we ponder and nourish as consecrated women make of us gifted people with particularity.

I would like to talk on some elements that I see underline our particularity taking the example of the Good Samaritan in the approach to health as ministry in its intercultural dimension; A ministry that is challenging at the same time offers us many opportunities to reach out in the multifaceted health needs today. Let us look at the Good Samaritan on his way from Jerusalem to Jericho yet attentive to the needy by the way. Attention to what surround us is required to discover where lies our God who need our support; attention to what lies in silence by the way as we pass on to our

busy days and activities, an extended hand, a listening ears, a little that we offer. The action of the Good Samaritan taking the wounded to the inn and inviting the owner/servant to care as he continues to his business and promise to come and offer more. He encounter his own limit that he could not do it all by himself, taking care of the other at the same time remained focus to his destination. The importance of collaboration with other in order to achieve a greater good (SSS)

The impartiality with which we approach people, the choice of places, time and attention we offer to any human being considering, preserving and restoring the dignity of that person will be the landmark speaking to all that what we do is from the heart. From a heart that feels for the other, a heart able of making common cause with the pain, a heart that understand, gives all that one possess being it time, energy, smile, sacrifice, knowledge, skills so that the "sick person"may have life. Even if the person would die may he/she dies aware that he/she has been loved just as he/she was in his/her condition. This way of approaching every person from a deep consideration is not automatic, it is a gift from Jesus nourished through intimacy & prayer that enables emulate the attitude of his heart for humanity.

The impact of our choices from the heart cover a wider horizon than our words and this remain touching peoples' lives than we cannot imagine.

Charismatic elements that must transpire through our approach as health professionals in the ministry are to model the heart of Jesus in all we do as we health professional, love of the cross, trust in the prayer and model of Mother Mary, clear priority for the most needed, and promotion of protagonists "Save Africa with Africa"

As health professional of this era it is vital for us to be well versed with laws that govern the health service where we are offer service. It takes an extra effort and would be easier to do without and just ignore. Laws that sometimes oppress, that promote the growing gaps between rich and poor in our Galilee of mission, laws that ignore the reality of unsatisfied basic human needs, laws which close eyes on the reality of human trafficking and lots of sufferings on the process, etc. laws that sideline the sick and needy. In our charismatic approach in the health ministry we challenge those existing laws with our ministerial choices; we cannot challenge what we do not know. Let us keep update and bear all the necessary sufferings so that we can make charismatic choice as health professional that promote, support and sustain the dignity of human. We need to train and promote leaders from the local people who would continue the work without us and would maintain human dignity according to the value of the place.

He loved to the point that it hurt what was considered right by the law of the time, he cared for life. He loved the marginalized (Syro-phenician woman, widows, strangers, etc.). A heart that was not discriminatory, nor racist; a heart that had no social class, the list is not exhaustive. Yes a heart that had a place for every person whatsoever the case as long as life was at the center.

We should make use of our talents as per the charism of our congregation; optimize the use of our talents as health professional in our struggle to make charismatic choices that portray Jesus the good shepherd to help others and help ourselves grow. The baby camel asked its mother why do we have these big bump on our back; the mother answered we live a desert where there is no much water available and our bump help us store water in the desert and survive long journeys; the baby

again asked why do we have long legs with rounded l feet?, they are meat to help us walk through sand, said the mother. The baby again asked, why my eye lashes are so long; your long eyes lashes offer you protection from sand when it blows in the wind. Then the baby camel said, if God has offered us so much natural protection, what is the use for camels in the zoo? Sometimes we what to be in a comfortable zoo and make no impact nor difference in the lives of others nor in our own lives. We are called to expand the Kingdom of God and not to be in a Zoo of comfort and chock life, let us go out there face the challenges of life since God has equipped us with all that we have in order to expand the kingdom as health professionals. (1 Pet: 4, 10) We are steward who strive for the visibility of our charisma as followers of Comboni is through a clear ministerial choice for the most needy, forsaken and by promoting a sustainable ministerial approach to save Africa with Africa (RoL 6 & 7)

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