Solidarity with the Vulnerable: Global Healthcare Ethics in Spiritan Perspective

Chike Anyigbo

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SOLIDARITY WITH THE VULNERABLE:
GLOBAL HEALTHCARE ETHICS
IN SPIRITAN PERSPECTIVE

By
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ABSTRACT

SOLIDARITY WITH THE VULNERABLE:
GLOBAL HEALTHCARE ETHICS
IN SPIRITAN PERSPECTIVE

By
Chike Anyigbo, C.S.Sp., M.A.

December 2017

Dissertation supervised by Gerard Magill, PhD

This dissertation focuses on global healthcare ethics from a Spiritan perspective. As the Spiritan Congregation developed over centuries, its core charism has been implemented in a variety of ministries articulated in terms of solidarity with the vulnerable (SWV). There has been very little discussion of the contribution of the Spiritan charism to ethics in general or healthcare ethics more specifically, as discussed in this work. Nevertheless, from the outset, the Spiritan ministry emphasized the importance of individual dignity as a foundation for a commitment to the poor. The focus clarified the importance of respecting the vulnerable. Over time, the Spiritan charism referred to this multi-tiered interaction as SWV. As a result, solidarity with the vulnerable came to characterize the Spiritan charism and also to shape a Spiritan approach to ethics that would guide its ministry.

Although the many ministries that are inspired by the Spiritan charism have very significant implications for healthcare, there is a significant need to explore this rapport explicitly. The Spiritan charism of SWV highlights three components: engagement, identification, and intervention, for its practical ministries. These mechanisms are combined in an integrative manner to explain that SWV
shapes a Spiritan approach to ethics. The analysis applies this approach to global healthcare ethics, by interpreting three major areas in global bioethics namely, Access to Healthcare, Participation in Research, and Availability of Medical Technology, from the perspective of the Spiritan approach.

This dissertation argues that the Spiritan charism which models an effort to seek empowerment of the vulnerable, out of respect for human dignity, rights, and justice can influence the public sector to promote equitable access to healthcare services in solidarity with those lacking basic access. Millions of people without adequate health care have shown that policies that do not further fair distribution of socioeconomic conditions for basic access have failed. This dissertation explains how SWV that characterizes the Spiritan charism can shape a Spiritan approach to ethics to shed light on each of the three major topics in global healthcare ethics. SWV enables the Spiritan charism to provide a distinctive contribution to global healthcare ethics.
DEDICATION

To all members of Anyigbo Family for their support, love, and prayers,

and

To the Spiritan Founder, Venerable Poullart des Places and Co-Founder, Venerable Francis Libermann, and all members of the Spiritan Family as my second family.
ACKNOWLEDGEMENT

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I am greatly honored to work with Dr. Gerard Magill, Ph.D., Professor of Healthcare Ethics, and the Vernon F. Gallagher Chair for the Integration of Science, Theology, Philosophy, and Law at the Center for Healthcare Ethics as well as my Dissertation Director. I am profoundly grateful to Dr. Magill for his patience, efficient guidance, and expertise in directing this work to a successful completion. Likewise, I am honored to work with Dr. Henk ten Have, MD, Ph.D. as my professor, Committee Member, and the Director of the Center for Healthcare Ethics. He brings to the Center his expertise and years of experience working on issues of global bioethics, and he generously encouraged my research. In addition, Also, I am indebted to Fr. James Okoye, C.S.Sp., D.Phil., Professor Old Testament, Carroll Stuhlmeller Chair for Old Testament and Director, Center for Spiritan Studies for his insightful and valuable contributions to my work.

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TABLE OF CONTENTS

Chapter 1: Introduction

Chapter 2: Spiritan Charism of Solidarity with the Vulnerable (SWV)

1. Introduction: Dignity, Vulnerability, and Justice in Ethics Discourse

2. History of the Spiritan Charism
   a. Venerable François Poullart des Places
      i. Self-denial for the Good of Others
      ii. The Founding of a Seminary
   b. Venerable Francis Libermann
      i. Spiritual Transformation of Personal Health Vulnerabilities: A Key to Solidarity
      ii. Local or Particular Churches: Libermann’s Directive to Missionaries
   c. The Charism Continued
      i. Blessed James-Desiré Laval
      ii. Blessed Daniel Brottier

3. Person and Dignity: Spiritan Charism Regarding Commitment to the Poor
   a. Sensitivity to the Deplorable State of Afflicted Black Slaves
   b. A Plan of Work for Ministering to the Blacks
   c. Dignity of the Person in Spiritan Perspective/Charism

4. Justice and Solidarity: Spiritan Charism Regarding Empowerment of the Abandoned
   a. Make Yourselves Negro with the Negroes: Libermann’s Exhortation to Missionaries
   b. Educational Work and Empowerment in Foreign Missions
   c. Justice and Solidarity in the Spiritan Charism

5. Rights and Vulnerability: Spiritan Charism Regarding Special Interventions
   a. Competent ministry with the Abandoned and Wayward Adolescent
   b. Spiritan Humanitarian Interventions
   c. Rights and Vulnerability in the Spiritan Charism

Chapter 3: Spiritan Framework for Ethics

1. Spiritan Approach of Respectful Engagement
   a. Availability to the Other
   b. Listening with Great Respect
   c. Dialogue

2. Dynamic Identification with the Other in Spiritan Charism
a. Respectful inculturation  
b. Justice and Peace as Part of Evangelization  
c. Solidarity Expressed in Community  

3. Interventions to Improve Quality of Life  
a. Education as a Tool of Liberation  
b. Community Development  
c. Attending to the Refugees: Being the Voice of the Voiceless People  

Chapter 4: Access to Healthcare Services  

1. Respect for Persons: The Ethical Debate on Access in the United States  
   a. Fragmented Healthcare System  
      i. Meeting Health Needs Fairly  
      ii. Setting Fair Limits in the Provision of Healthcare  
   b. A New Pathway to Comprehensive Healthcare Reform  
      i. What We Owe Each Other  
      ii. Hope for an Affordable Result-Oriented Healthcare System  

2. Ethical Debate on Dignity: Inequity in healthcare services  
   a. Disparities in Healthcare Services  
      i. The Contribution of Racial Issues to Disparities  
      ii. The Contribution of Inequality, Poverty and Market System to Disparities  
   b. Reducing Disparities in Access  
      i. Cultural Competence Approach  
      ii. Primary Healthcare (PHC) Approach  

3. The Relation of Person and Dignity: Global Access to Healthcare  
   a. Right to Healthcare  
      i. Instance of an Unstable Right to Healthcare  
      ii. Right-based Entitlements and Relative Resource Constraints  
   b. Universal Access to Healthcare, a Justice Issue  
      i. Challenges of Access to Care in Global Epidemics and Collaboration of States  
      ii. Cooperation to Expand Limited Resources  

Chapter 5: Participation in Research Protocols  

1. Ethical Debate on Justice: Regulations and Biomedical Research  

x
a. Impact of Research Ethics in Practice
   i. Ethical Framework for Research and Participation

   ii. Paternalism in Research Ethics

b. Obligation to Contribute to Research as Participants
   i. Individual Obligation

   ii. No Individual Obligation

2. Ethical Debate on Solidarity: Consolidating Protection of Research Participants
   a. Compensation and Exploitation in Research
      i. The Issue of Compensation of Participants

      ii. Avoiding the Exploitation Debate

   b. Minorities and Inadequate Protections in Research Participation
      i. Sensitivity to Community Research Needs

      ii. Sensitivity to Underrepresented Adolescents

3. The Relation of Justice and Solidarity: Standard of Care and Benefit Sharing
   a. Best Standard for Control Group in Research Involving Human Participants
      i. Standard of Care Debate

      ii. Post-trial Commitment to Research Study Participants

   b. Benefit Sharing in Biomedical Research
      i. Equitable Sharing of Research Benefits

      ii. Advocating for a Framework for Benefit Sharing

Chapter 6: Availability of Medical Technology

1. Ethical Debate on Rights: Global Access to Medical Technologies (MTs)
   a. Impact of Advanced Medical Technology (MT) on Patient Health Interventions
      i. Advanced MT and Improved Patient Care Debate

      ii. Zero Effect of MT on Patient Care Debate

   b. Promoting Access to Advanced Medical Technology
      i. Barriers to Access to MTs in Developing Countries

      ii. Actual Import of Access

2. Ethical Debate on Vulnerability: Promoting Global Health
   i. Intellectual Property (IP) and Development

   ii. Intellectual Property Rights (IPR) Reform and Health Improvement in Developing Countries

b. Fighting Counterfeit Drugs Debate
   i. Need for a Conceptual Consensus on Counterfeit Criminality

   ii. Problem of Unsafe Medicines

3. The Relation of Rights and Vulnerability: Capacity Building in Low-income Economies
   a. Improving Local Technologies
      i. Exploring Complementary/Alternative Medicines (CAM)

   ii. Exploring Traditional Medicines R&D in African Initiatives

   b. Infrastructure Development to House New Technologies
      i. Point-of-Care (POC) Testing Program for Infectious Disease

      ii. Collaboration on Infrastructure Development in Poor Economies

Chapter 7: Conclusion
**LIST OF ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA</td>
<td>Affordable Care Act</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>AID</td>
<td>Artificial Insemination by Donor</td>
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<tr>
<td>AIH</td>
<td>Artificial Insemination by Husband</td>
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<tr>
<td>ANDI</td>
<td>African Network for Drugs and Diagnostics Innovation</td>
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<td>APA</td>
<td>AIDS Partnership with Africa</td>
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<tr>
<td>ART</td>
<td>Artificial Reproductive Technology</td>
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<tr>
<td>AZT</td>
<td>Azidothymidine</td>
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<tr>
<td>BRICS</td>
<td>Brazil, Russia, India, China, and South Africa</td>
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<tr>
<td>CAM</td>
<td>Complementary/Alternative Medicines</td>
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<tr>
<td>CAM/TM</td>
<td>Complementary/Alternative Medicine and Traditional Medicines</td>
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<tr>
<td>CAR</td>
<td>Central African Republic</td>
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<tr>
<td>CBPR</td>
<td>Community-Based Participatory Research</td>
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<tr>
<td>CCA</td>
<td>Cultural Competence Approach</td>
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<tr>
<td>CRS</td>
<td>Catholic Relief Service</td>
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<tr>
<td>CT</td>
<td>Computed Tomography</td>
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<td>EOC</td>
<td>Ethiopian Orthodox Church</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>GIJI</td>
<td>Global Institute for Justice in Innovation</td>
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<td>HIC</td>
<td>High Income Countries</td>
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<tr>
<td>HIE</td>
<td>High Income Earners</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>ICC</td>
<td>International Criminal Court</td>
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<td>ICESCR</td>
<td>International Covenant on Economic, Social and Cultural Rights</td>
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<td>IGM</td>
<td>Intentional Genetic Modification</td>
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<td>IOM</td>
<td>Institute of Medicine</td>
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<tr>
<td>IP</td>
<td>Intellectual Property</td>
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<tr>
<td>IPR</td>
<td>Intellectual Property Rights</td>
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<tr>
<td>IRB</td>
<td>Independent Review Board</td>
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<tr>
<td>IVF</td>
<td>In Vitro Fertilization</td>
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<td>JCA</td>
<td>Joint Church Aid</td>
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<tr>
<td>JPIC</td>
<td>Justice and Peace and Integrity of Creation</td>
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<tr>
<td>LMIC</td>
<td>Low and Middle Income Countries</td>
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<tr>
<td>LTC</td>
<td>Long-Term Care</td>
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<td>MHS</td>
<td>Military Healthcare System</td>
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<tr>
<td>MIC</td>
<td>Middle Income Countries</td>
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MRI: Magnetic Resonance Imaging

MT: Medical Technology

NAFDAC: National Agency for Food and Drug Administration and Control

NCDs: Non-Communicable Diseases

NGO: Non-Governmental Organizations

PGD: Preimplantation Genetic Diagnosis

PHC: Primary Health Care

PND: Pre-Natal Diagnosis

POC: Point of Care

R&D: Research and Development

RCT: Randomized Controlled Trial

SARS: Severe Acute Respiratory Syndrome

SERVOL: Service Volunteered

SES: Social Economic Status

SOC: Standard of Care

STDs: Sexually Transmitted Diseases

SWV: Solidarity with the Vulnerable

TB: Tuberculosis
TM: Traditional Medicine

TRIP: Trade-Related Intellectual Property Rights

UDHR: Universal Declaration of Human Rights

UN: United Nations Organization

WHO: The World Health Organization

WTO: World Trade Organization
Chapter 1. Introduction

The focus of the dissertation is upon global healthcare ethics from a Spiritan perspective. As the Spiritan Congregation developed over centuries, its core charism has been implemented in a variety of ministries (such as education, care of refugees and others) articulated in terms of solidarity with the vulnerable (SWV). However, there has been very little discussion of the contribution of the Spiritan charism to ethics in general or to healthcare ethics more specifically, as discussed in this work.

Because the Spiritan charism inspires to practical service in its ministries, there is an implicit approach to ethics. What is implicit can be worked out more explicitly in terms of a Spiritan approach to ethics. The Spiritan’s solidarity with the vulnerable highlights different components. There is an emphasis upon respectful engagement that focuses upon being available to others through listening and dialogue. Also, there is an emphasis upon dynamic identification to highlight respectful inculturation that gives the community a privileged place. Finally, there is an emphasis upon historical interventions to provide education and foster community development in a manner that is attuned to those whose voices have been marginalized. However, these distinct components have not been discussed from the perspective of ethics. This dissertation seeks to combine these components in an integrative manner to explain that SWV in the Spiritan charism shapes a Spiritan approach to ethics that integrates engagement, identification, and intervention for its practical ministries.

Furthermore, literature on the Spiritan charism of solidarity with the vulnerable has not specifically engaged discourse in healthcare ethics. Although the many ministries that are inspired by the Spiritan charism have very significant implications for healthcare, there is a
significant need to explore this rapport explicitly. The Spiritan focus on respect for persons can enlighten debates on access to and inequalities in healthcare out of respect for human dignity. Also, the Spiritan focus on justice can enlighten research ethics in the global context out of respect for human solidarity with research participants to avoid dangers of exploitation. Finally, the Spiritan focus on human rights can enlighten the debate on medical technology out of respect for human vulnerability. This dissertation explains how solidarity with the vulnerable that characterizes the Spiritan charism can shape a Spiritan approach to ethics (integrating engagement, identification, and intervention) to shed light on each of these major topics in global healthcare ethics.

The general purpose of this dissertation is to discuss global healthcare ethics from the Spiritan perspective. The specific thesis is that solidarity with the vulnerable enables the Spiritan charism to provide a distinctive contribution to global healthcare ethics.

As the Spiritan Congregation developed over centuries, its core charism became articulated in terms of solidarity with the vulnerable. From the outset, the Spiritan ministry emphasized the importance of individual dignity as a foundation for a commitment to the poor. This insight enabled the early Spiritans to focus upon solidarity in terms of empowering those who are abandoned, developing a widespread outreach in education. The focus clarified the importance of respecting the vulnerable. Over time, the Spiritan charism referred to this multi-tiered interaction as solidarity with the vulnerable.

As a result, solidarity with the vulnerable came to characterize the Spiritan charism and also to shape a Spiritan approach to ethics that would guide its ministry. This approach has several components that function in an integrative manner: respectful engagement, dynamic
identification, and historical interventions. First, respectful engagement of the other implies being available to others through listening and dialogue. Second, dynamic identification means a respectful inculturation that gives the community a privileged place. Third, historical interventions are required to provide education and foster community development in a manner that is attuned to those whose voices have been marginalized. Not only do these components of the approach to ethics function in an integrative manner, they also enable the Spiritan charism to be realized in concrete ministries in a variety of situations.

This means that engagement, identification, and intervention as the integrative components of a Spiritan approach to ethics helps to realize its core charism of solidarity with the vulnerable. This occurs by emphasizing the importance of each human person out of respect for human dignity, the need for justice to express the meaning of solidarity, and the role of human rights to protect the vulnerable. In other words, the Spiritan approach to ethics integrates engagement, identification, and intervention across three related platforms: respecting all persons based on human dignity, promoting justice based on human solidarity, and defending human rights based on protecting the vulnerable.

The analysis applies this approach to global healthcare ethics, reflecting the core Spiritan charism of solidarity with the vulnerable. This occurs by interpreting three major areas in global bioethics from the perspective of the Spiritan approach.

First, the Spiritan focus on respect for persons can enlighten the debate on access to healthcare out of respect for human dignity. Respect for persons can provide a context for understanding the debate on healthcare access that focuses on human dignity to highlight the
problem of inequity in healthcare. As a result, the Spiritan focus upon respect for all persons based on universal human dignity clarifies the need for access to healthcare globally.

Second, the Spiritan focus on justice can enlighten research ethics in the global context out of respect for human solidarity. Respect for justice can help to shape both the practice of and participation in biomedical research that requires solidarity with research participants to avoid dangers of exploitation. As a result, the Spiritan focus upon justice as an expression of solidarity clarifies the need for establishing clear standards of care and benefit sharing in biomedical research globally.

Third, the Spiritan focus on human rights can enlighten the debate on medical technology out of respect for human vulnerability. Respect for human rights can guide the fast-moving debate on medical technologies especially in developing nations that highlights vulnerability to promote global health. As a result, the Spiritan focus upon human rights to protect the vulnerable clarifies the need for capacity building in healthcare in low-income economies globally.

Chapter One argues that the commitment of the Spiritan charism on the issue of solidarity with vulnerable is a response to what permeates the fabric of its foundation. In this response, care of the marginalized is infused with the drive to liberate and empower as befits their dignity. From this frame of mind is drawn the guiding principles for the Spiritan approach to mission. In here too lies its contribution that advances a better ethical approach in terms of commitment to the welfare of others. Healthcare is considered basic human rights. However, about more than a billion people around the globe are denied access to adequate healthcare services. Perhaps, this lack of access may be attributed to inefficient public policies and moral concerns.
The dissertation (chapter 4) will address the controversial issue of access to healthcare with special interest on those who require special attention from the society. Public policies can contribute to systemic errors, and therefore, bring about disparities in delivery of care. Similarly, biomedical research is a valid means of improving accessibility to healthcare and many have no access to research or denied its benefits. The chapter on Participation in Research Protocols will reenact the application of ethical research in developing countries where access to healthcare is limited. In addition, the chapter on Availability of Medical Technology encourages promotion of global health, by way of solidarity, to extending improved healthcare services to areas of need. A pertinent approach to addressing these challenges will be avoiding global political maneuvers, and instead, adopting dedicated collaboration. The following will briefly present the summary of the main points of the different chapters.

Chapter 2. Spiritan Charism of Solidarity with the Vulnerable

In chapter two the foundation of the Spiritan Congregation is cast on one single purpose of caring for the poor and marginalized. In effect, the concern to empower the downtrodden dominates its missionary enterprise. This responsibility is taken up based on the basic reality of equal dignity of the human persons. Yet, the human condition is impacted on by the vicissitudes of life. However, differences in class or socioeconomic status do not take away from the noble nature of mankind. A united effort to address the imbalances and to promote equitable living conditions can uphold the dignity that is inalienable. The privilege of a double heritage in Spiritan tradition gives firm support to the charism of solidarity with the vulnerable. It is a charism that accounts for a commitment to justice and practical interventions in the plight of those at the margins of the shrinking global village. This chapter will briefly look at what
informed the foundation of the Spiritan charism and explore its components of commitment to empowerment of the neglected and abandoned.

1. History of the Spiritan Charism

The historical perspective of the Spiritan charism will be explored under this section, taking a look at the works of the two founders of different societies that were eventually merged into one. Despite the fact that Venerable Francis Poullart des Places and Venerable Francis Paul Libermann did not know each other, as they lived more than a century apart, their legacies speak to the same objective, indicating a unity of charism. Des Places’ interest in assisting fellow students unexpectedly resulted in a founding of a society. In the leadership role of the Society of the Holy Heart of Mary, Libermann’s writings contribute to drawing attention to the sufferings of the black population in their own environment and in places of their enslavement. These profound gifts of the two key figures that finally merged into one charism of solidarity with vulnerable continue to reign as a legacy for the future generation of Spiritans. The discussion of the Charism Continued will follow that of Libermann and Des Places’ that begins below.

a. Venerable Francis Poullart des Places

The young Poullart des Places, who came from a wealthy home and could expect a princely future, walked through profound discernment to settle for the option of becoming a priest. This decision differed greatly from the vision and wishes of Des Places’ parents, who would have preferred that their brilliant son take up a career in law. However, this graduate of law degree sought the priesthood in order to serve and identify with the classless and poor of the society. While under training, Des Places witnessed the plight of the poor and neglected, and became determined to give them renewed hope in life. Not far removed were the children of
chimneysweepers who received Des Places’ generosity, which also included catechetical instructions. In addition, fellow seminarians from destitute backgrounds caught young cleric’s interest, and they received help with their college tuition and meals. It is concern and care for this latter group that gradually widened and, unexpectedly, gave birth to the Congregation of the Holy Spirit in 1703. Des Places’ vision of uplifting those at the margins of the society synchronizes with that of the co-founder, Francis Libermann, even though they were not contemporaries. Similarly, a brief account of the life of Libermann will be discussed in the next section to see what contributions they make to the larger discourse.

b. Venerable Francis Libermann

Francis Libermann’s early years growing up in their hometown of Saverne is one that gives his father, Lazarus, a stern and dedicated Rabbi, the hope of an heir to the services of the local synagogue. It is a longing the old man held for at least one of the older sons, but became disappointed. This same hope happens to be one that fails to materialize in Libermann as it is replaced by a new light of conversion. Nonetheless, the event of Libermann’s conversion is a traumatic transition, one that not only leaves a scary memory, but also forms the bedrock of a formidable character that would in future seek to relieve any forms of vulnerability in other people. Openness towards the vulnerable is equally influenced by his father’s generosity in housing and teaching the rabbinical students without asking for fees. In addition, Libermann consistently respects individual differences and honors creativity in others. With the influence of two younger friends, Frederic Le Vavasseur and Eugene Tisserant, and the support of a favorite spiritual director, Father Pinault, Libermann identified with a proposal for working with the abandoned in slave colonies and in the Caribbean Islands. This proposal is followed up with seeking the Vatican’s approval and therefore forming the Society of the Holy Heart of Mary.
seeking Rome’s support, Libermann impresses on the Magisterium of the church the immediacy of intervention and a reminder of the church’s duty to the suffering black people of African continent. Thus, the newly formed society sharing the same charism of evangelization of the poor eventually merged with Des Places’ Congregation of the Holy Spirit in 1848 with Libermann at the helm of affairs. The Spiritan charism shares in the universal church’s proclamation of God’s reign in the world. This idea is evident when Libermann urges that missionaries eschew coercive evangelization and give people room to freely choose to accept or refuse the message.

c. The Charism Continued

The charism of the Spiritan foundation as bequeathed by the key founding figures described above is based on docility to the Holy Spirit and evangelical availability to the poorest where the universal church has difficulty in finding workers for the Lord’s vineyard. Despite the humble beginnings and the premature death of Des Places, this project for the poor survived through successors. After the mergers, the co-founder, Libermann’s brief four-years-administration, infused a renewed vigor into the same charism that would pass down to future generations. However, the work of God that is the Spiritan Congregation continues to live out the received legacy of solidarity with the vulnerable in varied and numerous ways. The purpose of the evangelical availability is not only to preach the good news of the kingdom of God, but also to enhance the missionaries’ disposition to identifying with the poorest and abandoned as well as bringing change to the unjust structures in human lives. Numerous pioneers of the Spiritan foundation lived in total dedication to this charism and few exemplary ones would require a mention here such as Venerable James Laval and Blessed Daniel Brottier.
As a little boy growing up in the family farm in the countryside in Normandy, France, Laval was greatly influenced by a generous mother, devoted to the Virgin Mary, who always cared for the poor. This early sensitivity to the plight of the vulnerable will guide the entire life of this excellent missionary and the apostle of Mauritius. In the initial soul-search for a life career, Laval’s first choice of a priestly ministry succeeded after a second attempt that was preceded by a certified medical profession dedicated to serving the indigent sick. After priestly ordination in 1838 and accepting a posting to a rural parish of Pinterville in Evreux diocese, this humble servant of God finally finds comfort in evangelizing the poor and suspending medical practice. Two years later, Laval’s desire to serve in a foreign mission that is considered heroic in that second quarter of 19th century still persists. Libermann’s newly founded Society of the Holy Heart of Mary accepted the application of this poor pastor of Pinterville whose bishop was hesitating to relinquish in view of a mission to the Indian Ocean Island of Mauritius. Nevertheless, arrangements were concluded for Laval’s departure the following year at the beginning of Lent in 1841. At this period, Mauritius a former territory of France now ceded to Britain still suffers from class distinctions between white settlers and freed black slaves. Laval immediately sought for and was granted the Bishop of diocese of Mauritius’ permission to devote himself to evangelizing the poor black slaves. This pioneer missionary of the Holy Heart of Mary soon acquires proficiency in the local creole language and with an austere living, wins endearment among the poor black community. With a deep respect for the dignity of the human person, Laval sacrifices stipends and personal belongings to address the unfortunate condition in the Island. Prisoners are attended to and Laval’s medical expertise contributed to alleviating so many epidemics of yellow fever, small pox, and cholera. The climax of this ministry of the
apostle to the blacks is also the many miracles attributed to Laval both in life and after death.\textsuperscript{13} The Spiritan charism is fully personified in this humble servant of God.

Daniel Brottier from la Ferté-Saint-Cyr village in Central France was born twelve years after the death of Laval in 1876. This promising second child of a devout Catholic family shows early interest in the priesthood and religious missionary life. After seminary formation, Brottier receives the sacrament of Holy Orders for the home diocese of Blois and later joins the Spiritan Congregation to fulfill the desire to serve in foreign missionary work. The mission-field in Senegal offers the much-sought opportunity, but it was cut short after eight years by illness that occasioned a return to Paris. At a time of financial crisis, Brottier accepts the appointment to succeed Roussel, the founder of Orphan Apprentices at Auteuil in Northern France, as a director. This project offers good education and career-path to youths abandoned and rejected as nuisance to the society. Like Laval, Daniel Brottier is also admired as the apostle for the poor who created a web of support from both government and citizens in caring for the young people in distress.\textsuperscript{14}

2. Person and Dignity: Spiritan charism regarding Commitment to the Poor

The awareness of the inhuman conditions of the poor inspired a profound concern to reach out to them with the concrete purpose of equipping the people to take charge of their needs. This concern to empower the other is carried with every sense of respect geared towards the healing of their brokenness. These issues form the discussion of commitment to the poor in this section.

a. Sensitivity to the Deplorable State of Afflicted Black Slaves

The beginnings of the Congregation of the Missionaries of the Holy Heart of Mary is marked by the witnesses and intuitions of the three pioneers, Frédéric Le Vavasseur, Eugène
Tisserant, and Francis Libermann, to the unfortunate situation of neglected slaves and their motivation to alleviate those inhuman conditions. Based on this background, Libermann wrote to the Sacred Congregation for the Propagation of the Faith and elaborately spelt out the plan of the new Foundation towards the project for the blacks in their own environment.

b. Plan of Work for Ministering to the Blacks

Filled with zeal, Libermann outlined a missionary plan for ministering to the welfare of the blacks, in the majority, and the few white settlers as well, in the islands of Reunion and Haiti, among others. Here, an underlying prominent strategy is a liberty of self-donation on the part of the missionaries dedicated to this grave task of giving life or freedom to the afflicted people. In addition, these missionaries will commit to community life and a life of poverty in order to properly identify with the people and sustain their mission. There were other recommendations, such as establishing a training institute in Europe for capable African indigenous candidates. These candidates would be trained in such fields as agriculture, economics, technology, and priestly formation, so they can return to contribute to consolidation and further development of their people. In his numerous correspondences with his pioneer missionaries to African territories, Libermann consistently urges that they are not just to evangelize but also to empower the black people to take charge of their own affairs. The missionaries are also to affirm the equality of all mankind in their work and in dealings with the underprivileged. Libermann would often urge that the missionary’s approach should focus on adapting gospel values and not imposing Western values. This is an important way of respecting the dignity of the recipients of the evangelization enterprise.
c. Dignity of the Person in Spiritan Perspective/Charism

To the missionaries, Libermann urges flexibility as opposed to rigidity in their approach to relationship with their audience, especially people of other faiths or denominations. Dialogue thus is promoted as essential in human relationship. In effect, the missionary is expected to maintain a dominant attitude of respect for other people including civil authorities. Libermann further recommends that those who work to uplift others must be imbued with gentleness and a disposition that brings healing to brokenness. Anything to the contrary can result in harm, even self-inflicted injury, to those under the missionaries’ care.\(^20\) As far back as the second half of the 19\(^{th}\) Century, Libermann had urged missionaries to the Global South to be like the Africans. To the white missionaries sent to the Global South, Libermann urged them not to transport and transfer their own (European) cultural values, but to understand the Africans within their African context.\(^21\) The effects of slavery and colonization had sufficiently diminished the dignity of the people of this continent who, otherwise, are equally created in the image of God. In Libermann’s sense, the position of the missionary will be to identify with the blacks and to assist in making them be part of the world like every other person.

3. Justice and Solidarity: Spiritan Charism Regarding Empowerment of the Abandoned

Empowerment of the downtrodden is an essential focus of the Spiritan charism in practical support of fairness and solidarity among the human community. This goal is promoted specifically in Libermann’s instructions to the missionaries and, in general, to all priests in their application of themselves to their work. Education retains the reputation as a powerful tool for liberation and empowerment of self and others.
a. *Make Yourselves Negro with the Negroes*: Libermann’s Exhortation to Missionaries

Libermann’s 1847 instruction to his missionaries in Dakar and Gabon has been perceived not only as a sound theology of mission for the universal church and as an effective proverb, but it has also influenced the Spiritan attitude and has become the pivotal agenda of Spiritan charism everywhere in the world today. There is a belief that the idea of identification with the suffering people in order to win their hearts for Christ is influenced by Libermann’s interaction with Bishop Luquet of the Congregation for Propagation of Faith, as well as instructions from the same office. The same ideal is shared with Bishop Benoît Truffet, professed member of the Holy Heart of Mary, and appointed the first Apostolic Vicar to Senegambia and Dakar by the Holy See. Furthermore, on the home front, the Spiritan charism continues to foster the empowerment of the marginalized. The vision of the Congregation became clearer to Libermann after the merger. The work does not only focus on distant missions, but also embraces local missions for stability purposes. Hence, there was renewed emphasis on expanded clerical formation. It was evident to Libermann that the Congregation could not sustain the foreign missionary endeavor without recruiting members capable of keeping alive the home base. In effect, that necessitated the attention given to the work among the abandoned in some cities in France. In fact, concern for the home-based mission to the abandoned became a trajectory for the sustenance of the Congregation. Candidates were equally accepted based on who wanted to dedicate to pastoral ministry in local dioceses.

b. Educational Work and Empowerment in Foreign Missions

In addition, a strategy for academic formation of the minds of beneficiaries is emphasized as a means of empowerment in Libermann’s correspondence with those on foreign missions.
However, for the most part, this specific instruction of indigenizing or incarnating the church was not sufficiently heeded by the early missionaries. Nonetheless, the pioneering educational work of Spiritans in the Southern Nigeria, in spite of its being a strategy of ensuring leadership over other denominations, provided a sure footing for the development of the people and the entire area.

c. Justice and Solidarity in the Spiritan Charism

The missionary effort of the Congregation to relieve the afflicted slaves as well as provide moral, religious, and economic enhancements to the poor of Africa is a solid form of solidarity and working for justice in the world. Issues of justice, peace, and solidarity remain integral to the Spiritan mission. The French Revolution of 1848 occurred in the same year as the merger of the Congregation of the Holy Spirit and the Missionaries of the Holy Heart of Mary. Libermann, in solidarity with the spirit of the revolution, had admonished priests not to cling to the past ages but to always advance and keep abreast with new developments. It is not just about simple awareness of the changing times but interpreting the message of Christ in the light of the new trends. Libermann participated and encouraged the priests to exercise their franchise in the elections that ushered in democracy for the first time and dethroned monarchical rule.

4. Rights and Vulnerability: Spiritan Charism Regarding Special Interventions

Engaging in a ministry that fosters fairness and solidarity of the human community is further strengthened by concrete actions to protect the rights of the vulnerable. Such a ministry blossoms in the works of rehabilitation of the abandoned and destitute, in spirited interventions, and in acting in solidarity with those in crisis by facilitating integral development of targeted populations.
a. Competent Ministry with the Abandoned and Wayward Adolescent

New candidates into the Congregation were accepted no longer solely on the basis of foreign missions but also for shouldering other apostolates that improve the lives of vulnerable working class people in France or entire European countries. At this stage in the era of industrialization, the Congregation was primarily concerned with the welfare of the lower work force: crew members of sea vessels, marines, the destitute, the incarcerated, and the enslaved. There was a realization, too, that it is not sufficient merely to instruct these people in matters of faith without also equipping them to undertake the challenges of their environment. Libermann reformed the system of enrollment into the Congregation in order to accommodate the needs of the abandoned destitute both at home and abroad. Of course, the abandoned destitute in Libermann’s view refers to those identified elsewhere here as the lower class work force, the incarcerated and the enslaved, among others. This description matches the Congregation’s stipulated rules at that early stage in terms of fairness and solidarity. By way of concrete application, social and religious apostolates were undertaken in select cities of Paris, Bordeaux and Amiens under Libermann’s leadership. Later, the work of rehabilitation of the afflicted and neglected youths in Auteuil accepted by the Congregation expanded under Blessed Daniel Brottier and successors.

b. Spiritan Humanitarian Interventions

Libermann’s legacy in these issues flourished even more in the future successive regimes. In the spirit of the Founders, the Spiritan Congregation identifies completely with the people they serve. The Spiritan Charism attends to spiritual and natural aspects of life. In their missions to Africa, there are many instances of crisis that would normally necessitate withdrawal but
sticking with the people through thick and thin is a priority to the Congregation. The role of Spiritans in organizing humanitarian interventions during the Nigerian Civil War was tremendous. This active participation of pioneer Spiritans to Nigeria, during a tragic turn in the lives of its citizens, refined and consolidated the initial evangelization approaches, which had consisted of mainly charity, medical services, rescuing social outcasts, ransoming slaves, and establishment of elementary schools. These ideals form the earlier attempts to transform quality of life and support the reign of justice in the world.

c. Rights and Vulnerability in the Spiritan Charism

In a lengthy letter, written in 1847, Libermann sensitizes his missionaries in Africa to avoid buying into colonial masters’ prejudicial comments about the African peoples, but to instead be open only to their own firsthand experiences. In addition, the missionaries were urged to rid themselves of European mentality and to relate to the Africans as equal in dignity while adapting to the African environment. Similar instruction to pioneer sisters in Africa reflects the same attitude of promoting the personal integrity of the Africans that was previously disregarded by colonial compatriots. Overall, the pioneer Spiritan mission endeavored to transmit the gospel message as well as introduce modern tools for integral development of host communities. Libermann had often encouraged missionaries in Africa to establish this unity of growth in all aspects people’s lives. Religion and social life should never be seen as disparate entities, Libermann argued, otherwise evangelization efforts would not be deep-rooted. Libermann’s insistence on indigenizing the church through formation of local clergy and catechists is the highlight of this concern. The initial unsuccessful missions to Angola and the Congo in Libermann’s assessment are as a result of reliance on expatriate clergy that diminished with time. It is more advisable to keep people free from dependence on foreign aid.
Conclusion

The privilege of a dual rich heritage has continued to sustain the impetus of the Spiritan mission around the globe. Respect for the dignity of the human person has always inspired Spiritans to address deplorable human conditions. Poullart des Places vowed to give renewed hope to the poor and, in the process, lived a life of poverty himself. Libermann solicited on behalf of black peoples drawing attention to the ways they suffered both in their own nations and in places of enslavement and urging intervention. In addition, Libermann made an important recommendation in their case by advocating for the establishment of a European-based training institute. The institute would undertake to enhance the skills of the blacks and train them to develop their homeland. For missionaries in the field, it was further recommended that their approach be governed by flexibility instead of rigidity in ministering to the people. Mission engagement is, thus, based on identifying with the people in order to win their hearts for gospel for their own integral development.

Chapter 3. Spiritan Framework for Ethics

Chapter three presents a framework for ethics in Spiritan perspective. A framework for ethics implies an outline of guiding principles that inform societal or individual decisions about what is right or wrong. Such principles have formed an unwritten code that guides the Spiritans in their approach to mission. And the mission of the Spiritans is often channeled towards those at the fringe of society, where local churches find it difficult to obtain volunteers. This mission is approached on three principal levels: respectful engagement, dynamic identification with the people, and interventions to improve quality of life. First, the Spiritan concept of respectful engagement has three important components for a successful mission, namely, availability,
listening with respect, and dialogue that determines the best method of approach. Second, the
dynamic identification is driven by components of respectful inculuration, advocating for justice
and peace, and solidarity expressed in the community. The last guiding principle is a mode of
intervention that combines elements of education, community development and refugee
programs where the need arises.

1. Spiritan Approach of Respectful Engagement

The Spiritan approach to mission is no longer only perceived as based on evangelization,
but also the Congregation emphasizes social work derived from an understanding of the needs of
the other. Sensitivity to the needs of the other, therefore, forms a major aspect of the missionary
and is expressed in the components of availability, listening and dialogue.

a. Availability to the Other

A framework for ethics is rooted in the Spiritans’ availability to serve the needs of others
anywhere in the world especially places others might refuse to venture. Venerable Francis
Libermann’s consistent instruction to the pioneer missionaries is to fully identify with their
African hosts and to always avoid imposing western values. This is the wisdom that guides the
Spiritan missionary work to first seek out the needs of the people in every situation before
understanding how to address the people’s empowerment. Missionary engagements of the
Spiritans are simply described as missions of presence, situations where missionaries live among
people, bearing witness to their experiences and providing relief materials but not merely
preaching by word. The idea is simply to be with the marginalized or displaced and those in
conflict-torn situations in a way that will make them feel a sense of respect for their dignity.
This is true of many missions, past and present, in Sierra Leone, Angola, South Africa, Algeria and Pakistan. The last two are current missions, which are basically within Islamic contexts.\(^\text{38}\)

b. Listening with Respect

Listening with great respect is crucial to our charism of serving the needs of the relegated people. It is only by means of listening that we can identify and recognize the other’s personality and needs.\(^\text{39}\) The SERVOL Project in Trinidad and Tobago serves as a typical example. SERVOL is an acronym for service volunteered for all, and was formulated by a Spiritan priest, Gerry Pantin, while seeking resolution to the needs of the youths protesting economic hardships and social injustice in the country. This project essentially aims at breaking through cultural prejudices to listen to the other and to dialogue with them from a position of equality of human persons. The impact of SERVOL has been enormous in ensuring peace and welfare for all.\(^\text{40}\) In addition, the mission of Spiritans in Southern Ethiopia Dadim, Borana is another interesting example of this life style of listening. This occurs within the context of practicing the model of ecclesiology that does not just pass down the words of the gospel and doctrines, but also listens with humility to the people – a Listening Church, as one Spiritan author aptly puts it.\(^\text{41}\) Practically, the Spiritan mission in Borana subethnic group, southern Ethiopia began when the pioneer missionaries respectfully approached the people and inquired about their needs. And the people’s response was interesting because they asked the missionaries not to proselytize but to allow the people to follow their own hearts.

c. Dialogue

Dialogue with other churches and faith traditions is encouraged in our mission for a more profound relationship with other brethren and to appreciate the varied gifts of God in everyone.\(^\text{42}\)
Initiating dialogue is a meaningful way of reaching out to others where possible or patiently waiting, in other situations that may be volatile, especially in some Muslim-Christian relationships. The Spiritan Community in Pakistan lives in this type of situation, patiently waiting and communicating with the Islamic brethren while providing social services and education. Furthermore, the Spiritans in Ethiopia work in close collaboration with the Oriental Churches, supporting the Orthodox Church in the evangelization of a *semi-nomadic* population. The Orthodox Church had not had enough personnel to handle the mission and invited the Spiritans to collaborate. It is not an easy task, but dialogue improves understanding and sensitivity to the other.\(^{43}\)

2. Dynamic identification with the other in Spiritan Charism

Dialogue opens the way for understanding the other, and, furthermore, for discerning the best way to identify and collaborate with them. The missionary’s urge for adaptation of the gospel requires their figuring out new, refreshing ways of letting the message of Christ speak meaningfully to different cultures as well as motivate the people. In this design that the missionary enterprise is able to identify unjust structures that alienate and oppress the people and solicit on their behalf. Yet, in showing this solidarity, the people must be carried along and encouraged to participate in addressing their concerns and needs.

a. Respectful Inculturation

Respectful learning of the other is the first step in the process of adapting the gospel in an environment where it is scarce or absent, or where it is being met by a new age with a different mentality. The Spiritans of the English Province, for instance, face this kind of challenge in their newly found apostolate of youth ministry. Perhaps, it is more ethical to learn from one another
than to impose on others. A new culture or a new age is a challenging encounter for the missionaries, too. Sensitivity to the other’s needs exceeds mere identification with their particular dress codes or traditional food to graver issues of witnessing and participating in all forms of estrangements they experience from others within their environment.  

One of the interesting forms of worship adapted by the missionaries in Borana, Ethiopia was the traditional manner of celebrating reconciliation. From their background, when someone has issues or offends the other, they resolve their problem by giving a handful of grass to the offended party. The grass, which symbolizes peace, is an offering that asks for pardon and reconciliation. The missionaries adopted this method in conducting a penitential rite for the people. On such occasion, the cross is placed before the people, as well as a bowl of grass. The grass originally symbolizes forgiveness. An individual seeking reconciliation takes a handful and places it at the foot of the crucifix as a sign of remorse and asking for pardon. This practice shows that similarities exist in seemingly disparate religions and cultures, but it takes a patient and careful study to discover how to properly adapt other traditions.  

The auricular confession in the sacrament of reconciliation is not a very common form of reconciliation in Borana as much as a communal penitential rite. At Eucharist, the people’s traditional mode of asking for blessings is incorporated into the celebration. When it is offertory time, the whole congregation will come up to the altar, and as they wave their palms over a lamb to be slaughtered for a feast asking for blessings, they will pass their hands over the bread and wine for the sacrifice of the Mass. Of course, this is an area of primary evangelization. When the missionaries arrive in a particular new area for an initial evangelization, it is the elder in a host community who says a prayer of blessing at a coffee ceremony when people gather and the missionary will read from a passage of the gospel. The coffee ceremony is a traditional ritualistic symbol of a family or
communal daily sacrifice for blessings before dispersing for the work of the day. Sometimes, major ceremonies such as marriage, birth, a dispute resolution meeting is prefaced with the ritual of coffee ceremony. Coffee bean and coffee tree are held sacred symbolizing peace, and as such, the coffee ceremony would be considered void if held solely by an individual. In other words, solitary drinking of coffee is a taboo in Borana, Ethiopia. The principal celebrants at a coffee ceremony consist of the chief hostess in a household and an elder who stirs and prays over the coffee before distribution. Prior to this, the coffee beans are cracked by the people gathered while praying to be preserved from all evils during the course of the day. The hosting lady fries the beans in butter or any other form of oil. A little portion of this recipe is passed around for guests to anoint their limbs. Someone on essential services such as attending to the cows could exit at this juncture since the entire event is normally lengthy. The other larger part is presented to an elder or a group of three elders for a prayer of blessing before everyone can drink the coffee.\textsuperscript{46} This ritual event provides the context for evangelization for Spiritan missionaries in Ethiopia; an occasion in which the gospel is preached and catechumens are won for Christ.\textsuperscript{47}

b. Justice and Peace as Part of Evangelization

Justice and peace initiatives in the Spiritan Congregation are practical ways of identifying with the people we serve in the missions in both pleasant and unpleasant conditions. In general, it is an endeavor to identify and supplant oppressive structures that burden the people. In moments of crisis, confreres more often do not desert, but bond with the people to comfort them when presence is most valued. This identification with the sufferings of the people, and not only sharing their joys, is sometimes witnessed in war situations, natural disasters and other adverse events as discussed elsewhere below. This approach is inspired by a commitment to help the voiceless in society find their voice and address their own needs. Examples abound in the work
with Haitian refugees, Indians of North America, and in places in Africa, restoring hope and
dignity, and providing for their welfare. Sometimes, we are powerless in the face of particular
needs but can only offer mere support in solidarity.\textsuperscript{48} The General Chapter of the Congregation
in Maynooth, Ireland also reenacts the focus on issues of justice and peace.\textsuperscript{49} The works of Bill
Headley, C.S.Sp., who served as the dean of Peace Studies at the University of San Diego, speak
volumes in this regard. Headley, as a member of the general council in Rome in 1987, founded
the Spiritan Office of International Justice and Peace, which has influenced the promotion of its
programs in all circumscriptions around the world.\textsuperscript{50} Through the branches of this office, now
expanded as Justice and Peace and Integrity of Creation (\textit{JPIC}), Spiritan confreres advocate for
economic fairness for the marginalized and promote protection of the environment. The aspect of
the integrity of creation draws attention to nature as a divine endowment that humans ought to
preserve and prevent from the detrimental effects of modern civilization on the environment.
There is also such concern about the increasing incidents of loss of lives in makeshift boats
among people or intending migrants to Europe seeking survival from their drought-ridden and
conflict-torn homelands.\textsuperscript{51}

c. Solidarity Expressed in Community

The support of one another is fruitful in mission endeavors. It helps to appreciate others’
talents and contributions to the well-being of all. Community fosters cooperation and common
concern in addressing the needs of others.\textsuperscript{52} The practice of community living is considered
essentially important for the sake of the work of evangelization and for the sake of attending to
the needs of the people.\textsuperscript{53} In most cases, the missionaries do not just identify with the target
community but also involve them in the addressing their own needs. The host communities are
encouraged to participate by making their own contribution to the work. In Borana Ethiopia,
when a structure such as a school or a church is being erected for the community the people participate and contribute some part of the cost, such as bringing the wood for the construction. It is ethical to create equitable opportunities and favorable environments in which everyone can participate and make contributions according to their own giftedness.\textsuperscript{54}

3. Interventions to Improve Quality of Life

The principle of intervention is fulfilled in the components of education, community development and refugee programs. In the face of massive suffering and deprivations, people tend to lose their sense of dignity or equality with others who are better placed in society. The ethics of mission intervention is to reinvigorate this value, or at least give fresh hope. This action of reinvigoration will be evident in the efforts to bring renewed energy through education of the marginalized, development work, and the care of refugees and migrants.

a. Education as a Tool of Liberation

Education of the mind and spirit is essentially vital for individual, personal development. It has always been a special and endearing apostolate of the Spiritans dating back to the era of the founders. Although, education was not the original focus for either Poullart or Libermann, they embraced it when they realized the need.\textsuperscript{55} In Spiritan Missions, building schools is a vehicle for evangelization and empowerment of the people.\textsuperscript{56} The first Catholic University in Nigeria, Madonna University, was started by a Spiritan confrere, Fr. Emmanuel Edeh. This institution was born out of the needs of the host community since government-owned tertiary institutions were failing in moral standards. Furthermore, the cattle-rearing Maasai people of Tanzania had a tradition of denying teenage girls secondary school education, so they could contract early marriage. It was with the Spiritans’ interventions that young girls are able to
further their studies. This Spiritan Mission also encouraged the boys who already were permitted to attend secondary education to attend in greater number. They made an effort to establish an educational policy that promoted equity across gender and class lines.  

b. Community Development

The Spiritan Mission aims at the integral development of peoples, carrying the gospel message, which also incorporates projects for the improvement and well-being of host communities. This is on board in varied forms in many places with Spiritan presence around the globe. Development work is not undertaken in a community for market value, but to revitalize a people’s sense of their own dignity. The Congregation of the Sisters of the Needy, founded in Nigeria by a Spiritan confrere, Denis Ononuju, has a project that takes care of orphans and young girls who are pregnant. Pat Patten, a Spiritan working in Tanzania, organizes a Flying Medical Service that network with healthcare institutions and airlifts people in remote difficult terrains for medical attention as well as emergency cases. The organization, in addition, educates the people on helpful healthcare practices. Fr. Patten also initiated a facility that caters for disability patients and provides vocational training for them. In Haiti, a Spiritan, Fr. Joseph Philippe, is credited with founding development initiatives to improve the lives of others, including a micro-credit finance institution to assist the poor and small businesses, as well as skill-acquisition for women-folk. Such concerns of giving meaning to people’s lives extends to care of the displaced and migrants that will be discussed in the next subsection.

c. Attending to Refugees: Being the Voice of the Voiceless People

The care of refugees and immigrants always attracts special dedication in the Spiritan Missions. Spiritans working in Tanzania are also fully engaged in refugee work, taking care of
people from Rwanda, Burundi and Democratic Republic of Congo who were displaced by civil wars in their respective countries. Many of the refugees were also relocated to safe havens in different cities in the United States to help them recover from their traumatic experiences and pick up their lives once again. Paul Flamm’s Tanzania Project equally undertakes to visit those resettled in new places to ensure that they are surviving. A number of Spiritans priests have also volunteered in the managerial position with Catholic Relief Service (CRS) for Religious Institutes Initiative in the United States. The CRS solicits for relief materials and funds to support the social works and missions of various religious institutes.

Conclusion

It is perilous for society to neglect the downtrodden at the margins. Society cannot afford to disregard such ill-fated people, if for no other reason than that all are created equal as human beings. Beyond this basic precept, it is inevitable that the international scene is becoming a global village. What affects one part of the world extends to the others, and quickly too. The current Ebola crisis is a vivid example. It takes just the movement or migration of a single virus carrier to spread to another country. This is exactly how the virus was transmitted from Liberia to Nigeria and the United States, respectively. The rest of the world should join hands to eradicate this deadly virus, especially when it involves a poor developing country. Any form of unjustified human suffering that is allowed to persist in any part of the world could impact others. Similarly, the welfare of humankind ought to be the concern of all. The Spiritan charism is accentuated in this seeking to promote the dignity and equality of humanity.

In this chapter, the principles of respectful engagement, dynamic identification with others and interventions combine to address the urgent ethical concern of revitalizing the sense
of dignity in those who have been marginalized and, consequently, have lost hope in humanity. The Spiritan charism models the way in practical living of oneness of human persons and invites a united front to address imbalances in our neighborhoods and in our global community.

Chapter 4. Access to Healthcare Services

Chapter four will explore the debate on universal access to healthcare services in the United States, taking account of people that require special attention. Society’s responsibility is to ensure that its citizens’ dignity and rights are respectfully upheld including the opportunity to access basic healthcare services. The ability to implement this important healthcare right often being hindered not by mere logistics or financial constraints but by systemic fragmentation in its delivery. In many jurisdictions, disparities in healthcare provisions occur especially between urban and rural settings.63

1. Respect for Persons: The Ethical Debate on Access in the United States

This section explains that respect for persons can enlighten the debate on access in the United States. Two core aspects of the debate relate with fragmentation in the healthcare system and the need for comprehensive reform.

a. Fragmented Healthcare System

The fragmentation of healthcare system is apparent in the debate on meeting healthcare needs fairly and on setting limits in the provision of healthcare.

i. Meeting Health Needs Fairly

Meeting health needs fairly implies advancing normal human functioning, thus, contributing to human flourishing. The problem of unequal access to healthcare is highlighted by
the discourse on the necessity of meeting health needs fairly. This necessity of health is a requirement of justice in all society. The moral importance of health involves a demand for normal functioning that opens up opportunities to individuals for the good of the society. In effect, favorable conditions are promoted for individuals to exercise personal talents in pursuit of life plans in an equitable manner. Access to healthcare is an important aspect of promoting health. Unequal access to healthcare reduces people’s potential to explore a range of opportunities available to them. Normal differences in health status are inevitable. Nevertheless, inequalities are unacceptable when there is unequal distribution of other socially controllable factors such as education, job, income, and the racial/gender disparities that affect health. Efficient administration of these other relevant factors will guarantee fair health and healthcare outcomes.

ii. Setting Fair Limits in the Provision of Healthcare

Setting limits in healthcare delivery is inevitable. What sets up central debates is the manner in which the practice is carried out and whether the limits are fair or unfair in a population. The effectiveness of healthcare delivery through improved technology and its increasing costs developed over time, and therefore, required society to set limits considering the extent of care from an array of possibilities. In itself, setting limits is not unethical but the result of advancement in healthcare, and it remains a requirement in both high-income and low-income countries. All countries are bound by the requirement of justice to meeting health needs fairly within the limits of their resources. This consideration is important in order to retain the ability to attend to other relevant social goods that promote health and opportunity alongside healthcare. Nevertheless, disagreements often occur on the approach to limiting care. Setting limits requires subjecting this process of decision-making to an open reasonable discussion and the involvement
of all parties. When an approach is publicly adopted, it must be open to constant reviews and it should be eligible for application to all members of a population.65

b. A New Pathway to Comprehensive Healthcare Reform

The need for a comprehensive reform is evident in the importance of streamlining what we owe each other and the hope for an affordable result-oriented healthcare system.

i. What We Owe Each Other

What we owe each other in terms of ensuring health of citizens receives impetus from emphasis on primary importance of health. This health obligation and its equitable distribution can only be successful through sustainable policy implementation in health promotion and fostering other social determinants of health. Setting limits fairly in health needs require openness in decision-making. In other words, claims to health and healthcare in a population would only be successful through convergence of values attached to the moral importance of health, efficient policies, and a transparent allocation decision. This social obligation to health implies that issues of permanent disability must be addressed even when it demands taking other non-health measures. In addition, in spite of this obligation to health and improvement of medical technology, a reasonable decision has to be made with regard to priority of health needs that are met. For instance, a facial plastic surgery after an acid attack is considered a treatment priority instead of an enhancement option such as a facial reconstruction for beauty pageantry. Furthermore, obligation to health includes individual responsibility as well as a fair judgment of risky behaviors considering the impact of other social factors.66
ii. Hope for an Affordable Result-Oriented Healthcare System

The new healthcare reform, the Affordable Care Act (ACA), targets massive changes in the system, which is person-centered instead of representing mere market advantages. Services negotiated on this ACA platform would now be more result-oriented for the interest of patients. Insurance companies will only make gains by maximizing the effectiveness of healthcare access. Nevertheless, the objectives of the new healthcare reform are to address the issues of access to care services, quality outcomes, and to reduce the increasing costs in the system.

2. Ethical Debate on Dignity: Inequity in Healthcare Services

The question of respect for human dignity informs the debates on disparities in healthcare services and on reducing disparities in access, and would help to contribute to equitable distribution of healthcare services.

a. Disparities in Healthcare Services

The complexity of discrepancies in distribution is highlighted by the contribution of racial issues and socio-economic inequality.

i. The Contribution of Racial Issues to Disparities

Differences in healthcare access date back to the era of the beginning of slavery. In this era, people witnessed manipulated scientific beliefs that established differences among humans, especially white superiority over blacks. However, for the greater part, healthcare provision remained unbalanced between the two races. These discriminations have contributed to the continued disparities in healthcare provision. Furthermore, the Institute of Medicine (IOM)
Report also reached a conclusion that disparities in healthcare are aggravated by providers’ prejudicial response to minority patients.\(^{70}\)

ii. The Contribution of Inequality, Poverty and Market System to Disparities

The problem of poverty in a segment of a population engenders unequal distribution of healthcare services including other social amenities. The wealthy population enjoys better health insurance coverage for their health needs. Some others may have insurance but limited\(^{71}\) packages that exclude other serious health concerns such as ear, eye and dental problems that demand expensive coverage.\(^{72}\) In addition, it is known that market strategy remains a trend that obstructs equitable healthcare distribution. Market-driven healthcare focuses on profit in view of the areas of greatest demand while neglecting actual needs of people.\(^{73}\)

b. Reducing Disparities in Access

Efforts to minimize disparities in healthcare access are enlightened in the discussions of cultural competence and primary healthcare (PHC) approaches.

i. Cultural Competence Approach

Rich cultural diversity should encourage efforts to understand one another. A cross-cultural education requirement is necessary for appropriate formation of healthcare professionals. Cultural competence is viewed as an important tool for addressing differences in healthcare provision and access. The military health system in the United States constitutes a model in this approach to healthcare, in spite of the minimal level of disparity in their system. This practice of cultural competence is effectively embraced with clear notion of promoting the military’s
mission through complete acceptance of cultural diversity. For the general public, it is a tool that will implement bridge building and the tapering of healthcare disparity.\textsuperscript{74}

ii. Primary Healthcare (PHC) Approach

Another viable strategy for addressing healthcare disparities is through primary healthcare implementation. Adopting PHC will bring home interventions to localities in order to meet their health needs. In its comprehensive approach, this program also endeavors to tackle social economic determinants that contribute to disparities. Vulnerable populations are identified and enlisted in the program through the teamwork of clinicians including environmental specialists. PHC program is notable for adding quality to healthcare and constricting cracks in the system.\textsuperscript{75}

3. The Relation of Person and Dignity: Global Access to Healthcare

The mutual relation between individual and collective welfare is inviolable. In this section, debates on human right to healthcare and universal access to healthcare will highlight commitment to global access to needed healthcare.

a. Right to Healthcare

The issue of right to healthcare is a universal agreement as it is implied in the Universal Declaration of Human Rights, encouraging health equity through adequate access. Nevertheless, the debate views its implementation from the two-pronged lenses of challenges and limitations.

i. Instance of an Unstable Right to Healthcare

There is a suggestion that the universal affirmation of healthcare as a human right is minimally and unevenly observed in the United States. This challenge to the welfare of the social order is attributed to philosophical ideologies. The newly implemented ACA is considered a
giant stride but not a complete remedial of the situation since millions of people will yet not be
covered for needed care in the end. More work is solicited for effective healthcare delivery.\textsuperscript{76}

ii. Right-based Entitlements and Relative Resource Constraints

The right to healthcare has its basis in the values of natural law, which finds expression in
the global legislation on human rights. Yet this healthcare right is meaningfully exercised within
a population and it is dependent on the shrewd management of scarce resources. In effect, the
privileges accorded to this important right to health is viewed as relative to a particular social
order based on the decisions of its leadership. This leadership is responsible for the rationality of
decisions in their obligation to uphold citizens’ health. Limiting obligations accorded to a right
becomes relevant in the light of available effective treatments for a medical condition and the
priority of needs of other citizens. Although, a healthcare right is ensconced in universal human
rights, it has limits relative to what the citizen’s state can provide under constraining means.
Nonetheless, member states of the global legislation on human rights must comply with its
stipulations to protect their citizens.\textsuperscript{77}

b. Universal Access to Healthcare, a Justice Issue

Meeting health needs from the global perspective has its setbacks. The insights on safety
and cooperation will illuminate the ongoing discussions.

i. Challenges of Access to Care in Global Epidemics and Collaboration of States

In the outbreak of contagious human immunodeficiency virus (HIV) epidemics and its
progressive acquired immune deficiency syndrome (AIDS) that overwhelmed medical solutions
about four decades ago, access to care for people was imperiled by the medical professionals’
denial of care to infected patients for fear of their own lives. Subsequent transnational outbreaks such as severe acute respiratory syndrome (SARS) including the recent Ebola virus have compounded the debate about the extent of clinicians’ obligations to patients and society under threat to their personal security. Nevertheless, the institutional duty of ensuring adequate resources for safety is essential to guaranteeing clinicians’ commitment. The institutional duty commands the collaboration of states for effective management of intercontinental crisis.  

ii. Cooperation to Expand Limited Resources

Unacceptable statistical differences in health and healthcare outcomes in populations of the world are mind numbing. Increasing mortality and morbidity rates in infants, children under five years, and women during childbirth are observed in developing nations compared to the developed nations. This gap is viewed as disastrous and requiring immediate attention, but whose obligation it is to resolve is something difficult to determine. Evidently, differences in health are often inevitable, yet unbearable, when it emanates from manageable social determinants of health. Appropriate sharing of these essential social determinants helps to alleviate unacceptable differences. That this resolution is also applicable in the context of cooperation of countries in the world is a continuous debate. A commitment of countries to such cooperation would help in ameliorating these challenges.  

Conclusion

The popular adage “two heads are better than one” could never be overstated. In this era of alliances, people commit to one another to fight a common course or to achieve a common goal. The various world level and regional organizations signify this important cooperation to advance the well-being of humanity. These no-one-is-an-island values reiterate the
interconnectedness of humanity and the need put our heads together to eliminate disparity in access to basic healthcare services. Disparities in healthcare access arise from a range of issues including: financial constraints, systemic fragmentations, and cultural stereotypes.

Access is palpably dependent on employer-based insurance coverage, and it only follows that a huge number of people are therefore disqualified. Nonetheless, to design access on the platform of those who could pay would be problematic. A minimum of basic access, a complete access to available quality health care services, is the requirement for advancing society.

Chapter 5. Participation in Research Protocol

Chapter five argues for a fair sharing of appropriate research as valuable in ensuring adequate distribution of healthcare interventions. This chapter will focus on global access to healthcare through an equitable extension of the risk-benefit ratio of biomedical research to vulnerable populations, especially resource-poor countries. As one of the applied chapters, the focus is on the debate about research ethics regarding clinical trials in populations from the global perspective. Clinical research is an essential way of gathering facts and investigating methods for resolving health issues and fostering preventative measures. A number of regulations have been devised to avoid exploitation, especially when research involves human participants. Yet there are indications that people may feel obligated to participate in research since interventions’ goal is to promote public health. Various forms of protections and benefit sharing for vulnerable groups ensure that research is guided by the ethical principles of justice and solidarity.
1. Ethical Debate on Justice: Regulations and Biomedical Research

The requirement of justice is central in the oversight of biomedical research. Examining the effectiveness of research ethics and the requirement of participation will help explore the extent of justice.

a. Impact of Research Ethics in Practice

The practical implementation of research ethics is evident in the awareness of the underlying principles of ethical research and the manner of protection they provide.

i. Ethical Framework for Research and Participation

A set of underlying basic principles has been designed to guide the structure of ethical research involving the human person. These principles derive from the already established regulatory codes and guidelines to provide practical implementation. There are eight principles to inform research protocol and participation. A particular study design would ensure collaboration of all stakeholders especially the host community as well as overall contribution to knowledge and proven scientific objectives relevant to the community. Other concerns include fulfillment of fair participant selection, the demands of informed consent, proportionate risk-benefit ratio, independent review regulation and adequate respect for participants even after the completion of the research in terms of ensuring treatment access among other values. The ultimate interest in this ethical framework is human protection.

ii. Paternalism in Research Ethics

Paternalism implies the initiative of a figure in authority to restrict the liberty of a dependent in an effort to secure their protection. The idea of an ethical framework enterprise in
research can also reflect the controversial issue of paternalism in professional-patient relationship in medical care settings. This comparison arises because an observance of the principles for an ethical research gives additional protection to the participant subjects even before soliciting for individual consents. In effect, it is viewed that this ethical framework and other regulatory protections in research retain intrinsic paternalistic characteristics. Nonetheless, a tendency of paternalism in research ethics is valued for providing safeguards for vulnerable individuals and populations. In this instance, paternalism can be justifiable as opposed to a situation where it might trivialize the autonomy of a subordinate individual. The challenge is for the discipline of bioethics to recognize paternalism in its role in research and to ascertain when there is a justifiable application of it.\textsuperscript{82}

b. Obligation to Contribute to Research as Participants

The extent of justice is brought to the fore in the debates about the requirement of research on the public, a duty to participate or no obligation at all.

i. Individual Obligation

The issue of whether there exists an obligation for the public to contribute to human research by participation is a subject open to debate. Some see no individual obligation, while others suggest there is a duty to contribute to progress in biomedical interventions. In addition, the latter view insists that unless there is excessive risk of harm in a particular research protocol, an individual would be inappropriately denying society of a communal good. The former view, which sees no individual obligation, would not insist that a person must participate even if they think otherwise. Here, those willing to participate in research are encouraged to do so, but refusing to participate for personal reasons is still considered to be ethical. However, judging
from this ethical refusal option, it is difficult to make a case for an obligation to enroll in a clinical research. The obligation requirement insists on personal sacrifice for communal advancement in spite of risks that could be associated with it.\textsuperscript{83}

ii. No Individual Obligation

There are other considerations from the lens of justice, stipulating a claim of injustice not only to others but also to oneself, when individuals shed their responsibility to participate in a beneficial research. Nonetheless, the new stance of obligatory participation, as a preference to some briefly mentioned above, is viewed as challenging since it alters the established moral standard of optional participation. Patient protection, for instance, is at stake in the obligatory participation perspective. There is a serious concern about whose interests are served by this new moral standard. The growing internationality of biomedical research has stoked the interests of multinationals and research institutions who see potential economic advantages. The suspicion is that these giant stakeholders are probably responsible for promoting this new narrative of obligatory participation in biomedical research in order to multiply outcomes.\textsuperscript{84}

2. Ethical Debate on Solidarity: Consolidating Protection of Research Participants

The safety of human participants in research is an important ethical benchmark. A clinical research protocol will not pass an approval test, in the first place, if it is dangerous to human survival. Other issues of protection, such as financial compensation intended to lessen concerns about exploiting poor participants, have begun to dominate discussion about research ethics in recent times. Furthermore, additional sensitivities are required when research involves minority groups.
a. Compensation and Exploitation in Research

A commitment to safety as a concern for the best interests of participants is highlighted in the debates on compensation and what counts as exploitation of individuals or groups.

i. The Issue of Compensation of participants

Recently, society has progressed from the previous understanding that it is ethical for research participation to be uncompensated based on the understanding that such participation is an obligation the public has to the welfare of others. Now, the practice of compensating participants has taken center stage, and it is an avoidance of exploitation that determines the ethical appropriateness of this mode of incentive. Varied motivations inform this kind of incentivizing but are often contested or denied. The range of motivations includes compensating for injury, inconveniences, and personal time commitment, and remuneration for the services provided by accepting to participate. In spite of objections, researchers and research institutions have found it valuable to make payments to participants in research. The conversation has to continue in order to agree on appropriate principles for compensation since it is a keystone for reinforcing protection of research participants.

ii. Avoiding the Exploitation Debate

The issue of exploitation is viewed as controversial as it is sometimes inexplicable but can often be gleaned from occurrences that are best described as exploitative. This is evident in international research, especially when carried out in developing countries. Examples of such clinical trials include the 2005 Havrix Hepatitis A/B vaccines trials in Thailand and the Surfaxin trial for prevention of Respiratory Distress Syndrome in Bolivia, and the Pfizer Meningitis 1996 experimental study during epidemic outbreak in Northern Nigeria. There is little agreement
on the definition of the concept of exploitation, especially when it emphasizes an undue advantage of the wealthy against the poor. Many guidance documents made allusions to wrongfulness of exploitative behaviors in research without stating a clear definition of the concept. Nevertheless, certain actions that account for exploitation are identified in circumstances where clinical research is conducted with inadequate consent procedures. Other actions are also identified in the offshoring of clinical trials to developing countries for purposes of cost reduction. In addition, there are cases where the end products are clearly not targeted for host countries of such studies or only made available after many years. Such actions should be avoided as exploitation.88

b. Minorities and Inadequate Protections in Research Participation

Consolidation of participant’s protection would be even more grounded in the discussions of additional sensitivity to particular community research needs and the underrepresented adolescents.

i. Sensitivity to Community Research Needs

Inviting participation in research from minority populations such as the indigenous Indians of North America, African Americans, Asian Americans, Hispanics, and Native Hawaiian requires some sensitivity and knowledge of existing tensions in their relationships with governmental agencies and collaborators. In the case of Native Americans, there had been a history of ignoring their religion and culture in policy decisions, which was evident in the displacements, resettlements, colonial decimation of population settlements, and the imposition of education. These multiple forms of discriminations are also apparent in the poor health status of the native peoples with increased mortality rates. In effect, numerous indigenous oversight
committees (IRBs) have been inaugurated by the responsible Federal Agency for the Native American population. These Ethnic IRBs will represent both the universal and community research needs and protections. The community research needs are to be uniquely observed by investigators, and research should incorporate principles of reverence for cultural worldviews. Furthermore, mutuality and accountability by all parties should be ensured.89

ii. Sensitivity to Underrepresented Adolescents

The adolescents of minority groups are poorly represented in research and require a sensitive approach. Adolescent refers to the developmental stage when puberty is attained before adulthood. These young adults also have the same health issues as the adult population because of the changes in their lifestyles and local diet. Again, the nature of this group also has made them vulnerable to exploitative research. Thus, research regulations have to be strengthened to guarantee the safety of this population in future clinical studies that would contribute to their health improvement.90

3. The Relation of Justice and Solidarity: Standard of Care and Benefit Sharing

Disparities in standard of care for control groups in international biomedical research projects raise concerns about justice in research, especially when conducted in resource-poor countries. This is often referred to as a double standard in research, which is considered by many as unethical. How to determine the best standard is still problematic, but it is a worthwhile venture. This section also discusses benefit sharing that pertains to distribution of research dividends as another aspect of ensuring justice and solidarity in research.
a. Best Standard of Care for Control Group in Research Involving Human Participants

The standard of care debate continues in search of what satisfies as a universal standard in welfare and protection of participants. In addition, a post-trial commitment to participants will contribute to meeting these concerns of protection.

i. Standard of Care Debate

Clinical trials carried out by multinationals in low-income countries during the 1990s ignited controversial debate about the standard of care applied to participants in control groups. For instance, the generic miniaturized regimen of the expensive zidovudine (AZT) for prevention of maternal-child HIV infection was clinically tested in low-resource countries for affordability purposes. Participants in the control group were either treated to a placebo or were denied the treatments available at that time. Such approach would not be considered ethical in more economically advanced nation. The debate pertains to how to ethically justify a minimal standard of care for the control group in low-income settings. Meanwhile, the same regimen would always be considered inappropriate in the researchers’ own communities. Nevertheless, a minimal standard of care approach is also considered as promoting double standards and it is tantamount to exploitation. However, there is no consensus on what counts as a universal standard of treatment of control groups in international clinical trials. But whatever standard of care is approved for international research must incorporate safety for the control group in clinical trials.91

ii. Post-trial Commitment to Research Study Participants

Furthermore, there is much debate about whether or not there should be a post-trial commitment to research study participants.92 The World Medical Association’s 2008 Declaration
of Helsinki supports the importance of continuing an effective therapy or an equivalent of it with research participants after the conclusion of a clinical trial. While there are dissenting voices, there are also calls for local ethics committees to adopt the Helsinki document.⁹³

b. Benefit Sharing in Biomedical Research

The principle of benefit sharing as part of consolidation of participant’s protection is explicated in the demand for equitability and an appropriate framework for implementation.

i. Equitable Sharing of Research Benefits

Benefit sharing is an important principle in research ethics, which visualizes the mutual responsibility of parties to a research development and also compels investigators to ensure that research benefits are equitably distributed among host communities. The World Health Organization (WHO) was challenged by the Indonesian Health Ministry for the high cost of avian flu vaccines, which were partly developed with resources from its own environment. The government health ministry prevented WHO’s access to their specimens because the Indonesian people were denied the benefits of the avian influenza immunization through the high cost of the finished product. Majority of people think this was a bold step towards protecting against exploitation. Few others think it was negligence on the part of the Indonesians and a breach of public health safety. The application of the principle of benefit sharing would be the way to resolve this kind of exploitation.⁹⁴

ii. Advocating for a framework for Benefit Sharing

Recommendations have been made for devising a legal framework for benefit sharing that will elicit commitment from research institutions and guarantors, and encourage trust as well
as mutual cooperation with communities hosting research. This framework requirement holds guarantors of research accountable to declaring benefits to local communities and study participants prior to research.  

Conclusion

Clinical research has been observed as an effective way of advancing clinical interventions for the health and welfare of the human person. The ways in which this essential component of healthcare has been carried out over the years has raised suspicion and debate over the ethical nature of research involving human participants as subjects. Justice, as one of the biomedical principles, demands safety, protection, and avoidance of exploitation in research. The interests of vulnerable groups must be respected and protected through the establishment of indigenous oversight committees that ensure communal relevance.

The principles of justice and solidarity require best standards of care for control groups and benefit sharing at the end of research. Double standards in research remain unacceptable and encourage disparities. Equitable distribution of risks and benefits of research is a standard for advancement of human society through progress in healthcare interventions.

Chapter 6. Availability of Medical Technology

Chapter six argues for a global collaboration that fosters global health by way of solidarity through provision of improved healthcare services that addresses the need of the vulnerable. Global access to healthcare is a potential reality, which is already prefigured in the ongoing harnessing of medical technology and information technology to provide efficient services to remote rural settings. Of course, in effect, medical technology implies a practical way of putting together acquired knowledge and capital to achieve appropriate medical
interventions. Medical technology (MT) encompasses simple or complex techniques as well as tools for diagnosis and treatment procedures. This chapter will focus on availability of new medical technology for weak economies and poor populations.

1. Ethical Debate on Rights: Global Access to Medical Technologies (MTs)

This section explains that respect for human rights can clarify the debate about global access to MTs. Two core aspects of the debate narrate the influence of MTs on patient care and barriers to the promotion of MTs in weak economies.

a. Impact of Advanced Medical Technology (MT) on Patient Health Interventions

The influence of medical technology is evident in the debate about its contribution to patient care and its superfluity.

i. Advanced MT and Improved Patient Care Debate

The application of improved medical technologies has been viewed to contribute to better interventions in patient care and welfare. This claim is supported by new indications of minimized hospitalizations or durations, low mortality rates, and more efficient patient care by healthcare professionals. Increased adaptation of medical technologies has also secured quality outcomes of diagnostic and treatment precisions as well as patient protection. Sophisticated body scanners are now employed for easier disease detection and to prevent an unnecessary invasive diagnostic surgery. These new developments are also satisfactorily considered to serve their values as well as retaining the capacity to drive down costs without affecting quality of care in the long run.
ii. Zero Effect of MT on Patient Care Debate

There are other views insisting that improved technology does not guarantee any better patient care. Here the debate hinges on the excesses of defensive medicine where professionals prescribe superfluous testing as safeguards against litigations. Nevertheless, it is obvious too that these improved methods of investigations conceived since the 1970s, such as CT scans and MRIs, have become better options. They are preferable to the preventable diagnostic surgeries usually adopted to uncover the root of problems. However, the costs and side effects of these sophisticated testing, and the frequencies with which they are recommended are relevant sources of worry. Furthermore, advanced technology has given rise to hip/knee replacement therapies and organ transplantations that have also contributed to extreme medications. In these advances, one cannot dispute optimal life expectancy and low mortality but the clinical relevance of some of these therapies and testing are sometimes of minor significance.98

b. Promoting Access to Advanced Medical Technology

Encouraging the distribution of MTs for the purposes of enhancing health is a global requirement. Notably, fulfillment of this objective is not without obstacles and misrepresentation of set goals.

i. Barriers to Access to MTs in Developing Countries

Global access to essential medicines and diagnostics is still problematic especially in developing countries. Part of the problem is identified in the activities of profit making drug manufactures. These multinationals escalate prices of needed technologies such as vaccines and medicines and would not invest in new essential products for poor countries since the same products will not be required in developed counterparts. In addition, patent issues held by these
producers contribute to growing illicit manufacturing of counterfeit medications, which endanger the health of poorer countries.\textsuperscript{99} These developments stand in contrast to international agreement for optimal right to health for all citizens of the world. Furthermore, advocates insist on expanding this right from merely individual right to globalized public health right in order to encompass social factors that promote health.\textsuperscript{100}

ii. Actual Import of Access

The actual significance of access involves a continuous appropriation and consumption of improved medical technologies that meet the needs of people. Emphasis is placed not just on conveyance of products but also on efficient service delivery of essential technologies for the good health of the people. Efficient services consist also in ensuring effective health systems for administration of these needed technologies in a way that guarantees optimal health of recipients. In effect, access also requires information dissemination about adequate usage and application of new technologies. Access to particular medical technologies is not fully resolved by merely listing them as essential products but in the actual process of transmission and ensuring services to the end user. Strategizing to expand access to medical technologies is an important requirement.\textsuperscript{101}

2. Ethical Debate on Vulnerability: Promoting Global Health

Society owes it to those who require special protections to ensure safety of medical devices. This section will discuss the issues of administration of Intellectual Property Rights (IPR) and the aftermath of its evasion that is evident in the debate about counterfeit drugs circulation.
a. Debate on Minimum Standards for the Protection of Intellectual Property Rights (IPR)

The impact of the controversy on observing minimum standards of Intellectual Property Rights is apparent on the debate on its abuse and the neglect of improvement of local health needs.

i. Intellectual Property (IP) and Development

Intellectual property (IP) implies a legal claim attributable to an innovation that contributes to progress in society, in which is embedded limited exclusive rights to its ownership. Nonetheless, the recognition of individual or group creativity and their rights to such designs, fosters other innovations resulting from competition but can also provide a barrier to further improvement. The idea that rigorous patent protection policies will engender economic success and fulfill needed domestic health services remains controversial. An exclusive ownership rights in terms of patents, copyrights, and trademarks could be abused when a patent holder prevents the use of products by other business firms, insists on unreasonable user fees or demand endless controlling royalties. In addition, these barriers contribute to the allegations that IP is conflicting with international human rights covenants. Such abuses provide the rationale for the calls for IP system overhaul, without prejudice to its apparent advantages. Notably, there is need for healthy and transparent competition, transfer of technology, and respect for one another’s rights.102

ii. Intellectual Property Rights (IPR) Reform and Health Improvements in Developing Countries

A call to restructure IPR focuses on developing affordable technologies that address the health needs of the developing countries. In addition, it pays attention to ensuring adequate structures for proper delivery of new technologies. There are differences in infectious diseases manifestations in the developed and developing countries. Progress in health research is
dominant in the developed countries and takes a cue from what is prevalent in that northern global pole. This situation has obvious consequences of neglect or diminished representation of the interest of poor countries in the southern pole. Improved medical technology in terms of production of adequate medicines can stop or push back devastating virus-related diseases. The World Trade Organization’s (WTO’s) 1995 Trade-Related Intellectual Property Rights (TRIPs) agreement on imposing stricter protection of IPR for these inventions has a lopsided effect of creativity growth and a disadvantage of expensive products above the reach of the poor South. Effective restructuring of IPR will secure remedies that are tailored towards prevalent disease manifestations in the low-income countries.¹⁰³

b. Fighting Counterfeit Drugs Debate

Combating counterfeit drugs invites the need for putting everyone on the same page about the import of the crime and on the problems that arise from the use of unsafe medicines, which deviates from the entire health project.

i. Need for a Conceptual Consensus on counterfeit criminality

There is urgent need for a clearer description and consensus on the magnitude of counterfeit corruption in order to determine how to address the problem. The faking of drugs has become a dangerous global trend that trivializes global promotion of health. This tendency of counterfeiting medicines is evident not only in patented versions but also in authentic generic models. Millions of lives are imperiled by the growing sophistication of drug forgery, which is competing in production and circulation. Nevertheless, no consensus has been reached on how to characterize such a heinous crime. The World Health Organization’s (WHO’s) specification on drug forgery, which focuses on public health menace, is not followed by many member nations.
These nations would rather pay more attention to the other aspect that look out for violators of intellectual property rights. Violators do not simply steal other people’s property but risk wiping out populations through their illicit practices. In effect, they do not merely deserve punishment but to be stopped in their tracks. A kind of global collaboration with a general framework that factors in health risks of counterfeiting drugs for populations is required to move forward in this struggle to entrench sanity.\textsuperscript{104}

ii. Problem of Unsafe Medicines

Medicines become unsafe when they are substandard with inappropriate or no active ingredients included in their process of production. Such unacceptable practices are evident in counterfeited drugs peddled, solely for economic gains, devoid of the welfare of human community. The use of unsafe medicines contributes to resistant infections as a result of inappropriate treatment. Low-income populations are susceptible to unsafe medicines because of their tendency to seek out affordable drugs. Nonetheless, inappropriate treatment of diseases may lead to severity of the health condition for these patients. Increasing chronic conditions of greater numbers of the world poor population will obviously deplete any nation’s gross earnings.\textsuperscript{105}

3. The Relation of Rights and Vulnerability: Capacity-building in Low-income Economies

The mutual relation of human rights and protection of those who require special attention informs the debate on enhancing the least developed countries with fair self-reliance in attending to their local health needs. In this section, debates on Improving Local Technologies and Infrastructure Development will highlight this entitlement.
a. Improving Local Technologies

Refining Local Technologies will engender sustained protection of the vulnerable with their endowed resources. The debate views their realization in appropriate recognition and fostering of research and development of those valuable endowments.

i. Exploring Complementary/Alternative Medicines (CAM)

Complementary and alternative medicines (CAM) therapy is not new as a form of primary healthcare delivery but is gradually gaining wide acceptance in Asia, Europe and North America. These practices, also identified in most African Nations as Traditional Medicine (TM), are adopted alongside standard medical care as complementary procedures. Herbs and roots are dominant recipes for internal medicine, obstetrics/Gynecology and orthopedic services. CAM/TM incorporates the spiritual aspect of healing in a unique way for the purposes of integral healing of the patient. The services offered in these practices are affordable and available to poor populations, and does not involve use of complex medical technologies by practitioners. In the Western CAM/TM practices, major areas of interventions are in preventing illness and in maintaining normal functioning. Concerns about safety and quality are managed differently according to countries but require more attention.  

ii. Exploring Traditional Medicine R&D in Africa Initiatives

The health needs of the African continent are unique and this region of the world has come of age to be at the helm of evolving remedies that speak to those specific needs. Endowed with rich natural resources, Africa has the opportunity to engage modern research tools in unveiling distinctive products to fight fatal infectious diseases. There are recent initiatives by the World Health Organization (WHO), establishing the African Network for Drugs and Diagnostics
Innovation (ANDI), aimed at promoting research in local technologies for natural products that address local needs, such as the treatment of malaria. Traditional medicines have always been, though less effective, the resort of those without access to standard health care for treatment of tropical malaria. The WHO’s agenda in ANDI is propelled towards encouraging local initiatives in extracting and optimizing these indigenous African resources for controlling and eradicating diseases that affect African populations. Clearly, focusing on advancement of traditional medicines will not override the issue of unaffordability of drugs for poor populations but will aim at finding solutions to neglected tropical diseases, as well as giving Africa the primacy and leadership in resolving these issues.107

b. Infrastructure Development to House New Technologies

Infrastructure development is a major part of capacity building. This subsection explores the debate on alternatives to ease the deficiency and the necessity for regional and international cooperation.

i. Point-of-Care (POC) Testing Program for Infectious Disease

The Point-of-Care (POC) diagnostics refers to all the handy, user-friendly technologies that provide testing for infectious diseases such as HIV, TB, and Syphilis, with on-the-spot results for further decisions about treatment. This POC testing program has devices for use at home, community health missions, clinic, laboratory and hospital. The devices do not require elaborate laboratory training. In other words, a laboratory technician could employ this same procedure in the laboratory facility, a healthcare provider in a hospital setting and a patient in their homes. In the face of inadequate or non-existent healthcare infrastructures, especially laboratory facilities, a Point-of-Care (POC) testing apparatus as an alternative system has been
devised where patients can undergo testing in order to obtain immediate outcomes for instant diagnosis of their conditions. This simple and affordable apparatus is also relevant in protecting the individual’s dignity with regard to some culturally stigmatized infectious diseases. In this case, an individual could do the testing themselves at their homes and follow up with their healthcare provider. The procedure yields instant and efficient result, which facilitates expedited remedies or next course of actions to follow. In developed countries such as the United States, the devices are readily available for purchase without physician’s prescription. The on the spot results that POC testing reports is what makes it exceptional and useful in healthcare service. In addition, it is even more relevant when the reported results of tests are put to use to enhance health. This POC testing programs are a boost for global health and are even adequate remedies for poor economies with deficient or paucity of infrastructures.\textsuperscript{108}

ii. Collaboration on Infrastructure Development in Poor Economies

Collaboration among nations will be a necessary approach on the global level to better address global health challenges that persist as a result of many weak domestic healthcare systems and infrastructures in poor economies. A coalition of five member rapidly growing economies, Brazil, Russia, India, China, and South Africa (BRICS), has recently resolved to partner in improving global health among themselves and other low-income nations. This group has shown significant interests in commitment to health research, especially for evolving affordable generic drugs, vaccines, and for their concerns in the increasing Non-Communicable Diseases (NCDs) global threat. These ideas are laudable but there are doubts about their concrete implementation. Most of the member nations of BRICS have adequate infrastructures for realizing the production of new essential drugs in their generic forms. They can also boost global health by cooperation with the least developed economies by means of transfer of these
technologies, such as the active ingredients for local basic drug development. In other words, more of positive actions are required to foster cooperation and transform global health than stopping at pledges.\textsuperscript{109}

Conclusion

Access to MTs is valued as a human right as it supports the global goal of promotion of health for all. In concrete terms, the influence of medical technology on overall outcomes of patient care and public health is indisputable. Although there are obstructions in the well-meaning purpose of its dissemination, but efforts must be intensified in adequate delivery of this health goods to areas of need. The related issue of protection of Intellectual Property Rights for economic advancement should be balanced against the consequences of abuses and the urgent call to take on board the needs of the most vulnerable. Other areas worth exploring are the advantages of improving and scaling up the value of Complementary Alternative Medicines and Traditional Medicines (CAM/TM).

In addition, the poor state of health systems in some middle-income and most low-income countries requires the benefits of collaboration to resolve it. Commitment to this project must be translated to concrete actions on the part of every stakeholder. Notably, this shows how, to some reasonable extent, the health of one is dependent on the other and the welfare of all is a concerted effort.
Chapter 2. Spiritan Charism of Solidarity with the Vulnerable (SWV)

Solidarity with the vulnerable derives from the Congregation’s voluntary Rule of Life, which taking a cue from the early fourth chapter of Luke’s Gospel (4:18), insists that “the evangelization of the ‘poor’ is our purpose.” Based on this background, the Spiritan members preferentially invest in working with “those who have not heard the gospel … or scarcely heard it; those who are oppressed … and where the Church has difficulty finding workers.” In other words, the Spiritan undertaking is about working for complete and all-embracing (integral) freedom from whatever constitutes oppressive structures in society. This chapter presents the charism of the Spiritan Congregation, the special gift which informs the apostolate of the Spiritans, as solidarity with the vulnerable with an understanding of the dignity of the human person requiring justice and reflecting solidarity.

1. Dignity, Vulnerability, and Justice in Ethics Discourse

The vulnerable here does not just refer to the inevitability of human vulnerability, but also speaks to those disadvantaged by unjust structures of society who require the mutual support of others for the realization of God-given potentials. In other words, the philosophical perspective of vulnerability viewed as the awareness of inherent human insufficiency is necessary to help others to identify and address the contrary political perspective, which is a human creation of misery for others, arising from social interactions. The recognition of this adverse condition more prevalent in some parts of a population rather than in others, is what could spur a resolve to intervene. This mutual support will be valuable, say in a healthcare system, where solidarity implies that risks and benefits are shared equitably and all parties are encouraged to participate, even by way of the sometimes problematic healthcare insurance policies, for the common good of individuals and society. In addition, the basis for this
active concern for one another in solidarity is the driving force behind the proposal on the global level for a universal healthcare access, especially preventative measures, within and beyond national boundaries. This basic understanding of solidarity, which also makes a demand of commitment at the risk of paying a price for the common good and the pursuit of fairness, will form the general background for analysis in this work.

In reality, human community is inevitable as individuals are not often without natural ties to a group, sharing ethnicity, citizenship or the same identity as members of one human family. Likewise, the whole of humanity is convincingly viewed as a community of persons, which in spite of diversities, the individuals will recognize and revere one another’s uniqueness. This idea of human solidarity springs from a commitment shared with the other, as individuals and as community of persons, for the good of all. The same common good, which also respects individual freedom, is not set only within state boundaries, but also is universal. Solidarity has since been misconstrued as not accommodating of a clear perception or definition. However, a simple understanding lies in the recognition of shared identity on a group or communal level. In addition, sharing this sameness requires also sharing benefits and burdens. In a significant respect, solidarity is not about empathic feelings, charitable practices and altruistic attitudes but about a recognition of the potentiality of risks and the benefits that binds individuals to each other.
A solidarity practice, thus, which encompasses the global community is anticipated as something in process, one that is likely realizable in the world.\textsuperscript{126} One can find pointers in instances such as the global action, under the auspices of the United Nations Organization (UN), to promote affordability of essential medicines through advocacy for generic drugs for poor economies.\textsuperscript{127} Sometimes, consensus on policies at this level of collaboration is difficult to reach because of the weakness of the solidarity among participating members of this world organization. Partly, this gridlock is because individual member states may not, otherwise, feel obliged to act on a common interests and on the issues that burden the world.\textsuperscript{128} In addition, there is unbalanced economic power among participating nations, as well as possible conflicts between some nation-states which can also contribute to diminish trust. Such latter contexts often involve human rights violations that go unaddressed as the rest of the world turn a blind eye out of respect for the sovereignty of others. Similar treatment is displayed in matters concerning the conservation of environment, particularly, climate change which is a current burning issue. Nevertheless, in spite of the weakness of engagement at this level, solidarity is inevitable.

Nowadays, the mediation of global institutions is supported by the establishment of International Criminal Court (ICC), which is gradually gaining currency but will require more power leverage for effectiveness.\textsuperscript{129} The perfection of this channel of judicial process will depend on ensuring a balance such that no one is exempted from fair treatment of the law. Furthermore, poverty in the world in the midst of affluence has been considered a scandal and one that calls for attention from every sphere of human society, not to outright rejection of wealth, but to a rethinking of the ways of appropriation and attachment to acquisition which dehumanizes others.\textsuperscript{130} However, whether the duty of intervention is binding in the poverty crisis is one question that demands answers.\textsuperscript{131} Nevertheless, what is even significant is identifying and dealing with the causes of
the gaps that impoverishes most members of the society. In addition, a more effective solidarity approach is in engaging the poor populations in designing the cause of actions that will improve their lives. At any occasion of decision-making, encouraging a participation of parties highlights the recognition of equal dignity of the human persons, which helps to arrive at a consensus that reflects the diversity of views rather than any form of imposition.

Solidarity is also a connection that links a group, such as one whose rights are threatened, in an effort to upend unjust structures in society. For example, the workers’ reaction to the government’s plan to raise the prices of food in Poland engendered a solidarity movement, which also took on other concerns including basic respect for human rights to launch this 1980 peaceful union of workers against the Communist establishment. Although the unrest lasted for a little period of a year and half, but also the effort of the organizers successfully brought the Polish Communist regime under the Soviet Union to a negotiating table. However, the concept of solidarity, which is normally applied to interpersonal relationships, has since been viewed as working against liberal-driven Western ideology of personal autonomy and private property. Nevertheless, the focus on protecting individual decision-making authority has also come under scrutiny as less formidable in the increasing inevitable interdependence of humanity. Espousing only individual rights and values in society has a downside when these individuals are weakened by age, illness or disability and not able to help themselves. Respect for the dignity of the human person is binding on the society to protect and to make provisions for attending to the vulnerable populations.

In fact, the practical living of solidarity in a society, dating back prior to the 19th century, observed through relational exchanges and mutual responsibility for the welfare of the other preexists the formal formation of this concept and the current import of solidarity. The concept
of solidarity, originating from France, only gained predominant influence in the last two decades of the 20th century with Polish workers’ peaceful protest in reaction to government’s overreach.

In the last decade of the 19th century, one of the renowned sociologists, Emile Durkheim, is attributed with broadening the concept of solidarity, distinguishing the mechanic and organic usages. Accordingly, people are linked, on one hand, traditionally through communal heritable customs, and on the other hand, organically differentiated by individualized occupations according to areas of interests, respectively. However, both usages of solidarity are still considerably existent in an advanced social order. But the former, the mechanical usage, dominated by shared awareness seems to shed intensity with the increasingly industrialized individual expertise. This gradual replacement of the mechanical with the organic usage in the form of contemporary division of labor is anticipated and necessary in order to prevent a void in the moral norms of society. The distribution of natural endowments among individuals in society remains complementary, and thus, encourages cooperation to attain a holistic appreciation and usefulness. This interdependency, guided by acceptable rules of engagement, promotes the harmonization of personal talents of members of society. The legal basis for engagement is a requirement for accountability. Fair allocation of societal roles is scored only through appropriate recognition of members’ aptitudes. The social order can also benefit from a reform, which empowers those at the bottom of the ladder. In others words, there is a societal obligation to enable the development of each individual’s potentials. This lofty responsibility, couched in solidarity, is an acknowledgement of the equality of humanity. Solidarity, more concretely, sheds light on the ethical implication of individual’s actions in relation to respecting the rights and welfare of other members of society. In fact, the society’s growth in awareness of humanity’s diversity which is, ordinarily, a commitment to a genuine appreciation of these
differences in race as well as mutual respect and concern for the wellbeing of others is a way forward in bringing about justice in the world.\textsuperscript{140}

Assuredly, solidarity finds a basis in justice.\textsuperscript{141} The two basic principles of justice stipulate equal rights to fundamental freedoms and the equitable distribution of socio-economic disparities according to societal roles and ranks without prejudice. Here, the first part of the basic principles of justice addresses the issues such as voting rights and ownership of property among others. For the second part regarding socio-economic discrepancies, while differences in take-home pay and asset generation are inevitable, the society has to endeavor to create a balance and equal opportunity.\textsuperscript{142} The protection of these basic principles is what solidarity negotiates when the society or a group, bonding together, seeks the good of the people in terms of basic rights, and general human development. This human development is the point of solidarity that the Second Vatican Ecumenical Council desires and wishes that the process extends to all corners of the world, particularly, impacting the poor as especially envisioned by Pope John XXIII, the convener of this Council.\textsuperscript{143} Again, the same wishes has over the years elicited in the church’s internal conversion to undertake the option for the poor, which signals a commitment to working to overturn the unjust structures that afflict the weak in society. Ultimately, the idea of standing up for the poor is primordially God’s leading action that represents the mystery of God’s love for humanity, which has remained the priority of the church.\textsuperscript{144}

Two years after the Vatican Council II, Pope Paul VI follows up on the Council’s aspirations to identify with and to promote the development of all peoples in the world encouraging attentiveness to the situations of the most needful. This is a longing that culminated in the establishment of a Vatican Office for Justice and Peace initiative to encourage wealthier nations to incentivize the development of poorer countries as a matter of justice on the global
level. Here, the development envisaged is not just economy-based, but also attends to the totality of the spiritual and physical needs of the human person and community. In consolidating this effort, John Paul II highlights the importance of this solidarity with humanity, in which all Christians should share in the joys, hopes and sorrows of one another, by celebrating the twentieth anniversary of Paul VI’s Encyclical taking account of the economic and social spheres of life. John Paul II’s Encyclical Letter marking this anniversary emphasizes the predecessor’s focus on calling attention to the reality of the connectedness of the world. No one lives in isolation, and this interdependency, is such that the actions of one can either bring pain or relief to the sufferings of others. In addition, Pope John Paul II refers to the industrial actions protesting government’s policies affecting the welfare of the ordinary citizens in parts of Eastern Europe in the 1980s as arising from issues not just peculiar to the particular countries, but likewise present in others and raises similar concerns. Furthermore, the widening differences in socio-economic status among people is scandalously the same result both in advanced countries and in less developed ones. Largely, this imbalance calls into question the authenticity of the so-called development to which few make a claim in the world. The extreme implication of materialism is the reward of insatiability for the minority who have more, while the underserved are denied the ability to keep soul and body together. In either case of the rich and poor, what matters is the happiness of the human person which is the end of all endeavors as well as the divine purpose for mankind. Wealth accumulation at the expense of others will always be misleading but working together to alleviate suffering in the world ought to be the goal of humanity. In other words, the responsibility for development of all people belongs to all since development can never be successfully authentic, if individualistic and oblivious of mankind’s spiritual dimension.
The desired development, of course, will respect the sovereignty of nations as well as the individual human rights and will also recognize the ‘interdependence’ of the human person from all parts of the world. This recognition of the relational nature of the human person, in spite of diversity or religious affiliation, guarantees efforts towards the common good with special attention to transforming the condition of the needy. An effort that draws strength when subjected to God’s will is even more paramount when the full realization of the development of persons and community is set back by obstructions orchestrated by the whims of others or political authorities. In this sense, a commitment to integral development calls for solidarity which requires a moral duty that is enduring to the goal of working for the good of humanity. The value of solidarity, which must be a resolute outcome of interdependence, recognizes the equal opportunity of persons as individuals where no one is exploited for the benefit of the other. In this collaborative manner where individual talents, national and international endowments are harnessed that peaceful relations are engendered in the world and in this condition will the fruit of development thrive in the process.

The foundation of the Spiritan Congregation is cast on this one single purpose of solidarity with the poor and caring for the marginalized. In effect, the concern to empower the downtrodden dominates its missionary enterprise. This responsibility is taken up based on the basic reality of equal dignity of the human persons. Yet, the human condition is impacted on by the vicissitudes of life. Nevertheless, differences in class or socioeconomic status will never take away from the sacredness of human life. A collaborative effort to address the imbalances and to promote equitable living conditions can uphold the dignity that is inalienable. The privilege of a double heritage, visible in the variety of gifts des Places and Libermann represent, in Spiritan tradition gives firm support to the charism of SWV. It is a charism that accounts for a
commitment to justice and practical interventions in the plight of those at the margins of the shrinking global village. This chapter will briefly look at what informed the foundation of the Spiritan charism and explore its components of commitment and empowerment of the neglected and marginalized.

2. History of the Pioneer Spiritan Charism

The historical perspective of the Spiritan charism will be explored under this section, taking a look at the works of the two founders of different societies that were eventually merged into one. Despite the fact that Venerable Claude Francis Poullart des Places and Venerable Francis Paul Libermann did not know each other, as they lived more than a century apart, their legacies speak to the same objective, indicating a unity of charism. Des Places’ interest in assisting fellow students unexpectedly resulted in a founding of a society. In the leadership role of the Society of the Holy Heart of Mary, Libermann’s writings contributed to drawing attention to the sufferings of the black population in their own environment and in places of their enslavement. These profound gifts of the two key figures that finally merged into one charism of solidarity with vulnerable continue to reign as a legacy for the future generations of Spiritans.

a. Venerable Claude Francis Poullart des Places

The young Poullart des Places, who came from a wealthy home and could expect a princely future, walked through profound discernment to settle for the option of becoming a priest. This decision differed greatly from the vision and wishes of Des Places’ parents, who would have preferred that their brilliant son take up a career in law. Des Places’ option for the priesthood shattered the hope of a successful heir and an only son who would reestablish lost family fortunes by joining the Brittany’s Parliament, in the Western Region of the Kingdom of
France, as a lawyer in the early 18th century. However, this graduate of law degree sought the priesthood in order to serve and identify with the classless and poor of the society. Nevertheless, this choice is not completely unexpected, because from early years of life, the young man showed a sense of leadership and cultivated a pious devotion to the Blessed Virgin Mary. Obviously, this is an early spiritual awareness in the brilliant young man of the need for respect for the other, justice and human rights in a world that is more taken by the survival of the fittest. This mindfulness begins with a desire to serve God in people with the grace, personal strengths and gifts or resources at one’s disposal. While under training, Des Places witnessed the plight of the poor and neglected, and became determined to give them renewed hope in life. Not far removed were the children of chimneysweepers who received Des Places’ generosity, which also included catechetical instructions. These kids deserve respect as human beings with all rights accorded, and with time, responded favorably to the just treatment shown them by aspiring to their full potentials. In addition, fellow seminarians from destitute backgrounds caught the young cleric’s interest, and they received help with their college tuition and meals. The persistent attention and care given to this latter group gradually broadened, and unexpectedly, gave birth to the Congregation of the Holy Spirit in 1703. Des Places’ vision of changing lives of those at the margins of the society synchronizes with that of the co-founder, Francis Libermann, even though they were not contemporaries.

Furthermore, Des Places’ upbringing as a child, of course, had a considerable influence in shaping the outcome of later life. The childhood friendship that Des Places struck with a future saint, Louis-Marie Grignion de Montfort, endured through their lifetime and contributed to the founding of their various religious congregations, the Daughters of Wisdom plus the Company of Mary by De Montfort, and the Congregation of the Holy Spirit by Des Places. These
achievements, probably, come from the background of their combined initiative of founding a little prayer group devoted to the Blessed Virgin Mary as children attending the same school within their neighborhood. In addition, the bond between these two was also strengthened by their common acquaintance with the Jesuit, Father Bellier, one of the priests in their cathedral parish. Through Father Bellier’s direction, they appropriated the corporal works of mercy in hospital visitations to the poor as well as attending to the needs of the sick, such as teaching them the rudiments of the Christian faith. Back in the college days at Saint Thomas, Des Places and De Montfort who were few years apart in age both benefitted from their early exposure to the Jesuit writings on subjects pertaining to the care of the sick and the poor.\textsuperscript{157}

Also, with parental influence and with the help of academic supervisors, Des Places excelled in academics exhibiting brilliance in every engagement. After completing college at the age of eighteen and three-year legal studies at the age of twenty-one, Des Places became qualified to join the noble class. This achievement would no doubt have fulfilled the family expectations, but Des Places instead resolved to pursue a personal desire to the priestly vocation. Aside from parental aspirations for their only son, their spiritual mindset trumped their original disappointment in their son’s decision.\textsuperscript{158} This newfound support enabled the young man’s full thrust into theological studies at the College of Louis-le-Grand, a renowned Jesuit Institute.\textsuperscript{159} The momentum, thus received, opened the way for Des Places to explore the favored areas of interest especially the search for spiritual depth.

i. Self-denial for the Good of Others

Claude Poullart des Places perfected the virtue of self-denial in the effort to assist the poor. Nevertheless, there were struggles on the part of Des Places with fulfilling the desire for
God and a spiritual awareness. This wish to serve God through the priestly ministry was undeniable, but also the initial temptations to resist that longing were, in Des Places’ later view, thankfully unsuccessful. Embracing abstinence and other spiritual exercises such as daily prayers and Masses as well as regular sessions of spiritual direction became more cherished devotion. In this disposition, God’s grace is clearly present and protecting the youthful mind from distractions to the set goals. Moreover, the decision and enthusiasm for the priesthood in Des Places is acknowledged as the strength that comes from God who shapes one’s instrumentality in the ministry of leading others to God and of reaching out to the disadvantaged.

The desire for serving the deprived is among the uppermost in the scheme of things, as Des Places reveals in a dairy, in one of the early personal reflections at a retreat titled “Choice of a State of Life.” The young aspirant to the ecclesiastical state receives a rare divine enlightenment, which comes only through deep contemplative prayer, to courageously begin a sort of seminary for the destitute. This interest in the poor is evident in the deliberate use of generous chunks of personal allowances and food rations at school to provide for the sick ones and the less privileged. From one person, the number increased gradually and not only material concerns, their spiritual welfare is taken on board. The testimony of some of these beneficiaries stand out and point to the frugal means Des Places adopted in personal welfare in order to save money to care for others out of mere goodwill. Meat and wine are carefully avoided among others as extra unnecessary expenditures. All of these efforts are in response to a depth of gratitude to God and the desire to make up for a personal feeling of unworthiness through winning souls for God. The inspiration for this also comes from the young founder’s favorite saint in the making, Venerable Michel le Nobletz’s life of self-abandonment, not only to identify with the poor students but also to put their needs above all else that pertain to Des Places’ own
needs. This vision to address the situation of the poor clerics and to give prominence to the disadvantaged begins to shape the unexpected outcome of the founding of the seminary of the Holy Spirit.

ii. The Founding of a Seminary

The second half of the 17th century in France only signaled the beginning of the effort to implement the Council of Trent’s recommendation of a reform in the church. Part of this reform would be the establishment of organized seminaries for preparation of candidates to priestly ministry. The first seminary in Des Places’ native Rennes opened in 1672, seven years after the birth of this promising future candidate and founder. However, this seminary along with others within the Region of Brittany as well as the entire country does not operate on a stable full-time status unlike what is now the norm in the 21st century. In the era at stake, candidates are enrolled into the seminary only a year prior to their ordination and this twelve months’ length of stay is at the discretion of particular bishops. In other words, the time spent in the seminary is limited to the final spiritual retreats before ordination. Furthermore, the initiative to reform the church, which is directed at ensuring adequate clergy, also focused on the priority to train indigent clerics and in offering them free education. These poor aspirants to the priestly formation are burdened by the financial demands and often withdraw based on their inability to afford the program or spend their time doing odd jobs to make ends meet.

However, it appears the wishes of the bishops at the Council of Trent tallies with that of Des Places in restoring the dignity of the poor clerics and equipping them to be available for ministry in the church. On this basis, the young founder’s project for rescuing poor clerics by providing food and housing from personal allowances, finds authentic support. No matter the
spiritual focus, Des Places continued to run this poor cleric’s project from the steady little parental allowance of 800 livres since the father, displeased with the sons’ folly, refuses to increase the stipend. Des Places’ task of facilitating the continuing education of poor students in priestly training began in Paris while attending the College of Clermont for the same priestly formation. The rules guiding this little house are set to apply to every member including the founder who also in, humility and solidarity, participates in the fairly distributed house chores. Soon, life in the Des Places’ community that models simplicity and detachment from worldly riches begins to attract, not only the poor youth, but also few others from different backgrounds. Those who are not grossly impoverished were required to make contributions towards the financial upkeep of the house. The bottom line of living this mystique of poverty, as a virtue of indifference to earthly possessions is a spiritual preparation of candidates to better serve the poor and to readily accept difficult missions in the church. There is a tendency to think that the rule of poverty is an imposition on prospective candidates, but for best intentions, remains a matter of individual’s choice. Des Places’ initial intention was personally to accept priestly ordination in readiness to serve the foreign missions. However, the work of charity and training of candidates who are poised to evangelize the poor gradually becomes a lighthouse, and the actual goal God has designed as the most probable divine expectation for the young founder. Each day, Des Places practiced the fullness of the virtue of charity that is evident in the respect for the students, and in gently admonishing others without spite. At 30 years of age, the death of this youngest religious founder in history, caused by inflammation of the pleural cavity and abdominal complications in a time of famine in 1709, results from the strain of self-imposed mortifications in order to care for the increasing number of poor clerics. This is the premium form of solidarity with the vulnerable, although such virtue remains one that does not necessarily require self-
immolation, but Des Places’ example portrays a full gospel value of making every human life count especially the neglected ones. Similarly, a brief account of the life of Libermann will be discussed in the next section to see what contributions they make to the larger discourse.

b. Venerable Francis Libermann

Despite more than 140 years’ difference in time prior to the Libermann’s Society of the Holy Heart of Mary in 1841 and the merger with Des Places’ Congregation of the Holy Spirit, the founders have an amazing connection in the visions that led to their foundations. Des Places transitions from a position of strength, as a son of a wealthy man, to freely accept the condition of a pauper in order to lift up the lowly. Absurdly, from a position of weakness Libermann compliments this same solidarity, being a convert from Judaism and a reject by his own father with an exotic experience of suffering and illness, invested profoundly in creating a new path to life for the black race and the liberated black slaves. Libermann’s early years growing up in their hometown of Saverne is one that gave his father, Lazarus, a stern and dedicated Rabbi, the hope of an heir to the services of the local synagogue. The poor old man’s longing has overtime been unfulfilled by the disappointing stubbornness of the older sons who followed their own choice of careers. This same hope happens to be one that fails to materialize in Libermann as it is replaced by a new light of conversion.

i. Spiritual Transformation of Personal Health Vulnerabilities: A Key to Solidarity

Nonetheless, the event of Libermann’s conversion qualifies for a traumatic transition, one which not only leaves a scary memory, but also forms the bedrock of an estimable character that would always seek to bring relief to any forms of vulnerability in other people. Libermann’s spiritual life, a wellspring from which others receive direction, has a basis on the influential
spirituality of Monsieur Olier, the founder of Saint-Sulpice seminary, which first harbored this young Jewish man searching for a life career. This Olier’s branch of the French School spirituality has a root on the incarnate one, Christ’s sacrificial love for mankind, and develops an attempt through self-renunciation to follow the path of the savior. The practice of self-renunciation becomes an invitation to share in the mysteries of Christ through an individual’s life experiences, both the good and the challenging ones. At the seminary of Saint Sulpice, devotion to the Blessed Sacrament and adoration are of primary importance with a purpose to bring about the inner transformation of the person. Openness towards the vulnerable is equally influenced by this cleric’s father’s generosity in housing and teaching the rabbinical students without asking for fees. In addition, Libermann is viewed to consistently respect individual differences and to also always honor creativity in others.

With the influence of two younger friends, Frederic Le Vavasseur and Eugene Tisserant, and the support of a favorite spiritual director, Father Pinault, Libermann identified with a proposal for working with the abandoned in the old slave colonies of the Indian Ocean’s Island of Reunion and the Caribbean Island of Haiti. This proposal is followed up with seeking the Vatican’s approval, and therefore, forming the Society of the Holy Heart of Mary. In seeking Rome’s support, Libermann impresses on the Magisterium of the church the immediacy of intervention and a reminder of the church’s duty to the suffering black people of the African continent. Thus, the newly formed society, sharing the same charism of evangelization of the poor, eventually merged with Des Places’ Congregation of the Holy Spirit in 1848 with Libermann at the helm of affairs. Similarly, united as one Order and sharing in the same charism of identifying with the poor, the Spiritan Congregation participates in the universal church’s proclamation of God’s reign in the world. The mandate of proclamation is open to all members
of Christ’s body to use God given talents to invite others, especially the marginalized, to the freedom of God’s kingdom. This idea of the freedom of the good news of salvation is evident when Libermann who lived more than a century before Vatican Council II urges that missionaries eschew coercive evangelization and give people the opportunity to freely choose to accept or reject the message. In this case, openness to how the Holy Spirit directs the mission of proclamation is what Libermann solicits from all in the service of the kingdom. The recognition of this variety of spiritual gifts is imperative since God’s presence is first and foremost with all humanity in every part of the world.

The issue of Solidarity with the Vulnerable is truly recognized as a principle adopted in Venerable Libermann’s approach to evangelization of the Blacks. This operating principle must be understood within the context of the era of 19th Century. Solidarity with the vulnerable in this case further stems from the Libermann’s personal experience of nervous breakdowns and the misery of illnesses. The long-fought victories scored in these disturbing moments provided the impetus to rescue others who writhe in suffering and to become a sign of strength for all. Even among the clergy across the religious and diocesan circles, Libermann’s true nature as defender of the oppressed and the weak stands out in a marvelous way. Numerous priests and bishops flock to this great spiritual mind. The extent of generosity is sometimes misunderstood by some local ordinaries who have issues with their clergy that would eventually drive these priests to seek refuge in the Spiritan generalate, the official residence of the superior general. Similarly, in the case of the mission to blacks, Libermann’s concern for the abandoned is without comparison even in the face of stiff oppositions and inevitable obstacles to the entire project. The whole idea of sending out missionaries to the hardly explored Africa met with resistances and disapprovals even among the clergy of the era. Naturally, people reacted to the project as
dangerous, and one which put confreres on the path to their early graves. In spite of the criticisms, Libermann clearly reminded the missionaries that challenges would always be part of the human experience and will be proof of fidelity in responding to Christ’s call to preach the Gospel to the ends of the earth. Nevertheless, the amazing outcome today of that courageous adventure to the once dreaded continent, from the Europeans’ perspective, shows that Libermann can rightly be viewed as undoubtedly ahead in thinking about the future. This power of foresight is evident in the energy the co-Founder invested in discussions and instructions to missionaries on the formation of local churches as a major value of their work.

ii. Local or Particular Churches: Libermann’s Directive to Missionaries

In the acceptance of Le Vavasseur’s and Tisserant’s proposal project for the Blacks, Libermann spontaneously indicated a foundational principle of evangelization, in which the missionary completely identifies with the recipients of the message. This kind of adaptation is such that demands change, not even from the flock, but from the missionary who tries to understand the people from within their own contexts. A much later successor of Libermann, Monsignor Le Roy, with twenty years’ missionary experience in Africa agrees that the appropriate approach would not be disregarding what the people have, but first of all learning and casting off preconceived ideas since cultures of the world have different ways of accessing and relating to God. In other words, being at the service of evangelization in this case becomes attentiveness to the Holy Spirit already present in the new instance of encounter signifying the equality of all persons. The insight here is certainly influenced by the manner in which Blacks were regarded as of lower status by this time, before the middle of 19th century. This is the kind of mindset that the leadership of Libermann endeavored to take a distance, in language and
attitude, in the new society of the Holy Heart of Mary. The founder made sure to appreciate this same value in the temperament and personality of the members of the society.193

Furthermore, in a correspondence with a prospective candidate for mission to the Blacks under proposal, Libermann counseled that those who would engage in this missionary work ought to uphold with love, the dignity and equality of all people. In other words, they must appreciate what distinguishes the people and never to disrupt the values that are endearing to them.194 This esteem for the other’s values begins to yield to the idea of recommending native or indigenous clergy to inherit the legacy of witnessing to the gospel. The structure of indigenization of the gospel values, in Libermann’s view, would aid the missionary to move on to other areas of need.195 In addition, the idea of missionaries continuing to other most vulnerable places and people is also emphasized in another correspondence with an intending candidate, implying the establishment and handing on of particular churches to indigenous peoples.196 These concerns are sealed with future negotiations to build houses of formation in Guinea and Haiti for the purposes of training of local clergy to take over the responsibility of the church in their own areas.197 This principle of indigenization through formation of particular churches, mostly now viewed as best approach,198 advances the value of a dedication to giving new lease of life to a people without strings and without selfish interests as evident in some modern day philanthropy.

c. The Charism Continued

The charism of the Spiritan Congregation as bequeathed by the key founding figures described above is based on docility to the Holy Spirit and evangelical availability to the poorest where the universal church has difficulty in finding workers for the Lord’s vineyard. Despite the
humble beginnings and the premature death of Des Places, this project for the poor survived through successors. After the mergers, the co-founder, Libermann’s brief four-years-administration, infused a renewed vigor into the same charism that would pass down to future generations. However, the work of God that is the Spiritan Congregation continues to live out the received legacy of solidarity with the vulnerable in varied and numerous ways. The purpose of the evangelical availability is not only to preach the good news of the kingdom of God, but also to enhance the missionaries’ disposition to identifying with the poorest and abandoned as well as bringing change to the unjust structures in human lives. Likewise, openness to the Holy Spirit brings a disposition that recognizes the gift in the other person who is also created in the image of God. Numerous pioneers of the Spiritan Congregation lived in total dedication to this charism and few exemplary ones would require a mention here such as Venerable James Laval and Blessed Daniel Brottier.

i. Blessed James-Desiré Laval

As a little boy growing up in the family farm in the countryside in Normandy, France, Laval was greatly influenced by a generous mother, devoted to the Mother of God, the Blessed Virgin Mary, and who always cared for the poor. This early sensitivity to the plight of the vulnerable will guide the entire life of this later excellent missionary and the apostle of Mauritius. In the initial soul-searching for a life career, Laval’s first choice of a priestly ministry succeeded after a second attempt that was preceded by a certified medical profession dedicated to serving the indigent sick people. After priestly ordination in 1838 and accepting a posting to a rural parish of Pinterville in Evreux diocese, this humble servant of God finally finds comfort in evangelizing the poor and freely suspending medical practice. Two years later, Laval’s desire to serve in a foreign mission, which is considered heroic in that second quarter of 19th century,
still persists. Libermann’s newly founded Society of the Holy Heart of Mary accepted the application of this poor pastor of Pinterville whose bishop was hesitating to relinquish in view of a mission to the Indian Ocean Island of Mauritius.201

Nevertheless, arrangements were concluded for Laval’s departure the following year at the beginning of Lent in 1841. At this period, Mauritius, a former colonial territory of France in Southern Africa, now ceded to Britain, still suffers from class distinctions between white settlers and the freed black slaves. Laval immediately sought for and was granted the Bishop of diocese of Mauritius’ permission to devote himself to evangelizing the poor black slaves. This pioneer missionary of the Holy Heart of Mary soon acquires proficiency in the local creole language and combined with an austere living, wins endearment among the poor black community. Laval’s ministry not only attended to the neglected blacks, but also engendered unity and dialogue among the numerous races on the island.202 With a deep respect for the dignity of the human person, outstanding French missionary priest sacrifices stipends and personal belongings to address the unfortunate condition in the Island.203 Prisoners are attended to and Laval’s medical expertise contributed to alleviating so many epidemics of yellow fever, small pox, and cholera. The climax of this ministry of the apostle to the Blacks is also the many miracles attributed to Laval both in life and after death.204 The Spiritan charism is fully personified in this humble servant of God, as similarly evident in a much younger confrere, Daniel Brottier, who will be presented in the following account.

ii. Blessed Daniel Brottier

Daniel Brottier from la Ferté-Saint-Cyr village in Central France was born twelve years after the death of Laval in 1876. This promising second child of a devout Catholic family shows
early interest in the priesthood and religious missionary life. After seminary formation, Brottier receives the sacrament of the Holy Orders for the home diocese of Blois and later joins the Spiritan Congregation to fulfill the desire to serve in a foreign missionary work. The mission-field in Senegal offers the much-sought opportunity but was cut short after eight years by illness that occasioned a return to Paris. At a time of financial crisis, Brottier accepts the appointment to succeed Roussel, a diocesan priest and the founder of the Orphan Apprentices at Auteuil in Northern France, as the director. This project offers good education and career-path to youths abandoned who have lost their parents and are rejected as nuisance to the society. Like Laval, Daniel Brottier is also admired as the apostle for the poor who created a web of support from both government and citizens in caring for the young people in distress.205

The end of the First World War in 1918 unleashed hardship and economic recession in Europe. Families became destabilized with numerous orphaned children requiring care for basic needs and a development of a future occupation. However, the Auteuil project, which has been around since 1866 was overstretched and could not cope with the impending crisis. The Metropolitan Archbishop of Paris, for the second time after the same offer was first made by Father Roussel in 1876, requests the help of Spiritans to revitalize the project. This appeal is relevant based on the strength of the Spiritan’s crop of reputable educationists with endowment of effective managerial skills. Brottier, who fits into this category as a professional educator, accepted the appointment to the Foundation for Apprenticed Orphans at Auteuil in 1924, and as usual, has a way of perfectly connecting with the youth. Students of the Center found reassurance in the guidance of their director who endeavored to minimize the effect of the lack of parental support for the kids. One of the outstanding contributions of the new administration is the broadening of the support base for the Foundation, winning over the attention of every sector
of the society including the government, to provide support as the new family of the disadvantaged youths.\textsuperscript{206} The works of Brottier and Laval as individual witnesses of the Spiritan charism reemphasize the foundational commitment to the poor and respect for the dignity of the human person.

3. Person and Dignity: Spiritan Charism regarding Commitment to the Poor

The awareness of the inhuman conditions of the poor inspired a profound concern to reach out to them with the concrete purpose of equipping the people to take charge of their needs. Spiritan foundational history is firmly rooted in the elevation of persons and respect for human dignity. On the one hand, the evidence is obvious in Des Places who sets out to help fellow clerics who were poor to fulfill their dreams of aspiring to the ministerial priesthood with a view to serving in distant foreign missions. On the other hand, Libermann and collaborators were inspired to focus on evangelization of Africa and specially to attend to the improvement of the lives of abandoned black slaves on the islands in the French colonies of Bourbon (Reunion) and Haiti. At this time, the immorality of slavery is beginning to come to light with few nations abolishing this enterprise of interchanging human products as merchandises. Many minds were still struggling with the right judgment for the practice of enslavement of a human person. The impression of Libermann’s understanding of the impact of slavery would seem to be initially colored with a religious zeal for the salvation of souls, but at the same time there is also a clear apprehension about neglecting the needs of the victims of this societal glitch.\textsuperscript{207}

In the above perspective, considering the time frame and the level of prejudices against the slaves or the liberated ones, this later sensitivity to the victim’s needs is far more progressive. Sometimes, the terms such as Negroes or descendants of Ham\textsuperscript{208} that Libermann employed in
expressing these sentiments to a friend, Fr. Gamon, are pejorative, but can be excused as some influence of the era in vogue. In spite of the lack of firsthand experience of the awful condition of the poor slaves and their homeland in Africa, this budding apostle of Africa demonstrated the urgency of addressing the spiritual and material needs.\textsuperscript{209} This concern to empower the other is carried with every sense of respect geared towards the healing of their brokenness. These issues form the discussion of commitment to the poor in this subsection.


The beginnings of the Congregation of the Missionaries of Holy Heart of Mary from 1839-1840 is marked by the witnesses and intuitions of the three pioneers, Frederic Le Vavasseur, Eugène Tisserant, and Francis Libermann, to the unfortunate situation of neglected slaves and their motivation to alleviate those inhuman conditions. Le Vavasseur had a firsthand experience of the suffering slaves, being a foreign student in France and coming from the Island of Reunion where majority non-European settlers were enslaved since the last decade of the 17\textsuperscript{th} century until the abolition of slavery in 1848. Tisserant as a grandson of an immigrant man from Haiti also had the privilege of an awareness of the woes of this little island in North America, where originally slaves from Africa were settled to work in sugarcane plantations. With profound discernment, Libermann empathized with these unfortunate stories and accepted the project for the blacks and proceeded to make the request for the Vatican approval of the Society of the Holy Heart of Mary.

At this period in the beginning of the inspiration for a new society, the practice of slavery was gradually becoming distasteful among some folks as well as a subject of moral discuss. The trend of slave trading for the benefit of crop production and other labors had been in vogue since
the 16th century initiated by merchants from Spain and Portugal supplying slaves from West Africa to Europe and Americas before the citizens of other world powers joined the enterprise. As a Christian country, the French authorities made a law in the later 17th century to earmark slave owners’ responsibilities, which include catechesis in the Christian faith, baptism and ensuring safety of the slaves. However, this same legislation also ensures that crimes committed by slaves were visited with extreme punishment as much as execution even for mere pilfering, among others. The later part of the 18th century witnessed the movement for freedom and abolition of the institution of slavery that debuted the resettlement campaigns in the colonial territories in Sierra Leone and Liberia by the British government and the United States, respectively. Ecclesiastical participation in this movement for freedom was first championed by the Protestant folks who followed up with the faith of the liberated slaves in the colonies. Fathers Edward Barron and John Kelly became the Catholic pioneers to these two territories in West Africa. The search for co-workers in this enormous task occasioned the meeting of Father Barron, the Vicar Apostolic, with Libermann as the Superior of the new Society. This meeting was helpful in deepening Libermann’s understanding of the gravity of the problem and in spurring urgency in action.210 Once convinced about the authenticity of the matter, there was no more opportunity for dissuasion. At this point of inception, Libermann on one occasion firmly countered a friend’s, as well as a local diocesan official’s allegation that the project was a death trap for missionaries. On the contrary, the project in Libermann’s perspective is a work, subject to the directives of the Holy Spirit, which supersedes any human imagination on how the mission plays out.211

For even the insinuation that the best brains should not be wasted in such a hopeless mission to Africa, the young Jewish convert rather sees also the equal importance of these poor
souls that does not require less attention than any other. This consideration of the equal dignity of the human person is the perception that properly reflects Christ’s sacrifice for the universal salvation of humankind. In other words, the proposed mission to the poor souls of Africa mirrors Jesus’ mission to world. This undertaking, therefore, is mandatory and is neither elective for members of the Society of Mary nor is it selective about the beneficiaries of the message of Christ. All that is required is urgent action to improve the living conditions and spiritual lives of the abandoned. This sense of urgency is glimpsed through the concerns shared in correspondence with friends, stating the complete lack of the knowledge of the Christian faith among the natives of those countries. Although sometimes, these concerns were stated in raw, perhaps offensive way, such as equating the natives’ practice of polygamy with sort of canine promiscuity, but however, the letter’s intention was directed to score a case for the salvation of souls. In making the case for the slaves, and in general for the continent of Africa, Libermann encountered many challenges as already noted, and even coming from brilliant minds, who discountenanced the foreign mission project. The prevailing feeling about the mission to Africa was one of a venture into a place of darkness, risky and insecure. Nevertheless, the courage of a leader imbued with a gift of openness to new realities forestalled a dampening of spirit of the members of this nascent society.

Based on this openness to challenges, Libermann wrote to the Sacred Congregation for the Propagation of the Faith and elaborately spelt out the plan of the new Foundation towards the project for the blacks in their own environment. The initial motive is to evangelize and at the same time quite obvious in Libermann’s thoughts that the gospel also addresses the structural evils in the lives of the people. In effect, the details of the evangelization program strongly suggest that the purpose of the project is to bring integral change. This missionary enterprise,
which took off in an era when transportation around the world was at its infancy stage, overlooks these challenges to create a meaningful development. A six-fold plan mirrors this determination to treat others as fellow human beings and these include spreading the gospel message, forming local clergy plus training of catechists and teachers as collaborators, instructing people on approaches for advancement such as agricultural techniques, fostering social development, transforming prefectures into full diocesan administrative structures, and providing rules to ensure commitment of missionaries as well as their collaboration and respect for ecclesiastical authorities. These steps are foreseen from the outset from Libermann’s perspective as a two-tiered, but a unified approach of providing the structures of evangelization and improvement of the living standard of the beneficiaries.

b. A Plan of Work for Ministering to the Blacks

Filled with zeal, Libermann outlined a missionary plan for ministering to the welfare of the blacks, in the majority, and the few white settlers as well, in islands of Reunion and Haiti, among others. Here, an underlying prominent strategy is a liberty of self-donation on the part of the missionaries dedicated to this serious task of giving life or freedom to the afflicted people. In addition, these missionaries will commit to community life and a life of poverty in order to properly identify with the people and sustain their mission with awareness of possible privations to endure. What is even more fascinating is that the aim of this mission is clear from the onset and that is to open the door of faith to abandoned souls and to offer support, encouragement, and relief to the needs of suffering peoples. In this memorandum to the Propaganda Fide of the Holy See, a stress is put on community life for the missionaries as a positive enabler in achieving these set goals of being at the service of the needs of the people. Sharing joys and sorrows together in community life would also provide the incentive for spiritual support and building of local clergy
in the foreign mission field. Local clergy would be instrumental to the success of the efforts and for sustained development of the people. The stress on community life is essential to Libermann as advantageous to achieving such heights and more, than would be possible with isolated works. In addition, the summit of the project for the blacks, that is, formation of the local clergy, would soon take the front burner among other issues. However, the misfortune of the new society’s first missionary attempt to West Africa caused Libermann to revisit the mission approach. Eight out of ten missionaries from this group perished in that journey to the tropical climate. In view of this heart-breaking experience, the idea of local formation of clergy and training of lay assistants were given emphasis in a revised plan submitted to the Cardinal Prefect of the Propaganda Fide in 1844. There were other recommendations, such as establishing a training institute in Europe and later in Africa for capable African indigenous candidates. These candidates would be trained in such academic fields as agriculture, economics, technology, and priestly formation, to make contributions to the consolidation and further development of their people. In this text, the zeal of Libermann is unmistakable for the salvation of the poor Africa. Besides, the lack of tolerance for African traditional religion, Islam and other separated brethren must be influenced by the ecclesiology of the time as this era was well before the Vatican II Council. This sentiment can be glimpsed from the recommendation that a local clergy would be more grounded to obliterate these other rival faiths. Here, there is no doubt that religious dialogue or ecumenism is not within the purview of operation at this time. Nevertheless, in spite of this air of rivalry, there is still the innate character of Libermann that counsel peaceful relations and respect for members of other faiths.

Furthermore, in the correspondences with the pioneer missionaries to African territories, Libermann consistently urges that they are not just to evangelize but also to empower the black
people to take over control of their own affairs. The missionaries are also to affirm the equality of all mankind in their work and in dealings with the underprivileged. Moral formation of the people would simultaneously be balanced with training in craftsmanship and other aspects of human development that promote civilization. Moreover, there is awareness in this apostle to the blacks of the prejudices that dismiss this vulnerable population as inferior in status, a distorted notion that still found expression among some later missionaries, and the self-seeking interests of the enslaving masters. Beyond this awareness is also the belief in God’s love for the poor just as well for every other person. Libermann would often urge that the missionary’s approach should focus on adapting gospel values and not imposing Western values. This is an important way of respecting the dignity of the recipients of the evangelization enterprise. In agreement with this line of thought, which is far more forward-looking, a recent study confirms that the idea of exporting Western values and relegating local contribution in the process of planting the gospel is counterintuitive. There is a massive data of evidence that shows that undermining indigenous leadership in evangelization has, in fact, precipitated schisms and rapid evolvement of splinter groups in many Christian denominations in the Southern hemisphere. This trend obviously indicates a natural quest, primarily, for a Christianity that is particular to a culture that receives the expatriate missionary and respects the diversity and equality of humanity. New efforts, in the late 20th century, signal fresh hopes in divesting the gospel of particular cultures, thereby, promoting common dignity of the human race through recognition of the universality of mission as a shared responsibility and need, from the North to the South and vice versa.

c. Dignity of the Person in Spiritan Perspective/Charism

For Libermann what is essential to religious life of poverty is the freewill of members to embrace this kind of lifestyle in order to be free to serve the poor. In this way of freedom of
choice, the dignity of every person is respected. While counseling a member of a troubled religious institute, Libermann insists on avoiding imposition of the rule of poverty on other members and the importance of involving everyone in drawing up the necessary rules that guide the particular society. Likewise, this line of thought portrays the quality of compassion as a standard for leadership that ought to be established in a person before such a responsibility is bestowed.\textsuperscript{227} The same quality is visible in Libermann who acted with patience and every amount of respect for others even when dealing with dissents. This fine characteristic is fully mobilized in a case that led to winning back one of the co-founders of the society of the Holy Heart of Mary, Frederic Le Vavasseur, who on few occasions lost hope in the shared project and struggled with the dilemma of defecting to another congregation.\textsuperscript{228} Without undermining values, confreres who appeared a little brash were kindly treated and persuaded to relent in their attitudes towards others. Comparable to the case of Le Vavasseur is that of Father Stanislaus Arragon who was considered an impetuous person and aggressive in relationship to fellow members of the Congregation. As usual, Libermann’s response to Arragon is viewed as always with understanding and fatherly care. Then again, while offering guidance, there is also always a clear evidence of a willingness to accept personal mistakes in exercising this leadership position.\textsuperscript{229} In effect, the common ground for effective leadership is described as an acceptance of others’ personal traits, tolerance and a gentleness that brings about a friendlier atmosphere in a community. A leader who embodies these attributes in dealing with subordinates is able to impart a good influence and can generate a change where one is required.\textsuperscript{230} Viewing everyone as a person with dignity, whether they are good or bad, is what matters in Spiritan charism.

To the missionaries, Libermann advises flexibility, as opposed to rigidity, in their approach to relationship with their audience especially people of other faiths or denominations.
Dialogue, thus, is promoted as essential in human relationship. In other words, the missionary is expected to maintain a dominant attitude of respect for other people including civil authorities. Libermann further recommends that those who work to uplift others must be imbued with gentleness and a disposition that brings healing to brokenness. Anything to the contrary, can even result to self-inflicted injury, and equally hurting those under the missionaries’ care. In this line of thought, there is evidence of a belief in the equality of all human persons. For Libermann, young minds must be tapped into through appropriate education to bring them up to their full potential. Every form of prejudgment has to be put away in order to understand the way of life of the people and to harness the different talents God has bestowed. Furthermore, still on the part of the priests staffing the missionary schools, a wise, gentle and kind measure has to be adopted for achieving the formation of confident future generation of African leaders. The hope in this wise counsel is to provide the opportunity that would enable the African kids compete fairly in moral and intellectual advancement with their European counterparts. In addition, there is an awareness of a prevalent attitude of denigration of the African race at the time to warrant this appeal for fair equality of opportunity. The directives from the superior of the Holy Heart of Mary has consistently cautioned for moderation of language for a better relationship with others. Feistiness leaves in its trail bad feelings and a disregard for the needs of other people while giving priority to what may be selfishly considered most important. As far back as the second half of the 19th Century, Libermann had urged missionaries to the Global South to be like the Africans. To the white missionaries sent to the Global South, Libermann urged them not to transport and transfer their own (European) cultural values, but to understand the Africans within their African context. The effects of slavery and colonization had sufficiently diminished the dignity of the people of this continent who, otherwise, are equally created in the image of God.
In Libermann’s sense, the position of the missionary will be to identify with the blacks and to empower them to be part of the world like every other person.

4. Justice and Solidarity: Spiritan Charism Regarding Empowerment of the Abandoned

Empowerment of the downtrodden is an essential focus of the Spiritan charism in practical support of fairness and solidarity among the human community. This goal is promoted specifically in Libermann’s instructions to the missionaries and, in general, to all priests in their application of themselves to their work. Education retains the reputation as a powerful tool for liberation and empowerment of self and others.

a. Make Yourselves Negro with the Negroes: Libermann’s Exhortation to Missionaries

The first article of the Provisional Rule of the Holy Heart of Mary written in 1845, which was eventually synchronized with the rule of the Congregation of the Holy Spirit a year after the merger in 1849, spells out the objective of the society as a commitment to bringing the good news of salvation to the destitute and abandoned. Every member, priests and brothers, is to bind themselves to spreading the reign of God and giving hope to those lacking necessities of life. Libermann’s 1847 instruction to his missionaries in Dakar and Gabon has been perceived not only as a sound theology of mission for the universal church and as an effective proverb, but also has influenced the Spiritan attitude and has become the pivotal agenda of Spiritan charism everywhere in the world today. The above phrase in this subtitle, make yourselves negro with the negroes, has wielded enormous influence and has been quoted extensively as valuable strategy of solidarity for missionary activity. This directive is contained in letter written on November 19, 1847 to confreres working in Dakar and Gabon as missionaries of Holy Heart of Mary. However, the Libermann’s intention in making this statement to the confreres on mission in West Africa
was not simply to provide a policy for successful evangelization, but rather an admonition to fight for the freedom of a people who have been neglected and exploited for too long. The path to the background that informed the instruction will be charted in the following discussion.

Prior to 1847 in 1846, Libermann have already witnessed in young members of society who were poised to address the ills of abandoning the African continent to the servitude of slavery. A deacon novice of the Holy Heart of Mary, Chavelier, and a newly professed member, Fr. Benoit Truffet who was immediately consecrated bishop for the West African missions of Dakar and Gabon, have become outspoken for this cause among their influential friends and the political elites. Chevalier’s enthusiasm is captured in a letter to a diocesan priest describing recent happenings in the new society and the efforts towards liberation of the black race. Besides the importance of seeking for prayers and financial support, there were pragmatic slants of instigating parliamentary debates for the abolition of slavery through wining over prominent chamberlains. Similarly, few weeks before the journey to West Africa, Bishop Truffet who has picked Chevalier as personal secretary to record journals for the General Administration of the Society of Holy Heart of Mary, made campaign drives traversing cathedrals and public gatherings in Bordeaux contributing to the ongoing condemnation of slavery and support for the impoverished Africa. In some quarters outside government circles, this campaign has already taken root since 1845 up until the eve of the year of the French abolition in 1848. The championing of this cause is actually attributed to Mr. Bissette, a black Martinique native and a network of non-clerics from Bordeaux, all of who found moral support as well as friendship in Libermann.236

Truffet’s public speeches are seen as a boost to the same cause and one of that brief campaign stops was hosted by one of these lay collaborators. In addition, these discourses and
later writings of Truffet show the influence of the insights from the Rome’s missionary
instructions recommended by Propaganda Fide’s Bishop Luquet. Jean-Felix-Onesime Luquet
happens to be Libermann’s contemporary of the same class in school with whom Libermann
reunited in Rome while processing submissions for the approval of the Society of the Holy Heart
of Mary. The two old friends probably exchanged ideas about the new missionary instructions
that bears the influence of Luquet on the Propaganda Fide.237 The Roman document was
introduced to novices under Libermann as novice director/Superior General. Truffet stresses a
relevant point about promptly laying a foundation for an independent African church under the
Supreme Pontiff instead of a pseudo-European church. Ultimately, this idea envisages a scenario
that would manifest through developing the process for formation of native clergy. Libermann
has been in direct contact with Luquet over the same issues with regard to the evangelization of
Africa, and is obviously, the key figure in disseminating the ideas to the younger confreres.
Another significant contribution to the background of Libermann’s statement is distinguishing
responsibilities for fulfilling this particular mission in Africa. The episcopal ordination of a
member of the society as the Vicar Apostolic warrants a demarcation of responsibility. With the
guidance of the Holy See, Libermann and Bishop Truffet were able to delineate areas of
authority. A gentleman’s agreement is settled with Libermann continuing with the duty of a
spiritual leader, while Bishop Truffet, though a member of the society by profession, but
assumes the leadership of the mission as the visible ecclesiastical or papal authority on the
ground. On the strength of this division of labor, which Truffet desires to be effectively
implemented that Libermann endeavored to uphold the accord. Libermann’s directive to
community of confreres, therefore, follows as a reminder of the simplicity of life of the
congregation in living out their mission in service to the people.238
Moreover, the 19th November 1847 letter is also informed by a concern that factions in
the Dakar/Gabon community would fester and meddle with effective work of evangelization.
The awareness of the rifts is visible from a response to previous reports from some of the
confreres on the same mission.239 Again, the 1st September 1847 letter of Bishop Truffet240 from
Dakar about the state of affairs is equally helpful in informing the reaction of Libermann that led
to the instructions. In addition, the directives to the first group of nuns sent to collaborate in this
mission are part of the mix that shaped the memorandum of 19th November. No doubt that the
nuns would play a special role in catechesis, girl education and provision of healthcare for all the
locals. These religious sisters are to live a work ethic worth emulating by the residents, and
unlike the colonial colleagues, respect the dignity and way of life of the people by teaching them
with compassion. Introducing European mannerism will not be best strategy; instead the better
option would be learning the African culture.241 This instruction is an effort to discourage the
likely tendency of imposing the foreign missionaries’ values at the detriment of the local
culture.242 Obviously, the insights Libermann receives from correspondences among others
shaped the special directives regarding community life and commitment to mission that respects
the humanity of the recipients.

Furthermore, on the home front, the Spiritan charism continues to foster the
empowerment of the abandoned. The vision of the Congregation became clearer to Libermann
after the merger. The work does not only focus on distant missions, but also embraces local
missions for stability purposes. Hence, there was renewed emphasis on expanded clerical
formation. This is apparent to Libermann that the Congregation could not sustain the foreign
missionary endeavor without recruiting members capable of keeping alive the home base. In
effect, that local staffing necessitates the attention eventually given to the work among the
relegated in some cities in France. In fact, the idea of a home-based mission to the sideline
becomes also part of the trajectory for conserving the Congregation’s charism and ensuring that
its values continues to reflect on the home-front. The basis of this path recommends the method
where candidates were accepted based on who wants to dedicate to pastoral ministry in the local
dioceses.243 Besides, the congregation will stay alive by stabilizing the home base, and thus,
better prepared to bring the structures of empowerment to the exploited and abandoned people of
the world.

b. Educational Work and Empowerment in Foreign Missions

Fairly, Libermann’s understanding of the situation in Africa is best considered to
gradually improve with time and experience on the job of leadership of the budding society.244
Notwithstanding, the vision for the first mission to Africa represents an effort to lay a proper
foundation for development of the people that is apropos to their natural environment. This
foresight seeks to avoid exportation of unnecessary foreign values that does not respect the
integrity of the local ideals. The goal is centered on establishing the Good News of Christ
amongst the needy and the marginalized with a focus on the islands mainly occupied by the
African slaves for a start and to further encompass all of Africa. This dream, from any point in
time, is contemplated as an inspiration of the Holy Spirit because ordinarily it passed as an
awkward venture among the ecclesiastical authorities of the era. Nevertheless, Libermann’s
farsightedness underscores a hope that holds out for the future in the southern hemisphere and
forms the basis for indigenizing the church in that part of the world. The focus on education will
bring advancement and, therefore, also invoked by the new society to entrench the prosperity of
the Christian message. Among the initial antagonisms against the Holy Heart of Mary society
were issues of loyalty to Rome with regard to liturgical worship instead of adherence to the
Gallican movement for restricted papal authority. Also, there was an unexpected rise in the membership to the consternation of other’s interests, as well as the risks of exposing the missionaries to an unfavorable African climate. The future merger party, the Des Places’ society of the Holy Ghost, was not convinced about the authenticity of this Libermann’s group. However, Libermann perceived the required expertise in the Holy Ghost group for accomplishing the goals of setting up foundations for educational institutions in the African countries. Though the completion of the merger of the two groups in 1848 caused the suppression of the Holy Heart’s group, but also this union was able to harness renowned educators for the mission project with Libermann at the helms as the pioneer leader of the new formation.  

The background for the vision of educational work essentially lies in the need to empower others. This vision will subsequently continue to influence missionaries to non-Christian peoples in Asia, Europe, America and Africa. An example is witnessed in the future Spiritan Bishop Shanahan whose work in Southern Nigeria in the early 20th century emphasized education as an essential element of evangelization and empowerment. Within the same context, on the contrary, the incumbent colonial powers had no interest in providing such opportunity for the natives. Under Shanahan, the focus on construction of schools in villages marked the shift from the earlier strategy of ransoming slaves. Similarly, education apostolate as corollary to evangelization registered significant success in the East African mission that dates back to the waning years of the 19th century. This East African venture later championed a remarkable female enrollment in schools among the Maasai group in Tanzania, which was otherwise unthinkable. Nevertheless, prior to all of these great milestones, Libermann’s sense of empowerment follows the ideals of accommodating other people’s free will and openness to
accepting their way of life unique to them in the world. Even the message of the gospel is also an option for others to accept or reject as their conscience dictates without meriting rebuke from the messenger.251 This is the discernment that encourages partnership in development, and probably emanates from Libermann’s spiritual doctrine that emphasizes the universality of the action of the Holy Spirit. The Spirit directs persons within their contexts and no one has the authority to limit this freedom. Libermann’s famous ideas of practical union with God and a total surrender to God’s grace explore the virtue of appreciating the action of God in the light of human diversity. These spiritual practices will enable the missionary to curtail personal prejudices and to always welcome the intuitions of God in the other’s circumstances.252 In other words, the recipients of evangelization are provided the opportunity to take the lead in the advancement process. Moreover, with regard to evangelization and conversion, Libermann’s desires tend towards enduring impressions for the future of the church. Following this trend, the work of the missionary is directed to focus on founding local churches suited to the cultural milieu with proper ecclesiastical structures. From experience, the former idea of basing evangelization on the platform of basic Christian communities failed to meet durable standards. Libermann’s agony is visible about the once flourishing missions in Angola and the Congo that collapsed because of the application of this community standard instead of a local native church that will be self-sustaining.253

Nevertheless, the groundwork for indigenous churches would be an effective implementation of education for the youths, which will also benefit other aspects of life. Obviously, the training of priests and religious begins from the primary and post-primary educational system that feeds both the seminaries and other tertiary institutions. The effort is therefore not one directional, but also becomes a dedication to the development of the civil
society. Building particular churches, in the first place, is still a collaborative work involving the clergy, religious and the laity who contribute through engaging in catechetical instructions to hand on the faith. Furthermore, the laity also benefits from varied technical expertise in agriculture, crafts, among others things that are useful for economic welfare. At the era prior to the colonization of African countries, these basic or hands on careers would be a way to start off, but not the end of expectations for the continent. The hopes were to build opportunities for equal competition with their European counterparts.

There is also an understanding that progress in human development somehow compliments the thriving of the Christian faith and so it makes sense to pursue evangelization through education as a fundamental component. Within the context of the early missionary enterprise, there is the expediency to incorporate this aspect of enlightenment with appropriate morality that, otherwise, may be subverted by other competing influences. This is the vision that made Libermann to spare no energy in convincing the missionaries to double, both as evangelizers and educators in schools. In fact, the idea of indigenous clergy in the African mission is a move towards empowerment. The suggestion of a native clergy is something that ought to be considered an exceptional proposition by the middle of 19th century when such an attempt was simply obnoxious. By this time, much of the western society was still grappling with the issues of slavery and tolerance of the victims and others of their kind. Within the western clergy circles, there was the suspicion of a non-white presbyter’s ability to sustain the dignity of the priestly office. Libermann, even though naturally influenced by the era of their day, certainly outpaced that generation and was able to see the need of a local clergy in the future of the Africans. In addition, the advocacy for education of the locals is such that will encompass every aspect of life from knowledge-based to improved technique of food production and
industrial training. These dreams would not be attainable without solidarity and the desire to respect the rights of other people.

c. Justice and Solidarity in the Spiritan Charism

The tragedy of losing more than half of the first contingent of the Holy Heart of Mary members who made the initial attempt to journey to West Africa for mission is a sufficient indication of the risk undertaken for the sake of the gospel. These victims were mostly overcome by illness, probably, resulting from unfriendly climate and poor nutrition. There was obvious underestimation of the conditions as the missionaries’ freely adopted daring mortification by choosing to travel with fewer provisions than would be appropriate for such a distant foreign land. Libermann as the Superior was not only hurt by the misfortunes, but also suffered the taunt of critics and skeptics of the project. Then was the reality of a dilemma of proscribing the mission of salvation to the poor people and the risk of exposing members of the society to a fatal venture. The resolution was not a simple one. In spite of the willingness of other new members to volunteer as replacements, the threat to life was unequalled, and added to it, also, is the attraction for the practice of heroic poverty which Libermann often cautioned against. However, the invitation of the sufferings of Christ and of Christian charity would lure the co-Founder to devise other means of tackling the problem. The peril of premature death of missionaries and the longing to care for the needs of the abandoned propelled a change of strategy. Libermann understood the formation of local clergy and local churches as enduring resolution. This solution also speaks of justice and signals solidarity with the people of Africa. With this two-tiered approach, the rights of participation of the natives would be encouraged and opportunities opened up for the future generation. In other words, education for all becomes the outcome of this resolve. Adopting a policy of education will be an enlightenment that would establish
methods that address particular needs of the continent for men and women and for the clergy and religious. After all, the purpose of undertaking the mission of evangelization, from the Congregation’s perspective, is the focus on availability to the abandoned and poor.

This Spiritan charism of availability, which is complemented with openness to the Holy Spirit, helps to identify the needs of the people with the possibility of bringing them justice. Openness to the Spirit allows the individual to avail God’s revelation through situations at any given time. Libermann’s understanding of the purpose of the new Society of Mary, for instance, expanded or even sometimes changed with time and circumstances. One example of this shift in the course of time was the idea of not only working in foreign lands with the Blacks in Africa, but also engaging in formation of diocesan priestly candidates in other parts of Europe, of which Germany was a focus at the time. This idea was straight up rejected by the early collaborators and considered as not a suitable direction for the society for that moment. Libermann accepted this obstinacy as God’s will, while continuing to work for the unity of the group. Nevertheless, the interest in training of priests later received a boost especially after the 1848 merger with the more academically inclined Holy Ghost Society. The new form of existence favored a balance in the tasks of the two amalgamating societies. There will now be a possibility of evangelical availability to the most abandoned people of the world and, on the same vein, a formation of local clergy suitable for the needs of native populations. Under the leadership of Libermann and future successors, in the new Congregation of the Holy Spirit, the education of candidates to the priesthood also received prominence as a complimentary form of fulfilling the mission to the disadvantaged. Later, the junior seminaries and college seminaries run by the Congregation teach both candidates for priestly office and non-aspirants from among whom vocations may also
arise. Students who would not continue to priestly formation, at least, benefit from being formed as good citizens of the world.261

The missionary effort of the Congregation to relieve the afflicted slaves as well as provide moral, religious, and economic enhancements to the poor of Africa is a solid form of solidarity and working for justice in the world. No doubt, the issues of Justice, peace, and solidarity remain integral to the Spiritan Mission. The French Revolution of 1848 occurred in the same year as the merger of the Congregation of the Holy Spirit and the Missionaries of the Holy Heart of Mary.262 In that moment of crisis, the Congregation’s leadership was outstanding in paying close attention to the needs of the public. Many were losing heart among the clergy about the wave of political changes in the civil society. The French populace wanted more citizens’ involvement in government, and for the first time in history, moved to replace the authoritarian status quo with a democratic rule. Libermann, in solidarity with the spirit of the revolution, had admonished priests not to cling to the past ages but to always advance and keep abreast with new developments. This wakeup call is not just simply about awareness of the changing times, but also about interpreting the message of Christ in the light of the new trends. In an exemplary way, Libermann participated in voting and encouraged the priests to exercise their franchise in the elections that ushered in democracy for the first time and dethroned monarchical rule.263 The next section will explore few examples of the practical interventions to ensure justice for the vulnerable.

5. Rights and Vulnerability: Spiritan Charism Regarding Special Interventions

Engaging in a ministry that fosters fairness and solidarity of the human community is further strengthened by concrete actions to protect the rights of the vulnerable. Such a ministry
blossoms in the works of rehabilitation of the abandoned and destitute, in spirited interventions, and in acting in solidarity with those in crisis by facilitating integral development of targeted populations.

a. Competent Ministry with the Abandoned and Wayward Adolescent

Before the middle of the 19th century the focus of the Society of the Holy Heart of Mary was on the foreign distant missions, essentially, to the slaves in the colonies and to the African nations. However, the intentions for the founding of the society were not limited to foreign missionary activity but also to diversify according to needs and locations. There were openings in the local dioceses for the members to engage in pastoral ministry that includes preaching retreats and running parishes in contracts with bishops. Libermann recognized the need to protect the home base of the society and the importance of this basic survival led to the awareness of an essential ministry to the homeland’s vulnerable. There were also plans for prison, military, and Navy chaplaincies while looking out for increase in vocations that will help to meet these needs. Similarly, at that era of industrial revolution, the workers who labor in the factories barely find time for the sacraments and other parish obligations, and thus, needed special attention for their spiritual life. In addition, special ministry for the youth including the orphans was also pursued with the establishment of a house in Bordeaux in southwestern France to accommodate them.

Libermann’s successor, Father Schwindenhammer, expanded this work with the delinquent youth, helping them to find meaningful lives in the society. Schools were established, where they acquire skills for industry and agriculture to enable them find jobs. These marvelous works with the disregarded young people received the French government’s recognition for
efficient management and the Congregation received assistance for further improvement in their facilities. The outstanding success in handling this crisis situation with the errant youth gained widespread attraction for the Congregation.266 Above all, before the merger, if most of the members of the Holy Heart of Mary were sent abroad for missions, there would be no sufficient hands in the homeland to keep the society afloat and solvent. The near decline of the older community of the Holy Ghost because of their focus on missions, among other issues, served as a warning that the Libermann’s society could not survive barely on preparing candidates only for the purpose of distant foreign missionary work.267

New candidates into the Congregation were accepted no longer solely on the basis of foreign missions but also for shouldering other apostolates that improve the lives of vulnerable working class people in France or other European countries. At this stage in the age of industrialization, the Congregation was primarily concerned with the welfare of the lower work force: crew members of sea vessels, marines, the destitute, the incarcerated, and the enslaved. There was a realization, too, that it is not sufficient merely to instruct these people in matters of faith without also equipping them to undertake the challenges of their environment. Libermann reformed the system of enrollment into the Congregation in order to accommodate the needs of the abandoned destitute both at home and abroad. Of course, the abandoned destitute in Libermann’s view refers to those identified elsewhere here as the lower class work force, the incarcerated and the enslaved, among others. This description matches the Congregation’s stipulated rules at that early stage in terms of fairness and solidarity. By way of concrete application, social and religious apostolates were undertaken in select cities of Paris, Bordeaux and Amiens under Libermann’s leadership.268 Later, the work of rehabilitation of the afflicted and neglected youths in Auteuil accepted by the Congregation expanded under Blessed Daniel
Brottier and successors.\textsuperscript{269} The next subsection will focus on the consistency of Spiritan solidarity especially in times of crisis and will highlight the West African Biafra-Nigerian conflict.

b. Spiritan Humanitarian Interventions

Libermann’s legacy in these issues of solidarity flourished even more in the future successive regimes of the Congregation. In the Spirit of the Founders, the Spiritan Congregation identifies completely with the people they serve. The Spiritan charism attends to the spiritual and natural aspects of life. In their missions to Africa, there were many instances of crisis that would normally necessitate withdrawal, but sticking with the people through the vicissitudes of life is a priority to the Congregation. One instance of this unalloyed support is the persevering dedication to the Congo mission. This mission continued in spite of the Kongolo massacre on New Year’s Day 1962, where twenty Spiritan missionaries, mostly Belgians and a Dutch, were killed in the Belgium Congo, later known as the Republic of Zaire under President Mobutu Sese Seko, and now, the Democratic Republic of Congo. The conflict in the country erupted at the turn of independence suddenly granted by the Belgium colonial authorities. Similar to the Angolan situation that will be discussed later, the transition of power became problematic as local politicians jostled for control of the free state. Hostilities festered, as rebel groups and militias developed, fighting among one another and in opposition to the new government that succeeded the colonial administration. The Spiritans, who returned to the Congo mission since 1907 after the initial failed attempt in the late 19\textsuperscript{th} century, found themselves in the midst of the muddled situation. Many people who were displaced fled for their lives, and others, the elderly and sickly, sought refuge in the mission churches. A group of soldiers loyal to the new government turned against the missionaries who stayed back to protect these vulnerable ones. The priests, nuns and
seminarians were rounded up and held hostage, as the soldiers plundered the mission residences. Among the priest captives, only Fr. Jules Darmont was later spared and cleverly aided to freedom by one of the sympathetic invading soldiers. The twenty other confreres were gruesomely executed before the seminarians who were helplessly forced to watch the carnage.270

Another instance of identification with the people, is the role Spiritans played in organizing humanitarian interventions during the Nigerian Civil War, which was tremendous and will be given some attention here.271

The Nigerian civil war broke out in 1967 few weeks after the secession of Eastern Nigeria as the Republic of Biafra.272 The move for an independent country from the Federal Republic of Nigeria was caused by a series of hostilities against the Easterners, especially the Igbo, which translated into an unholy desire for ethnic cleansing. Perhaps, part of the blame for ethnic rivalries goes back to the colonial initiative of imposing false boundary locations that has more often stoked tensions arising from irreconcilable differences.273 One fact is unequivocal, that there is an age-old collective antagonism against the minority Igbo ethnic group and the Easterners. The reason for the animosity is simply based on envy for their characteristic industry, autonomy and competitiveness. These same qualities, including openness to improve their lives,274 endeared them to the early missionaries. Note that the grounds for this endearment is not one-sided, and therefore, does not discount the people’s initial ability to welcome the missionaries, which arises from the asset of hospitality ingrained in the local culture.275

However, the Easterners have their downside that also contributes to the common antipathy. There are obvious materialistic tendencies evident in some individual lifestyles. Likewise, the accomplishment of the Igbos, especially in education and public sector, tends to push a cross section to excessive ambition and a belittling of others in a way that attracts disgust.276 Two
successive coups within the same year of 1966 triggered the war. The first military coup was organized by young officers led by an Easterner with the manifesto for ending the wide ranging corruption in the civilian regime of Sir Abubakar Tafewa Belew. About six months after, a counter coup toppled the military Head of State of Igbo extraction, General Aguiyi Ironsi, and then, followed the continuous massacre of the Easterners residing in the Northern and Western parts of Nigeria. Colonel Odumegwu Ojukwu, the governor of the East Central State at the time declared independence from Nigeria on May 30, 1967 after many unsuccessful peace negotiations. The aggression and persecution was so obvious and perpetrated by the Federal military forces as well as mobs of civilians. Nevertheless, the Colonel Yakubu Gowon’s Government was not moved to stem the violence instead purposefully gave blessings to the pogroms, but stopped short of making it official until the declaration of war to prevent secession.277

Apart from the air raids and other combat strategies from the Nigerian forces, a major weapon of war against the secessionist Biafra was economic blockade and starvation of the people of the new nation. Starvation was going to be the quickest approach to crushing the opposition, but the conflict lasted for two and a half years, beyond all expectations.278 With the escalation of the conflict, the Nigerian forces captured the seaport cities and international borders to prevent Biafra from obtaining foreign aids and needed transactions.279 Local agricultural production of food was stalled within few months of the battle. The ravaging hunger began to give way to diseases and epidemics, which was also decimating the population for lack of appropriate medical treatment and poor hygiene.280 In addition, the refugee crisis which was fairly contained after the massive flight of Easterners from the Northern massacre, compounded
with the federal forces’ invasion of the Biafra capital, Enugu, and the coastal city of Port Harcourt in the South-South.

The intervention of the Spiritans working in Eastern Nigeria, which is the actual Biafra territory helped to save many lives, in spite of the millions of people and children lost to the imposed famine. Soon the Spiritan missionaries, alongside other efforts, found some ways here and there to bring in little supplies of food and medicine. There were especially attempts at delivering protein supplement for the increasing kwashiorkor disease in children. These efforts painstakingly continued despite the risks of breaching the economic blockade and the Nigerian sanctions against Biafra. No doubt, there were series of humiliations, anxieties and temporary imprisonments in the process. What is more, the Spiritans championed the media awareness of the tragic situation and the horrible effect of the starvation strategy.\textsuperscript{281} The same group of missionaries made personal reports about the urgency in Biafra, as well as convey the local churches’ feelings to the Vatican to inspire interests and support. With that effort, the Vatican was moved to send a papal delegation also to the Biafra side of the conflict, and the official visitors were able to obtain first-hand experience of the horrible conditions on the ground. The international Catholic charity organization, Caritas, sprang into action, at the direction of the Vatican, with relief supplies for the dying children and the displaced people.\textsuperscript{282} One of the Spiritan priests, Fr. Tony Byrne, serving in Eastern Nigeria was appointed a director of Caritas and helped to expand the relief campaigns. In a short while the organization acquired fleets of planes for delivery of relief materials.\textsuperscript{283}

To further promote a greater outreach, the Spiritans formed alliance with missionaries of other church denominations, irrespective of theological affiliations, in order to blend efforts for more productive intervention. This purposeful collaboration made sense to counter some
individual complaints against the key players who normally had less in common. There are some allegations about unfavorable conduct of some of the Catholic clergy regarding the process of delivering the relief materials to the victims. According to this view, two prototypes of sharing the medicines and foods to the end users were outstanding in differentiating the Catholic and Protestant’s approach. The Catholic clergy adopted the design of diocesan distribution that favors exclusively the Catholic faithful according to parish allocations. On the contrary, the Protestants embraced a provincial format that is inclusive and interdenominational. In addition, there were allegations of collusion insinuating that the Biafran authorities overlook the Catholic attitude because of the favors of receiving consignment of weapons in disguise.\textsuperscript{284} This argument is unfounded and speaks only to the ancient interfaith contentions. The truth is that early efforts to offer assistance to the hungry and dying civilians was frustrated by the economic embargo on Biafra that necessitated flying in relief supplies in Biafra’s contracted arms planes.\textsuperscript{285} Nevertheless, there followed a clarification of the Spiritan’s position, which insists on a neutral stance and a focus on bringing respite to the civilian victims of the disputing parties.\textsuperscript{286}

The Joint Church Aid, JCA, was formed in August 1968 to expand relief donations and for proper distribution to the areas of need. JCA was the result of the merging of Catholic and Protestant relief agencies and became more determined to bypass every obstacle to airlift food and essential medicines into Biafra. As the conflict progressed, the missionaries encouraged local production of protein-rich foods to augment the relief efforts. The strategy remained helpful for a while, but became unsustainable because of constant migration to more secure locations resulting from the rapid federal troops’ incursions.\textsuperscript{287} Nonetheless, the agricultural practices and the illegal breaking of barriers to supply much needed nutrition were substantial in preserving lives as well as stemming the ethnic cleansing starvation policy. By the end of the war, which lingered beyond
expectations, there were consequences for the part the Spiritans played that earned the group brief jail time, deportation and future denial of immigration status.\textsuperscript{288} This active participation of the Spiritans in Nigeria, during a tragic turn in the lives of its citizens, refined and consolidated the initial evangelization approaches, which had consisted of mainly charity, medical services, rescuing social outcasts, ransoming slaves, and establishment of elementary schools. Nevertheless, these ideals form the earlier attempts to transform quality of life and to support the reign of justice in the world.\textsuperscript{289}

c. Rights and Vulnerability in the Spiritan Charism

In a lengthy letter, written in 1847, Libermann sensitizes his missionaries in Africa to avoid buying into colonial masters’ prejudicial comments about the African peoples, but instead to be open only to their own firsthand experiences. This openness towards accepting others is all about giving people the opportunity to be who they are. Missionaries are to steer clear of old prejudices that can sway their judgment, but always would be in a better position if guided by the reality of their experience and the intuitions of the Holy Spirit. This advice is necessary since there are some possible biases formed by the early explorers of the African continent that are capable of wrongly influencing the actions of others. The key is to appreciate the beauty and value of difference in the cultures of human persons in the world. Moreover, cultures have a right to what distinguishes them from others. Openness respects God’s creatures in their manner of creation and in their own rights and freedom. Evangelical availability provides enlightenment that supports the vulnerability of human persons. In addition, the missionaries are urged to rid themselves of European mentality and to relate to the Africans as equal in dignity while adapting to the African environment.\textsuperscript{290} In fact, the success of evangelization is measured not just based on the action of the missionary, but also more importantly, on the personal response of the
converts to message. Similar instruction to pioneer sisters in Africa reflects the same attitude of promoting the personal integrity of the Africans that was previously disregarded by colonial compatriots. The directive acknowledges a tendency to disparage and maltreat the poor natives. This realization follows a recommendation for the sisters to always act with firmness, grounded in love, in their relationship with the African women under their care. Extreme measures in correction of behavior are ruled out, as well as imposition of etiquettes that are foreign to the local sensibilities. The native mores and natural way of life should be encouraged, and the norms of the gospel of Christ will be more perfectly inculcated through the exemplary lives of the missionary. Further radical proposition of the instruction is the suggestion to learn, without condescending, the local culture of the mission area.

Overall, the Spiritan mission endeavored to transmit the gospel message as well as introduce modern tools for integral development of host communities. Advocating for this kind of development is prophetic. Contrarily, for instance, the reverse is seen in the Rwandan crisis in 1994, which resulted from a perception of decades of unjust infrastructures and divisive policies. Tenuous insinuations from the colonial officials created unnecessary class distinctions that gave way to the dominance of a particular ethnic group, grossly disadvantaging the other. In the outrage that seized the nation and the ensuing genocide, a part of the ecclesiastical hierarchy would not merit exoneration from collusion and silence in the face of a massive human destruction in history. More than a century earlier, Libermann had often encouraged missionaries in Africa to establish a unity of growth in all aspects of people’s lives. Religion and social life should never be seen as disparate entities, Libermann argues, otherwise evangelization efforts would not be deep-rooted. In addition, Libermann’s insistence on indigenizing the church through formation of local clergy and catechists is the highlight of this concern. The initial
unsuccessful missions to Angola and the Congo in Libermann’s assessment are as a result of reliance on expatriate clergy that diminished with time. In other words, the appropriate quest is to implement policies that will not keep people forever dependent on foreign aid. The case of Angola is peculiar since the crisis continued up until three decades ago. In the early twentieth century, the prevailing anti-clerical sentiments spiraled into the 1910 revolutions in Portugal. Religious orders and institutions were adversely affected with closures and destruction of properties. The Jesuit order was one of the prime targets, while the Spiritans were mildly ruffled, but also eventually received state recognition to stay alive. Later, the deterioration of the crisis culminated in the toppling and elimination of the monarch, King Carlos I of Portugal, as well as violence and murder of Vincentian and Jesuit priests. Many Spiritans also experienced jail times, threat of executions, and confiscation of their educational institutions. The Spiritan Province of Portugal dispersed as the revolutionary government seized their colleges and novitiates, but they continued the animation of the Portuguese priestly vocations in the neighboring Spain. By 1915, a new government provided a safe environment for a return to Portugal as well as guaranteed monetary support for preparing missionaries for the colonies in Angola and Portuguese Congo, now an exclave of Angola.

Angola became a province of Portugal in 1951. There were interests in the country’s rich mineral resources of precious metals and oil, of which Angola is still a major exporter in the world. The advent of missionaries was initially on the platform of ministering to the explorers and to the subsequent colonial settlers before a major pivot to the locals. However, there was a complicated collaboration between the Catholic Church and the Portuguese provincial government in Angola. The State had expectations of the ecclesiastical contribution to the agenda of transmitting the Portuguese values to the Angolan natives on the basis of the subsidies
provided for evangelization. This hope for the instrumentality of the Church is at the backdrop of the colonial government’s inability to hold effective control in the less developed parts of Angola until almost the first half of the twentieth century. Nevertheless, the Church-State collaboration proved advantageous towards evangelization as opposed to benefits to the State, if at all.

Providentially, the government subsidies leveraged the education and evangelization programs of the missionaries. Furthermore, the insistence on a Portuguese nationality for the missionaries was not sustainable because of dwindling vocations to the priesthood following the era of anticlericalism. In the event of shortage of personnel, the inclusion of other nationalities in the missionary contingents was inevitable and, of course, detrimental to the Portuguese State’s agenda of extending homeland’s national boundaries overseas. Bridging the gap of scarcity is fulfilled, thanks to the Spiritan Congregation, whose diversity of membership spans the Franco, Anglo, Dutch and other European countries. This mix brought a change in the ideology of Portugal’s controlling influence and worked to empower the grassroots with the awareness of their natural rights. In addition, the ecclesiastical hierarchy, which by the second half of the twentieth century was still made up of Portuguese nationals, was challenged for their complicit attitude towards the political authorities. Nonetheless, the Congregation’s investment in the formation of local clergy and catechists, as well as the ordinary citizens contributed to energize the struggle for self-determination. Above all, although in the wake of independence there was crisis of succession among natives, the Spiritans worked to discourage divisiveness along the ethnic lines. Similarly, the highlight of the Vatican Council II on plurality and participation in the Church was also relevant in dismantling the Portuguese hierarchy’s excessive impositions.

By the early 1970s, the Christian population make up more than half the country and with about 2.5 million Catholic memberships. With growth in awareness through education pioneered
by the missionaries, the Angolans began to react to the oppression and exploitation of their land by the colonial authorities. Several movements for liberation sprang up to revolt, but were forcefully countered by the forces of the colonial regime. However, the movements developed along ethnic lines while the struggle continued. An eventual truce was reached and Portugal granted independence to Angola in November 1975. This cherished freedom quickly gave way to civil war, as the factions in the liberation movement could not agree on leadership of the national government. Displacements of the people caused by the conflict created enormous refugee crisis. Catholic relief agencies formed by the Spiritans as well as similar agencies by other denominations helped to provide the urgent humanitarian assistance.299

The Spiritan Congregation was officially entrusted the Catholic evangelization of Angola since 1865. There were initial failures and tragic losses. Some of the first group of Spiritan arrivals unable to withstand the different climatic conditions, met with death while some other survivals returned to Europe with illness.300 Furthermore, some misgivings about the practice of slave redemption soured the relationship with the Soyo people in the South of the Congo River in Angola and brought the Spiritan mission in that region to a close in early 1886. By the 1800s, slavery had been abolished in Europe and the Americas, but it lingered in intriguing ways in Angola that served local dependency purposes. However, the Spiritans got involved in buying back slaves, especially children, to avail them freedom and education as well as conversion to Christianity. The idea of freedom was not comprehensible to the natives who do not subscribe to the philosophy of individual autonomy, but rather were satisfied with the efforts to care for their dependents. Soon, the Spiritans found that the mission could be sustained by local food production for the students and by the students, for which did not go down well with the local culture. The traditional division of labor naturally assigns domestic and agricultural practices of
cultivation to females while the males attend to other demanding tasks of cutting the bushes and hunting to provide meat for the family. In addition, the complicated local slavery system did not help matters for the Spiritan missionaries. There was a combination of a natural born and freeborn slave trading. The former category designate descendants of slaves who could be subjected to any kind of work, and the latter, the freeborn, who were accidentally sold into slavery for debt relief or other reasons, but are not to be subjected to the traditional female tasks. This cultural expectation complicated the Spiritan educational program that also encompasses manual labor for food production and spiritual training or catechesis. The attempt to inculcate a work ethic while managing a self-sustaining mission foisted a discontent in Soyo.\textsuperscript{301} Simultaneously, ransoming slaves for conversion was happening in East African Zanzibar, and was deeply criticized as imposing labor which the converts viewed as unconnected with living the faith.\textsuperscript{302}

Nevertheless, in the events of the Angola’s self-determination, the Spiritans played substantial roles in the struggles for liberation and in securing a local church that is indigenous to the people. On one hand, there was the intervention in the colonial repression, which helped to save a good number of citizens from assassinations and in protecting individual rights to their ancestral land.\textsuperscript{303} On the other hand, the Spiritans also helped to combat the imposition of westernization in the ecclesiastical circles. The expatriate bishops had insisted on adopting Portuguese as official liturgical language to take precedence over the native tongues. This practice was not helpful for effective evangelization and the Spiritans led a coalition of other denominations in protests to the bishops. In other words, the agency of the church is viewed as playing two dissimilar roles, official alignment with colonial civilization and individual missionaries’ oppositions in the best interests of the natives. This later position that underscores
Spiritan initiative made a deep impression on the revolutionary leaders and was more appealing to the needs of the people.\textsuperscript{304}

Conclusion

The privilege of a dual rich heritage has continued to sustain the impetus of the Spiritan charism around the globe. This synergy of the founding fathers in the interest of solidarity with the vulnerable focuses on interventions that respond to justice and protection of rights for others. Preaching the Gospel of Christ is a fundamental way of liberating communities of people from unjust structures as well as addressing other social needs. In other words, respect for the dignity of the human person has always inspired Spiritans to address the deplorable human conditions. Poullart des Places vowed to give renewed hope to the poor and, in the process, founded the Seminary of the Holy Spirit dedicated to training poor seminarians for the priestly office. On their own part, these priests will be committed to serving the poor in local and foreign missions. Des Places’ vision of changing lives of those at the margins is effectively fulfilled in this little project, which has expanded and still remains alive after more than 300 years.

Likewise, Francis Libermann solicited on behalf of the black peoples drawing attention to the ways they suffered both in their own nations and in places of enslavement and urging intervention. Libermann, transformed by personal experiences of rejection and illness, coming from the seclusion of the Jewish community in Severne, north-eastern France and the loneliness of epileptic seizures, shares a close affinity with the vulnerable. This convert from Judaism is significant for the contributions to bringing changes in the lives of the black slaves in the French colonies and the many peoples of the African continent. The subsequent merger of the two societies of the Holy Heart of Mary and the Holy Spirit becomes an enabling factor for
participation in the universal Church’s mission of evangelization of the poor. This role legitimizes the Congregation’s operative principle, the charism of solidarity with vulnerable, to serve as a guide in their approach to missionary endeavors and social interventions. Moreover, the Spiritan charism is properly lived out through evangelical availability and openness to the Holy Spirit that recognizes the gift and dignity of the human person. From the perspective of evangelical availability, the missionary practically lives a deeper union of prayerful relationship with God in a way that encompasses, in the same degree, the relationship to fellow human beings. Additionally, openness to the Spirit focuses on the signs of the times in concrete living situations of the mission fields. In other words, there is no holding on to what is only familiar, but instead an openness that balances the ability of listening to the other and a discernment process that more properly identifies the direction where God is leading.305

The above characterization of the Spiritan charism is further concretized in Libermann’s recommendation of building particular churches that envisages freedom and variety in the community of the faithful. In addition, this principle of indigenization through formation of particular churches enhances the value of changing lives without drifting into satisfying selfish interests. An important factor in realizing the structure of indigenous churches is education, which also will be a pathway to advancement of the people and eventually the focus of the missionaries. James Laval and Daniel Brottier, both of whom personify the Spiritan charism of solidarity, are outstanding as representative models for promoting improvement of lives for communities. Above all, the principle of solidarity with the vulnerable is the invigorating motive for the subsequent 20th century interventions especially in the sample cases of the tragic Congo mission, the Angola crisis, and the Biafra-Nigeria civil war, among others. Nevertheless, the approach of the missionaries is appropriately governed by flexibility instead of rigidity in
ministering to the people. The mission engagement that responds to the Spiritan charism is, thus, based on identifying with the people to bring about the message that is ultimately empowering.
Chapter 3. Spiritan Framework for Ethics

Chapter three presents a framework for ethics in Spiritan perspective. A framework for ethics implies an outline of guiding principles that informs societal or individual decisions about what is right or wrong. Such principles have formed an unwritten code that guides the Spiritans in their approach to mission. And the mission of the Spiritans is often channeled towards those at the fringe of society, where local churches have difficulty in obtaining volunteers. This charism is approached on three principal levels: respectful engagement, dynamic identification with the people, and interventions to improve quality of life. First, the Spiritan concept of respectful engagement has three important components for a successful mission, namely, availability, listening with respect, and dialogue that determines the best method of approach. Second, the dynamic identification is driven by components of respectful inculturation, advocating for justice and peace, and solidarity expressed in the community. The last guiding principle is a mode of intervention that combines elements of education, community development and refugee programs where the need arises.

1. Spiritan Approach of Respectful Engagement

The Spiritan approach to mission emphasizes evangelization that embraces the integral aspects of a people’s well-being, and therefore, seeks an understanding of the needs of the other. Sensitivity to the needs of the other, therefore, forms a major aspect of the missionary and is expressed in the components of availability, listening and dialogue.
a. Availability to the Other

A framework for ethics is rooted in the Spiritans’ availability to serve the needs of others, especially the good news of salvation which brings integral liberation, anywhere in the world especially in places others might refuse to take on. In general, Spiritan spirituality derives from and is propelled by this disposition of openness to God, and consequently, openness to how best to be at the service of humanity. This evangelical availability with an openness to the guidance of the Holy Spirit is the heart of the foundation and operating principle of the Spiritan Congregation. The relationship with God through prayer life in community reflects and influences the manner of service to other people. In addition, the propulsion to availability also blossoms through a practical living of voluntary poverty arising from the gospel values. Freedom from the encumbrances of excessive property enables the desired openness to serve God wherever the needs arise. Likewise, living out the spirit of poverty in the spiritual sense provides opportunity for the graces to recognize the signs of the times, rather than being stuck in what is familiar, and to readily interpret the gospel in the light of the meaningful changes in people’s life in the world.²⁰⁸ Although the past way of life is familiar, but also submitting to the directions of the Holy Spirit allows objective assessment and acceptance of new situations that present to experience in an encounter with others. The attitude of focusing on the old ways of doing and viewing things in a human community might sometimes run the risk of alienating future generations, in which the set values might be incomprehensible within their worldview. This perspective of openness to new ways of understanding reality is already an inspiration embraced in the early beginnings of the Spiritan Congregation. The body of confreres retain the power for decisions on the general governance with a quality of flexibility that respects the evolving needs of the times.²⁰⁹ In other words, the general chapter decisions of the Congregation provide the
general guidance of the life of members, which are often subject to renewal in the light current circumstances.

The motivation to serve the very poor even in hard to reach places is what led to their resolve to evangelize Africa, which at the earliest beginnings, was a substantial risk. Venerable Francis Libermann’s consistent instruction to the pioneer missionaries is to fully identify with their African hosts and to always avoid imposing western values. In other words, the expectation is that instead of recreating Europe in Africa, the missionaries will endeavor to establish a local church which reflects the culture and understanding of the people within their context. In fact, the African church today more than a century afterwards, is assessed to have a distinctive characteristic, one which is aflame with dedication to the divine and has taken on the cultural mode of the search for God’s response to the urgency of their needs. Now, the future of the Christian Church seems to reside on this side of the globe with the rise in growth and as the new wellspring of missionary activity from which the rest of the world would benefit. This establishment of local churches suited to cultural settings is the wisdom that guides the Spiritan missionary work to first seek out the needs of the people in every situation before understanding how to address the people’s empowerment.

In Mexico, the Spiritan community work with the marginalized indigenous Huesteco population. This group, through extended exposure over the years to discriminatory government policies, has been denied basic rights to the common dignity of humanity and, consequently, discouraged from freely socializing with others even within the Christian community. From the account of the Spiritan missionary, there were isolated efforts to make the gospel meaningful in this indigenous culture, but these efforts held no depth as the people were excluded from the process. The way forward for the missionary to engage the people is to embrace their language
and culture as a better move to make an impact, and with presence in their midst, encourage their expression of faith in God as well as appreciate how God speaks through their cultural setting. This presence does not simply imply being there to teach, but also essentially listening without preconceptions, to learn the values of the people. For example, the people’s land on which sustenance and shelter are derived, is indispensably valued as maternal protection for which ties cannot be severed or the property dispensed. A stranger to this community can only learn this truth by living among the people and giving the people the opportunity to express what is rightfully and meaningfully theirs. In this way, inculcating the gospel will not be successful, if the people receiving the good news are alienated in the process of achieving this goal.\(^{312}\)

Missionary engagements of the Spiritans are simply described as missions of presence, situations where missionaries live among people, bearing witness to their experiences and providing relief materials but not merely preaching by word. The idea is simply to be with the marginalized or displaced and those in conflict-torn situations in a way that will make them feel a sense of respect for their personal dignity.\(^{313}\) This is true of missions, past and present, in Sierra Leone, Angola, South Africa, Algeria and Pakistan. The last two are current missions, which are basically within Islamic contexts.\(^{314}\)

Furthermore, since the advent of the virulent disease, HIV-AIDS, many people have been left to suffer in their poverty in addition to this health crisis without any glimpse of hope. Perhaps, a quandary for some confreres because of a lack of healthcare expertise, supernatural healing powers, and even for others, because of the association of the stigma of moral laxity on the part of the victims. Nevertheless, the emphasis will rather be on relieving human suffering without being bogged down with human judgments. The presence that is granted to people in this unfortunate health condition is an opportunity to follow in the footsteps of Jesus in giving love to
others, therefore, living out the gospel in accordance with the Spiritan tradition of availability.\textsuperscript{315} Now, there are efforts in areas of Spiritan ministry especially in Africa with a high incidence, to expedite prevention and support measures for all people afflicted with HIV-AIDS, both the rich and the poor folks. Beyond the original efforts of establishing hospitals and health clinics, there is more coordination with agencies of the United Nations, governments, other ecclesiastical institutions, and NGOs in fighting the pandemic through education, prevention and care of patients infected with this medical condition. In particular, a confrere on the board of a Spiritan Irish based NGO, AIDS Partnership with Africa (APA), has been helpful in the enormous work carried out through this agency in the East African region. The APA utilizes the opportunity offered through the Irish government’s program for overseas development and the public support of the Irish people to coordinate appropriate response towards stemming the disastrous trend of the HIV-AIDS disease. In East Africa, the APA established collaboration with local authorities and other foreign agencies to desensitize stigmatization and to create communal sense of care for victims and the children who lost their parents to the disease.\textsuperscript{316}

Similarly, there are efforts of enlightenment and response carried on by Spiritans in the Central African area. The successful hosting of an international conference on HIV-AIDS impact on society is seen as pivotal to encouraging a positive government’s response to providing free access to relevant medicines for control of early stage infections and stabilization of patients in Gabon. On their own part, the local churches have taken on the responsibility of educating the faithful through liturgies, seminars in local parishes and institutions. Confreres employ their talents through play writing, publishing, and seminars to sensitize the public. The involvement of the local churches in central Africa has significantly helped to reduce the stigma of the disease, but nonetheless, far from emboldening many to own up their conditions or to obtain medical
testing to confirm their status. However, there are still loopholes in the interventions from the ecclesiastical circles. The enlightenment programs have to adopt a holistic approach that reexamines the societal mindset and cultural beliefs on human relationships and sexual matters. Apart from congenital means, and other possible or accidental fluid contaminations, sexual contact is one of the major sources of infection. Despite the risk of death associated with the spread of the acquired immunodeficiency syndrome, the craving to satisfying sexual longing through violence and casual sex is often not threatened. The programs for creating awareness of the disease have to transcend modes of transmission to encourage change of attitude. Above all, the urgent project of combating HIV-AIDS is one that calls for a global response, requiring the contributory efforts of the state, local communities, NGOs, multinational corporations as the challenge of the virus is increasingly devastating.\textsuperscript{317}

The impact of the disease stretches from the painful loss of a loved one to a complete disruption of communities, wiping out families, and in other cases, abandoning orphaned little kids to the care of aged grandparents. This scenario is prevalent in many low income countries where the victims of this disease scourge, especially the young people, are deprived of the normal growth process which is the benefit of a family support. The increasing death toll of younger parents because of this disease is bad news for the working class of any developing nation. In the Central African Republic (CAR), the disease brings victims to disrepute and isolation from the community because of the associated stigma. Sometimes, by some form of religious aberration, certain individuals are alienated by the community as causing the spell that lands the disease on their own family member. This is the confusion that this disease, AIDS, which has defied cure with very expensive treatment has inflicted on many communities. While the civil authorities are far removed, the local churches work with non-governmental bodies to
develop support systems for those victimized by the menace of this disease. Diocesan and parochial structures have been set up to respond to the needs that arise and to manage educational programs for the benefit of the communities. The Spiritan confreres exercising their ministry in CAR contribute significantly in different ways to identify with the categories of people disadvantaged by the disease. Their influence in directing the affairs of an NGO, the Caritas Organization, help to provide access to essential medicines for AIDS’ patients and educational sponsorship for children who lost their parents. Also, through Caritas, micro loans are offered to widows and widowers for income generation purposes, and in the event of death, funeral costs are shouldered by the organization. Furthermore, the Spiritans worked to draw the attention of the United Nations’ World Food Program, which helped to provide special food for those impoverished by the plague. In these ways, the Spiritans through availability demonstrate their concern for the marginalized of the society and this way of presence is made more effective through listening to the other’s story and attending to their needs.

b. Listening with Great Respect

Listening with great respect is crucial to our charism of serving the needs of the marginalized people. It is only by means of listening that we can identify and recognize the other’s personality and needs. The SERVOL Project in Trinidad and Tobago serves as a typical example. SERVOL is an acronym for service volunteered for all, and invented by a Spiritan priest, Gerry Pantin, while seeking resolution to the needs of the youths protesting economic hardships and social injustice in the country. While the protests are genuine agitation for their rights, the youth quickly switched to violent crimes and destruction of government’s and citizen’s properties. Fr. Pantin collaborated with the sports celebrities, such as Wesley Hall of Barbados and later with individuals from the Ministry of Defense, who have considerable
influence to help calm and gain the attention of the youths. Some of the strategies initially adopted to engage the young people include sporting competitions, appealing to private businesses to offer them jobs, and keeping them busy at the community center programs with projects within their capacities. Fund raising dinners and financial aids were sources to help fund these projects.\textsuperscript{320}

This SERVOL project essentially aims at breaking through cultural prejudices to listen and dialogue with others from a position of equality of human persons. The impact of SERVOL has been enormous in ensuring peace and welfare for all.\textsuperscript{321} Programs are created for skills acquisition and personal development of the young people and to transform them into agents of peace. The skills training cover aspects of building constructions, computer and technological instructions. There is also provision for children’s education and care for children with special needs. Even parents are not left out, but engaged through seminars at these centers for deliberations on better ways to guide and bring up their children. Furthermore, the communities participate in nurturing these centers to function optimally in order to bring out the best in their young people.\textsuperscript{322}

In addition, the mission of Spiritans in Southern Ethiopia Dadim, Borana is another interesting example of this life style of listening. This occurs within the context of practicing the model of ecclesiology that does not just pass down the words of the gospel and doctrines, but also listens with humility to the people – a \textit{Listening Church}, as one Spiritan author aptly puts it.\textsuperscript{323} Practically, the Spiritan mission in Borana, Ethiopia began when the pioneer missionaries respectfully approached the people and inquired about their needs. And the people’s response was interesting because they asked the missionaries not to proselytize but to allow the people to follow their own hearts. In general, Ethiopia has a predominant population belonging to the
Orthodox Church. The Ethiopian Orthodox Church has an origin which is traced back to a break away from the 451 A.D. Chalcedonian Council, in alliance with the Patriarchate of Alexandria. A further separation occurred much later within this Alexandrian Patriarchate, which saw Ethiopia as an independent Orthodox Christian community. This Christian community has remained steadfast despite the intrusion of Islam and other challenges of atheism to their faith. In fact, the prevalent presence of the Orthodox Church in the Gamo Gofa area of Ethiopia caused the Spiritans to reevaluate their original idea of erecting the structures of a local church in the Catholic tradition, but to rather collaborate with them in the conversion of the non-Christian peoples. This collaboration has arisen from a period of anticipating, listening to the other, and an ongoing dialogue as well as learning from the cultural and religious perspectives of the Orthodox Church community.\textsuperscript{324}

c. Dialogue

Dialogue with other churches and faith traditions is encouraged in the Spiritan charism for a more profound relationship with other brethren and to appreciate the varied gifts of God in everyone.\textsuperscript{325} Initiating dialogue is a meaningful way of reaching out to others where possible, or patiently waiting in other situations that may be volatile, especially in some Muslim-Christian relationships. This action of enabling an environment where dialogue is possible helps to promote peace and good communal relationships with other religions and also within the Christian denominations.\textsuperscript{326}

The Spiritan Community in Pakistan, which began at the end of the year 1977, lives in this type of situation patiently waiting and communicating with the Islamic brethren and as well as other faiths, while providing social services and education. However, this Pakistani mission is
one of presence among the minority populations at the margins of the society. Historically, Pakistan is a predominant Islamic region of India, separated also as nation state at the India’s independence from the British Colonial government. Against the wishes of the founding father, M. Ali Jinnah, of the newly independent Pakistani nation, a succeeding conservative group inherited the leadership, insisting on centralizing Islam as the state religion. The constitution was revised to establish Muslim control of the Presidency as well as government takeover of schools to implement Islamic policies. For example, the introduction of Sharia laws and courts at the federal government level eased the way for death penalties for minor offences. In addition, the revision of the Constitution by later successive dictatorship regimes endeavored to undermine freedom of worship for non-Muslims, varieties of native religions and Christians, who were actually the original natives of the region, dating back before the partitioning of India. This presiding atmosphere of a state religion inhibited adequate dialogue with the Christian minority. Notwithstanding, there was hope in the little opportunity to even attempt a conversation. The feasibility of a dialogue was even tenuous because a fraction of the Pakistani population comprising of two ethnic groups, the Hindu faith-based Marwari-Bhils and the Punjabi Christian Community, where the Spiritans accepted to work already view the Muslim majority as oppressive and antagonistic. However, this perception of Islam in reality is because of the social segregation than religious differences, but for which the religious influence, in the mind of the two minority ethnic groups, cannot be separated. In practice, the caste system relegated the minorities as the despicable sacred outcasts and sewer cleaners, and therefore unworthy to intermingle with others. Such was the fragility of the situation that the dominance of Islamic religion and the pervading cultural life left no space, as the Spiritans in this particular mission would have loved, to initiate a direct dialogue with the Muslim majority in the interest of the
minority groups. Nevertheless, in an approach of respectful engagement, the Spiritans’ presence bespeaks of a different style of dialogue, one which implies living simple, quiet Christian lives of prayer and working to serve the needs of the people. Sometimes serving these needs result in advocating for the state protection of the rights of the minorities that undertake hazardous tasks and who are never compensated when injuries occur. Occasionally, the Spiritans pay the price for their solidarity with these oppressed groups by also facing informal aggression, as likewise tainted, from the perspective of the wealthy class. In general, among the elite and the ordinary, there exists somewhat interplay of a delicate balance of unfriendliness and reluctant veneration. Whereas some devout Muslims or the ranking members see the Spiritan presence as an affront to their belief, there are also others who rather perceive a challenge which identifies the existing injustices that needs to be addressed. Effectively, the manner of dialogue transcends the conventional, but plays out in daily life exchanges depending on the sensibilities of individuals. Some who encounter the missionaries are disposed one way or the other, either to exploit with over pricing their services or to contribute to the task of serving the needy, as in a case of a Muslim physician granting treatment at a lower cost. Essentially, the pursuit of dialogue with the Muslim brethren transpires in the contexts of the mutual battles against structural injustice, in conversations among professional colleagues, in inter-denominational prayers, and in the opportunities of everyday encounter which aim at enhancing the dignity of the other as a human person. In general, this dialogue is about the individual persons, and very less likely, their religious faith. This is significant because of the perceived gap between faith and practice in the dominant Islamic Pakistani environment.³²⁸

Notwithstanding, the Muslims’ fears about the invitation to this conversation is taken into consideration in the Spiritan approach. There has been skepticism about this path towards
dialogue with non-Christian brethren. In many cases, the Muslim has often doubted the genuineness of the Christian’s proposal for dialogue. There is the suspicion that the unstated overarching motive is to indirectly proselytize and to convince the other about the wrongfulness of their non-Christian beliefs. However, even the attempt to introduce cultural transformation through education and to provide healthcare access as well as other improvements of society, in an Islamic context, is viewed as a back channel to proselytism. In response to the skepticisms and criticisms, the Spiritan practice which echoes the universal Church’s, has shifted from the underlying hope of gaining catechumenates to serving with a desire to inspire hearts to witness and give expression to God’s graciousness according to their own religious faith.\(^\text{329}\)

Likewise, in the North African country of Algeria, which is a predominantly a Muslim population, Spiritans since the early 1960s have witnessed to the gospel by the same symbolic gesture of presence and dialogue. Again, this is not an environment for one to seek for primary evangelization by working to convince the Muslims to leave their faith and embrace Christianity. Nevertheless, in this cultural context, the Spiritan lifestyle of presence creates a rapport with the people and an openness to dialogue. Sometimes, this dialogue occurs in the form of interreligious summits or sharing prayerful moments in grieving and joyous occasions. The very fact of bringing about this spirit of comradeship and solidarity is a sign of successful witnessing to a hoped for peaceful world between Christianity and Islam and with everyone. Far from proselytizing, solidarity is the foundation of the Spiritan approach in this Algerian context, recognizing the Fatherhood in God and the brotherhood of humanity. Here, there is absolute trust in whatever path the Holy Spirit designs for the Church. Although some Spiritan confreres have lost their lives from fierce extremists’ attack and some churches converted to mosques, there is still hope and opportunity offered in the works of the surviving missionaries and fewer faithful.
Through teaching and establishment of libraries and women development centers, the Spiritan missionaries and collaborators have continued to make impact in the society and to draw the admiration of the people for the love of God shown to them.\textsuperscript{330}

The best possible window of progress is to be couched in forging a closer, less prejudicial relationship with the Muslim brethren, a relationship which transcends religious differences and is respectful of the cultural backgrounds of the other. In this age of conflicts, especially in the Middle East and in the fight against terrorism, the reciprocal use of aggressive measures seems to complicate the situation and runs contrary to a more positive approach of peaceful deliberations and mutual respect for one another. The pursuit of dialogue rather than investing in the sophistication of weapons of hostility, the improvement of living conditions of the other in the light of solidarity, and education in which all are empowered, is the way to go forward in bridging the scandalous divides and antagonisms. There is no more relevance for seeking power and control, which has been tied to Christian conversions, instead, what is of supreme importance for healing the gulfs is a gentle approach and authentic respect for the beliefs that others hold as precious.\textsuperscript{331} Similarly, the Zanzibar experience for the Spiritans also required their focus on the cherished value of presence and solidarity with the people in this largely Islamic context. This effort to witness to the gospel is not compelled by the prominent desire to obtain outcomes of increasing number of baptized Christians, but rather to identify with the people through attentiveness to the problems that plague the community. Here, dialogue is pursued through programs of education designed to address poverty issues and to provide access to basic healthcare services.\textsuperscript{332}

Furthermore, the Spiritans in Ethiopia work in close collaboration with the Oriental Churches, which although not in communion with the Vatican, but are recognized as sister
churches and with whom the differences can be appreciated while working together in spreading the Gospel message. The purpose of the Spiritan’s mission in Ethiopia has been centered on primary evangelization, but for the most part their experience on the ground indicate that the Ethiopian Orthodox Church has the numerical strength and deeply rooted in parts of the country. This realization becomes the focus for revising the initial strategy in favor of collaboration with the existing Orthodox Church especially in evangelization program in remote places. Now, instead of parallel establishments, the Spiritans rather work to respect the unity of faith shared with the existing Christian tradition supporting their efforts to win converts from among the non-Christian believers. The relationship is one that seeks, in the spirit of oneness of faith, to heal divisions through prayerful dialogue and shared activities.

The decision to work together informs, for instance, the Spiritans’ acceptance to support the Ethiopian Orthodox Church’s evangelization of a semi-nomadic population, known as the Hamar, living in the Dimeka area of the South of Ethiopia. One important area of this synergy is in the aspect of formation of the Orthodox Church’s clergy for efficient ministry among their people. However, the environment for working with the ‘Ethiopian Orthodox Church (EOC)’ has been a tense one, festered with suspicion for one another from the various parties. The Hamar people, a virgin ground for evangelization, have always held on to their own way of life. On the contrary, the wish for a break with their culture and to embrace the new teaching of the gospel has been the major expectation of the EOC, which obviously foments tensions. Furthermore, there is also as much crisis of relationship between the EOC and the Latin-rite, the Ethiopian Catholic Church. In spite of the challenges of their Catholic roots, the Spiritans respectfully collaborate in the task of bringing the gospel to the Hamar people, with emphasis on the sisterhood shared with the EOC. This approach, obviously, is a source of internal antagonisms,
but the continuation of dialogue has helped to improve understanding and sensitivity to the other. The next section will focus on the dynamism of identifying with others, recognizing the authenticity of their way of life, and in solidarity, working to address the oppressive structures that inhibit the realization of the fullness of their humanity.

2. Dynamic identification with the other in Spiritan Charism

Dialogue opens the way for understanding the other, and furthermore, for discerning the best way to identify and collaborate with them. The missionary’s urge for adaptation of the gospel requires their figuring out new, refreshing ways of letting the message of Christ speak meaningfully to different cultures as well as motivate the people. In this design that the missionary enterprise is able to identify unjust structures that alienate and oppress the people and solicit on their behalf. Yet, in showing this solidarity, the people must be carried along and encouraged to participate in addressing their concerns and needs.

a. Respectful Inculturation

Respectful learning of the other is the first step in the process of letting the gospel dialogue with another cultural environment or with a new age with a different mentality. The Spiritans of the English Province, for instance, encounter this kind of challenge in their newly found apostolate, the youth ministry. Perhaps, the emphasis here is more about learning from one another than to impose on others. A new culture or a new age is a challenging encounter for the missionaries, too. Sometimes, from the perspective of the evangelizer, there is a tendency to perceive what is strange during an initial encounter as inimical to the Christian faith. This perception reflects an erroneous stance of seeking uniformity. Instead, the missionary’s call is rather pivotal to an enriching diversity which properly results from the task of universalizing the
gospel message.\textsuperscript{338} In a most profound way, the actual sense of oneness will manifest in colorful cultural variations of the Christian worship. The generalization of Westernized formal procedures in worship, for instance, have delicately supported unity, but contrarily, an acceptance of cultural differences and the role of symbols and gestures of peoples in the world could be the source of enrichment of the universal church. Ordinarily, there has been a tendency for some evangelizers from the Global North to engage with snobbish attitude that disregards the values of those at the Southern hemisphere as sinful and obsolete. In encounters with other faiths, there is always a possibility of a new knowledge that would be beneficial to the different parties. This is the background in which the gospel can truly come to life in other non-Christian cultures instead of transferring the home culture of the missionaries.\textsuperscript{339}

Pope John Paul II, in writing on mission, affirms the boundless work and presence of the Holy Spirit in humanity endowed with beautiful diversity of cultures, with each harboring the dignity of their own which must be respected. This recognition calls forth a sense of importance that must be applied in bringing the gospel to life in these cultures in a meaningful way to particular peoples without a contradiction to the faith. This process of incarnating the gospel will be essentially a communal effort, one which further invites learning and openness to change on both sides between the local community and the evangelizers.\textsuperscript{340} Likewise, the good news of Christ does not only enlighten a culture, but also can obtain full expression in particular contexts from some of the good practices that shape the life of those people.\textsuperscript{341} Furthermore, this idea of inculturation as a communal rejuvenation effort is the force of particular Christian communities as witnessing to the gospel in a meaningful way within their own cultural environment. In this transformational process of a meeting of the gospel and the culture of a people, the significant presence of the missionary appropriately offers guidance in the local creativity.\textsuperscript{342}
However, the predisposition of superiority precariously leads to uncritical condemnation of particular customs and relational structures of the receivers of the good news and to the imposition of a foreign, supposedly, transcendent western forms. Extremely, polygamy has been denigrated without a careful study as a licentious sexual practice while single partner marriage was generously proselytized as standard. The missionary triumphs in the Global South, for which credit must be accorded for the success story of that endeavor, has since been sometimes criticized as registering a superficial impact as a result of the underlying imperialistic agenda, even if spiritual.343 From the African perspective, the heterogeneity stressed at the 1962-65 Ecumenical Council helped to influence and mobilize the formation of local distinctive religious ceremonies, which depict the cultural backdrop of communities, such as emerged in the now Democratic Republic of Congo, East Africa, Cameroon and others. Although, these new introductions into the worship won immediate papal approval in the Pontificate of Pope Paul VI, four years after the Vatican Council II, but also the changes were only restricted to the use of local languages and to the approaches for celebrating Christian rituals. In this case, the words of the Eucharistic liturgy will be simply translated instead of depicting the important value of addressing the concrete daily experience of the particular African context. Here, religious worship is life-oriented, often expressing joys and strength to overcome life struggles, and this value has not reflected in the same way in practices with a leaning toward Roman rites.344 As earlier noted, John Paul II also gave support for indigenization but likewise cautioned against veering away from allegiance to the central Vatican tradition and the risk of multiplication of rites in African settings.345 Rather the Christian missionary’s message has to focus on the centrality of Jesus Christ in the redemption and reconciliation of humankind to the gracious love of God.346
Nevertheless, there are objections to the idea of divine revelation, bound in a particular pre-paid cultural setting, which must be pristinely preserved in the encounter with other cultures. In other words, there is no monopoly in the ways of divine expression and in the way God is experienced in cultures. The fear of disunity often associated with allowing variations of expression of the Christian faith according to cultures has no clear justification. Instead, these varieties provide the basis for harmony, an achievement, which is attributable only to the practice of inculturation in the mission of the church. Sensitivity to the other’s needs exceeds mere identification with their particular dress codes or traditional food to weightier issues of witnessing and participating in forms of estrangements they experience from others within their environment.

One of the interesting forms of worship in a community response to faith encounter with the guidance of the Spiritan missionaries in Borana, Ethiopia was the traditional manner of celebrating reconciliation. From their background, when someone has issues or offends the other, they resolve their problem by giving a handful of grass to the offended party. The grass, which symbolizes peace, is an offering that asks for pardon and reconciliation. The missionaries adopted this method in conducting a penitential rite for the people. On such occasion, the crucifix is placed before the people, as well as a bowl of grass. The grass originally symbolizes forgiveness. An individual seeking reconciliation takes a handful and places it at the foot of the crucifix as a sign of remorse and asking for pardon. This practice shows that similarities exist in seemingly disparate religions and cultures, but it takes a patient and careful study to discover the appropriate and meaningful response to God already present in other traditions.

Furthermore, the auricular confession in the sacrament of reconciliation is not a very common form of reconciliation in Borana as much as a communal penitential rite. At Eucharist,
the people’s traditional fashion of asking for blessings is incorporated into the celebration. When it is offertory time, the whole congregation will come up to the altar, and as they wave their palms over a lamb to be slaughtered for a feast asking for blessings, they will pass their hands over the bread and wine for the sacrifice of the Mass. Of course, this is an area of primary evangelization. When the missionaries arrive in a particular new area for an initial evangelization, the elder in the community says a prayer of blessing at a coffee ceremony when people gather, and the missionary will read from a passage of the gospel. The coffee ceremony is a traditional ritualistic symbol of a family or communal daily sacrifice for blessings before dispersing for the work of the day. Sometimes, major ceremonies such as marriage, birth, a dispute resolution meeting is prefaced with the ritual of coffee ceremony. Coffee bean and coffee tree are held as sacred symbolizing peace, and as such, the coffee ceremony would be considered void if held solely by an individual. In other words, solitary drinking of coffee is a taboo in Borana, Ethiopia. The principal celebrants at a coffee ceremony consist of the chief hostess in a household and an elder who stirs and prays over the coffee before distribution. Prior to this, the coffee beans are cracked by the people gathered while praying to be preserved from all evils during the course of the day. The hosting lady fries the beans in butter or any other form of oil. A little portion of this recipe is passed around for guests to anoint their limbs. Someone on essential services such as attending to the cows could exit at this juncture since the entire event is normally lengthy. The other larger part is presented to an elder or a group of three elders for a prayer of blessing before everyone can drink the coffee. This ritual event provides the context for evangelization for Spiritan missionaries in Ethiopia; an occasion in which the gospel is preached and catechumens are won for Christ. The gospel can speak to the images that a
people are familiar with, and recognizing a people’s authenticity in this way, is a reflection of the
divine love for all which justice demands.

b. Justice and Peace as Part of Evangelization

Justice and peace initiatives in the Spiritan Congregation are practical ways of identifying
with the people we serve in the missions in both pleasant and unpleasant conditions. There has
been a gradual growth of understanding of the idea of Justice and Peace as fundamental and at
the heart of Christ teachings, which is centrally concerned with right interpersonal relationships
and with the plight of the poor and the neglected. Justice is not just about granting what is due to
the other as a human person, but also a reflection of the divine love which all human share.
Likewise, this love which will mirror the love of God for humanity underlies the peace so much
needed in the world. Only in the ordinary daily witness of God’s love in each person in the world
can the individual learn the lesson of love, which can practically be extended to other fellows. In
this gracious gift of sharing God’s love that begins the manifestation of justice and peace in
people’s relationships.352

The power plays on the world stage by the dominant economic powers from the era of
colonialism to Industrial Revolution, the two World Wars and the Cold War have contributed to
the chasm between the poverty stricken and the few in privileged circumstances in the global
community. In some measure the indefensible segments of the human history beginning from the
colonialist invasions of the 1500s helped to diminish the moral fiber of society. This scramble for
territorial annexations abroad was unleashed by the penchant for wealth acquisition that in the
process trampled on others. Through the European domination of the world from the 16th to 19th
centuries and the United States influence as well as Japan in the Asian region in the 20th century,
there arose a deadly motivation of countries to overrun and destroy feuding neighbors or other poorer nations. An unfortunate outcome of the expeditions into foreign territories, especially into Africa, is the creation of slavery, which was the conversion of forced human labor for purposes of production of goods and other services. The economic gains of the colonialist’s expeditions became the support base for the ensuing scientific and technological innovations, which accelerated people’s way of life. The improvement in science and technology, which intensified in the age of Industrial Revolution, has both positive changes in human lifestyles among the then competing nations and the downsides of negative impacts on the environmental conditions. Until the cessation of the Cold War, less attention had been paid to injustice meted out to the less privileged and the festering conflicts in many regions of the world. This Cold War becomes the outcome of the Second War, in which the two superpowers emerging after this 1939-45 World War, the United States with their Western democratic alliances and the communist Soviet Union, were locked in contention that also sometimes led to abuses to humanity. The two nuclear superpowers, United States and Soviet Union, indirectly engaged in this contentious battle to influence the rest of the world with their economic policies underlined by capitalism allied with democratic governance and the communist state-owned means of wealth which denies individual rights, respectively. The promotion of these differing agendas plays out in all sorts of practices that created conflicts with attendant impoverishment in developing countries. For those poor situations, majority of the population is deprived of basic necessities of life such as adequate food, clean drinking water, clothing, health care, housing and education. Likewise, human dignity is also diminished when people have to eke out a living in very difficult and violence-prone conditions with merely unrewarding hard labor.353
The Catholic social teaching has often reflected on the social concerns and offering guidance for the welfare of all people. Pope John XXIII’s 1961 encyclical letter, *Mater et Magistra*, which celebrates the 70th anniversary of the first papal encyclical, Leo XIII’s 1891 *Rerum Novarum*, weighed in on the condition of workers and the employer-labor relationship, ensuring that the worker is taken on board with regard to their benefits and the affairs of a company’s administration. In addition, there is an advocacy for the protection of the rights of workers to just wages and a private ownership of property, in which the individual has the freedom to manage according to their own needs. Likewise, the State can exercise ownership of structures that provides services for the well-being of the people.\(^{354}\) Two years after *Mater et Magistra*, John XXIII in *Pacem in Terris* calls the world’s attention to the importance of respecting human rights and the mutual obligations of the State and citizens for the common good, which as well extends to the global level. The respect for human rights accentuates the equality and dignity of the human person, where no individual rights are taken for granted or necessarily given preference above the other.\(^{355}\) This call for social justice becomes the focus of the Fathers of the Second Vatican Council as critical to establishing peaceful coexistence of humanity on earth. Again, the Council stresses in *Gaudium et Spes* the equality of humanity, although without overlooking the differences in strength and gifts of individuals, but recognizing the richness of diversity which also highlights the need for promotion of equal opportunity for fair competition. The concentration of wealth in the one percent of the world remains discouraging, and therefore, not what this diversity is about.\(^{356}\)

Indeed, there is obvious concern for the improvement of the quality of life of all people instead of just a few. On the issue of international trading collaborations, there is a mediation for stronger economies to ensure fair contractual agreements with countries that are struggling
excessively with poverty. In other words, care should be taken not to negotiate trade agreements that serve the particular interests of the wealthy countries but instead to establish a relationship that will encourage the development of their poor neighbors. Barriers to development of peoples arise from unrestrained competition dictated by foreign market forces where private entities accumulate wealth for personal purposes rather than for the common good. The freedom to acquire private property is not denied, but also the duty to respect the other’s freedom to the same rights is vital for the sake of justice and peace in society. Those individuals and countries with riches will care for the poor ones without economic exploitation, political interference. Such unnecessary controlling influence destabilizes jurisdictions and lead to internal squabbles for survival.\textsuperscript{357}

In a 1971 Apostolic Letter, \textit{Octogesima Adveniens}, Pope Paul VI speaks of a just requirement of granting emancipation to countries still under colonization or in the woes of neocolonialism, enabling them to find their own path to developmental progress. Nevertheless, this kind of empowerment is valid only when accompanied with the right intentions of support and solidarity among countries. These papal insights and recommendations come to light in the era of the Cold War, in which the covert battles for supremacy over world affairs foisted pockets of conflicts in regions of the world as well as human rights violations. In these circumstances, greater momentum is given to the calls for charity and respectful service to common well-being.\textsuperscript{358} No doubt that working for the good of others will be demanding of a volunteer’s energy and time, but that self-donation is an important part of addressing the injustices which confront the marginalized. The situation of a disenfranchised people is even now prevalent since the past few years of intense refugee crisis such as arising from conflicts in Syria and other countries, and indeed, require the world attention. Otherwise, these conditions of alienation are further
aggravated with a nationalistic intolerance and unwarranted marginalization, sometimes also on
the basis of religious affiliation. Overall, there is a responsibility for concrete application of
justice, for which the burden is on the State and citizens to implement and with the religious
institutions offering guidance and exemplary living in their organizational structures. The local
churches will ensure that appropriate interests of religious men and women and the laity are
represented, and that each is given the opportunity to share in their respective functions in the
church’s mission of advancing the love of God, justice and peace in the world.\textsuperscript{359} In effect, the
work of bringing the good news of salvation is connected to everyday life and must speak to the
experience of those evangelized essentially on the side of uprooting oppressive structures.
Nevertheless, a red flag is raised on a whole absorption with any violent means of fighting
economic and socio-political injustices. In other words, the barrel of the gun aimed at the
oppressors does not actually secure the desired freedom of peoples. Instead, the liberating quality
of the gospels is advocated to be channeled toward the wholeness of humanity and the
individual’s personal conversion in response to God’s graciousness. This spiritual approach to
life is relevant for achieving a true developmental progress in society. So far, the economic
systems in practice empower only a small circle of the privileged and render a vast majority
powerless. The path to seek is one that brings change in both the institutions or political
authorities and those persecuted by their inhuman policies.\textsuperscript{360}

Likewise, in the next pontificate the importance of conversion of heart is also highlighted
as a benchmark for a true manifestation of progress in human society. There are obvious
implications of the rapid growth of science and technology for mankind and their environment.
Nevertheless, these dangers can be tempered only with a devoted love for the value of human life
which attributes a duty of accountability for safety and justice for all. In this understanding, no
one will necessarily find joy in accumulating wealth just for the protection of their territorial boundaries, but efforts will be directed to fair economic balance between rich and poor countries. Similarly, the well-being of the citizens of these countries must be prioritized in the framing of all policies as a matter of human rights protection. The establishment of human rights regulation by the United Nations, in the event of the aftermath of World War II abuses, is commendable but also following up with implementation remains a requirement for constant pursuit by States and this global collaboration of nations.  

However, the existing economic imbalance is an obvious cause of anxiety for mankind in addition to a potential human self-destructive behavior owing to the development of perilous weapons in their worldly contest for hegemony. The remedy for the scandalous economic disproportion would have to go farther than mere giving fair share of world resources to individuals and nations. This redistribution will meet the measure of authenticity only when delivered with a loving dedication that reveres the dignity of the human person as an embodiment of God’s presence. There has to be a real transformation in the way of relationship with the other person that represents a recognition of a love, gratuitously and divinely granted, which must be shared with others. The value of human life is rightly to be esteemed above that of material properties and the scoring of victories in political conflicts. This preservation of life entails conscientiously working to reduce poverty in parts of the world through overturning of imperialistic economic structures and other structural evils that keep others down. Clearly, the resources of nature are not humankind’s creation but belong to the category of potential discovery, and therefore, it becomes irresponsible to rigidly insist on any sole ownership claim. The relationship of work and capital is considered important such that those who apply their strength and intellect should equitably share in the proceeds and partnership of their investment.
In other words, systems that encourage the monopoly of entrepreneurship is a deviation from the path of justice. Those who contribute through their labor deserve to participate in proprietorship of the resources for wealth creation.\textsuperscript{363}

In general, justice and peace program becomes an endeavor to identify and supplant oppressive structures that burden the people. In moments of crisis, as for instance seen in the 1998 tsunami crisis in Papua New Guinea discussed elsewhere above, confreres endeavor to bond with the people when presence is most valued. It is a commitment to help the voiceless in society find their voice and address their own needs. Examples abound in the work with Haitian refugees, Indians of North America, and in places in Africa, where Spiritans help in the search for hope and dignity, and in working for their welfare. Sometimes, there is a sense of powerlessness in the face of particular needs but at least a support in solidarity is offered.\textsuperscript{364} The General Chapter of the Congregation in Maynooth, Ireland also reenacts the focus on issues of justice and peace. This essential resolve stirs up also internal solidarity enabling special attention and care for members serving in those challenging circumstances. In these settings, the people are given the opportunity for personal enhancement through rehabilitation from substance addiction, education, and skills acquisition, among others.\textsuperscript{365} Six years later, the General Chapter in Portugal takes the matter of justice and peace up a notch, recognizing the efforts of confreres on the important issues of the detrimental effects of human activities on God’s creation together with mediating for the welfare of the poor and most abandoned. This General Chapter gives directives for awareness and further development of Justice and Peace and Integrity of Creation (JPIC) program, especially, among the younger confreres in formation. The need to setup connections with local and international organizations, institutions, and to motivate political
authorities to positively create favorable policies to protect the environment and effectively minimize the suffering of the poor, has never been more urgent.\textsuperscript{366}

There have been responses to this call to action and advocacy for the conservation of the environment and creating opportunity for relief of poverty in the world. Sometimes, the approaches take different forms according to needs and situations. Nevertheless, this call to advocacy is seen as rooted in the Spiritan charism or way of life, which is deeply committed to option for the poor and to bringing renewal of life to the most abandoned in society. In addition, the practice of voluntary poverty in the lifestyle of members is key to identifying with the plight of the poor in places of apostolic work or residential communities. Likewise, when applied as a norm in society, there is the idea that a reduction in excessive lifestyle of wasteful consumption of goods would limit overproduction in industrial sector and an ongoing depletion of natural resources. In other words, individual investments are better off channeled to green energy products and less expenditures, limited to only needs of absolute necessity.\textsuperscript{367} These efforts present a form of invitation to global moderation of lifestyle. Perhaps, the proceeds of each household from this exercise will be even more impactful if quantified and donated for the good of humankind and their environment. There are also areas of pastoral engagement of confreres that highlight the issue of conservation of the environment. Indeed, these pertain to concrete applications in particular ministries in Haiti and Gabon that underscore efforts to stem the tide of systemic deforestation, which contributes to natural disasters that have claimed lives in numbers. Over the years, the citizens and government have depended on felling the trees for building and for other economic advantage in Haiti. In Gabon, merchant companies have solely thrived in the wood industry through felling of trees in commercial quantities without plans for replacing them with new plants. There is also ongoing exploitation of mineral resources including mining of
metals and irons in the same environment. The Spiritan confreres on missionary assignments in these specific situations have helped to create awareness, encouraging preventive measures, and urging those at the grassroots to embrace the culture of planting new trees to improve the soil and weather conditions.368

Similar projects for natural conservation has also been promoted in the Amazonian forests of Brazil, with a view to protecting the interest of the poor and the welfare of future generations. The rural dwellers have been exploited for years by merchants and business owners who draw more benefits from the Amazonia than the little guys employed to work the fields. From the marketers’ perspective, their interests are solely on the product, ranging from wood, fish, game, and rubber extract processed by their employees, but are not concerned about regeneration of the environment. This poor community’s sweat is scarcely remunerated and the individuals are denied opportunity for personal investments and growth. On this basis, the community leadership and catechists were enlisted to educate the people on a better survival strategy through personal ownership of farms and good practices of conservation of the environment. As a community, the people engage in afforestation to replace the excessive practice of felling of trees for market purposes, and significantly, their enthusiasm grew with regard to the protection of their lakes from overfishing, among other valuable conservatory practices.369

The works of Bill Headley, C.S.Sp., who served as the dean of Peace Studies at the University of San Diego, speak volumes in this regard. Headley, as a member of the general council in Rome in 1987, founded the Spiritan Office of International Justice and Peace, which has influenced the promotion of its programs in all circumscriptions around the world.370 This establishment, among other collaborations with other religious institutes, continues to further the
Vatican initiative to promote justice and peace for welfare of the disadvantaged, as also mentioned in the previous chapter. Through the branches of this office, now expanded as Justice and Peace and Integrity of Creation (JPIC), Spiritan confreres advocate for economic fairness for the marginalized and promote protection of the environment. This aspect of the integrity of creation draws attention to nature as a divine endowment that humans ought to preserve and prevent from the detrimental effects of modern civilization on the environment. There is also such concern as to what to do in the face of the increasing incidents of loss of lives in makeshift boats of intending migrants to Europe seeking survival from their drought-ridden and conflict-torn homelands. These concerns draw attention to searching for answers and possible ways of intervention in the light of solidarity with the communities who are experiencing the marginal conditions of life.

c. Solidarity Expressed in Community

Community life is at the heart of Spiritan life and the Spiritan way of expressing solidarity with one another while fulfilling the commitment of proclaiming the gospel especially to the poor and abandoned. The first community dates back to Poullart des Places at the beginning of the Congregation, formed out of solidarity with poor seminary students who could not afford their tuition. This community of aspirants to the priesthood would later find sustenance and guidance through the rules for common living drawn by Des Places. After over a hundred years, Libermann consolidated the Congregation constantly emphasizing the importance of community life for the success of any missionary activity and religious life. In addition, Libermann often considered community life as central and valuable to Spiritan life and work among the people. The members of the Congregation are, therefore, bound to the community at all times, bringing together their variety of gifts to serve their common good and
that of the world. Any work undertaken with the solidarity of community members yields an enhanced productivity. Community life, in the mind of Libermann, is never to be neglected in the pretense of a commitment to work. In fact, the fruitfulness of the community is such that it fosters unity among confreres, which will enable the effectiveness of their ministry among the people of God. This unity encourages the spirit of charity towards one another, and in which confreres will find the support they will need to fulfill the demands of their apostolic work.

Identifying with the other to form a community of mutual support has in the recent times assumed varied meanings for different people. Social groupings take on different levels in pooling groups according to varied interests such as common locality, nationality, culture, lifestyle, and professional identities, among others. These are levels of communities that can overlap and may sometimes clash with each other. To these social groupings, the notion of community is sometimes vaguely applied in an emotional appeal for selfish dream projects. Nevertheless, apart from some vague formations representing self-serving motives, there are still unpretentious efforts founded on the basis of a pursuit of genuine course of action. In a community, a group shares a way of life which can motivate them to stand with one another in the search for their common interests and self-preservation. The question remains whether this ideal portrait of a community can translate to the level of a political state boundary where citizens would not be subject to oppressive structures. If there are indications of manipulative schemes at the level of the State, how to intervene at the echelon of the global community is still a quandary. Not all the rights accorded to individuals at the height of global community seem to be respectable for everyone to be viewed from the lens of a demand of justice in society. For instance, the idea of reducing wealth inequality is not agreeable to all, especially those who see a value in class distinctions. Nevertheless, the nature of a community is more extensive than a
small grouping of individuals on the basis of business or professional interests. The feature of humanity is a substantive basis for a solidarity that forms a community at the global stage. This global perspective cannot take away from the effectiveness of local and particular affiliations. However, a global policing in terms of interventions to address state sponsored abuses of their citizens’ rights may be partially undermined by the discrepancies in cultures and taboos. Nonetheless, there are embedded norms in particular situations that might sometimes help them to arrive at a similar universally desired effect. Obviously, a solidarity shared for the well-being of the other as a person is a universalizing force, and this may well serve as a value obtainable in many mores. Notwithstanding, the value placed on human life can in some places be threatened by injustice and the global community would not turn a blind eye. But, no matter what, the self-determination of states would not allow a meddling in their internal conflicts, except where there is a sense of hopelessness. In such situations, where intervention is inevitable in order to restore peaceful relations, the course of action has to be followed with caution, but invariably, a necessary form of solidarity.\textsuperscript{380}

In nearly three decades, some missionary institutes including the Spiritans formed an association, “Faith and Justice Africa/Europe Network,” which embraces the task of documenting concerns about justice in the experiences of their members within the regions of their assignments. In addition, this group commits to influencing the decisions of international bodies and the leaderships of the European countries with regard to the challenging situations of poverty in many African States. Some exciting achievements of this group include: debt relief for numerous African countries; deferment of the World Bank’s oil pipeline project connecting Cameroon and Chad for the purposes of environmental protection and a determination of adequate impact on the economic growth of the affected areas; distribution of affordable
HIV/AIDS generic medicines; effective evacuation of mines that target human persons; and a proscription of weapon distributions, which obviously encourages conflicts in most parts of the continent. These accomplishments would be impossible without the collaboration with sister congregations to obtain global support of the global citizens who joined their votes and endorsements to the movements for advancement of justice and peace, and in solidarity with the marginalized. The evil effects of market forces, governed by the elite club of the advanced economies, can no longer elude reflection and reassessment. Under the enslaving platform of a world market-driven economy, individuals or countries with no viable prerequisites are relegated to the bottom of the ladder with no hope for emancipation. These issues of injustice have to be pursued to enable those with authority recognize the dignity of every human person.\textsuperscript{381}

The missionary task of living and proclaiming the gospel in the 21\textsuperscript{st} Century is so complicated to be tied only to solitary efforts. For the institutes or religious congregations which engage in foreign missions, the age old of rivalry for territorial hegemony belongs to the pre-Vatican II era. In the reality of today’s circumstances, where the action of one has implications for the other and the increasingly shrinking world through improved communication, the imperative for collaboration is ever greater for a better fulfillment of the demands of sharing in the mission of Christ. The good of the human person is the priority of the mission of Christ. This quest for the common good encompasses the issues of respect and protection of human dignity and rights, progress in society, and care of the environment for the health of God’s creation, which are enormous tasks that invite collaboration of all committed to serve God’s purpose in the world. The call to collaboration emphasizes the need for solidarity with others, especially those suffering in poverty, deadly diseases, addictions, and those in conflict-torn situations. In collaborative efforts, what is lacking in one individual or group could be augmented by the skills
of others, in the common search for improved quality of life for all. Above all, there is openness to learning from one another which encourages dialogue, since no one has all the answers or solutions to themselves. Nevertheless, the Spiritan charism, a commitment to evangelization of all peoples with special attention to the disadvantaged, is never lost in the process of collaboration with other ecclesiastical and secular institutions, but preserved intact with good judgment of each circumstance.382

In other words, the idea of collaboration is not new in the Spiritan family but embedded in the foundational pedigrees of the Congregation. Back in the first three years of the 18th century, Poullart des Places founded the first Spiritan Community of poor students with the spiritual guidance and sometimes the material assistance from the dining leftovers of the Jesuits’ college kitchen. These first Spiritan candidates also benefitted from classes offered at the Jesuit institution. Furthermore, the early childhood friendship Poullart des Places shared with the now St. Louis Marie Grignon de Montfort extended to their collaboration, and with some other people too, in the training of the candidates for their respective foundations. The evidence of collaboration in the early Spiritan foundation manifests in their voluntary acceptance of rule of poverty in solidarity with others and in the lifestyle of community living, caring and supporting one another. As a matter of priority, the practice of common life in a community, is considered as fundamental for accomplishing the task of spreading the gospel message. In effect, the support of one another gained from community living helps to keep the objectives of mission alive and ensures the enthusiasm and focus of members. There is more energy in a collective reflection and approach to work, which produces better outstanding outcomes compared to isolated efforts. The necessity of community represents the possibility of sharing joys and pains of work in prayerful communion with others, and in this way encourage growth in personal holiness and spirituality.
of each person. In the appropriate manner, the community time is accorded a central place that the individual application to missionary activities does not encroach in the designated schedule for common events.\textsuperscript{383}

Likewise, Libermann, through sometimes challenging encounters, collaborated with others in the founding and works of the Society of the Holy Heart of Mary, which eventually merged with the Society of the Holy Spirit. This attitude of collaboration is essentially Libermann’s aspiration for the Spiritan missionary activities especially with regard to other organizations or individuals committed to the same values of concern for the poor and proclamation of the gospel. Sharing with others and inviting their expertise is a plus for the possibility of getting the work done.\textsuperscript{384} Furthermore, the Spiritan involvement in ministry is also such that allows for the participation of those who are served in the course of their missionary activities. The fact of a collaboration even begins with taking on board the beneficiaries of a missionary endeavor in the decisions regarding changes to their quality of life. In this collaborative way, the missionary does not impose on subjects as a mere authoritative person acting in their best interests, but instead initiate a dialogue in the manner of a democratic process.\textsuperscript{385} At the highest level of decision making of the Spiritan Congregation, the General Chapter, this issue of collaboration is viewed as indispensable part of today’s ministry and guidelines are provided for appropriate engagement whenever the opportunity presents.\textsuperscript{386}

The support of one another is fruitful in missionary endeavors. This style of living helps to appreciate others’ talents and contributions to the well-being of all. Community fosters cooperation and common concern in addressing the needs of others.\textsuperscript{387} The practice of community living is considered essentially important for the sake of the work of evangelization and for the sake of attending to the needs of the people.\textsuperscript{388} In most cases, the missionaries do not
just identify with a target community but also involve them in addressing their own needs. The host communities are encouraged to participate by making their own contribution to the work. In Borana Ethiopia, when a structure such as a school or a church is being erected for the community the people participate and contribute to some of the costs, such as bringing the wood for the construction. This practice is ethical and helps to create equitable opportunities and favorable environments in which everyone can participate and make contributions according to their own giftedness. The next section discourses the Spiritans’ commitment to changing the condition of life of all people with special attention to the poor and neglected in society.

3. Interventions to Improve Quality of Life

The principle of intervention is fulfilled in the components of education, community development and refugee programs. In the face of massive suffering and deprivations, people tend to lose their sense of dignity or equality with others who are better placed in society. The ethics of mission intervention is to reinvigorate this value, the sense of dignity or equality or at least give fresh hope. This action of reinvigoration will be evident in the efforts to bring renewed energy through education of the marginalized, development work, and the care of refugees and migrants.

a. Education as a Tool of Liberation

Education of the mind and spirit is essentially vital for individual and for personal development. This education, considered as a social function of society, is taken on by the Spiritans as a means of liberation for the poor, opening up opportunities for their empowerment. Through a commitment of love, the poor are given the tools that help them recognize their place of dignity in the world. The establishment of educational institutions gradually became a
special and endearing apostolate of the Spiritans dating back to the era of the founders. Although, education was not the original focus for either Poullart des Places or Francis Libermann, they embraced this cultural value when they realized the need, especially, as one important avenue of reaching out to improve the condition of the disadvantaged. This opportunity of education is offered to the poor, who remain the central reason of the Spiritan foundation, to enhance their participation in social engagements and their ability to compete with others for livelihood. In addition, the focus on education becomes an inspiration for the subsequent building of numerous institutions to nurture vocations to the priesthood to serve at home and in foreign missionary activity. Within a short life span, des Places as the founder of Society of the Holy Spirit, engaged in supporting the youth searching for meaning in life and who are seeking to serve God in a special way through the priesthood. Under Libermann’s leadership and as co-founder, not all the confreres appointed to missions in Africa initially believed in the idea of founding schools, which in their view was a distraction from proclaiming the gospel. Nevertheless, despite the hesitations, Libermann was convinced that education, apart from being a process of acquiring knowledge and skills, was also a significant means of sustaining the values of the gospel and the evangelization project, and has to be given immediate attention. With much concentration on foreign missions in the earlier beginnings of the Congregation, soon the realization of a formidable base to support the missions became apparent. This shift in policy opens the door for interest in education beginning with the establishment of numerous institutions for training of priests who will serve in Europe or overseas.

In Spiritan charism which demands members to be at the service of the poor, building schools is essentially considered a vehicle for evangelization and empowerment of all people, and especially, the poor. Apart from the school system of education that is in the category of
formal education, the Spiritans also venture into non-formalized system, shaped according the nature of mission in particular places and circumstances. In effect, there are two forms of approach to education in Spiritan apostolate, formalized and non-formalized systems. This distinction, unexpectedly for some participants, formally emerged from a 1991 Spiritan Conference on Education organized in Duquesne University Campus in Pittsburgh, USA, which showcased broad perspectives from confreres and collaborators from different parts of the world. For the first time, through this international conference, there was a realization of the depth of Spiritan work in education and also especially intriguing is the investment in the category of informal system of education.\textsuperscript{397} This alternative system, in the form of non-formalized system of education is often dedicated to the young people and occasionally to grownups, and is discretionary depending on particular circumstance and the demands of particular apostolate. Generally, the informal system of education is creatively pursued and applied in different countries where Spiritans work globally, according to the needs of particular peoples or the locality. Some of the works in this informal sector address the specific needs of individuals or communities, such as the societal need accomplished in SERVOL project in Trinidad discoursed elsewhere. Through well designed programs, the youths of Trinidad were given the opportunity to learn their potentials and skills for meaningful existence and contribute to a peaceful society. The realization of SERVOL and other similar kinds of works required patience on the part of the missionary and a careful study of the cultural milieu for appropriate judgement. Numerically, the Spiritan establishments in the informal education sector might be minimal, but the few projects accomplished have contributed significantly to development in their contexts.\textsuperscript{398}

Similarly, the formal system of education comprises formal school establishment at primary, secondary and post-secondary levels. First, the secondary education has been the
dominant model in Spiritan education projects. Under this secondary level, there are two visible trends of accomplishment. On one hand, in Europe and North America, the secondary schools back in the 18th century became the basis for nurturing future missionaries to Africa as well as the future leaders of the Western society. On the other hand, investment in secondary education in the early mission territories helped as a vehicle for first evangelization program, capturing the young to transform the society, and as an instrument for realizing particular churches in the context of the Global South. In both accomplishments, the goal has always been directed to a concern for empowerment of the poor and a contribution to justice in society and a morally sound future leaders of the world. Furthermore, there are schools established to offer free education to the extremely disadvantaged such as refugee populations and those with disability, among others. While the main focus of the Spiritan education is to uplift the lowly, nevertheless, the children of upper and middle classes are included and no one is neglected for the sake of justice in society. Even with the diminishing Spiritan membership, the collaboration with the laity in educational projects will continue to encourage the promotion of Spiritan goals of education. Second, the post-secondary level is open to the establishment of tertiary institutions and seminary colleges in the Global North and South. Apart from Duquesne University, other Spiritan universities and the ones founded by individual Spiritans are beginning to emerge in Eastern and Western Africa. Similarly, the goals of Spiritan educational project is what drives this level of education. Indeed, in some contexts, the decline in academic and moral standards are a spur for clamoring for Spiritan intervention in establishing educational institutions. In addition, confreres, among other things, undertake teaching, chaplaincy appointments in other private and government institutions. 399
Spiritan educational projects are too numerous to list and some date back to the early beginnings of the Congregation. While some of them closed down over time, many have survived to the present time and with new ones emerging in different countries with Spiritan presence. Above all, the stride in formal and informal educational projects is subsidiary to the actual purpose of the Spiritan Congregation, which is to bring the good news to the poor and downtrodden, in such a way that fosters their liberation and empowerment. Nevertheless, although secondary to the central goal of the Congregation, the role of educational projects is essential to fulfilling the dedication to the poor and to preaching the gospel. In general, engagement in education is considered an important part of living the Spiritan charism in the missionary activities of the Congregation. The need for a proper organization of the efforts of different circumscriptions of the Congregation in this foray into education has taken the front burner.

There are underlying principles that motivate Spiritan involvement in education, and these values following the spirit of the founders, provide guidance for present and future establishments of educational projects. First, is the special attention and privilege accorded to the poor. The founding of educational works is never driven by for-profit purposes, but always guided by the Congregation’s interest in serving the poor in the footsteps of Christ. Such institutions will embrace this mission of transforming the condition of the neglected and marginalized. Second, the institutions following the Spiritan heritage in the Catholic tradition, will demonstrate a readiness to support the growth of faith in the world. In effect, the establishments that bear Spiritan identity must endeavor to proclaim, in their lifestyle and mission, the centrality of God in life and to help create the awareness of God among others. Third, there will be in place a quality of respect for the other. Each educational project will foster
a community of respect for the dignity of the human person, where diversity is encouraged in the spirit of oneness and love for one another. Fourth, the pursuit of Justice and Peace and Integrity of Creation will be a priority. In line with the charism of the Spiritan Founders, the particular educational projects will instill in students to uproot unjust structures that impede their proper development. Fifth, the educational formation of the individual person will not be selective, but will comprehensively embrace the spiritual and physical aspects of life. Sixth, the academic excellence that is pursued is one that explores individual potentials to encourage their applications to life. Seventh, dialogue among different religions is encouraged in the educational projects, especially at the tertiary level. These efforts are geared towards recognition of the oneness of humanity. Eighth, the learning in these institutions is to inculcate the spirit of service in the individual for a better living in society. Finally, the institutions are open to periodic review, which helps to determine that they still serve and represent the charism of the Congregation.403

In Spiritan educational projects, there is a concern for the standard of education at all times, quality-wise, and as well as the emphasis on good character formation of citizens and future leaders. The beneficiaries are to be prepared and equipped in learning to represent and disseminate justice for the good of the human society. This awareness is created through education that targets all classes of people for acquisition of a sense of justice for the entire humanity. The focus will not be about inspiring reflections on temporary measures to address poverty in the world, but about unveiling permanent solutions to overturn unjust systemic structures that create gross disadvantages for majority of the world populations while enriching a select few. In effect, the education pursued would influence both rich and poor to strive for justice in the distribution of economic resources and power, and for everything that protects the
dignity of the human person in the world. The first Catholic University in Nigeria, Madonna University, was started by a Spiritan confrere, the Reverend Emmanuel Edeh, as a private initiative. This institution was born out of the needs of the host community because the government-owned tertiary institutions were failing in impacting and addressing moral standards. Furthermore, the cattle-rearing Maasai people of Tanzania had a tradition of denying teenage girls secondary school education, so they could contract early marriage. Through the presence and encouragement of the Spiritans the young girls are able to further their studies. This Spiritan charism also encouraged the boys who already were permitted to attend secondary education to attend in greater number. The Spiritan Congregation has made an effort to establish an educational policy that promote equity across gender and class lines. This effort in educational intervention is equally representative of community development that will be discoursed in the following subsection.

b. Community Development

The Spiritan charism aims at the integral development of peoples, carrying the gospel message, which also incorporates projects for the improvement and well-being of host communities. This is onboard in varied forms in many places with Spiritan presence around the globe. The motivation is always about the principal concern for those deprived of their privileges and rights in the society, where advocacy and mediation play vital role in obtaining freedom for the victimized. A handy example is the case of migrant workers in Ireland from Brazil who were attended to by an Irish confrere who worked for about two decades as a missionary in Brazil. The closure of a particular meat factory in Brazil resulted in a massive loss of jobs for hundreds of natives. However, an opportunity opened up for a good number of them to supply their expertise in Ireland, and indeed, that became an instant relief for their condition. Over the years, some of
the migrants’ situation suddenly deteriorated when a particular employer applied discriminatory practices to retrench and deport these workers back to Brazil. The Spiritan confere intervened on their behalf to eventually retrieve their lost wages and prevent the drastic measures of repatriation. Nevertheless, the mediation continues with the migrants’ constant run in with law enforcement agencies, often based on trumped up charges. With the collaboration of the Irish Trade Unions and media outlets, most of their rights to adequate remuneration, vacation allowances, protective gears against hazards at work places, and compensatory and retirement benefits, have been restored. Likewise, efforts are underway to encourage legislative changes that will reflect equal accommodation and respect the dignity of migrant workers as members of the same human community.406

Similar efforts are ongoing in England with an outfit, REVIVE, established by the English Province of the Congregation through the recommendation of a couple, Ann-Marie and Peter Fell, who are lay Spiritan Associates of the Province. This project, REVIVE, aims to aid the migrant population through the challenges of a new cultural insertion and the prejudicial treatments enforced by host communities and new government regulations, which limit their opportunities to flourish. Through the advocacy of REVIVE and other similar organs, gradual reforms to government policies created support services that can be harnessed to lighten the burdensome immigration situation. Under this Spiritan platform, these candidates offered sanctuary in England were assisted with obtaining housing, jobs, and a bridging of the language gap. In addition, the project provides sustenance for those who are refused legal accommodation by the government and unable to face the risk of a return to their home countries. The purpose is to give people opportunity to tell their stories and to offer material support as well as counselling
for the traumatized. This warmth of reception is given as a practical living of God’s generous love for humanity in spite of religious or racial affiliations.407

Furthermore, the Spiritan Community in the Western African Arab country of Mauritania are similarly faced with the sufferings of a steady influx of a migrant population seeking to make their way out of poverty and strife to Europe for a better living. The migrants confront difficult conditions in an equally poor country of Mauritania, struggling to find temporary jobs that will help their upkeep and secure a fare for their choice destinations in Europe. In the event of this stop over, many are disillusioned with the enormous challenges: poor healthcare access, poor housing conditions, threats of deportations and other legal problems with the authorities. Again, the Spiritans in Nouadhibou provide spiritual and material care for this migrant community. There are schemes set up to facilitate communications with their loved ones, programs for financial savings, housing, legal services, sports, language education as well as self-help projects and health awareness seminars, among others. All of these efforts contribute to the Spiritan commitment to aiding the displaced and most abandoned people to realize and recognize their dignity and their special place in God’s love for humanity.408 There are a host of other projects in this same direction in other countries, France,409 Portugal,410 and Algeria,411 among others.

In the Democratic Republic of Congo, formerly known as the Republic of Zaire, where many Spiritans were martyred in Kongolo town in the early 1960s, the confreres continued to exercise their ministry among the people. Three decades after the massacre, a fresh conflict with rebel and opposition leaders drove the then President Mobutu Sese Seku into exile. Later, the ensuing civil war between the government forces and rebel factions devastated the country for many years. However, the Spiritans returned back to Kongolo when there appeared to be a relative calm to help the people to rebuild their lives. Through their bidding, there were
collaborations with agencies and international bodies to address the health, food, and clothing conditions of the people, and to resuscitate their agricultural practices and rebuild their schools.\textsuperscript{412} In addition, the Spiritans also extensively worked with the Jesuit Refugee Service to repair a total of about 18 schools damaged during the war. This collaboration further became an opportunity to revive the educational system by offering teacher training programs, as well as an occasion to reduce suffering by sponsoring many destitute students.\textsuperscript{413}

Development work is not undertaken in a community for market value, but to revitalize a people’s sense of their own dignity. The Congregation of the Sisters of the Needy, founded in Nigeria by a Spiritan confrere, Denis Ononuju, has a project that takes care of orphans and young girls who are pregnant. In another developmental initiative, Pat Patten, a Spiritan working in Tanzania, organizes a Flying Medical Service that networks with healthcare institutions and airlifts people in remote difficult terrains for medical attention as well as emergency cases. The organization, in addition, educates the people on helpful healthcare practices. Fr. Patten also initiated a facility that caters for disability patients and provides vocational training for them.\textsuperscript{414} In Haiti, a Spiritan, Fr. Joseph Philippe, is credited with founding development initiatives to improve the lives of others, including a micro-credit finance institution to assist the poor and small businesses, as well as skill-acquisition program for women-folk.\textsuperscript{415} Such involvements of giving meaning to people’s lives extends to the care of the displaced and migrants that will be discussed in the next subsection.

c. Attending to Refugees: Being the Voice of the Voiceless People

The care of refugees and immigrants always attracts special dedication in the Spiritan apostolates by way of critical response to this particular crisis plaguing humanity. This refugee
ministry is one of the concrete ways of living the Spiritan charism of sensitivity to the sufferings of the poor and abandoned, separated from their families and cherished possessions. Spiritans working in Tanzania are also fully engaged in refugee work, the Spiritan Refugee Service, taking care of people from Rwanda, Burundi and Democratic Republic of Congo who were displaced by civil wars in their respective countries. In some of these countries, especially Rwanda and Burundi, the carnage wrecked there has been characterized as genocidal. However, the situation in the camps set up in Tanzania to provide refuge for these distressed people is best described as horrific, but still a place of respite compared to the near death experience from which the victims fled. Adequate healthcare and protection of the womenfolk against violence, among other things, are not guaranteed. There is hardly sufficient space for the thousands of people confined to the camps and who have little opportunities for flourishing. The Spiritans reside in a nearby community house from where there is a personal renewal and a common reassessment of strategies for ministering to the refugees. This Spiritan community, not having much of material assistance to address the deploring conditions, yet in the spirit of availability offer priceless gifts of a consoling presence and attentiveness to the individual stories of the victims. The significance of this availability, indicating that despite the perpetrators of their misfortune, there is still a part of the universe that cares, and therefore, encourages a forgiving spirit in these wounded hearts as a necessary component for a healing process. Following this path of reconciliation is vital because of the now combined refugee status of the Hutu-Tutsi factions of the ethnic violence sharing the same camping settlements.

In addition, further efforts are directed to a collaboration with agencies under the organization of the United Nations, and also with the local churches to provide both sacraments and material services to over 800,000 victims of political unrest in those three countries. These
comprise all category of people who were once thriving in their professions, namely, in healthcare, circular and religious education, and public offices. There were also children, and mostly, young people in the prime of their life, crammed into these camp settlements. Places of worship were jointly constructed even with the free participation of the refugees as well. The confreres work with the religious instructors to address the spiritual healing of the people and to serve their sacramental needs. Likewise, there are also challenges with how to help with the situation of the children and the young adult whose education are interrupted at the primary, post-primary and tertiary levels. Initially, the education provided in refugee camps had been restricted to only the primary level, but the Spiritans worked with agencies of the United Nations to create funds for post-primary education and for the teachers’ remuneration.\textsuperscript{419}

There were other significant efforts to explore funding, educational programs and development of needed infrastructures, but the support from various agencies were hardly able to satisfy basic necessities of the people. The system of camp settlements and the complicated security issues impede free movements for the refugees to explore job opportunities outside the camps. Nevertheless, the Spiritan collaboration with the NGOs and especially with other ecclesiastical authorities also extended to mediating for an end to the refugee crisis through seeking appropriate resettlement and acceptance in their respective countries. The effectiveness of this collaboration also helped to influence the reform of government’s land use policies that disenfranchised the refugees.\textsuperscript{420} Many of the refugees were also relocated to safe havens in different cities in the United States to help them recover from their traumatic experiences and pick up their lives once again. Paul Flamm’s Tanzania Project equally undertakes to visit those resettled in new places to ensure that they are surviving.\textsuperscript{421} There were also earlier efforts with assisting refugees in the early 1980s in the Southern African countries, Mozambique, Angola,
Zambia, Zimbabwe, Namibia, among others, in the aftermath of wars and violence resulting from the liberation movements and displacements. These efforts were galvanized by a collaboration of churches coordinated by a Spiritan confrere, not only to provide material assistance, but also to encourage the victims through spiritual renewal to reinvent themselves. In addition, the churches worked to influence their various governments to bring back citizens in foreign refugee camps and resettle them in their own lands.\textsuperscript{422}

In a coastal West African country, the Republic of Guinea, Spiritans were invited by the Local Ordinary of the Catholic diocese to work with thousands of refugees fleeing from the civil wars that began in Sierra Leone and Liberia in the 1990s. These people had lost properties and were forcefully separated from relatives and generally distressed by the carnage and atrocities of the conflict. The Spiritans’ approach to this challenging situation is connected with their framework of presence and solidarity, helping to bring healing, reconciliation, and to rekindle a resolve in the people to give themselves a chance at life. In such situations, words might be irrelevant since hardly anyone knows how best to describe the feeling except the victims who better understand where they are hurting.\textsuperscript{423} Often the provision of basic needs of clothing, healthcare and food are important, but sometimes the people only needed a listening ear for their stories, a response that significantly aids the healing process. This reassuring solidarity helps to rebuild their sense of self-worth and creates environment for their acceptance and respect in their host community.\textsuperscript{424} In a similar chaotic situation, the aftermath of a 1998 Summer occurrence of a deluge resulting from the ocean floor earthquake, slammed the Pacific Southwestern Island nation of Papua New Guinea wiping out entire villages and killing hundreds of thousands and injuring many as well as creating homelessness. The Spiritan confreres were caught up in this disaster as their parish mission areas were among the affected places in the region. These
confreres participated in organizing follow-up actions, which included helping to recover and
bury the deceased, setting up shelters for the displaced and accompanying the survivors in their
journey of spiritual healing.\textsuperscript{425} Another area of concern for the poor is the care given to migrant
workers in South Africa living in an unpleasant housing conditions established during the
apartheid regime. These men and women who supply unskilled cheap labor in factories in the
suburbs urban centers are quartered in hostels in a dehumanizing way that disrespects the dignity
of humanity. The confreres made it a duty to live among them, sharing in their poverty and
identifying with their sufferings.\textsuperscript{426}

Several Spiritans priests have also volunteered in the managerial position with Catholic
Relief Service (CRS) for Religious Institutes Initiative in the United States. The CRS solicits for
relief materials and funds to support the social works and missions of various Religious Institutes
serving in challenging situations. In the aftermath of the 2010 earthquake in Haiti,
representatives of the CRS which included a Spiritan, Fr. Chris Promis, organized an on the
ground firsthand assessment of the impact of the devastation on the Religious Groups of various
orders working in the country. Their report reveals that many members of these groups died and
their community houses and projects were ruined in the disaster. Most of the projects focus on
providing healthcare, education, and orphanage facilities. Furthermore, the various Religious
Orders, both local and international, have difficulty with the reconstruction of the affected
structures because of financial constraints. The local church in Haiti has not been helpful in this
regard, but falsely believe that the religious have an infinite international support, a claim that is
diminished by the fading status of religious communities in North America and Europe. In spite
of the exaggeration of international funding, the visits of the CRS’ representatives are a sign of
hope for the struggling religious men and women in Haiti with a focus on redeeming education,
one of the important projects affected by the earthquake. There were assurances of assistance with their plans for rebuilding in the form of sponsorship for educational seminars and offering necessary expertise for obtaining grants from international agencies. All of the above endeavors are drawn from the Spiritan motivation to contribute to the realization of the liberating message of the gospel in the world, which will bring changes to the life of those abandoned in poverty and injustice. The next section will be the conclusion.

Conclusion

It is perilous for society to neglect the downtrodden at the margins. Society cannot afford to disregard such ill-fated people, if for no other reason than that all are created equal as human beings. Beyond this basic precept, it is inevitable that the international scene is becoming a global village. What affects one part of the world extends to the others, and quickly too. The recent Ebola crisis is a vivid example. It takes just the movement or migration of a single virus carrier to spread to another country. This is exactly how the virus was transmitted from Liberia to Nigeria and the United States, respectively. The rest of the world should join hands to eradicate these deadly viruses, especially when a poor developing country is involved. Any form of unjustified human suffering that is allowed to persist in any part of the world could impact others. Similarly, the welfare of humankind ought to be the concern of all. Ultimately, the longing to promote the dignity and equality of humanity is what accentuates the Spiritan charism.

In this chapter, the principles of respectful engagement, dynamic identification with others and interventions combine to address the urgent ethical concern of revitalizing the sense of dignity in those who have been abandoned and, consequently, have lost hope in humanity. The
Spiritan charism models the way in practical living of oneness of human persons and invites a united front to address imbalances in our neighborhoods and in our global community.
Chapter 4. Access to Healthcare Services

This chapter will explore the debate on universal access to healthcare services in the United States, taking account of people that require special attention. Society’s responsibility is to ensure that its citizens’ dignity and rights are respectfully upheld, including the opportunity to access basic healthcare services. The ability to implement this important healthcare right is often being hindered not only by mere logistics or financial constraints but also by systemic fragmentation in its delivery. In many jurisdictions, disparities in healthcare provisions occur especially between affluent and poor countries, urban and rural settings. Healthcare access tend to be more effective in urban centers with higher level of upper class settlers. 428 However, even in these more developed neighborhoods, there are still low income residents who are denied benefits of the improved healthcare facilities within their vicinity. The idea of access might suggest the conventional demand-supply strategy, but healthcare is considered essential and a public obligation, and unlike other products, should not in normal circumstances be subject to market forces. 429 Nevertheless, despite the progress achieved in the medical field in the 21st century, the evidence of disproportion in access to healthcare is painfully a global phenomenon. The difference is clearly shameful between the North and Global South with regard to the prospects of human survival as well as the standard of healthcare services and health outcomes. 430

There are numerous incidences of death in the Southern Hemisphere, particularly in Africa, which are ordinarily avoidable in the present-day advancement in medicine. In addition, the shrinking global village means that the spread of epidemics cannot be limited only to the developing parts of the world. Similarly, the near uniformity of diet through the distribution of overly industrialized foods from advanced countries is increasing the rate of protracted and life-
threatening diseases in low income countries and in poor neighborhoods in their advanced counterparts. Nevertheless, from the political and economic standpoint, the lack of commitment to healthcare in Africa in terms of governments’ financing of research for improvement of services and structures is unimaginable. This vacuum accounts for high incidence of death and lower life expectancy. Of course, the recent past global financial crash still has downward effects on the budgetary allowances for healthcare in these poor economies.\textsuperscript{431} Preserving life is essential for fulfillment of any other endeavor. The demand for local, national and global actions are imperative for a solidarity in the provision of basic healthcare to billions of people in need. There is urgency in improving the living conditions in the world since the health of one part is necessary for the good of others. The rapid development of science and the growing abundance of miniaturized technology has significantly reduced the burden of making healthcare services accessible in areas of scarcity, where there is a lack of basic infrastructures.\textsuperscript{432} The next section highlights the debate on access to healthcare with a focus on reform of the system to provide adequate protection for the patient as a person.

1. Respect for Persons: The Ethical Debate on Access in the United States

This section explains that respect for persons can enlighten the debate on access in the United States. Two core aspects of the debate relate to fragmentation in the healthcare system and the need for comprehensive reform.

a. Fragmented Healthcare System

The fragmentation of healthcare system is apparent in the debate on meeting healthcare needs fairly and on setting limits in the provision of healthcare.
Meeting health needs fairly implies advancing normal human functioning, thus, contributing to human flourishing. This human flourishing is made possible not only by medical attention to individuals, but also by the society’s commitment to public well-being, primarily ensuring among other things, clean environment, healthy food, and shelter. These factors enormously contributed to the enhancement in duration and quality of life long before the advancement in medical techniques that is so prevalent today. In this sense, public policy decisions have effect on the quality of life of a people. When important decisions about advantages or opportunities in society are based on ethnic, racial, and other divides, the result leaves a footprint of imbalance in life expectancy according to the order of privilege. This path of injustice can only be changed or toned down through a collective commitment and collective spirit without unnecessary partisanship. Also, something can still be done to reduce suffering even in a case of health conditions imposed not by unjust social arrangements, but by natural causes such as genetic diseases or accidents of birth. No doubt, there are also health differences relating to gender, and racial makeup, but the question remains to determine when health inequalities become unnatural. Justice demands what obligations the community or individuals owe one another in society and what is doable within limited resources. However, there seem not to be much acceptance for inequalities in healthcare compared to other goods available to the human person. In other words, society can take for granted the fact that individual members are sufficiently wealthy to afford, for instance, luxury cars while others go with the basic or none, but at the same time irritated with some others who are not able to obtain healthcare services because of poverty. Nevertheless, across many societies, healthcare has been perceived as essential to promoting health and human thriving. In the Global North, many
countries provide wide coverage for healthcare and others accede to provision for select groups with the greatest need. Obviously, there are other important goods apart from healthcare that the society values and some of these other goods even support public health such as sponsoring public sanitation or ensuring security, among others. No matter the investment in public health which is inevitable, but disproportions in healthiness persist, and what is often crucial is determining when these imbalances are harmful. Perhaps disparities in health might only be tolerated after fairness is applied to meeting the goals that support the well-being of members of society. Equally important, is the determination of how much capital would be at the disposal of meeting these health needs of individuals in light of other diverging priorities. Nevertheless, there have to be caps to what care for which individuals can obtain access. By implication, these checks will require a process of attaining collective reflection on who benefits and what services are available or unavailable with respect to medical interventions. The problem of unequal access to healthcare is highlighted by the discourse on the necessity of meeting health needs fairly. This necessity of health is a requirement of justice in all of society. The moral importance of health involves a demand for normal functioning that opens up opportunities to individuals for the good of the society. In effect, favorable conditions are promoted for individuals to exercise personal talents in pursuit of life plans in an equitable manner. Access to healthcare is an important aspect of promoting health. Unequal access to healthcare reduces people’s potential to explore a range of opportunities available to them. Normal differences in health status are inevitable. Nevertheless, inequalities are unacceptable when there is unequal distribution of other socially controllable factors such as education, job, income, and the racial/gender disparities that affect health. Efficient administration of these other relevant factors
will guarantee fair health and healthcare outcomes.\textsuperscript{442} This efficient governance will also include setting appropriate limit of care within the bounds of limited resources.

ii. Setting Fair Limits in the Provision of Healthcare

Setting limits in healthcare delivery is inevitable.\textsuperscript{443} What sets up central debates is the manner in which the practice is carried out and whether the limits are fair or unfair in a population. The effectiveness of healthcare delivery through improved technology and their increasing costs developed over time, and therefore, required society to set limits considering the extent of care from an array of possibilities. In other words, setting limits is not unethical but the result of advancement in healthcare, and thus, remains a requirement in both high-income and low-income countries.\textsuperscript{444} All countries are bound by the requirement of justice to meeting health needs fairly within the limits of their resources. This consideration is important in order to retain the ability to attend to other relevant social goods that promote health and opportunity alongside healthcare. Nevertheless, disagreements often occur on the approach to limiting care.\textsuperscript{445} Political and religious divides contribute to the difficulty and delay in arriving at what is agreeable to everyone. The contention here is about what accounts for justice in provision of healthcare within limited resources. There are those who value health as a top priority, and therefore, give primacy to unlimited medical expenditures to protect health above other needs. Other contrary voices hold the idea of the paucity of resources for healthcare services as a hoax.\textsuperscript{446} In their understanding, there would be sufficient medical care if wasteful spending and irresponsible use of resources for new trial interventions or unnecessary cosmetic therapies were avoided. Wastefulness is not an excuse for discrimination in allocation of available resources for healthcare. Hesitations about treatment options and what is a likely remedy for certain health conditions can contribute to wastefulness.\textsuperscript{447} Sometimes the exotic options settled for might
become irrelevant and offer no relief to the treatment of the particular disease condition. However, resources for medical intervention are not inexhaustible, and in spite of the essentiality of health for everyone, some measure of control must apply for effectiveness. Perhaps, the society cannot afford to provide care for all health problems, but basic care for the low income earner or the badly-off is considered reasonable. Nevertheless, many high income countries (HIC) and middle income (MIC) societies place priority over needs-based healthcare access than over individual’s financial strength. Based on this backdrop, arrangements for all embracing healthcare systems are pursued to underscore the prominence attached to health both for individual and public well-being. In some circumstances, insurance provisions are assured for the elderly and retired, the impoverished and disability-cases with the greatest needs. Ultimately, the importance attached to health is in view of the connection with the opportunity to thrive which healthcare interventions opens up for people. When in their best selves, health-wise, citizens’ participation in societal life and activities is at maximum level.

The question of authenticity of a decision-making in setting limits of care has to submit to a fair-minded method of determining who gets what intervention and what interventions might be approved. In this unbiased procedure, which follows protective guidelines, that a patient can view a denial of their treatment options by responsible agencies such as the insurers, as valid. There are stipulations set forward for this validation of authority to occur. In effect, legitimate constraints to medical services have to manifest convincing public-stated grounds for denial of care, proof of relevancy of products provided for consumers or policy holders, an opening for contesting denied claims for a medical service, and an evidence of civil authority’s oversight function for these stipulations. These provisions ensure transparency of insurers’ of limits to care and grounds for policy holders’ acceptance of those limits as following fair deliberative
procedure for quality of care and cost containment. This transparent process implies that the policy holders are engaged in the resolutions about the benefits and what reasonable limits to care could be applicable. The insurers involvement of their patrons in this deliberative process is an added advantage to the possibility of acceptance of a proposal for limits to care. Nevertheless, the opening up to public vetting of the process of establishing limits to care has some down-sides of igniting enormous court settlements and political interventions in the form of legislative red tapes. There is the dilemma for a medical insurance coverage for a procedure that could possibly represent a patient’s only hope in a sort of gamble for life. In this case, when coverage is denied because of an expensive untested remedy, the reaction is often that of neglect and denial of opportunity on the part of the patient or family. One way of bridging the gap against this reaction is by creating an open policy where affected patients can appeal the decisions elsewhere to confirm the viability of a proposed life-saving-therapy. This policy of openness and opportunity for patrons to seek a reassessment of a tentative procedure, proves to diminish suspicion and to increase confidence in the judgment of particular insurance outfits. Similarly, the approach is able to reduce high level of litigations, and more importantly, becomes a boost in a transparent effort to provide effective services which meets the needs of customers. Setting limits requires subjecting this process of decision-making to an open reasonable discussion and the involvement of all parties. Above all, the resolutions must be meaningful to the end users’ interests and lead to improvement of care delivery and effective management of resources. Any approach that is publicly adopted, would be open to constant reviews as well as eligible for application to all members of a population. Efficient management of available resources will ensure appropriate and equitable provision of healthcare for all people. A broken healthcare system will not be in the position to fulfill this obligation of appropriate provision of
healthcare, which is an obligation to society. The next section will discuss the debate on the reform of healthcare provision and the obligation society has in providing individuals the normal functioning required to seize the opportunities of life.

b. A New Pathway to Comprehensive Healthcare Reform

The need for a comprehensive reform is evident in the importance of streamlining what we owe each other and the hope for an affordable result-oriented healthcare system.

i. What We Owe Each Other

What we owe each other in terms of ensuring health of citizens receives impetus from emphasis on the primary value of health. The significance of health rests on the key fact that well-being positions individuals for the prospects of human flourishing, and therefore requires common commitment. This health obligation and its equitable distribution can only be successful through sustainable policy implementation in health promotion and fostering other social factors that contribute to the well-being of a population. In contexts where these important shared factors for common good such as education, shelter, employment opportunity are unjustly allocated, public and individual health are seen to be grossly inequitable. The obligation of health for all demands the pursuit of prophylactic actions, which ensures fair protection from infections including the promotion of hygienic environment, and therapeutic procedures in the case of a disease occurrence. Prophylactic measures in the form of disease prevention is preferable to focusing largely on restorative efforts, and the justice imperative on society is on ensuring that the distribution of those other important factors which indirectly promote health are not discriminatory. Otherwise, the risk of illness will be lopsided. In addition, the critical need for educated citizenry is helpful in the reduction of risky life-styles that can contribute to health
problems. Access to basic healthcare services and public health actions is a requirement for everyone, within the limits of resources, and necessary in order to protect the possibilities for human flourishing. Societies can attend to individual particular needs with regard to health or other factors that boost health, and therefore flourishing, according to their available resources. Nevertheless, protecting the possibilities for flourishing through therapeutic care would only go so far as the ethical application of medical and technological innovations. In this case, such issues as permanent disabilities may prove impossible to reverse, and thus, denying the individual their desired goal to be restored to the supposedly acceptable standard. Now, the duty to foster human flourishing shifts to another course of improvising and perfecting another cause of action for providing support. The earlier development of braille writing for the blind, which now has the sophistication of the computer age, has over the years been significant in the education of the visually impaired. Similarly, the invention of visual and hearing aids are examples of some of the ways medicine has evolved in supporting loss of physical functions in the body. Furthermore, most industrialized societies now have a policy of reasonable accommodation for wheelchair users to access the premises of public places, institutions and businesses. There are also numerous other devices at the interface of medicine and technology that aid people with disabilities or ones that lessen their effect, including the stick devices to navigate the road traffic in cities together with the robotic guidance at the traffic light intersections. However, in a clinical setting, the asking price of some of the medical hi-tech procedures and tools would ignite contentions about what merits access coverage, and would only be determined through an open deliberative process. Whatever is beyond therapy is given other complementary course of action that might inflict other financial and practical costs on the
community, which will be determined through open deliberative process in the spirit of justice.⁴⁶⁴

Likewise, the promise of technological enhancements still presents a dilemma about what is ethically accessible, if the approach would actually open up possibilities for reinstatement of the normal health status within the resource constraints of the society.⁴⁶⁵ When possible, the reinstatement of the normal health status gives credence to the shared duty to create the opening for the individual citizen’s competitive striving for well-being. There is fairly common understanding that a diminishing of this normal health status resulting from disease or accident, places the imperative of a therapeutic or preventive obligation on society.⁴⁶⁶ However, the question of a requirement of hi-tech aesthetic improvements on the normal health status is embroiled in debate. Nonetheless, there is also a possibility of the use of an advanced technology in enriching the normal health status, and therefore, creating an opening for individual’s full participation in society. The contention, after all, is whether such measures can rightfully command a societal duty for access to services through shared insurance arrangements.⁴⁶⁷ There is great importance, in the case of individuals who have lost limbs or certain bodily functions through cancer, in closely rebuilding their normal health status through the application of the hi-tech measures. On the contrary, other procedures might not be viewed as of great value, but limited to individual discretion, for instance, in a decision to obtain a decorative breast implant or a Botox for reduction of facial wrinkles, among others. Perhaps, some insurance policies might as well cover such procedures, according to the level of the individual’s risks coverage contribution.⁴⁶⁸ Nevertheless, a consensus has to be reached through an unbiased deliberative process on what claims a shared sponsorship considers as a beneficial enhancement procedure. In spite of this consideration, the focal point of the societal obligation to the individual citizen is on
protecting normal health status through disease prevention and cure in order to guarantee human
flourishing. This duty is performed within the sparse reserves of the society. An evenhanded
establishment of bounds of care in health needs requires openness in decision-making. In other
words, claims to health and healthcare in a population would only be successful through the
convergence of values attached to the moral importance of health, efficient policies, and a
transparent allocation decision. This social obligation to health implies that issues of permanent
disability must be addressed even when it demands taking other non-health measures. In
addition, in spite of this obligation to health and improvement of medical technology, a
reasonable decision has to be made with regard to priority of health needs that are met. For
instance, a facial plastic surgery after an acid attack is considered a treatment priority instead of
an enhancement option such as a facial reconstruction for beauty pageantry. Furthermore,
obligation to health includes individual responsibility as well as a fair judgment of risky
behaviors considering the impact of other social factors. Despite the individual’s role in their
well-being, the society has a part in creating awareness about the good health practices and in
providing measures for cultivating good health and hygiene. People who indulge in routines that
diminish their health status raise questions of accountability. However, the thought of society
abandoning these individuals to their own care when these conducts and obsessions result in
illness is problematic. There is also the aspect where these cravings for certain lifestyle
choices may have broader and subtle influences, such as industrial abuses, in terms of excessive
nicotine in tobacco production or excessive sugar coating of foods to create compulsive smoking
and eating, respectively. Even, in the event of a clear social mobilization on these inherent
dangers, the individual freedom might still be exercised. Perhaps, a reasonable approach may
apply taxation of certain risky products which will eventually help to lessen the weight of care on
society. In the light of this obligation of health, the need for reform of the healthcare system arises, and this reform as will be discussed in the following section, is necessary to guarantee a system that ensures efficiency, patient protection and cost-effectiveness.

ii. Hope for an Affordable Result-Oriented Healthcare System

The new healthcare reform, the Affordable Care Act (ACA), targets massive changes in the system, which is person-centered instead of representing mere market advantages. Services negotiated on this ACA platform would now be more result-oriented for the interest of patients. Insurance companies will only make gains by maximizing the effectiveness of healthcare access. The benefits of the ACA are clearly intended for the greater American population, but also especially for the very poor, the elderly, and for those with greater health risks, to gain basic healthcare access and insurance coverage. Checks and balances in the new law will reign in on the excesses and manipulative schemes of insurance firms that often contribute to individual loss of insurance coverage. Unlike what previously obtains, the ACA will ensure that the wealthy one percent of the country and the conglomerates: pharmaceuticals, insurance and healthcare organizations, will shoulder the greater burden of the costs that may be incurred in reforming the system. In addition, the increasing insurance premiums will be stabilized and subsidized by the greater tax contribution from the higher income 1% and the multinationals. The system reform will guarantee efficiency in access to care, affordability, better coverage without unnecessary restrictions such as denial of coverage for preexisting conditions, and consistency with providers of choice. There is an extensive array of advantages for retired elderly population on Medicare program support. As such, the seniors will enjoy a seventy-five percent coverage for their prescriptions and over all great discounts in Medicare pharmaceuticals. Under the Medicare program, incentives are provided for primary care healthcare providers to pursue
preventive care for the seniors’ population in order to cut down costs, hospitalizations and to promote better-quality care.\textsuperscript{478} For the Medicare participants, there will be increased funding for disability and long-term care (LTC) for medical and non-medical needs for people with chronic health conditions. LTC patients will retain the option to reside at the comfort of their homes or in the nursing homes and there will be subsidy for transportation services. Furthermore, additional security measures will be in place against the abuses in the care of the seniors, especially with regard to mishandling of their personal finances by both family and employees of care facilities. There will be increased supervision to ensure better-quality care.\textsuperscript{479} Similarly, the new healthcare law has important advantages for fresh first time career jobs. The young people in this early position in their career will enjoy Medicaid support until their annual incomes are upgraded after few years. In addition, young college students will be permitted to stay in their parents’ health insurance policy up to their 26\textsuperscript{th} birthday.\textsuperscript{480} For middle income earners, the ACA will provide reasonably priced insurance in which small business owners can also purchase for their employees. Working class families with low wages will receive subsidies for offsetting insurance premiums. Likewise, firms with low capacity employment will afford employee insurance with subsidized premium granted through the tax holiday incentives from the ACA. There will be appropriate oversight of the insurance transactions against the abuses of the non-employer based insurance packages with lower prices and guarantees free preventative services among other comparable benefits.\textsuperscript{481} The focus of the healthcare system is gradually being redirected from specific attention to treatment and specialist training of medical professionals to also embracing significant investment in prevention and primary care professionals. Part of the ACA’s strategy to lower costs of insurance plans is to win over all people to enroll into insurance policies of their choice, and therefore, encourage fair distribution of risks and benefits.\textsuperscript{482} On the part of the very
poor and low-wage earners in the United States, the ACA’s efforts are based on creating an opportunity for their basic access to care. As the new law matures, many millions of Americans in this poverty line, will receive insurance coverage and would no more be denied coverage grounded on the excuses of preexisting conditions. Few other health conditions that were previously neglected, such as opioid addiction and mental health problems, are now included in the list of covered treatments.\textsuperscript{483} In general, the Federal and State sponsored Medicaid policy for providing assistance for low-wage earners will receive more funding and reduce exclusion to the barest minimum. The benefits of ACA are proportionately distributed and do not leave out the High Income Earners (HIEs), but perhaps, invites their greater contribution in taxes for managing the fall out of extra costs. These taxes will help to fund the burden of guaranteeing basic insurance coverage for over thirty million citizens who are without access to a reasonable and improved healthcare services.\textsuperscript{484}

Nevertheless, the objectives of the new healthcare reform are to address the issues of access to health maintenance and interventions, quality outcomes, and to reduce the increasing costs in the system.\textsuperscript{485} The public health insurance programs, Medicare and Medicaid, are both improved now in the ACA, and Medicaid will to taken on those within the poverty line who were previously excluded. In addition, there is increased oversight to ensure that private insurers offer better care and do not exclude the very ill or those with preexisting conditions. Furthermore, medium-sized enterprises and the working-class are given incentives through subventions to lower the costs of obtaining good insurance policies.\textsuperscript{486} In the new law, excellence in care is promoted through focus on the patient-oriented goals of assessing the efficacy of medical interventions, sponsoring non-health sector activities that contribute to health, and exempting patient co-payments for access to prevention procedures in public health insurance programs.
The ACA looks promising in bringing important changes to the existing system of healthcare and in improving access in an affordable way.\textsuperscript{487} However, there are resistances to the change, especially on political grounds, those who think the reform is a government overreach and too much control.\textsuperscript{488} Indeed, some are alienated by their party allegiance and others are ignorant of the facts about the need for change and about the actual accomplishment of the reform. These differences in attitudes and opinions had great impact on the outcome of elections and legislative processes that validate the reforms. Again, the cloud of mixed messages from a variety of media houses contributed to rejection and confusion, which resulted in a punishing loss of elections for politicians who advocated for the passage of the ACA and the subsequent grandstanding for annulment of the new law.\textsuperscript{489} The next section takes a look at the issues that contribute to the inequitable distribution of healthcare services in a way that undermines meeting the needs of the people especially those greatly disadvantaged by poverty and other social issues.

2. Ethical Debate on Dignity: Inequity in Healthcare Services

The question of respect for human dignity informs the debates on disparities in healthcare services and on reducing disparities in access, and would help to contribute to equitable distribution of healthcare services.

a. Disparities in Healthcare Services

The complexity of discrepancies in distribution is highlighted by the contribution of racial issues and socio-economic inequality.
i. The Contribution of Racial Issues to Disparities

Differences in healthcare access date back to the era of the beginning of slavery. In this era, people witnessed manipulated scientific beliefs that established differences among humans, especially white superiority over Blacks and others. At the beginning of the second half of the 19th century, a particular Supreme Court’s judgment denied the full personhood and the right to citizenship of a Black freed slave, Dred Scott, and unfurled the permission for authoritative segregation of the Blacks in the society. Nonetheless, by the time of the proscription of slavery in the United States in 1865, the condition of the victims had not improved but took a turn for the worse, especially with respect to their healthcare. The dispossession of property and job opportunity for the Blacks meant lack of finances to obtain their health insurance. However, for the most part, healthcare provision remained unbalanced between the two races. Indeed, there were endeavors to build up healthcare access for the group through medical education for qualified Black youths. This consideration was based on their standing a chance of better understanding of their own kinfolks, but by the year 1872, the idea quickly evaporated. By the first decade of the twentieth century, only two of the eleven medical colleges dedicated to medical education of Blacks was standing, and the others were decommissioned. The officially endorsed racial segregation in public facilities, however, had enormous impact in the practices of having distinct hospital-contexts in which one was furnished with inferior equipment and underfunded, compared to the other. Although, between 1964 and 1965, the separations were completely banned in the Congress and in a number of different court decisions, but also the practices failed to reflect the prohibition as the status quo plays out in discreet ways. The few Black doctors were restricted in their practices and their white counterparts tend to be influenced by the commonly held belief of Black race’s inferiority status in comparison to the whites.
the least opportunity for medical attention, the black patients were faced with rejection based on
the excuses of complex Medicaid assistance program’s bureaucratic processes. Some other
times, black patients dread seeking medical care because of fear of being treated only as placebo
subjects in clinical trials. These claims of discriminations have contributed to the continued
disparities in healthcare provision. In addition, the late 19th century insinuations by some
scholars helped to influence a thinking that the white and black races might experience disease
symptoms in different degrees. This thinking seemed to suggest, perhaps, the superior quality of
a particular race over the other. Nevertheless, the assumption that race plays a role in a disease
symptom and in the manner of therapy tolerance remains a matter for debate, but judgment in
this case, is best reserved to case-specific conditions according to individual composition of
patients. For the most part, the overall differences in experience results more from discrepancies
in availability of healthcare services to the different races.

Furthermore, the Institute of Medicine (IOM) Report also reached a conclusion that
disparities in healthcare are aggravated by providers’ prejudicial response to minority patients.
The preconceived notions about symptoms-experience and behavioral patterns of specific groups
can influence the interactions and approach to care of a provider who belongs to a higher social
class than the patient’s. Likewise, a minority patient with a low-income status might have
difficulties accepting the recommendations of this provider based on distrust. Several studies
have been devoted to finding the differences in medical decisions when race is factored in patient
care. These studies have shown great influence and impact on care for white, black, and Latino
patients. The stereotypical perspectives of both clinician and patient have important conditioning
in the outcome of a clinical visit. In the physician’s perspective, the cultural biases in their
background can blatantly or obliviously underlie their judgment of the patient’s symptoms. An
African American patient of either gender is more likely to receive negative assessment or diagnosis than their white counterparts, if the clinical provider is white. Furthermore, there is more likely tendency that a white healthcare provider would offer less careful care to a person of color than to a Caucasian neighbor. For example, in the course of prognostication, more laboratory tests might be explored in the case of a white patient than for an African American or other minority groups. Nevertheless, numerous tests might be judged as wasteful and may not advance health, but the underlying intention in minimal interventions in one case rather than the other, is what raises questions. Similarly, gender differences are also meaningful in outcomes of diagnosis and treatment in addition to racial qualification. On the part of patients’ response to care, there is important influence in their view of the medical professional with regard to race. Again, the African American would be tentative and suspicious of a white clinician’s diagnosis and therapy recommendations, and in effect, may fail to comply which will have obvious implications for their health. In other words, the bias-elements in a clinical setting in relation to providing and accessing of care can considerably contribute to disparate benefits of care to disparate populations as patient clienteles. However, the impact of this bias-based clinical setting may not be so widespread since perhaps some in medical profession endeavor to attenuate the cultural misgivings. Apart from prejudice, another contrivance to disparate outcomes in healthcare status among racial groups is the language and cultural barrier that can lead to misjudgment of prognosis, and therefore, result in inequality in healthcare benefits. How well a physician comprehends a patient’s symptom narratives bolsters the effectiveness of an intervention. A clinical encounter with a patient from a different cultural background might be a challenge for the provider’s appropriate interpretation of the account of their condition. In this case, minorities often fall victim, and when there is doubtfulness about the actual ailment, the
clinician’s decision might fall back to the past symptom history of the patient and will probably not provide the needed therapy. This scenario works against a careful treatment of those who are of poor social class, creating imbalance in provision of care in a diverse population, and would obviously discourage the worse-off from future attempts to obtain help for their condition of health. Furthermore, another contraption for discrimination in the context of healthcare provision is the stereotypical viewpoints of clinicians when consulting with the economically disadvantaged and minority population. A whole social group can be slammed with a particular characteristic that gives the other a false sense of power of predictability with regard to what the mannerism the former would exhibit at any given time. For example, if the blacks are held as notorious for non-compliance with therapy prescriptions, every member of this social group may be hastily considered as fitting into that category. In other words, some socially formed narratives, sometimes based on few recurrent experiences about a particular group by the other can be replayed in the memories of the clinician in a way that could influence their judgment and decision in the course of a treatment. Treatment decisions based on these underlying conventional opinions can occasion fewer measures to sufficiently address the ailing condition of an individual patient and account for disparities in healthcare services and health outcomes among groups. Disparities in healthcare, as will be seen next, are further exacerbated by market mechanisms which perpetuates poverty and inequality in society to create empowerment for the wealthy class.

ii. The Contribution of Inequality, Poverty and Market System to Disparities

The problem of poverty in a segment of a population engenders unequal distribution of healthcare services including other social amenities. The wealthy population enjoys better health insurance coverage for their health needs. Some others may have insurance but limited
packages that exclude other serious health concerns, such as ear, eye, and dental problems, which demand expensive coverage. The social economic status (SES) in a population is a salient factor in the health outcomes of the citizens. Increasing gaps between the rich and the poor in society has enormous impact on the ability to access healthcare benefits. There is more possibility of illness and avoidable death among the lower level workforce of industries because of their inability to afford health insurance and access to adequate healthcare. Furthermore, in individualized and industrialized economies, the intense economic competition divides a community into a little segment with a rewarding success, and a permanently punishing failure, poverty, for the larger segment of a population. This situation continues to widen the unacceptable gap in society and social tensions that deteriorates the health of greater number. Ordinarily, concern for the other and support for the weak is what is required to advance the health of citizens in society. This value of serving the interests of the other seem to have taken a detour in present day society in the midst of other powerful players with self-serving interests. The common wealth of government is not applied to improve the health of majority of citizens. In the United States, under pressure, some programs like Medicare and Medicaid insurance policies were developed to assist only the elderly from age 65 and the very impoverished, respectively. Nevertheless, there are other underpaid working groups with no insurance support and others disadvantaged by their racial constitution with low social security support. The big business corporations and political heavy weights wield enormous influence in promoting policies in favor of their self-seeking benefits, disenfranchising the majority and destabilizing the working class’ efforts to advance their group’s concerns.

Similarly, other socioeconomic determinants of health such as appropriate housing, education, public health measures, and transportation, contribute to their poor health status.
Sometimes, the freedom of the individual in a free society is attributable to poor life choices and decisions that undermine their health. Indeed, individuals cannot be exonerated from poor choices, yet the free market economy helps to undermine the moral courage required for making better choices. The minority settings have no access to healthy foods, but are strategic markets for unhealthy fast-food industries, and similarly, the exponential addictive nicotine content in cigarettes production could not entirely be blamed on the poor choices. Furthermore, the security issues and lack of social amenities in backward neighborhoods can discourage efforts to cultivate good healthy habits such as developing fitness through sporting activities. Indeed, the continuous challenges of poor distribution of social economic determinants of health can perpetuate risky health outcomes in generations of a population, thus, presenting a general view of bad state of health for the society. Also, the poor distribution of healthcare services and the weak access of a segment of the population to these services have important ramifications for health.

Nevertheless, inadequate healthcare access is even detrimental when there is inefficiency in primary healthcare approach such as lack of preventive services. Life expectancy is often rated higher in societies that endeavor to reduce the disparities in income.  

In addition, there is a well-established fact that market strategy, which however assumed a huge function in the delivery of healthcare especially in the United States, remains a trend that obstructs equitable healthcare distribution. The market economy, focusing on profit, deeply entrenches the economic gulf in society by benefitting the already wealthy 1% and perpetuating a limited advancement of the other 99%, most of which are in abject poverty. Those with greater purchasing power will hold sway and there will never be a level playing field. By implication, the market contrivance of demand and supply forces fierce class struggle that pitches the well-off against the hard up. This same economic paradigm of demand versus supply is enforced in
healthcare system, like a square peg in a round hole. The market paradigm of rivalry is not a good fit for healthcare where justice demands equality for all players. Although, there are components of market that are necessary for funding, but those would always require close and constant censorship and regulation against discriminatory tendencies. Market rivalry in civil society endeavors to keep alive racial discrimination of whites’ privilege against blacks as a strategy for expanding economic profits for the powerful. Ordinarily, the demand in healthcare, contrary to the market contraption, would be to balance health needs with commensurate care across the spectrum of ethnic, class and racial distinctions. This balancing will be more effective if also applied to other non-health sector factors, such as educational opportunity and allocation of housing and jobs, where implicit bias, unfortunately, has been normalized rather than banished. Furthermore, the implicit discriminatory practices show up in the regionalized healthcare governance, where states reserve their constitutional entitlements to allocate healthcare resources. In this way, as states maintain different levels of racial tolerance, healthcare allocation might follow the same pattern. Similarly, marketplace approach to healthcare, though exploring opening to choices, variety, innovation and profits, widen the rich-poor gap, and invariably, the racial discrimination in access to healthcare services. The marketplace approach takes for granted the individual’s freedom to select preferred services and their ability to withdraw when dissatisfied, but disregards the importance of a care that meets their real medical necessities. In other words, disparities in healthcare cannot dissolve unless marketplace values are adjusted to emphasize the significance of balancing care with health needs of everyone in society. Market-driven healthcare focuses on profit in view of the areas of greatest demand while neglecting actual needs of people.
b. Reducing Disparities in Access

Efforts to minimize disparities in healthcare access are enlightened in the discussions of cultural competence and primary healthcare (PHC) approaches.

i. Cultural Competence Approach

Rich cultural diversity should encourage efforts to understand one another. A cross-cultural education requirement is a necessary addition to an appropriate formation of healthcare professionals. Although, the strategy of cultural competence is considered a tip of the iceberg since the major culprit in perpetuating disparities in access is the consequences of market structures in healthcare systems, but nevertheless every approach is important in the efforts of reducing risks of disparities. The market bias for the best-offs and profit maximization rather than need-based principles have been discussed above, however, the lack of cultural awareness is also significant in undermining positive outcomes in overall health of a population and requires some attention. Cultural competence approach (CCA) is viewed as an important tool for addressing differences in healthcare provision and access. This approach has gradually grown popular in the healthcare provision as a tool for improvement of clinical encounters. The objective is to accentuate quality-practice and optimum standards in care beneficial for persons of all ranks and racial or cultural blends. In a multicultural population, clinical encounters can be problematic in the sense of communication, comprehension of symptoms and expectations between provider and patient from differing cultural groups. The difficulty is enhanced because of language, diverse cultural expression of pains and stereotypes about specific group behaviors. Perhaps particular groups are sometimes identified as defiant to treatment prescriptions because of their lifestyles. In addition, from the point of view of expectations, some minority groups cling
to long-held suspicion of being targeted as experimental subjects, and thus, avoid seeking care or participating in experimental therapies. For effectiveness, CCA, will not only apply to physician/provider-patient interaction, but also becomes a practice that will bring about changes in systemic and organizational structures in healthcare provision. In other words, cross-cultural practices will be embedded at all levels to accommodate and promote cultural awareness and acceptance. Major languages will be included in providing services in institutions, as well as interpreters where necessary. Managerial positions will be representative of the minority groups as well. There is ongoing process to diversify medical education with relevant accreditation in cross-cultural courses. In fact, CCA, originally designed for appropriate insertion in the United States of English-as-second-language migrant populations, has gained extensive usage, in government, public and private health sectors, now with a better understanding and resolve to bridge the inequality gaps with minority populations. Nevertheless, there are still skepticisms about the effectiveness of the CCA in fulfilling the expectations of changing the quality of encounter with minorities in clinical settings. There are some observations that this practice self-implodes when providers keep alive the same mistakes, typecasting particular minority group and employing uniform judgment about their mannerisms and reactions to medical treatment. On the contrary, the best practice from the provider’s perspective would be following the personal story of the patient and recognizing the uniqueness of every person. In this physician-minority patient’s encounter, CCA, stands a chance in moving the needle in improving care. Albeit, the physician’s awareness of a patient’s cultural background and story is important, but that knowledge does not guarantee any substantial push for eliminating disparities in minority access to medical care. Perhaps, seeking out the minorities’ personal stories will provide clues for intervention, but this personal attention might also represent the normal disguise of applying soft
language to stereotypes which further perpetuates disparities in the minorities’ experience of access. The issue of prejudice in the context of implicit racial tensions is still a delicate matter, sometimes involuntarily acted out, and does have significant implications for CCA education in the light of a cultural sensitivity which may tend to deny the obvious. In this case, CCA would then instead of reducing disparities in care settings, become a weaponized skills set for recognizing the identities of those who should be discriminated against. Nevertheless, the remedial function of the CCA is to help identify how the effect of implicit bias and the attitude of denial can obstruct the justifiable desire to witness equity in the health and healthcare services for minorities.  

The military healthcare system (MHS) in the United States constitutes a model in this approach to healthcare, in spite of the minimal level of disparity in their system. There is a recognition that, compared to the civil society, the military has shown leadership in revolutionizing racial and ethnic integration both in their personnel and organizational structure. Nevertheless, gender disproportion is still an ongoing debate. Similarly, there is also some evidence of imbalances in healthcare services among the participating subgroups. The imbalances arise from existing system’s subtle discriminatory approaches and provider’s lack of cultural diversity awareness. Also, included in the causes of imbalances are patients’ discouragement with the system and their non-compliance with treatment, among other issues. Indeed, military policies at best guarantees a level accessibility to care, but apart from the aforementioned causes of disparities, the association of weakness with ill health is another important influence that militates against willingness to seek access except for the required routine checks. These disparities in care are what has warranted the recommendation of CCA in clinical encounters. The CCA mechanism broadly offers training to clinicians and a permanent
system transformation to initiate competent communication and understanding of the diverse cultural backgrounds for improvement in the benefits of access to care. This practice of cultural competence is effectively embraced with clear notion of promoting the military’s mission through complete acceptance of cultural diversity. For the general public, CCA is a tool that will implement bridge building and the tapering of healthcare disparity.\textsuperscript{510} This tool represents respectful, and reasonable accommodation with an understanding of what others hold as cherished beliefs, and which often reflect in the medical needs of patients originating from diverse cultural settings. The openness to appreciate the variety of beliefs of other people will contribute to improved healthcare outcomes for the minorities.\textsuperscript{511} Further efforts to reduce disparities in healthcare will probably be promising when the policy of primary healthcare approach is adopted and implemented as will be discussed below.

ii. Primary Healthcare (PHC) Approach

The differences in health outcomes among various nations and local jurisdictions continues to be a challenge, although little cutbacks in disease outbreaks and deaths in the past twenty-five years cannot be discounted. This challenge of imbalances in health can be addressed through the strategy of primary healthcare (PHC) provision, which creates access to other social factors that contribute to improvement of health in communities. Adopting PHC will bring home interventions to localities in order to meet their health needs.\textsuperscript{512} Policy makers will pursue the importance of creating health balance among citizens through fostering factors such as scarcity of essential medications, transportation to centers of service and funding. In a comprehensive way, this program also endeavors to tackle the poor distribution of social economic determinants which gives rise to disparities in health outcomes and healthcare services. Vulnerable populations are identified and enlisted in the program through the teamwork of clinicians
including environmental specialists. PHC program is notable for adding quality to healthcare and limiting cracks in the system.513

In contrast to disease-based interventions proper to specialized medicine practitioners, primary care practice which is a major component of PHC, focuses on preventive services that takes care back to communities for improved health outcomes. Focus on treatment rather than prevention is a significant factor that contributes to the skyrocketing costs in healthcare. Today, most of the technological advancement in medicine support treatment of diseases and the specialization of medical professionals who help to develop and apply the hi-tech innovations. Despite the benefits of the life-saving interventions from these modern advancements, medical technologies have also helped to encourage the important disadvantage of disparities in healthcare access. This disadvantage is visible when the market ideology promotes some of the state-of-the-art medical technology designs that provide exclusive services for those with the means. Sometimes, too, the problem of over prescription of these services, which of course are covered by insurers creates deficit in the system. However, unlike disease-based interventions, PHC approach adopts a community health policy which encourages involvement of stakeholders and puts in place amenities that will improve health and prevent diseases on a long-term basis. This public-based approach, in effect, promotes prevention, taking care of the medical needs of those at the margins while saving the system the costs that would ordinarily arise from treatment interventions.514 In the next section, the discussion of global access to healthcare will reveal a salient motivation for protection of the human person.
3. The Relation of Person and Dignity: Global Access to Healthcare

The mutual relation between individual and collective welfare is inviolable. In this section, debates on human right to healthcare and universal access to healthcare will highlight commitment to global access to needed healthcare.

a. Right to Healthcare

The issue of right to healthcare is a universal agreement as it is implied in the Universal Declaration of Human Rights, encouraging health equity through adequate access. Nevertheless, the debate views its implementation from the two-pronged lenses of challenges and limitations.

i. Instance of an Unstable Right to Healthcare

There is a suggestion that the universal affirmation of healthcare as a human right is minimally and unevenly observed in the United States. This challenge to the welfare of the social order is attributed to philosophical ideologies. For decades, since the First World War, there has been solicitation for a universal health insurance following the practice in Western European countries, but without success. Opposition groups view the move for universal coverage as a buy into socialist principles that is very much considered as an anti-American ideology of the individual’s autonomy to choose without coercion. In other words, the individual in the prime of life is free to buy health insurance or not. However, this national debate wound up with the legislative passage of universal coverage for the elderly and retired citizens as Medicare and Medicaid for the unemployed impoverished group and those with disability in 1965. Medicare participants also qualify for benefits by contributing to the program all through their employment years. This program covers hospital stays, visit to the doctor and prescription drugs, among others and Medicare is based on sort of a return of investment. On the contrary, Medicaid is a
form government-based assistance in which the opposition views as handouts to those who are not able to provide for their upkeep including children and expectant mothers, and yet policy makers insist on stringent qualification conditions. The other places where universal coverage is applied are the institutional confinements and correctional facilities under government responsibility for the duration of incarceration. All other citizens are responsible for their choice of health plans according to their preferences or for accepting their employer’s health plans. Nevertheless, Medicare and Medicaid, represent the minimal acceptance of healthcare as a basic human right since these programs are only based on the needs of these special groups of people. Until the changes made to Medicaid in new health law, coverage was based on a very selective process with cumbersome documentation and the program often excluded young poor adults and parents with no dependents. In fact, some eligible candidates reject the Medicaid program because of fear of being derided by peers as surviving on freebies. In other words, the system fails to meet the mandate of protecting all who are poor and disadvantaged, as originally intended. Unlike Medicaid, the Medicare program has a good reputation as an entitlement, merited after all the years of service and salary deductions. Apparently, the treatment of Medicaid patients seems to suggest that the poor are losers and an embarrassment to the society. Many physicians decline to participate in Medicaid, unlike would be the case with Medicare, because of underfunding resulting from limited federal allocation and states’ discretionary policies, as a joint venture. In this situation, healthcare access and quality-wise of what is offered for the poor population is problematic, in terms of provider availability and geographical disadvantage. The remoteness of the indigent locations and poor amenities are complex issues that minimize their opportunities to gain adequate access to care.515
The newly implemented ACA is considered a giant stride but not a complete remedial of the situation since masses of people will yet not be covered for needed care in the end. More work is solicited for effective healthcare delivery. Under the Affordable Care Act, the Medicaid insurance has been expanded to take on more, but yet insufficient for people in need. In addition, the states, as was previously the case, also retain more control of the program, and thus, uncertainties about their performances still sticks around. Patients covered by Medicaid insurance are often denied certain essential services as some states struggle to contain costs. More dramatic, is the statutory mandate which only protects emergency services for the patients without any obligation for clinicians to provide for further treatment. This same policy applies to all the other public sponsored insurance programs. The responsibility for participation of providers is placed on the patients, and under this strain, some are discouraged to seek for care. All of these are among the issues that burden the fulfillment of healthcare rights. Furthermore, the rights to healthcare are impeded by the Conservatives’ belief in the individual autonomy and responsibility to care for their healthcare services without interference. In effect, the well-offs hesitate to accept the ACA’s philosophy to increase tax on their surplus earnings to fund the healthcare programs in order to advantage the worse-offs. The wealthy and big businesses have powerful interest groups that push their influence on Congressional decisions capable of limiting these programs that protect access to health plans for the poor as well as financial backings for private health plans for the middle-class workers. In addition, individual healthcare rights are destabilized by the ineffectiveness of the joint promotion of the Medicaid program on the federal and state levels. Unlike the Medicare which is entirely governed at the federal level, the Medicaid is managed at the state level where federal funds are disbursed according to states’ patient admissibility preferences. This state of unstable rights to healthcare endangers the
adequate protection people deserve especially the most disadvantaged in society and the
discussion of this entitlement will follow next.

ii. Right-based Entitlements and Relative Resource Constraints

The right to healthcare has its basis in the values of natural law, which finds expression in
the global legislation on human rights. This global legislation of health, which includes
healthcare among other measures, as human rights passed through rigorous processes of
formulation with substantive declarations of WHO, UDHR, and final ratification by 1966
committee, the International Covenant on Economic, Social and Cultural Rights (ICESCR) for
countries to observe. The ICESCR, subsequently, influenced other regional affirmation of the
importance of health rights for the individual and for communities as a universal agreement. This
agreement is backed with mechanisms of putting into practice health rights through promotional
and protective measures that respect and address infringements of the rights on local and national
government levels. Yet the healthcare right is meaningfully exercised within a population and
it is dependent on the shrewd management of scarce resources. In effect, the privileges accorded
to this important right to health is viewed as relative to a particular social order based on the
decisions of its leadership. This leadership is responsible for the rationality of decisions in their
obligation to uphold citizens’ health. Limiting privileges accorded to a right becomes relevant in
the light of available effective treatments for a medical condition and the priority of needs of
other citizens. Realizing the right to health is legitimate, but also this realization takes on board
other social determining factors, such as adequate shelter, education, food-supply and job
security which compliments and promotes health. Although, a healthcare right is ensconced in
universal human rights, it has limits relative to what the citizens’ state can provide under
constraining means. The claim to health and medical interventions is not just made on the basis
of human right, but dependent on connection with others and with the available resources shared with others. These resources could be improved for better outcomes with the commitment of a communal participation even on global level. In other words, human rights claim to healthcare must be content-based and context-specific. Poor countries will first work with the resources in their reserve and then make adjustments to what benefits individual citizens can share according to needs. Right-based claims to medical interventions simply cannot be tenable in view of resource constraints and the priority that will be accorded to hierarchy of needs of participating members. Prioritizing healthcare needs among other competing needs that requires attention is always challenging. The competing claims to preventive and therapeutic measures cannot be resolved by simply highlighting the rights of participants or of a population to those interventions. Scarcity of resources, both in high-income (HIC) and in low and middle income (LMIC) countries, always creates a situation where an aggregate of needed medical interventions, by rights or distributive fairness, cannot be accomplished and must require priority-setting decisions. There is no country that can satisfy every need of their citizens and there are no persons who can get all of their medical needs satisfied. Now, what decisions will represent long-time benefits for generations of people or short-time benefits for a smaller population are aspects of issues of disagreement among stakeholders and policy makers. A human rights entitlement to medical interventions will also require a fair deliberative process of resource allocation to settle priority-setting disputes. In this way, parties in the dispute will see a clear process of dialogue where an acceptable fair judgement is reached in the decisions to prioritize particular allocations. The discussions are not opportunities for parties to pursue personal advantages. This fair process is what legitimizes a priority decision that represents a commitment to the well-being of all. The transparency in the dialogues opens up the preferences
to public scrutiny and constant revisions are followed to keep the policy makers accountable for improvement of the health of the population. \(^{520}\)

Nonetheless, member states of the global legislation on human rights must comply with its stipulations to protect their citizens. There is a popular suspicion of viewing the claim of paucity of resources as a ruse. In other words, the claim of dearth of resources is considered a strategy policy makers employ to dodge their responsibilities for enhancing health benefits for the people. However, this doubt should be clarified by adopting the fair deliberative process which incorporates transparency, relevancy of preferred options for enhancement of health to all parties, and the appraisal of the effectiveness of the preferences against an array of other options which negotiators bring to the table. \(^{521}\) Right-based entitlement claims connects with available resources and a reasonable consensus on management of resources for the best interests of everyone. The following section will weigh into the requirement for a universal access to healthcare, the setbacks and the possibility of cooperation of states to realize this goal.

b. Universal Access to Healthcare, a Justice Issue

Meeting health needs from the global perspective has its setbacks. The insights on safety and cooperation will illuminate the ongoing discussions.

i. Challenges of Access to Care in Global Epidemics and Collaboration of States

In the outbreak of contagious human immunodeficiency virus (HIV) epidemics and its progressive acquired immune deficiency syndrome (AIDS) that overwhelmed medical solutions about four decades ago, access to care for people was imperiled by the medical professionals’ denial of care to infected patients for fear of their own lives. Subsequent transnational outbreaks such as the severe acute respiratory syndrome (SARS) including the recent Ebola virus have
compounded the debate about the extent of clinicians’ obligations to patients and society under threat to their personal security. In the case of SARS epidemic at the turn of the 21st century, the clinician’s high level risk of contracting the disease was attributable to the original uncertainty about the nature of the virus and the attitude of non-adherence to clinical procedures for protection. Some healthcare systems also failed to provide quality screening gears and to drill their clinicians on appropriate use. This neglectful situation is ripe for medical providers who have declined to attend to contaminated patients on the grounds of excessive hazards. Indeed, the management of healthcare systems have to ensure the safety of work environment which will guarantee a fair sacrifice on the part of the medical professionals. The duty of care is a commitment that emanates from a social agreement that reflects justice and concern for the well-being of everyone. Ordinarily, a healthcare system should be an embodiment of the societal commitment to fairness, one which is non-tolerant of selfish pursuits. Nevertheless, the institutional duty of ensuring adequate resources for safety is essential to guaranteeing clinicians’ commitment. The institutional duty commands the collaboration of states for effective management of intercontinental crisis.522

The Ebola crisis in 2014’s first case presented in the West African country of Guinea and to the neighboring Liberia and then spread to other countries. These low income (LIC) countries faced enormous tests in handling this deadly epidemic disease with uncertainty of effective treatment at the time. Especially in the Liberia, the virus was reported to have spread through of all parts of the country, the greatest impact showing on four remote counties with the most limited access to care. The difficulties in those particular locations range from almost non-existent medical facilities, poorly equipped clinics, lack of well-trained medical professionals, to lack of adequate transportation and communications infrastructure: poor roads, lack of
telephones and internet connectivity. In these locations, patients’ medical tests are conducted in another nearest location, which is about 500 miles away. These hitches imply that many lives would have been saved if there were swift access to efficient care.\textsuperscript{523} Similarly, limited resources in Vietnam are essentially responsible for poor access to efficient and effective treatment of the wide-spread Hepatitis C Virus in that country. Many families lacked adequate insurance coverage for the expensive drugs and therapy regimens required for a complete treatment. Whilst the novel antidote is pricey, patients often went for cheaper alternatives and unsafe measures, which often lead to formation of resistant-strain of the virus because of inappropriate care.\textsuperscript{524} Furthermore, access to care is denied to migrant workers in many Western European countries, especially for treatment of HIV infection. The lack of adequate shelter, education and job security contribute to unchecked exposure to the deadly virus. These migrant workers, in search of improved economic opportunity, are exposed to systemic discrimination in which healthcare insurance is denied for their medical needs as well as essential medicines to control the spread of HIV.\textsuperscript{525} In parts of China, minority populations experience barriers to healthcare services for the epidemiologic and resistant-strain of tuberculosis ravaging these rural poor. The extended span of treatment regimens drains their meagre resources causing abandonment of standard therapy for cheaper alternatives. This poor treatment results in complications of the stubborn strains of tuberculosis infections.\textsuperscript{526} The challenge of these intercontinental crises can be addressed by meeting the obligations of care both by all parties who participate in the provision of healthcare services.

However, the above incidences point to the growing awareness of health status on the global scale, more than ever has been the case. Now, the world appears to have moved from the times of simply waiting to react with emergency humanitarian interventions to active
engagement in sharing of information about health situations and a preparedness for mediation on a long-term basis, as a matter of moral duty. This view is true in the example of institutional and non-governmental organizations’ consistent interventions in the case of HIV/AIDS in the peripheral countries. Above all, these renewed interests in universal health issues are coming on the heels of worldwide integration of markets and development and the threats of disease incidences resulting in an international crisis with all the rapid movements of people. The call for global attention to health issues have also become relevant considering that any adverse event on that scale would require a global solidarity to the magnitude of responses that will be needed. There are equally the rapid technological innovations that increased the speed of information dissemination and accurate reporting of health issues around the globe. In addition, the universal declaration of human rights, which has been accepted on the international and regional levels, becomes the pressure point for respecting the oneness of humanity through interventions to prevent suffering of any kind. Nevertheless, the important issue is the debate about how to resolve an occurrence of international health crisis. The observation of a problem of shifting responsibilities and blame game is valid. While there is an acknowledgement of a mutual obligation to protect the health of one another in society, there is often the evasive temptation to blame the big pharma for not reaching out to the poor with their expensive drug cocktails. Perhaps, these multinationals partly deserve the blame since their role in the international market’s behavior. However, based on the mutual obligation to protect health, a consensus can be reached to make the international pharmaceuticals to concrete steps to address the conditions of the marginal countries. In other words, the mutual responsibility for health, in this case, will have to be exercised by those who have the influence and are better positioned to exert the authority. In general, the global communal responsibility for health and working for common
good is not sufficient if not backed with an action of oversight and implementation through appointed formidable organizations. Similarly, individual countries have each a dual responsibility of protecting health through efficient policies including pursuit of peaceful coexistence with neighbors, avoiding unnecessary fatal conflicts, and also protecting their residents’ universal rights to well-being. The next section will discuss the cooperation of states in the efforts to close the gaps created by the scandalous health and healthcare disparities in the world.

ii. Cooperation to Expand Limited Resources

Unacceptable statistical differences in health and healthcare outcomes in populations of the world are mind numbing. Increasing mortality and morbidity rates in infants, children under five years, and women during childbirth are observed in developing nations compared to the developed nations. The differences are mostly attributable to poor healthcare and scarcity as well as the cost of drugs. However, the suggestion of using the courts to fight these differences in health on the basis of rights, both on national and international levels, is seen as insufficient. Nonetheless, litigations on rights to health will still aggravate the imbalances in healthcare access and unnecessarily reinforce the best-offs who can afford the legal fees. In addition, the disparities in the distribution of other social factors that contribute to health is not helpful too. The excessive privatization and market-based principles enforces a nasty kickback on solidarity-based policies for a global balance and equitable health outcomes.

This gap is viewed as disastrous and requiring immediate attention, but whose obligation it is to resolve is something difficult to determine. The implementation of universal health rights and proportionate access to medical interventions depends on individual membership countries.
At their own discretion, friendly nations can appeal for help with resources from their counterparts on the path to realization of these rights. Nevertheless, whether anyone can coerce compliance with the health rights legislation in another sovereign nation is not guaranteed. However, the development of global economic system where global market structures, to some degree, determine the economy of individual states seems to take a distance from an attitude which looks towards addressing disparities in health outcomes on the international level. There are other minor but important factors that have helped to perpetuate the inequalities in global health. In this case, the deliberate actions by international financial institutions to recover debts owed by poorer countries effectively impacted their economic and health sectors. The austerity measures imposed on these countries in the name of debt repayment extended as far as stifling social services and reducing employment in the public sector. An unemployment status for a large chunk of a population is significant to affect access to good medical treatment and preventive services among other non-health needs. On the national levels, there is no doubt, with exception of few countries that patronized corrupt practices, that economic progress reduces hunger and drives up health statistics, satisfactorily.\textsuperscript{529}

Also, the adversity resulting from this harsh economic environment encouraged the exodus of skilled labor from these deprived economies. This draining of labor force was actually preceded by dearth of personnel and lack of interest in the medical profession in Europe and North America. Only the United Kingdom has made significant efforts to address this unfair situation by offering incentives for the improvement of the healthcare system of some of the disadvantaged economies and enacting policies for ending the official enlistment of foreign healthcare professionals.\textsuperscript{530} Furthermore, access to vital medicines is mired in international politics and in the exclusive claims to manufacturing rights. The research and production of
medicines or other remedies for prominent diseases that particularly afflict the poor economies are either completely ignored or abandoned to individual humanitarian projects. Nevertheless, despite some international influences, health inequities in individual countries can greatly respond to efficient health guiding principles, public health practices, and adequate distribution of socioeconomic factors that contribute to health. In other words, low and middle income countries (LMIC) who invest outstandingly in health promotions will reap good results. Unfortunately, there are only few exceptional cases, such as the Cuban and Keralan improved health situations. The Cuban case is extraordinary in the light of half a century of economic embargo by their powerful neighbor, the United States, and perhaps isolated by the enforcement of travel restrictions between the two countries. What is impressive is that the Cuban government oversees an efficient universal healthcare system and highly rated medical schools with high standard of medical research and development and specializations. The healthcare system spending is very low comparatively, but still provides free services, free emergency interventions and free medical school training for poor students and even poor non-citizens. Nevertheless, the economic isolation from the mainstream of the world has significant impact on the country.

Furthermore, racial and gender-based discriminations also create imbalance in overall health performance of individual nations. The discriminatory practices that are probably applied in the distribution of other key determinants of health, obviously, has a downward effect on total output of health in a country, and thus, in the world. Likewise, the gender disparities in certain cultures of the world impact the manner in which healthcare is accessed, especially for the woman, with obvious implication for global health imbalance as citizens of the world. Of course, the gender issue is sometimes confused with sex differentiation, of which both relate to socially
constructed views and biological manifestations. Clearly, there are health issues specific to their biological make-ups in which case male mortality is astronomical in majority of countries, unlike the women’s. This outcome may be attributable to male risky lifestyles, injury-based, chemical composition, and diet preferences. However, the gendered social constructions centered on male virility and feminine roles have implications for poor health outcomes in women. An interplay of various factors such as physical and psychological abuses, indigence arising from lack or poor labor remuneration, and risks involved in their reproductive role, contribute to women’s poor state of health. Evidently, differences in health are often inevitable, yet unbearable, when it emanates from manageable social determinants of health. Appropriate sharing of these essential social determinants helps to alleviate unacceptable differences. That this resolution is also applicable in the context of cooperation of countries in the world is a continuous debate. A commitment of countries to such collaboration, bearing in mind those most disadvantaged as nation-states or particular resident populations, would be helpful in stemming these challenges. The importance of enabling access to healthcare services cannot be overemphasized within national boundaries and for all countries in the world. Whatever reforms in the health systems that can erase or minimize inequalities in access and promote solidarity ought to be encouraged. The next section will be the conclusion.

Conclusion

Respect for persons is the basis for justifying access to healthcare. There is that mutual responsibility to ensure the well-being of one another for the sake of the common good. Challenges to realizing this shared obligation exists in the often problematic and fragmented healthcare systems. Otherwise, individuals in society owe one another the obligation to seek human flourishing through advancing normal human functioning and ensuring fairness in the
distribution of all other social factors that account for human thriving. This mutual responsibility is even more crucial in the face of scandalous disparities in health outcomes both on the national and international levels. Disparities in healthcare access arise from a range of issues including: financial constraints, systemic fragmentations, and cultural stereotypes.

Nevertheless, the mutual responsibility for normal functioning, and therefore, human flourishing does not by any means imply offering every remedy of medical intervention. However, considering the scarcity of resources, the individual deserves every available treatment based on a reasonable agreement on the limits of care in a particular jurisdiction. The necessity for the reform of the healthcare system, in the United States, is to be in the position to offer, at least, the basic access to healthcare services for everyone and especially for those at the periphery. Such a reform will highlight as well the importance of preventive care as key to sustaining improved health status of all citizens. Furthermore, the reform will reconsider appropriate guidelines for preventing the disparities in care caused by the application of market principles in the healthcare system. A combination of other skill sets and practices such as, cultural competence approach (CCA) and primary healthcare (PHC) to the grassroots, respectively, will also bolster the efforts to reduce disparities.

In effect, respect for the individual and for the dignity of the human person demands the commitment to human flourishing which has been recognized in the universal declaration of human rights. This universal legislation is a sign of solidarity in the world that calls for a collaboration and cooperation to ensure the fulfillment, in fairness, of basic access to healthcare for all humanity in their respective states. The various world level and regional organizations signify this important cooperation to advance the well-being of humanity. These values reiterate
the interconnectedness of humanity and the need to put heads together to eliminate disparity in access to basic healthcare services.

Access to care in health systems is often palpably dependent on employer-based insurance coverage, and it only follows that a huge number of people are therefore disqualified. Nonetheless, to design access on the platform of only those who could pay would continue to be problematic, leaving society with embarrassing overall health status. A minimum of basic access is the requirement for advancing society.
Chapter five argues for a fair sharing of appropriate research as valuable in ensuring adequate distribution of healthcare interventions. This chapter will focus on global access to healthcare through an equitable extension of the risk-benefit ratio of biomedical research to vulnerable populations, especially resource-poor countries. As one of the applied chapters, the focus is on the debate about research ethics regarding clinical trials in populations from the global perspective. Clinical research is an essential way of gathering facts and investigating methods for resolving health issues and fostering preventative measures. A number of regulations have been devised to avoid exploitation, especially when research involves human participants. Yet there are indications that people may feel obligated to participate in research since interventions’ goal is to promote public health. Various forms of protections and benefit sharing for vulnerable groups ensure that research is guided by the ethical principles of justice and solidarity.

1. Ethical Debate on Justice: Regulations and Biomedical Research

The requirement of justice is central in the oversight of biomedical research. Examining the effectiveness of research ethics and the requirement of participation will help explore the extent of justice.

a. Impact of Research Ethics in Practice

The practical implementation of research ethics is evident in the awareness of the underlying principles of ethical research and the manner of protection they provide.
i. Ethical Framework for Research and Participation

A set of underlying basic principles has been designed to guide the structure of ethical research involving the human person. These principles derive from the already established regulatory codes and guidelines to provide practical implementation. There are eight principles backed with benchmark-provisions that work together with reasonable adaptations to contexts to inform research protocol and participation. A particular study design would follow these principles and benchmarks for practical implementation, primarily, ensuring collaboration of all stakeholders especially the host community and as well as contributing to knowledge and proven scientific objectives relevant to the community. Other concerns include fulfillment of fair participant selection, the demands of informed consent, proportionate risk-benefit ratio, independent review regulation and adequate respect for participants even after the completion of the research in terms of ensuring treatment access among other values. The requirement of collaboration involves the host community and the researchers in a shared decision-making process for a particular study. This working together will enable the enlightenment of the community and an awareness that will rule out possibility of abuse of the subject participants, during and after the completion of the research. In addition, this collaboration is crucial for identifying the usefulness of a research in a particular context and whether the benefits are translatable for enhancement of their health status. The enhancement to health status that a particular clinical study contributes through the quality of generated knowledge, refers to the social value of the research project. A research study that does not provide new knowledge for enhancement of health and better procedure of medical intervention is considered wasteful and not worth engaging in. This social value of a research is backed by a scientifically proven reliability of the information generated for a sustainable advancement in the health status of a
participating community.\textsuperscript{541} In a decent research study, fair participant selection is key to avoiding exploitation and unnecessary risk burden on a community. Research in a particular context is carried out for the social value and benefits that will come to a community. On the contrary, clinical trials become exploitative when conducted in a poor setting where post-trial access to the beneficial results are denied because of the high market price of the product.\textsuperscript{542} For example, the justification of locating trials for new drugs for HIV/AIDS or cancer in LMIC is questionable where the expensive product of the findings is intended for HIC countries. Similarly, the calculation of risk-benefit ratio to the community and subject-participants is important before a research is undertaken.\textsuperscript{543} Greater risks to the individual may only be tolerated where the benefits to the community is enormous. However, efforts to reduce risks should never be trivialized. For this same associated risks that every research procedure is subject to the approval of an independent review board (IRB).\textsuperscript{544} The IRB will verify the authenticity and certify that the research is not representing special interests for financial benefits or other similar interests. Furthermore, the requirement for informed consent is important in order to respect the freedom of the individual to participate or not. All information about risks and benefits, including the liberty of withdrawal at any point, are a legal imperative on the investigators. Likewise, this openness with information communication is a significant step to respecting the participants in the research study. Participants are closely monitored to ensure their safety even after the completion of the clinical research.\textsuperscript{545}

The ultimate interest in this ethical framework is human protection. However, human protection is not secured only by a requirement of informed consent, but involves a combination of the eight listed principles to ensure the decency of a human-subject related research. Human-subject-research is an avenue to gain useful information about possible remedies in healthcare
for future references and for overall progress in the field of medicine. The decent-principles are applied to such research to ensure appropriate treatment of the human subject volunteers without taking advantage of their vulnerability. In general, the principles combine the values of the earlier codes and guidelines such as the Nuremberg Code, the Declaration of Helsinki, and others, which were otherwise crafted to respond to particular anomalies in the past, to provide broader perspectives on right manner of clinical studies. In fact, the possibility of taking advantage of vulnerable populations in conducting clinical research has often raised concerns about research projects which target LMIC countries with, supposedly, the claim of preponderance of diseases. Whether investigators have chosen these locations to elude oversight and to benefit from cost cutting have added to critical concerns too. One example, among many other events, which depicts this sensitivity is the case of a mental health drug trial in a developing country that subjected some participants to a scandalous year-long placebo regimen, and in this manner, violated these patients-subjects’ rights to appropriate treatment of their condition. In this case and in similar others, ethics-conscious observers are worried about the level of application of standard of care measures, informed consent mandates and the provision of a possibility of adequate intervention when participants develop serious conditions during the process of the research protocol. Nevertheless, research in the low income settings should also carry legitimate and egalitarian reason of improving health for all through a sharing of risk-benefit ratio of research protocols and the translation of such goods into appropriate health policies. Indeed, there is an ethical imperative to protect all subject participants of a clinical study including the control group population, which represents the benchmark measurement for the efficacy of the trials. From an ethical perspective, the use of placebos for the control group is restricted to situations where there is absence of alternative and tested remedy for the condition
under investigation. A new drug is normally matched against existing ones to establish efficacy or not; but comparing this same trial drug against dummies in a control population is unacceptable and a deliberate exposure to harm. Sometimes, these ethical mandates are not reflected in randomized controlled trials, a study which designates participants in either control or experimental groups, when conducted in developing countries, unlike in most cases in their counterparts. Unfortunately, the mindset of investigators who research in the low income settings is sometimes focused on accomplishing their set objectives without paying sufficient attention to the safety of the subjects by effective monitoring of their health conditions at every step of the process. The no-treatment placebo option favored by these investigators is often backed by their argument that the scarcity of a standard therapy of a particular condition under study within these LMIC countries justifies the use of dummies in trials. In other words, their claims are steeped in the fact that a study easily establishes clear results when a new drug is squared off with a no-treatment option regimen instead of the confusion that might arise with a comparison with existing and available proven remedy. Obviously, the availability of, say Antiretroviral cocktails for slowing the progression of HIV virus and disease, in sub-Saharan Africa is restricted to what donor agencies and foreign governments’ philanthropic programs can provide to the most affected areas. Controlled clinical trials for a new HIV drug in this region of Africa cannot possibly be based on available standard of care (SOC) since there will be none except what is provided by sponsors. Often, in this situation, the closest to prolonging the lives of HIV patients are through providing protection against tuberculosis infection which easily targets people with HIV. Again, the preventive resources in terms of effective medication for tuberculosis is sourced in collaboration with various sponsoring international organizations. However, representatives of multinational drug corporations seem to prefer these low income
settings for their experimental programs for certain reasons of convenience, but the requirement for appropriate approach to research demands equal standard of care in all settings. Safety of all participants is a clear requirement in the ethical guidelines for research and must be respected in every case rather than bowing to the urge of avoiding regulatory hurdles. The issue of paternalism in research ethics will be the focus in the following discussion.

ii. Paternalism in Research Ethics

Paternalism implies the initiative of a figure in authority to restrict the liberty of a dependent in an effort to secure their protection. The expression originated and gained notoriety about two centuries ago. The idea of protective attitude toward another especially for one with some form of authority toward fellow citizen-subjects and youngsters has been part of human experience and social relationships. There are distinctions along the lines of application of paternalism by the public and private authorities, such as the influences of a state on residents and the guardianship of parenting for the young. However, the conceptual expression of paternalism, arose with the problematic questions about the application of this idea in the public arena with adult populations who have graduated from parental control. Indeed, parental control for their children who needed the best possible guidance is considered necessary and is protected by parents’ desire for the safety of their wards. On the contrary, the adults’ relationship with the state is on entirely different level, one which will require assurances against a possibility of certain randomness in action towards citizens. Nevertheless, paternalism has been understood to embody dreadful reputation over the years, ranging from the overreaching of sovereign rulers to a possibility of state abuses of their citizens through perhaps totalitarianism. The term, for the most part, emerged as a repudiation of the corrupt tendencies of power and in the modern prioritizing of the individual’s independence to make personal choices about their
welfare. This is a situation where adult citizens view state interference in their lives as unacceptable and as reducing their ability to attend to their personal affairs. In other words, people prefer that the autonomy of the competent adult is held as of primary importance, a line which ought not to be crossed. Nevertheless, there is still an understanding of the term, paternalism, in a positive way. In other words, there are still views that political power can be applied in a manner that protects the interests of people. The transportation regulations, for example, for safety belts and helmets, which in many places are ticketed when violated help to illustrate the rewarding paternalistic influence of the state. In addition, violation of those traffic rules is often life threatening and taxing to society’s scarce health care resources. The use of these transportation safety tools are precautionary efforts, but compliance do not always guarantee safety from severe crashes. There is a possibility that a driver on a car seat belt may die in a collision with a tractor-trailer or can knock down and kill a pedestrian. When isolated these traffic regulations do not actually justify the reasoning for the constraints placed on people’s freedom by the states’ paternalistic roles. Nevertheless, these mechanisms can also be helpful in certain mild situations.

The idea of an ethical framework enterprise in research can also reflect the controversial issue of paternalism in professional-patient relationship in medical care settings. This comparison arises because an observance of the principles for an ethical research gives additional protection to the participant subjects even before soliciting for individual consents. In fact, the initial response to the illegal experimentation conducted on unsuspecting victims during the Second World War was the Nuremberg Code’s ruling which insists on obtaining a participant subject’s clear consent after their consideration of the information about the full implications of the research. Nevertheless, the question remains whether participants, in spite of their
decisional capacity, are able to grasp all of the complex information needed to make informed decisions about participating in a clinical study. In this case, informed consent is viewed as insufficient protection for the research subjects.\textsuperscript{569} This realization has given rise to the development of other frameworks for ethical conduct of research involving human persons. These additional safeguards, however, are what critics perceive as a form of paternalism in research disguised as a regulatory scheme for ethical research.\textsuperscript{570} Nonetheless, there is no doubt about the paternalistic nature of research ethics regulations. Although there is an aversion for paternalism, but the ethical research framework represents the ideal of protection for the subject’s consent to a research protocol.\textsuperscript{571} For example, the Institutional Review Board’s approval for a research protocol would have ensured the safety and relevance of the research to the specific population. Furthermore, paternalism has since been viewed as upending the esteemed individual autonomy in clinical encounters. In other words, critics are alarmed that research ethics as a paternalistic tool will revoke the bioethical progress which has successfully deflected the previously held physician’s absolute power over the patient in clinical decision making.\textsuperscript{572} However, bioethical literature seems not to pay attention to the implicit presence of paternalism in the regulatory ethical framework for research, unlike the obsession with advocating the priority of patient autonomy in physician-patient interactions.\textsuperscript{573} Although, there is no doubt about the paternalistic motivation in the research emphasis on involving minors and those with disability, but this same zeal is lacking in the case of adults with decision making capacity. The call here is to acknowledge and embrace this important influence of providing adequate protection by ensuring that risks of biomedical research does not outweigh the benefits for all potential human subjects. Paternalism, in this case, is viewed as defensible.\textsuperscript{574}
Furthermore, the work of the Institutional Review Boards (IRB) is what is central to monitoring adherence to the ethical responsibilities in research procedures patterned to human patients prior to placing consent requirement on likely research subjects. The IRBs ensures that researchers and their sponsors abide by all the relevant and existing regulatory principles and guidelines for research to avoid exploitations and abuses of individuals and communities partnering in the research endeavor. This IRB’s approval provides for situations where probable subjects have no decisional capacity and the ability to access sufficient data for a judgment about the safety of a research protocol for their own welfare. Likewise, the IRB’s disapproval of a research plan becomes a preventive action that grants protection for participants while, of course, denying investigators the liberty to carry out the particular experiment. Indeed, there are limitations against research with children, inmates and other vulnerable groups. For instance, a research involving minors is still necessary for the benefits of improvement of their healthcare, and thus with parental consent, special care is taken to minimize risks. Children of certain age are not in the position to make these assessments. In effect, one can acknowledge a mild paternalism in research ethics and this limitation has relevance in the principle of Fair Selection of subjects for research. Similarly, the Risk-Benefit assessment which requires the IRBs to ensure that the measure of risks is minimal compared to the benefits also adopts mild paternalism that guarantees adequate support for the potential consent of participants in a clinical study. Here, the interests of a group are served by limiting the liberty of investigators in executing a research procedure that represents their own exclusive agenda. Of course, the Independent Review (IR’s) requirement for an ethically responsible research is an obvious indication of paternalism, and also one which is defensible. Despite the importance of informed consent, there is no guarantee that obtaining consent of would-be subjects will offer protection from harm.
Instead, the Independent Review which underlines the function of Ethics Committees, significantly, carries out the spade work and provides the grounds for patients and their decision-makers to accept or reject invitation to participate in a research. This oversight function of review of protocols is substantial for protection and defensible against the claim of a paternalistic approach to research. For all other principles for ethical research, there may be less or more paternalistic tendencies, but certainly all contain defensible elements of paternalism. In effect, the ethical framework for biomedical research and other regulatory protections retain the intrinsic paternalistic characteristics. Nonetheless, this tendency of paternalism in research ethics is valued for providing safeguards for vulnerable individuals and populations. In this instance, paternalism is justifiable as opposed to a situation where the autonomy of a subordinate individual might be trivialized. The challenge is for the discipline of bioethics to recognize the essential role of paternalism in research and when the application of paternalism is defensible.\textsuperscript{575}

Apart from sensitivity to human safety, clinical research has been generally accepted as a public good, beneficial for advances in medical interventions. The use of human research subjects has associated risks and burdens and has sustained controversial debates over the years. Whether individual members of society have a moral duty to participate in these clinical studies or not will be the subject of the following discussion.

b. Obligation to Contribute to Research as Participants

The extent of justice is brought to the fore in the debates about the requirement of research on the public, a duty to participate or no obligation at all.
i. Individual Obligation

The question of whether the society holds individual members to an obligation to participate in clinical studies to improve human understanding and healthcare practices has been contentious. This hesitation to contribute and promote human research endeavors is often attributed to the risks, malpractices and harm that might occur in the process. Part of the early history of clinical research mired in scandals provide the basis for the fears that invitation to participate elicits. Over the years, various principles and guidelines from medical associations, governments and international organizations have aimed at reiterating protection of participants through informed consent for voluntary participation and minimization of risks associated with research protocols. However, the obligation to contribute to research has been encouraged on the basis of two core values which proponents of this view declare as the idea of contribution to the common good in the relief of suffering for the other as depicting the principle of beneficence and the idea of justice as fairness which rejects free-riding-citizens who coast at the expense of other’s sweat and risks. There is also a contention about free-riding since those citizens still take care of their taxes, hospital bills and other related fees.\textsuperscript{576} This latter value, the standard of fairness, does not imply that everyone must participate in every research design, but hints at the unfairness of those who deliberately refuse to volunteer at any research but never hesitate to enjoy the enhancement of life that results from the sacrifices of other people. However, this benefitting at the expense of others may be unfair but also viewed as not a threatening stance.\textsuperscript{577} Notwithstanding some others can still be excused for free riding whose particular health conditions cannot support the inconvenience of the experimental procedures. The call to serve the interest of the community through involvement in research is valued as comparable to other social goods such as being vaccinated for sake of public health promotion or being quarantined
for prevention of spread of a deadly infectious disease.\textsuperscript{578} However, the relevance of participation in research is unquestionable, but these arguments which stress the contribution to the common good and the standard of fairness in the light of citizen’s mutual personal costs for general welfare,\textsuperscript{579} are not viewed as sufficient justification for the demand of primacy of participation. In other words, participation in research is an obligation which is subject to an individual’s freedom of choice, rather than a binding duty, but nevertheless helpful for the general good of society. Likewise, the demands of fairness as a shared duty for the common welfare, is also subject to personal discretion on how best to realize one’s contribution to the advancement of the future generation.\textsuperscript{580}

While individual discretion determines the extent and possibility of volunteering for a research, the social environment of a particular research protocol may have a role in who might exercise the obligation to participate in research. In other words, there are particular situations which make involvement imperative. The argument for a blanket application of obligatory principle of participation is flawed especially where the context of the proposed participants is dissociated with the particular research project. This preemptive expectation of obligatory compliance to a research design for all social contexts is considered a nursery-bed for an incubation of exploitation of those at the fringes of the society. The questions about the relevance for a setting, what benefits will spring from the research, their distribution and affordability to a host community, all have implications for the moral decisions for individual participation. Obviously, this invitation to participation cannot afford to overlook the relevant contexts and what the research design might mean in that situation as well as for the vulnerable people who will process their decisions to volunteer. Such omission will occasion unjust impositions that will weigh down on the already precarious condition of the people. However, addressing the
structural deficiencies that are contributing injustices in a particular social environment will be significantly meaningful in grounding and encouraging the obligatory participation of the people. Here, the issues concerning availability of the successful research products to the host community, compensatory provisions for adverse events or treatment provisions in case of incidence of a serious illness during research, are among other things that contribute to injustice and exploitation of those with poor socioeconomic status. Those economically disadvantaged will be unable to afford expensive new drugs, but a consideration of how to create access to these poor contexts will always be significant. Furthermore, the relevance of a research plan to a community is wedded to the priorities intended for the project. The crucial issues to consider will include disease prevalence in the particular area, what health improvement will result from the research, the inequalities in access to the new product, and cost and source of funding, have effect on decision making process. These factors are relevant in the consideration of promoting the binding effect of the standard of obligation to participation based on the benefits to general well-being. The social context of a particular host community has great implication for individual’s acceptance or rejection of the norm of participation. The ethical reflections that focuses on this demand for mandatory participation in research with a careful attention to the contextual realities of the people will only help to perpetuate the ill-structures that plague the most marginalized and abandoned. Nevertheless, there is still the insistence on obligatory participation in research based on the merits of benefits that will accrue to society and the individual persons and their families. In the context of the ongoing human genomic investigations, the call to participation has become more potent since diagnosis and treatment will become even more personalized and address problems with the aid individual and group genetic compositional features. People who make the decision to abstain from the moral mandate
to participate would risk disenfranchisement, and thus, give up their power to contribute to public policies on health improvement. In other words, participation in research has been sometimes viewed as imperative. The recurring need for healthcare improvement for a better healthcare outcome becomes the consistent motivation for the argument for a binding moral norm for participation in research. In addition, the fact that medical needs are indeterminate for each person supports the frequency with which medical research is conducted using human research subjects. The duty-call to participate in research is viewed as contractually responding to society’s needed advancement in disease control, which demands fulfillment when minimal risks are guaranteed and the benefits outweigh the burden to the participant subjects.

The issue of whether there exists an obligation for the public to contribute to human research by participation is a subject open to debate. Some see no individual obligation, while others suggest there is a duty to contribute to progress in biomedical interventions. In addition, the latter view insists that unless there is excessive risk of harm in a particular research protocol, an individual would be inappropriately denying society of a communal good. The former view, which sees no individual obligation, would not insist that a person must participate even if they think otherwise. Here, those willing to participate in research are encouraged to do so, but refusing to participate for personal reasons is still considered to be ethical. However, judging from this ethical refusal option, it is difficult to make a case for an obligation to enroll in a clinical research. The obligation requirement insists on personal sacrifice for communal advancement in spite of risks that could be associated with it. The next section will recognize the value of research for the improvement the in control of disease, but sees individual’s discretion rather than obligatory participation in research.
ii. No Individual Obligation

There are other considerations from the lens of justice, stipulating a claim of injustice not only to others but also to oneself, when individuals shed their responsibility to participate in a beneficial research.\textsuperscript{585} Nonetheless, the new stance of obligatory participation is viewed as challenging since it alters the established moral standard of optional participation. Indeed, contrary to the widespread notion, the obligatory demand for participation in research is not cast in gold. This obligation is often invalidated in instances where the burden of risks is exponential and the particular research protocol shows no evidence of a scientifically reliable data that can be shared. Similarly, no one can be held to an obligatory participation when the research design has not passed the standard Institutional Board Review tests. In addition, the existence of the framework for ethical research and other regulatory guidelines imply standards that will be met before human persons participate, indicating the moral demand for obligatory participation cannot apply where compliance to these standards were unsatisfactory. However, the moral indication to participate in research can depend on individual cases relating to the study design and content referring to disease conditions under review and the proposed enrollee’s condition. According to the widespread notion of obligatory participation, individuals who reject participation, selfishly deny life-saving interventions for future generation. In addition, their refusal means coasting on other people’s efforts, and thereby, failing to support as well as contribute to advances that will benefit others in the general population.\textsuperscript{586}

Nevertheless, these moral grounds for obligatory participation have not satisfactorily provided justification for the insistence on participation. In other words, there other ways people can fulfill their social responsibilities rather than enrolling for a clinical research study. Wealthy persons or cooperate bodies can provide funding for research endeavors while ordinary citizens
also still do the same, since some the research expenses are covered by the taxpayers’ money. Moreover, at any given time, investigators might have all the numbers in terms on enrollees and would not need an entire population in one research project. Furthermore, the claim for obligatory participation is nullified when specific research plan is at the whim of the cooperate sponsors instead of addressing the people’s important medical need. This kind of situation occurs when industry-based sponsors invest on alternative products to existing regimens that does not necessarily offer any new effective intervention except the expansion of their profit margins. Those at the fringes of the society may not actually benefit from these kinds of research interventions, which obviously undermines the moral requirement of participation. In fact, there are some views that have completely rejected this idea of a moral requirement for research participation, insisting that the researchers have not been helpful which is an extreme stance. However, more people would agree on the beneficial improvement in health resulting from many of the experiments that has been carried out, but this important progress does not warrant the desired obligatory status. Some people might be in a position where participation in a research would be ripe for their consideration and would rightly seize the opportunity. In the same manner, others may have other preferences towards fulfilling their social responsibilities in looking out for others’ interests and for the universal welfare of society. The argument for obligatory participation appears to contradict the earlier efforts in research ethics to provide patient’s protection from exploitative mechanisms of for-profit agencies. Respect for the individual’s autonomy and their freedom of choice is still a priority, which rightly factors into the decisions to participate in a clinical research. Proponents clamoring for obligatory participation might be making a case for a controlling influence of multinationals whose interests may not be completely representative of a universal welfare of a population. Patient protection,
for instance, is at stake in the obligatory participation perspective. There is a serious concern about whose interests are served by this new moral standard. The growing internationality of biomedical research has stoked the interests of multinationals and research institutions who see potential economic advantages. The suspicion is that these giant stakeholders are probably responsible for promoting this new narrative of obligatory participation in biomedical research in order to multiply outcomes.\textsuperscript{590} The next section will explore the efforts to consolidate the protection of the participant subjects especially identifying with where the need is greater to ensure safety.

2. Ethical Debate on Solidarity: Consolidating Protection of Research Participants

The safety of human participants in research is an important ethical benchmark. A clinical research protocol will not pass an approval test, in the first place, if it is dangerous to human survival. Other issues of protection, such as financial compensation intended to lessen concerns about exploiting poor participants, have begun to dominate discussion about research ethics in recent times. Furthermore, additional sensitivities are required when research involves minority groups.

a. Compensation and Exploitation in Research

A commitment to safety as a concern for the best interests of participants is highlighted in the debates on compensation and what counts as exploitation of individuals or groups.

i. The Issue of Compensation of participants

Recently, society has progressed from the previous understanding that it is ethical for research participation to be uncompensated based on the understanding that such participation is
an obligation the public has to the welfare of others. Now, the practice of compensating participants has taken the center stage, and it is an avoidance of exploitation that determines the ethical appropriateness of this mode of incentive. Varied motivations inform this kind of incentivizing but are often contested or denied. The range of motivations includes compensating for injury, inconveniences, and personal time commitment, and remuneration for the services provided by accepting to participate. In spite of objections, researchers and research institutions have found it valuable to make payments to participants in research. The conversation has to continue in order to agree on appropriate principles for compensation since it is a keystone for reinforcing protection of research participants. The issue of compensation of research participants has been a major contentious debate over the years. Considering that participating in research is largely regarded as a morally altruistic service to society, the concern is whether individuals ought to be paid for volunteering in this charitable work. In addition, if volunteers should be paid, on what criteria should their remuneration be based is matter of debate. To this latter, is the issue of whether to quantify the remuneration based on the measure of hazards volunteers are likely exposed to or on the man-hours their services exacts on their own busy schedules. There appears to be preferences for the former, on the basis of risk-burden tolerance. However, determining compensation on the risk-burden measurement raises another problem of fear of unwarranted enticement of volunteers – where some people might take advantage of the monetary value to embrace unnecessary risks that could potentially threaten their life. There is obvious worry about the effect of making extraordinary payments for the dangers associated with a potential harmful experiments such as may occur in an initial testing of a new medical product. Nevertheless, aside from these fallouts, compensatory benefits are still reliably considered appropriate for the sacrifice of participants who were well aware of the dangerous
consequences to their life. Sometimes, the non-monetary benefits to participants in a research program might have been viewed as sufficient, but a commensurate compensation is required when the risk-burden outweighs those advantages. The initial testing of a new drug can pose significant potential risks and sometimes, participants can misconstrue their involvement in the program as an opportunity for obtaining a relief to their condition. However, this misunderstanding can be avoided when commensurate monetary compensation clearly indicates the risks associated with a particular program. Despite this use of monetary incentives as an indication of risks involved in a research, determining the size of the purse to be disbursed to each person is always an ethical dilemma. Likewise, challenging is who gets to be included and what effect incentivizing will have on poor settings and for the individuals suffering in poverty. However, caution should always guide the monetary definition of risks, and indeed, the value of the research will be on the top list of consideration for a participant’s decision to sign up.

The previous lack of compensation policy based on the view of research as a work for the good of the society raised questions, and indeed, deteriorated to victims seeking redress through the court systems. This tedious litigation process often requires substantiated and proven evidence, and often denied a victorious verdict to many as well as unfairly rewarding few others. In general, individuals offer their consent for a research with full understanding of the cost to their time, health and inconveniences. However, what is not budgeted by these same individuals may be the adverse events which might arise from the experiments. This latter is the issue that sets the stage for the uprising in litigations that ensues when research injury victims are left to defray their own medical expenses. Nevertheless, over the years, justice in the court systems for both parties, the participant and the investigator, has proven to be an unreliable path to compensatory policy for research participants. The obvious demonizing of the researcher in the
litigation process is not a pleasant idea in the quest for development and the good of the society. Similarly, the burden of proof placed on victims amounts to overburdening their free sacrificial spirit. This realization has helped to call for solidarity in determining fair means of compensatory support, which encompasses all participants in research in a way that results in minimizing recourse to legal battles. Many research institutions and some federal establishments in the United States have taken the leadership role in centering compensation, even in the absence of injury, as a normative feature of research endeavor. Now, part of the difficulty with compensatory support is the problem of a possibility of transformation into an incentive which can influentially coerce the economically challenged into consenting to participation in a research against their free choice. There are no specific guidelines on how to provide this adequate protection for poor populations against a potential monetary exploitation. Despite the legality of monetary incentives, which has contributed to advancing research, investigators and regulators should ensure that the economically challenged settings and individuals truly comprehend the information about the risks of harm. The awareness of the compromising power of monetary incentives should be uppermost in the research plan for every location. There is no doubt that the use of monetary incentives in research complicate the pursuit of ethical wholesomeness in research involving human participants. The ethical assessment of compensatory support for the research participants is dependent on the intentions of the investigators and their sponsors. In effect, the reasons for compensation are varied, and include chiefly, the encouragement of assumption of risks of harm and the inconvenience of enduring the trials, while sacrificing their precious time taken away from their other engagements. The investigator’s use of monetary rewards has become inevitable, despite the risk of upending the autonomy of the consenting participant in a research. Reducing the uncertain effects would
require focusing on fortifying protective policies for populations with special needs and those at
the margins of society. Part of the strategy for mitigating the potential dangers of monetary
compensation is giving the research participant wages that is representative of an employer-
status in the duration of the trials. Other forms of compensation might account for violating
justice and promoting exploitation. This unwarranted influence that can distort the individual
autonomy leads to the following discussion about the controversy of exploitation in research
involving human participants.

ii. Avoiding the Exploitation Debate

The issue of exploitation is viewed as controversial as it is sometimes inexplicable but
can often be gleaned from occurrences that are best described as exploitative. This is evident in
international research, especially when carried out in developing countries. Examples of such
clinical trials include the 2005 Havrix Hepatitis A/B vaccines trials in Thailand and the Surfaxin
trial for prevention of Respiratory Distress Syndrome in Bolivia,\textsuperscript{600} and the Pfizer Meningitis
1996 experimental study during epidemic outbreak in Northern Nigeria. There is little agreement
on the definition of the concept of exploitation, especially when it emphasizes an undue
advantage of the wealthy against the poor. Many guidance documents made allusions to
wrongfulness of exploitative behaviors in research without stating a clear definition of the
concept. Nevertheless, certain actions that account for exploitation are identified in
circumstances where clinical research is conducted with inadequate consent procedures. Other
actions are also identified in the offshoring of clinical trials to developing countries for purposes
of cost reduction. In addition, there are cases where the end products are clearly not targeted for
host countries of such studies or only made available after many years. Such actions should be
avoided as exploitation.\textsuperscript{601}
The conduct of research involving the use of human participants has always raised issues about safety and the possibility of exploitation especially in the case of the powerless in society. Multinational corporations offshore research studies to regions of the world with low economic power, which sometimes can account for exploitative maneuvers aimed at maximizing profit. Often the task of research endeavors is endured by participants not for their benefits but to attend to future needs. However, what the idea of exploitation in clinical research entails does not often represent a consensus. Arguments for avoiding exploitation center on ensuring that risks of harm do not prevail against benefits, even when these benefits are intended for the future, more or less. The difficulty comes from the fact that considering the participants’ exposure to risks as exploitative appears nullified by the advantages that will be enjoyed by the future others, and perhaps briefly, by the participants in the experimental group in a randomized clinical trials. 602

Indeed, most development of drugs takes several years to complete the normal three phases of testing and regulatory approval processes before arriving at the market. This procedure means that the volunteers for the drug trials make the sacrifices and bear the risks for what will benefit future patients. Nevertheless, the rapid development of drugs by the multinational pharmaceutical companies account for the multiplier effect of clinical trials of clinical trials for most of the new medicines with barely little improvement on existing ones. Similarly, the growth in sponsorship of researchers from higher institutions of learning has contributed to the spread of the research studies involving the use of human participants. There are also other controversial issues of building mechanisms for fast forwarding these clinical studies with an eye on obtaining rapid regulatory approvals of new drugs for market consumption and for the rapid openings for testing in international settings, especially those settings at the lower end of socioeconomic development. Obviously, the desire to ramp up production of drugs in order to meet the
diversified modern needs – such as various enhancement medications that address aging, virility issues and menopausal symptoms, among others – raise questions about exploitation and the integrity of the clinical trials as well as the intentions of sponsors. In the developing parts of the world where most of these trials are held, there is some little doubt about the integrity of local and international institutional review boards which are overstretched with escalating number of clinical trials under their assessment. Some members of these boards who are hastily coopted are sometimes not sufficiently equipped with requisite ethical knowledge for accomplishing the tasks. In addition, the wages for their services as well as the compensatory benefits for the potential participants in clinical trials are paid for by the pharmaceutical industry sponsors, which apparently represents potential red flags for subtle maneuvering. Likewise, the institutional review boards’ duty to follow up the protocol implementation after their approvals is often not accomplished. Even sometimes, international investigators and their sponsors carry on their research activities without consultation with the local IRBs, and in the process, compromising safety of the vulnerable populations or other cases where researchers conduct unapproved research plans that were eventually found to be harmful to participants. One of the most baffling cases of all times is the 1996 unapproved new meningitis drug study for minors conducted in the middle of a meningitis epidemic in Northern Nigeria by Pfizer Pharmaceutical Company. Among other things, the question of obtaining informed consent was averted under the claim of using interpreters and yet with no evidence of documentation. Without adequate information and communication, the investigators, with so much negligence, exploited the poor and vulnerable population by conducting an unethical drug testing during a raging outbreak of meningitis disease. The unsuspecting parents, under the circumstances of a medical need, allowed their children to be administered with the antibiotic, Trovan, which failed to offer any
therapeutic relief. Of course, death and disabilities of various kinds resulted in the aftermath of the clinical trials.\textsuperscript{605} Above all, the wide ranging drug development and clinical testing for approval purposes are not actually urgent endeavors to reduce diseases as well as improve health, but basically an economic venture. Indeed, most of the trials test drugs which target patients in the wealthiest segment of the world’s population. These drugs, when approved, are often largely unavailable to the majority of the world population who are the sickest and suffering in poverty because of the cost or high pricing of the products.\textsuperscript{606} This sole economic purposes for drug manufacturing, probably, accounts for why issues like developing a vaccine for malaria and drugs for other similar specific diseases are not viable investment for the multinationals.\textsuperscript{607}

However, the issue of exploitation may have assumed systemic proportions and would demand consistent and conscientious collaboration on the international level to come close to minimizing such practices in clinical trials.\textsuperscript{608} Increased collaboration of all stakeholders – investigators and their institutions, corporations, and participants, with consistency and openness will ensure protection for the research subjects. The issue of inadequacy of protections for minorities in research will be the focus of the following discussion.

b. Minorities and Inadequate Protections in Research Participation

Consolidation of participant’s protection would be even more grounded in the discussions of additional sensitivity to particular community research needs and the underrepresented adolescents.

i. Sensitivity to Community Research Needs

Inviting participation in research from minority populations such as the indigenous Indians of North America, African Americans, Asian Americans, Hispanics, and Native
Hawaiian requires some sensitivity and knowledge of existing tensions in their relationships with governmental agencies and collaborators. In the case of Native Americans, there had been a history of ignoring their religion and culture in policy decisions, which was evident in the displacements, resettlements, colonial decimation of population settlements, and the imposition of education. These multiple forms of discriminations are also apparent in the poor health status of the native peoples with increased mortality rates. In effect, numerous indigenous oversight committees (IRBs) have been inaugurated by the responsible Federal Agency for the Native American population. These Ethnic IRBs will represent both the universal and community research needs and protections. The community research needs are to be uniquely observed by investigators, and research should incorporate principles of reverence for cultural worldviews. Furthermore, mutuality and accountability by all parties should be ensured.\textsuperscript{609}

The health gap in minority populations is also the same experience for the indigenous country people of Canada. Efforts in carrying out clinical studies among these groups, over the years, has the forsaken style of demonizing and disrespecting the native people’s values as well as various other notable research malpractices perpetrated.\textsuperscript{610} However, the new resolve to engage and involve all parties in the sharing of new knowledge discovery from research and translating this knowledge into policy for health improvement has become an important normative approach. This approach – identified as the community-based participatory research (CBPR) – approaches research from the point of view of partnership-in-learning with the local people, where the outcome does not just benefit the sponsors, but also largely represents the interests of the host community. In addition, the CBPR approach helps to ignite the confidence of host communities on the research community which includes the investigators and their institutions, the industry-based sponsors and the research participants.\textsuperscript{611}
In more recent times, scientific research conducted using human participants has been taken to the people in their local environments instead of the designated laboratories or health institutions.\textsuperscript{612} This shift can possibly account for some lapses in the procedure and oversight functions that will normally endanger the well-being of those who volunteer as participants in clinical trials.\textsuperscript{613} The investigators in the field are often faced with a dilemma, on the one hand, working to ensure that the benefits of the study will translate to improvement of health and the welfare needs of the participants as well as the community. On the other hand, these researchers have also to worry about balancing the needs of the investors, say, for a development of acceptable drugs for the big markets. These conflicting interests, of course, bear dire consequences for the less powerful collaborators, the low income host communities and participants, in the research endeavors. However, the majority of these locality-based clinical studies are streamlined into a multicenter research, in which the investigator remotely coordinates the research activity with the various participating healthcare professionals who recruit volunteers in their rural centers.\textsuperscript{614} The multicenter studies help to minimize the duration of trials as well as the expenditures, and also engender rapid approvals of the products.\textsuperscript{615} There is also some appreciation of the decentralized study centers as advantageous for caring for patients who will receive a new improved therapy besides the standard treatment.\textsuperscript{616} In addition, others oblivious of the associated risks of harm, appreciate the opportunity of obtaining best and free offer of care without having travel far to the urban centers.\textsuperscript{617} In other words, when the information about the research study is less clearly communicated and poorly understood, the volunteering enrollees might fall into the trap of therapeutic misconception – a misjudgment of experimental products as life-changing prescriptions.\textsuperscript{618}
Nevertheless, the ethical test of clinical studies stands on the quality of protection afforded those who sign up for participation. This moral ground of ensuring protection is potentially threatened when the intentions for a research plan and procedures are muddled up with conflicts of interests. The issue of funding of research plans complicates the relationships of the stakeholders. As mentioned elsewhere, the industry support for research might retain some conflicting interests for economic expansion, which could potentially hurt the individual participants and their communities. Similarly, the compensatory benefits for the investigators including the remuneration for physician’s role of recruitment from the patient community. For most of the researchers and healthcare professionals, research has become a viable source of income, which might compromise their allegiance to protection of their patient community. A declaration of large compensatory benefits is dreaded by the researcher as one with drastic consequences for a successful patient enrollment as participants. Furthermore, the informed consent is undermined in the doctor-patient interaction by a subtle controlling influence which elicits a blind trust in the patient’s judgment of best interests for the extended invitation to research participation. The patient may also be harmed when complex information is deliberately put forward to discourage adequate comprehension prior to their decisions since the contrary might mean less interest in enrollment. In addition, the patient safety in research participation is at risk when some polling of the investigators shows their tentativeness to enlist in the same research plans extended to others. Where there is the willingness to encourage patients, healthcare professionals and research personnel are wary about their sponsors’ intentions and inducements.619

Apparently, these concerns about protection of the participants in research seems to be the right expectation for all settings hosting a research, even in the case of metropolitan centers.
Participation is generally considered essential for sharing in the benefits of new developments, but research designs have to address the community-individual needs as well as respectful of their cultural sensitivities and the general welfare at all times, prior and after research. The next section will call attention to the needed protection and to a fair share of the benefits of research that will represent the best interests of children and young people in the transitional stage of human development especially the neglected minority populations.

ii. Sensitivity to Underrepresented Adolescents

The adolescents of minority groups are poorly represented in research and require a sensitive approach. Adolescent refers to the developmental stage when puberty is attained before adulthood manifests. These young adults also have the same health issues as the adult population because of the changes in their lifestyles and local diet. Again, the nature of this group also has made them vulnerable to exploitative research. Thus, research regulations have to be strengthened to guarantee the safety of this population in future clinical studies that would contribute to their health improvement. However, incorporating these young adults, especially the abandoned minority populations in clinical studies, is necessary to appropriately address the improvement of their health status. This inclusion will obviously entail the observance of the regulatory guidance for health research involving children, which will guarantee appropriate protection in their case. In effect, their inclusion will imply the development of research plans tailored to the needs of these populations of human persons in their developmental stages. The transitional processes in this major growth stage has significant impact on their subsequent health outcomes. Past research designs had wrongly fitted adult tested protocols to the adolescent category, and thus, denying their chances of sharing in the appropriate risks and beneficial outcomes of clinical studies. Of course, as under aged persons, the informed consent requirement
for inclusion of adolescents in research demands that their acquiescence or refusal to participate is as important as their parents’ consent-refusal decisions. Nevertheless, in the case of indigenous minority groups, their experience of previous research malpractices contributes to parental hesitation in consenting to their children’s participation. To better serve these particular groups, the researcher has to be cautious of repeating similar past mistakes and attitudinal approaches, and must be resolved to address the people’s needs with a respectful candor. Effective representation of the interests of the host communities will facilitate their confidence in the research community. In this way, the benefits of research will be balanced and the desired health and social transformation will be in place.\textsuperscript{621}

There is some suggestion about engaging the youth in partnership in research instead of objectifying their instrumentality in the development of future health and social change. Working with these youthful minds will be a preferred stance and will help to more easily unravel better approaches to adolescent issues regarding mental health, substance addiction, teenage pregnancy, and other health risks. The resourcefulness of the youth, in this way, will be utilized in effecting change and improvement.\textsuperscript{622} In this case, adolescent’s concurrence to participate in research or a treatment procedure is validated and informed by interrelated factors, such as their level of mental capacity to understand and communicate, their literacy-level, age, family orientation, the nature of the protocol and the manner of presentation, if done at their level in simple language.\textsuperscript{623} Furthermore, there is a reasonable understanding of the importance of obtaining children’s agreement before conducting a health research. Nevertheless, there is no consensus on the validity and application of children-assent-requirement in the context of a health research. Some contend that assent has a weak moral status, no binding force, and thus, has no place in research participation. Along this same line, there is strong feeling about the harmfulness of introducing
assent in the healthcare setting, which might bring unnecessary confusion to the normal parental consent process. Others see the assent demand as a motivational feature that incorporates the children’s awareness, even if minimally, and their participation in the assessment of available options in treatment or health research for future health improvement. Parental permission might be sufficient to avert harm, but foisting a research procedure on a minor or a teenager may be daunting, but their concurrence will be meaningful in determining their preferences and in growing their decisional skills. There is also a valuable view of individualizing the requirement of assent to suit the preferences of the particular young person in this category and to be strengthened with growth in age from the fourth to the seventh birthday.

However, there seem to be good than harm done in the case of letting the adolescents in on the consent process, which is ordinarily, legally designated to their parents or appointed legal guardians. Even though in their emerging maturity, the adolescents are legally exempted from decision-making, the right to a knowledge about procedures performed on their bodies should not be usurped. The adolescent’s experiential knowledge of ill health can contribute to their acceptance of enlistment in health research. In spite of this, the focus of the assent principle is to ensure the engagement of every adolescent in what choices are proffered on their behalf. No child will be left behind, even the ones with learning disability and communication problems. Researchers have to figure out strategies with which to communicate at the level of each individual person in the adolescent stage, to open up the opportunity for active participation in the decisions about their affairs. The next section will discuss the controverted issues of application of standard of care and the distribution of post-trial benefits when research is extended to vulnerable populations. These issues pertaining to protection relate to the universal call of justice and solidarity of the human family.
3. The Relation of Justice and Solidarity: Standard of Care and Benefit Sharing

Disparities in standard of care for control groups in international biomedical research projects raise concerns about justice in research, especially when conducted in resource-poor countries. This is often referred to as a double standard in research, which is considered by many as unethical. How to determine the best standard is still problematic, but it is a worthwhile venture. This section also discusses benefit sharing that pertains to distribution of research dividends as another aspect of ensuring justice and solidarity in research.

a. Best Standard of Care for Control Group in Research Involving Human Participants

The standard of care debate continues in search of what satisfies as a universal standard in welfare and protection of participants. In addition, a post-trial commitment to participants will contribute to meeting these concerns of protection.

i. Standard of Care Debate

Clinical trials carried out by multinationals in low-income countries during the 1990s ignited controversial debate about the standard of care applied to participants in control groups. For instance, the generic miniaturized regimen of the expensive zidovudine (AZT) for prevention of maternal-child HIV infection was clinically tested in low-resource countries for affordability purposes. Participants in the control group were either treated to a placebo or were denied the treatments available at that time. Such approach would not be considered ethical in more economically advanced nations. The debate pertains to how to ethically justify a minimal standard of care for the control group in low-income settings. Meanwhile, the same regimen would always be considered inappropriate in the researchers’ own communities. Nevertheless, a minimal standard of care approach is also considered as promoting double standards and it is tantamount
to exploitation. However, there is no consensus on what counts as a universal standard of
treatment of control groups in international clinical trials. But whatever standard of care is
approved for international research must incorporate safety for the control group in clinical
trials.\textsuperscript{630} There has been different understanding of what may satisfy a standard of care
specification. Indeed, standard of care specifies the generally acceptable cause of procedure for
addressing a particular disease under review, whether in research study or in a normal clinical
encounter. There is also an understanding that refers to the care the control group in a
randomized controlled trial (RCT) receives in the context of a research study. Sometimes, there
is also an understanding of a standard of care as the trials and post-trial benefits which research
participants are privy to. Various international research ethics guidelines weighed in insisting on
adequate existing remedy for the control group in RCT.\textsuperscript{631}

ii. Post-trial Commitment to Research Study Participants

Furthermore, there is much debate about whether or not there should be a post-trial
commitment to research study participants.\textsuperscript{632} The World Medical Association’s 2008
Declaration of Helsinki supports the importance of continuing an effective therapy or an
equivalent of it with research participants after the conclusion of a clinical trial. While there are
dissenting voices, there are also calls for local ethics committees to adopt the Helsinki
document.\textsuperscript{633}

b. Benefit Sharing in Biomedical Research

The principle of benefit sharing as part of consolidation of participant’s protection is
explicated in the demand for equitability and an appropriate framework for implementation.
i. Equitable Sharing of Research Benefits

Benefit sharing is an important principle in research ethics, which visualizes the mutual responsibility of parties to a research development and also compels investigators to ensure that research benefits are equitably distributed among host communities. The World Health Organization (WHO) was challenged by the Indonesian Health Ministry for the high cost of avian flu vaccines, which were partly developed with resources from its own environment. The government health ministry prevented WHO’s access to their specimens because the Indonesian people were denied the benefits of the avian influenza immunization through the high cost of the finished product. The majority of people think this was a bold step towards protecting against exploitation. Few others think it was negligence on the part of the Indonesians and a breach of public health safety. The application of the principle of benefit sharing would be the way to resolve this kind of exploitation.634

Often, the issue of contention in clinical studies is that of the availability of the successful product to the participants and host communities. Nevertheless, the quest for new knowledge is motivated by the desire to bring about social change and well-being of individuals, and thus, the availability of successfully researched products will be key to this injection of new life or renewal.635 However, the challenges of introducing change are always daunting. There is always the complexity of the bureaucratic process that makes or mars progress. The requisite orientation for the use of new gadgets and the human tendency for attachment to what is known, all play out in the dynamic of bringing improvement of existing practices or infrastructures.636 Sometimes, the industry-community have to recoup their cost of production and profits for the new products, and thus, discourage potential low income users with their pricing. Furthermore, the issue of availability of research products after studies is even compounded sometimes by the lack of
empathy and the selfishness on the part of investigators and their industry-sponsors, neither for the host communities of the research nor for the individuals that bore the direct burden of risks. However, the provision for protection against the above attitudes has been on the horizon a decade before the emergence of the 21st century. Now, the IRBs will ensure an agreement on substantial community benefits prior to the commencement of the research endeavor. This provision of protection is reasonable because of the community’s and individual’s sacrifice for the benefit of other people and for the future generation. The question arises whether those who gain new knowledge from the experimental protocols are not actually exploiting the voluntary burden of risks imposed on the participants. This issue of exploitation takes a dangerous spin when clinical trials are hosted in minority populations or in low economic resource settings.\(^6^{37}\) Every so often, the beneficial goods delivered in the aftermath of a research are far from felt in these settings and mostly attributable to their poor economic conditions. In effect, the protection device is to secure the relevant structures in these deprived environments which will guarantee the appropriation of the developments from research efforts. One key protection device that emerged from the ethical guidelines for research, especially, is the reasonable availability standard. This ethical requirement impresses on research investigators and their sponsors to certify the distribution of research benefits to the vulnerable in the struggling economies that played host to their clinical studies. The existing international guidelines insist that fair benefits accrue to participants and their communities in economically challenged counties who had played host to clinical studies.\(^6^{38}\) The call for a well-structured execution of the potential content of benefit sharing will be the focus of the final section.
ii. Advocating for a framework for Benefit Sharing

Recommendations have been made for devising an officially authorized structure for benefit sharing that will elicit commitment from research institutions and guarantors and encourage trust as well as mutual cooperation with communities hosting research. The research community will be bound to stipulate relevant benefits to the host communities prior to the start of the research studies. In a situation where these stipulations were not met in the aftermath of the studies, the host community will be assured of grounds for a legal redress. This framework requirement holds guarantors of research accountable to declaring benefits to local communities and study participants prior to research. There is no consensus with regard to the format the framework provision will adopt. 639

Conclusion

Clinical research has been observed as an effective way of advancing clinical interventions for the health and welfare of the human person. The ways in which this essential component of healthcare has been carried out over the years has been suspicious in the debate over the ethical nature of research involving human participants as subjects. Indeed, there is an ethical imperative to protect all subject participants of a clinical study including the control group population, which represents the benchmark measurement for the efficacy of the trials. In that sense, for example, the use of placebos for the control group is restricted to situations where there is absence of alternative and tested remedy for the condition under investigation. Justice, as one of the biomedical principles, demands safety, protection, and avoidance of exploitation in research.
The interests of vulnerable groups must be respected and protected through the establishment of indigenous oversight committees that ensure communal relevance. However, the new resolve to engage and involve all parties in the sharing of new knowledge discovery from research and translating this knowledge into policy for health improvement has become an important normative approach. This community based participatory research approaches research from the point of view of partnership in learning with the local people, where the outcome does not just benefit the sponsors, but also largely represents the interests of the host community.

The principles of justice and solidarity require best standards of care for control groups and benefit sharing at the end of research. Double standards in research remain unacceptable and encourage disparities. Relying on a minimal standard of care is what is considered as promoting double standards and this approach is synonymous with exploitation. Despite lack of consensus on a universal standard of treatment, whatever approved international standard of care must incorporate safety for the control group in clinical trials. Likewise, the principle of benefit sharing demands mutual responsibility of hosts and researchers for research development and investigators have to guarantee that research benefits are equitably distributed to all parties. Equitable distribution of risks and benefits of research is a standard for the advancement of human society through progress in healthcare interventions.
Chapter 6. Availability of Medical Technology

Chapter six argues for a global collaboration that fosters global health by way of solidarity through provision of improved healthcare services that addresses the need of the vulnerable. Global access to healthcare is a potential reality, which is already prefigured in the ongoing harnessing of medical technology and information technology to provide efficient services to remote rural settings. Of course, in effect, medical technology implies a practical way of putting together acquired knowledge and capital to achieve appropriate medical interventions. Medical technology (MT) encompasses simple or complex techniques as well as tools for diagnosis and treatment procedures. This chapter will focus on availability of new medical technology for weak economies and poor populations.

1. Ethical Debate on Rights: Global Access to Medical Technologies (MTs)

This section explains that respect for human rights can clarify the debate about global access to MTs. Two core aspects of the debate narrate the influence of MTs on patient care and barriers to the promotion of MTs in weak economies.

a. Impact of Advanced Medical Technology (MT) on Patient Health Interventions

The influence of medical technology is evident in the debate about its contribution to patient care and its superfluity.

i. Advanced MT and Improved Patient Care Debate

The application of improved medical technologies has been viewed to contribute to better interventions in patient care and welfare. This claim is supported by new indications of minimized hospitalizations or durations, low mortality rates, and more efficient patient care by
healthcare professionals. Increased adaptation of medical technologies has also secured quality outcomes of diagnostic and treatment precisions as well as patient protection. Sophisticated body scanners are now employed for easier disease detection and to prevent an unnecessary invasive diagnostic surgery. These new developments are also satisfactorily considered to serve their values as well as retaining the capacity to drive down costs without affecting quality of care in the long run.641 Furthermore, the developments in medical technology have extended to human improvements visible in enhancement projects, which has made meaningful contribution but often controversial. Buchanan identifies Michael Sandel as one of the major objectors to the enhancement project. Sandel views the idea of enhancement as a moral deformity of the individual and a denigration of nature as a gift bestowed by the Creator. Humans should not meddle in what they have no control over. In other words, embarking on enhancement project portrays lack of respect for the reality of human finitude and a failure of submissiveness.642 It is clear that Sandel’s view does not admit of any advantage that may emanate from enhancement project. There are fears that the very desire to enhance ourselves shows that there is something wrong with our character. In other words, that we are pursuing a kind of expert skill or perfection. This is not agreeable to many other debaters especially to Buchanan. A parents’ effort to enroll their child into a school when the child has come of age is an example of enhancement and cannot be dismissed as influence or power of command over nature. Perhaps, what may be important is to consider the ethics of a particular enhancement endeavor and not to give a blanket condemnation for enhancement.643

However, on a general note, enhancements can improve our reasoning capacity to orient towards the good. The objection that virtue can only be appropriated through individual personal wills may not be substantiated. Virtues are learned through pedagogical means from family
values and other associations. On the other hand, part of the repulsion against biomedical enhancements is the apprehension that they have potential to result in degeneration of initial skills naturally employed to address the same task. In other words, the use of, for example, a calculator, would reduce the individual’s ability for mental mathematical calculations. This may not be truer than the fact that calculators have enhanced certain trained individuals to accomplish more complex works. To say the least, if more complex work is achieved, falling back to the old slower method would not be necessary.  

Furthermore, objectors to the invention of enhancement are worried that it will lead to irreparable deterioration of nature. The 2001 President’s Council on Bioethics chaired by Leon Kass clearly pronounced its repulsion for enhancement project insisting that such undertaken violates natural order. Human reproduction is an example employed by the Council to buttress its point. It insists that non-heterosexual reproduction in humans is simply abnormal and unacceptable. This is considered normative but faces numerous rejoinders. In other words, these rejoinders address the views that the argument about violating the natural order is not satisfactory. It does not provide sufficient basis for proscribing the enhancement project.

As a matter of fact, there are many other forms of enhancement that are genuine. In other words, a few erroneous projects in this direction would not be sufficient to discountenance valuable transformations. Of course, at all times, excesses must not be tolerated. However, the views in this platform of conservative bioethicists do not equally offer satisfactory argument for their rejection of the human enhancement project. In this platform is the view that human biological composition is interconnected with the environing social structures. Of course, the prominent proponents (who are actually objectors to enhancement project) are identified in the persons of Leon Kass, Francis Fukuyama and Michael Sandel. The view that denies some
imperfections in nature would be faulty. It would also not be completely true that all human interventions in nature will be harmful to its orderliness.650

The possible risks envisaged with regard to biomedical enhancements are ones that could be associated with deliberate adjustment of human reproductive constitution that may result in unforeseen negative outcomes.651 Buchanan identifies Intentional Genetic Modification (IGM) as an example that is viewed as possible distortion of nature. Yet, it is not harmful as the opposition portrays. The procedure does not have the capacity to endanger society since it can only be applied to a single individual at a time and as necessary. When compared to other forms of biomedical enhancements the risk of IGM is grossly lower and does not support any reason to abolish it. In addition, the adjustment effect in IGM can also be rescinded and as such, not permanent. There is now available technique to nullify if the adjustment is problematic.652 It, however, still requires carefulness and depth of knowledge to engage in it. This is important because the risks cannot simply be overlooked but appreciated in order to move forward. There is great potential that, perhaps, the risks do not overwhelm the benefits.653

Nevertheless, oppositions to biomedical enhancement nurse the apprehension that it may create inequality between the beneficiaries of enhancement and non-beneficiaries. In this vein, it will widen existing social classes and foster injustices.654 In other words, persons who receive enhancements may feel superior to those who have not and perceive them as having lesser capacity as persons.655 However, this fear may be genuine considering the fact of ordinary human relationships that have always been smeared with class divisions of sorts – slavery issue, abuse of mentally challenged, first-to-third world disparity and others. In any case, there have been efforts to address these anomalies, even if not sufficient, but some success has been achieved. Perhaps, the apprehension may be genuine but partly misguided. It may be more
beneficial to consider that enhancement enterprise should be more integral, incorporating vitality and moral capacity to understand full implication of respect for the other. Clearly, biomedical enhancements do not enshrine injustice in the world as feared but proponents should constantly maintain a cautious stance. Nonetheless, the allegation that the benefits of biomedical enhancements would widen the rift between the social classes lends support to its rejection. The next section will consider the ongoing debate on the impact of improved medical technology on patient care and the associated rising healthcare costs.

ii. Zero Effect of MT on Patient Care Debate

There are other views insisting that improved technology does not guarantee any better patient care. The growing sophistication of healthcare services with the complex technological advancements – new devices, rapid drugs development, procedures and testing equipment have escalated costs industrialized countries especially in the United States. Here the debate hinges on the excesses of defensive medicine where professionals prescribe superfluous exotic testing as safeguards against litigations. In this case, medical technology has often borne the blame of the rising cost of healthcare, but also has improved efficiency, though, not without the indictment of over-testing. Indeed, some argue that MT does not often lead to actual therapeutic relief, but only manages disease conditions while doing the damage of escalating healthcare costs in the long run. The issue at stake is primarily determining, in terms of medical interventions, what is the sufficient level of care for quality of life outcomes. Notwithstanding, some others will argue that quality of life is based on a subjective assessment. However, the improved expensive methods of investigations conceived since the 1970s, such as CT scans and MRIs, have become better options. These have become preferable to the preventable diagnostic surgeries usually adopted to uncover the root of the medical conditions. In spite of this, the costs and side
effects of these sophisticated testing, and the frequency of their recommendations to individual patients have also become a relevant source of worry. Furthermore, advanced technology has given rise to hip/knee replacement therapies and organ transplantations that have also contributed to extreme medications. In these advances, one cannot dispute optimal life expectancy and low mortality but the clinical relevance of some of these therapies and testing are sometimes of minor significance.\textsuperscript{660} Despite the cost issues and excessive treatments, there are obvious advantages of improved care evident in the speed of diagnosis and better intervention. Above all, more life is prolonged in the process, even with chronic conditions, but sometimes leading to individual fulfillment, even if staying few more weeks to witness a grand daughter’s wedding or the birth of a grandson. The following will discuss the challenge of creating access to MTs especially in LMIC countries.

b. Promoting Access to Advanced Medical Technology

Encouraging the distribution of MTs for the purposes of enhancing health is a global requirement. Notably, fulfillment of this objective is not without obstacles and misrepresentation of set goals.

i. Barriers to Access to MTs in Developing Countries

Global access to essential medicines, procedures and diagnostics is still problematic especially in developing countries. For example, the issue of infertility and access to reproductive technology is a challenge to many in developing countries.\textsuperscript{661} Some cultural groups within the Asian continent consider infertility as a punishment. Any individual who breaks the family lineage as a result of infertility is seen as cursed and, perhaps, suffering the consequences of a past immoral life. Then, it also becomes an obligation on the individual persons to
reproduce, and no one has the freedom to avoid or even deliberately to delay marriage.\textsuperscript{662} Furthermore, in the Chinese world view, disruption of the normal course of human reproduction is prohibited unless it is a clear effort to address an infertility problem. Artificial insemination by husband (AIH) is unacceptable because it is believed that if a husband’s sperm is not able to impregnate through normal coital process then it is deficient. Further attempt to provide aid by introducing the sperm directly into the womb of the wife might result in a birth defect. Third-party donation of spermatozoa is a preferred option, as it would be of more vibrant quality.\textsuperscript{663} Unfortunately, too, sperm donation is generally rebuffed in the Chinese conservative view, for it implies expending the individual man’s naturally imbued energy for sustaining the lineage. Only in rare cases do husbands consent to an AID procedure.\textsuperscript{664} The technique of sex selection would thrive in this same context where there is enormous discrimination against having girls in favor of having boys. In addition, there is a rigid implementation of one-child per couple policy as a means of population control. Similarly, some other countries in South Asia, especially India, stigmatize women.\textsuperscript{665} as the cause of infertility in the family. On the contrary, women who reproduce in greater numbers with the male children as majority are idolized in the society. The presumed non-fertile ones are subjected to so much pressure that they are ready to accept any available procedures to relieve their problems. The emerging reproductive technologies find a welcoming home within such contexts but often can only be accessed by the elite.\textsuperscript{666} There are only few regulations against certain procedures of sex selection but are often violated with ease by those in grave need.\textsuperscript{667}

Infertility is clearly regarded as a taboo or curse in most of sub-Saharan Africa. All sorts of clinical and religious consultations\textsuperscript{668} are made even at the level of African traditional medicine.\textsuperscript{669} The agony of the couples involved and the pressure of the society or community are
weighty. My parents do not want to be reminded of the infertility nightmare that occurred within the first few years of their marriage while they were living and working in the Northern part of Nigeria. Eventually, the social pressure forced them to decisively relocate to the East. It seems, theirs was a problem of miscarriages, which fortunately corrected itself after the change of location.

Otherwise, this author would not have come to existence. However, the plight of those who do not conceive at all is worst in the ratings of the society. This latter group is regarded as sterile because they never conceived. Other levels of the problem include those whose babies die off after birth and are not able to hold any offspring. Those who suffer miscarriages and those who deliver still births are grouped as infertile. Marriage without offspring is, at best, considered non-existent. Infertility causes most breakdowns of marriages and remarriages.

The prospect of Artificial Reproductive Technology (ART) would, otherwise, be a welcome development in the African contexts. Of course, the few available IVF clinics are not very successful in their results and are affordable to few. A majority would sell off properties to obtain such services. In general, most of the problems leading to infertility in most African countries before now are connected with infections. These infections emanate from non-sterilized tools used by unskilled practitioners for abortion, as well as female genital mutilation, sexually transmitted diseases and post-partum pelvic infections after home births.

There are strong suggestions that certain aspects of ART would be very much required to address these issues of infections that lead to infertility problems. However, these new trends in services are also very rare in most parts of Africa.

Generally, within most African settings, women bear the brunt of infertility or childlessness in a marriage. Even if the husband is the cause of infertility, it is the woman who is normally pointed at. It is a critical concern and a sign of sexual inequality that is not
The problem of infertility, for instance, in Cameroon remains valid and sufficient reason for divorce among couples. Fertility is viewed as a measure of respect and accomplishment in life. It defines the status of a woman. One who suffers the unfortunate condition of infertility is regarded by the society as abnormal. Nevertheless, the women folk do not entirely give in to these collective ridicules. As people suffering similar fates, they manage to forge frameworks to remedy their situations with regard to social disgrace associated with infertility. They endeavor to design support groups to engineer their reintegration into the society. With these alliances, women embrace active strategies to uproot oppressive structures that subject them to ridicule because of their condition. They also remain focused to find remedies for their fertility anomalies. Infertility is enough of a problem in itself to break down marriages, especially in cultures where children are the major reason for marital relationship. It is believed that infection is the underlying key factor triggering infertility in majority of sub-Saharan Africa. Untreated infections, especially the ones arising from STDs, progress to infertility among other medical implications. Furthermore, infertility cannot only cause the breakdown of marriage but, equally, can lead to the stigmatization of individuals who are unfortunate to have such a health condition. It has been recommended that the use of ART will be valuable in bringing relief in many suffering peoples. Yet, it is only available to those who have the means and often there are doubts about their effectiveness in curbing the problem. Nevertheless, the use of ART in these contexts is sometimes considered a denial of natural course of action in the reproductive process and beneficiaries are regarded as weak and abnormal. In other words, there are cultural-ethical biases working against the use of ART. These biases involve sensitive issues of lineage disruption, religious beliefs and decision making about opting for the treatment. The question of who among partners makes the suggestion is
problematic since there is stigma of weakness associated with infertility in the individual.\textsuperscript{680} In spite of these reservations for ART, its development keeps expanding in Western societies.

Furthermore, part of the problem of access to essential technology and medicines is also identified in the activities of profit making drug manufactures.\textsuperscript{681} These multinationals escalate prices of needed technologies such as vaccines and medicines and would not invest in new essential products for poor countries since the same products will not be required in developed counterparts.\textsuperscript{682} In addition, patent issues held by these producers contribute to growing illicit manufacturing of counterfeit medications, which endanger the health of poorer countries.\textsuperscript{683} These developments stand in contrast to international agreement for optimal right to health for all citizens of the world. Furthermore, advocates insist on expanding this right from merely individual right to globalized public health right in order to encompass social factors that promote health.\textsuperscript{684}

In addition, part of the barriers to MT is also witnessed in the opposition to biomedical enhancements in which there are claims that these new developments deepen the social divide between the haves and the have-nots, between the high income countries and the developing countries. The sophistication of this new technology would escalate the cost of access and put it out of reach for the low-income. Nevertheless, it is not sufficient grounds to reject enhancement efforts. Unequal access to certain health care goods has been age-old problems that society will keep working to find reasonable solutions. Part of the contributory factor is the issue of patent rights that governments grant to manufacturers to sell an invention for a certain number of years. The individual or group with these exclusive rights would fix the prices for their inventions in a way that may not be affordable for the low-income earner for that particular period. Large institutions and multinationals are more often engaged in this control that prohibits wide
dissemination of desirable products. However, some actions can be taken to correct these problems and promote justice for all.\textsuperscript{685}

Buchanan proffers a solution of oversight by a constituted world body - Global Institute for Justice in Innovation (GIJI) – to address justice issues. Perhaps, such a body would become an arm of the United Nations to give it a boost and functionality. It would evolve strategies with right policies for appropriate distribution of desirable inventions. Basically, such an oversight would have concrete incentives for encouraging initiatives that foster justice in their approach. It will establish greater attention towards prompt dissemination of these inventions to all areas of need, taking cognizance of the disadvantaged. Special recognition would be accorded to corporations that abide by these principles. Similarly, adequate sanctions would be applied sparingly as a final appeal, for non-cooperating institutions. The licensing strategy would be employed to balance the situation and dissuade excessive control by patent owners while fast forwarding dissemination process of products.\textsuperscript{686} These proposals of incentives and deterrents grounded in institutional remedy would be effective based on the commitment of all stakeholders to the plight of the disadvantaged. In this way, new inventions would not perpetrate the evil of dichotomy but ensure fairness for everyone. Transformation is constant in nature. In fact, this philosophy of transhumanism, human enhancement, is resolved towards growing the capacities of humanity to merit a new and improved form of life. Clearly, some form of transhumanism might be extreme.\textsuperscript{687} However, it is obvious that enhancement enterprise is not new but an exercise that permeates every aspect of nature. Nevertheless, objectors hold contemporary biomedical enhancements as meddling in and denial of giftedness of nature. In any case, this view has been established to be unsustainable.\textsuperscript{688}
The note of caution is not entirely withdrawn. Uncertainty about technological advancements still persists. What is not always clear is where some of the technologies of transformation are headed and whether they have the objective of bringing about positive transformation. Furthermore, a strong repulsion about biomedical enhancement is the possibility of producing a different class of people that may claim superiority over those who do not benefit from the new invention. This apparent fallout is feared to likely trigger another unfavorable imbalance in the society. Of course, it will still play out in the domain of the rich getting richer and the poor gravely lacking access to enhancement. However, the key precaution would not be to block the entire enterprise of improving the fundamental condition of human existence. Rather, what should be of primary concern is to ensure that the technologies harnessed are ethically sound to produce the appropriate creative transformation.

Preimplantation Genetic Diagnosis (PGD) has advanced to a capacity of identifying and analyzing changes occurring in a single gene for health conditions such as Alzheimer’s disease and predisposition to cancer among others. By this advancement it has, thus, become attractive to those who ordinarily would not be comfortable to consent to abortion if such conditions were discovered later through Pre-Natal Diagnosis (PND). Other controversial uses include sex selection and infusing of choice features by way of enhancement. These non-medical conditions draw attention with regard to their ethical implications. There are two visible areas of disagreement with the practice of PGD, namely, the formation of embryo and the act of selection for implantation. The fact of having to create in vitro embryos offends some people’s sensibilities. It is reiterated that the Catholic tradition, for instance, holds that life begins from the moment of conception. Some others have no objection to experimenting with the embryo as they view it as only an elementary stage of human formation. Yet, this later group would advocate for
a consideration to avoid frivolous uses of the embryo.\textsuperscript{695} However, PGD’s function of prevention of disease for a potential child seems admirable in general. Its early analysis of the embryo and subsequent disposal of affected ones is a relief from abortion of a developing fetus.\textsuperscript{696} Furthermore, the function of PGD to select embryo for implantation is often viewed as ethically problematic. The fear is that the act of selecting may be stretched to other unacceptable purposes in future. There is also sensitivity about this process because of some understanding of the giftedness of human nature, such that selection would imply playing the part for God that may be misused.\textsuperscript{697} In addition, the function of selection is rejected by some because of a tendency to seek to create a child with only desirable special characteristics in disregard of the one naturally imbued.\textsuperscript{698} This is where oversight functions play the necessary role of keeping track of the excessive extensions to PGD and similar procedures. The challenge of access will be further considered in the next section to see how to mediate extending affordable MT for improved health in the developing countries.

ii. Actual Import of Access

Partly, a contrary moral argument against PGD is that the procedure represents a tool for deepening inequality in the society. The contention is that if indeed this procedure resolves some problems, perhaps, PGD’s advantages are reserved for a select few. The cost of the procedure is out of bargain for the ordinary low income or even middle income earner. It makes it then exclusive for the upper class and rich business owners. Even insurance companies and state sponsored programs in the United States cannot afford to offer coverage for PGD, perhaps, only a portion of IVF procedure. In other words, the outrageous cost would make PGD scarce and affordable to the rich whose children alone would benefit from its special characteristics. However, all these fears are still speculative.\textsuperscript{699} The PGD has not yet been developed for a wide
circulation and has not been utilized yet to create specialized traits in babies. Yet these issues of access and distribution are weighty. Even with limited access there are still allegations of imposition and disrespect for persons with minimal functioning. It is alleged that PGD procedures harbor potential coercion for couples experiencing infertility problems. In other words, the presentation of its strengths, successes are advertised without laying out its potential burdens and risks for the clients. On the contrary, publications so far about PGD have clearly indicated that it is a preliminary and tentative program. Furthermore, it is equally at the stage of IRB scrutiny, which should ensure that the procedures are sufficiently ethical for human consumption. IRB review is a requirement for publication as well as evidence of federal regulation for programs involving human welfare.

The issues surrounding selective reproduction has been about well-being and improvement of genetic composition of the individual. Perhaps, the crucial question is rightness or wrongness of this endeavor, which would be the focus here. The point of disapproval of genetic refinement hinges on one part, the fact that it is mistaken and there is no certainty that it will truly repair as it sets out to do. On the other part, there is also dissatisfaction based on the fact that adopting this technique for avoiding disease is believed to be harmful to those who would not be privileged to access genetic repair. The first point of disapproval is deeply related to the current controversy about the real import of eugenics (a form of genetic refinement), which acquired awful historical reputation. Nonetheless, it has been argued that the unfortunate historical application of genetic repair is not sufficient to discard this project of repair of individuals. However, care must be taken to ensure the nature of enhancement undertaken. The technique of screening out disease or disability through embryo selection (PGD), for instance, may be relevant and helpful.
acceptable to address the present and future well-being of people. Perhaps, it makes sense to avoid much disability among a people especially in the future for those who are able to access these technologies. However, the important issue still focuses on how to judge the appropriateness of screening out disease and disability through selective reproduction to enhance persons. Of course, greater support for this practice would be found among those who seek well-being of the potential newborn. There are others who would disagree on the basis that the practice promotes disparity between disability and wellness. In other words, choosing to deselect disability in preference for a sound embryo implies high value for wellness and less regard for persons with disability. If there is equal regard for disability and able-bodied persons, perhaps, selective techniques such as PGD may be irrelevant or improper to engage in. In any case, this reasoning may be problematic. There is nothing that indicates that early embryonic screening necessarily imply disregard for people with disability or failure to accord respect for their human dignity. Perhaps, at an early stage disability can be identified and avoided but would not mean lack of appreciation of the dignity of people with health defect.

On the other hand, it is equally implausible to argue that early prevention of disability by the technique of PGD would lead to less appreciation of the needs of disabled people. Similarly, other views calling for ban of PGD on the basis that it gives erroneous impression about children and people with disability may be unsustainable too. It alleges that employing the technique of PGD to screen out disease or disability is a sign of deep prejudice against persons with the problem. However, it may be a rightful concern that requires adequate sensitivity by professionals who execute the procedure of PGD. It should be clearly expressed that genetic enhancement is not targeted to exterminate people with disability but to bring about improvement and less discomfort to potential newborns.
In general, besides PGD, the actual significance of access involves a continuous appropriation and the consumption of improved medical technologies that meet the needs of people.\textsuperscript{712} Emphasis is placed not just on conveyance of products but also on efficient service delivery of essential technologies for the good health of the people. Efficient services consist also in ensuring effective health systems for administration of these needed technologies in a way that guarantees optimal health of recipients. In effect, access also requires information dissemination about adequate usage and application of new technologies.\textsuperscript{713} Access to particular medical technologies is not fully resolved by merely listing them as essential products but in the actual process of transmission and ensuring services to the end user. Strategizing to expand access to medical technologies is an important requirement.\textsuperscript{714} The following will engage the debate on the possibility of relaxing, at least, some bureaucratic processes to promote health and necessary protections for the global vulnerable populations.

2. Ethical Debate on Vulnerability: Promoting Global Health

Society owes it to those who require special protections to ensure safety of medical devices. This section will discuss the issues of administration of Intellectual Property Rights (IPR) and the aftermath of its evasion that is evident in the debate about counterfeit/substandard drugs circulation.

a. Debate on Minimum Standards for the Protection of Intellectual Property Rights (IPR)

The impact of the controversy on observing minimum standards of Intellectual Property Rights is apparent on the debate on its abuse and the neglect of improvement of local health needs.
i. Intellectual Property (IP) and Development

Intellectual property (IP) implies a legal acclaim attributable to an innovation that contributes to progress in society, in which is embedded a limited exclusive rights to its ownership. This exclusive right has been developed in the early Western philosophical and ideological worldview of freedom of choice and autonomy of human persons to acquire property in their own interests. In this context, the individual or a group can be sued for a copyright violation as has been seen to apply to artistic or industrial productions, among others. On one hand, the intellectual property rights (IPR) is entrenched in the idea of the fundamental rights inherent in each person, as if like the sacredness of life, that cannot be violated by others without a consequence. However, there is no consensus that private ownership of property and intellectual achievements are intrinsically exclusive except by social agreement, dependent on the circumstances. This social agreement on private property is assured only by the means and safeguards available in different jurisdictions. In this design, the ideas and energy invested in a product is revered in the reserved rights to access those inventions by others within a stipulated time frame. On the other hand, the right to private ownership and innovations is protected in order to encourage individual creativity and competition with others to improve society. The rewards that accompany creativity motivates further endeavors and becomes an inspiration for others to fan their talents into flame. In healthcare, industry products, such as new drugs, vaccines and devices, require this exclusive rights to guard against being pirated and to prevent the dissipation of economic gains which will be pivotal for further innovations. In other words, the necessary safeguards provided in patented products will boost the funds for development and growth of the industries. Nevertheless, this tendency to hang on to patented laws has been perceived as particular to the industrialized countries’ mentality and their efforts to protect their
interests. However, what to make of the fact that sometimes the raw or natural materials utilized in creating the patented products were harnessed from originally held indigenous collective ownership, is the irony. For instance, the reported case of acquisition of India’s Neem-Tree heritage which served as a communal resource for oral hygiene, insecticide and firewood, for industrial refinement of the same oral cleaning purpose. The acquiring company created patency law, denying the community access to their valued natural resource. Of course, the natives protested for their rights to their shared belonging. Similar to this also is the case of the Mexican Yellow-Beans variety, in which a United States investor reengineered the species and further obtained patent rights that prohibited further importation of the original seeds from Mexico. Being a staple food for the native and for the immigrant population, a later patency lawsuit was decided in their favor. However, some Western scholars have argued against the idea of shared belongings which serve as a valued resource, making a projection of potential loss of conservation. This mindset might be partially true, and there is a famous African proverb which concurs that “a goat that belongs to a community, dies of starvation,” because everyone presumes their neighbor had provided the fodder for the day.

Nevertheless, the above mentioned Indian and Mexican natural resource naturally thrived even in the absence of modern innovative farming methods and all because of the native people’s dedication, in their own way, to their traditional sense of conservation. Perhaps, the goat proverb does not have a strong effect in the case of the Neem plant’s and Yellow Beans’ conservation. Now, the argument so far is not about a rebuttal of modern innovative adventures, but rather about making a case for openness to the possibility of diverse views and approaches to things in the world. In the case of medicines, the multinational pharmaceutical companies’ insistence on patent rights for essential drugs is gradually losing luster and grounds. Their efforts to block the
generic manufacture of these important drugs had on some occasion proven redundant. A case in point was the instance of the Bayer Pharma’s near loss of patent rights on their Cipro-anti-anthrax product, for which the company was initially unable to satisfy demand in the event of a terrorist’s anthrax threat at the turn of the 21st Century. Likewise, in the case of HIV/AIDS menace in the developing countries, companies with patent rights to the expensive anti-retroviral control therapies had to embrace a rescue mission of granting permission for manufacturing of affordable generic forms. Indeed, at the moments of crisis, when people’s safety might be fatally jeopardized, experience has shown that patent laws can be set aside. Under this scenario, some members of the association of five developing economies, BRICS, received the authorizations to produce and distribute the generic forms of the retroviral cocktails to their suffering populations and to other developing countries who also cannot afford the original variety from the big Pharmaceuticals.

Nonetheless, the recognition of individual or group creativity and their rights to such designs, fosters other innovations resulting from competition but can also provide a barrier to further improvement. The idea that rigorous patent protection policies will engender economic success and fulfill needed domestic health services remains controversial. An exclusive ownership rights in terms of patents, copyright, and trademark can be abused when a patent holder prevents the use of products by other business firms, insists on unreasonable user fees or demand endless controlling royalties. In addition, these barriers contribute to the allegations that IP is conflicting with international human rights covenants. Such abuses provide the rationale for the calls for IP system overhaul, without prejudice to its apparent advantages. Notably, there is need for healthy and transparent competition, transfer of technology, and respect for one another’s rights. The next subsection will discuss the importance of factoring
in the peripheral countries in match for health improvement and the threat of deadly diseases with a possibility of transfer of technology to rescue the vulnerable.

ii. Intellectual Property Rights (IPR) Reform and Health Improvements in Developing Countries

A call to restructure IPR focuses on developing affordable technologies that address the health needs of the developing countries.\textsuperscript{730} In addition, it pays attention to ensuring adequate structures for proper delivery of new technologies. There are differences in infectious diseases manifestations in the developed and developing countries. Progress in health research is dominant in the developed countries and takes a cue from what is prevalent in that northern global pole.\textsuperscript{731} This situation has obvious consequences of neglect or diminished representation of the interest of poor countries in the southern pole. Improved medical technology in terms of production of adequate medicines can stop or push back devastating virus-related diseases.\textsuperscript{732} The World Trade Organization’s (WTO’s) 1995 Trade-Related Intellectual Rights (TRIPs) agreement on imposing stricter protection of IPR for these inventions have a lopsided effect of creativity growth and a disadvantage of expensive products above the reach of the poor Global South. Effective restructuring of IPR will secure remedies that are tailored towards prevalent disease manifestations in the low-income countries.\textsuperscript{733}

In the light of the above background, the devastating nature of HIV/AIDS spread in many developing countries reiterates this call for action towards rescinding the exclusivity rights of pharmaceutical companies to vital remedies for the control of this disease in their production lines.\textsuperscript{734} There have been also alternative views of urging the big firms to grant licensing-rights to enable the production of generic versions, which will promote increased accessibility to the neediest poor populations. However, these alternative views might be a case of demanding for
extra sacrifice of profit from the industry shareholder-community. Rescinding the status quo of
the operation of the intellectual property rights (IPR) will be a challenge because of the
grounding financial incentives.\textsuperscript{735} What is important here is that at the moment when life is at
stake, as in the case of the HIV/AIDS spread in the world struggling economies, timely
interventions are required. The multinationals might consider humanitarian interventions and/or
a temporary suspension of the IPRs to grant permission for generic productions of these essential
retro-viral drugs by the smaller companies that will be affordable for the LMIC states.\textsuperscript{736} Indeed,
this proposed medical intervention approach for IPR holders is significant, but also a more
significant action will be reforming their IPR status to focus on preventive measures for the
struggling economies. In other words, the multinationals’ business plans would not only be about
inventing drugs for the big markets, but also about creating production lines which will address
the diseases prevalent in low-income countries as part of their sacrificial support.\textsuperscript{737} The focus on
protecting the IPR, over the years, might have also contributed to the widespread distribution of
counterfeit and substandard drugs which has the ill-effect of dangerous general health outcomes.
A call for adequate measures regulations to stem the tide will be the emphasis of the next
discussion.

b. Fighting Counterfeit Drugs Debate

Combating counterfeit/substandard drugs invites the need for putting everyone on the
same page about the import of the crime and on the problems that arise from the use of unsafe
medicines, which deviates from the entire health project.
i. Need for a Conceptual Consensus on counterfeit criminality

There is urgent need for a clearer description and consensus on the magnitude of counterfeit corruption in order to determine how to address the problem. The faking of drugs has become a dangerous global trend that trivializes global promotion of health. This tendency of counterfeiting medicines is evident not only in patented versions but also in authentic generic models. Millions of lives are imperiled by the growing sophistication of drug forgery, which is competing in production and circulation. Nevertheless, no consensus has been reached on how to characterize such a heinous crime. The World Health Organization’s (WHO’s) specification on drug forgery, which focuses on public health menace, is not followed by many member nations. These nations would rather pay more attention to the other aspect that look out for violators of intellectual property rights. Violators do not simply steal other people’s property but risk wiping out populations through their illicit practices. In effect, they do not merely deserve punishment but to be stopped in their tracks. A kind of global collaboration with a general framework that factors in health risks of counterfeiting and providing inadequate drugs for populations is required to move forward in this struggle to establish sanity. The next will bring attention to the escalating problems of exposure to second-rate or inferior drugs.

ii. Problem of Unsafe Medicines

Medicines become unsafe when they are substandard with inappropriate or no active ingredients included in their process of production. Such unacceptable practices are evident in counterfeited drugs peddled, solely for economic gains, devoid of the welfare of human community. The use of unsafe medicines contributes to resistant infections as a result of inappropriate treatment. Low-income populations are susceptible to unsafe medicines because of
their tendency to seek out affordable drugs. Nonetheless, inappropriate treatment of diseases may lead to severity of the health conditions for these patients. Increasing chronic conditions of greater numbers of the world’s poor populations will obviously deplete any nation’s gross earnings. 

Unfortunately, the appearance of these fake combination of chemicals in the market is not something that appeals to cautious browsing when shopping can abate. In most cases, the packaging presentations are close and difficult to decipher from the original variety. Majority of countries have not paid careful attention to these nefarious activities with appropriate monitoring and regulations of imports and local fabrications of medicines. In Nigeria, few years ago, a conscientious and former Director General of National Agency for Food and Drug Administration and Control (NAFDAC) was able to confiscate and incinerate tons of substandard drugs and food that circulated in the markets, as well as establish firmer regulations. However, these efforts have not been successfully sustained. The ill effects of inferior drugs in the human body and in public well-being has been assessed as almost impossible to estimate. Mortality rate as a result of this unwarranted activity will continue to rise as well as the health havoc inflicted on populations. The call for collaboration in imposing extra regulations and monitoring cannot be exhausted as major parts of efforts to reduce this undercutting of global health, which is criminal in intent. The next section will address the issues bordering on improving global health by paying closer attention to the plight of the vulnerable through development of local technologies and complementary/alternative medicines to beef up the efforts of increasing access to healthcare.
3. The Relation of Rights and Vulnerability: Capacity-building in Low-income Economies

The mutual relation of human rights and protection of those who require special attention informs the debate on enhancing the least developed countries with fair self-reliance in attending to their local health needs. In this section, debates on Improving Local Technologies and Infrastructure Development will highlight this entitlement.

a. Improving Local Technologies

Refining Local Technologies will engender sustained protection of the vulnerable with their endowed resources. The debate views its realization in appropriate recognition and fostering of research and development of those valuable endowments.

i. Exploring Complementary/Alternative Medicines (CAM)

Complementary and alternative medicines (CAM) therapy is not new as a form of primary healthcare delivery but is gradually gaining wide acceptance in Asia, Europe and North America. These practices, also identified in most African Nations as Traditional Medicine (TM), are adopted alongside standard medical care as complementary procedures. Herbs and roots are dominant recipes for internal medicine, obstetrics/Gynecology and orthopedic services. CAM/TM incorporates spiritual aspect of healing in a unique way for the purposes of integral healing of the patient. The services offered in these practices are affordable and available to poor populations, and does not involve use of complex medical technologies by practitioners. In the Western CAM/TM practices, major areas of interventions are in preventing illness and in maintaining normal functioning. Concerns about safety and quality are managed differently according to countries but require more attention.\textsuperscript{741} The focus on development of local technologies continues in the next subsection with the complementing Traditional Medicine
practice particular to the sub-Saharan Africa, which can be harnessed to build resources for controlling and eradicating diseases particular to the African environment.

ii. Exploring Traditional Medicine R&D in Africa Initiatives

The health needs of the African continent are unique and this region of the world has come of age to be at the helm of evolving remedies that speak to those specific needs. Endowed with rich natural resources, Africa has the opportunity to engage modern research tools in unveiling distinctive products to fight fatal infectious diseases. There are recent initiatives by the World Health Organization (WHO), establishing the African Network for Drugs and Diagnostics Innovation (ANDI), aimed at promoting research in local technologies for natural products that address local needs, such as the treatment of malaria. Traditional medicines have always been, though less effective, the resort of those without access to standard health care for treatment of tropical malaria. The WHO’s agenda in ANDI is propelled towards encouraging local initiatives in extracting and optimizing these indigenous African resources for controlling and eradicating diseases that affect African populations. Clearly, focusing on advancement of traditional medicines will not override the issue of unaffordability of drugs for poor populations but will aim at finding solutions to neglected tropical diseases, as well as giving Africa the primacy and leadership in resolving these issues.  

b. Infrastructure Development to House New Technologies

Infrastructure development is a major part of capacity building. This subsection explores the debate on alternatives to ease the deficiency and the necessity for regional and international cooperation.
i. Point-of-Care (POC) Testing Program for Infectious Disease

The Point-of-Care (POC) diagnostics refers to a handy, user-friendly technologies that provide testing for infectious diseases such as HIV, TB, and Syphilis, with on-the-spot results for further decisions about treatment. This POC testing program has devices for use at home, community health missions, clinics, laboratories and hospitals. The devices do not require elaborate laboratory training. In other words, a laboratory technician could employ this same procedure in the laboratory facility, a healthcare provider in a hospital setting and a patient in their homes. In the face of inadequate or non-existent healthcare infrastructures, especially laboratory facilities, a Point-of-Care (POC) testing apparatus as an alternative system has been devised where patients can undergo testing in order to obtain immediate outcomes for instant diagnosis of their conditions. This simple and affordable apparatus is also relevant in protecting the individual’s dignity with regard to some culturally stigmatized infectious diseases. In this case, an individual could do the testing themselves at their homes and follow up with their healthcare provider. The procedure yields instant and efficient result, which facilitates expedited remedies or next course of actions to follow. In developed countries such as the United States, the devices are readily available for purchase without physician’s prescription. The on the spot results that POC testing reports is what makes this mechanism exceptional and useful in healthcare services. In addition, the device is even more relevant when the reported results of tests are put to use to enhance health. This POC testing programs are a boost for global health and are even adequate remedies for poor economies with deficient or paucity of infrastructures. Collaboration on improving global health will make possible the distribution of these accessible and affordable infrastructures, which will be the call in the final subsection.
ii. Collaboration on Infrastructure Development in Poor Economies

Collaboration among nations will be a necessary approach on the global level to better address global health challenges that persist as a result of many weak domestic healthcare systems and infrastructures in poor economies. A coalition of five member rapidly growing economies, Brazil, Russia, India, China, and South Africa (BRICS), has recently resolved to partner in improving global health among themselves and other low-income nations. This group has shown significant interests in commitment to health research, especially for evolving affordable generic drugs, vaccines, and for their concerns in the increasing Non-Communicable Diseases (NCDs) global threat. These ideas are laudable but there are doubts about their concrete implementation. Most of the member nations of BRICS have adequate infrastructures for realizing the production of new essential drugs in their generic forms. This association of BRICS can also boost global health through further cooperation with the least developing economies by means of transfer of these technologies, such as the active ingredients for local basic drug development. In other words, more of positive actions are required to foster cooperation and transform global health more than stopping at pledges. The next will be the conclusion.

Conclusion

Access to MTs is valued as a human right as their availability supports the global goal of promotion of health for all. In concrete terms, the influence of medical technology on overall outcomes of patient care and public health is indisputable. Although there are obstructions in the well-meaning purpose of its dissemination, but efforts must be intensified in adequate delivery of these health goods to areas of need. The issue of infertility and access to reproductive technology, for example, is a challenge to many in developing countries and making available
the requisite technologies deserves attention. In addition, the issues regarding the impact of new
technologies on human life, including the possibility of positive effects with regard to
revitalizing life, correcting long time adverse events, and whether this anticipated regeneration
can be fairly distributed among all people in society, are crucial matters that raise ethical
dilemmas. 745 Nevertheless, the selective reproduction referred to in PGD might potentially be
open to being practiced in different ways. 746 In that sense, care must be taken to ensure the nature
of medical interventions society undertakes. 747 PGD has been established as relevant and helpful
in spite of some ethical issues especially with regard to status of the embryo as its major
resource, its various enhancement programs/distribution and the extent it can go. However, PGD
is a procedure that is still at the preliminary stages and regarded as a tentative program. Perhaps,
it should be studied more carefully with only one focus, making the condition of the human
person and their environment better.

Furthermore, on availability of MT, the related issue of protection of Intellectual Property
Rights for economic advancement should be balanced against the consequences of abuses and
the urgent call to take on board the needs of the most vulnerable. Other areas worth exploring are
the advantages of improving and scaling up the value of Complementary Alternative Medicines
and Traditional Medicines (CAM/TM).

In addition, the poor state of health systems in some middle-income and most low-
income countries requires the benefits of solidarity and collaboration to resolve these disparities.
Indeed, commitment to this project of contributing to the improvement of health of the
vulnerable must be translated to concrete actions on the part of every stakeholder. Notably, this
shows how, to some reasonable extent, the health of one is dependent on the other and the
welfare of all is a concerted effort.
Chapter 7. Conclusion

The focus of the dissertation is upon global healthcare ethics from a Spiritan perspective. As the Spiritan Congregation developed over centuries, its core charism has been implemented in a variety of ministries (such as education, care of refugees and others) articulated in terms of Solidarity with the Vulnerable. However, there has been very little discussion of the contribution of the Spiritan charism to ethics in general or to healthcare ethics more specifically, as discussed in this work.

Because the Spiritan charism inspires to practical service in its ministries, there is an implicit approach to ethics. What is implicit can be worked out more explicitly in terms of a Spiritan approach to ethics. The Spiritan’s solidarity with the vulnerable highlights different components. There is an emphasis upon respectful engagement that focuses upon being available to others through listening and dialogue. Also, there is an emphasis upon dynamic identification to highlight respectful inculturation that gives the community a privileged place. Finally, there is an emphasis upon historical interventions to provide education and foster community development in a manner that is attuned to those whose voices have been marginalized. However, these distinct components have not been discussed from the perspective of ethics. This dissertation seeks to combine these components in an integrative manner to explain that solidarity with the vulnerable in the Spiritan charism shapes a Spiritan approach to ethics that integrates engagement, identification, and intervention for its practical ministries.

Furthermore, literature on the Spiritan charism of solidarity with the vulnerable has not specifically engaged discourse in healthcare ethics. Although the many ministries that are inspired by the Spiritan charism have very significant implications for healthcare, there is a
significant need to explore this rapport explicitly. The Spiritan focus on respect for persons can enlighten debates on access to and inequalities in healthcare out of respect for human dignity. Also, the Spiritan focus on justice can enlighten research ethics in the global context out of respect for human solidarity with research participants to avoid dangers of exploitation. Finally, the Spiritan focus on human rights can enlighten the debate on medical technology out of respect for human vulnerability. This dissertation explains how solidarity with the vulnerable that characterizes the Spiritan charism can shape a Spiritan approach to ethics (integrating engagement, identification, and intervention) to shed light on each of these major topics in global healthcare ethics.

The general purpose of this dissertation is to discuss global healthcare ethics from the Spiritan perspective. The specific thesis is that solidarity with the vulnerable enables the Spiritan charism to provide a distinctive contribution to global healthcare ethics.

As the Spiritan Congregation developed over centuries, its core charism became articulated in terms of solidarity with the vulnerable. From the outset, the Spiritan ministry emphasized the importance of individual dignity as a foundation for a commitment to the poor. This insight enabled the early Spiritans to focus upon solidarity in terms of empowering those who are abandoned, developing a widespread outreach in education. The focus clarified the importance of respecting the vulnerable. Over time, the Spiritan charism referred to this multi-tiered interaction as solidarity with the vulnerable.

As a result, solidarity with the vulnerable came to characterize the Spiritan charism and also to shape a Spiritan approach to ethics that would guide its ministry. This approach has several components that function in an integrative manner: respectful listening, dynamic
identification, and historical interventions. First, respectful engagement of the other implies being available to others through listening and dialogue. Second, dynamic identification means a respectful inculturation that gives the community a privileged place. Third, historical interventions are required to provide education and foster community development in a manner that is attuned to those whose voices have been marginalized. Not only do these components of the approach to ethics function in an integrative manner, they also enable the Spiritan charism to be realized in concrete ministries in a variety of situations.

This means that engagement, identification, and intervention as the integrative components of a Spiritan approach to ethics helps to realize its core mission of solidarity with the vulnerable. This occurs by emphasizing the importance of each human person out of respect for human dignity, the need for justice to express the meaning of solidarity, and the role of human rights to protect the vulnerable. In other words, the Spiritan approach to ethics integrates engagement, identification, and intervention across three related platforms: respecting all persons based on human dignity, promoting justice based on human solidarity, and defending human rights based on protecting the vulnerable.

The analysis applies this approach to global healthcare ethics, reflecting the core Spiritan charism of solidarity with the vulnerable. This occurs by interpreting three major areas in global bioethics from the perspective of the Spiritan approach.

First, the Spiritan focus on respect for persons can enlighten the debate on access to healthcare out of respect for human dignity. Respect for persons can provide a context for understanding the debate on healthcare access that focuses on human dignity to highlight the
problem of inequity in healthcare. As a result, the Spiritan focus upon respect for all persons based on universal human dignity clarifies the need for access to healthcare globally.

Second, the Spiritan focus on justice can enlighten research ethics in the global context out of respect for human solidarity. Respect for justice can help to shape both the practice of and participation in biomedical research that requires solidarity with research participants to avoid dangers of exploitation. As a result, the Spiritan focus upon justice as an expression of solidarity clarifies the need for establishing clear standards of care and benefit sharing in biomedical research globally.

Third, the Spiritan focus on human rights can enlighten the debate on medical technology out of respect for human vulnerability. Respect for human rights can guide the fast-moving debate on medical technologies especially in developing nations that highlights vulnerability to promote global health. As a result, the Spiritan focus upon human rights to protect the vulnerable clarifies the need for capacity building in healthcare in low-income economies globally.

Chapter 1 is the general introduction of the dissertation, briefly, describing the various chapters. The dissertation introduces the commitment of the Spiritan charism on the issue of Solidarity with the Vulnerable as a response to what permeates the fabric of the Spiritan foundation. In this response, care of the marginalized is infused with the drive to liberate and empower as befits their dignity. From this frame of mind is drawn the guiding principles for the Spiritan approach to mission. In here too lies its contribution that advances a better ethical approach in terms of commitment to the welfare of others. Healthcare is considered a basic human right. However, about more than a billion people around the globe are denied access to
adequate healthcare services. Perhaps, this lack of access may be attributed to inefficient public policies and moral concerns.

Chapter 2 presented the charism of the Spiritan Congregation, the special gift which informs the apostolate of the Spiritans, as solidarity with the vulnerable with an understanding of the dignity of the human person requiring justice and reflecting solidarity. The first section discusses the relevant ethical principles of dignity, justice and vulnerability that unite the charism of the Congregation. In the second section, the history of the pioneer Spiritan charism is presented. In the third section, the debate on Spiritan commitment to the poor is highlighted by the respect for person and dignity. The fourth section discusses Spiritan charism regarding empowerment of the abandoned on the basis of justice and solidarity, and the fifth, explores the Spiritan charism regarding special interventions enlightened by respect for human rights and vulnerability.

Chapter 3 has drawn from this frame of mind of commitment to the vulnerable, the guiding principles for the Spiritan approach to mission. In here too lies its contribution that advances a better ethical approach in terms of commitment to the welfare of others. Healthcare is considered basic a human right. However, about more than a billion people around the globe are denied access to adequate healthcare services. Perhaps, this lack of access may be attributed to inefficient public policies and moral concerns. The first section discusses the Spiritan Approach of Respectful Engagement with the three components of availability to the other, listening with great respect, and dialogue.

Chapter 4 has furthered this concern about welfare of the vulnerable in discussing the controversial issue of access to healthcare with special interest on those who require special
attention from the society. Public policies can contribute to systemic errors, and therefore, bring about disparities in delivery of care. Similarly, biomedical research is a valid means of improving accessibility to healthcare and many have no access to research or are denied its benefits. In the first section, respect for persons is the basis for the debate on access to healthcare in the United States. The fragmented healthcare system in which millions of citizens have no or inadequate access is the reason for the much needed reform. In the second section, the debate on respect for human dignity illuminates the problem of disparities in and efforts to reduce these disparities will create equitable access to healthcare services. In the final section, debates on human right to healthcare and universal access to healthcare highlight commitment to global access to healthcare.

In chapter 5, the discussion on Participation in Research Protocols has emphasized the application of ethical research in developing countries where access to healthcare is limited. In the first section, the centrality of justice highlights the need for appropriate application of research ethics and regulations in conducting research involving human persons especially in developing countries where the risk of exploitation is more probable. Obligation to participation is a requirement for sharing in the benefits of improved healthcare when the successful research results are translated into efficient and relevant policies. The second section highlights the important issue of protection for research participants on the basis of solidarity for the common good. The debates on compensation and exploitation in research and the existing inadequate protection for minorities’ participation emphasizes the sensitivity to needs of these vulnerable populations. In the final section, tendency for double standard in the care of the control group in randomized controlled clinical trials and the lack of adequate benefit sharing of dividends after research raises questions about the justice of research conducted in developing countries. The
debate continues about the best standard of care for the control group, whether best available within the setting or the best treatment for the particular condition.

Likewise, chapter 6 on Availability of Medical Technology moved the discussion to encourage promotion of global health, by way of solidarity, to extending improved healthcare services to areas of need. The first section demonstrates that the global access to MT for the improvement of health and life is of necessity on the basis of respect for human rights. Despite the issues of costs, the impact of advanced MT is meaningful for the patient’s well-being and fulfillment of life expectations. Promoting access to these advances in technology in emerging economies and poor settings will be life-saving and a significant step to solidarity with the vulnerable. This identification with the vulnerable is the focus of the second section, with the debate on providing necessary protections such as relaxing the IPR to ensure availability of essential drugs for global health as well as collaborating to fight counterfeit/substandard drugs with efficient regulations and surveillance. In the final section, the debates on improving local technologies and infrastructure development reiterate protections for the least developed countries, opening up opportunities for their self-reliance and capacity to tackle their growing health needs. Placebo care is as much as possible discouraged.

The concluding chapter 7 reflecting the core Spiritan charism of solidarity with the vulnerable has made the passionate appeal, from the Spiritan perspective, for global collaboration in addressing these challenges of disparities in healthcare access. This cooperation will be complemented with concrete actions warranting efficient access to healthcare services and the ethical extension of clinical research to vulnerable populations, especially in the developing countries, as well as the equitable distribution of medical technology that attends to their needs.


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