

Covid-19 and Health Implications in the Formation of Future Priests in Nigeria

By

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Abstract:

Corona virus (Covid-19), which started from Wuhan, China, as a respiratory disease, belongs to the same family as Severe Acute Respiratory Syndrome (SARS) disease. The difference lies in the intensity, the way and manner it spreads and kills. Hence, it has reached a pandemic level threatening life, economic systems as well as political structures and necessitating the suspension of regular life activities. This seems to be the best way to contain, isolate, trace, treat and flatten the curve. Social life and activities have been largely affected on account of the twin evil: dwindling economy and the bid to contain the spread of the ‘monster virus.’

Humans strive better while living as a community/society. Economic growth and prosperity wax on alliances. As covid-19 continues to hinder such relationship, its constant presence shall deal a fatal blow to the economy. Consequently, the path to recovery may be charted by searching for a cure or a vaccine to the virus. It follows that one way to win the battle would be providing adequate care and creating a robust medical facility. This requires a good amount of finance. It would hardly happen on account of total lockdown. Hence, the need to always seek a middle ground between keeping the economy afloat and stemming the spread of the virus. Public health provides adequately for the community which translates in the individual care. If the individual enjoys a reasonable stable health, then such an individual would function well in the society/community. This paper is aimed at addressing in a critical manner health impact of covid-19 and proffer a pathway to live with it while engaging in the work of formation. Its major areas of target are: liturgical life; medicine and health; personal and environmental hygiene. All

these areas call for a new response in the wake of this pandemic.

Key words: Health, Hygiene, Covid-19, Virus, Economy, Community/Society

0. Introduction:

Covid-19 has exposed the fragility of the world and the evil of globalization. Before this pandemic, China was literally everywhere. Almost any product you pick has the imprint of China. From simple household wares to the most sophisticated electronic gadgets. Perhaps, there is nothing we use today that is not made in China beginning with the consumables, the perishables on our tables. This is to show how bad the situation was. Understanding the socio-economic influence of China-wares in our Nigeria and round the globe, makes it easy for one to capture graphically the fast spread of the virus through the length and breadth of the continents. How can one fathom the fact that over 200 countries have been affected by what began in the small Wuhan region in China. On 30th December 2019, Wuhan Center for Disease Control (CDC) warned the local hospitals about pneumonia cases making its round in the city hospitals. From an independent source Dr. Li Wenliang received a report about a Severe Acute Respiratory Syndrome (SARS) in that region. Being concerned about the report, he had to share it with some of his colleagues. This information later circulated publicly and the rumors of a deadly SARS spread quickly on Chinese social media. At this point Chinese police invited him and questioned¹ him on making false comments regarding unconfirmed SARS.

Attempt to understand the disease at that time got more elusive knowing how the Chinese government struggled to keep

¹Dr. Li was playing the role of a whistle blower. Transformational positive leadership would promote whistle blowing. It is an internal mechanism that helps in building an organization against collapse. Same principle may be applied to the state/nation. This does not seem to be the case as the police invited Dr. Li to interrogate and warn him against the spread of the existing news on SARS. See Sheng-min Liu, Jian-qiao Liao and Hong-guo Wei, "Authentic Leadership and Whistleblowing: Mediating Roles of Psychological Safety and personal Identification", *Journal of Business Ethics*, vol. 131, no. 1 (Sept. 2015), pp. 107-119.

what was happening in Wuhan within the confines of the territory. The medical doctor who alerted the Chinese government of the evil that was coming her way in November/December 2019 was not only silenced, he contracted the disease and died on 7th February, 2020. It was after his efforts, to make this known to the Chinese government failed, that the Chinese government opened up a little bit to the situation. By this time, it was getting already out of control. In fear that this would run out of control and turn the nation into a grave yard, China had to close down Wuhan and set up a huge temporary hospital in less than ten days. The surprising thing was that the Chinese annual festival was around the corner then. One would have expected a responsible government to suspend it knowing that her citizens are all over the world and would need to travel home for the event. It must have been on account of a financial gain that the Chinese government did not consider suspending the festival in order to save lives.

It was just as the festival was concluding and the Chinese were returning to their respective domiciled countries, that this covid-19 spread unrestrained. The virus had to spread along with the Chinese on their way back to their resident countries after the annual celebration. Anyone who had been in touch with them stood the risk of being infected.

The new Covid-19 still looks elusive. Science is still learning about the behavior of the new disease. Vaccines are yet to hit the health care market. Scientists work day and night for a vaccine breakthrough. As at April, about 89 vaccines were being developed world wide.² By the time pharmaceutical companies produce the initial vaccines for clinical trial, some glimmer of hope shall be returning to an otherwise despaired people. It would require a lot of clinical trials. At the end of the clinical trials, the World Health Organization (WHO) would have to give a seal to it before such an approved vaccine will enjoy mass production. The final verdict and fiat by WHO signifies acceptability

²The New York Times, April 29, 2020

of such vaccines or medication and removes fear in the populace about their authenticity.

Regardless of whatever success that may be recorded in the pharmaceutical field, the fact of the mutation of such diseases creates a stumbling block in the research arena. The question becomes, shall vaccines and medications be specific to regions, so as to take care of a mutant-virus? A more troubling concern seems to be the uncertainty surrounding the ability of research scientists in the different continents to respond adequately to a virus of this kind. How soon will they have a hold on the disease? With this in mind, it becomes very necessary to consider how the health of the Seminararians in formation would be impacted and thus, attended to in the covid-19 era.

Clarification of terms: Health, Hygiene

The need to clarify terms and words used in treatises cannot be over emphasized. This will help for a proper understanding of the subject under conversation. In this paper, health and hygiene would require some amount of clarification. Many would take for granted that the word such as ‘health’ which has a common usage does not need clarification. Regardless of what people think and feel, understanding the word should be the point of departure for the conversation. What is health? Philosophically, Aristotle understands health to refer to a state of homeostasis. In other words, what “betokens and produces health³ are in a balanced state.”⁴ One has health, if the things that should provide health are subsequently combined in the right proportion.

³Aristotle did not list the items/things that produce health. One would here imagine that he must have been speaking in broad terms. The question becomes, what produces health? Food of all kinds, exercise, unpolluted air, clean environment, safe water, rest, sufficient sleep, good family relationship, and anything else an individual thinks produces health for him/her. One caveat is that they have to be combined in an appropriate (balanced) manner.

⁴W.A. Pickard-Cambridge. “Topics” in *The Complete Works of Aristotle: The Revised Oxford Translation* Jonathan Barnes (Ed.), (Princeton: Princeton University Press, 1991), p. 179

Depending on the combination, the result could be privation of ‘something’ or possession of ‘something’.⁵ When one succeeds to possess this ‘something’ then one is said to be healthy which is a particular state.⁶ Aristotle explains what he means by the concepts ‘state’ and ‘condition’ as categories descriptive of the human experience. ‘State’ implies stability and durability, while ‘condition’, its opposite; lacks stability and durability. ‘Condition’ is neither stable nor durable. From the point of view of medicine, a healthy person is, as Daniel Callahan defines health, “an individual’s experience of well-being and integrity of mind and body.”⁷ A healthy person would be regarded as the person who is able to function to some extent in society without much hindrance. This person would have achieved a *homeostasis*. World Health Organization (WHO) in defining health, associates it with the social well-being of the individual. WHO provides a twist to understanding of health by adding a social dimension-relational aspect to the understanding and definition of health. This understanding may be stretching health care to the point of providing social amenities to persons. Callahan notes that such a definition “would in principle make medicine and health care responsible for all human welfare.”⁸ They are two terms we need to understand more about their purpose in the society.

Humans, from the very beginning, attempted to strike a balance in whatever task they were preoccupied with. Quite obviously, medicine came up as a discipline to support humanity in moments of frailty. This is encapsulated in the way and manner of growth of medical schools. At the very beginning, those interested in the field of medicine had to be attached to an expe-

⁵Ibidem. P.177. The something possessed refers to the health of the individual while its opposite is deprivation, absence of health which will be illness (sickness).

⁶J.L. Ackrill. “Categories” in *The Complete Works of Aristotle: The Revised Oxford Translation* Jonathan Barnes (Ed.), (Princeton: Princeton University Press, 1995), p.14

⁷Daniel Callahan. “Ends and Means: The Goals of Health Care”. In *Ethical Dimensions of Health Policy* Marion Danis, Carolyn Clancy and Larry R. Churchill, (New York: Oxford University Press, 2002), p.4

⁸Ibidem. P.4

rienced physician to direct and coach them until such a time that he/she can now practice independent of the principal.⁹ Hippocratic oath, which dates back to 400 B.C., specifies what medicine is. There are a number of significant items mentioned in the oath: Connection with the deity-god and goddess; respect for teachers of medicine; knowledge of medicine is further handed over from one generation to another; use of regimen for health and the care of public health. It shows that there is a being to whom the physician looks up to for guidance and support to the physician while treating patient. In like manner, they provide support to the patient in the process of healing. Such healing depends quite well on the level of hygiene. Consequently, they seek to provide as much regimen as possible that will help maintain patient's hygiene. What does hygiene really entail?

Collins English Dictionary defines hygiene as the practice of keeping yourself and your surroundings clean, especially in order to prevent illness or the spread of diseases. In this regard, one is much careful about personal hygiene. To bring this concept home, it may be important to mention certain words that convey the idea of hygiene like; cleanliness, sanitation, disinfection and sterility to mention but a few. Practicing these would certainly guarantee health for the individual. Maintenance of good hygiene cannot be a wasted effort to a person and the community. In this way healing is assured. The Hippocratic oath addresses healing of the sick as obligatory on the physician. This we shall discuss in what follows next.

1. Call to heal the sick by looking at physician's obligations emanating from the Hippocratic oath

Physicians understand from the very beginning the incontrovertible role they play in society. As a result, the physician obliges to guard his life and *techné*. In doing this care has to be taken to avoid areas of conflicts of interest in order to maintain a profes-

⁹He is usually the boss of the candidate working towards becoming a medical practitioner.

sional integrity.¹⁰ Oath taking therefore prepares the ground for the physician to function seamlessly in society. It is for this reason that he is able to navigate the waters, meandering dual-loyalty problems in managed care facilities.

Institutional Review Board (IRB) is an organ monitoring body established in most medical institutions to ensure that ethical standards are applied in research involving human subjects.¹¹ Such a body would have different professionals and experts as members. One of its objectives will be to guide clinical investigators to ensure that the human person used as research subject retains respect and dignity. The American Society understands the essence of research and as such, the document from the presidential commission for the study of bioethical issues was unequivocal as it explicates what research entails:

Research is not only important as a means of advancing knowledge; it is also a core component of America's growth and prosperity in human health, energy, defense, education, and countless other components of daily life.¹²

Where research advances medical practice, institutional review board (IRB) as a monitoring organ ensures physician is duly represented during the research protocol. This would help see that a maximum level of compliance is achieved. Research covers a wide range of area, which includes, Research Involving Human In Vitro-Fertilization and Embryo Transfer,¹³ Heart Transplan-

¹⁰Steven H. Miles. *The Hippocratic Oath and the Ethics of Medicine*. (New York: Oxford University Press, 2004), p.191.

¹¹Robert Amdur and Elizabeth A. Bankert. *Institutional Review Board. Member Handbook*, 3rd Edition (Sudbury, Massachusetts: Jones and Bartlett Publishers, 2011), p. 7.

¹²Presidential Commission for the Study of Bioethical Issues. *Moral Science: Protecting Participants in Human Subjects Research*. (Washington, D.C, 2011), p.18.

¹³Albert R. Jonsen. *The Birth of Bioethics*. (New York: Oxford University Press, 2003), p. 55.

¹⁴*Ibidem*. P.90.

¹⁵Gregory E. Pence. *Medical Ethics: Accounts of Ground-Breaking Cases*, 6th Edition (New York: McGraw Hill, 2010).p.117ff. Cf. Leon R. Cass & James Q. Wilson. *The Ethics of Human Cloning*. (Washington, D.C: The AEI Press, 1998).

tation and Genetic Engineering¹⁴ , and Stem Cell¹⁵ research to mention a few. Medical research adds value to life by improving individual and public health care. This has a central place in the Hippocratic oath. “Into as many houses as I may enter, I will go for the benefit of the ill.”¹⁶

The oath, therefore, allows such a graduating student of medicine make a solemn promise to do all it takes to be a faithful servant of his techné. This techné finds practical utilization within an applicable existential life situation. Through the prism of the oath, medicine is presented as having the following goals: To prevent disease and injury while promoting health. To bring about relief of pain and suffering. To care and cure the sick; while it also provides care for those who cannot be cured. To prevent premature death and provide comfort for the dying (palliative care for the dying). The physician directs the affairs of medicine and gives it an enduring direction. This commitment finds enduring elasticity through the instrumentality of the oath. Hippocratic oath interlocks the fabrics of medicine and provides a foundation for best practices. Medical practice would have been stunted in the absence of such an oath. Since the physician practices publicly, he/she has to function respecting professional code of conduct making certain the protection and safety of both medical discipline and the public.

2. Some public health expectations as enunciated in the Hippocratic oath (public health)

An aspect of the oath addresses public health. What does it really say? “I will use regimens for the benefit of the ill in accordance with my ability and my judgment, but from [what is] to their harm or injustice I will keep [them].”¹⁷ Here the physician plays the role of the gate keeper, watch man. He watches after the health of the client, anticipates possible danger and provides

¹⁶Stephen H. Miles. Op. Cit.p.124.

¹⁷Ibidem. P.191.

what is essential to keep the health going. In this way, the physician acts in accordance with biomedical ethical principles. These are set of foundational moral principles which serve primarily as guide for ethical moral judgment.¹⁸ Among them is justice.¹⁹ Justice seeks to provide service adequately to all. Its application and distinctive understanding has been elusive. Terms like fairness and entitlement have been used by philosophers in the bid to explain justice.²⁰ Due to the complex and sometimes elusive nature of justice, six different theories serve as aid to unravel the varied dimensions of it-utilitarian, libertarian, communitarian and egalitarian which are regarded as traditional theories. The others are capabilities and well-being theories.²¹ These two are recent theories in the explication of justice. In summation, justice as principle of bioethics provides an environment that will enable a fair game on the part of the players-health care provider, patient and family, regulatory body/agency and policy makers (government). Providing health care services would be difficult without a theory of justice. On account of the above, a frame work is provided to resolve “important disputes about conflicting moral beliefs...”²² It allows for a proper distribution of the resources, especially in a health care setting. Little wonder Rawlsian theory of justice appeals more within the health care system. In this way, health care seeks then to keep people functioning without serious resource constraints. In other words, a health care system has to run in such a manner that accessing resources would be stress free and easy. This happens within the public domain. Jonsen, Siegler and Winslade understand public health as “science and practice of

¹⁸The moral principles are: respect for autonomy, non-maleficence, beneficence, and justice.

¹⁹Tom L. Beauchamp & James F. Childress. *Principles of Biomedical Ethics*. Seventh Edition, (New York: Oxford University Press, 2013), p.13.

²⁰*Ibidem*. P. 250.

²¹*Ibidem*. Pp. 252-253.

²²Norman Daniels, Bruce P. Kennedy, & Ichiro Kawachi. “Justice, Health, and Health Policy” in *Ethical Dimensions of Health Policy* Marion Danis, Carolyn Clancy & Larry R. Churchill. (New York: Oxford University Press, 2002),p.29.

preventing disease and promoting health in populations.”²³ It has to be directed towards curbing the spread of infectious disease, promote individual and public health by proper education and sensitization to personal and environmental hygiene. Current pandemic has put public health on a high alert.

Conscientious efforts have to be made on the part of public health officials to realize the set goals and objectives.²⁴

3. Sick bay/Clinic in the Seminary

Seminary as the word implies houses young men who respond to the call to serve God in a special way. In this house, such persons (candidates) go through a process of formation. Formation has four components: human, spiritual/emotional, intellectual and pastoral. This will enable the candidate mature physically and psychologically so that he can confront the challenges of the society. In Nigeria this takes at least 8 years. The first four years is devoted to philosophy while the last three years dedicated to a careful theological programme building on already established solid philosophy. Pastoral year takes place at the conclusion of the philosophy programme. One cannot disagree on the importance of the house of formation. The formation of these young men would be at a great risk without provision of a structure that looks and takes care of their health. The sick bay fulfils that need.

Sick bay or Clinic as the name suggests serves as venue for treating individuals with mild or semi-malady. As an important component in the Seminary, it serves the purpose of promoting health for students, staff, faculty and formators. Any other person could also have access to it as needs arise. One expects to receive some primary care in this facility in the seminary. Primary care here means that the clinic can provide some basic medication to take care of certain basic maladies like malaria, headache,

²³Alert R. Jonsen, Mark Siegler, & William J. Winslade. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*. Seventh Edition. (New York: McGraw Hill, 2010), p. 214.

²⁴Public health is central to living healthily. What this means is that health care officials have to engage the individual and the community on one-on-one basis. In this way, individual and community are brought to a better understanding of the health situation.

minor aches and pains, minor fractures, or even providing medication to control high blood pressure, and diabetes. As soon as the determination has been made that a particular malady might be out of control, the patient would be taken to a tertiary health care facility in town. In this way, the sick bay or clinic does not get saddled with complex medical condition. The advantage of a sick bay or clinic in the seminary cannot be over stretched. Preventive medicine is a lot cheaper than curative. The facility helps to achieve the former for the seminary and thus helps to enhance the health of the seminarians in formation. It seems inevitable at this point to really look closely at the seminarian and health and establish a connection between them.

4. Seminarian and Health

The council Fathers were precisely clear on what they wanted for candidates for the priesthood in this regard. In *OptatamTotiusno*. 6 we read: “Each candidate should be subjected to vigilant and careful enquiry, keeping in mind his age and development, ... his spiritual, moral and intellectual fitness, adequate physical and mental health, and possible hereditary traits...”²⁵ This text contains crucial information on the expectation from candidate to the priesthood in respect to his health. The council points out three major areas of health focus: physical and mental health, as well as congenital issues (hereditary traits). In short, the council fathers would desire that seminarians be in good condition of health because the ministry they are to embrace is quite demanding.²⁶ This stands to reason. A priest is everything to the people he serves. Seminarians have to learn that they are not to lord it over others, but to devote themselves in the service of Christ.²⁷ For Christ came not to be served but to serve and give his life as a ransom for many (Mk. 10:45; Mtt.20:28). Being sick, therefore, deprives him of the presence and service to the people. Rather, he becomes a burden on the people. The physical health of the priest

²⁵Austin Flannery (ed.). Vatican Council II: The Conciliar and Post-Conciliar Documents. Vol. I. *OptatamTotiusno*. 6. (New Delhi: St. Pauls, 2014), p.631.

²⁶*OptatamTotiusno*. 9

²⁷*Ibidem*

would refer to what makes it difficult for him to be physically present and engage leading the people as pastor. This will translate in his inability to celebrate the sacraments, visit the sick, teach catechism, bury the dead, baptize new members, comfort bereaved members etc. The more serious dimension would be those hereditary traits. This is where the church has to really be watchful. If a candidate has to be admitted recognizing certain congenital issues, the church should be ready to take responsibility in maintaining such health. It would certainly require a huge financial support due to the focused medical care it would require. It would be unchristian to start providing care to a candidate and then stop in the middle of the process. No one should encourage such behaviour.

To maintain (good) health, the seminarian has to consciously live a moderate and balanced life. He must by law avoid extremes, for *virtūs in mediō stat* (virtue stands in the middle). Moderation would imply avoiding unnecessary involvement in things that will not enhance health. One way to achieve this might be living as prescribed in the horarium which provides for siesta, rest after lunch, and lights out. This may be well complemented by engaging in sporting activities. Sporting activities have a lot of health benefits. Medicine has shown that one way to help control diabetes will be exercise. Besides that, it equally helps maintain a balanced mental state. Hence, the seminary provides some sporting facilities. In this way, seminarians have the singular opportunity to exercise their bodies (physically), in order to reach a state of *menssana in corpore sano* (a healthy mind in a healthy body). Covid-19 has heightened the sensitivities of people around anyone who coughs or sneezes. Any of these would jolt those around and send a signal of suspicion around the person. There seems to be heightened awareness of illness. Seminarians are to exhibit same sense of awareness so that they avoid getting infected by persons who may have contracted any infectious disease. Over and beyond the present experience, candidates for the priesthood should embody some balance in life. This coincides with Aristotle's definition of health as earlier discussed, a state of homeostasis. Let me conclude this segment by pointing out a few of those illnesses that could be hereditary and

thus call the attention of those in charge for the recruiting of students to find out the medical background of students admitted into the Seminary. The tasking nature of the priesthood stretches the individual. Hence those choosing this special path have to be strong since their mission is demanding and difficult.

Table A

A tripartite Distribution of Diseases amongst Priests and Seminarians

Hereditary Disease	Infectious Disease	Mental Health Disease
Diabetes Mellitus	Tuberculosis	Sychizophrenia
Diseases of Heart	Influenza and Pneumonia	Chronic Insomnia
Congenital Anomalies	HIV/AIDS	Depression
Arthritis	Hepatitis B	Anxiety
Asthma	chicken Pox	Mental/Emotional problems
Cancer (some)		
Alcohol dependence		
Vision problems		
Alzheimer/Dementia		
Obesity		
Sickle cell anemia		

Table B

Most prevalent diseases as cause of death for Priests and Seminarians

Hereditary Disease	Infectious Disease	Mental Health Disease
Hyperthension	HIV/AIDS	Depression
Diabetes (silent killer)	Hepatitis B	Dementia
Sickle cell		

Table C

Other illnesses that lead to death of Priests and Seminarians

Common illness	
Liver Cyrosis	skin cancer
Acute RenalDysfunction (ARD)	Prostate cancer
Malaria	
Obesity	

Tables A, B and C as appropriately titled present an overview of most prevalent diseases and those that lead to death of priests and

seminarians. Mentioning these illnesses provides knowledge/information to priests and seminarians. Such information serves as deterrent to living care free. In this way, priests and seminarians would be mindful in living their lives. Keeping oneself healthy has its positive outcomes. To achieve the wish of the Fathers of the Second Vatican Council in *OptatamTotiusno*. 9, vocation directors have to do more serious ground work in the selection process particularly in reference to physical, mental health of the candidate, as well as some hereditary issues. There is need to carry out a profound medical background check. This will necessarily involve getting to know the family background of the candidate. In this way, some knowledge is acquired regarding certain medical conditions of the parents; or certain prevalent health issues in the family. It is important to state that, early detection of some of these diseases, has been found to be helpful in the cure of the disease. For instance, if melanoma (skin cancer) is detected in its early stages through doctor's visit, positive remedial steps that are useful would be taken. In such a situation the percentage of success for cure seems quite promising. One thing seems to be central here, namely regular check up and adhering (compliance) to medical advice. The contrary to this has often led to the death of priests and seminarians even in cases where the illness seems curable. Some people do not think that malaria can kill. This can truly kill and as such adherence to prescribed medication by a medical professional is most appropriate. It may be disingenuous to self-medicate even in the case of what some may regard as a regular illness of an African. Having said this, a word of warning should be sent to all those who self-medicate. This goes contrary to medical practice. In a clinical setting, a medical practitioner upon encountering a patient does three things: diagnose, prescribe, and treat. This is why we all need someone else to take us through the process and then treat the disease.

In this way one has a certain amount of assurance for proper medical care. Most times regrettably so, a good number of priests as well as seminarians do not follow the clinical pathway.

²⁸Ibidem

Danger looms in the face of such behavior. Dialysis seems to be on the increase in the country. This may be attributed to Acute Renal Dysfunction (ARD).²⁹ The kidney helps to regulate the toxins in the body system. Herbal drinks are composed of several plant-leaves mixed together for consumption. These extracts contain a reasonable amount of toxins. Unfortunately, studies are not carried out to know the amount of toxins in bitter leaf, dogonyaro, pawpaw leaves just to name a few; or even in the bark of plants whose extracts are ingested. One simply drinks such a herbal mixture ignorant about its constituent elements. Every extract ingested must go through the filtering process of the body. The kidney has to perform this 'dirty job' and that is why it stands the greater risk of exposure to a huge amount of toxins. This is where one has to be mindful of certain herbal drinks one ingests in the name of preventing malaria or typhoid or any other illness. If the kidney is over worked as a result of the overwhelming amount of toxins in the system, then there exists some risk for the organ. In like manner, abuse of alcohol can have serious consequences on our organs. One of such organs is the liver. As one would observe under table C, liver cyrosis is at the top of the list. It is a disease of the liver caused by excessive use of alcohol or in some exceptional situations, it can also be caused by intake of certain uncontrolled medication. The disease can progressively advance to the point of death of patient if not aggressively treated. One way to avoid such is the control use of alcohol or regular medical checkup in the use of certain therapeutic medications.

5. Diocesan Collaboration

Every seminarian that finds his way to the seminary has been sent by a specific diocese. Each diocese has its peculiar way of recruiting candidates she prepares for the priesthood. Among other things, the recruitment process has to be such that there is room for the seminarian to undergo series of medical check ups. This

²⁹This is the sickness of the kidney.

will help early detection of any chronic disease or even hereditary disease. In this way, the diocese shall have a good knowledge of the health condition of a candidate being sent to the seminary. Information on the health of a candidate for the diocese should not end at the bishop's desk or the vocation director's desk either. The seminary where the candidate eventually settles in for formation shall receive a comprehensive report on the seminarian. What this means is that, the diocese and the seminary have to synergize the medical report of every candidate. In other words, the seminary has to update the diocese about the well-being of her candidate, just as much as the diocese briefs the seminary on the health condition of her candidate. To this effect, yearly physical examination will not be out of place. If for anything, it will be a learning process for the candidate. Yearly medical check up is the gold standard in medicine. Such a health check serves the purpose of early detection of any medical problem, so that immediate attention shall be given towards therapeutic cure. When the candidate shall have grown use to such a life style, as priest he would certainly take care of his medical health. All this has been found to be important on account of the present situation. The health of one person affects the other person. In the same vein, the ill-health of one person affects the many in the community. We are witnessing to a changing world. There is need for us to respond to this changing world in a coordinated manner. Dioceses have to be involved in checking the health status of their candidates. In the final analysis, any candidate with a curable underlining disease has to be supported through therapy by the diocese. In this way the diocese would have lived out Matthew 25:31-46. Part of living out this Gospel message would be provision of concrete examples in real life situations. These recommendations are simply attempts at achieving the set objective of this paper in a more concrete fashion.

6. Recommendations

Health of seminarians preparing for the sacred priesthood has to be at its best. This has to be realized through the concerted efforts of all. The candidate himself has to take proactive steps in achieving the set objective and goal. Good hygiene, healthy

environment and life style should be quite central for such candidates preparing for the catholic sacred priesthood. Holy mother church needs virile and energetic men for work in the vineyard. In line with the above, I wish to recommend the following as a way forward in the face of covid-19:

i. Directors of vocations are advised to note the various illnesses as provided in the tables. The list does not cover everything. It is meant to serve as a guide and create awareness.

ii. All candidates to the priesthood have to undergo proper medical check up in their respective dioceses before: (a.) commencement of spiritual year (b.) prior to resumption in the major seminary (c.) after pastoral year before resumption for theology(d.) before the diaconate ordination. These four different moments of medical check-up are important because as the candidate ages, the cells in the system undergo changes also. In other words, if there are any underlying medical issues, at the time the four medical examinations are performed, it would have been discovered.

iii. Compulsory physical (medical) examination and a copy should be sent to the seminary, while the diocese retains a copy

iv. Directors of Vocations are to understand the genetics of the candidates and advice the local ordinary appropriately. A candidate from a background with a heavy medical condition should be carefully observed

v. Health talks are to be organized quarterly or as needs arise. However, candidates who have been diagnosed for diabetes or/and hypertension may have to attend health talk in the seminary. Further arrangement would have to be done by whoever is in-charge. These two health conditions change radically the life of an individual. Interestingly, both can be managed well if patients check their blood pressure and glucose level on a regular basis. One does not have to feel a sense of condemnation or abandonment. Again, the key here shall always be a good understanding of what it takes to maintain such a health condition. The reason diabetic or/and hypertensive patients have to be quite careful is for reasons of their vulnerability. For instance, if covid-19 is contracted by persons having underlining medical conditions, they face the risk of complication and perhaps eventual death.

If such complications are to be avoided, these persons shall pay attention to their life style.

vi. Students living in the same hostel area are to organize/constitute a monitoring team, amongst themselves, for the purpose of checking the level of hygiene/cleanliness, that is maintained in the hostel areas and its surroundings. As a corollary to that, another team of students drawn from the different hostels are to check the rooms of students on a weekly basis. This has to include the hostel environment.

vii. The water containers for drinking should be cleaned regularly and preserved in a way that it promotes health.

viii. The kitchen has to be properly and thoroughly cleaned up all the time. If it is possible, it should be decontaminated.

7. Conclusion

At the beginning of this paper, I drew the connection of the twin evil caused by the advent of coronavirus, namely financial melt-down and a challenged health care system. It went further to state that if these are left, much harm would be done to society. On account of this, it behooves any well-meaning government to put things in place to arrest the situation. One way to do this was to provide an enabling health care environment, that can match the disease, so that it could be brought under control. Once the disease comes under control, social life can once more thrive and society may get back to functionality. Functional society does not necessarily mean death to the virus. All it means is that the society now functions in a different way as against the time preceding the advent of the virus. This time calls for a new way of living. Taking precautionary steps to prevent contracting covid-19 is just a dimension of what should concern the present-day seminarian. In the light of this, the seminarian has to pay a lot of attention to his health while in formation and even beyond formative years. Whatever he has acquired while in formation, has to guide him in the future ministry. The paper concluded recommending a number of practical steps to be adopted by the seminarian, if he has to reap the fruits of formation in the current dispensation.