

A Profound Weakness. A Great Hope.

A Testimony at the Time of Coronavirus

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This is how we human beings are made: deeply fragile and weak, vulnerable. And I am a human being.

The coronavirus pandemic knocked on my door and hit me. I would say, strongly. I fight against the consequences.

At the end of March, I felt sick, with fever. Then the other known symptoms came up: joint pain, diarrhoea, dry cough... I did not hesitate to start the isolation, although there were no diagnostic methods, and the treatment with hydroxychloroquine, then reserved only for the privileged. But the virus made its way of invasion and expansion into my body.

A visit to the emergency and a diagnosis of mild unilateral pulmonary impairment allowed me to go home and live a week of torment with all the symptoms at their maximum expression and all the malaise concentrated in my body. Being able to measure saturation, temperature and blood pressure, I was kept under observation at a distance, thanks to the professionalism and love of my healthcare companions.

A tenacious persistence of the symptoms made me go to the emergency again, and both the lungs were found compromised. So, I was hospitalized for a week to continue the treatment that I had already started with azithromycin and, of course, with antifebrile and analgesics. Some blood values had altered enough to be monitored; and having carried the symptoms for two weeks already, I was in a position of high vulnerability.

After a week's hospitalization, I returned home with some symptoms, but in the process of recovery. I feel very fragile and weak, in need of care and in isolation.

Very much needy

The first experience I had is the profound need for help from others in order to be able to stay in my room or in hospital. I have experienced, as in other moments of my life, the great need for others to survive, the human smallness that characterizes me, the enormous bond with others for life.

This made me live more intensely the feeling of gratitude to my assistants, professionals or fellow community members, friends or companions at the San Camillo Centre. Their solicitude and availability made me savour what it means to let myself be cared for and loved with simplicity and naturalness, as well as to conjugate much more the verb 'to thank', one of the most important words in my spiritual life.

So far, it has not been difficult for me to let myself be cared for. In fact, I feel very much cared for in my life. They care for me at home, they care for me at work, they care for me in my family. They give me attention and services that make unfold my potential, more or less visible or active. The others for me, I for others. Each other in an interdependent relationship that I live in a healthy way.

Notes on Spirituality - Formation - History

I am not aged

If I were old, of a certain age, and depending on the time and place of getting sick, I would have been excluded from hospitalization and, most likely, from treatment.

A slap on the face of ethics. Age has become - in many places - the first and only criterion of inclusion or exclusion. Ethics in war situations. It makes us think and realize how the utilitarian paradigm can generate exclusionary distinctions that do not respect the equal dignity of every human being. That age is an additional element in the processes of discernment and fair allocation of limited and scarce means - scarcer in some moments and places - is understandable. But that it becomes the only criterion is more than questionable.

The coronavirus has also laid bare the limits of society with regard to deliberative capacity in ethics. Some "informative-formative" actions for the health professionals cried out to heaven: War is war; you just exclude.

Simple protocols, but respectful of the complexity, would have been much more humanizing in this great crisis generated particularly in the first weeks, when there was less preparation or ability to respond to all needs.

I have been included, because I am not aged.

Very much bonded

I felt very much in relationship, paradoxically. In the midst of isolation and confinement, with visits totally forbidden and visible contacts minimized, relationships were abundant.

Technology through telephone and computer has become the universal means to show our bonds and express our interest. Balanced accompanying has been a challenge. I had bonds that proved to be balanced, supported with the appropriate word in adequate quantity, both verbal and written.

I have had people bother me with persistent questions and out-of-hours messages. I had inappropriate and morbid visitors, both the first week and the second week during the hospitalization. This is a great humanizing challenge: thinking about healthy relationships in illness.

Deciding for myself how, when and how much to communicate was a permanent challenge, always expensive, because the combination of thinking about other people's expectations and my need for rest was difficult at all times.

Tortuous path for many at the same time

The disease, in particular this disease, lived in distance with only telephonic connections permitted, affects not only the patient. My illness was experienced indirectly by those who love me. It is inviting. It is the price of being "domesticated", in the words of the Little Prince.

For that, "roses and foxes" walk on the same path, each one living as he can the malaise of the other and his own. Search for information, balance in the accompaniment, desire to do something good and difficulty for the distance, fears about the worst... they meet in those who suffer for love. What an impotence, not being able to do anything other than stay on the narrow path, in which there would stay only one, and many must pass by at that innovative distance which increases anguish!

But love and friendship are the greatest engines that make it possible to be "like a fresh rose" for the sick. It is a love that cannot spare suffering, neither that of the other, nor that of oneself. Anxiety, anguish, helplessness, resignation, and inventiveness in the transmission of the desire for good...they go together patiently and clumsily searching for a way to heal with love.

The angels of peace ("La Paz" hospital)

It is obvious that health professionals become the key contact persons for the sick. For me too. Not only on the day when that emergency doctor saved me with hospitalization for a day (who knows for how long) in the gym converted into a field hospital, full of armchairs and a few beds for privileged, of which I was assigned one. That angel assigned me a single room for the first night, very hard, in which I would see all the projects to which I am attached collapse in my imagination.

Angels are those health professionals, doctors, nurses, auxiliaries, who spend their lives in the care processes and who are concerned of health and comfort of each patient. Creative and in real tension, they look for the best way; they are interested in hygiene, good food and well-being of each patient.

There are also fallen angels, who do not listen, who respond with little participation and generate avoidable damage. They are few. There are also doctors who have fallen into relational difficulty, unable to overcome the mere biological interest. Maybe they are not trained and also suffer relational embarrassment.

Raphael...

In every story of a human being's illness, there appear angels of health, like Raphael who protects and accompanies.

Not to mention how important are those who have accompanied and are accompanying me. Working in a socio-health centre is a luxury opportunity to have a doctor and various nurses around me. They have protected me from the very beginning, taking my situation seriously, managing the treatment immediately, verifying my progress, as I was unable not only to measure my temperature, but also my saturation, heart rate, blood pressure...

But this extraordinary situation is so because of the extraordinary willingness to serve and because the goal is the pursuit of health and personal well-being. As we know, it is frequent that these angels of health have a woman's name. Lourdes, Rosa, Laura...; they made my life easier. Not just that they do what is necessary to recover, but they also make one feel safe. To feel safe because someone is watching, gives a lot of peace of mind. I cannot imagine myself without them, taking the risk to visit me every day, taking me to the hospital, doing all the necessary for a physically comfortable stay...

The Archangels of Peace ("La Paz")

But angels of special category are some patients who share room with others. We watch over each other for each other's well-being, es-

pecially in the absence of any visit, a situation so particular for this pandemic.

My first room-mate, Antonio, a member of an ambulance service organisation at a big hospital, was living on the edge. He maintained conversations with his children and grandchildren. Video calls sometimes became hard for him. He would say, "don't call me", especially if they were so insistent that he couldn't handle. With his oxygen and his medicines (which I took one day by mistake from health professionals), his lungs would come out of his mouth, he said.

The day they finally decided to intubate him because he had no more strength to continue breathing, I told him: "Antonio, you will succeed with that". And while leaving the room for the intensive care unit, he answered me: "I will come to see you at San Camillo. Wait for me". It was an angelic moment of exciting empowerment. He had already told me many times that he had a few hours left, that he had no more time. It was also important that I asked him not to watch television, especially the news about the pandemic, which would have done more harm than good. And he accepted it correctly.

Leone, my second room-mate, a professor of economics at a university in Madrid, had his wife sick with a fractured pelvis in another hospital. I told him that we could imagine being in places we liked, to go out with our imagination into a gentle and invigorating world.

When they took him for a CT scan, he told me not to leave, because I was keeping him very good company. On his return, I told him about a presumed visit of a flock of doves that had gotten lost during his absence. He told me about the monument of the fallen angel of Retiro, which I was then able to visit on the internet.

I, having been discharged, was about to leave. After saying goodbye to me many times, he told me that he would miss me. It was not just because I used to pick up his food-tray, or charge his cell phone or do other small services, but because we had generated a bond of respect (a few words) and support and solidarity in the desire for mutual good.

Each one, an angel for the other. So, the nurses commented: "what a beautiful room this is!"

Masked faces

If a more humanizing thing that we human persons have is to show “the naked face”; we present ourselves with it, identify with it, associate it with our name... The coronavirus pandemic prevented it.

The relationships of one and the other, doctors, nurses, auxiliaries, cleaners...behind masks, plastic shields, glasses... A whole world that makes people anonymous.

I tried to humanize my relationships by asking the name of the person who treated me. But it was practically impossible to associate the names Veronica, Anna, Pedro... with people only by voice and that blurred profile seen on the protective clothing, with almost no personal traits.

After a few days of hospitalization, I was able to identify them for their shift and those minimal traits. But something big was happening in the health professional-patient relationship. Importance was on the success of the service, of the treatment. The objective was to meet the health goals. Everything above the “face-to-face” encounter.

Thus, it was more difficult to enter the subjective world. “Does anything hurt you?” was the question to my room-mate one day. “The soul”, was the answer as he began sobbing. What could one expect from a young professional to give this answer, bagged in those necessary suits? “Well, that... I don’t know. But does anything hurt you?” That was the answer.

In particular, the doctor-patient dialogue was conducted at the greatest possible distance, from the corridor to the bed, aloud. Intimacy and proximity are for other moments. The day when I had a symptom of so much abdominal discomfort, that doctor decided to examine me, at the surprise of his companion who warned him: “but, are you getting in?” A palpation with face turned, with an unusual but understandable fear.

Humanizing in this context

So... what does it mean to humanize in this context? It is a scenario where it seems that “the human” is forbidden...

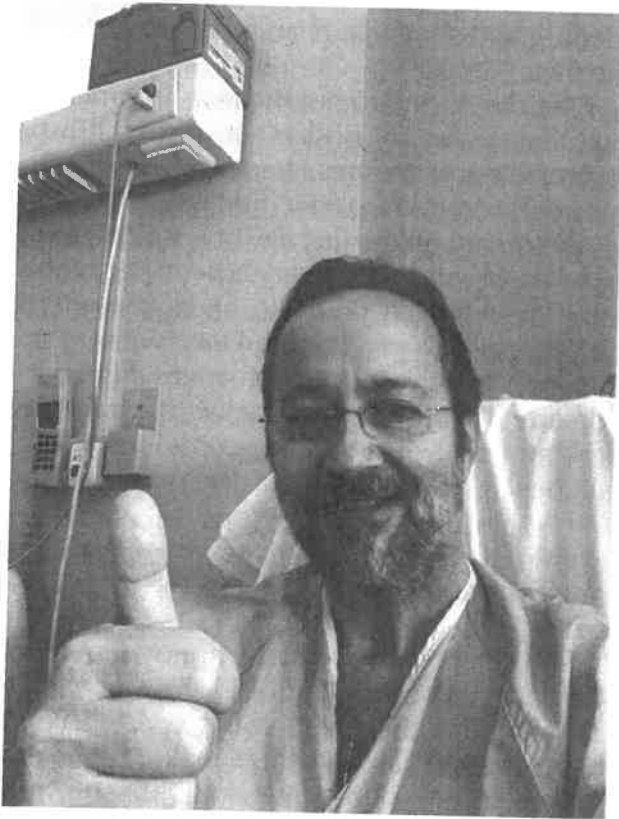
Humanizing continues to be what it is. To make ‘being’ walk towards ‘having to be’. To bring things to the best possible ethical situation. To recognize the intrinsic dignity of every human being rooted in his vulnerability and fragility, and to honour him in the interpersonal encounter endowed with genuinely human characteristics: the search for good, the work for health, the relief of avoidable suffering, and the sustenance of the human condition.

Far from being a superficial add-on to the world of healthcare, humanizing means giving the best possible, right and respectful response to each person who needs the other to regain health, to prevent the disease, to rehabilitate, to palliate the inevitable.

Although hidden and protected behind the suits, it is possible to conceive the humanization of health care. One understands it more clearly when there is listening. It is a word that names itself, a word that asks in an open way, in a tone of maximum tenderness towards fragility, and comforts. Because it is difficult for a healthcare professional to treat a sick person, who suffers, if not listened carefully of his needs without prejudice.

How ridiculous are the answers of some professionals! “Look, I’ve been waiting for an hour already for the caretaker to accompany me to the door to go home discharged”. “Don’t worry, we’ll look at it later”, was the answer from the other side of the telephone. “Unheard of”, exclaimed my room-mate. “Please come now, I can’t take it anymore!”, said my room-mate, when the waiting became too long and when he saw that he might not make it to the intensive care unit... “Don’t worry, don’t worry”, was the answer.

Or that other one, after lying on my first bed in that big room of the hospital. From far away, someone who looked like a sergeant said to me: “Sir, sir, you can’t stay dressed on the bed. Take off your clothes, except your underwear, and put on the coat”. As I was about to do it, the doctor from the same distance (many meters), shouted: “no, wait!”. They were arranging for a transfer to a room. We were in a situation of great gravity, of collective and individual threat. “You can’t stay dressed on the bed”. Irritatingly dehumanizing.



Affective and effective fraternity

How much love in service! Receiving food on the tray at the door of my room, receiving communion, as well as intimate gestures of attention and tenderness are healing.

My community has responded fantastically well. I offered our hospice – a part of the community house - to the health workers of the Centre, and they accepted. At one moment, there were sixteen guests who remained in the “community”, as they could not return their homes due to the complexity of the situation of their families. Then there were three health professionals who became sick, in addition to three religious. In a moment, our community had become a unit of coronavirus care.

Before I got sick, I used to visit them and converse with them from the corridor so that their solitude would not be so hard, and to offer necessary things.

Then we became a sick community that supported each other, with encouragement from each other, with applause from the windows to strengthen us in our difficult moments.

One day I asked a companion to play the flute, so that the sick could hear it from the window.

The fraternity, normally lived as a place of living together and prayer, now became a place of pure service to the sick, in which I find myself. It ceased to be a community that prays together. It was not possible to gather either to eat or to pray together, with a group of young people exposed daily to the presence of the virus in the care of the sick, with a group of elderly and vulnerable religious. Thus...several shifts for everything. A community centred on health and protection of each other. A community of service.

Universal Communion

I felt a deep communion with people from the five continents. My personal professional profile puts me there. A tide of expressions of solidarity in pain and hope gave me strength. I also noticed the presence of fear of others in the face of the possible aggravation of my situation.

One night, at the hospital, I decided to expressly welcome the love of others, make myself receptive. I opened my arms as a sign of welcome, of reception, of hospitality, and of the positive feeling of a good handful of people who love me and recognize me in various countries.

The Mayor of Tres Cantos spontaneously told me, “You may ask your mother”, who had died two years earlier. The next day he insisted: “did you ask her?” It is not my style that model of relationship with God, but it made me realize something that I accepted. My bond with all the good wishes of the world, my belonging to the cosmos, above viruses and deaths, questions of religions. I belong to that world so great, in which I am a tiny part that can recognize the bond and the wishes of good. I offered myself to accept my universal communion with the good, with the holy, with whatever is related to the good.

Of course, some persons, representative of the diverse countries, with their discreet presence in my illness, transmitted to me the feeling of belonging to the world, especially to the world of health and, very particularly, to the Order of the Camillians. Their contacts have done good to me

humanly, and I have cared for them in the way and proportion I could, due to my physical situation, particularly my difficulty to breathe.

The concern of the religious of the communities, that of my companions at the Centre and that of my family helped me, on the one hand, and, on the other, was the source of my greatest worries.

The wings of the "Holy Spirit"

The afternoon in the large hall (gym) of the hospital, the night in the emergency, as well as the hospitalization, inevitably reminded me of those wings of the ward of the Hospital of the Holy Spirit in Rome at the time of St. Camillus. There are several paintings that represent, that describe with details the life of St. Camillus.

Listening to the cries, kinds of strenuous breathing, I went back to that ward of the Hospital. Woe, calls for help, requests for soothing, cries of "I can't take it anymore", "I am at the end", attempts to cough and cough in futile, fevers that could be heard sung by the nurses in the corridors like those who sing the lottery numbers... These were the music that accompanied my hospitalization.

Not to mention that from then until today, the great difference lies in the means on which we rely. Having oxygen, analgesics, anti-pyretic, antibiotics...It's a great progress to keep up with these symptoms, even though there is no medicine for the virus.

I imagined myself as one of those poor patients of the sixteenth century, who were treated not by nurses and doctors with a vocation, but by prisoners who were sent to hospitals to serve their sentences. It doesn't seem to me strange that a spectator, with an experience of being sick, as Camillus was, had the deep feeling of wanting to change that dehumanized world into a world of compassionate response. But the calls of the sick and the malaises caused by human nature seemed to me the same. The human cries, those of that time and those of today, are cries.

Between dream and reality

The intensity of the experience of illness causes the body to react in all directions. One day, I tried to reconstruct reality and it was im-

possible to distinguish it from dreams. Literally like this.

One day, I tried to put the facts in order and I felt that it was not possible to distinguish between facts and dreams. I had actually dreamed that I had vomited... and it didn't fit with reality. It was a dream on the first day of hospitalization, in the emergency. I realized that my person was doing everything I could to expel the enemy, the virus, awake and asleep. Deep within I said to myself, maybe, it doesn't matter whether it is a dream or reality. It is the reality of my person working consciously and unconsciously to regain health by expelling the disease.

Lying Symptoms

The symptoms are very annoying. Fever, diarrhoea, excessive diuresis, movements of spasms in the abdomen, cough... A whole set of symptoms that, together, make up an impressive picture of malaise in the most serious days of my situation.

During the night in the emergency, for example, I had so much diuresis as would have been normal in a week. Even the next day. These were the first two days of hospitalization. It was difficult to be taken seriously by the doctors because the symptoms seemed not at all relevant. But they were as much real as uncomfortable. Now I interpret them as totally psychosomatic (I think so), as my body's expression of fear, of deep fear.

Perhaps, even those movements of tremor and intestinal wars (literally) could be due to some tablets I had taken to stop diarrhoea; could also be the expression of my total rejection of illness. But, in any case, their appearance, presence and persistence, made me feel sick. Very badly.

Diary of what happened

Even before I got sick I used to write my diary (which I continue), so that someone could recount the story. So, every day I write down the things that seem to me more important in my own evolution as well as in my environment.

My diary is double. One part, more intimate, is written in green. It is the world of my feelings. Little literature. Though with gaps of

some days, it is where I go to describe myself in the most intimate emotional and spiritual level.

I felt, as in war, that someone had to "paint the scene" or narrate it, so that in the future truth can be narrated with more or less fidelity, at least what you seek to know "what happened". So, I go sewing a fabric with narrative embroidery, simple, with data and emotions, with fears and supports.

I desire that someone inherit the information, though not immediately; that someone could write, though little, with objective and immediate sources. A kind of desire to leave an inheritance, or to find it myself, if at some time I want to put it in order and survive. It is a kind of necessity of the soul, a way of surviving beyond today, a way of transcending.

The liturgy of service

A true liturgy is the encounter between people for service in the illness. In particular, at the hospital.

The arrival of the nurses on their rounds, the arrival of the doctors on their short visit... a liturgy. But the clothes are not to evoke the dignity of the moment with beauty and harmony, but to protect oneself.

A liturgy of war, of defence, of depersonalization. Like mitres, disposable caps; like alb, plastic aprons and protective gowns. Covered shoes. Large plastic visor to insulate the face, as well as masks and plastic eyeglasses. Totally covered. Sacred vases: the tools of service and check-up for the health (salvation) of each sick person. The gestures: more or less daring according to the personality of the master of ceremonies and the members of the various courtiers. The words, sometimes boxed in a distance: "Does something hurt?", sometimes out of the deepest tenderness.

How much tenderness in those who care for me at home! How much in my fellow workers! How much desire for well-being, mixed with the fear that it may end badly!

Things of the deep...

How many paradoxes in this era! In society, we were talking about the possibility of respect-

ing at maximum the autonomy of people, to the point of being able to end their lives if they suffer, with the possible legalization of euthanasia. We were talking about caring for people in a personalized way, with the implications of respecting the values, desires, preferences of each individual according to his or her identity.

And suddenly, we jump to a certain other extreme: all are talking about the common good above the autonomy of people; about the need to treat and protect the most fragile and vulnerable.

It would seem that life was giving us a slap on the face, so that we become aware of our radical interdependence above any kind of affirmation of personal autonomy. We are so interdependent that we need each other in order to survive, to prevent diseases, to deal with illness, to help us in situations of suffering; one related to the other.

We were talking about the risk of technological colonization and possible dehumanization from so much technology and... all of a sudden, communication technology becomes a fundamental ally of ours in order to be able to speak, relate, inform and support each other in their fragility. It is not possible for us to visit each other, to be together. But it is possible to talk, write to each other... and the telephone and email become our best allies (with the risk of over-use) to keep us bound in isolation and illness.

Never so disoriented

We had guidance manuals, ethical reference points to make decisions, keys of values to deliberate in complex situations. We knew about the complexity of situations of illness, end of life, mourning. But we did not know everything.

The pandemic has introduced great novelties in our lives, a great need to continue to look for the North in the middle of the storms. This has been and is a hurricane that carries on, without much time to discern, with many people leaving much desolation due to the lack of rituals and the beauty that we human beings are able to put at the end of life and in the processes of mourning.

How to embody values, how to realize those keys of the good that we admire, when the interests of individuals and small groups remain subject to the greater good of public health, is an unusual challenge for humanity.

A great challenge for creativity in responses, for unity around a common goal. Never has health occupied such a palpable, universal, central, primordial place in the consideration of all humanity.

Unusual bereavements

We have been working on bereavement for the last few decades, studying the phenomenon of slow adaptation to the pain of the loss of a loved one. We became aware of the value of rituals in the socialization of pain and in the symbolization of the sacred and expression of hope. And... suddenly, rituals become impossible; the dead are buried without the presence of more than a handful of the most intimate persons.

We have been working on end-of-life accompaniment, describing the processes and stressing the importance of the spiritual dimension made of values, meaning, transcendence, shortcomings. We recognized the importance of the agents of spiritual accompaniment and the necessary skills of health professionals to diagnose spiritual needs and be able to accompany and satisfy them. And... suddenly, one dies in solitude for legal imperative of isolation and public health reasons.

A great reversal. A slap on the attempts of humanization in what surrounds the end of life. The virtual world has become the only way to share not just the pain of the death of a loved one, but the hard way to live the end as well.

My greatest enemy

As regards my personality, I am anxious; I anticipate things. I prepare things taking time, and that makes me effective as a professional. This is one of my strengths: agility, anticipation, programming.

It has also been my greatest enemy. In my mind, I have anticipated everything. At best, and at worst. In the first weeks of the pandemic, I anticipated by preparing some notes on 'hope', and it gave me time to deliver them to the publishing house: "Hope in time of coro-

navirus". By that time, I was already sick, but at home.

"Two thirds of what we see is behind our eyes", says a Chinese proverb. The fact is that we actually see according to our frame of minds, our patterns, our judgments, gestures and stereotypes.

But it also gave me time to mentally prepare the worst-case scenario. Very much in advance of my first symptoms, I made a list of the phone numbers of my family, my friends, my companions... and I left everything prepared, so that "with a click" I could get the list that had the title: "If I lose the ability to communicate". I pressed that key the moment I went out for the first time to the emergency.

My spiritual testament

I could not avoid, as a son of St. Camillus, mentally preparing my spiritual testament. I drafted a few times the terms and diverse paragraphs. I did not get to write it, because it seemed to me that when I would do it actually, I would be handing over my spirit definitively. A very low morale for obvious reasons, due to the physical situation.

The terms of my testament went in the line of making it clear that my life, if it ended, would not be short, but full of meaning; that there was no need to suffer by dramatizing, but only remembering and thanking.

I visualized the worst, the aseptic treatment of my poor corpse, the inability to gather to celebrate life and death... but, above all, I suffered for the suffering of others, the suffering of my loved ones, family, friends, companions, religious... I suffered for their suffering. An anticipated and indirect suffering. The worst of my experience, the hardest.

To imagine my Brothers, my companions, the religious communities...without rituals, without funeral, without encounter, seemed to me a chaos of such magnitude and cruelty that it made me suffer. I repeatedly lived that funeral by myself, a funeral non-existent, a concentrated pain in the form of a vile knife that devours my loved ones.

This suffering was very intense in me. The hardest thing. Very hard. Bitterly painful. Getting rid of it was a task that I had to do with compensatory, opposite thoughts of returning,

improvement, reconstruction. But what I had beside me, in television (until I stopped viewing it), in my conscience as "expert in mourning" - I would say - it was not so encouraging to think only of the scenario of improvement.

The temptations to manage the thoughts repeated. The fear was centred as much on this question of the grief of my loved ones as on the uncertainty of relying on sufficient means to deal with a relapse, both internal and external, physical and emotional, relational and spiritual. Fear and destruction were what I felt for several days in bed, experiencing my body as a lead plunged into the mattress.

Spiritual Resources

Throughout the process, I unite spiritually to the values, to others in fraternity and to God.

I have focused on hope. Study and reflection help me. My insistence on its bond with patience, tenacity, courage, perseverance, abandonment... were the keys that served me and that continue to serve me. They have served me to cultivate trust in others, in what I would be cared for according to my needs and, in the end, I would have to abandon myself totally.

Reciting some prayers, singing the hymn to St. Camillus, listening to some songs about hope, have given me strength. Also imagining spaces of nature, playing with my imagination that my walk in the hospital room was through the Retiro park of Madrid, or that my hospital dining table was a terrace in a picturesque village...

Before I began my journey, seeing the suffering of others, I thought that one way to help them was to create a one-minute prayer to be shared at night, after ten o'clock, in gratitude. This seemed appropriate to me. Preparing those prayers, intending to share one each a day, helped me. It was encouraging for me to see how each time these prayers were passed on to different groups and how each time people answered "amen", or when some told me that they were praying in the family to end the day with a minute's prayer that I had prepared. Although I was in the hospital, I was able to send one every day and to create new ones, with my hands trembling to save them on the computer. This chain of prayer gave me strength because it allowed me to help cultivate

intimacy, in a key of hope shared with others. I became an initiator of a praying assembly.

Pray without asking

To pray is to present our life to God, to recognize that He is present in our life, to give Him space and to engage in some kind of trustworthy dialogue like friends, born of intimacy and of truth.

On the prayer of request, I had to read and speak. I am a fan of Torres Queiruga and his work. His insistence on not "using God" or hoping that God would intervene in an extraordinary way going beyond the laws of nature, always seemed interesting to me. Instead of asking, wanting, or telling God what He has to do, we need to recognize Him mysteriously present in history.

I know that there are opinions about one thing or another. It includes that "not asking God" can be an act of pride. Be that as it may, but my simple - and not abundant - prayer is a thanksgiving for their lives. I tell Him what matters to me, what is important, what I want to commit myself to, what I desire.

Asking for the intercession of St. Camillus ("St. Camillus, pray for us") is a formula convenient for me to connect spiritually with this giant of charity and the whole movement of solidarity and humanization generated by his conversion in the sixteenth century.

Without wanting to give lessons to anyone, I simply feel that God, present in the most profound intimate part of ourselves, does not need to be informed, nor pressed, nor provoked for an intervention outside the laws of nature. I do and I need to recognize that I am bonded to Him, and for that I go to Him and recount to Him. Traditional prayers are also good. The "Hail Mary", because of its repetition, can generate goodness in the soul and distraction from bad thoughts. But, the "Lord's Prayer" is the greatest.

Uncertainty

The first conversation with the two friends, who wanted to draw attention to the decisions I made in the Centre, given the seriousness of

the situation, was centred on the uncertainty and the changing situation day by day.

Uncertainty generates insecurity, lack of control and difficulty in planning or making decisions in the medium term and, of course, in the long term. Uncertainty makes us particularly waiting for novelty, willing to change, open to creativity, to the unprecedented practices, to what we never thought in the past and think not even in the present.

For me, living the uncertainty in a healthy way means to be open to novelty, to be willing not to control more than possible, to put a lot of my trust in others, in nature, in people and in God. Uncertainty can give way to fear. No, fear is not bad. It is a situation of alertness in the face of a threat that, if not cultivated, allows us to prepare ourselves to increase our attention, to prevent as far as possible.

The wounded healer

One of the most distressing moments of my illness was the day I received an audio from a companion of work at the San Camillo Centre. Her husband was serious and "he was dying alone at the hospital", and she in the house. She recorded for me an audio of despair in which she expressly said: "my husband is dying alone at the hospital and I am here. Help me. Do something, please". The immensity of the sadness, helplessness and indignation I felt was too great to be measured.

Naturally, I replied in writing, sending several times a message like this: "I embrace you", "I embrace you tenderly", "I embrace you affectionately". And nothing more.

Days before, the psychologist asked me to record an audio-prayer for her because she was desperate. I unfolded my empathy - as far as I am capable - and put words to what I felt could help her heart to direct to God. I sent it to her with much humility and a feeling of helplessness. But with much tenderness.

Her husband died. Being myself sick, it was terrible for me to know this. I continued sending her hugs. I had also prepared a prayer with one of my companions, for another compan-

ion who had lost her father, in view of the fact that they could not perform rituals. A prayer of funeral in a possible "virtual assembly". I sent it to her.

The most comforting thing for me was when, a few days after her husband's death she wrote to me giving me courage. Several days. She sent me a video of some dolphins. She seemed so elegant and a healer (for both of us). Of course, I was moved. From the deepest pain of her own, she was left with wounded energy to send a healing message.

God, more present than ever

In this context, I never doubted if God was present. In fact, He is more visible than ever. The question "why?" or "why me?" has never arisen in me, such questions that Job brought to theology, particularly, to the theology of suffering.

I always accepted that I was part of nature, of the real exposure to the presence of the virus in my environment (also at the Centre for care of the elderly).

And I felt God present, suffering, crying out, generating dynamism of good and health, recovery and consolation. It would seem that now the most important temple is the broken body of the sick person; the one that most demands our adoration, our service, our liturgy. A liturgy of the encounter so important in the search for health and in the traverse of illness, of the cross.

The thoughts linked to the passion of Jesus were not much comforting to me. The old exhortation to think about what Jesus suffered, was not comforting at all, rightly for my capacity of identification (perhaps mirror neurons) and the effect it has on me. Anguish increased in me in those attempts of association with the passion.

I live with the hope that the moment in which I find myself will give way to well-being and health, and with that little fear that there may be obstacles. I thank God for everyday life, for the small things, for the people who love me and those I love.