Catholic Health Care, Pope Francis and the Jubilee of Mercy
Vancouver, May 2016

Twenty years ago, in the months before I was to be named a bishop, I read a book that had been published in the 1970s. This book had a deep impact on my way of understanding the Gospel, the Church and my role as a Christian and pastor. It was written by a Belgian priest who had spent his life working in Brazil and was known as a leading thinker in what became known as the theology of liberation. His name was Joseph Comblin, and the book’s title, in English, was *The Meaning of Mission: Jesus, Christians, and the Wayfaring Church*.

Father Comblin starts by presenting two ways of understanding mission in the Church. The first is focused on the expansion and increase of the church as a visible institution. The second does not start with the Church but rather with Christ and his call to continue his work of transforming the world. According to Comblin, the first view is static, whereas the second is dynamic. The first view is focused on God, the second invites us rather to focus with God on God’s children. Here is a typical passage:

> In the first viewpoint Christ is the object that Christians try to keep before their eyes; in the second viewpoint Christ lives in and through Christians so that they may ever look at the world with Christ’s own outlook. (Joseph Comblin, *The Meaning of Mission*, p. 16)

This led me to reflect on the difference between the static organization—let’s call it an institution—and a dynamic one—let’s call that a movement. Often, at the beginning of a parish mission, I’ll start by asking people what comes to mind when I say the word “institution”. Here are some of their answers:

An institution

i. is structured in terms of authority relationships;

ii. has highly organized rules, processes, policies, protocols;

iii. is traditional, conservative, slow to change;

iv. sets definitions of who is in, who is out, and what is expected of everyone;

v. wants managers who know how to organize and control outcomes.
Then, we move on to the word “movement”. Again, people eagerly offer up their reactions. They can be summarized this way:

A movement

i. is characterized by a cause, a desire to change something somewhere;

ii. is loose in terms of rules, processes, policies, protocols—more ad hoc;

iii. is flexible, willing to try new ways;

iv. has a flowing membership, ranging from supporters, to active, to militant;

v. seeks leaders who will energize and animate.

In a manner analogous to Joseph Comblin’s, I go on to ask: is the Church an institution or a movement? Often, people will ponder this question for a few moments and then answer: a bit of both. And they are right. However, one is central to the Church’s identity, whereas the second is at the service of this identity.

Let me explain it this way. I don’t think Christ came to found an institution. He was not a manager, but a leader. He was driven by a cause, the mission which the Father had entrusted to him. He gave that cause a name: the Reign of God. A Reign, Saint Paul affirmed, that would bring about justice, peace and joy in people’s lives and in the world (Rom 14.17).

However, a movement that does not give itself a minimum of structure is likely to collapse in on itself. Think back a few years ago to the “Occupy Wall Street” movement. Its cause was just: to overcome the social and economic inequality characteristic of some societies and to protest the greed and corruption of many corporations as well as their undue influence on government. However, five years later, only the slogans seem to survive. In their distrust of all hierarchy, the participants in this movement had resisted giving themselves any supporting structure. Inevitably, it passed on.

The institutional aspects of any organization are like its skeleton: giving it shape and strength, an ability to act and persevere, supporting and protecting the vital organs that keep it alive. The problem arises when the institutional aspects take over the organization, when the skeleton becomes so important that the organs are discarded, leaving only a dead mass of white bones.
As a child, I thought of the Church as an institution, with its clear hierarchies, its nine orders of angels, three orders of cardinals, seven sacraments. Masses were said for $1, sung for $2, solemn for $5. Even sin was catalogued as venial, mortal or sacrilegious. And you knew exactly how many days of purgatory you got off for a particular prayer.

Vatican II reminded us that the Church is much more than a hierarchy, it is a pilgrim People, gathered in the community to listen to God’s word and praise God for his mighty love. We are called to be one in the Spirit, to embody sacramentally the peace and unity which God promises in Christ. To be, as Pope Benedict XVI once put it, a covenant space between God and the world.

However, towards the end of his life, Pope John Paul II seemed to be calling us to more: to a renewed sense of mission to the world which he dubbed the “new evangelization”. In a letter marking the turn of the millennium, he wrote:

I have often repeated the summons to the new evangelization. I do so again now, especially in order to insist that we must rekindle in ourselves the impetus of the beginnings and allow ourselves to be filled with the ardour of the apostolic preaching which followed Pentecost. We must revive in ourselves the burning conviction of Paul, who cried out: “Woe to me if I do not preach the Gospel” (1 Cor 9:16).

This passion will not fail to stir in the Church a new sense of mission, which cannot be left to a group of “specialists” but must involve the responsibility of all the members of the People of God. Those who have come into genuine contact with Christ cannot keep him for themselves, they must proclaim him. A new apostolic outreach is needed, which will be lived as the everyday commitment of Christian communities and groups. (Novo millennio ineunte, 40)

Doesn’t this sound like an invitation for the Church to rediscover its identity as a movement? A group of people gathered by a common passion for a cause, a conviction that something needs to be changed in the world?

In this passage, John Paul II quotes Saint Paul: “Woe to me if I do not preach the Gospel.” I see Saint Paul as the archetype of the Church as movement. Once he encountered the risen Christ, this man could not stop from proclaiming the source of the new life he had discovered. Moving from town to town, from city to city, enduring all kinds of hardships, pausing only to write a letter to stir up a community he had left behind or one he was coming to visit, he dedicated his life to proclaiming the Gospel. Even when chained in prison, he couldn’t bottle up the passion that burned within him.
Remember Jesus Christ, raised from the dead, a descendant of David—that is my gospel, for which I suffer hardship, even to the point of being chained like a criminal. But the word of God is not chained. Therefore I endure everything for the sake of the elect, so that they may also obtain the salvation that is in Christ Jesus, with eternal glory. (2, Tim 2:8–10)

Or, in a wonderful paraphrase from Leonard Bernstein’s Mass,

You can lock up the bold men.
Go, and lock up your bold men, and hold them in tow.
You can stifle all adventure, for a century or so.
Smother hope before it’s risen,—watch it wizen like a gourd.
But you CANNOT imprison the Word of the LORD.
No, you cannot imprison the Word of the LORD.

If Saint Paul is the archetype of the Church as movement, then perhaps the archetype of the Church as institution is Saint Peter. Upon his faith, Christ built up his Church. Christ gave him the keys to lose and to bind. He gave him the mission to strengthen the apostles and to shepherd the whole flock of his sheep. It was Peter, as leader of the Church, who confirmed Paul in his vision and mission, supported him before others who had doubts, and sent him on his way to preach the Gospel to the world. Peter supporting Paul, the bones giving strength to the living body, the institution at the service of the movement.

Saint Pope John Paul II was truly embodying the Petrine mission when he called on the Church in the third millennium to recover its Pauline roots and dynamism. Pope Francis has taken up this call and made it his own, convinced that the time is at hand for the Church to engage in a bold pastoral and missionary conversion. This is the heart of his message in the exhortation he wrote two and half years ago on The Joy of the Gospel.

I dream of a “missionary option”, that is, a missionary impulse capable of transforming everything, so that the Church’s customs, ways of doing things, times and schedules, language and structures can be suitably channelled for the evangelization of today’s world rather than for her self-preservation. The renewal of structures demanded by pastoral conversion can only be understood in this light: as part of an effort to make them more mission-oriented, to make ordinary pastoral activity on every level more inclusive and open, to inspire in pastoral workers a constant desire to go forth and in this way to elicit a positive response from all those whom Jesus summons to friendship with him. (Evangelii Gaudium, 27)
Pope Francis is constantly trying to stir up our imagination in rediscovering the Church as a movement. He speaks of the Church as a field hospital going out in the midst of the world to heal the wounded. He prefers a wounded Church that goes out on the streets to a sick, old Church binding its own wounds at home. He condemns a Church that has become self-referential, focused in on itself instead of the mission it has received. He calls for priests and bishops who are leaders and pastors, not bureaucrats or managers.

And so, here we are, men and women involved in Catholic institutions dedicated to the care of the sick and the elderly, Catholic men and women committed to the healing profession. We hear this call from our Pope to join in rediscovering the Church as movement rather than simply as an institution. What does all of this have to do with palliative care? Be patient with me as I try to explain why I think this field of medicine in particular is in a position analogous to that of the Church. I hope you also will see how Pope Francis’s invitation to us to rediscover the Pauline dimension of the Church might find an echo in our practice of palliative care.

In preparing for this talk, I listened to the recording made last year of Dr. Bernard Lapointe’s keynote address at the annual conference of the Réseau de soins palliatifs du Québec. Dr. Lapointe holds the Eric M. Flanders Chair in Palliative Care at McGill University in Montreal and is the medical director of the palliative care division of the Jewish General Hospital in that city. He got involved in palliative care in the midst of the AIDS crisis as he became frustrated with traditional medical attitudes towards his dying patients. He worked with and learned from Dr. Balfour Mount, whom many consider to be the father of Canadian palliative care.

Dr. Lapointe suggests that there have been two waves in the history of palliative care. The first started with Cecily Saunders in London, England, with the foundation of St. Christopher’s Hospice. It was continued through the work of people like Elizabeth Kubler-Ross, Dr. Mount and Nurse Florence Wald, the mother of the hospice movement in the United States. According to Dr. Lapointe, this wave was characterized by dissatisfaction with the way hospitals and the medical profession treated patients as they approached the end of life. He suggests that the focus of the medicine at the time was not the patient as much as the patient’s disease. And that once the disease could no longer be treated, medicine was no longer interested in the patient. They were considered “failures” in a system accustomed to growing “success” stories in treating more and more diseases.
In this sense, the palliative care movement was precisely that: a movement whose cause was the dying men and women who were too easily cast aside by the medical establishment. The cause gathered like-minded professionals who were galvanized by the needless suffering and abandonment of the weakest among us. They wanted not only to care for them, but change medicine and truly make it patient-centred. They saw medical care as a multifaceted, interdisciplinary endeavour where every dimension of their patients was considered: their medical needs, for sure, but also their social and relational networks, the psychological stresses they endured and the spiritual needs they manifested. Teams of doctors and nurses, social workers and ethicists, psychologists and spiritual directors were formed to address all these dimensions of human life.

According to Dr. Lapointe, a second wave arose in the 1990s, this one focused on research, pharmacological discoveries, systemization of procedures, professionalization of the field with the attending bureaucratic structures this entails. Associations were created, as well as centres of formation and academic journals. The side effect of this process was the slow yet inevitable institutionalization of the palliative care movement. Where the “disease” had previously been the focus of the medical field, now “pain” became the central element to control. Here is how Professor David Clark of the University of Glasgow put it in a blog:

> For some, specialization has been seen as the key to integration of palliative care into the mainstream health system and a major platform from which to develop an “evidence-based” model of practice that is crucial to long-term viability. Others have appeared concerned about the emphasis upon physical symptoms at the expense of psychosocial and spiritual matters. There have been claims that forces of medicalization and routinization are at work or even that the “holism” of palliative care philosophy masks a new, more subtle form of surveillance of the dying and bereaved in modern society. (Prof. David Clark, University of Glasgow, 2014)

Dr. David Roy of Montreal, founder and editor-in-chief of the Journal of Palliative Care, who died suddenly just a few months ago, worried about the “domestication of palliative care” within the health care system. A couple of years ago, he presented his concern in these words:
Palliative care has become domesticated when its originating, illuminating, and driving passions, when its “feu sacré,” has been dampened down under the cold ash of routine, rules, fixed procedures, and rigid institutional policies. Palliative care has become domesticated when the passion for compassion hardly any longer inspires, energizes, and directs the giving of care. (David Roy, Journal of Palliative Care, 2014)

What Dr. Roy calls “domestication”, I call “institutionalization”. If Dr. Roy and Dr. Lapointe and many others are correct in their analysis, I suggest to you that palliative care faces an analogous challenge to that which we face in the Church. We need to recover the “movement” dimension that grounded the foundation of palliative care. We must ensure that its “institutional” dimension is truly at the service of the movement it is supposed to support, foster and protect.

In the final part of my talk, I would like to explore with you one way palliative care practitioners could embrace in reviving its “movement” dimension: the recovery of the notion of “Ars moriendi”. This was the title given to two related books published in the Middle Ages, which can be translated literally as “The Art of Dying”. I will speak about these books in a few moments, but let’s start by looking at the Latin word “ars”. It is often translated simply as “art”, but its meaning is broader, taking in such concepts as skill, technique, power, craft. In the Latinate languages such as Italian, French and Spanish, it has spawned two words which, in English, are translated as “artist” and “craft” or “craftsmanship”. “Artist” connotes acquaintance with the world of fine arts, academic formation, public status. “Craftsmanship” implies a humbler stance, some kind of experience-based apprenticeship, an amateur status that can nevertheless achieve true beauty.

In his exhortation on marriage and family, Pope Francis speaks of love as a craft. I must admit that I have never read a Pope use that image when speaking of love. This is how the Pope explains it:
Might we say that the greatest mission of two people in love is to help one another become, respectively, more a man and more a woman? Fostering growth means helping a person to shape his or her own identity. Love is thus a kind of craftsmanship. When we read in the Bible about the creation of man and woman, we see God first forming Adam (cf. Gen 2:7); he realizes that something essential is lacking and so he forms Eve and then hears the man exclaim in amazement, “Yes, this one is just right for me!” We can almost hear the amazing dialogue that must have taken place when the man and the woman first encountered one another. In the life of married couples, even at difficult moments, one person can always surprise the other, and new doors can open for their relationship, as if they were meeting for the first time. At every new stage, they can keep “forming” one another. Love makes each wait for the other with the patience of a craftsman, a patience which comes from God. (Pope Francis, Amoris Laetitia, 221)

God, here, is presented as a craftsman, working with his hands, starting anew when he realizes something is missing, making his first work better. It is an experience-based process, rooted in the concrete work of production, open to ongoing evaluation, calling forth new creative insight.

Pope Francis suggests that this same kind of craft is involved in a loving relationship where each partner shares in God’s creative craft as they bring out the best in each other. This cannot be learned in an academic setting: it is the fruit of shared wisdom, of attention to concrete reality, of an ongoing effort to improve one’s skills through trial and error.

In 1956 (sixty years ago!), the American psychologist and social philosopher Erich Fromm wrote a famous book entitled “The Art of Loving”. Pope Francis quotes him when discussing sex education. He writes:

> Young people should not be deceived into confusing two levels of reality: “sexual attraction creates, for the moment, the illusion of union, yet, without love, this ‘union’ leaves strangers as far apart as they were before”. The language of the body calls for a patient apprenticeship in learning to interpret and channel desires in view of authentic self-giving. (Pope Francis, Amoris laetitia, 284)

Notice again how the Pope speaks of “apprenticeship” in this context. Sexuality is also a craft that needs to be learned if couples are to succeed in the art of love.
We could translate the expression “art” or “craft of loving” into Latin as “Ars amorandi”.

Now, back to the late Middle Ages and our two books titled “Ars moriendi”. Not “The Art of Loving”, but “the Art of Dying”. A better translation yet would be “The Craft of Dying”. These books were written during the dark days when the bubonic plague was slaughtering a third of the population of Europe and priests could not hope to be present at the death bed of all their parishioners. A need arose for some kind of guide for laymen and laywomen who wanted to help their loved ones or neighbours prepare for death. Remember, this was at a time where everyone saw death as the moment leading up to one's judgment before God. The risk was great, because the Devil would see this moment as his final chance to steal into a dying person’s mind and heart, seduce them and lead them to damnation. The craft of dying lay in knowing the devil’s snares and how to avoid them, in order to prepare oneself to meet the judge and saviour who could finally lead them into paradise.

What is remarkable about these books, and many similar ones that were to follow in the next centuries, was their emphasis on the active role of both the agonizing man or woman and those who accompanied them to death. They are as active in the “ars moriendi” as in the “ars amorandi”.

It strikes me that the word “patient”, likes its cognate “patience”, derives from the Latin verb “pator”, meaning “I suffer, I endure, I submit”. From the same Latin root, we derive the English adjective “passive” whose synonyms include lethargic, inert and submissive. Is this not how we tend to see a person in the final stage of life: totally dependent, unable to act or even to decide, at the mercy of whoever happens to be caring for them at the moment?

Yet the very concept of an “ars moriendi” is that this person, on the contrary, is called to be a living actor, the prime agent of his or her dying process. The idea that there should be a “craft” of dying implies that there is a skill to be applied here. This skill is learned through shared wisdom, from mentors who apprentice me, from my own experience and reflection as I move through this process. If I learn from my successes AND my mistakes, if I apply myself to mastering this craft, my dying will be my final creative act in this world. Indeed, do we not all know someone who, in their dying, proved to have been a “master craftsman”?
And are we not all called, here again, to reflect God’s own craftsmanship as reflected in the Passion and death of his only begotten Son, our Lord Jesus Christ? Jesus was not some kind inert, passive victim of torture and capital punishment. Knowing what was to befall him, he called his friends together and, in the sharing of the Passover meal, revealed to them the meaning of his coming death and gave them a way to recall it from generation to generation. He enters into the process of death fully aware of its horrors, yet willingly embracing it as part of God’s will for him. He teaches his prosecutor, forgives those who torture him, makes sure his mother will be cared for, and dies with a prayer on his lips. This is the “ars moriendi” to which we should all aspire.

I would submit to you that palliative care is much more than the bio-technical control of pain at the end of life. It is, in the fullest sense of the word, the care that sustains a person as he or she masters the “ars moriendi”, the craft of dying. Of course, controlling pain is essential to this care: excruciating pain can only impede the learning or the exercise of this craft. We need to control the dying person’s pain so that they can resume their active role in dying. Which includes living fully those moments we can with loved ones, handing on to future generations the wealth of our own wisdom, reconciling with those who need reconciliation, and preparing to enter into the mystery which surrounds us all.

I find myself walking on egg shells when I comment on the modern trend to legalizing euthanasia and assisted suicide. I have read the stories of people who have sought this quick death: they are often painful to read, heart-rending in many ways. And I do not want to add to the pain of their families and loved ones by any unfeeling judgment. That being said, I believe that as a society, we have become so focused on autonomy, health, comfort and active living that the dependency, sickness, suffering and limitations typical of the last stage of life cannot be faced, much less embraced. We do not want to learn the craft of dying. We want jump over that stage and get to the death itself, as quickly and as painlessly as possible. In an analogous way, we prefer buying a university dissertation to actually researching and writing one, or undergoing liposuction to dieting and exercising. We would rather avoid having to master the craft of dying. I suggest to you that we all need to reflect at length on what this means for our humanity and our society.

Do you know the Latin aphorism: “Ars longa, vita brevis”? In English, it’s translated as “Art is long-lasting, whereas life is short.” It’s often understood to mean that an artist’s work will survive long after he or she is gone. However, in researching my talk, I discovered something that you perhaps already know, but that I need to share, if only for myself.
The original Greek version of this aphorism has nothing to do with artists and their works of art, but with the craft of medicine. It is the first of the aphorisms that were collected in what we know as the Hippocratic Corpus. Ascribed to the father of medicine, here is what the full aphorism says:

> Life is short and the craft is long; the crisis fleeting; experience perilous and decision difficult. The physician must not only be prepared to do what is right himself, but also the patient, the attendants and those from outside. (Hippocratic Corpus, Aphorisms, 1)

The author here is describing the challenges of practising medicine. There is so much to learn in this craft that a single life cannot suffice. And the doctor is not the only actor involved: the patient, the attendants and those from outside (meaning, I guess, family, friends, administrators and lawyers, the media, the state, you name it!).

What really surprised me when I read this was the author’s astute observation that the craft of medicine is not restrained to medical practitioners. The first one who is named in the list of collaborators is the patient himself, without forgetting those who stand at his bedside, and all those others who make up his relational world.

Don’t you agree with me that this aphorism takes on a greater dramatic force when read in the context of palliative care? Think of the final stages of life as I reread the text:

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This brings me back to what Dr. Lapointe was saying in his talk last year: palliative care started as a movement that contested the monopoly of doctor-controlled, disease-centred bio-technological treatments in the hospital milieu and called for a holistic, patient-centred, community-involving process of care at the end of life.

I believe that by recovering the idea of the “ars moriendi” as a true craft we are encouraged to see in palliative care not only a specialty of medicine or an appendage to hospital care, but an area of practice that calls us to rediscover medical care as a holistic responsibility shared by a community of people—including doctors, of course—focused on the patient as the primary actor of his life in all its stages.
In this endeavour, I believe that Catholic hospitals and the broader Catholic community can play a major role in our Canadian society. For this vision corresponds clearly to our own ethos, finding new impetus and dynamism from the Gospel vision of the dignity of each human person. As we call for greater focus on palliative care as an alternative to active euthanasia or assisted suicide, we must not allow ourselves to be tempted by the lure of pain-controlling technology to the exclusion of a broader, more challenging vision of end-of-life care. Indeed, this vision should and must influence every aspect of our health organizations and practices. In an unexpected, ironic way, the introduction of legal death-dealing in our country might be the occasion for a radical revisioning of our understanding and practice of health care. And the Catholic community, I believe, can truly be a leader in this endeavour for all of our society.

As I conclude, may I draw your attention to a resource you may find useful in reflecting on the “ars moriendi” and on our role as a community of support for those learning this craft?

I refer to a document entitled End-of-life Care in the Light of God’s Word: A Journey of Reflection in Five Steps. This document was prepared by the Assembly of Catholic Bishops of Quebec in response to the introduction of medical euthanasia in the hospitals of that province last year. You can find it on the web site of the Quebec Bishops in both the original French and in the English translation.

As the title says, this document wants to lead people to reflect on the craft of dying from a faith perspective. Firmly rooted in Scripture, it proposes a series of meditations on different aspects of the last stage of life on earth, followed by a few questions for personal meditation, and a series of topics for group discussion.

The first chapter is called Learning Compassion in the Company of Christ. It starts by reminding us that Scripture does not look at life through rose-coloured glasses. The pain, the suffering and the fear of dying men and women is continually echoed in the Psalms and other books of the Bible. Jesus himself did not shun this reality, but embraced those around him who sought him out for some consolation in the midst of their misery and questioning. Jesus embodies God’s compassion for all his children, and calls us to follow him in this way of compassion, reminding us that to care for the sick is to care for Christ himself.
The second chapter, *Accompanying and Leading to Christ*, recalls three stories from the Gospels. The parable of the good Samaritan invites us to care for the dying man or woman who has been left by the side of the road; the story of Jesus and the quadriplegic reminds us how caring for the soul is as important—if not more important—as caring for the body; and the story of Simon of Cyrene, who was compelled to help Jesus carry his cross, invites us to examine our own attitudes when we are compelled to care for someone who is dying—whether because of professional obligation, kinship or simple sense of duty. These stories help us shape our responses according to the Gospel vision.

*Staying awake with Christ*: this is the title of the third chapter. It recalls how Christ himself, as he confronted his last days, was tempted to turn away from God’s will and find his own way forward. Faced with this temptation, he found two sources of strength: prayer, and his disciples’ companionship. Is this not what we can offer to the men and women who face death today: prayer, and our companionship? The call to staying awake, the invitation to vigilance, is often echoed in the Gospels. Keeping vigil with a dying person can become a way to the God of Jesus Christ. In this vigil, prayer is simplified and purified—both the prayer of the dying person and of his or her companions. The craft of dying becomes a school of prayer.

The fourth chapter is entitled *Approaching Death in the Company of Christ* invites us to meditate on Jesus’s own final moments, focusing on three scenes: his dialogue with the Good Thief, his prayer of forgiveness for his tormentors, and his words to his Mother Mary and his apostle John. Through these three scenes, those who are facing death are invited to learn the craft of dying from Jesus himself as they trust in Christ’s promise, forgive those who need reconciliation, reach out to those who have journeyed with them through life.

The fifth and final chapter invites the dying person to enter into deep communion with Christ. As Christ lived his death as a testimony of his love, of God’s love for each and every one of us, so should we strive to offer our own death’s as a testimony of love for him. We do not have to be revolted or resigned to our pain: we can understand it as a way of entering into deeper communion with Jesus who lives in us. At the final moment, with Christ, we can turn to God and say: “Into your hands, I commend my spirit”. This final chapter is rightly entitled *Dying and Rising with Christ*. 

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If I have taken the time to present this resource to you, it’s because I consider it to be an *Ars moriendi* for our time. I would invite each of you here to download it, to read it, to pray with it, to discuss it. I can think of no other text right now that can help us build the spirituality we need to face this time of crisis in our land.

For this is indeed a time of crisis. But the old Greek word “krisis” speaks of occasion, decision and movement. Let us take hold of this crisis and respond to Pope Francis’s invitation to rediscover the movement that our institutions are meant to support, foster and protect, a movement that is led by God’s Spirit, a movement that is rooted in what is most beautiful in humanity and most compelling in the Gospel. Now is the time for all of us to learn the “ars nostrum manicas convolvendi”—the art of rolling up our sleeves and responding to the challenge set before us. May God bless us all as we learn this art.

Thank you!

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