

MAGNIFICAT

An Occasional Paper of Nazareth House-catholic Worker, Philippines

Lent/Easter 2023



The Transfiguration (Metamorphosis)
Icon by Theophanes the Greek (1340-1450)
Tretyakov Gallery, Moscow
(Picture taken in 2016)

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THE CARE MANAGER (Gerald's Story)

[Editor's Note: Gerald Santos is a faithful, loyal and supportive friend of Nazareth House. I met him in 2013 and during that time, we dreamt of having a shelter for persons living with HIV/AIDS. Neither of us really were expecting that that dream would later come true in the form of Nazareth House in 2016. This is his story of involvement in HIV/AIDS advocacy.]

I shall never forget those few remaining moments while I sat on the bed while waiting for him to breathe his last. Both his parents were there in his room too. Me, I was in my very

first year as a schoolteacher in Tarlac (then a sleepy town, 125 kilometers north of Manila). I got to teach English Communication to Third Year High School students in an all-boys school of Don Bosco. One of my students got diagnosed with stage 3 bone cancer and the spread of the disease was so aggressive that in less than 2 years, it took the life of a young man, who loved playing football, basketball, and break dancing. He died in my arms and from that day on, I already knew what I wanted to do for the rest of my life – to care of the sick and the dying.

Fast forward 20 years after that fateful event, I am no longer with the Congregation as I decided to leave the seminary to also take care of my then sick mom, about 3 years earlier. My mom had Parkinson's Disease. And it was progressing extremely fast that made her debilitated and bed ridden. Our dad just died a couple of years earlier and it became evident that another death in the family was in the offing. I was already busy and happy with my stint in the corporate world. But it was not until another 7 or 8 years before I finally got involved in the world of PLHIVs (People Living with HIV). A member of the family was also diagnosed with the virus, and I was tasked to look after this family member. And that reignited the flame that has always been lit but somehow had to take a sideline while I kept myself busy at work so I can put food on the table.

I got involved with a foundation, a non-profit organization whose main aim is to provide care management and assistance to newly diagnosed PLHIVs. At first, it was assisting patients as they go through their initial check ups and lab work outs at a known HIV treatment hub here in Metro Manila, Research Institute of Tropical Medicine (RITM) in Alabang, Muntinlupa City. I would go there when there are newly diagnosed patients who called and requested assistance. It was easy as you just have to go through the standard protocols of the hub unless the patient came in with what you call opportunistic infections (OIs), and the procedure then becomes (to borrow the term often used in clinical set ups) toxic.

Oh yes, by this time I had left the corporate world and returned to my first love, the teaching profession. But this time, I was already doing volunteer work. The daunting task of putting food on the table has become less as the family is now involved in a small business and I can now focus on my advocacy.

Back to my work as a Care Assistant in the treatment hub. As we got immersed into the system and the treatment hub recognized our presence, the responsibilities, and the assistance they were requesting from us also became more demanding, both for our time and resources, and for me, my emotional investment into the advocacy. It was now necessary for us to source out funds as many of the patients who come to us were mostly indigents and/or were cast out by their own families for being HIV positive, being a member of the gay community, or were forced to resign from their jobs because they became too ill and they do not have any financial means to support their medical and hospitalization needs.

Duties and responsibilities were divided among us initial members of the management team. While the others were focused on looking for funds (donors, sponsors, etc.), others were tasked with doing PR work and giving talks to organizations on the topic of HIV 101 for a small

fee or donation. My task was the most emotionally heavy of them all. I was into aiding patients, both in and outpatients, with their medical needs. I also oversaw developing volunteers who wish to go into the advocacy. That meant, I was present at the treatment hub and the hospital every day. I would give counseling to newly diagnosed PLHIVs who were very anxious, very afraid, or were very sick of certain OIs. I was always in touch with the doctors and my face became very familiar to the doctors and nurses of RITM. Even the security personnel already knew and became familiar with me.

One afternoon, while doing my usual job of talking to the clients of the hub, I was told that the ER Resident who knew me was looking for me. When I got to talk with the doctor, she asked if I could talk to the mother of a patient who was in the ICU at that time because the mother was already frantic and did not know what to do nor what was happening to her son. Long story short, the son was no longer staying with the family and was living-in with his partner and he was admitted for severe pneumonia. I was able to talk with the mother and provided needed counseling. I was also able to see her son but since he was in ICU, I couldn't talk to him anymore. Later that afternoon, I found out that the patient died. That was the first of a list that will grow longer and longer by the week.

And just like any other health care worker who has experienced his/her first death, I was also devastated. I cried so hard that day, my eyes got so swollen, my siblings were just as affected.

And the list did grow longer. As I became a familiar face in the hospital, doctors would call for me to talk to their patients who needed counseling, who needed assistance, both for their hospital bills and their medicines, and the burden was also becoming heavier and heavier. The epidemic of new HIV infections was getting higher and higher by the day in the country, therefore, our list of people to assist also grew longer every day. PLHIVs coming from different provinces of the country necessitated for us to expand our network of volunteers and partner hospitals. The tasks at hand were getting to be more daunting while limited resources were getting thinner. But it was also getting harder and harder to say no or to turn down requests as you can obviously see the hardships of both the families and the patients.

Young men (mostly), mothers who are infected of the virus by their own partners and inadvertently transmitted the virus to their children would come to us with different problems. Health deteriorated due to weakened immune system and bodies catching all sorts of opportunistic infections, both communicable and non-communicable. Infections – bacterial, viral, and fungal, both simple and serious types, some fatal when acquired, altogether bringing burden upon burden to the foundation and to me personally as my phone just kept on ringing and messages kept on coming, all asking for help, advice, financial assistance, encouragement, and hope. My phone must always be open 24/7 and I need to answer each call, each message despite many times when I am ready to give up and hang up already.

I had many volunteers, mostly also PLHIVs who caught the advocacy fever after getting treated and having felt being empowered because of the care and attention they got when they

were still struggling to accept their status now and what will be their new normal. I am very grateful to God for these volunteers because it had made my work so much more pleasant and so much easier. But as soon as these volunteers become well enough to get employed once more, then they'll bid goodbye to becoming active volunteers in their advocacy. Although, sadly, not all volunteers become better and return to their normal lives prior to acquiring HIV. A few just couldn't control their old habits and turned for the worse. Still a few others' health deteriorated and quite a few did not make it and passed on.

With so many deaths already on my list, do I still cry after learning that a person whom I had cared for and handled their case unfortunately passed away? The answer is still a resounding yes. I still cry, I still feel bad, I still feel depressed. Perhaps, I am in a better position right now to process my feelings but the aftermath of another death due to the infection remains intact. I would often boast that I am perhaps the only person whose phonebook contains the greatest number of contacts who have already passed on to the next life. I keep them on my phonebook so I can be reminded that indeed life is short, and we must make the most of what God has given us in this world. Some people tell me that I must be crazy for keeping those names and numbers in my phonebook. I don't care if they can't understand me. All I know is that these people were all at some point in time part of my life and have made me become who I am today because of what they taught me when they were still alive.

It has now been ten years since I first began my journey as a care manager/care assistant to PLHIVs. It has been tough and rugged. Financially, I have become poorer. I can no longer count the number of times that I had to shell out personal money to help patients who come to me asking for help with their lab work, medicines, sometimes even for basic needs like food and transportation money. My own family does not know why I do it and the only response I can give is to ask, what would Jesus do if He was asked the same help? Will he abandon these people? Will he turn a blind eye to the pleas and cries for help from these people? Frankly, I don't have an intelligent answer. But my heart says, no, Jesus will not abandon these people.

Ten years passed by quickly and most procedural steps in assisting newly diagnosed patients have already been placed in RITM. I no longer must go there every day like I used to. Though, from time to time, some doctors would still call or text me to ask for help like if the hospital do not have packed RBC and the patient badly needs it or when a treatment hub in the province needs assistance for their patients in acquiring certain medical procedures. The needs are still plentiful and the resources still lacking. But the network has also somehow grown, and we can manage to give referrals to agencies or organizations that may be able to help.

I am now more focused on a particular program of the foundation. We created a program that assists children living with HIV (CLHIV) called the Duyan (which means cradle) Project. This project assists children who unfortunately acquired HIV through MTC or Mother to Child transmission. Currently, we have about sixty children in our care. Their ages range from 6 months old up to a maximum of 17 years old. Around 90% of these kids come from indigent families. And also, around 95% of them came in with existing opportunistic infections of various

kinds. About half of them had either lost their mother or father or are now totally orphaned as their parents had lost their battle with HIV/AIDS. They are under the care of a relative or guardian since they are all still minors.

Caring for children living with HIV is much more emotionally draining. These children do not know what it is that they have, and they are not responsible for catching the virus. What makes the situation worse, there are parents who could not care less about what happened to their children, some of them being abandoned or left to die from complications of the virus. In my phonebook are also names of the parents or guardians of children who died and had left an indelible mark in my heart already.

Lest I leave an impression upon readers that doing care management of PLHIVs and/or CLHIVs are all depressing and heavy stuff, the other side of the frame is also a picture of successes and wins. In fact, there is more good news than there is sad news. Many of those whom I have handled are now back to almost normal, if not even much better than they were before acquiring the virus. By becoming more conscious of their health, they are now bigger and bulkier, going to the gym, turning their backs from vices they used to have like smoking and drinking alcohol and partying till the wee hours of the morning. Many have either returned to their regular jobs or have taken on better employment because their outlook on life has become more positive.

Children who had been accepted and participated in the program are now much better, many of them have gone back to school or have reached school age already. Their weights are within normal health standards; are now no longer getting sick and so much happier and healthier. And seeing them happy and laughing, playing with other kids removes whatever pain and heartaches we encountered when they were still starting their treatment. We hold regular meetings and programs so we can monitor their progress. Sponsors and donors who kindly assist us by providing milk formulas for the kids are simply heaven-sent.

Ten years into this advocacy, I am still as passionate on the day I first started it though I admit, age has caught up on me. I am still active with the Duyan program, I get myself involved with the kids and almost all of them are now going to school from the time I first met and took them under my care. It is tiring both physically and emotionally, yet it gives me so much joy and satisfaction. I am looking forward to the next ten years, God willing. I have no regrets that I have become involved in this advocacy and I am praying that I can continue getting involved for as long as I can.

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Lent and Transfigured Interiority

Lent is upon us! One of the Gospel readings we encounter during this holy season is that of the Transfiguration of Jesus. Whenever I read the story, I am almost always reminded of Saint Gregory Palamas of Thessalonica (1296-1359).

In the 13th c, a monk of the Western Church, Barlaam, encountered Eastern Christian monks on Mount Athos who practiced hesychastic prayer (*hesychia*, meaning quiet), a sense of stillness that comes from the practice of the Jesus Prayer. These monks claimed they had an experience of the “uncreated” light of God (meaning God himself) in the same way the disciples experienced the “uncreated” light of Christ on the Mount of the Transfiguration (Mount Tabor). By the experience of the same Taboric light in hesychastic prayer, the soul is progressively transfigured.

Barlaam decried the monks saying said that God’s essence cannot be known by us, and to experience the essence of God would mean our annihilation since our limited nature could not contain him. [Remember that God told Moses that he could not see and know God “face to face” for he shall surely die (Exodus 33:20).] Rather, knowledge of God is often indirect and mediated by other means. When we say we experience God, what we have is simply an experience of an experience of God, not a direct and unmediated experience of God. At best, we can experience God only through the means of created world/order.

The Eastern Church, through Saint Gregory Palamas, responded against Barlaam, saying that while it is true that we cannot fully know the essence of God, we can experience God directly albeit not through his essence but through his energies (*energeia*). Nevertheless, the energies is still of God, and thus, a direct experience of him. He likens this essence /energies distinction to the sun. The essence of God is like the center of the sun which we cannot touch (which would vaporize and annihilate us), yet the same sun emits energies in forms of light and rays and is said to be of the sun (certainly not from the moon or other heavenly bodies). We participate in the sun or experience the sun through its energies of light and heat coming from its essence. Likewise, while we cannot fathom the infinity of divine essence, we can know God, and participate in the divine life through his energies, which is none other than grace emanating from his essence of pure love and mercy. Prayer, if approached properly, manifests the energies of God and thus transfigures us.

The icon of the Transfiguration is called “metamorphosis.” For Palamas, who gets transfigured on the Mount were the disciples. The uncreated light of Christ (energies) emanating from his essence touched their spiritual sight and allowed them to penetrate somewhat the mystery of the Lord. Their eyes blinded by the light healed them of spiritual blindness (sight) that led them a deep spiritual insight into the reality of the Christ. The spiritual struggle in life is to journey from darkness into light, from blindness into sight/insight. Certainly, Lent reminds us of this journey.

[In the Eastern Church, on the Second Sunday in Lent, is observed the feast of Palamas.]

I’m not a theologian who could make a definitive judgment on the intricacies of the hesychastic controversy. I can only say, however, that with a faithful practice of Jesus Prayer, one comes to have a life unceasing prayer (something, by the way, we have included in the mission statement of Nazareth House). That is, one is praying all the time even if not conscious of it. I can liken it to our heartbeat. The heart beats without us not always conscious of it. And that is what the Jesus Prayer does. Our hearts continue to beat out prayerfully the Name of Jesus.

Incidentally, Dorothy Day, a lover of Russian spirituality, became familiar with Byzantine hesychastic prayer mainly through the Jesus Prayer. Several times, she specifically mentioned reading the *Way of the Pilgrim*, a Russian tale originally from the Russian monastery of Saint Panteleimonos on Mount Athos). The story revolves around the spirituality of the *Philokalia* and the practice of unceasing prayer through Jesus Prayer. [A few years ago, Nazareth House made prayer ropes by which one could say the Jesus Prayer.] Speaking of transfiguration, Dorothy was fond of saying that “we are called to be saints” and that the greatest “tragedy” is not desiring to be saint. But what is a saint except one with transfigured interiority that enabled him or her to manifest the love of God and neighbor in his/her life. May we all be transfigured! May we all be saints! We wish everyone a blessed Lent and Easter! [NEB]

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Voluntary Poverty

I have just been reading some of Dorothy Day’s writings on the Catholic Worker website (www.catholicworker.org). What a wonderful ministry this website is! In any case, I was struck particularly by one of the things she said: “...poverty is my vocation, to live as simply and poorly as I can, and to never cease talking and writing about poverty and destitution.” (*The Catholic Worker*, March 1960, 1,6 <https://catholicworker.org/762-html/>) This vocation does not come easy as it is hard to detach from one’s own resources- whatever small income, savings, etc. we have. But God strips us. January means we have to cover about 40,000 pesos (just under \$1000) for our annual property tax. (We really cannot complain for we live in the house without having to pay rent, and we have the funds.) Then comes a steady stream of people in need- of food, rent (to prevent eviction), school, medical expenses. The burgeoning need seems to be exacerbated by the economic downturn due to COVID-19, and the high inflation. And as Dorothy said, “You hold your breath and wonder how many God is going to send.” But in the words of Father Pacifique Roy (a friend of Dorothy, “We are always saying to God things we don’t really mean, and he takes us at our word. He really loves and believes us.” Well, God takes us seriously when we pray for an increase in capacity of our hearts to love. He loves us and believes us and so he sends us people to help by which our hearts are stretched.

We can’t say “The poor is Christ” yet grumble when they come at our door. Then we really don’t believe what we say. Our prayer is insincere. Yet if we are to be true to the Catholic Worker vocation of voluntary poverty, then we must share what we have even if it means sacrificing some things. There is always some comfort and frivolity that we are called to give up. The challenge is that there is always self-deception in thinking such frivolities are necessities of life. And so by clinging to them, we fail many, many, and many times. We have no occasion for boasting but only that we join Dorothy in her lament, “We have not such compassion, nor ever will be. What we do is so little.” (*The Catholic Worker*, October 1948, 6,8, <https://catholicworker.org/490-html/>)... But when we do give, the miracle of it all is that we are never destitute. It seems that whatever little we have, God magnifies so that there is enough... Just today, I received a message from the seminary that they have a check for me (sort of a bonus from teaching there last semester) which I have not picked up. I have not picked it up

because no one told me (until today!) that I had a check coming! I was filled with joy for this surplus, thinking we could use some of it to have a festive dinner in celebration of Candlemas (sort of to close the forty days of Christmas). But a couple of hours after, we received news that an elderly blind woman we know needed to go see an endocrinologist and cardiologist, and another woman needed medications for her husband diagnosed with pneumonia. So much for that Candlemas dinner! From the perspective of faith, that seminary check was providential, God's gift in order for us to meet the needs of the "ambassadors of Christ" (as Peter Maurin and Dorothy called the poor) who God sends us... Anyways, we may not be rich but we have enough to live on, and enough that we don't have to beg ourselves for our daily bread... We have not made any appeal in the six years of our existence and that in itself is a miracle akin to the multiplication of bread and fish.

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Community News: Escaping military conflict in his province, "R" came back to us in early December before he moved to a place and job in a different city. Unfortunately, the job did not work out so he is back with us. He has a new job in HIV counseling... "G" moved in with us on Epiphany Day... "J" is still looking for work (keep hoping and praying)... "R" is in his last semester of college... "E" returned to Arizona, after spending almost three months with us. The reward for coming was a COVID diagnosis (Thank goodness, he recovered fast!). "N" (after recovering from COVID) went to Bangkok in January for a conference on HIV/AIDS ministry sponsored by the Christian Conference of Asia. He continues his ministry at a slum mission/parish (now in the sixth year).

We also have what we call an "extended" family outside the house because our house is too small to accommodate people who come to us. One is "J" who is unemployed. We help with rental assistance, food, and training as a massage therapist provided by the Redemptorist community in Baclaran... Another is "A" who was once a resident of the house, but has returned to his province since the beginning of the pandemic. We are providing him scholarship to train as a nurse so he could become financially independent... We also know a couple, "S" and "R" who are always teetering on hunger and eviction... Known to us for a few years also is a family- "S," "J" and their three children. Currently they are housed (for how long, we don't know), but they have been in and out of a shelter. We only manage to help from time to time by giving food... And our extended family is growing...

In early February, John Ray, led a yoga and meditation session for the house and our guests from a nearby shelter for persons living with HIV/AIDS. We agree to do this monthly. In March, he and his partner, Jashon Ray, will lead yoga and healing music meditation together. Thank you, friends!

A dear, dear friend, Gerry (from New York City), a long term HIV survivor, also came to visit us in early February. This gave us an occasion to invite residents of a nearby HIV shelter and Gerry was able to speak hope to them and the roommates, followed by a shared meal. It is so encouraging to have old friends visit us.

Nazareth House (Bahay Nazareth) is an ecumenical house of hospitality rooted in the spirit of the worldwide Catholic Worker Movement founded by Dorothy Day and Peter Maurin in 1933. We seek to embody the Gospel ideals of unceasing prayer, corporal and spiritual works of mercy, which include acts of non-violent peace and justice, solidarity with the poor, radical hospitality, and life in community. Located in Manila, Philippines, we are not a social service or a registered charitable institution, nor a not for profit corporation but simply a group of Christians who feel called to an apostolic ministry of providing shelter to persons living with HIV or AIDS who do not have adequate financial means for housing, and who are unable to secure assistance from any source. We are LGBTQI friendly. Email: bahaynazareth@gmail.com