

## [Appreciation](#)

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**Editor's Note:** *This story is adapted, with permission, from a Facebook post by James F. Keenan.*

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On Oct. 3 we learned from Rome that Jesuit Fr. Jacquineau Azétsop, dean and professor at the School of Social Sciences at Pontifical Gregorian University, had suffered a cerebral hemorrhage from a thrombosis. He underwent lifesaving surgery that same day. Later he was put in an induced coma to heal, but he suffered a stroke on Oct. 8. On Oct. 13, Jacquineau [died](#) at age 49. Funeral arrangements are forthcoming.

With an impressive track record of well-received projects and prestigious appointments, Jacquineau (or AZE, as he signed his emails) was an international leader in health equity and bioethics, able to call together prominent colleagues with a reassuring, hospitable style, a progressive vision and a deep passion for health equity. When you met him, you were as engaged by his questions and ideas as you

were with his gentle, but distinctive, laugh. He was convincing. For these reasons, we at Boston College recently invited him to be the Gasson Chair, the college's oldest and most distinctive visiting professorship. He was to serve as 2023-24 Gasson Professor.

AZE was born March 2, 1972, in Douala, Cameroon. He entered the Society of Jesus on Sept. 22, 1993, and was ordained a priest on June 21, 2003. In 1997 he earned his bachelor's degree in philosophy from Faculté de Philosophie St. Pierre Canisius in Kinshasa, Democratic Republic of Congo, and in 2002 earned his Bachelor of Sacred Theology from Hekima University College in Nairobi, Kenya.

In 2004, he defended his license in theology (which he did with me) at Weston Jesuit School of Theology; his thesis, "Anthropological claims for theological bioethics in sub-Saharan Africa," addressed health inequality and social justice. That fall, he entered the doctoral program in Boston College's theology department and in 2007 defended his dissertation, *Preferential option for the poor and health equity in Africa: a theological approach to population-level bioethics*. I directed him, with Lisa Sowle Cahill and Jesuit Fr. David Hollenbach as his readers.

Hollenbach nominated that dissertation as the department's best of the year, and AZE won the award. It was later published (VDM Verlag, 2010) as [\*Structural violence, population health and health equity: preferential option for the poor and the bioethics health equity in sub-Saharan Africa\*](#). While finishing his dissertation he began studies for a master's in public health policy and social epidemiology at the Bloomberg School of Public Health at Johns Hopkins University.

As soon as AZE finished his master's, he began writing for publication. In 2009, his "New Directions in African Bioethics: Ways of Including Public Health Concerns in the Bioethics Agenda" in the journal *Developing World Bioethics*. In 2010, "Social Justice Approach to Road Safety in Kenya: Addressing the Uneven Distribution of Road Traffic Injuries and Deaths across Population Groups" in *Public Health Ethics*. In 2011, his essay "Epistemological and ethical assessment of obesity bias in industrialized countries" was published in *Philosophy, Ethics, and Humanities in Medicine*.

The range of his early essays only deepened and expanded in later years. Recently he and I were working on "HPV-mandated immunization and public health paternalism in the United State of America."

In November 2013 he was assigned to Rome's Pontifical Gregorian University. He was promoted to extraordinary professor on the faculty of social sciences in 2014 and he assumed the position of dean of the faculty in June 2016.

In 2015 he hosted a major conference in Nairobi on HIV and AIDS in Africa and in 2016 he published the papers with Orbis Books, in a stunning collection called [\*HIV and AIDS in Africa: Christian Reflection, Public Health, Social Transformation\*](#). All 31 essays were by African ethicists, theologians and public health scholars. M. Shawn Copeland wrote the foreword, Sowle Cahill the conclusion, and I the postscript on the move to universal health care.

Emmanuel Katongole of the University of Notre Dame called the book "a must-have and a must-read by every scholar, priest, social worker, pastoral agent, and anyone seeking to understand Africa's journey of pain and hope, and the faith that sustains that journey."

He edited another collection, [\*Integral Human Development: Challenges to Sustainability and Democracy\*](#), published in 2019 Sowle Cahill, one of his dissertation readers, called the collection "a game-changer for Catholic social ideals such as personal dignity, the common good, and integral development." And it confronts two big questions facing political activism everywhere: How can we get from high-minded ideals and sound-bytes to practical action that will make a difference? And what action can be effective in our fragmented global environment, where no one body has moral command, legal authority, or enforcement power?"

At the 2015 conference in Nairobi, where I gave the last address, I concluded by outlining my reliance on Jacquineau's advocacy and public health researcher. "In five of his important contributions from the last few years, he shows how the resources of theology and public health together advance the trajectory of the work of HIV/AIDS prevention and treatment to universal health care," I said.

First, he offered a final critique of the principle of autonomy and its explicit endorsement of medical individualism. Later he showed that an autonomy-based ethics inhibits our understanding of patients' interconnectedness with others and their biological environments. Instead, it makes invisible the social causes of poor health. Its view of the mind and body are

abstract and, in this model, disease is the result of choices made. In short, autonomy-based ethics is at least in global health a moral siphon.

Instead he turned toward Africa that teaches that illness is at the same time, individual, social and cosmological event of significant importance. Then he identified Laurenti Magesa's life-centered ethics as a natural law claim and incorporated it into a vision of public health and healing in Africa. Next he summoned us to move away from the crisis mentality of disease management into a much more ambitious and visionary strategy of health promotion and advocacy, a fundamental move. Finally, his most sustained contribution is his book promoting health equity. There he insists we should "create the policy environment that can favor the optimization of health potential for individuals and groups."

I concluded: "In many ways, Jacquineau leads us into the conversation on universal health care and HIV/AIDS."

AZE articulated a trajectory on the global level for health care promotion. Now others need to follow his lead. His gifts were so evident and such a delight. He loved and lived greatly. The other night a mutual friend, Jesuit Fr. Bienvenu Mayemba, wrote me from Abidjan, Ivory Coast, to say: "The whole community has been stunned and silent. We seem to avoid each other's eyes so that we don't have to cry in public ... or in the corridors."

May he rest in peace and may we be consoled by the comfort of the resurrection.

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