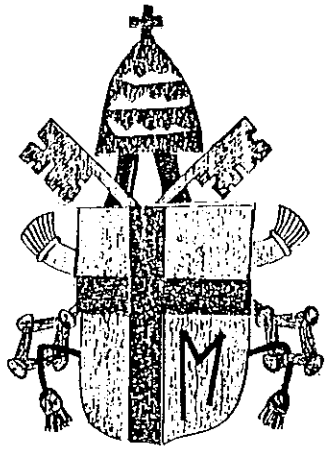

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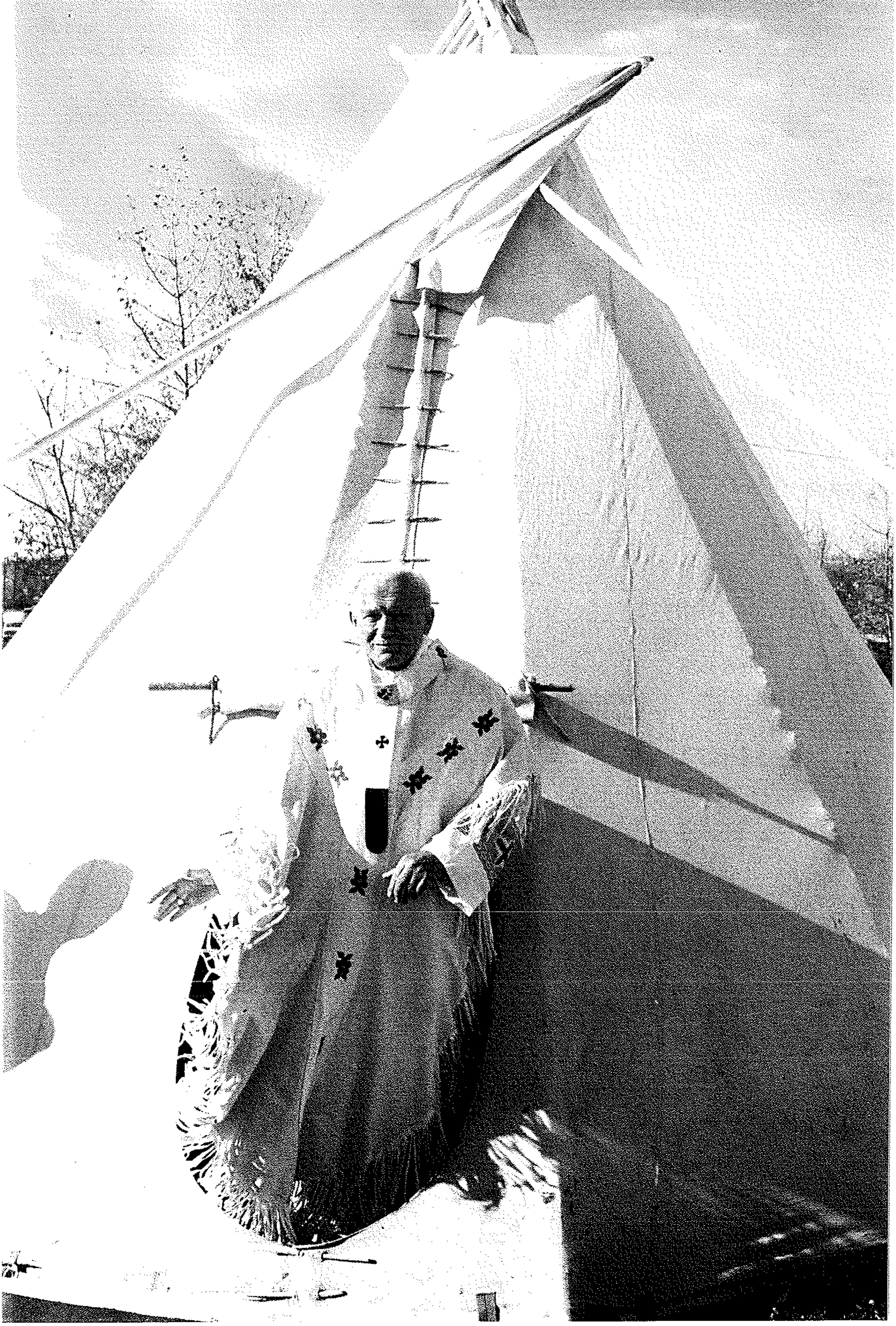


APOSTOLIC TRIP TO CANADA. EUCHARISTIC CELEBRATION WITH AUTOCHTHONOUS PEOPLES AT FORT SIMPSON (SEPTEMBER 20, 1987)

The Pontifical Council for the Health Care Apostolate According to the Apostolic Constitution Pastor Bonus *on the Roman Curia*

Introduction

1. The Constitution is entitled *Pastor Bonus*, referring to Christ, who conferred upon the Bishops as Successors of the Apostles the mission of preaching the Gospel. It was promulgated on June 28, eve of the Feast of the Holy Apostles Peter and Paul.

2. The Constitution is composed of the following parts: Introduction, General Norms, Secretariat of State, Congregations, Tribunals, Pontifical Councils, Offices, Other Organisms of the Curia, Advocates, Institutions united to the Holy See, and two Annexes, on *Ad Limina* Visits and employees of the Holy See.

3. After stressing the Church's sense of service, diaconate, and communion, the Constitution points out the finality of the Roman Curia: to increase the effectiveness of the universal action of the Pastor of the Church which Christ entrusted to Peter and his Successors. The Roman Pontiff calls and takes on many collaborators for this great responsibility.

4. The principles inspiring the promulgation of the present Constitution are the following: the demands and changes taking place in recent years, adaptation to the new code of Canon Law, improvement of the service of the long-established Departments, and consideration of the role and work of the so-called "postconciliar" Offices, which carry out specific pastoral activities claiming the pastors' concern and demanding swift, sure decisions (no. 13).

General Norms

We shall mention the norms referring to the names, composition, and government of these Departments:

- The Roman Curia is the group of Departments and other organisms which assist the Pope (art. 1).
- These Departments include: the Secretariat of State, the Congregations, the Tribunals, Pontifical Councils, and Offices. The Departments are juridically equal (art. 2).
- They are made up of a Cardinal Prefect or Archishop President and a specified number of cardinals and other bishops, with the assistance of a Secretary.
- The Prefect or President governs, directs, and represents the Department. The Secretary, with the collaboration of the Undersecretary, helps the Perfect or President to direct the persons and affairs of the Department (art. 4).

Text of the Constitution Referring to the Pontifical Council for the Health Care Apostolate

Art. 152

The Pontifical Council manifests the Church's concern for the sick, assisting those who perform a service for the ill and the suffering, so that the apostolate of mercy they carry out will increasingly respond to new demands.

Art. 153

§ 1. It is up to the Pontifical Council to make known the Church's doctrine on the spiritual and moral aspects of illness and the meaning of human pain.

§ 2. It offers its collaboration to the local Churches so that health care workers may receive spiritual assistance in the performance of their activites in accordance with Christian doctrine and also so that those engaged in pastoral work in this field will not lack adequate aids in fulfilling their mission.

§ 3. It favors the theoretical and practical activities carried out in this area in different ways by both international Catholic organizations and other institutions.

§ 4. It closely follows legislative and scientific developments related to health, for the principal purpose of ensuring they will be duly taken into consideration in the pastoral work of the Church.

* * *

The changes involving our Office are as follows:

The name: "Pontifical Council" replaces the previous designation, "Pontifical Commission."

Autonomy: The Pontifical Council for the Health Care Apostolate enjoys complete autonomy under the new Constitution.

The *functions* of our Pontifical Council are indicated in articles 152 and 153 of the new Constitution, which in turn summarize those already specified in the Motu Proprio *Dolentium Hominum* (no. 6).

Christian Presence among the Suffering

To the administrative officers, doctors, and medical staff of the Diocesan Catholic clinics and hospitals.

Dear Friends,

Christ cured the ill. He sent His disciples to foretell and bring salvation to all men as a sign of the Father's love and of the healing He proposes. Following Christ, His disciples have devoted their service to those affected by "all forms of illnesses." The Christian presence among those who suffer has appeared in different forms according to the epoch. Today, Catholic clinics and hospitals — one of the numerous forms of Christian presence among sufferers — represent the permanent support of the whole Church for such service. They have an exemplary value and must serve as a reference point for the entire society regarding the moral values and Christian behavior the Church embodies in this field.

This is the reason why I am addressing this letter to you. I would like to encourage you strongly to pursue the struggle to defend and respect the life of every human being you are responsible for. Far from questioning the pillars of your vocation, I encourage you to be engaged with greater resolution. I spur you to verify and eventually direct your future decisions towards the light of the supreme moral and Christian needs.

Indeed, the problems you directly face concern every Christian, every man. Writing to you, I address my words to them, too. Don't they ask the therapist to solve the ethical matters relevant to conscience and not science? I hope these lines, thanks to you, may help your patients to take on with equal courage their responsibility towards allegiance to the same supreme moral and Christian needs your souls are committed to.

All problems cannot be dealt with in this address. I will therefore mention only a few among those I deem most urgent.

A generous, wholehearted, as well as concerted and thoughtful, devotion to this service will place you at the vanguard of the struggle to cure illnesses and relieve suffering. Modern therapists, as you know, have altered the working conditions of your services.

Daily, the object of all medical activities is the implementation of innovations such as research, more intensive care, constantly renewed diagnosis and treatment of the most common diseases.

Therefore, not surprisingly, you are more often faced with extreme situations hovering between the life and death of a human being, intense moments, a gesture or even a medical decision to be made. Your presence offers your patient a testimony of truth.

Similar situations are common, owing to the progress of active interventions. However, the necessary decisions are difficult when related to a multitude of additional factors to be examined and often must be made urgently.

In our age, the current state of knowledge represents a constant temptation. It brings about both harmful doubts and irrational hopes on the meaning of human life or its destiny. That is why the Church stresses more vigorously than ever the absolute dignity of every human being: the life of a person must be respected and protected from the very delicate and mysterious moment of his conception to the enigmatic instant such life flees away.

It is sufficient to recall these words, among many, pronounced by Pope John Paul II: "If, indeed, serving life defines the purposes of medicine, it is the actual and

global concept of life that traces the limits of this service. In other words, the service you are called to offer must take into consideration and at the same time go beyond the physical aspect, which alone does not exhaust the concept of life.

" You, famous doctors gathered here to study the numerous problems concerning health, have rightly insisted on defending life. Indeed, such a supreme value embodies the ultimate motives justifying your engagement in the various fields of your specializations. Safeguarding life, ensuring its evolution and growth in all aspects of existence according to the plan devised by the Creator — this is your task.

" The accrued knowledge of phenomena jeopardizing life has greatly extended the limits of medicine operating in the field of prevention, care, rehabilitation, with the inexhaustable effort to prepare, defend, modify, and recover living conditions, supporting the human being from the early phases of his existence up to the unavoidable decline. " [1]

Therefore, Catholic clinics and hospitals must be at the forefront in the struggle for the respect of human life. Strictly speaking, Catholic institutions must refuse any deliberate action towards death. No routine in such practice must be introduced, even in situations when conscience is tempted to surrender.

Such a supreme condition can seem difficult, in certain cases unbearable. Nevertheless, I remind you it must have a central position in your conscience and in the deontological rules you establish in the Catholic centers you are responsible for. It represents a moral condition of your true attitude towards humanity and God as well as a need of your common action as Christian healers.

Catholic moral reflection has never neglected informing human beings on their death-beds of the inevitable pending outcome; i.e., I refer to terminal care. Once again, I quote the words of Pope John Paul II:

" In the social and cultural framework, the Christian community cannot limit itself to simply condemning euthanasia or trying to prevent its possible spread and consequent legislation. The basic problem is primarily the following: how to help contemporary men to become aware of the nonhuman character of certain aspects of the dominating culture and to rediscover the most precious values it conceals. "

It is, therefore, important to help all those the Church addresses through its word and action to:

— become aware of the gap often established between faith and life resulting from a noncritical and simplistic acceptance of hedonistic, consumeristic conceptions at the basis of a certain lifestyle;

— discover the authentic Christian concept of life, suffering, death, and the correct range of values in life conceived as a vocation and mission for which everybody is responsible before God;

— base on these concepts renewed individual, family, professional existence not afraid to go against the stream with Christian determination.

Substantially, the problem of euthanasia urgently claims and prompts a serious and constant commitment to effective renewal of authentic Christian feeling. Further delays and negligence could result in the elimination of an inestimable number of human lives and, in addition, a new and serious degradation could impose increasingly inhuman living conditions on the entire society and coexistence among men.[2]

Catholic moral reflection has developed and constantly revised the decision-making criteria general practitioners can refer to. It is more than mere casuistics. The abuses of therapeutical obstinacy and deliberate suppressions are attitudes reflecting the despair of the sick or, occasionally, the fear of the well and recovering patients over facing the idea of their death. Parallel to such approaches, some of you disclosed new paths that honor your profession before man and God. In the last few years there has grown a movement seeking to " attend the dying up to the end " by providing a close, loving, and peaceful relationship with them, relieving their suffering through all technical resources, knowledge of the human heart, and integral humanity. In this regard, the public authorities themselves steer their decisions in this direction. I encourage you to carry on or to undertake in your institutions the training of health care workers and the implementation of the practical measures required. Do not neglect the spiritual dimension. A care institution has the duty to respect the rights of a human being's spiritual dimension in medical decisions, attending the sick with thorough reflection of the medical staff on their practices. I hope that your reflection, associated with your medical activity, may complement the different dimensions of the human being and may be discussed at regular meetings. Clarification can result from such collective exchanges since each medical worker can obtain more detailed information and educated advice. Individual responsibilities must not be curtailed, but rather shared. This is the role a health care worker is expected to play in a Christian community. Love and mutual respect must be shown, particularly to our brother who is leaving us to join his Father.

In another field, your activities operate under totally modified conditions; I am referring to the care towards the as yet unborn baby.

A growing awareness is spreading in public opinion about moral problems related to medically-aided procreation. I will not examine all the problems such practices raise, but wish instead to highlight certain basic principles inspiring the Church's moral judgment in this connection.

1. Respect for a human being and his right to life from conception to every stage of his existence.

2. Respect for the marriage union: it calls for conjugal fidelity and commitment to becoming a father and mother only together.

3. Respect for human paternity and maternity through the completion of their physical, psychical, social, moral, and spiritual dimensions.

4. Respect for the child's right to be conceived, carried, given brith to and educated by his own parents.

A moral judgment cannot be formulated by simply recalling these basic principles of the human conscience. It can enable you to focus your reflection on such new and complex issues.

In our country, the liberalization of legislation on abortion authorizes, under certain conditions, actions clearly aginst respect for a human being in his early stages. Your professions often function in unbearable conditions created by legal or regulatory provisions. Catholic doctors and institutions have the duty to show through their behavior, as well the rules they adopt and apply, their absolute conscientious objection to such morally unacceptable practices. However, lawmakers have stressed that Catholic hospital centers cannot be forced to comply with such practices. In certain situations, such practices are not a remedy for the distress caused by numerous factors, particularly family and social ones with moral implications. Unfortunately, the practice of abortion, now widely implemented in our country, is accepted for reasons which lie outside current distress. Hasn't it become a social convention in the name of a pseudo " right "? Are not all spirits involved in such a practice? It is advisable to guard against deterioration in moral judgment through such drifting — in the medical world as well — which leads to an implicit

agreement that ethical needs are secondary. If evil cannot be justified by good, even less can evil be justified by another existing evil. We consider every human life as extremely precious — despite the different opinion of many — even when there is initial impairment and frailty.

Hence, the practice of prenatal diagnosis, widespread in different forms and for varied cases, should imply a definite moral judgment.

The rigor of the principles recently recalled by John Paul II before the participants at an international medical Congress, is well known to you:

" What are the criteria inspiring the doctor willing to comply in his practice with the basic values of moral laws? First of all, he will have to assess carefully the possible negative consequences that the essential use of a specific probing technique can have on the being in gestation. He will avoid diagnostic practices not ensuring a complete harmlessness and driven by honest purposes. When forced to accept a coefficient of risk — frequent in human choices — he will have to be sure the diagnosis is urgent and can lead to important results for the baby in gestation.

" Once the presence of the malformation is detected, the doctor will adopt all proven therapeutical means at his disposal in the current state of research. These include not only medical therapies used so far but also — if adequately trained — recent advanced surgical techniques providing the exeptional results you explained at your congress.

" Deciding for a surgical operation or not, as well as choosing the type of intervention and actual technique to be used, are problems the same doctor will have to solve according to his knowledge and conscience, convinced that the surgery is really necessary and freely accepted by the parents, and the possibilities of success exceed those of failure.

" Unfortunately, for certain malformations, mainly caused by chromosome diseases, no resolutive therapies exist for the time being. In this case, too, medicine will do its best to relieve the consequences of the illness, thus refusing any treatment involving an indirect induced abortion. In fact, the existence of an anomaly does not deprive the carrier of his prerogatives as a human being; on the contrary, he has the same right to be respected as any other patient. " [3]

Obviously, the practice of prenatal diagnosis is useful — particularly for hereditary diseases — to detect a disease and thus treat it while respecting and safeguarding the life and integrity of the expected baby. Today more than ever before the alternative between life and death is more pressing when facing extremely serious disease for which no effective cure exists. The high percentage of negative diagnoses is an element in favor of such practices, enabling us to save an infant and reassure — when the test is negative — those mothers who would otherwise be anxious and likely to resort to abortion.

But as you know, positive diagnosis can create tragic situations, critical for you and especially for the parents of these children. God is the only judge of consciences. But my duty towards God is to remind you of his commandment to respect the human being and his own right to live from his conception.

Consequently, a positive diagnosis must not involve action towards death. In fact, if the diagnosis is positive, the time for reflection must be coupled with the solicitude and support everybody needs — doctors, too — in similar circumstances. The action of " attending " or " taking in charge " a desperate mother or family through a lethal intervention believed to remove the cause of despair is both psychologically untrue and morally uncertain.

Therefore, doctors must take into careful account such moral needs when evaluating the reasons to allow a prenatal diagnosis. In addition, prior to the diagnosis and to the extent to which it is possible, it is strongly advisable to share with the parents these moral necessities essential to the human conscience. Under such conditions, preliminary diagnoses are legal and even commendable, because they are carried out with the agreement of the parents — conscientiously informed — and do not involve excessive risks for the mother or the child. On the other hand, they violate respect for a human being when implying the conditioned decision of an induced abortion. The right to associate prenatal diagnoses and induced abortion for malformations or chromosome diseases must be denied to both the government and all civil authorities.

All this means that during such decisive phases, you will be able — with due discretion — to evaluate the reasons for your decisions and actions with others, for instance, with your collagues and professionals in charge of the center. Undoubtedly, such frankness requires great simplicity and certainly a courageous humility. At the same time, this attitude will enable us to overcome misunderstanding, which saps mutual trust, avoiding false evidence, as well as finding a practice more

in keeping with medicine and the Gospel. You will make Christian communities — apart from health centers — aware of the special effort involved in assisting children and parents facing similar dramas.

Christian life does not spare us serious and painful stresses. These lead us to contradictions representing the sign of the cross set at the core of our vocation.

When all human solutions are impossible, through our faith we must put ourselves in the hands of Christ, who announces the advent of Life through the death of the Son of Man.

As regards the above-mentioned decisions to live or die, you, doctors and health care workers at Catholic centers, can verify in each individual case the major universal contradictions implying a physical but also a spiritual drama. May the paradoxical light of the Cross enlighten you and help you to transmit, together with the Church, a radiant testimony of the love of the living God for all his children, particularly the youngest and the most hard hit. He acknowledges them especially in his suffering Son. In the Gospel, Christ himself tells us:

" Anything you did for one of my brothers here, however humble, you did for me. " [4]

JEAN-MARIE CARDINAL LUSTIGER
Archbishop of Paris

[1] *Catholic Documentation* 1982, no. 20, p. 1030 at the World Congress of Catholic Doctors, held in Rome on October 3, 1982.

On the same theme, I invite you to read again the French Bishops' document " Life and Death on Order, " dated November 1984 (*CD* 1984, no 21, pp. 1126-1130)

[2] *Catholic Documentation* 1984, no. 19, p. 1019; Address delivered at the 54th session of " Cultural Updating " at the Catholic University of the Sacred Heart, Rome, on June 9, 1984.

[3] *Catholic Documentation* 1983, no. 4, p. 189 at the International Pro-Life Movement Medical Congress on Dec. 4, 1982.

In the Beginning Was the Word As a Soft Whisper...

A talk at the Conference of the International Federation of Catholic Pharmacists on " Media - Communication - Health "

At Musashino, a district of Tokyo, 20,000 foetuses are buried in an unusual cemetery. Each family concerned asked for the construction of a little stele and regularly gathers beneath it. On the graves there are dolls, little statues, flowers. You must admit that this is a surprising rite. In Japan, abortion was legalized more than 10 years ago; nevertheless, practicing couples still perform a ceremony for their foetuses. I read these data in a little two-column article in *Cosmopolitan*. A cemetery for foetuses in Tokyo; here's an interesting piece of news.

Near us, in West Germany, a grandmother living in a nursing home, near Bonn, used to send flowers and chocolates to herself. She did it just to show her mates that she was cherished by her five children and grandchildren, who never visited her. She still has to pay 30,000 francs. She left her nursing home and moved to another one far from it. She promised to get out of debt by means of her life insurance. I read this story in the regional press. The grandmother, the flowers, the chocolates; that's another piece of news. Probably, I'd better be a little brighter. I shall now tell you the story of the two fiancés who won 5 million francs at the St. Valentine's lottery. Two years later, they had spent all their money. They travelled a lot and bought many houses. Then they ran into debt and were obliged to sell their car, the car that had made them happy till a few months before.

Eat this roll

Probably you wonder why I tell you these " little " stories since I'm supposed to tell you a " great " story, the story of the Revealed Word.

In the beginning was the Word....

Yes.

But the extraordinary thing is that since the very beginning the Word — with a capital " W " — started beating in the heart of those " little " stories. Between the " stories " of the Bible and the " stories " reported today by the mass media there is an unexpected connection. In the beginning was the Word, and from the very beginning it was mixed with strange stories of communication. Stories of violence, struggle, temptation, healing, kindness, and sweetness....

Of course, I can't go through the whole Bible now, yet I would like to indicate two or three passages among the different examples that are particularly interesting for the manifestation of the communication of the Word. The Word of God is " quick and powerful and sharper than any two-edged sword " (Letter to the Hebrews), but it is also " as sweet as honey " (Prophet Ezekiel).

I was speaking of struggle.

Can you remember the passage about the Jabbok ford in the book of Genesis? That's a real piece of news.

According to the Bible, Jacob takes his two wives, his two womenservants, and his eleven sons and passes over the river. He is left alone and " a man wrestled with him there until the break of the day. " And when he saw that he prevailed not against him, he touched the hollow of his thigh, and the hollow of Jacob's thigh was out of joint, as he wrestled with him. And he said: " Let me go, for the day is breaking. " And he said: " I won't let you go, unless you bless me. "

" And he said to him: ' What is your

name?' And he said: 'Jacob'. And he said: 'Your name shall no more be called Jacob, but Israel, for as a prince you have power with God, and have prevailed....' And Jacob called the name of the place 'Peniel,' that is, 'face of God,' 'for I have seen God face to face and my life has been preserved'." "

I passed through the books and the centuries to go back to prophets and to another struggle. The old Jeremiah goes through an experience which should be taken as a vocational crisis. He wants to renounce and addresses the Lord in an ironic and blasphemous way: "O Lord, you have deceived me, and I was deceived; you are stronger than I and have prevailed." "

As you see, the Bible is not chaste; as a matter of fact, the prophet clearly accuses Yahveh of having taken advantage of the simplicity of his youth and deceiving him.

"I am derided daily, everyone mocks me. For I spoke, I cried out, I cried violence and spoil; because the word of the Lord has made a reproach of me, and a derision daily. Then I said, 'I will not make mention of him nor speak any more in his name'." In the beginning was the Word..., and from the very beginning, as you see, this demanding Word provokes some reaction....

Later, another prophet, Ezekiel, discovers this Word under another form, the form of tenderness and sweetness. In chapter 2 he says: "I heard a voice of one that spoke. And he said to me: 'Son of man, stand upon your feet, and I will speak to you.... Son of man, hear what I say to you: ...Open your mouth, and eat what I give you.' And when I looked, behold, a hand was sent to me and a roll of a book was therein. And he spread it before me: and there was writing within and without; and there were written therein lamentations, and mourning, and woe. Moreover, he said to me: 'Son of man, eat what you find, eat this roll and go to speak to the house of Israel.' So I opened my mouth, and he caused me to eat that roll. And he said to me: 'Cause your belly to eat, and fill your bowels with this roll that I give you.' Then I ate it; and it was in my mouth as honey for sweetness." (*Ezekiel* 2:1. 8; 3:3)

This is probably one of the most outstanding moments in the history of the communication of God, to his people: a God who gives the Book, the Word to be eaten; the same God who will give himself as food in the New Testament for the life of the world.

I know another prophet who was to taste the sweetness of honey a few cen-

turies later, Francis of Assisi. Julien Green wrote an important book on him, *Brother Francis*, and revealed a surprising event. In the last years of his life, when he was no longer able to walk or eat, Francis asked one of his friends to give him two things: some honey cakes and a new cowl. The strangest thing is that the cakes would be only tasted and the cowl used only for a few days. In the very last moment of his life, he asked his brothers to be buried naked, under the bare earth.

Personally, I was struck by this unexpected event in Francis' life. For many years, the only Word will be " the Word of God which cuts deeper than any two-edged sword. " He tries to efface every foolish act performed in his youth with strict discipline. Then, in the end, when he is finally quiet and at rest, he asks for these two whimsical things. In the end, he accepts this Word — " as sweet as honey. " I don't know why, but I think that this final sweetness was necessary for the holiness of Francis of Assisi's life.

Don't speak too much

Sweetness and struggle: the whole life of Francis is based on these two words; the same words appear in both the Old and, most of all, the New Testament.

If we recall the First Letter of Peter (chapter 2): " Be ready at all times to answer anyone who askes you to explain the hope you have in you. But do it with gentleness and respect... " (*1 P* 3:15-16).

Witness with gentleness. Affirm with gentleness.

Gentleness, respect, struggle. These are words that we find in the field of health and in the field of communication.

A beautiful chant of the liturgy (music by Gaetan de Courrèges) expresses this gentleness and this struggle of the Word in the history of the communication of God with his people.

You give us your word/as a *soft* whisper/your love shapes us/like a *clay* pot

Your word is a *murmur*/like a *secret* of love;/your word is the *wound*/that opens the day.

Five words: *softness*, *clay*, *murmur*, *secret*, *wound*. Five words of the Gospel that say the Word and evoke health. I'd like to show them to you on the way that leads us towards the Gospel. First of all, the word MURMUR. It helps us break through the frontier between the two Testaments. To show you this word, I'd like to tell you the story reported by Father Lucien Guissard, former member of the editorial staff of *La Croix* in Paris, in his book *Les chemins de le nuit* (Centurion). It is the story of the " lost man. " Here's a brief description of the final part of the story, when the lost man, named Bernd, meets a shepherd.

He was a young shepherd. Maybe he was about 30. Before he was a school-teacher. But one day he handed in his resignation: " I resign because I can't answer the question asked by a boy. " His superiors decided that he was mad and since such a job required an outstanding person, they dismissed him. What did he learn at school? " Who do you say that I am, " asked the sheperd, " an unsuccessful school-teacher, an occasional shepherd? You should know *the word* they use to indicate one who does not behave as others do: an outcast. Do you think I'm what they say? "

" As long as there are sheep, we need shepherds, " answered Bernd. " I met no shepherd on the way. I met a man who saw me. This man doesn't reject me. I don't know why, but I'm sure that your children have been missing you. They loved you because they asked you some questions. "

Some time later, Bernd comes into the cave of the shepherd and finds a book with a red border. He opens the book on the page marked by the book-marker, which is a leaf, and reads: " And he came thither into a cave, and lodged there, and he said to him: ' Go forth, and stand upon the mount before the Lord '. And, behold, the Lord passed by, and a great and strong wind rent the mountains and the rocks into pieces before the Lord, but the Lord was not in the wind; and after the wind, an earthquake; but the Lord was not in the earthquake. And after the earthquake, a fire; but the Lord was not in the fire, and after the fire a still small voice " (*1 K* 19:9. 11-13).

I think you have guessed the kind of wood this shepherd warmed himself with. He leads Bernd to the top of the mountain. He shows him his native country, the inhabitants that work in the valley, and adds: " I remind you, the shepherd will go back to fishermen and shoemakers; this is the specialization of the place. On the top of the mountain, the shepherd does not get rid of his sheep. "

How similar to our life is the story of the Transfiguration. At the end of the summer, Bernd leaves his host, who accompanies him down to the foot of the mountain. There, the shepherd tells him,

" Don't speak too much. You have received the wind and it is evident on your face. "

I think of the pharmacist in his laboratory, when he shares his secrets, his little or great sufferings. I don't think I exaggerate when I say that he should not speak " too much "; undoubtedly, he communicates more by means of silence, whispers, than by means of a lot of words. Here, I'm referring to what Cardinal Danneels, Archibishop of Malines-Brussels, told me during a two-hour interview. I asked him: " Do you think that the Christian gives a meaning to the existence of men? " We were referring to the text of St. Matthew: " You are the salt of the earth; you are the light of the world. " He replied: " I'm particularly struck by the fact that in this passage Jesus uses silent images. The salt makes no noise, nor does the light. The light is not harmful; it shines, and that's all. He ended up by saying that in the world there are more people ready to share the teaching of Jesus than we can imagine.

The song says: " Your word is a whisper like a secret of love. "

Here are a few remarks on the other verse of the song: " Your word is the wound that opens the day. "

News and good news

As you know, the word " wound " can have a positive meaning, too. It evokes the sorrow but also the opening, and the time that elapses. The injured Word is the word made flesh; it is reached by all kinds of human suffering, it was transfixed on the Cross, and it saves us. This wound is also the wound of communication, the wound of our problems, and the wound of today's news. This wound is what we commonly call " a dog run-over. " According to what Noël Copin of *La Croix* once said: " The story of run-over dogs is not only about dogs, it is also about men. " According to the proposal made by a journalist, instead of speaking of " run-over dogs, " we'd better speak of " run-over loves and dogs. " The problem is that they are not well-accepted, particularly by Christians. I found a brochure in my mailbox. It was an invitation to share my solidarity with the poorest. But how was I invited? The author wanted to call the attention of his " dear sisters and brothers " to the efforts made in order to discuss the news of the day. The result was that many citizens spoil their breakfast reading depressing, alarming, and spicy articles.

If today we want to be aware of what can be changed or denied in the near future, no effort, no sacrifice is excessive or extreme in the world of the press and of information. Then, what about our efforts and sacrifices to announce the Good News to all people and nations, to all the world? Then, he adds in italics: " The Church and the mission can offer more than the news of the day. " On the contrary, I think that " the news of the day " should not be opposed to " the Good News "; " the news of the world " should not be opposed to " the news of the Word. " And if you let me show you another point, I would like to draw your attention to a third piece of news. At first sight, it is more hidden and apparently meaningless. It involves the heart and the mind of our readers. It is a kind of news called *Nous deux*, *Libelle-Rosita*, *Marie Claire*, *Paris-Match*, *Dallas*, *Miami Vice*, *Les oiseaux se cachent pour mourir*, *Paris-Saint Germain*, *Paris Roubaix*, *Paris Dakar*, *Renaud*, *Bernard Tapie*, *Sandra Kim*, *Le prince Andrew*. What is the place of this kind of news in our Christian life? Who has decided that TV serials, horoscopes, and society news have nothing to do with the Church? Who has decided that the story of the old German lady who sent flowers and chocolates to herself is less important than the resignation of the Chief of Staff at the White House?

According to a study carried out in Brussels, 50% of children attending the fifth year of primary school watch TV for more than three hours a day. 74% of them watch the 8 p.m. TV serial on RTL. Now it is useless for us to raise our arms to heaven. TV serials should be abolished, but we have to acknowledge that fiction plays an important role in TV programs. Today information itself is based on the rules of drama. And nobody can prevent the " readers " of *Paris-Match* from buying the magazine only for the photo of Princess Stéphanie.

What I mean is that we should not make a hierarchy of what our readers, our users buy. We should not oppose " the news " to " the Good News, " and what's more, we should not oppose " reality " to " fiction. " Maybe the woman I address by means of my article, my interview, my brochure, my sermon, or my visit has lost her job, her son is sick, she has fallen in love this week, or she is completely involved in what she saw on television the night before or in what she read a few minutes before she entered my pharmacy. It means that the frontier between what happens " in reality " and what happens " in fic-

tion," in a dream, in the imagination, or in expectation is not so clear as one could imagine.

Capable of parables

I can only think that Jesus understood this problem of communication. Probably, you accuse me of associating the reality of today with the Gospel. And yet how many similarities there are between the frailty of the Gospel and the frailty of the media. Let's take the example of a piece of news: it is not reassuring; it troubles us; it is misleading: we hear voices torn by grief. Somebody spoke about "the shipwrecked people of the news" because the news is "what remains on the sand when the sea recedes": poverty and a few shells.

How many "dogs," "run-over loves," secret joys did Jesus meet on his way along the Jordan? What kind of poverty did he find, how many beautiful or less beautiful shells did he pick up on the shores of Palestine?

A sheep, a pearl, a (lost) drachma, a net, a (withered) fig-tree, some mustard seeds.

Two coins, two blind men.

Six stone bottles.

Ten talents, ten lepers, ten virgins, five of whom are mad.

A bleeding woman.

A woman who loses her head, with a demon.

A third woman who divorces for the fifth time (long before Liz Taylor).

The use of perfumes, a multiplication, a transfiguration, a resurrection, some apparitions.

Is there a scene from the Gospels that does not appear in one of today's TV serials or the news? Jesus himself assembled these little meaningless events, these sheep and pieces of everyday life, looked at them, shedding a particular light on them by means of these little stories to which he had the secret. Today, we still tell them:

A man had two children....

A man had one hundred sheep; one of them had escaped....

A man coming from Jericho was going to Jerusalem....

The world of today is full of these men, these women, these little stories. We can take them and tell them just the way they are presented in the Gospel. They can become the parables of our time. I know that the Word of God can't be reduced to mere news; nevertheless, this wound became flesh and was deliberately wounded by the events of man and of the world. Our task

is to renew " this wound that opens the day " and to remove the stones which still block too many graves.

" We are capable of parables, " says Lucien Guissard. " God is waiting for our parables, " he adds.

The Dominican priest Jean-Pierre Manigne wrote an interesting book, *Le Maître des signes* (Cerf). He explains that " the kingdom shows itself in parables just the way it shows itself in healing. " Jesus speaks and heals. These are the two fundamental formulas of communication. This word and this gesture are at the same time sweetness and violence, as they were in the Old Testament: sweetness of words and of hands that embrace and violence of words and of hands that remove the devil.

On this subject, last year, a Swiss priest told me that we should read the whole Gospel with reference to TOUCH to measure to what extent the communication of God is a communication of healing.

Isn't it the way offered to Christian pharmacists to establish a contact of healing, to make some gestures and pronounce some saving words, or why not invent new parables for our time? For example, " the parable of the old lady who sent chocolates to herself, " or " the parable of the two St. Valentine's fiancés, " or — I didn't tell you this story — " the parable of considerate charity. "

Once a Catholic pharmacist came to Jesus: " Master, " he asked, " what good thing must I do to receive eternal life? " Jesus answered: " What do you read in the law? " He said: " You must love the Lord your God with all your heart, and with all your soul, and with all your mind. You must love your neighbour as yourself. " Jesus said; " You have answered correctly. Do this and you will have eternal life. " He wanted to show him his justice and asked him: " And who is my neighbour? " Jesus replied: " A car came rolling down on a street of Bangkok and caused a violent accident. In Bangkok there were two charitable associations that attended the people involved in car accidents. Each of them wanted to arrive on the spot before the other one, so as to play the role of the twentieth century Good Samaritan. But that day the two rival associations arrived at the same time. The result was that there were ten additional injured people after their arrival. In your opinion, which association was more charitable with respect to the injured people? " The Catholic pharmacist, who knew his Gospel, answered, " Neither of them — charity is not exhibition. " Jesus replied: " You have answered correctly. Go forth, and when you give alms, do so in secret, and your Father, who sees in secret, will reward you openly. "

FATHER GABRIEL RINGLET

Director of the Department of Social Communication at the Catholic University of Louvain

Italy and Africa: Health Cooperation

I am happy to inaugurate the work of this Meeting, which seeks, on the one hand, to analyze the activities of Italian health cooperation in Africa, and, on the other, to indicate — after listening firsthand to the protagonists — future strategies to be adopted in order to contribute to guaranteeing for the populations of that Continent acceptable levels of health and welfare.

Three years ago, in the midst of a national debate on the subject of public assistance for development, a meeting was organized, in collaboration with the Superior Institute of Health, with the object of making a census of the potentialities which the Italian medical world could mobilize in order to improve the quality and quantity of our interventions.

A distinguished priest, Monsignor Nervo, who has been devoting himself to the promotion of development for some time now, reminded us on that occasion how all too often those who are directly affected have been absent when the problems of these countries and possible solutions are being discussed.

We have not forgotten that accurate observation and today we are here to listen to the highest health authorities in Africa and know their opinion about Italian aid, so as to understand where it is possible to improve our interventions.

In no sector of international cooperation is there need for greater social solidarity than in that directed towards safeguarding the health of mankind. If development must be integral, that is to say, for each person and the entire person, health is a primary need to be met and it is itself a premise for the fulfillment of the others. There cannot be peace and stability without admitting, as Pope Paul VI reminded us in *Populorum Progressio* exactly twenty years ago, that " Development is the new name for peace " and that it requires increasingly widespread solidarity as a fundamental condition for cohabitation in the contemporary world. For this reason the United Nations has indicated since its inception that the safeguarding of health is one of the fundamental tasks of the international community.

We are gathered here to discuss together the best way of guaranteeing this right. We can also avail ourselves of the contribution of prestigious personages who have desired to be present at this meeting and they will be able, with their science and experience, to indicate the most suitable methods and instruments for our efforts. As regards this, I should like to mention a message which Mother Theresa of Calcutta, who will be here tomorrow, addressed to me on the occasion of a previous meeting on the theme of peace and solidarity held here in Rome. She wrote: " Let the fruit of these meetings be greater love in our families, among our neighbours, in cities, in the country and in the world we live in; and let's remember that works of love are works of peace. "

The representatives of the World Health Organization will be able to illustrate health conditions on the African continent better than I can; in any case, it would appear evident, in comparing international statistics of twenty years ago with today's and with future projections, how urgent and necessary it is to envisage an operative strategy defined in detail, to be put into effect quickly and rigorously.

As Mr. James Grant, Executive Director of UNICEF, recently reminded us, although the African continent has undergone positive and significant social changes over the last decades, the most recent natural calamities as well as political instability, especially in the southern regions, have brought about a crisis of such proportions as to induce us to foresee that, by the end of the century, 40% of the deaths will be in the weakest age group here, that is to say, among infants. In spite of progress in medicine, during the 1950s the proportion was 15%, and it was 31% in 1986.

Statistics tell us that Africa is the only continent, in absolute terms, where the number of infant deaths is increasing: it has risen from about 3,800,000 during the 1950s to 4,000,000 in 1970 and to 4,300,000 in 1980.

There is no doubt that the statistical

projections which I have mentioned are not only the product of inadequate health situations, but the consequence of a more general state of social and economic privation.

These facts would seem to support one of our distinguished guests, Prof. Albert Sabin, a great scientist and a famous example of dedication and commitment to the cause of mankind, who affirmed with a sincerity equal only to his sorrow at a meeting in Turin some months ago: "The years are going by and while I am getting older I see the health situation in developing countries getting worse. I wonder whether there are really solutions and the will to change this state of affairs."

Here science has one of the most important tasks of our time, that same science which has also revealed to us so many terrible secrets. Rita Levi Montalcini wrote that, unlike artists, who want to convey their own conception of the world to others, scientists aim to reveal infinitesimal fractions of what surrounds us. But this research into the infinitely small has an enormous social influence, even in the field of medicine.

Certainly the problem of health cannot be separated from the more general one of development. Mr. Mahler himself, Director of WHO, also here with us today, has prompted us several times to pay more attention to those political, economic, and even cultural mechanisms which prevent the start of a real process of growth. We must avoid a general polarization of the North-South rapport which is fed on egoistic interests and distrust of others.

For this reason, our health policy as well in emerging countries and especially in Africa, where we have concentrated our efforts, has to be directed not only towards temporary improvement, but the overcoming of serious imbalances, of which health conditions are only one indication. Our aid policy has warranted ever-increasing consensus over these years which involves all the political forces present in Parliament and has aroused the interest of various governments and different communities as regards commitment, resources, and methods chosen.

A recent study by O.E.C.D. and the World Bank affirms that world health objectives could be attained at current expense levels if the funds were used in a more effective manner. This is a challenge which Italian health cooperation intends to accept by strongly sustaining the principale of participation, giving responsibility to local communities, which must be the beneficiaries and protagonists of their own health development. Thus individuals become active agents and not just passive recipients of a real process of development.

Certainly, in this wide-ranging action of ours, we have learnt a lot and we have learnt from our mistakes. But it is possible to affirm here with satisfaction that our cooperation has today reached a level of maturity which makes it flexible and adaptable to the most varied situations. It allows us to become part of national development plans aiming at an effective integration among different sectors of which health is certainly a fundamental element. Therefore, the purpose of our aid is not only the usual one: medical care in solving emergency situations. We are persuing a more rational use of resources and health education for the individual.

Our emergency and extraordinary intervention programs, which we are called to effect in order to face calamities, epidemics, and even, unfortunately, cases of great social hardship caused by man, have given positive results. The World Health Organization has for this reason officially decided to consider our health aid sector as a Center of Reference for emergencies and the training of medical workers. Our interventions seek to project themselves into the future, to change from simple aids for survival into instruments able to guarantee more worthy living conditions for the human race.

In order to meet promptly and adequately the challenge represented by health problems in developing countries, our cooperation also relies on the human, technical, and traditional patrimony offered by volunteer bodies, nongovernmental organizations, and Catholic missions.

There is, in this contribution, the personal commitment of everybody to make the primary needs of mankind an imperative of international policy. Individual commitment derives from the awareness of the fundamental equality of human beings, of their dignity and their inalienable rights. All those who lend a helping hand, often with great personal sacrifice, believe, even in the most advanced societies, that humanity has a profound unity of interests, vocations, and destiny. The need is immense and resources are not unlimited, but their work helps to make up the difference.

We have dipped deeply into the inexhaustible source of volunteers to attain our objectives, especially in defining initiatives in the field of preventive medicine, health information, and the training of personnel.

Most of our resources have been direct-

ed towards basic health assistance, passing from 39 billion lire in 1982 to 222 billion in 1987. It is our intention to strengthen the health component of our aid policy in the future because it creates better conditions for every other form of intervention.

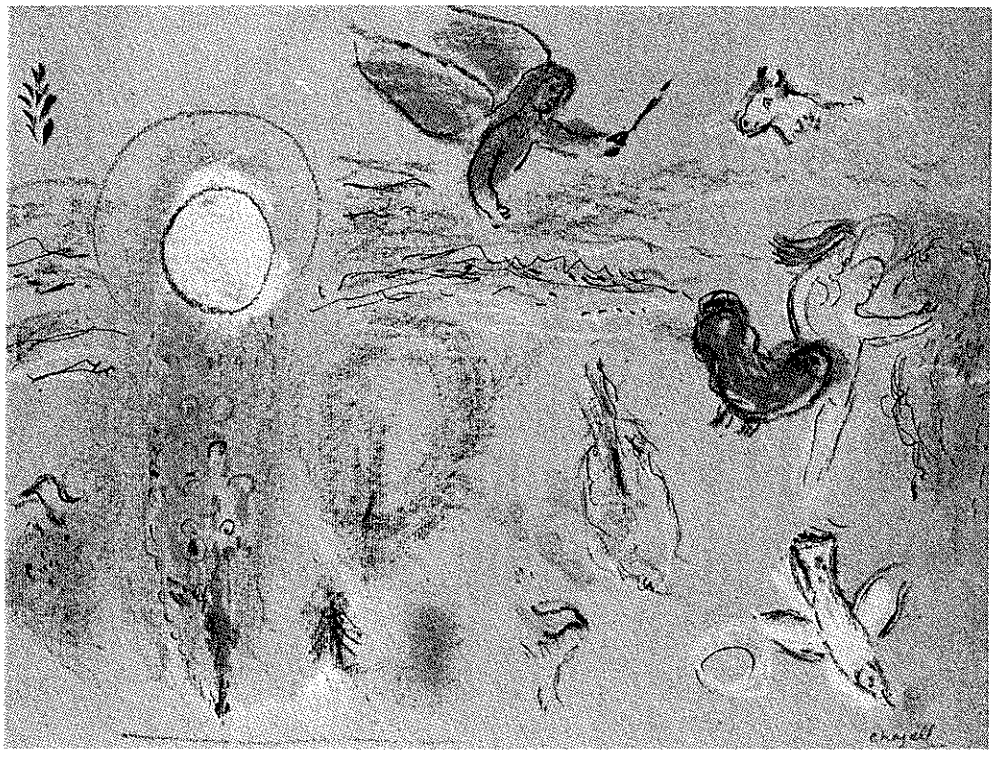
Considering the very serious threats mankind is burdened with, the establishing of an order based on the acknowledgement of fundamental rights, including that of health, is therefore one of the most urgent moral imperatives for everybody and for every type of government, beyond ideologies and political systems. International bodies, especially the United Nations, represented here today, are putting special emphasis on this exigency in giving institutional authority to the values of solidarity, which Italy sustains with particular conviction.

We will cooperate even more with WHO and UNICEF in the multilateral sector, contributing to single out and examine together the initiatives to be adopted, trusting that our role will be adequately appreciated. We will support intersectorial programs placing special stress on the relations among environment, nutrition and health as well as emphasizing medical research.

We are going to create new scientific research structures in Italy and in those countries where scientific studies already under way can be improved further in order to eliminate those diseases which European culture has left behind it, but which still afflict the African continent; the first to be confronted are malaria and leprosy.

We will not neglect our actions for the prevention of drug abuse so that this tragedy can be brought under control before reaching even greater proportions.

We have taken note of what the African Ministers of Health decided during the recent meeting at Bamako. They acknowledged the necessity of improving basic structures with more precise action in the field of essential medicines, a priority for a more widespread distribution of medical aid on a peripheral level. And in the outline of things to be realized we must not neglect the maintainance of medical equipment.



I shall conclude with some considerations as regards the training of personnel, the only real term of reference for a health worker who knows that his or her activities will be successful if they continue to exist after his or her departure.

The training of a corresponding health professional on any level and in any situation will therefore be promoted with more and more emphasis in the countries concerned.

Courses organized jointly by governments and with WHO to teach the method of controlling the most important tropical diseases are becoming more and more numerous. Next year an annual course will begin at the Superior Institute of Health in Rome for the training of health " man-

agers" for devoloping countries. Experts from WHO, from foreign and Italian universities, as well as from European Scientific Institutes, and experts from Africa will act as lecturers for the course, with the object of creating new ideas, new competencies, and new possibilities of employment for our and your doctors and health technicians.

A doctor sees his functions exalted in developing countries; he also becomes a manager and an educator. He is able to

establish authentic forms of cooperation under the sign of science and friendship to affirm beyond formal and bureaucratic barriers a common faith in progress.

Health training in developing countries is one of the most fertile areas in which to fulfill one of our essential aspirations, the humanization of medicine, already the object of one of this year's most interesting meetings, planned and organized by Monsignor Angelini, who will present this theme tomorrow in keeping with his great experience.

We can affirm with Monsignor Angelini that a health professional must have — to fulfill his mission and not only his profession — a patrimony of cultural, moral, and spiritual values which prompt him to consider every suffering person as his brother.

The most valid and authentic proof of this concept can be found in the dedication of our experts, missionaries, and volunteers, some of whom have paid for their commitment with their lives, including Tiziana Biasi and Maria Rosa Grandi, Elisabetta Lombardi, Father Giuseppe Ambrosoli, a generous missionary and brilliant surgeon who with his work, courage, and faith, has given a concrete meaning to our mission of solidarity. They have expressed a concept of brotherhood which cannot leave any human or Christian conscience indifferent.

In conclusion, the safeguarding of health, and with it the promotion of development, is also a way of working for peace, no less important than the commitment to peace which today sees the most advanced countries intent upon reducing the number of weapons of mass destruction. Development is a process involving all the members of the one human family, enriching everybody without distinction. This is the ethical basis for a health policy which makes solidarity and development the two keys to peace. The Italian government, supported by the country's consent, intends to confer ever more binding content upon this policy.

GIULIO ANDREOTTI
Italian Minister of Foreign Affairs

Magisterium of the Church

Excerpts from Addresses by the Holy Father

The Archbishop of Kananga's Letter to His Priests

To pay tribute to those who suffer and to those who assist them

1. I feel very honoured by this meeting. In fact, I consider it a privilege to be in the midst of the sick and those who assist them with fraternal love and great professionalism, in a clinic whose name alone already expresses an entire mission.

I feel close to your suffering, beloved friends who are sick, and to your demanding work, dear doctors and collaborators working in the various wards and in your different capacities.

I would like my voice to carry beyond these walls, bringing to all the sick and to all health care workers the sentiments of Christ's heart. I have come here to speak a word of consolation to those who suffer, and a word of encouragement to those whose mission it is to assist them. However, I have come especially to remind you of the value of suffering and assistance in the fabric of the redemptive work *of the "Saviour of the world."*

2. Service to the sick, which aims to defend, restore, and develop the human person's psycho-physical dimension, is not only a humanitarian and social work, above all, it is an eminently evangelic activity, *and so cannot be separated from the practice of the Christian life.*

*Our first authoritative example in this is Jesus himself, the Salvator Mundi, who, on the principle of doing before teaching, exercised the extraordinary power of restoring physical health on a vast scale from the very beginning of his public life and as part of his mission of salvation. He began traversing the whole of Galilee, preaching the Good News of the Kingdom and healing every sort of illness and infirmity afflicting the people. They brought to him all the sick, those tormented by various illnesses and sufferings, the possessed, epileptics and the paralyzed, and he healed them (*Mt *4:23-24) ... With him the blind, even those afflicted with congenital blindness, recover their sight; the lame walk, the deaf hear, the dumb speak, fevers vanish (cf.* Mt *8:11). With him the withered hand regains movement, the haemorrhage is blocked, paralysis is overcome. Before the merciful power of Jesus an illness as incurable and widespread as leprosy, which not even modern medicine has yet defeated, disappears (cf.* Lk *5:8).*

*His desire to heal is clearly manifested: "I will; be clean" (*Lk *5:13). His words are followed by the cure. Nor does he limit himself to restoring health to those who come to him; he hastens in person to the bedside of the dying: "I will come and heal him" (*Mt *8:5; 9:19).*

On more than one occasion Jesus even exercised the power of calling the dead back to life; the daughter of Jairus, the boy of Nain, Jesus' friend Lazarus, whose case is described in detail by one of the eyewitnesses, are there to demonstrate that he, the Risen Lord, the Saviour of the world, has come to grant us the gift of a new life, one no longer subject to death. "I am the resurrection and the life; he who believes in me, though he die, yet shall he live" (Jn *11:25).*

*Those who believe in him know well "that suffering produces endurance, and endurance produces character, and character produces hope" (*Rom *5:3-5). Physical healing is the sign of risen life.*

3. In fact, faith, sincerely embraced and lived, works *the wonder of producing* a personal and profound transformation in the believer; *it places him in the category of the new man willed by the Saviour of the world and prefigured in the* model of the Good Samaritan, *who, in the face of widespread insensitivity to suffering, distinguishes himself by the generosity with which he reaches out to the afflicted and oppressed with brotherly love (*Lk *10:33 ff).*

*Moved by the Spirit, the Church has understood from the beginning this duty/privilege of drawing near to those who suffer. Already the first Vicar of Jesus followed the example of his Master after Pentecost. Near the "Beautiful" gate of the Temple, Peter made the man lame from birth walk (*Acts *3:2-5). When word quickly spread, "they even carried out the sick into the streets, and laid them on beds and pallets, that as Peter came by at least his shadow might fall on some of them," and many healings took place (*Acts *5:15-16).*

Similar scenes have been repeated in the course of the Church's history and can even be seen today in the esplanades of the great sanctuaries of the Mother of Jesus and our Mother.

The parable became a daily and widespread reality, and already in the first cen-

turies of the Christian era, well before the practice of public assistance, an army of Good Samaritans existed, whose mission in life was to serve those who were weakest, and to do so through a capillary network of assistance.

4. Today, too, the Church's commitment with regard to the reality of suffering–which is not always overcome but indeed often increased by the prosperous consumer society–is constant and inalienable.

Three years ago I established a Pastoral Commission for Health-Care Workers, with the aim of following and becoming involved in the concrete initiatives of the health-care sector, initiatives which have implications for the proclamation of the Gospel. In the course *of the Extraordinary Jubilee of the Redemption I recalled, in the Apostolic Letter* Salvifici Doloris, *the great teaching of the Church on suffering, enlightened by the truth of God's Word.*

Having taken it upon himself, Jesus radically changed the meaning and value of suffering. *It is no longer merely the sign of man's frailty and insufficiency, but has become the path to his recovery and full realization. With the sacrifice of the Man-God, the redemption of mankind was fulfilled. He suffered for man and in his place (*Salvifici Doloris, *19). Therefore physical and moral suffering, inserted in that of Christ, has the power to transform us into new men. It ceases to be an indifferent fact or an evil, becoming instead the inexhaustible fount of good. Suffering, in one who is able to embrace it with the spirit of faith, in one who suffers together with Christ, becomes participation in his redemptive passion and collaboration in his work of salvation on behalf of all.*

*The marvellous consequence is that the very one suffering is transformed into a good Samaritan. He who has need of help is placed in a condition in which he offers help to others and to the entire world. St. Paul said: "In my flesh I complete what is lacking in Christ's afflictions for the sake of his body, that is, the Church"(*Col *1:24).*

5. Dear brothers and sisters, I have come here to pay tribute to those who suffer and to those who take on the responsibility to assist them. I come to you, directors and health care workers, who, in Christ's name, have chosen the figure of the Good Samaritan as your model, to encourage you to persevere in this generous decision. I am here to ask you, beloved friends who are ill, to place at the service of the Church and of the world that treasure of extraordinary religious and social value constituted by your suffering and also by the example of your courage in facing it. Only with the light and strength of faith can you worthily make use of the potential for good inherent in sickness and find, at the same time, the moral strength you need in order not to succumb to the trial, but to fight until it is overcome in victory.

*Among the texts of Vatican II there is a particularly significant passage which affirms that bishops, who are consecrated for the salvation of the whole world, have the duty of fostering and directing missionary work. The Council ardently urges them to turn to the sick and suffering, who with generous hearts are able to offer God their prayers and penance "for the evangelization of the world" (*Ad Gentes, *38).*

I ask you, then, for the collaboration of your prayers confirmed by suffering, towards the attainment of the eminently missionary goal of the evangelization of Christian countries, today the Church is more committed than ever to this.

For my part, I invoke upon each one of you divine help in abundance, so that you may quickly recover your health and return to your habitual occupations, carrying the contribution of your intelligence and energies to your respective families and to society as a whole.

(To the patients at the Salvator Mundi Clinic in Rome, Italy, on March 20, 1988)

Medical science and law should defend the integrity of the person

1. I am delighted to welcome you to this audience on the occasion of your national conference on "Juridical Problems of Biomedicine" To all of you goes my most cordial greeting.

The theme upon which you have chosen to reflect this year serves to underline the undeniable fact that new and serious problems have arisen today in the juridical realm in the wake of medical advances.

The developments of biomedical research have made an increasingly complete knowledge of the human genome possible, and today attempts are being made to map the arrangement of the biological microcosm representative of the genetic code

This knowledge introduces new possibilities for the prevention and cure of hereditary illnesses However, it also introduces new problems of ethical and juridical relevance, problems with regard to which it is necessary to take a position In particular, it is necessary to raise adequate juridical barriers to prevent any sort of selection of human beings based on eugenics, as well as any interruption of embryonic or fetal life due to the existence of a genetic defect or a hereditary illness.

Moreover, no social or scientific utility and no ideological motivation can ever justify an intervention in the human genome that is not therapeutic, in other words, one that is not of itself aimed at the natural development of the human being.

2. The juridical order cannot be indifferent to these problems, since by its nature it is called to define the fundamental rights of the person and to develop the means for their defence and promotion

In the same way, juridical science must take to heart the defence of the genetic identity of every human being, born or unborn, otherwise it would fall short of one of its precise duties. A civil sensibility and — even more — the evangelic doctrine call us, today more than ever, to see to it that laws come to the assistance of every human person, and this all the more clearly and vigorously where individual lives are more fragile and defenceless before growing technological power.

Certainly it is first of all the responsibility of each individual, of each citizen, called as he is to respect within himself the gift of life, which is not his possession, to defend the integrity and dignity of the person. The juridical order must also safeguard that gift, in which is found the value of every human society

3. The new frontiers of medicine are not limited to genetics and artificial procreation. Very promising prospects also exist in the area of the practical applications of medicine: in health care, in the treatment of illnesses, in the assistance of the seriously ill and the dying. However, even along these frontiers we discern the threats of ideological and cultural pressures which oppose respect for the human person and the very ends of medical care.

The advance of a utilitarian culture which, just as it once introduced the legalization of abortion, now seeks to legalize euthanasia and increasingly justifies experimentation on humans without concern for the respect owed to the integrity of the subject, is an alarming fact which those involved in health care cannot confront alone, without the assistance of law.

In fact, if it is true that law cannot disregard eventual abuses in the uncontrolled application of medicine, it is just as true that laws must give their support to scientists and therapists who are working to combat illness and to relieve the suffering of the sick, and who are thereby rendering a service to man which is worthy of all consideration and gratitude

4. Law and medicine are two ancient disciplines, two scientific realms which, due to their nature and origins, can profitably meet in seeking the means, structures and forms of assistance needed to assure the defence, promotion, and progress of the human person: the whole person and every person.

To keep their meeting from becoming a fruitless clash or a disappointing compromise, both medical science and law will have to refer to a third, more elevated touchstone, that of an adequate antropology having its centre in the ontology of the human person. From such an anthropology there derive the ethical values which must be adhered to in every activity, especially in activity directly ordered to the defence and advancement of human beings. And the Christian faith, which considers man's dignity in the light of the Incarnate Word, opens further frontiers of transcendent greatness to such an anthropology.

Ladies and gentlemen, may you find in the reflections I have expounded enlightening points of departure from which to make fitting deductions in the juridical realm. With this as my hope, I invoke divine assistance upon your work and I give you my heartfelt blessing.

(To members of the Congress on "Juridical Problems of Biomedicine," Saturday, December 5, 1987)

Lourdes is a special sign of Mary's action throughout history

1. "There shall be no more death or mourning, crying out or pain, for the former world has passed away" (Rv *21.4*).

The vision of hope offered by these words, dear brothers and sisters, is inserted into the larger framework of the great prophecy of the Apocalypse which we have just read concerning the future renewal of the universe in the final fullness of the kingdom of God at the time of Christ's glorious return.

In this "new earth" beneath this "new heaven," the text says that the "sea" will disappear. In biblical language "the sea" refers to the complex of everything that is opposed to God and does not allow itself to be moulded by his beneficent action. Therefore, even this whole complex will be driven out from the new world of the children of God freed from death, sin and every type of evil.

John also gives us the vision of a "new Jerusalem" which is not the result of human effort, but which "comes down from heaven"; it is a gift from God. This "Jerusalem," the ecclesial community of those who have been raised, is represented by a mysterious female figure, *a "bride." She is God's "dwelling with the human race"* (v. 3).

This female also represents Mary Most Holy, the "new woman," as we sang in the Alleluia verse, God's true "dwelling with the human race," because of her "was born the new man, Jesus Christ."

2. Today, dear brothers and sisters, we are recalling a significant presence of this new Woman in our history. We are celebrating the liturgical memorial of the first apparition of the Blessed Virgin Mary to Bernadette Soubirous in the Grotto of Massabielle.

We are recalling, therefore, as I said in my Encyclical Redemptoris Mater, *that Mary "is present in the Church's mission, present in the Church's work of introducing in the world the kingdom of her Son"* (no. 28). *This presence is manifested, among other ways, "through the radiance and attraction of the great shrines where not only individuals or local groups, but sometimes whole nations and societies, even whole continents, seek to meet the Mother of the Lord."*

Like many other places Lourdes is a special sign of Mary's action throughout the course of our history. In fact, as the Second Vatican Council tells us, when she was "taken up into heaven, she did not lay aside this saving role, but by her manifold act of intercession continues to win for us gifts of eternal salvation. By her maternal charity Mary cares for the brothers and sisters of her Son who still journey on earth surrounded by dangers and difficulties, until they are led to their happy fatherland" (Lumen Gentium, *62*).

At Lourdes Mary fulfils a mission of relief of suffering *and of* reconciliation of souls *with God and neighbour.*

The graces that this Mother of Mercy obtains for the immense throng of suffering and bewildered humanity are intended to lead them to Christ and obtain for them the gift of his Spirit.

3. At Lourdes, through Saint Bernadette, Mary showed herself in an eminent manner as the "spokeswoman of her Son's will" (cf. Encyclical Redemptoris Mater, *21*).

Everything that Our Lady told the seer, everything she asked her to do, all that later grew out of Lourdes, that happening, reflects, we could say, Our Lady's "will"; however, in whose name did she obtain all of this, by whose grace, if not that of her divine Son? Therefore we can truly say that Lourdes belongs to Christ more than to his most holy Mother. *At Lourdes we get to know Christ through Mary, the miracles, obtained through Mary's intercession.*

For these reasons, Lourdes is a privileged place of Christian experience. *At Lourdes* we learn to suffer *as Christ suffered,* to accept suffering *as he accepted it.*

At Lourdes suffering is lightened because people bear it with Christ, provided that they live it with Christ, supported by Mary.

4. At Lourdes we learn that faith alleviates suffering, not so much in the sense of physically diminishing it. This is the task of medicine, or it can occur exceptionally

in a miraculous way. At Lourdes we learn that faith alleviates suffering in that it renders it acceptable *as a* means of expiation and an expression of love. At Lourdes we learn not only to offer ourselves to the divine justice, but also, as St Therese of Lisieux used to say, to the merciful love *of him who, as I said in my Apostolic Letter* Salvifici Doloris *(*no. 18*), suffered "voluntarily and innocently."*

The Christian has the duty, as does every person with feeling and conscience, to devote himself to the effective alleviation of suffering, in order to obtain healing for himself or others. However, his main concern is directed towards eliminating that greater evil, sin. Indeed, it would be useless to enjoy even the best of physical health if the soul is not at peace with God. If the soul, however, is in God's grace, even the most terrible pain becomes bearable because the person is able to direct it towards eternal salvation, his own or that of his brothers and sisters.

5. Dear brothers and sisiters of UNITALSI and the Roman Pilgrimage Organization!

Dear invalids present here, families and friends!

You are profoundly involved in the experience of these mysteries of salvation. Some of you, organizers, chaplains, religious, stretcherbearers, and those who accompany the pilgrimages, are called to work to alleviate human suffering. Like the good Samaritan in the Gospel parable, you are "moved" by the suffering of your neighbour, you feel that it is your own, you "stop" by him who is afflicted by suffering, assisting him generously according to the measure of your own means and competence. As believers, you accompany your suffering neighbour to the meeting with the Crucified and Risen Christ through the action of Mary.

You also, beloved invalids, are called to live the Mystery of Christ in a more profound and decisive manner through the very experience of suffering.

I said "in a more profound and decisive manner." Indeed, what was the decisive and principal moment in which Christ effected our salvation? When he was making his apostolic travels? When he was teaching? When he cured the sick or cast out demons? When he engaged in controversy with the scribes and Pharisees? When he gave orders to his disciples? No! It was the moment of the Cross. Truly, every act Christ performed during his life was salvific; however, all the other acts derived their efficacy and meaning from the Cross.

That is why, dear invalids, you are working in a special way, not only for your own salvation, but also for that of others, in the measure in which, following Christ's example, you suffer innocently and, in a generous act of love, offer your sufferings for the salvation of the world

6. Mary Most Holy plays an essential role in helping us understand and eccept the mystery of the Cross. With motherly wisdom she introduces us to that mystery, she prepares our weakness for it, beginning by letting us feel the beneficent power of her Son, even in our day-to-day living.

This is the meaning of Mary's presence at the wedding feast of Cana, as we read in today's Gospel. In this very human setting Mary introduces us to Christ, making us feel how close he is to our most common and natural joys. She obtains for us a tangible gift, but Mary's wonderful tact is not an end in itself; it has a much higher aim. At Cana Mary helps us take only the first step which must lead us to the Mystery of the Cross and Resurrection.

7. Mary does not only lead us to the mystery of the Cross like a teacher; she also participates in that mystery. She suffers with Jesus and suffers with us. With Jesus she also confronts and defeats the powers of evil. With her Son she also "crushes the head of the serpent" (Gen *3:15).*

Mary teaches us, following Christ's example, all the virtues necessary to confront and conquer every type of evil—courage, fortitude, patience, the spirit of sacrifice and holy resignation to the divine will.

"Blessed are you, daughter, by the Most High God, above all the women of earth!... Your deed of hope will never be forgotten by those who tell of the might of God... You risked your life when your people were being oppressed, and you averted our disaster, walking uprightly before our God" (Judith *13:18-20). "Behold God's dwelling is with the human race!"* (Rv *21:3)*

Let us once again thank Our Lady of Lourdes. Let us thank her for the courage with which she, in manifesting herself through the poor little Bernadette, was able to confront the incredulity, opposition and sarcasm of people who were closed in the prison of a narrow-minded rationalism, in order to offer herself to all the people thirsting for truth, liberation, redemption and salvation.

Let us thank the Most Holy Virgin for all that she is still doing at Lourdes, let us listen to her appeals; let us fulfil her expectations; let us follow the path that she shows us towards Christ and the kingdom of God.

(To the sick, at St. Peter's Basilica, Rome, February 11, 1988)

In the cross of Christ all suffering has redemptive value

1. The Evangelist St. Mark narrates that one day, when Jesus was passing through the neighbourhood of Gennesaret, "they began to bring sick people on their pallets to any place where they heard he was" (Mk *6:55).*

The Pope wished to come to you to tell you that Christ, always close to those who suffer, calls you to himself. More than that, he wished to tell you that you are called to be "other Christs" and to share in his redemptive mission. And what is sanctity but imitating Christ, being identified with him? Those who see suffering with merely human eyes cannot understand its meaning and can easily fall into discouragement; at most they come to accept it with sad resignation before the inevitable. We Christians, on the other hand, chosen by faith, know that suffering can be converted, if we offer it to God, into an instrument of salvation, a path to holiness, which helps us to reach heaven. For a Christian, suffering is not a cause for sadness, but for joy: the joy of knowing that in the cross of Christ all suffering has redemptive value.

Today, too, the Lord invites us, saying, "Come to me, all who labour and are heavy laden, and I will give you rest" (Mt *11:28).*

2. Thanks to divine Revelation, we know well that pain and suffering are inseparably joined to the human condition because of the sin of our first parents (cf. Gen *3:17-19). Nevertheless, that pain and suffering have a redeeming value, having been assumed by Christ, who "being found in human form... humbled himself and became obedient unto death, even death on a cross"* (Phil *2:8). Jesus Christ, true God and true man, wanted to ransom us from sin, from suffering and from death. That is why he suffered a bloody passion, which culminated in the offering of his life on the cross, and was followed by his glorious resurrection, accomplishing in this way the redemption of the human race. In this season*

of Lent, we prepare to live spiritually these mysteries of our redemption with particular intensity during Holy Week.

In this redemption, the work of Jesus Christ, you have a role of primary importance, since, as St Paul says, you complete in your flesh what is lacking in Christ's afflictions (cf Col *1.24). The redemption which Christ won for us once and for all continues to be applied to people throughout time in the Church, which relies in a special way on the pain and suffering of Christians, who are other Christs!*

3. The Church, like a good mother, carries you in her heart: she sees in you the gentle face of the suffering Christ. She constantly prays for you, so that the bed of suffering on which you lie may be transformed into an altar where you offer yourselves to God, for his glory and for the salvation of the whole world.

This caring love of Christ and of the Church for you is also powerfully expressed in the Sacrament of the Anointing of the Sick. How much strength you will find there! That anointing will help you to bear the pain; it will encourage you not to fall into the anguish which often accompanies sickness; if it is in accord with God's plans, it will give you bodily health. Most of all, it will give you health of soul, making you experience the Lord's presence and preparing you to return to the Father's house when he wills with the peace and joy that characterize good children.

4. I cannot forget those of you who share in the service of caring for your brothers and sisters who suffer, not as a simple altruistic kindness, but moved by the charity for which Christ himself will thank you when he says to you on the Day of Judgement: "I was sick, and you visited me" (Mt *25:35), for "as long as you did it to one of these the least of my brethren, you did it to me"* (Mt *25:40).*

So, then, family members, doctors, nurses, attendants, religious hospital workers, and all you who offer this service, be conscious of the great task which God entrusts to you. The sick who depend on you need and expect your assistance. God will reward you abundantly for the heroism which you so often show in caring for your brothers and sisters.

5. The pastoral activity which priests should exercise among the sick is of fundamental importance. No priest can consider himself exempt from this obligation. Particularly, bishops who have the care of souls entrusted to them ought to see this service as one of the favourite ministries of their pastoral concern.

A true Christian community never abandons the neediest and weakest, but rather gives them special care. In the spirit of your people, there are sentiments of nobility and solidarity, rooted in your Christian faith, keep working intensely so that these sentiments will be maintained and renewed.

I know that, as a fruit of an initiative in this city of Cordoba, the first priestly emergency service *was created. Through it, priests and lay people are on call every night, ready to answer Christ's summons through the sick.*

I also know that this beautiful example has been multiplied in numerous dioceses of Argentina. It gives me great joy, and I encourage you to continue in this apostolic effort which makes the Church's concern visible, keeping watch day and night for her most needy children.

6. My beloved brothers and sisters: Mary is always beside you, as she was at the foot of the cross of Jesus. Go to her, tell her about your suffering. The motherly hand and gaze of the Blessed Virgin will help and console you, as only she knows how.

When you pray the Rosary, put a special emphasis on that invocation of the litany. " Health of the sick, *pray for us.* "

In the Holy Mass which I will celebrate today, I will remember all of you before the Lord, and especially you, beloved invalids, on the altar, joined with Christ the victim, will be your sufferings. I cordially give you a special apostolic blessing, and at the same time I entrust myself to your prayers, made powerful through suffering.

(To the sick and disabled at the Cordoba Cathedral, Argentina, April 8, 1987)

The Eucharist sanctifies and sublimates human suffering

" God... so loved the world that he gave his only Son " *(*Jn *3:16).*

My dear brothers and sisters who are listening to me over the radio throughout the homeland, at sea and wherever the airwaves carry my voice! I greet you from my heart *on the day in which the Church gives praise in a special way to the Holy Trinity — Father, Son and Holy Spirit: God, One and Triune....*

...Dear brothers and sisters! You who lie in hospital beds, infirm because of the fragile conditions of daily existence — you, the sick, the suffering — bear witness to Christ *suffering, tortured, crucified, agoniz-*

*ing on Golgotha. You bear witness to the Son, "who gave himself" (*Gal *1:4) for the sins of the world.* And the Holy Spirit bears this witness along with you: in and through you. *This is a special witness! St Paul wrote that it was given to him "to complete in his flesh what is lacking in Christ's afflictions" (cf.* Col *1:24).*

The entire Church *receives this witness, and* she is grateful to you for it. *Just as she is also grateful* to all those who serve you, *such as doctors, nurses, health-care workers. They find their evangelical model* in the Good Samaritan. *All must seek to be equal to that model. Christ himself is in fact* present in every sick person, every suffering person. *There will come a day in which he will address each one of you. "as you did these things to one of the least of these my brethren, you did them to me... and as you did them not to one of the least of these, you did them not to me" (*Mt *25:40-45).*

In this way, then, Christ traverses the life of every man, the life of the nations and of humanity. Moses prayed in the Book of Exodus: "If now I have found favour in thy sight, O Lord, let the Lord, I pray thee, go in the midst of us" *(*Ex *34:9).*

He walks "in the midst of us."

He walks, today in the capital, in the solemn Eucharistic procession, *which is a tradition in Warsaw, as in other Polish cities. "Make way for him, the Lord of heaven passes." He passes* through the streets. *He passes in the sign of the white host borne in the monstrance. He passes* through hearts. *Through* consciences.

Are we truly a people united by the union of the Father and of the Son and of the Holy Spirit? Are we his People?

Dear brothers and sisters! Complete in your sufferings what is lacking *in the People of God throughout this land of Poland! Complete it! This is your vocation in Christ Crucified and Risen. This is your portion* — a special portion — in the Eucharist.

(To the sick, at the Church of the Holy Cross in Warsaw, Poland, June 14, 1987)

You are called to manifest the love and compassion of Christ and of his Church

7. I have come here today to encourage you in your splendid work *and to confirm you in your vital apostolate. Dear brothers and sisters: for your dedication to meeting the health care needs of all people, especially the poor, I heartily congratulate you. You embody the legacy of those pioneering women and men religious who selflessly responded to the health care needs of a young and rapidly expanding country by developing an extensive network of clinics, hospitals and nursing homes. Today you are faced with new challenges, new needs. One of these is the present crisis of immense proportions which is that of AIDS and AIDS-Related Complex (ARC). Besides your professional contribution and your human sensitivities towards all affected by this disease, you are called to show the love and compassion of Christ and his Church. As you courageously affirm and implement your moral obligation and social responsibility to help those who suffer,* you are, individually and collectively, living out the parable of the Good Samaritan *(cf.* Lk *10:30-32).*

*The Good Samaritan of the parable showed compassion to the injured man. By taking him to the inn and giving of his own material means, he truly gave of himself. This action, a universal symbol of human concern, has become one of the essential elements of moral culture and civilization. How beautifully the Lord speaks of the Samaritan! He "was a neighbour to the man who fell in with the robbers" (*Lk *10:36). To be a "neighbour" is* to express love, solidarity and service, *and to exclude selfishness, discrimination and neglect. The message of the parable of the Good Samaritan echoes a reality connected with today's Feast of the Triumph of the Cross. "the kindness and love of God our Saviour appeared... that we might be justified by his grace and become heirs, in hope, of eternal life" (*Tit *3:4-7). In the changing world of health care, it is up to you* to ensure that this "kindness and love of God our Saviour" remains the heart and soul of Catholic health services.

Through prayer and with God's help, may you persevere in your commitment, providing professional assistance and selfless personal care to those who need your services. I pray that your activities and your whole lives will inspire and help all the people of America, working together, to make this society a place of full and absolute respect for the dignity of every person, *from the moment of conception to the moment of natural death. And may God, in whom "we live and move and have our being" (*Acts*), sustain you by his grace.*

(To the Officers of the Catholic Health Association, in Phoenix, Arizona, on September 14, 1987)

To My Priests

Dear Brothers in the Priesthood,

With this letter I am addressing all the parish priests and all the Superiors of parish churches and missions, and also all the other priests, on the issue of the apostolate of the sick and suffering.

It is undeniable that this ministry has not always been given by us the importance it should be given. The need to show deeper interest in this area was underlined by Pope John Paul II's Enyclical *Salvifici Doloris*, of February 11, 1984, and by his Motu Proprio *Dolentium Hominum*, of February 11, 1985.

The Church is always faithful to the words of Christ's redeeming message. Nevertheless, in its constant effort to meet man's hopes, the Church sometimes grants preference to certain aspects of this message.

In the attention paid to man by the Church, there is an aspect that is an integral part of its mission, i.e., its care for the sick and the suffering.

As regards our specific Church, our presence in the world of health is demonstrated by different hospitals, dispensaries, maternity wards, health and nutritional centers, and facilities for handicapped children, orphans, and the elderly. All these institutions perform a wonderful task warranting our respect.

But all these institutions cannot dispense us from taking care of the spiritual needs of the sick and the suffering.

This is why we priests probably have to reexamine this part of our ministry, the ministry of the sick and the suffering.

First of all, this apostolate is not aimed at "curing," but at the accomplishment of the ecclesial mission that was described by St. James (5: 13-16):

"Any one of you who is in trouble should pray; any one of you who is ill should send for the elders of the church, and they should anoint the sick person with oil in the name of the Lord and pray over him. The prayer of faith will save the sick person and the Lord will raise him up again; and if he has committed any sins, he will be forgiven.... So confess your sins to one another, and pray for one another to be cured."

Of course, these words immediately remind us of "the Sacrament of the Sick," which it would be theologically false and psychologially traumatizing to reduce to extreme unction. This sacrament, in fact, is an expression of God's support and of the commitment of a Christian and family community to those who embark on a painful path.

But these words by St. James also remind us of the prayers said for and — whenever possible — in the presence of the sick and the suffering. This would also be, at the same time, a good opportunity to explain the Christian meaning of suffering: if one accepts it as the design of God, suffering becomes the source of salvation, because salvation has its origin in the passion and death of Christ. It is the Gospel of suffering that we must understand and announce. The poet Paul Claudel has very well expressed it as follows:

"God has not come to eliminate suffering. He has not even come to explain it. But He came to fill it with His presence, through Jesus Christ."

You will worship only God! Our only freedom is to be faithful to the Word of God and to avoid any temptations of idolatry: "We will not serve your god or worship the statue you have set up" (*Daniel* 3: 18).

I am now inviting all the parish priests and Superiors of parish churches and missions to think this over and make practical proposals — in the course of their next deanery or sector meeting — on the reevaluation of the ministry to the sick and suffering, keeping in mind the Gospel of suffering. I am thinking, for example, of parish meetings for prayer, Benediction, and administration of the Sacrament of the Sick. I am also thinking of what can be done for the Buloji and Mupongo, in order to restore true charity, the symbol of Christ and of the Christian. I refer to those who have abandoned the Catholic life in favor of some sects, on account of suffering.

The results of priests' reflections and research will also ease the situation in Kabue. In fact, it is not advisable for so many people to go to Kabue, because of the great distance to be covered, the conditions of the stay, the lack of minimum comforts, the danger of illnesses and of epidemics. Furthermore, people may think that God is confined and limited to the parish of Kabue. There is a big danger of idolatry.

I would be very grateful if you did not carry on any new initiatives without first informing our General Vicar, who is the Pastoral Coordinator. As to the meetings for prayer, Benediction, and administration of the Sacrament of the Sick, it night be a good idea to invite Abbot Tshinyama B. to preside alongside the parish priest.

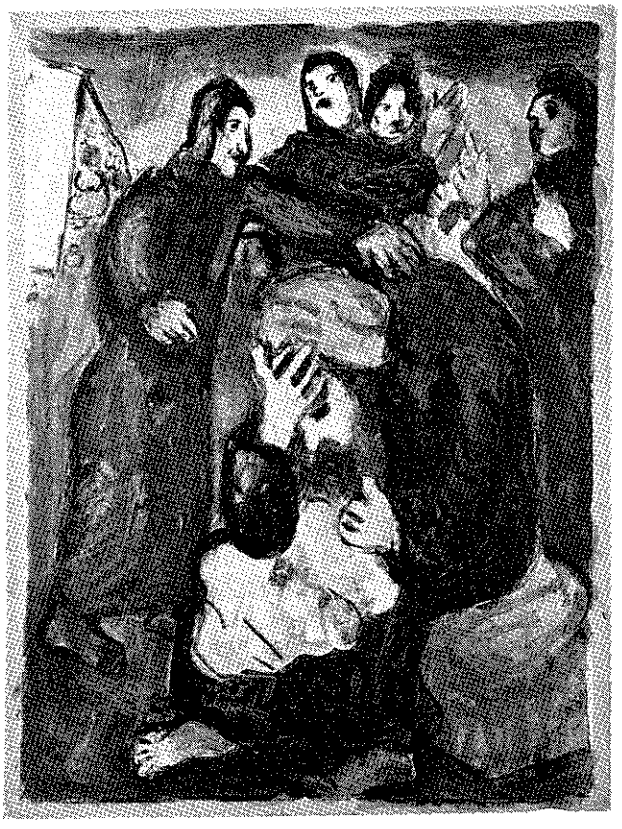
Finally, let us always keep in mind the words of Bishop Cyril of Alexandria, who used to say:

"We can serve God only by serving man. And if we lose contact with the man who suffers, with the man who sins, with the man who is lost in the darkness of the night; if we ignore the woman who groans and the child who cries, then we are lost, because we have been negligent pastors who have done everything except the essential things."

May God, the master of life and health, keep you in His love and blessing! May the Blessed Virgin Mary, Mother of the suffering, protect all Her children!

✠ BAKOLE WA ILUNGA
Archbishop of Kananga
(Zaire)

Topics



WHO in the Process of Modernizing Medicine

Workers' Health in the Social Teaching of the Church

The Fight against AIDS and Cancer and Other Health Issues

London Declaration on AIDS

The World Health Organization in the Process of Modernizing Medicine

Address by Monsignor Justo Mullor García, Head of the Holy See Delegation at the Forty-First World Health Assembly, Geneva, May 9, 1988

The Holy See Delegation expresses its most sincere congratulations to Professor Ngandu-Kabeya on his election as President of this Conference, to Dr. Halfdan Mahler for the important work he has carried out as head of the World Health Organization for the past fifteen years, and to his successor, Dr. Hiroshi Nakajima, on being elected Director General.

These three outstanding representatives of the world of medicine will always be associated with the celebration of the fortieth anniversary of the founding of the World Health Organization.

The last forty years have been significant for mankind. We have gone from a sanguinary world war to a climate of relative hope in peace. A world characterized by the hegemony of a handful of countries has been succeeded by another wherein recently independent nations are actively present. The relations among countries with differing degrees of development create an increasingly complex worldwide network of exigencies and obligations, interests and projects confirming the unitary vocation of humanity.

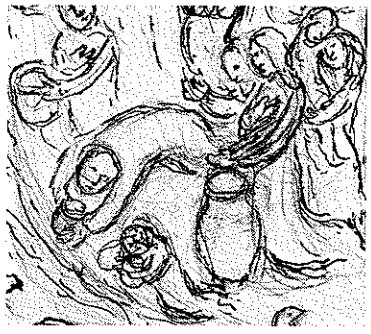
In the concrete field of medicine, it is evident that victory over certain illnesses — smallpox, for instance — is a victory of each and every member of this Organization. Containing and overcoming the threat of AIDS constitutes a common effort by all the nations comprising it, which feel joined together in the task of ensuring health for all in every latitude.

It is not the responsibility of my Delegation to draw up a balance sheet of the last four decades. Aware of the quality and quantity of the work carried out by WHO, the Holy See Delegation will limit itself to conducting a brief reflection on this anniversary.

The life of WHO largely coincides with the process of modernization in medicine. We have crossed previously unthinkable and ever bolder thresholds. Physics, chemistry, biology, and electronics daily offer medicine and surgery notions and more highly perfected means. Specializations have become more precise and concrete. Since observation has been restricted to increasingly specific fields, it is becoming more and more difficult to encompass the totality of that mysterious mechanism constituted by the human body and psyche at a single glance. The variety and quality in technical knowledge required of a health professional at the close of this century thus involves the risk of granting priority to specialized attention to the detriment of an integral vision of *homo dolens*.

This fact can have a negative effect on human relations between the doctor and the patient and between these two and the health care environment in which such relations normally take place. The possible predominance of the "technique of curing" over the "art of curing" would relegate to the background such demands of medical deontology as attention to the patient's whole person, the respect due to his moral convictions, and the will to help him live through the mysterious trial of pain as a man.

Growing medical costs can, moreover, induce people to grant preference to the economic vision above and beyond the humanitarian considerations inherent in the medical act, a circumstance which may have serious social consequences. As Dr. Mahler in fact points out in his last report, "It is the prosperous countries which have gained most from what was regarded as a new paradigm in the health field, mainly for developing countries" (*Biennial Report 1986-1987*, p. xiii). An economic view of medicine might thus lead to the creation of a collective, contradictory psychosis in broad sectors of humanity. The confidence of those with abundant, efficient health facilities at their disposal might be countered by the anguish of others unable to attain the level of protection available only to the residents of developed countries.



In this context, the Holy See organized an International Conference on "The Humanization of Medicine" at the Vatican, November 10-12, 1988, attended by several Nobel Prize winners and other eminent representatives of the health world.

I shall not specify the rich content of the debates here — the texts appear in the issue of the journal *Dolentium Hominum* which my Delegation has had the pleasure of offering to all of those present. Starting from experts professing different philosophies and creeds, they represent a significant contribution to the reflection which might be carried out between the fortieth and fiftieth anniversaries of WHO.

This reflection could be oriented in two directions: humanistic and metapolitical.

From a humanistic standpoint, within this Organization an examination of the broad problematic connected with the moral character of the subject of all health action could be continued. Neither man's life nor his death — nor, as a result, the accidents taking place between the beginning and the end of his physical existence — can be regarded as entirely similar to other forms of life science subject to observation and control. In the case of man, there is a specific datum — his at least implicit possession of personal conscience — which places limits upon the action of science and even shows it the way to proceed.

From the moment in which he is called to exercise this conscience and orient his relations with others by way of it, every man — particularly the most defenseless — must be respected in his eminent dignity in the face of the other beings inhabiting the creation. He can never be reduced to the condition of a neutral or experimental subject by public or other powers, including the clinical one. All are called to serve man in the realization of the aspirations emanating from his condition as the subject of specific rights, beginning with the right to defend his own life, care for his health, live all the moments of his personal history worthily.

Even if we dispense with all transcendent considerations of a philosophical or religious nature, the existence of the human conscience places irremovable limits upon medicine and the other sciences related to it.

The needed humanization of medicine offers another line of reflection of a metapolitical variety, involving the growing gap between the health situation in the northern countries and that of the southern nations. In this field as well, we clearly see the results of a world economy often devoid of definite moral criteria, particularly the necessary sensitivity to the consequences dictated by a new and undeniable phenomenon: the radical interdependence and solidarity of the entire human family.

In this hall it is possible to detect an evident contradiction and an undeniable hope. The contradiction lies in the fact that, while most of the countries represented here still struggle with endemic and atavic diseases, others are now debating problems — such as genetic manipulation — pertaining to the sphere of an ambivalent progress which, on the one hand, exalts man and, on the other, threatens his freedom and even his very existence. Hope resides in the possibility that all mankind, fully entering into a new, more solidary and fraternal era, will share in the fruits of scientific research, which is accelerating at an ever-increasing pace.

My Delegation is convinced that WHO is called to resolve this contradiction and activate this hope. The key to such a task lies in the commitment of all its members to having man — concrete man in each country and of each race — remain the priority of its attention and action. Medicine must continue to be a service to the neediest and not merely a prestigious technique available only to a few and capable of creating new abysses between areas and classes with differing degrees of progress.

In addressing the participants at the above-mentioned International Con-

ference on " The Humanization of Medicine, " John Paul II stated, " There is scientific progress which does not coincide with the authentic good of man: in such cases, scientific progress resolves itself into a human regression which may even be the prelude to dramatic consequences " (p. 8) for humanity and for the individual as conceived by Christianity and the other great universal religions — that is, as a spiritual- material unity possessing individual and social dimensions.

May the necessary technical vision of health problems never lead to a technocratic vision of them — this is my Delegation's fervent wish, while at the same time interpreting the sentiment of the tens of thousands of Catholic health professionals working at thousands of medical facilities all over the five continents on this fortieth anniversary of the founding of WHO.

To this end it is necessary for ethics to continue to guide the restless progress of technology at all times.

If deprived of moral foundations, technology would eventually reduce man to the inferior category of an object. If enlightened by universal ethical principles, however, technology will continue to represent one of the most powerful levers of genuine progress. And this will be achieved only in the measure in which the horizontal dimensions of every human enterprise are balanced by respect for the vertical exigencies — morality, faith, philosophy — exclusively proper to that " thinking reed " who is man.

JUSTO MULLOR GARCÍA
Head of the Holy See Delegation at the Forty-First World Health Conference

Workers' Health in the Social Teaching of the Church

By social doctrine of the Church we understand the teachings and values that the Church establishes — considering society in the light of the Gospel — so that the Christian Community, together with other people, will work for the integral liberation of man. (Monsignor J.M. Oses)

Concern for the working conditions of the labor force is an ancient problem for Christian practice and reflection.

The Fathers of the Church highly esteemed manual labor, although it is an indirect consideration ensuing from their severe judgment against slavery (the absolute majority of the labor force was composed of slaves). St. John Chrysostom was a defender of the dignity of handicrafts. During the fourteenth century in the manuals of Catholic morality among the "sins crying out to heaven" (*De peccatis in coelum clamantibus*) were included the oppression of the poor and defrauding workers of their wages.

With the rise of capitalism harsh criticisms of the despicable exploitation of salary-earners started to be widespread; we would like to mention the Bishop of Mainz (Germany), W.E. Kettler (1811-1877), author of *The Labor Question and Christianity*; the pastoral letter of Cardinal Cröi (1838), Archbishop of Rouen (France), on child labor exploitation; and the work of Cardinal Manning in England with his famous lecture "The Rights and Dignity of Work" (1877).

In 1828, Villeneuve Bargemont wrote his *Livre des affligés*, in which he stigmatizes the degrading "health conditions in factories," as he himself called them.

During the nineteenth century the first "Catholic labor associations" were formed; they were generally well-coordinated by clergymen of great goodwill but without much capacity for structural transformation. Yet, thanks to circles like that of Fr. Kolping, a former shoemaker's apprentice, in 1846, and of Albert de Mun, in 1971, the Pontifical Magisterium was spurred to intervene in this question.

In the middle of this century, the support of J. Cardijn gave life to the Jeunesse Ouvrière Catholique (JOC), which, thanks to its labor surveys, organized and encouraged more vigorous and socially pertinent denunciations of the damage caused to the workers' health and safety.

This task has been taken on by other Christian workers' movements, such as "Action Catholique Ouvrière" (ACO), France; "Hermandad obrera de Acción Católica" (HOAC), Spain; or "Movimento Lavoratori di A.C." (MLAC), Italy. This last association focused its Sixth National Conference on the topic "For a Life Strategy in the World of Work," explicitly connected with workers' health.

In Latin Amercia we could mention the call for a general Agreement of the SIDOR Company — the most important in Venezuela — made by the Work Apostolate Team of Guayana City in order to obtain better health conditions. The action of CLAT (Confederación Latinoamericana de Trabajadores) is also relevant.

With regard to the interest that Catholic writers on morals have shown for the problem of workers' health and safety, it is actually very small, with the exception of Marciano Vidal, who writes in his *Moral de la persona*:

"The social community needs to establish working conditions which will ensure physical safety in addition to all the other basic criteria of justice. Occupational accidents are a constant threat for the life of man."

And he continues:

"An important ethical perspective in working conditions must refer to a humanization process. We are talking about all kinds of work; not only of the inhuman conditions which the proletariat was submitted to (for example, in industrial work in the nineteenth century), but also of all the new forms of alienation."

The same problems were

tackled by Tony Mifsud in his *Moral del discernimiento* (volume 2), and by Ildefonso Camacho, Raimundo Rincón and Gonzalo Higuera in their joint book *Praxis Cristiana* (volume 3).

At an ecumenical level, the World Council of Churches (interconfessional organization with which the Catholic Church maintains fraternal ties and in which she participates as an observer) devoted part of the Conference on Faith, Science, and Future (Boston, 1979) to the problem of occupational health and, during a meeting in Manila (1986), it *extensively* dealt with the topic of environmental hazards (Manila Consultation on New Technology, Work, and Environment).

As early as 1845, we can mention the Protestant law of the Swiss Canton of Vaud which establishes that:

"Work must be organized so that it will be accessible to everybody, bearable, and fairly paid."

The teaching of Pontiffs

The first Pope who dealt with the consequences of working conditions on workers' health was Leo XIII in his Encyclical *Rerum Novarum*, dated May 15, 1891.

In that period the prevailing form of production was the harshest Manchester-oriented capitalism. Workers, like goods, were subject to the ups and downs of the market. Their life and working conditions were inhuman and humiliating.

In the face of this situation, *Rerum Novarum* did not keep silent. It states (no. 6):

"If employers oppress workers with unfair duties or vex them by imposing offensive conditions for the human being and his dignity; if they harm the workers' health with excessive work, inadequate to their sex and age; if all this is a reality the vigor and authority of Law should decidedly intervene, within its limits."

This Pontiff pointed to miners as one of the most affected working groups (no. 31):

"The harshness of the work they carry out in quarries — extracting hidden riches from the soil such as iron, copper, or the like — has to be compensated for with short shifts, because it requires much more effort than other jobs and is dangerous for health."

With the rising of trade unions, which were recognized and approved in the Encyclical, healthy work conditions were considered to be an integral part of their negotiating objectives, leaving a secondary role to the Government (no. 32):

"It is better to assign the task of guaranteeing the needed precautions for workers' health to these associations (the Pontiff is referring to trade unions) and, if circumstances require, to the Government."

The impact of *Rerum Novarum* was enormous and was especially useful to Catholic Unions, which obtained legitimacy and could claim better working conditions with a Christian voice.

Only 40 years after the publication of *Rerum Novarum* did Pius XI write an other document on the working conditions of the labor force: the Encyclical *Quadragesimo Anno* (May 15, 1931). This Encyclical includes health and assistance in case of occupational accidents among the "sacred rights of workers" (no. 28).

It was this Pontiff who made a deep and prophetic statement that was after-wards repeated many times in Catholic teaching:

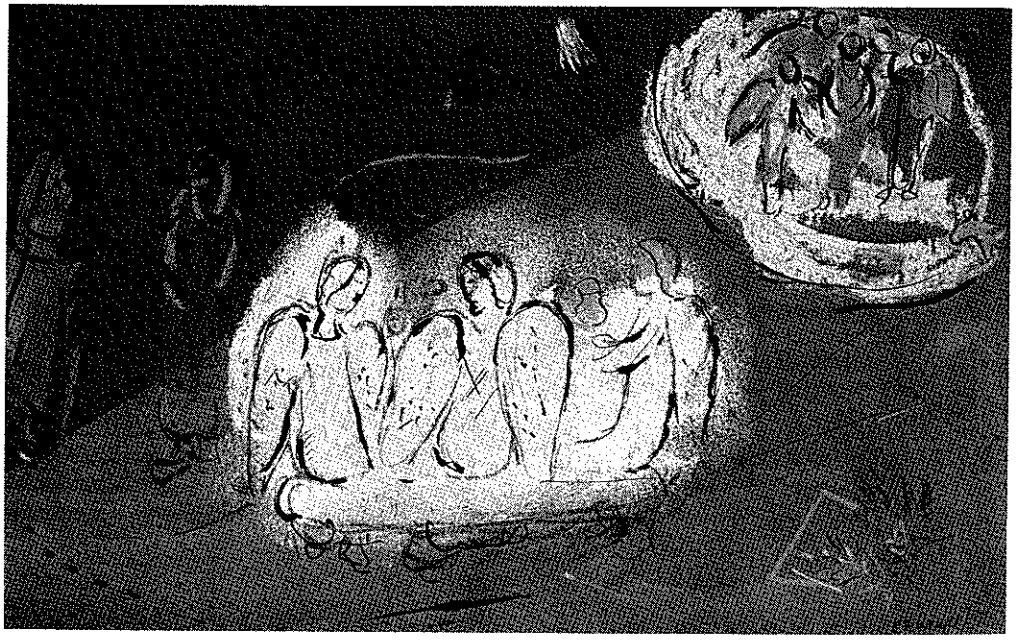
Physical work, which God wanted to be a means towards the material and spiritual welfare of man — even after original sin — is now becoming an instrument of perversion; from factories inert material comes out ennobled, while men on this account are corrupted and degraded" (no. 135).

Pius XII took a stand on workers' health on two occasions. The first time was during a *Speech for the First World Conference on the Prevention of Occupational Accidents* (April 3, 1955), in which he affirmed that both employers and workers must assume their inalienable responsibility in this field and underlined, in passing, the higher accident rate of migrant workers.

The second occasion was the *Speech for a Meeting of ECCS Members of Parliament* (European Community for Coal and Steel), November 4, 1957, in which he praises "financial support for research on work safety and occupational diseases, such as miners' silicosis."

During the Pontificate of John XXIII a *Letter of the State Department for the Canadian Social Week* (July 27, 1961) was published; it was entitled "Industrial Reltionships 70 Years after *Rerum Novarum*." This Letter states (no. 3):

"Working conditions must safeguard the physical health and the moral integrity of workers. In other words, it is necessary to assure hygiene, to avoid accidents and occupational



diseases, to limit working hours."

This Pontiff also affirmed in his Encyclical *Pacem in Terris* (April 11, 1963) (no. 19):

"There is a right which cannot be separated from the right to work: it is the right to work under conditions which will not harm the health and good habits of workers, or prejudice the normal growth of young workers."

At the Second Vatican Council it was the Pastoral Constitution *Gaudium et Spes* which defined the main lines of the existing situation for human action and established the theological bases which support the Christian conception of human work. This important Council document states what the core of the dignity of work is (no. 67):

"Human work, either autonomous or as an employee, is the immediate result of a person who leaves his mark on the material he works and subjects it to his will."

Shameful working conditions are also vigorously denounced (no. 27):

"...All that offends human dignity, like... degrading working conditions, which reduce workers to mere instruments for profit, without any respect for the freedom and responsibility of the human being... — these methods are infamous in themselves, they degrade human civilization, dishonor their authors more than their victims, and are completely adverse to the honor due to the Creator."

The ethical judgement is reaffirmed in the following statement:

"Since economic activity is generally the result of joint work among men, it is unfair and inhuman to organize and manage it so that it may be harmful for any worker" (no. 67).

Considering this reality, the following solution is pointed out:

"The whole production process has to be adjusted to the needs of the person, and, in particular, to the lifestyle of each person, to his family life, especially with regard to mothers; and it is absolutely necessary to take into consideration sex and age" (no. 67).

Pope Paul VI, who created and used the term "civilization of work" in Catholic teaching for the first time, defended the rights of workers in the *Allocution for OIT*, June 10, 1969, affirming that workers are:

"Shamefully exploited, offended in their bodies and souls, humiliated by work which is systematically and deliberately degrading."

In the Apostolic Letter *Octogesima Adveniens* (no. 14) the same Pontiff af-

firms the workers' right to be assisted in case of illness.

Our Supreme Pontiff, John Paul II, who is particularly attentive to the world of work because he himself was a worker when he was young, underlines in his first Encyclical (*Redemptor Hominis*, no. 15) the first ethical criterion that must be at the basis of technical progress:

" What is truly essential is man, because of his very nature as man; in the context of technical progress, man really improves; i.e., he becomes spiritually more mature, more aware of his human dignity, more responsible, more open-hearted towards others, especially towards the most needy and frail people, more ready to give and help everybody. "

Something that appears to impair this criterion is the alienation of human activities, an alienation that John Paul II has thus defined:

" Today it seems that man is constantly menaced by what he himself produces, that is, by the result of the work he carries out with his hands and, even more, with his mind. The results of this multiple activity of man immediately — and unpredictably — become sources of alienation; i.e., they are merely snatched from those who produced them. "

Pope John Paul II, in his countless statements, has underlined the right to working conditions more appropriate to the improvement and safeguarding of occupational health:

— health conditions of sea work (*Speech Addressed to Seamen at Santiago de Compostela*, November 9, 1982);

— working conditions in farming (*Speech Addressed to the Workers of Bogota*, 3rd July 1986);

— consequences of work on children's health (same speech).

During a meeting with the workers of Civitavecchia (Italy), March 19, 1987, John Paul II tackled the problem of environmental pollution, affirming that this situation " clearly concerns the whole world and threatens to produce its first victims precisely among workers. "

But it is the Encyclical *Laborem Exercens*, September 14, 1981, that has to be considered the *magna carta* of Catholic teaching on the topic of human work. This Encyclical vigorously defines the paramount importance of man and his intrinsic dignity in his work environment, and considers " exploitation " to be the " lack of safety measures at work and of quarantees for the health and life conditions of workers " (no. 11).

It underlines (no. 19) the right of workers to medical assistance in case of occupational accidents: " The expenses needed to provide a good health care system — especially in case of occupational accidents — must allow easy access by workers to health care, and, if possible, this assistance should be very cheap or, better, free. "

On the other hand, considering prevention, it points out the right to " work structures and production processes which will not harm the physical health and moral integrity of workers. "

Since the publication of *Laborem Exercens* many Bishops — individually or through Episcopal Conferences — have taken a stand on the fostering and defense of healthy work for all human beings.

Among them, we would like to mention the intervention of Cardinal Jaime Sin at the above-mentioned Consultation of Manila, and the Report " Ethics of Behavior for the Protection of Workers' Health " made by Archbishop *F Angelini*, Pro-President of the Pontificial Commission for the Apostolate of Health Care Workers, at the International Conference on Injuries in the Workplace (Copenhagen, May 1986).

In this report Monsignor Angelini underlines the important role that education plays in the field of occupational health and the need to pay special attention to prevention. The worker in the occupational health field has to know the working conditions of the labour force perfectly.

We would like to conclude with two literary texts closely connected with workers' health in the Catholic and Protestant traditions, respectively:

Je t'offre, Seigneur, / le travail et l'effort / de toutes les machines du Monde / qui n'ont pas d'âme pour s'offrir. / Je te prie / pour qu'elles n'écrasent pas l'homme / de leur puissance orgueilleuse, / mais quelles le servent. / Je te prie / pour que l'homme, debout, les domine / de toute son âme libre, / et qu'ainsi elles te louent par leur travail, / elles te glorifient, / et participent à cette grand-messe / solennelle du monde, / que se dit chaque jour, par la labeur humaine, / et se dira ainsi jusqu'à la fin des temps.

Michel Quoist

" Almighty God, grant thy protecting care to all

who work in mines, that they may be preserved in safety and in health; and grant that they may meet the special dangers and hardships which beset them with courage and with comradeship, sustained by a sure trust in thee; through Jesus Christ our Lord."

New Every Morning (adapted)

Anti-AIDS Campaign

DR. FRANCISCO A. FERNÁNDEZ
Specialist in Public Health

116th Session of the European Council and of the Health Ministers Assembled therein, Brussels, May 15, 1987

Anti-AIDS campaign

On the basis of a report presented by the Commission, the Council and the Health ministers conducted a broad exchange of views on the problems raised by AIDS.

As a result of this exchange, the Council and the Health Ministers reached the following conclusions:

"The Council and the Health Ministers, assembled in Council:

— believe that, since AIDS is a problem of public health, the fight against this disease must be based on health considerations; it is a priority international problem in the field of public health;

— reaffirm, in this context, that the Community has its own role to play, in permanent collaboration with the Member States and in cooperation with WHO, trying to avoid duplication;

— confirm their will to respect fully the principles of free circulation of persons and of equity of treatment, as they are established in the treaties;

— believe it is advisable to avoid — thanks to mutual information and appropriate coordination — the development of contradictory national policies towards the citizens coming from the third world;

— underline the inefficacy, in terms of prevention, of any systematic and compulsory screening policy, especially in the case of health checks at the borders;

— think it is advisable to avoid any contradictory national policy that might bring about discimination;

— decide to establish an *ad hoc* panel of public health experts responsible for the anti-AIDS compaign within the Member States, with the participation of the Commission, in order to define as soon as possible a common strategy towards an action and coordination plan to be adopted by the Member States and at a Community level;

— believe it necessary to create within the Community a simple structure providing logistic support to the above-mentioned *ad hoc* panel and ensuring the follow-up of the propositions adopted by the Health Ministers;

— stress the need of ensuring a permanent connection with the research program;

— recognize the importance of gathering systematically reliable epidemiological data for the preparation of decisions to be made at a political level;

– underline the necessity to identify common methods for the evaluation of the action proposed by the *ad hoc* panel and carried out in the Community;
– decide to distribute systematic information on AIDS among international travellers.

On this basis, they ask the aforementioned *ad hoc* panel to focus its first activities on the following points:

1. to propose a procedure capable of ensuring at a Community level
a) the rapid exchange of epidemiological data;
b) mutual information on the scientific initiatives and the technical, administrative, and legal measures envisaged or adopted by the Member States;
2. to propose common anti-AIDS actions;
3. to define some methods for the evaluation of the action carried out in the Community and to provide the Council with regular reports on its activities.

The fight against cancer

1. The Council closely examined the Commission's paper entitled " The Europe Against Cancer Program. Proposals for the 1987-1989 Plan of Action. "

2. At the end of the exchange of views, and waiting for the European Parliament's final decision, the Council and the Health Ministers have defined their general agreement on the proposals that were contained in the paper and were entitled: " 1987-1989, Plan of Action for a Campaign of Information and Awareness within the Europe Against Cancer Program. "

3. They asked the Committee of Pemanent Representatives to continue with the evaluation of the estimated sum needed for the realization of proposed actions.

Furthermore, the Council and the Ministers invited the Commission to present the proposals necessary for the implementation of other actions expressed in the Commission's paper.

4. Finally, the Presidency proposed the prohibition of smoking in public places in the Member States (starting on January, 1989, as well as in the buildings of Community Institutions (starting on September 1, 1987).

Emergency European health card

The Council and the Health Ministers have called for the introduction of the emergency European health card into the Member States, as it was envisaged in their resolution of May 29, 1986.

They also discussed the advantages and drawbacks of a possible computerization of the Emergency European Health Card and also talked about some other questions concerning the computerization of medical data.

Mutual medical assistance in case of nuclear accident

The Council and the Health Ministers have decided to define a system of mutual medical assistance among the Member States for immediate aid to the victims of nuclear accidents. They agreed to continue the discussion during their next session, including the analysis of data associated with the proposal of setting up a common system for the quick exchange of information in case of high radioactivity rates or in case of nuclear accidents.

Other decisions in the health field

Better use of drugs by consumers

The Council adopted some conclusions for a better use of drugs by consumers.

With these conclusions, the Commission and the Member States have been invited to examine the opportunity to promote more systematic use and to make the information for the consumer usually included with the drugs available in the Common Market more readable and understand-

able. This mainly tends to promote a safe and appropriate use of drugs and to satisfy the consumer's desire to be adequately informed.

The Commission was invited to present a report containing the conclusions of studies, experiences, and consultations, together with some adequate proposals, such as information for doctors and patients in the White Paper of the Commission, on the situation of the internal market.

The fight against drugs in the healthfield

The Council and the Health Ministers took note of the Commission's statement concerning the preparatory actions it is going to undertake in 1988 and 1989.

Other decisions

EEC/AELE Relationships

The Council approved the signing of a Convention involving the European Economic Community, the Austrian Republic, the Republic of Finland, the Republic of Iceland, the Kingdom of Norway, the Kingdom of Sweden, and the Swiss Confederation, concerning a common transportation system.

Appointment

In response to a German Government proposal, the Council appointed Mr Christian THIEME as temporary member of the Consulting Committee for training in the field of architecture, in place of Mr Hubert KRAUS, for the remaining period of his mandate, that is, until March 22, 1990.

World Summit of Ministers of Health: London Declaration on AIDS Prevention, 28 January 1988

The World Summit of Ministers of Health on Programmes for AIDS Prevention, involving delegates from 148 countries representing the vast majority of the people of the world, makes the following declaration:

1. Since AIDS is a global problem that poses a serious threat to humanity, urgent action by all governments and people the world over is needed to implement WHO's Global AIDS Strategy as defined by the Fortieth World Health Assembly and supported by the United Nations General Assembly.

2. We shall do all in our power to ensure that our governments do indeed undertake such urgent action.

3. We undertake to devise national programmes to prevent and contain the spread of human immunodeficiency virus (HIV) infection as part of our countries' health systems. We shall involve to the fullest extent possible all governmental sectors and relevant nongovernmental organizations in the planning and implementation of such programmes in conformity with the Global AIDS Strategy.

4. We recognize that, particularly in the current absence of a vaccine or cure for AIDS, the single most important component of national AIDS programmes is information and education because HIV transmission can be prevented through informed and responsible behavior. In this respect, individuals, governments, the media and other sectors all have major roles to play in preventing the spread of HIV infection.

5. We consider that information and education programmes should be aimed at the general public and should take full account of social and cultural patterns, different lifestyles, *and human and spiritual values*. The same principles should apply equally to programmes directed towards specific groups, involving these groups as appropriate. These include groups such as:

— policy makers;
— health and social service workers at all levels;
— international travellers;
— persons whose practices may give them an increased risk of infection;
— the media;
— the youth and those working with them, especially teachers;
— community and religious leaders;
— potential blood donors; and
— those with HIV infections, their relatives and others concerned with their care, all of whom need appropriate counselling.

6. We emphasize the need in AIDS prevention

programmes to protect human rights and human dignity. Discrimination against, and stigmatization of, HIV-infected people and people with AIDS undermine public health and must be avoided.

7. We urge the media to fulfil their important social responsibility to provide factual and balanced information to the general public on AIDS and on ways of preventing its spread.

8. We shall seek the involvement of all relevant governmental sectors and nongovernmental organizations in creating the supportive social environment needed to ensure the effective implementation of AIDS prevention programmes and human care of affected individuals.

9. We shall impress on our governments the importance for national health of ensuring the availability of the human and financial resources, including health and social services with well-trained personnel, needed to carry out our national AIDS programmes, and in order to support informed and responsible behaviour.

10. In the spirit of United Nations General Assembly Resolution A/42/8, we appeal:

— to all appropriate organizations of the United Nations system, including the specialized agencies;

— to bilateral and multilateral agencies; and

— to nongovernmental and voluntary organizations

to support the worldwide struggle against AIDS in conformity with WHO's global strategy.

11. We appeal in particular to these bodies to provide well-coordinated support to developing countries in setting up and carrying out national AIDS programmes in the light of their needs. We recognize that these needs vary from country to country in the light of their epidemiological situation.

12. We also appeal to those involved in dealing with drug abuse to intensify their efforts in the spirit of the International Conference on Drug Abuse and Illicit Trafficking (Vienna, June 1987) with a view to contributing to the reduction in the spread of HIV infection.

13. We call on the World Health Organization, through its Global Programme on AIDS, to continue to:

I) exercise its mandate to direct and coordinate the worldwide effort aganist AIDS;

II) promote, encourage and support the worldwide collection and dissemination of accurate information on AIDS;

III) develop and issue guidelines on the planning, implementation, monitoring and evaluation of information and education programmes, including the related research and development, and ensure that these guidelines are updated and revised in the light of evolving experiences.

IV) support countries in monitoring and evaluating preventive programmes, including information and education activities, and encourage wide dissemination of the findings in order to help countries to learn from the experiences of others.

14. Following from this Summit, 1988 shall be a Year of Communication about AIDS in which we shall:

— open fully the channels of communication in each society so as to inform and educate more widely, broadly and intensively;

— strengthen the exchange of information and experience among all countries; and

— forge, through information and education and social leadership, a spirit of social tolerance.

15. We are convinced that, by promoting responsible behaviour and through international cooperation, we *can* and *will* begin *now to slow the spread of HIV infection*.

Testimony

Catholic Hospital Association of India - BUFMAR - Missionary Experience in San Pablo, Peru - Women Religious in the World of Health (France) - Pastoral Activity with the Elderly, Sick and Disabled (Poland) - National Health Apostolate Meeting (Portugal) - Meeting of South American Catholic Physicians (Uruguay) - SELARE - Health Ministry (Chile) - Yaoundé (Cameroon) - Federation of Catholic Pharmacists

Catholic Hospital Association of India (CHAI) Advances to Promotion of Total Health

" Twentieth century medicine is superb in its technological breakthroughs but woefully inept in its application to those most in need, " says Fendall The entire health care system in our country calls for a rethinking, and as far as the Church in India is concerned, it is a mandate and a challenge that has to be taken seriously. The following pages will give an overview of the situation in India and the circumstances under which initiatives have been taken by the Church in India in general and the Catholic Hospital Association of India in particular.

1. Genesis of a new initiative

The factors that lead to the formation of the " Catholic Hospital Association of India " (CHAI) were many and varied. The existing health services in the country were appallingly insufficient. World War II and nationwide famine worsened the situation The need for more hospital personnel was great. The restriction on international travel due to the War made it impossible for religious congregations to send their native recruits abroad for medical training. Catholic medical institutions were isolated units and found it difficult to secure Government recognition for the professional staff.

Under these circumstances the idea of a Catholic Hospital Association dawned on Dr Mary Glowrey. (Dr. Glowrey was an Australian by birth who later joined the religious " Congregation of Jesus, Mary, and Joseph " and thus became the first Sister-Doctor to practice medicine in India). She thought that it would be easier to combat the health hazards of the teaming millions in India through some united and organized efforts, the basis for a Catholic Hospital Association in India. With the blessing of Most Rev. Thomas Pothacamury, then Bishop of Guntur, and with the active support of the Sisters of the Congregations of St Anne and of Jesus, Mary, and Joseph, Dr. Glowrey, under the motto " Union Gives Strength, " appealed to Catholic hospitals and dispensaries in India to organize and form a " Catholic Hospital Association of India. "

Many Bishops and religious superiors responded to her plea, and, finally, on July 29, 1943, the CHAI was formed at a meeting in the town of Guntur in the State of Andhra Pradesh.

One of the objectives of CHAI was the establishment of a Catholic Medical College, a long-cherished dream of the founder of CHAI which came true in St John's Medical College, Bangalore.

After nearly 43 years of existence and dedicated service, CHAI as of today is perhaps the single largest health care organization in the voluntary sector in the whole world, with nearly 2000 health care institutions, from big hospitals to small health centers spread throughout this vast country, rendering service to millions of people, particularly in rural areas

2. Situation in India

The New National Health Policy brought out by the Government of India in 1982 started with the following words:

" The constitution in India envisages the establishment of a new social order based on equality, freedom, justice, and the dignity of the individual It aims at the elimination of poverty, ignorance, and ill health and directs the State to regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties, securing the health and strength of workers, men and women, especially ensuring that children are given opportunities and facilities for development in a healthy manner. "

However, this is far from the reality that we see today. 3000 years before Christ, along the banks of the Indus River, there flourished the Indus Valley Civilization. It is said that it had covered drains, piped in the water supply through aqueducts, and constructed toilets — all showing a degree of health consciousness not generally prevalent even today in most of rural India

During the last three decades and more since the attainment of Independence, considerable progress has been achieved in the promotion of the health status of our people In spite of such progress, the bleak health picture of the country still continues. According to national health policy itself, the mortality rates for women and children are still distressingly high; almost one third of the total deaths occur among children below the age of 5 years. Blindness, leprosy, and TB continue to have a high incidence Only 31% of the rural population has access to a drinking water supply, and 0,5% enjoys basic sanitation. The Reserve Bank of India in a study found that 75% of the rural poor live below the poverty line

A high incidence of diarrhoeal diseases and other preventable and infectious diseases, especially among infants and children, is an everyday reality. It is estimated that in India alone more than 3000 infants die before they can celebrate their first brithday. Yet it is to be noted that these deaths could be prevented with some dedication, commitment, and necessary political will on the part of all concerned The statement on National Health Policy by the Government of India (1982) referred to above stresses the Nation's will to achieve the goals of the Alma Ata Declaration, which seeks health for all by the year 2000

3. Need for common efforts

In a country like India with the complexity of problems in such magnitude, no government can meet the needs of the time Voluntary organisations have a very big role to play in this regard Hence it is essential that the Church and other similar organisations help the government in providing health care facilities It is necessary that both the government and voluntary organizations work hand in hand.

4. Need for understanding the concept of health

The concept of health should be taken in its totality with all its aspects, i.e., social, political, cultural, economical, and spiritual. According to the Indian Council of Social Science Research and the Indian Council of Medical Research, health for all is an essentially egalitarian goal and cannot be achieved in a society where poverty, inequality, and ignorance are the greatest illness. The inte-

grated program of development to be pursued should, therefore, be basically aimed at reducing poverty and inequality, spreading education, and improving the status of women and children, as well as of poor and deprived social groups. This will include:

1) Rapid economic growth, with the object of doubling national income per capita by 2000.

2) Full-scale employment, including a guarantee of work at reasonable wages to every adult who offers to work for 8 hours a day, and creation of adequate opportunities of gainful employment for women, with an emphasis on equity of remuneration and job preference to make up for past neglect, so that women become " visible " assets to their families

3) Improvement in the status of women, with a determination to check the adverse sex-ratio and to make it rise substantially upwards

From these considerations, we need to see health in a wider sense, with an integrated approach to bring about not only healthy individuals but healthy communities

5. Contribution of C.H.A.I.

The Catholic Hospital Association of India, as a national organization in the field of health care, has also been rethinking the role it has to play, especially in promoting Community Health Programs, Primary Health Care, etc. It has became imperative to understand the concept of Community Health itself. Accordingly, in the light of WHO's call for health for all by 2000 and the revised national health policy of the government, and in keeping with the document by the Pontifical Council Cor Unum on " The New Orientation of Health Services with Respect to Primary Health Care, " the teaching of the Church and recent Popes, and the statements of the Catholic Bishops' Conference of India, CHAI upholds that:

a) Health is the total well-being of individuals, families, and communities as a whole and not merely the absence of sickness. This demands an environment in which the basic needs are fulfilled, social well-being is ensured, and psychological as well as spiritual needs are met.

Accordingly, a new set of parameters will have to be considered for measuring the health of a community, such as the people's part in decision-making, organizing capacity of the people, the role of women and youth in the field of health and development, etc., other than the traditional ones like the infant mortlity rate and life expectancy

b) The concept of community health here should be understood as a process of enabling people to exercise collectively their responsibilities to maintain their health and to demand health as their right. Thus, it is beyond mere distribution of medicines, prevention of sickness, and income-generating programs

c) In a country like India, so vast and varied, where 80% of its population lives in the rural areas and about 90% of the country's health care system caters to the needs of the urban minority, a new orientation and rethinking of the whole health care system is the need of the hour.

d) The present medical system, with undue emphasis on the curative aspect, tends mainly to be a profit oriented business. It concentrates on 'selling health' to the people and is hardly based on the real needs of the vast majority of the people in the country. The root causes of the illness lie deep in social evils and imbalances to which the real answer is a political one, understood as a process through which people are made aware of their real needs, rights, and responsibilities, and the available resources in and around them, and get themselves organized for appropriate actions. Only through this process can health become a reality to the vast majority of the Indian masses.

In order to make more and more people realize these points, C.H.A.I. has established a full-fledged Department with necessary staff. By means of short-term and long-term training and orientation, the Department of Community Health promotes the idea of building up healthy communities, makes people aware of their own capabilities and potentialities, and helps them to organize themselves for appropriate action

The ever-increasing demand for training and orientation programs shows that health for the vast majority of people cannot be achieved merely by technical and technological advances. What we need is a total health approach, building up health communities.

6. Conclusion

In a country like India, where most people are denied adequate health care facilities, the only answer is to place health in the hands of the people themselves. Health is so precious a commodity that it cannot be left in the hands of a few so-called experts. It should be the responsibility of individuals and communities. Christian health care services have received their mandate to participate in the Healing Ministry from Jesus Christ, the Healer and Teacher. The healing work was pointed to by Jesus before the disciples of John the Baptist as evidence of His being the expected Messiah. Our Lord Himself was reaching out to the lowly and the lost. The disciples in the early churches followed the Lord's path. The Catholic Hospital Association of India, as the health wing of the Church in India, has been vested with a great responsibility. This is a great challenge before us. We have no other choice but to take it up, because, as our organization's motto says, " The love of Christ urges us " (2 *Cor* 5:14), for Christ, the divine healer, has come " so that we may have life and life in its fullness " (*Jn* 10:10).

FR. FERDINAND KAYAVIL
Director of the Quilon Catholic Hospital and the Tangasseri High School in Kerala, India

BUFMAR: Rwanda Bureau of Recognized Health Training Programs

A. Bufmar

Bufmar is a nonprofit ecumenical association. It comprises all the recognized medical units in the country. In October 1985, Bufmar celebrated its tenth anniversary. At present, it has 120 members, most of which represent social and health facilities run by the Catholic Church, the Anglican Church, the Seventh Day Adventist Church, the Whit Sunday Church, the Presbyterian Church, the Free Methodist Church, and the Union of Baptist Churches of Rwanda.

The aim of Bufmar is the health development of the whole Rwandan population. The Government works to improve treatment, prevention, education, and promotion in the health and social fields. It underlines the importance of integrating the Nutrition Centers. Bufamar deals — in collaboration with the Ministry of Public Health and the Ministry of Social Affairs — with the unification of medical facilities and seeks to realize a functional and physical integration of the Nutrition Centers.

For this purpose, it has established the following services:

— an important pharmacy, that provides high quality essential drugs at a reasonable price;

— a clearing house and quarterly updating for the renewal and adaptation of medical knowledge, as well as for the exchange of ideas and experiences among the member units;

— a technical service for equipment, with installation and maintenance, especially for the use of solar energy at the medical facilities;

— a service for the production and distribution of teaching materials, for health and nutrition education (Atelier de Matériel Didactique Bufmar).

B. Bufmar Workshop

The Workshop was created in November 1980. Its target is to reach health for all by developing health information and education in the rural areas. It mainly produces visual aids, such as posters and a series of images concerning nutrition, environmental hygiene, family planning, mother and child protection. All the materials are adapted to local habits and are tested in the field.

They are produced by handicapped people who are thus offered a permanent job and the opportunity to became integrated into society.

The resources of the Workshop come from the sale of teaching materials (two-thirds of the annual budget) and from Bufmar's grants. In September 1983, the Workshop started to organize some training sessions on the right use of teaching mterials and on health teaching methods in the centers where they are employed.

These training sessions have created a lot of interest, because most of the people working in the medical units of Rwanda and dealing with health training activities are not qualified to teach adults and to utilize these teaching tools. Nevertheless, the quality of teaching materials depends on the quality of the trainer. Until now, the Workshop has carried out 18 training sessions for Bufmar's members and a dozen sessions in the various health regions — at both private and government centers — in all the Provinces of the country.

Generally speaking, each session lasts for three days and deals with:

— the animation of meetings;

— the different audiovisual tools and their functions;

— how to use the teaching materials with different teaching methods;

— practical exercises in nutrition and health education;

— prenatal consultation and mother and child protection;

— education on family planning.

C. Bufmar's Pharmacy

Before the creation of Bufmar, the drug situation was something like " Every man for himself! ": all the hospitals and other centers used to make drug supplies according to their own judgment. A lot of effort and money was wasted on trying to reach targets alone which could be more easily reached through cooperation.

Since it was set up, in 1976, Bufmar's pharmacy has replaced all separated efforts in the field of imports.

At the moment, about a hundred different key drugs are imported, on the basis of the essential drugs listed by WHO. After a few years, they started local production of drugs, using imported raw materials. The local production now includes syrups, emulsions, ointments, suppositories, eye-drops, and some injections. These products are much cheaper and fresher than similar imported ones. One of the reasons for the cheaper prices of the local production is the packing system: in fact, all the pots, flacons, and medicine-bottles are reused after having been washed, as well as some small bottles of imported tablets. Bufmar is a nonprofit association: thus, the cost price is only slightly increased in order to cover the expenses of personnel and maintenance.

The advantages of the pharmacy are evident: low prices, regular and centralized supply, and especially uniformity in the range of drugs. The stock is limited: there are only essential drugs, whose range has been agreed upon by the doctors of the member units and by the pharmacists of Bufmar.

Even in the use of drugs, especially antibiotics, they are trying to reach a uniform approach.

There are four weekends a year devoted to updating. Bufmar has published a pharmacological handbook and there are always some pharmacists ready to answer any possible questions at the moment of purchase.

In recent years, the volume of imports and local production has notably increased. Local products are now available in the whole country: people seem to trust the standardized quality of these products. And thus they are not checked — either quantitatively or qualitatively — after production. It is a problem that still needs a solution, and it is not possible to wait until the first big mistake is made.

Our Missionary Experience in San Pablo, Peru

On receiving the request of Father Ernesto Dubé, parish priest of San Pablo, and local authorities for a community of men and women Idente Missionaries (*Misioneros y Misioneras Identes*) to take charge of the secondary school and hospital there, our Father Founder Fernando Rielo Pardal, ever attentive to the needs of men, especially of those who suffer, established this new foundation for our Institute And we arived there in 1981.

A Bit of History

The history of this little town belongs to the great epics of mankind arising from human suffering and the struggle to overcome it. San Pablo appeared in this way — a locality which, in view of its distance from surrounding population centers, was turned into a leper colony in 1926. At that time there was no effective treatment available for leprosy, or Hansen's disease, and in order to prevent and eradicate the illness it was decided to isolate the victims in such colonies. San Pablo in Peru was one of them, made up of a heterogeneous population, for men, women, children, young people, and the elderly arrived from all over the country, separated from their next of kin. They were pained, weary, and ashamed, and the only means of transport to get there were rafts made of tree trunks brought by the current of the Amazon River It is said that San Pablo had a desolate appearance in that period — those arriving tried to survive rather than live, and they were practically abandoned to their fortune, without any assistance except that which they could offer one another. No one had hopes of recovering. Some attempted to flee while others eagerly awaited death as a liberation from such suffering.

Rebirth of Hope

After those early years of travail, they began to receive medical care: doctors visited the leper colony every month or two, though keeping patients at a distance and taking all possible precautions to avoid contagion. The healthy and the sick were separated by a wire fence, and when the latter could no longer get out of bed, they lost the benefit of even this minimum attention.

In the 1940's the situation completely changed. Lepers begn to be looked after directly by physicians, the wire fence was torn down, and work commenced in farming, livestock, and other activities. For the first time ever the inhabitants of this little community felt that the world of the "healthy," of nonlepers, treated them as persons

The first priest arrived, and also the first women religious, a Canadian community — the Hospital Sisters of St. Joseph, who have since then devoted themselves with untiring zeal to the care of the sick. Life in San Pablo was radically transformed. The sick enthusiastically welcomed those caring for them with such self-abnegation, and many began to find a meaning in their suffering, consolidating a faith which had frequently emerged in the austerity of illness

Discovery of a New Treatment

In the 1950's, after initial positive results with sulphonic therapy, leprosy came to be regarded as curable. Families had also been formed in San Pablo, and some children were to be seen in the town, though not many, for they were separated from their parents virtually at the moment of birth and taken to preventoriums located in the "healthy" area so as to avoid contagion Life followed its course, and in 1960 patients who had been under treatment for ten years began to be released, for they were considered to be cured. Around the world people started to hope that these patients would be fully integrated into society once again. Leper colonies officially disappeared, and San Pablo became an open town. Parents could live with their children. Some patients returned to the homes from which they had been separated. Others remained in San Pablo, for they had by then lost contact with the rest of the world and, because of their physical appearance and the mutilations and marks left on their bodies by leprosy, were afraid of being rejected. Some had foot wounds and chronic infections resulting from the numbness produced by the disease and thus felt themselves to be unwell, though cured of leprosy as such.

A Rehabilitation Plan

Finally, in the 1970's, thanks to the efforts of the sisters and the assistance they received, the real work of rebuilding and upgrading the town was begun. As a result of the initiative of Father Ernesto Dubé, who still continues to work in San Pablo, homes, roads, and jobs were provided — the labors of monks in the Middle Ages to bring about the development of Europe at every level come to mind.

This period signaled the resurgence of San Pablo. Its inhabitants were mostly former patients — their bodies marked, deformed, mutilated by illness. They wanted to create a new community and were utterly determined to offer their children a better world. Families continued to grow, and love was expressed in mutual help. From the outset the children became the heart and soul of the town, the hands and feet of those who lacked limbs, and the need arose to establish a school for primary and secondary education.

1980's

By the present decade, San Pablo, in spite of its deficiencies and necessities, was one of the most prosperous towns in the Peruvian Amazon region. In 1981 a school in fact existed, but there was a shortage of teachers. There was a hospital, but it had remained without physicians for serveral years, maintained exclusively by nurses belonging to the community of Hospital Sisters of St. Joseph. At that point the first contingent of men and women Idente Missionaries (*Misioneros y Misioneras Identes*) arrived at San Pablo

San Pablo

We encountered a town of about 2,500 inhabitants, 350 kilometers away from Iquitos, capital of the Department of Loreto It took us 24 hours to arrive by launch, traveling down that great jungle highway, the abundant waters of the Amazon River, with magnificent, lush landscape on all sides.

The houses in the town are mostly of wood. The people are simple, lighthearted, hospitable, and open. In nearly every household there is someone who has suffered from leprosy. There are many children, for offspring are welcomed in general. People earn their livelihood by farming, hunting, fishing, or business. The whole town resembles a large family. The ordinary — and even more so the extraordinary — events making up everyday life are immediately known to all, in spite of the lack of telephones. Their appearance notwithstanding, former patients experience no rejection or discrimination here — only outsiders view them with surprise and fear.

A New World

How can we describe the impression caused by these brothers and sisters of ours, appearing before us as "suffering Christs"? Particularly the most elderly, who live in a shelter. And so many other people who, in spite of their deformities and mutilations, have founded families! It is indeed impressive to see how those with deformed hands, lacking fingers write, paint, and carry on many other activities — and not only this, but many of them unceasingly give thanks to God for each new day of life and for all the blessings received.

Work Begins

We wish to fulfill the monastic ideal which our Father Founder has proposed for us: "restore everything," beginning with ourselves, and, above all, to live as true sons and daughters of our Heavenly Father, both learning from others and teaching them to do the same.

Our professional practice as physicians and teachers has enabled us to get to know everyone and help them to satisfy their most pressing medical and educational needs. In addition, we devote our remaining time to catechesis, youth groups, and especially small circles engaged in reading and reflecting on the Gospel made up of young people with a growing interest.

Though our resources are limited, our desire is immense to share everything and teach while learning from the lives of these brothers and sisters.

The School

San Pablo is one of the few towns in the Peruvian Amazon region with a primary and secondary school. For this reason, young people from the surrounding villages come to continue their studies. The school has about 300 students. We offer them an initial grounding in a vision of love and justice, seeking to guide them towards an integral education. Progress is slow, but our hope is that these children and young people will be educated as genuine children of God.

Since the students have no books, we have created a little library for study outside of class hours. Although the cultural level of the population is low, the young keep on advancing into the world of knowledge by way of the school; such improvement would otherwise be impossible on account of the absence of means of communication in the jungle. In addition, by developing their human values on a personal basis, these young people may discover the appeal of the noblest ideals instead of falling into vices like drugs, which reach even such isolated places.

Our Brothers, the Sick

We share in the sentiment conveyed by Christ's Evangelists: "He took pity on them and cured their sick." With this desire we set to work.

We are faced with 350 leprosy patients. Although most have been cured, they are still regarded as ill on account of their deformities. 240 live in San Pablo, and 110 in the surrounding villages. There is a shelter housing 34 former patients who are quite elderly and mutilated. To look after the entire population of San Pablo and environs — about 10,000 people in all — we have a hospital with 20 beds.

Among leprosy victims, at least 10% are blind from cataracts; 30% still need treatment, for the disease is actively present; and nearly 90% of the patients, in spite of having been cured, have foot and leg wounds and hand, face, and other deformities as a permanent aftermath. Our hope is to be able to do something for all of these people, as well as for so many children we encounter who are undernourished, dehydrated, afflicted with serious infections, and so on.

As our means are extremely limited, we seek assistance, and one of the large organizations working to aid leprosy patients — DAHW of West Germany — provides it. We have thus developed a leprosy control project for those still requiring attention and a program to detect new cases in all the neighboring towns while providing primary health care for the local population and 30 nearby villages. Our work is becoming easier and more effective, with the arrival of medicines, a boat for river travel, and the chance to train health promoters in the villages, among other aspects.

We request the collaboration of specialists, such as ophthalmologists, who very generously spend a few days with us and perform an important service for the patients, some of whom can now see their children after years of blindness. We also apply the latest treatments for leprosy when needed. The hopes of our sick brothers and sisters are progressively being fulfilled in a providential way.

Since we are the only two doctors within 150 kilometers, we must deal with every kind of illness and emergency. It would be impossible to narrate the host of solutions found, but they magnificently illustrate our Father's protection of His beloved children.

We are concerned about how to treat the after-effects of leprosy. What can be done for the wounds on their hands and feet? What a joy it would be for those who have been bed-ridden for 10 or 15 years to be able to walk! We are gaining expertise in different surgical techniques to rehabilitate these patients. We can now partially restore their hands, their feet, their eyelids. Providentially, and by way of our brothers, the men Idente Missionaries, we met Pedro and Ramon Jaccard, who have been devoted to the care of leprosy patients for many years, doing outstanding work in surgery and orthopedic attention to their feet. They arrived in San Pablo, and we immediately felt united by the same ideal. We set about creating a surgery and orthopedics program for our patients. They have showed us how to make prostheses with very simple materials, and a number of patients have started to walk again after 20 years or more confined to bed.

We are thus engaged in the beautiful task of rehabilitating these people, and in this we all share in God's infinite love for His creatures.

We cannot overlook the valuable help and cooperation of young volunteers, particularly medical and nursing students, who have sought to confirm their vocation to assist others in their commitment to the religious life.

The First Vocations

Young people of San Pablo, both men and women, who have been delving into the Gospel in recent years, reflecting upon it, and attempting to live it out, today aspire to devote their lives to Christ and

the service of others and are now undergoing the necessary period of formation before eventually consecrating themselves definitively to God

In this way, the lives of our sick brothers and sisters, their suffering, like a mustard seed have grown into a flourishing tree on whose branches many birds can build their nests.

MARÍA DEL CARMEN ORTS POVEDA

Provincial Superior of San Pablo Fundación de Cristo Redentor e Instituto ID-Misioneros y Misioneras Identes

An Association of Women Religious in the World of Health

REPSA, *Religieuses dans les Professions de Santé* (Religious Women in the Health Professions), is composed of 4000 members (1), who work in the health and social sector as nurses, nurse's aids, educators, social workers, home helpers, etc. They see themselves as an association which occupies a specific place within both society and the Church

Since the 1930s, several initiatives have marked the long story of the *Union Nationale des religieuses des Congrégations d'Action Hospitalière et Sociale* (National Union of Religious from Hospital and Social Action Congregations) (U.N.C.A.H.S), which in 1973 took the name of REPSA. The name has changed, but the aim is still the same: to make it possible for religious coming from different Insitutes to integrate religious and professional life more deeply into health services focused on man, the family, and population groups.

This aim is based on convictions, requires organization and pedagogy, and demands common action

I - Convictions

The existence of RESPA is based on an essential conviction: the health service belongs " to the very nature of religious (apostolic) life, as a specific act of charity assigned by the Church to the Institutes which must be carried out in her name" (*P.C.* no. 8).

Thus, these apostolic acts unite religious who have been sent by their Superiors to put into practice the charism of their congregations. By doing so, they contribute to the evangelization mission of the Church, that is, to reveal the Love of God — Father, Son, and Holy Ghost — to the sick, ailing, poor, and marginalized.

In carrying out their health and social activities, they show their faith in God and their faith in man; they give shape to charity, the focal point of their vocations, by acting as health or social workers, with their attitudes, choices, and way of living the interpersonal relationships involved in their professions.

The professional practice of RESPA also rests on convictions concerning:

— *the idea of man*: a person who is to be free and responsible; a person in a " place " in contact with others, the family or society, a person situated in a past, present, and future history; a person, finally, created by God, in His own image

— *the idea of health*: global health including treatment and prevention, the individual and collective dimensions, technical means, and primary health care; the need for individual and institutional projects and programs.

These convictions, which must be continually clarified and reinforced, lead the Sisters to unite, in order to show that " in their professional work, by which they renew the actions of the Savior, they take an active part in the mission of the Church in the health field " (Internal Regulations, Art. I)

II - Organizations and Pedagogy

The structures of REPSA, a *professional association*, abide by French legislation: a national bureau, a board of directors, diocesan and regional sections, an annual General Assembly — all are defined by the official by-laws.

Some organic links place the *Union of Religious* within the Church and particularly in connection with the *Conférence Française des Supérieures Majeures* (C.S.M.) (French Conference of Major Superiors). Futhermore, the setting up of a CSM-REPSA Health Commission expresses the will of religious and congregations working in the health field to face together the problems they meet separately within the different congregations

The Association's structure reflects two organizational patterns. One of them is directly based on social and professional realities and gives every member the opportunity of evaluating carefully her own field of activity, thanks to the grouping into *special commissions*. These commissions are formed according to criteria concerning either the practice of the same profession or a certain category of users or even the same sector — hospital or nonhospital care, for example

The other pattern is represented by the *territorial, diocesan, regional, and national levels*, where the global concept of health is verified, thanks especially to bonds among the various specialties in search of complementarity for high-quality service.

A balanced process always supports REPSA's reflection and actions, inviting members both personally and as a team to:

— conduct a critical analysis of their activity;

— pay attention to the consequences of the health and social structures' evolution, of the political trends, and of the ethical questions which represent challenges for individuals, institutions, and society;

— carry out a continuous search for consistency between action and the proposals of apostolic and religious life;

— think carefully about the specific way of performing evangelization together with others within the local and universal Church

It is a dynamic process which, in starting from action, goes back to it again in order to change and improve it

The setting of annual *targets* for every specialty and every Region, with working methods and means of evaluation, is another aspect of the pedagogy proper to the Association's aim

The circulation of information contributes to Association life. Apart from reports and circular letters, the preferred channels are:

— a quarterly review;

— some specialized bulletins addressed to home and hospital carers and to the Sisters who assist the elderly in hospitals or to domestic helpers.

They are means of communication for the members, supporting their creativity.

III - Actions

There are some actions deriving from the *persuit of the objectives* which tend to improve the health services in the different sectors.

To assist the old person until the last phase of his/her earthly existence, to prevent and fight against old age; to adapt domestic appliances to new needs; to promote life maintenance services and nursing car centers accessible to the population; to develop quality care in hospital teams; and also to help young people to express their life projects or, more importantly, to bring them about: these are the targets the commissions try to achieve at all levels, enabling the Sisters to be qualified and reliable partners for their colleagues, both in their work and in the areas they are delegated to.

National and regional *meetings* are held in order to give some relief and new energy to the Sisters working in the same professions, with national Days for hospital attendants, mental health carers, social workers, domestic helpers, educators of young and adult handicapped persons, and all the religious working in the health field, who are invited at the regional and diocesan level to go thoroughly into their motivations and to renew their apostolic commitment.

Some regular *sessions* provide *training* in:

— REPSA's main tasks at a national and regional level;

— specific roles as directors of nursing homes, outpatient departments, or private hospitals run by congregations.

Some *workshops* are also organized under the patronage of the CSM/REPSA Health Commission and are addressed to the Major Superiors of the various Institutes. These meetings essentially concern the health institutions belonging to and run by congregations (outpatient departments, nursing homes, homes for aged Sisters, private clinics, and hospitals are being prijected) In all cases, it has been necessary to consider the commitment of the Institutes and their mission towards the organizations involved and to define more clearly the apostolic meaning of the health service performed by congregations with respect to their charism.

The actions of RESPA are also carried out through several repesentations — guaranteed by permanent or temporary delegates — within national and international, public and private, lay, ecclesiastical, and religious organizations. The aim is to work with others, as partners concerned with the promotion of health services, where the concept of the human being — as inspired by the Gospel — is always kept foremost. Furthermore, REPSA contributes in the ecclesiastical domain to giving the right place and role to apostolic religious in the health ministry and mission of the Church.

Finally, REPSA is also a member *at the international level* of CICIAMS (*Comité International Catholique des Infirmières et Assistantes Médico-Sociales*: International Catholic Committee of Medical and Social Nurses and Attendants) and tries to achieve together with the national Catholic associations the best health conditions for all in the different continents. By doing so, REPSA supports the action of CICIAMS both as nongovernmental and as an international Catholic organization.

In the same way, REPSA is linked to the *Bureau International Catholique de l'Enfance* (BICE) (International Catholic Office for Children) through a delegate who represents it at the special Commission of this body.

To be a partner, as a lay and ecclesiastic body and at the national and international level, is not something easy to improvise. This is why the members always have to " keep themselves informed and seek training in order to acquire an enlightened awareness and strong personal and collective convictions, in view of the choices they will have to make " (*R I, Art 1)*

* * *

In the end, a Project

A national congress was held in May 1988, and the invitation was addressed to all the religious working in the health professions who wishing to reflect together about " their specific contribution to the global development of man, which is made through their commitment in health and social activities. "

The contribution of qualified participants such as REPSA's members and the active participation of the members of the congress made this national meeting a good opportunity for the spreading of information and increased training

In a social context charcterized by rapid evolution and a world in quest of meaning, the religious involved in the health professions are called to strengthen their convictions, to establish identical reference points in the formulation of their moral judgement, and to renew their apostolic boldness in order to go on acting

" in faithfulness to man and to the present times, / in faithfulness to Christ and to His Gospel, / in faithfulness to religious life and to the Institutions' charisms, / in faithfulness to the Church and to her mission. "
(*R P H* no. 13)

SISTER ANNICK LE ROUX
President

The Apostolate for the Elderly, Sick, and Disabled

On the activities of the Charity Commision of the Polish Episcopacy from 1980 to 1987

The activities of this Section have been encouraged by the following juridical documents:

– Holy See document for the World Day for the Disabled of 4 March 1981;

– Apostolic Constitution promulgating the Code of Canon Law of 25 January 1983;

– Apostolic Letter Salvifici Doloris *of 11 February 1984;*

– "Sacraments of the Sick. The Rite and Ministry" approved by the Congregatio pro Sacramentis et Cultu Divino, decision of 15 November 1977.

– Disposition by the Ministry of Health and Social Assistance on religious service in hospitals and nursing homes of 9 September 1981

Furthermore, abundant information on the real situation in the Ministry of Health Institutes has supplied answers to inquiries made on the ministry to the disabled in Poland during 1981 and 1984

This apostolate includes 3,200,000 sick people (excluding those suffering from mental disorders) and 6,000 000 elderly people and pensioners.

Organization of the charitable ministry.

The ministry to the elderly, sick, and disabled carries out its activities in 27 dioceses. Each diocese has at least one priest responsible for this area. These priests carry out their activities together with chaplains at hospitals and nursing homes. 1,265 priests signed an agreement with the Health Department.

They have 1,039 pastoral lodgings at their disposal.

The chaplains are aided in these activities by nuns, parish assistants, permanent clerks, and different secular charitable groups.

The pastoral service takes place:

– every day in 436 nursing homes,

– once or twice a week in 352 institutions;

– with a call from the sick in 453 cases

Holy Mass is celebrated:

– every day in 245 places;

– once or twice a week in 209 places,

– every Sunday in 369 places;

– periodically in 103 places.

Holy Communion is given:

– in the chapel 548 times;

– in the recreation hall or elsewhere 300 times

Forms of ministry to the sick in the parishes:

– on the first Friday of each month Confession, distribution of Communion in homes, in the bigger parishes priests have their own areas;

– on spring and autumn days for the sick in parishes, deaneries and episcopal cities;

– spiritual talks during Advent and Lent;

– patients' days and spiritual lessons, after which the administering of the Anointing of the Sick during Holy Mass follows;

– pilgrimages by the sick to national or diocesan shrines;

– vacations and spiritual exercises at present take place in 15 dioceses. Nuns, students, and doctors take part in this form of activity. The Orionists began it at Dazniew near Warsaw. Then this ministry was extended to other dioceses as well;

– a Christmas Eve dinner for those living alone in groups of 30 to 60 people; all the bishops take part at Łódź, for instance.

Material Aid

During the last years, European countries and the United States have helped the elderly, sick, and disabled, as well as the poor, by sending food, clothing, medicine, and medical equipment. These parcels have been divided among hospitals, nursing homes, and kindergartens.

It is necessary to underline the important contribution of diagnostics to almost all the dioceses. Some of them have received gifts more than once: Warsaw, Krakow, Łódź, Wrocław, Gdańsk, Tarnów, Katowice, and Przemyśl.

All people assisted have expressed their gratitude to the Holy Father.

Furthermore, the Holy See has covered the expenditures pertaining to:

– an eye operation for Bishop Rodzwadowski of Łódź;

– treatment for leukemia given to Krzyś Kotlarczyk of Łódź.

– kidney transplant for Andrzej Rzepiel of Łódź.

An important role in supplying these gifts and in making this treatment possible has been played by:

– Archbishop Fiorenzo Angelini, Pro-President of the Pontifical Health Council, and Archbishop Bronislae Dabrowski, Secretary of the Polish Episcopal Conference. Members of the Mixed Commission, of which Monsignor B. Dabrowski is also a member, have obtained permission to broadcast over the radio a Holy Mass on Sundays and an ordinance of the president of the Council of Ministers in 1981 for: "Religious Service in Hospitals, Sanatoriums, and Social Assistance Homes."

Diocesan pharmaceutical centers carry out other types of material aid.

The Church is always seeking new forms of charitable activity. For instance, the Katowice Diocese has received:

– from the president of the city of Czestochowa permission to build an educational and rehabilitation center for disabled young people;

– From the president of the city of Katowice permission to take possession of a house and 23 hectares of land to organize a recreation and rehabilitation center for disabled children and young people.

– from the president of the city of Rybnik permission to build a nursery school for disabled children

Bishops in other dioceses are taking similar initiatives:

Day-care institutes for children.

run by nuns, are being opened These take care of children while their parents are away at work, the children receive meals and are occupied in different ways.

Printed material in the pastoral field for the disabled includes The Sick and the Elderly in the Church. *A.T.K. (Academy of Catholic Theology, Warsaw 1981. Edited by Archibshop Bronislaw Dabrowski, and three books on the problem of the disabled*

These books contain lectures delivered during meetings of the Pastoral Section for the elderly, sick, and disabled.

They deal with problems of theology, medicine, psychology and ministry.

Supplementary material for conferences on the Eucharist in relation to the Eucharist Congress in Lodz, Poland, in 1987.

– Instruction ot the Polish Episcopal Conference on Charitable Activities in Parishes, *1986;*

– *Charitable News A three-monthly bulletin of the Charity Commission of the Polish Episcopacy.*

Projects for the very near future

– *put into practice the* Instruction of the Conference of the Polish Episcopacy on Charitable Activities in Parishes;

– *humanize health service personnel in families;*

– *realization of council documents concerning the activities of the Charity Commission of the Episcopal Conference of Poland.*

– *personal service, personal donations (one's own time and science) for the disabled The period when foreign gifts were distributed has now ended; it is necessary to pass on to other forms of charitable activity.*

National Health Apostolate Meeting in Portugal

Final Document: Conclusions

In view of the fact that the world of health encompasses the whole man and his social relations, what it says and does must be marked by ethical dimensions which may not be regarded as secondary

* Considering that deontological responsibility (a deontological code in itself) is of great importance for every socioprofessional group working in the field of health;

* Considering that the new technologies, the forms of intervention on man, and scientific research require the creation of ethics committees, at least in large hospitals, to deal with the concrete situations faced by professionals (doctors, nurses, and others);

* Considering that the humanization of health services must be effected through permanent efforts in order to overcome excessive technicism and weighty bureaucracy in those services;

* Considering as well that pluralism in ethical, philosophical, and religious conceptions requires the regulation of the exercise of conscientious objection, established by the Constitution and expressed in various laws in the specific domain of the action of health professionals;

* Considering that many persons with chronic illnesses, even when alcoholism is not present in a given family, under current social conditions can find support for the most difficult phase of human life only in special terminal care units;

* Considering, finally, that it is increasingly relevant for health professionals to affirm the dignity of the human person, in spite of the situation of illness and until the terminal phase;

The group of three hundred people engaged in the health ministry (doctors, nurses, administrators, chaplains, social workers, paramedics, and volunteers) present in Fatima for the second national meeting,

A) commits itself to:

1) act consistently from an ethical-deontological standpoint in professional work and in human relations with members of the health team and the public (whether or not they are patients) as far as possible with available means;

2) collaborate with all the initiatives of humanization and effective defense and promotion of the sick at whatever stage of illness and thus contribute to establishing humanization and ethics committes at hospitals;

3) provide clear-cut support for organizations and movements promoting conscientious objection for health professionals and seek legal instruments for its normal exercise;

4) participate in the health apostolate, especially on a diocesan and local level, agreeing at the same time to act as representatives in the health facility which is the respective workplace of each professional;

5) to join " Christian presence groups "at their facilities and help these become agents of transformation;

6) to disseminate all initiatives in the health ministry promoting the humanization of their profession through ethical-deontological values;

B) feels the need for ongoing deontological training by way of:

1) in-depth courses in ethics to fill the gaps in basic education so as to be able to respond to new problems posed by scintific progress and technical developments;

2) study and reflection groups in workplaces for analysis of specific situations arising in the exercise of health care;

3) ethical training for chaplains to enable them to provide technical personnel with specialized information on ethical aspects not relating to the ecclesiastical or religious sphere, but of a medical and scientific nature (see D.R. 58/80);

4) information on the leading ethical questions in health care in all the training courses for hospital volunteers;

C) hopes that with genuine creativity new expressions of humanity and effective respect for the human person will arise, including:

1) the organization of solidarity groups with former patients;

2) the creation of hospital volunteer groups at each facility, particularly for professionals taxed by the volume of patients;

3) the organization of hospital chaplains for the permanent presence of religious assistance auxil-

iaries or cooperators (see Art. 11, D R 58/80).

4) information on the activities of the hospital's religious assistance service and the use of cards recording the religious affiliation of each patient wishing to manifest it

Finally, those present are pleased with the positive outcome of the second national meeting of people engaged in the health apostolate and ask that it be repeated in the first trimester of 1988 for the colleagues who for lack of adequate information were unable to attend.

First Latin American Meeting of Catholic Doctors (Uruguay)

Report

Targets: To analyze man and his biopsychical characteristics within the dynamics of his transcendence, inserted in his current environment, oriented by the teaching of the Church.

— To define the role of Catholic doctors within the social and economic situation of Latin America, determining their importance, possibilities, and limitations in the light of the Gospel.

— To share experiences at a regional level which will spur awareness of unity and act as an incentive towards well-grounded, constitent community action.

Support: This meeting was endorsed be FIAMC during the Sixteenth Congress held at Buenos Aires in 1986 and was strongly supported by the Archbishopric of Montevideo.

Organization

In charge: Association of Catholic Doctors of Uruguay.

Pre-executive stage:

— *Human resources*: a) An Honorary Committee was established: it was headed by the Archbishop of Montevideo, Monsignor José Gottardi, S D.B., and by Dr. Arturo Achard, and included oustanding scientific and religious personalities.

b) An Organizational Committee was also created headed by Dr. Juan Lorenzo Bonifazio; it was responsible for planning and implementation.

c) Contacts with parallel organizations of the *Cono Sur* were established, and Argentina, Chile, and Paraguay gave their support.

— *Location*: a) It was decided to hold the Meeting in the headquarters of the Catholic Club (Cerrito 475 - Montevideo), which generously offered its premises.

b) The event was scheduled to take place between the 13th and the 15th of November 1987

c) A written invitation was sent to the Catholic Corps of Uruguay, to the Episcopal Conference of Uruguay, and to the medical associations of the Region Students, religious, and lay paramedical staff were also allowed to attend.

d) Once enrollment for the Meeting was completed, the program relevant to the different aspects of its execution was drawn up, through the coordination of the various teams in charge of its orientation, implementation, and procedure

Executive stage:

— An office for administrative and documentary organization was set up in order to coordinate its multifaceted functions efficiently.

— Opening: the inaugural speeches were delivered by representatives of the Association of Catholic Doctors of Uruguay (Dr. Arturo Achard), of FIAMC (Dr. Hugo Obiglio) and by Papal Nuncio Monsignor André di Montezemolo, who perfectly expressed the guidelines of the Meeting. The Uruguayan pianist Victoria Schenini provided an exquisite artistic contribution, offering a select recital

— Technical-pastoral sessions were carried on through various groups which, thanks to the high-level scientific and theological contributions of the many specialized speakers, focused attention on different aspects of the main subjects dealt with:

— Teaching of the Church on respect for life and procreation.

— Catholic ethics according to the new health care situation

— Catholic doctors facing clinical and pharmacological research.

— Challenges ensuing from changes in society and the health care system (alcohol and drug addition, sex, massive medical assistance, loss of professional secrecy).

— Various social activities helped to promt a rich exchange on a personal and collective level, creating a climate of fraternity which spurred on work and improved its quality.

— were closed with a Eucharistic Concelebration of participating priests, which was presided over by the Archbishop of Montevideo. In this celebration, doctors with their relatives signaled their alliance as witnesses of the Lord, to accompany man and convey to him Christ's Message, thereby receiving the strength which confirms their Faith, animates their Hope and renders possible their Charity

Post-executive stage:

Evaluation.

Organizational aspect.

All material and human resources available were wisely ex-

ploited, generating an excellent response at the various levels of work and commitment This allowed us to come to an agreement with regard to action and to the many details needed to harmonize activities in a favorable climate and foster a shared experience based on the appreciation of human beings inherent in Christian brotherhood.

—*Technical and pastoral aspect*:

The high standards resulting from the expertise of speakers revealed the timeliness of such a Meeting and relevance of its action upon concrete reality, through recognition of the deep humanization ensuing from our common identity as Children of God, brothers and sisters by adoption

We would like to point out the participation of Foreign Delegations, who made an oustanding contribution to enrich the cultural and religious wealth of the Meeting.

—*National outreach*:

The organization and execution of the Meeting were a challenge and responsibility for the Association of Catholic Doctors of Uruguay The great commitment they showed has strenghthened their identity and function, allowing them to be known at a level, through the diffusion of their action by the mass media All the new memberships are evident proof of this process.

—*Latin American outreach*:

The reach exchange promoted during these three days of hard work has helped to establish and to reinforce relationships at a personal and technical level; this will allow interrelations and mutal help to promote regional action.

SELARE: Latin American Secretariat for Renewal

1. A response to a need

In 1979, the religious members of the Hospital Order, who practice their apostolate in Latin America, as well as throughout the world, carried out 4 one-month refresher courses on their charism in Bogotá (Colombia) At the end of these courses, we felt the need to create an organization able to maintain the bonds of communion and participation which became deeply rooted over four months.

Selare is the response to these needs, and it has precise goals.

2. General aim

To promote, coordinate, and speed up programs and procedures of each Province in order to spread a more active and prophetic presence of our charism in Latin America and encourage increasing communion and participation of the Brothers and Assistants of the Hospital Order of St. John of God

3. Specific targets

The most important are:

a) to foster knowledge of the Latin American situation (health, poverty, marginalization) in order to facilitate the concrete penetration of the Brothers and of health workers throughout the continent;

b) to carry out surveys on the quality of health care in Latin America in order to define urgent needs and to promote new forms of care for the *humanization* of medicine;

c) to reflect on the knowledge and assimilation of the Social Doctrine of the Church in order to put it into practice in our mission;

d) to increase awareness and collaborate, according to our charism, with the overall ministry of local Churches;

e) to promote books, documents, and publications which can be useful in the training of health care workers in our continent.

4. Activities

During its eight years of life, SELARE has published a journal, also called *Selare*, which comes out every three months and has already reached its 34th issue. It is " at the service of those working in the health apostolate, and it aims at supporting their process of renewal in Latin America and sharing with them experiences, concerns, and comments " in the field of health

SELARE has organized and participated in the health ministry, with permanent training courses and seminars — in collaboration with the respective Pastors — in the countries and dioceses where the Hospital Order exists, and also in conjunction with some congregations which require its support and services. Together with the journal, a SELARE Collection of books was created. It deals with topics like the spirituality of suffering, the rights of the sick, hospital humanization, the apostolate of the sick, etc. Up to now, we have published 22 books, and some of them have been reissued 82,000 copies in all have been printed.

Training Programs by Post for Workers in the Health Apostolate

1. The Church's response to a challenge

At the end of the second millenium, the world of suffering is becoming " heavier, " especially in Latin America, because it bears a centuries-old burden of pain, injustice, and anguish Death and life make up the everyday existence of this Continent of Hope, which is still suffering from " birthpangs " in its efforts to create a new society: " the Civilization of Love. "

Suffering, illness, and death are " phenomena which, if thoroughly examined, pose questions that spread from the field of medicine to affect the essence of the human condition " (*Dolentium Hominum*, 2), and they often offer one of the few chances man still has to meet the Word of Salvation.

In view of *Salvifici Doloris* and *Dolentium Hominum* by John Paul II and the thrust that the Pontifical Council is giving to the Apostolate of Health Care Workers, the health ministry is discovering a new interest in God's People, starting from parish churches, up to dioceses and Episcopal Conferences. This inter-

est stresses the urgent need for *intensive specific and qualified* formation which can allow the Health Care Apostle to be an appropriate and efficient presence in order to face the challenges of this broad and multifaceted pastoral field.

The Hospital Ordev of St. John of God is aware of its responsibility, especially as far as this challenge is concerned, in view of its specific charism. It is for this reason that, sharing our poverty, we ask God's People to join together in the effort to form " experts in the Health Care Apostolate, " making them aware and capable of their task.

2. General aim

To form workers for the health ministry with methodological, social, doctrinal, and pastoral tasks, so that they can provide efficient service in the community in which they work; they should be a real and concrete testimony of the Good Samaritan in Latin America at the beginning of the Third Millennium

3. Specific targets

* To find out the elements which determine the social situation in Latin America, so that — applying them in local and regional analyses — the student can guide himself and other people toward an *evangelizing commitment* to change.

* To analyze and utilize properly the theological and doctrinal principles of the health ministry in order to be able to examine thoroughly and shed light upon the criteria underlying it.

* To identify the stages and processes which characterize the health ministry, so that the student can apply properly technical, psychological, and pastoral methodologies and instruments at the service of the community and of those who suffer.

4. People concerned

* Those who already work in the field of health and want to improve their pastoral education: laity, religious, claplains, health professionals, or assistants.

* Those who want to commit themselves to the field of health: parish churches, dioceses, welfare institutions.

* Admission requirements

— application form, provided by SELARE;

— bachelor's Diploma or degree at a professional or intermediate level, or any informal certificate;

— two passport-size photographs.

5. Program

There are three academic years, each divided into two semesters. Students may continue by mail and are required to attend only in special cases.

* *Specialization*: Latin American Countries.

* *Degree*: to the students who complete their courses the Degree as an " Expert in the Health Care Apostolate " will be granted at the end of the third year

6. Headquarters

SELARE'S headquarters, including its educational center and advertising organization, are located at:

Cra. 8a., n° 17-44 Sur

Apartado aéreo 8669 Tel. 278 41 68 - 272 34 36

Bogota, D.E. (Colombia)

7. Courses

— First year: *Latin American situation*

* Evangelizing in Latin America, today.

* Health, Man, and the Latin American People.

* Culture and Cultures in Latin America.

* How Do We Live? How Do We Produce?

* Panorama of the Health Situation.

* Who Decides for Us?

* The Church and Latin America.

* Pastoral Perspectives and Challenges

— Second year: *Doctrinal Bases of the Health Care Apostolate*

* Anthropological Dimension of Suffering

* Biblical and Theological Dimension of Suffering.

* Christological Dimension of Suffering.

* Ecclesiological Dimension of Suffering.

* Suffering in the Praxis of the Church.

* Ethics of Health

— Third year: *Methology and Procedures of the Health Care Apostolate*

* The Christian Community and the Sick.

* Eucharistic Aspects of the Health Care Apostolate.

* The Health Care Apostolate and the Psychology of the Sick Person

* The Mission of the Hospital Chaplain, Laity, and Professionals.

* The Health Care Apostolate in Hospitals and Parish Churches.

* Administrative Organization and Planning.

* Hospitality until the Year 2000

8. Administration

SELARE, The Latin America Secretariat for the Renewal of the Hospital Order of St. John of God, formed by a team of teachers and experts in the different specialities included in the program, is responsible for its administration.

For further information and enrolment:

— Selare - Programación de Formación a Distancia

Cra 8a., n. 17-44 Sur o *Apartado aéreo 8669*

Bogota, D.E. (Colombia)

Report to the Pontifical Council for Health Care Workers (Chile)

There are only a few Catholic Health Care Institutions Actually, since the past century this country has developed a policy of social medicine, and the main Health Care Services are run by the Government.

The Catholic health care facilities are:

1) *Polyclinic of the Catholic Pontifical University of Chile*
Alameda 340 - Santiago de Chile.

2) *Maritime Clinic of St. John of God* Casilla 70 - Viña del Mar, run by the Hospital Order of St. John of God.

3) *Our Lady of Carmelite Psychiatric Hospital*. Coreo 11 — Casilla 15046 — Santiago de Chile, run by the Hospital Order of St. John of God.

4) *Don Orione Center*. Specializing in the handicapped and children affected by psychiatric disorders, run by the Don Orione Order Camino Cerrillos — Cerrillos — Santiago de Chile

5) *Parish Hospital of St Bernardine*, run by the St. Bernardine Parish, Archdiocese of Santiago

Health Care Ministry:

In the Archdiocese of Santiago an organized health care ministry has been successfully carried out for many years. In 1976 the Archdiocese published *Pastoral Guidance in the Health Field*, written by Monsignor Raúl Silva Henríquez. The activities of this apostolate, which has spread throughout the country, are coordinated by a Department for Hospitals and the sick.

6) *CARITAS Chile*: in 1959 the Crusade of Volunteer Service was created as a specialized department of CARITAS Chile. Since 1983 this crusade has formed many hospital teams at the service of the elderly, including 874 volunteers working on a parish-organized basis In Santiago, these teams work in State hospitals: San José, Salvador, the National Hospital for Respiratory Diseases and Thoracic Surgery, neurosurgical hospitals, Barros Luco — Trudeau, Sótero del Río — José Joaquín Aguirre and in the polyclinic of Chile's Catholic Pontifical University. They also work in nursing homes and provide visiting services through parish organizations.

Volunteer Service Committee: The Chairman of the Committee is Francisco de Mussy Cousino

Adviser: Monsignor Augusto Larraín U. — Erasmo Escala 1822 — Tel. 66645 — 89495 — Casilla 13520 — Correo 21 — Santiago de Chile.

— CARITAS also has a *National Training School* (ENAC), which, besides giving Christian formation, trains and perfects the expertise of those who already work or want to work in the field of community service, on either a voluntary or paid basis Up to now it has had 62,644 students and offers 118 courses with 118 teachers in the field of health: nursing assistants, pharmacy assistants, odontology assistants, radiology, radiotherapy and laboratory assistants, assistants for the milk-based diet service, helpers for the elderly and sick, storehouse keepers, care for handicapped children and primary assistance. This school trains 1,000 people per year, and its students are requested by both State and private health facilities.

Avda. Santa Maria 0508 — Santiago de Chile — Tel 776149.

— Chile has a *Health and Medical Department* which supports the existing centers and creates new facilities in outlying areas It supports 27 General Hospitals and wards for the terminally sick; 260 polyclinics in urban, country, and pre-Andes areas; 3 programs against alcoholism; 4 free medicine facilities; and 4 programs for health animators

Departamento Médico y de Salud de CARITAS Chile: Erasmo Escala 1822 Piso 2 — Santiago de Chile — Tel. 66646 — 89495 — Casilla 13520 — Correo 21 — Santiago.

7) *Popular Education Institute*. Since 1976, the Diocese of Copiapó has been carrying out a project for health animators; up to now it has formed 40 health care teams — 389 animators; it has created local dispensaries, medicine funds, and a common medical fund in Copiapó and Vallenar; it has also promoted massive community action in favor of mental and physical health. Regional Director: Aline Bruneau. Coordinator of the Health Care Program: Lilian Contreras C — *Popular Eduction Institute* — Chanarcillo 420 — Casilla 310 — Copiapó — Chile — Tel. 2332

8) *Vicariate of Solidarity - Archbishopric of Santiago*

It carries out various programs:

a) Program of medical, psychiatric, and psychological care associated with juridical cases It provides treatment in about 3, 048 cases concerning human rights each year: people attacked during protest actions, parents of missing prisoners, tortured and confined people political prssoners, exiled and persecuted persons, etc

b) Medical treatment in popular hospitals: an average of 38,000 cases.

c) Auxiliary treatment in children's refectories: an average of 20,000 injections and 62,000 prescriptions.

d) Training of urban health care teams: 88 per year.

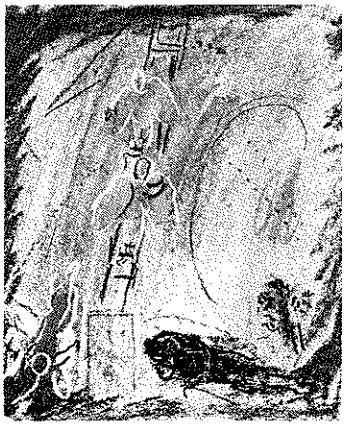
e) Rehabilitation centers for alcohol and drug addicts: 8 centers.

Health Care Program. Vicariate of Solidarity.

Plaza de Armas 444 - Piso 2 - Casilla 26-D - Tel. 724855 - Santiago de Chile.

Missio Foundation: Since 1982, the Missio Foundation has coordinated the health care program of the Archbishopric of Santiago in the nothern area of the city. It supports 6 polyclinics, including medical and nursing care services, a prescription service, psychiatric and dental services. It coordinates 44 health care teams — about 360 persons — through courses for volunteer health care promoters

Area de salud. Fundación Missio - Recoleta 900 - Casilla 2980 - Santiago de Chile - Tel. 375190.



Diocesan Health Service Archdiocese of Yaoundé (Cameroon)

Activity Report 1986-1987

When I took up the office of Coordinator of the Diocesan Health Service in October 1986, I had the opportunity to define the main targets of our service as follows:

– to ensure communication and exchanges of ideas and experience among the Catholic health units of the Archdiocese;

– to contribute to the development of Catholic health services;

– to promote regular technical, ethical, and religious training for the personnel;

– to encourage reflection on the health ministry

For this purpose, we provided ourselves with the necessary structures and tools and carried out some activities we will now have to evaluate together, in order to improve or change them, if needed

I - Structures

1) *The Permanent Bureau*:

It is the operational structure of our Service, dealing with current affairs and providing technical support in different fields. Meetings are held once a month – on the last Saturday of each month – at the Private Nursing School

At the beginning of our activity, the Bureau was made up of five members:

Dr. Claudio Volpe: Coordinator and Executive Officer;

Sister Monique Javouhey from Nsimalen;

Sister Solange Ménard from Nlongkak;

Mrs. Catherine Abondo from Nkolndongo;

Miss Marieke Verhallen from A.M.A.

Unfortunately, Sister Monique had to go back home in the course of the year and was replaced by Sister Josepha Fahrner, while Mrs. Abondo could not join our service, due to the lack of personnel at the maternity hospital of Nkoldongo.

Thus, the Permanent Bureau has acted with 3 effective members, and with the collaboration of Miss Daniel, Director of the Private Nursing School, when needed

The monthly meetings have been called regularly. I am deeply convinced that this Permanent Bureau has a very important role in ensuring the continuity and efficacy of our action and I am in favour of its consolidation

2) *The enlarged Diocesan Committee*:

Besides the members of the "Permanent Bureau," this committee was composed of representatives coming from the four departments of the old Yaoundé Archdiocese, and was to meet every three months.

The representatives of the four departments were:

– Sister Jacqueline Hourman, for Haute Sanaga;

– Sister Paul Lemotte e Sister Marie Goretti, for Lékié;

– Sister Marie-Brigitte, for Mfoundi;

– Sister Martine Volpeto, for Mefou.

The Diocesan Committee could meet only twice – in November 1986 and February 1987, but most of its members took an active part in the preparation of the Diocesan Health Care Workers Day, which was held on April 5, 1987

3) *The General Assembly*:

This is the third and last – but not least – instance of our Diocesan Service, whose task is to define, while acting as a college, the general guidelines for our Service. All the persons responsible for health organization and for health-related services in the Archdiocese are members by right.

The Assembly meets twice a year. Last year it met in October 1986 and January 1987

II - Activities and services

1) *The Liaison Bulletin*:

The *Liaison Bulletin* is for our Diocesan Service the major means of communicating, exchanging ideas and experiences, training and reflection.

In order to fulfill its task, the *Bulletin* should be issued every month. In the last experimental year, 6 issues come out – from November 1986 to June 1987 – with a double issue for February and March, and a special issue in April, on the "Diocesan Health Care Workers Day."

An average of 60 to 70 copies was printed for every issue.

The *Bulletin* was sent to:

– all the health centers of the Yaoundé Archdiocese;

– all the Diocesan health services of the Ecclesiastical Province of Yaoundé;

– other services and personalities of the Archdiocese (see the enclosed list).

Further on, we will have the opportunity to present the financial report of the *Bulletin*, to make an evaluation of this experience, and to discuss what measures may be taken in order to make this tool – which seems essential – more useful and operational.

2) *Regular Training*:

We have tried to provide regular training through the *Bulletin*, which has mainly given up-to-date information on malaria treatment and prevention, and on AIDS.

In collaboration with the Private Nursing School, we have also tried to hold to a refresher course aimed at the personnel of one Department. The Course was held on March 2, 1987, at Nkongoa, in Mefou, and an evaluation of this experience by Miss Daniel was published in *Bulletin* No. 6 of last May. Other experiences in regular training are being carried out in the field, on the initiative of people who are responsible for health training, especially in Lékié

Regular training is still an urgent need for the efficacy of our everyday activities and for service to the populations living in our regions.

The Coordinator of the Diocesan Health Service feels the responsibility of improving the quality of training, and we also know we can rely on the valuable collaboration of the Private Nursing School. Nevertheless, the participation of the persons in charge of health training is still indispensable for the organization of this sector.

For the purpose of defining our needs in the field of regular training, we included a "Bulletin" of last May. Unfortunately, none of the centers has sent the sheet back but we still hope we will receive practical suggestions supporting us in the provision of regular training.

3) *Ethical and Religious Training*:

The ethical and religious training of our personnel should contribute to the specificity of our Catholic Health Service in the country. The *Liaison Bulletin* has tried to undertake this task There is also a Pontificial Council for the Apostolate of Health Services, which publishes the journal DOLENTIUM HOMINUM and is also charged with spreading, explaining, and defending the teachings of the Church in the health

field and promoting their diffusion in health practice.

Our *Liaison Bulletin* will also include for our health centers some documents published in DOLENTIUM HOMINUM.

The need for this kind of initiative is no longer questionable. Now we have to institutionalize it and ensure its continuity.

4) *Family Action Education for Love and Life*:

As regards Family Action/PFN, no initiative has been taken at the coordination level of our Diocesan Service Several experiences, however, are already being carried out in this field within our Health Centers.

We would like to form, with the help of the PFN National Team, a small Diocesan Team, capable of providing the necessary technical support for training and animation at the peripheral level.

As for the Education of Youth for Love and Life, the Coordinating Section of our Diocesan Service is part of a Provincial Commission for reflection on this problem. In order to monitor all the activities that are already being carried out in this sector and promote reflection on this subject, the Commission proposed to the Secretaries for Education of the Yaoundé Ecclesiastical Province a guide-questionnaire on sexual education in schools, to be submitted to the persons responsible for the various Catholic schools

The only reply has come from the Yaoundé Secretariat of Education, which sent us a report on the meeting with the Headmasters of the general and technical high schools of the Yaoundé Archdiocese. The meeting was held on May 4, 1987 and dealt essentially with the question of " sexual education in schools. "

Futhermore, our Diocesan Health Service is regularly informed by Officials of the Health Ministry about the evolution of the " Research Project on Family Life Education in Schools. " We also had the opportunity of suggesting, together with some other Catholic personalities, a questionnaire to be used for carrying out a survey in schools on this same matter

5) *Primary Health Care*:

It is the major strategy to be chosen for the health action directed to our populations, and it is officially accepted and encouraged by the Church in Cameroon

The Promotion of the " PHC " strategy in our Health Centers must necessarily be associated with a study on the organizational development of our centers and training.

Recently, I had the opportunity of participating — together with Sister Abomo, who is the National Officer for the Catholic Health Service — in a seminar on Primary Health Care in Cotonou (Benin), August 23-29, 1987.

The report and comments on this seminar will be published soon in our *Liaison Bulletin*.

The last point of our report should contain an evaluation of the last Coordinator's activities, but I think it would be better to leave this task to you

Finally, I would like to express my sincere gratitude to Monsignor Jean Zoa, for the support and encouragement he continually gives — both in writing and personally — for our action.

My cordial thanks also go to all those who have supported, helped, and advised us in the course of the year:

Miss Daniel, Director of the Private Nursing School; the members of the Diocesan Committee and of the Permanent Bureau; and Miss Marieke Verhallen of A.M A , who has been a very helpful collaborator

Dr. CLAUDIO VOLPE
Diocesan Coordinator

19th Catholic Pharmacists' Congress in Avignon

Summary Document

At the dawn of the 21st century, man of today has entered the age of the power of the media In an instant, the outburst of mass-media, headed by television, offers him an immense amount of information in the form of sound and images It is a new culture based on the image, on the " CLIP, " even on written transmission (newspaper headlines) embracing the whole planet. Thus behavior and decisions are strongly influenced

Thanks to the progress of medical sciences, health is for him a major topic. The myth of Faust is still alive! This subject is followed by a large audience.

The *International Federation of Catholic Pharmacists* is now aware of the range of this social and cultural phenomenon. It has started measuring the consequences. In the field of " health, " man of today is more informed than in the past He no longer relies on the power of medicine He is more critical. On the contrary, he often attaches importance to the messages of the media.

In this context, the pharmacist of the 1980s does not meet the real need of users

The *International Federation of Catholic Pharmacists* is characterized by a certain vision of man as created by God in His image, free and responsible It has decided to make a contribution to the effort towards adaptation of the profession to give both the sick and the healthy suitable, efficient, and controlled information.

This information will be a useful health contribution.

In this regard, the 19th Congress of the IFCC met in Avignon (5-8 Sept. 1987). 350 pharmacists belonging to 14 countries — European for the most part — discussed " Media - Communication - Health "

By means of the following proposals, the Commission wants to outline:

1. The results of what was discussed during 48 hours of lectures, statements, and discussions.

2. Its wishes and suggestions for suitable, efficient communication.

1. Standpoints

§ The standpoint of society

The phenomenon of the media is a new, giant, world phenomenon. The society of today is shaped and educated by means of the media. In order to face the risks of depersonalization and loss of responsibility, self-sufficiency, and freedom, man and the group in which he lives should react in the following two directions:

a) the assessment of the real importance of the phenomenon of the media, taking measures (powers, means, limits) with respect to its rationale and its technical imperatives.

b) the awareness of a kind of culture that will lead to responsible and sound behavior and a suitable and intelligent use of the media (J.M. DOMENACH)

§ The standpoint of the message of the Gospel

The Christian should not flee the phenomenon of media that broadcast good, bad, elusive, sensational and catastrophic news in the course of his life. The Word of God, which has reached us down over the ages, cannot be reduced to mere news On the contrary, this Word has wanted to be touched by the news of men and of the world Among others, all those Christians who are involved in the field of Health, Pharmacists in particular, have the task of shedding the light of the Gospel on the news of today (G RINGLET).

§ The standpoint of users

Old people are less sensitive to the appeal of the media or modern laboratories They appreciate contact with the pharmacist, which is a " break for their isolation. " The pharmacist should be more at their disposal.

The " enlightened consumer " hopes that the selling of drugs will always be accompanied by a useful suggestion offered by the pharmacist. In this way, he will lose the image of a merchant and will become a professional responsible for human health. The user wants the pharmacist to augment the distribution of the dictionary of family drugs.

" The user " is overwhelmed by the flow of information He cannot see the difference between " gadget news " and " serious news, " which often appears only in a technical form To improve communication between the user and the pharmacist, the latter should:

* conceive the information which can be adapted to medical news and circumstances;
* give clear indications on drugs;
* listen to what his patients say in a discreet way (adequate place);
* have access to the large-scale media in order to give CLEAR, CORRECT information in the right context (Catholic Aid, Federal Union of Consumers, Civil and Social Union of Women).

§ The standpoint of journalists

Yes, communication between pharmacists and the media is bad.

But who is wrong? Isn't the pharmacist " totally absent "? Only his participation could improve the situation Yes, health is a fundamental topic for the media In several countries, the media play an important role in efficient prevention (AIDS, campaign against hunger). The audience of the media and the clients of the pharmacist are exactly the same The pharmacist should cooperate and share his specific viewpoint with the journalist.

§ The standpoint of the drugstore or journalistic pharmacist

The practicing pharmacist cannot bear the " sensational " news broadcast by the mass media It provokes a spontaneous and irrational reaction. He is overwhelmed by the pressure exerted by manufacturers of public products. He realizes that he is not the master of the phenomenon, and for the most part, the fault is his individualism. Nevertheless, he reacts. In many European and American countries he takes part in the execution of important plans of communication.

Among other things, we notice:

– the publication of magazines widely accepted for the clear and accurate information they provide;

– the campaigns of restoration of the image of the pharmacist (press conferences, decisions made by officials, etc.);

– realization of a policy of " clinical pharmaceutical chemistry " in hospitals;

– the realization of the Information Center of Swiss Pharmacists in Geneva, the prototype of a successful relation between journalists and pharmacists;

– the use of the media in developing countries for the promotion of health policy by pharmacists.

These actions are evidence of self-reliance. Better quality in personal contact and the awareness of the mass of information that the pharmacist can offer to his patients are the two fundamental goals to achieve. He can become the " factor for balance, the moderator, the educator " who reassures, forms, and informs the patient.

These educational actions should be followed by a great ef-

fort made by the press and other media as far as prevention and drug-control are concerned: training for " health journalists, " creation of a dictionary for health, participation of citizens in research-study on drug control (Italy).

All these measures are part of an efficient *humanization of scientific knowledge.*

In its turn, the professional press plays an important role for the chemist. Its actions are carried out by some priests who help the pharmacist become the person who " communicates " and shares his knowledge with other people. It chooses and gives shape to the subjects. It is part of the great information circuit.

§ The standpoint of the pharmacists who prepare the future

Some dynamic and passionate pharmacists have understood that the phenomenon of the media could be mastered: they had to take part in its movement, but how and where?

1. In the city, with the realization of educational programs on pedagogy, today's problems, as need aries.

2. In the town, with the organization of conferences on health, use of videos, etc.

3. In the regions, with TV programs concerning the problems of health and a good use of drugs.

4. In oneself, through personal training in the communication field.

5. In the laboratory: it is a place where internal and external communication are absolutely necessary for good functioning. The owner should control the quality of his own laboratory

Wishes and proposals " for adequate, efficient Communication "

The purpose we want to achieve is to make men freer and more responsible for their own health, with more information. The Commission has analyzed all the statements made during the conference.

1. *First of all, it addresses itself to the practicing pharmacist.* He should be more aware of what our society is asking of him: a noticeable improvement in the quality of his communication. This improvement should be the result of a constructive and critical attitude with respect to the user, particularly when his request is motivated by a " miraculous remedy " or a " sensational plant " promised by the mass-media.

This action should result in:

— an adequate organization of the " pharmacy as a place, " a place for words and contacts;

— the creation of new subjects for a Dialogue;

— up-to-date information;

— constant participation in the training of communication skills

2. *Then, it addresses itself to all the professional organizations concerned*

* For the implementation of better communication, the profession can rely on several public networks, texts and communiqués, radio and TV programs, press news and private networks, creation of suitable places for suggestions, recordings, and video-texts. To be efficient, the individual function of communication should be supported by cooperation within the profession itself.

* To give its specific message, the profession should consider the rationale of the media and submit its own image to their power.

The professional organizations should develop a communications policy with the aim of developing their relationship with the media. *Their action should not be limited to mere defense of what has been achieved*

Factors such as prevention and the good use of drugs make pharmacy different from a mere trade.

" The great truth given to mandkind has been given by Christianity: the Christian faith makes the relation absolute " We share the viewpoint of Jacques de BOURBON BUSSET, the author of this sentence. We hope that our proposals for " better communication " will be implemented according to the following needs:

— *the need for quality in the relation,* which is the consequence of the quality of information, and the transmission of our knowledge;

— *the need for time devoted to this relation,* the " Pharmacy as a place " should develop as a site and moment for words and contacts which are absolutely necessary for the psychological health of the population, particularly for the needy; the time devoted to them is a way of opting for the poorest;

— *the need to choose means,* using modern communication techniques in the framework of a professional structure which is adapted to dialogue and communication;

the need for contents in our message, which is a consequence of awareness of our identity, our doctrine, and our function.

Lastly, the IFCP shares the proposals expressed by Pope John Paul II (27 February 1986), reported at the opening of the conference (Abbot Schaller): Those people who are involved in communication need a triple support:

— Morality should spur their action for better management of human affairs in a Christian way.

— Spirituality should introduce religious behaviour into events.

— The Church should encourage those who have the task of transmitting messages respecting the truth and the duties of society and the individual.

It this way, the pharmacist, who is the " mediator between the doctor and the patient, a living presence in the world of suffering, " (Angelini) will help man " to be more. "

Activity of the Pontifical Council

Addresses
Chronicles and News
of Meetings

A Talk by Archbishop Fiorenzo Angelini, Representative of the Holy See at the Summit Meeting of Health Ministers on Programs for AIDS Prevention: London, January 28, 1988

Along with increased knowledge, there is a growing awareness around the world today, at every level, of the urgent need to unite efforts to solve the most serious health problems.

A fundamental right of man, health is a precondition for the development of peoples and is at the same time seen to be the most valid factor contributing to the meeting of humanity. In the face of the gravest requirements posed by problems of health and medicine, the barriers erected by different cultures, ideologies, and political systems either fall or may be easily overcome. And this is because the safeguarding and defense of life and its promotion, while, on the one hand, expressing an aspiration common to all men, on the other, demand and permit unified action, converging initiatives, an exchange of knowledge and means, of the conquests of science and technology.

The rise and threatening spread of AIDS represents a confirmation of this principle and constitutes a challenge which leaders of all peoples must take up and confront together.

Unitary action, however, involves a unitary purpose. In the field of health and medicine, the basic objective, the point and moment of convergence, is constituted by the demand to defend and promote the fundamental right to life — to all life and to the life of every human being.

It should, furthermore, be noted that the discovery — though unexplainably belated — of AIDS and its spread have a particular characteristic. It is an epidemic which assails both the least developed and the most advanced countries, thereby posing new questions not only for medical science, but for health policy in general.

The nature of AIDS and its extremely swift spread certainly require emergency action. But there is a twofold risk: first of all, that it will be limited to a health policy of immediate intervention; secondly —and this is much more serious —that this needed emergency policy will not be programed and directed with a view towards consistent middle- and long-term action.

The control of the harm done, if not effected with a clear vision of the ultimate goal to be reached, may not only prove to be illusory, but become the basis for greater harm.

Enlightened health policy and action demand a convergence of efforts and resources in a vaster sphere which starts from prevention and which, in emergency intervention itself, requires a safeguarding of ethical principles which are unrenounceable because they are associated with the fundamental human right to life, from its conception to its natural close.

The fight against AIDS is a medical problem, but has at the same time become a primary problem of a cultural and moral order.

The priority urgency of the information to be included in necessary health education is recognized: information which must enter schools and permeate the institution of the family, the mass media, and local, regional, national, and international social structures. The information should educate individuals and institutions, never forgetting that prevention and treatment cannot offend the right to life of either AIDS victims or those born or living in conditions of risk. Information and education permeate customs, lifestyles. The rise of AIDS, through a chronological coincidence, may be regarded as one of the most serious —and, indeed, most dramatic — problems of our time.

The Catholic Church, on an operative level as well, wishes to be close by to become a promoter and guarantor of the vast commitment required by the fight against AIDS. This is demonstrated throughout the world by her presence alongside those who suffer, her innumerable health facilities, and the Pontifical Council I have the honor to represent and which the sensitivity of the current Pontiff, John Paul, II wanted to institute for the purpose, among other things, of supporting every real, effective effort, wherever and by whomever accomplished, for the defense, recovery, and promotion of health as a service to life.

The Catholic Church is, however, convinced that effective health policy must, in operative terms, translate into action which is humane and timely, but also directed towards the increased promotion of life, which is the defense of man and his dignity. The Christian faith not only calls every man —and particularly one who suffers —"brother," but, in identifying the very person of

Christ in every brother, sheds extraordinary light on the concept itself of life and its dignity.

From this standpoint I feel John Paul II's gesture of embracing and kissing a child ill with AIDS in San Francisco should be seen and meditated upon. John Paul II, in entrusting to the manifestation of authentic, profound paternal affection a teaching which words might have rendered rhetorical and merely theoretical, stressed the need for an immediate and courageous response, truly aimed —even through sacrifice —at man, in view of this new, threatening peril.

A response going beyond the anxious search for mere control of the epidemic in order to reach the domain of authentic civilization made to man's measure.

In pursuit of this objective, the convergence of aims and action is not only possible, but indispensable. Arduous problems certainly remain to be solved, but willing, joint efforts are the presupposition for their solution. It remains true that the maximum we can do alone is always less than the minimum we can do together. If, however, the common starting point is love for the whole man and for all men throughout the world, for life and its dignity, a commitment free from all discrimination, the choice of a health policy that is not merely defensive —then even the first steps will be the promise of a long road ahead.

Homily by Archbishop Fiorenzo Angelini at the Havana Cathedral, April 7, 1988

Monsignor Einaudi, who so worthily represent the Supreme Pontiff, John Paul II, in this noble land of Cuba; Monsignor Ortega, Archbishop of Havana, who, together with other prelates and priests, represent the People of God of the entire Catholic Church, illuminated by the true spirit and authentic substance of the Gospel of Christ; dear Sisters and Brothers.

I regard it as a true gift of the Lord and of the Virgin Mary to find myself in prayer in your Cathedral, for I well know that I can and must admire your faith, your Christian spirit, and imitate them.

I am here, along with Fr. José L. Redrado, Secretary of the Pontificial Council for the Apostolate of Health Care Workers, for a short visit whose purpose is exclusively pastoral, to make known the new Pontifical Office which John Paul II instituted just three years ago in order for the world to feel the Church's presence in the area of suffering and health. We are also here to visit some hospitals, drawing near to our sick brothers and sisters, conveying love, consolation, and the Pope's spiritual presence and blessing. We are here to admire the precious work of health professionals as Good Samaritans —doctors, nurses, technicians, administrators, movements of volunteers, priests devoted to the care of the sick, men and women religious who have made attention to the ill the reason for their existence consecrated to God and the Church.

The Church and John Paul II love the sick and do everything to love them as Jesus did when he was the Divine Physician of bodies and souls on earth.

In the spirit of Jesus, the Church and the Pope always wish to be close to those who suffer and to all health care workers as well —not only because of her role and function in providing supplementary assistance, but because helping the sick at all times, promoting and defending human life from its conception to its natural close, constitutes a divine precept which should be evangelically inculcated always and everywhere, though at great sacrifice.

The reality of human suffering, illness, and death is common to all, without any exceptions, and it is for this reason that the Church, after the example of Christ, loves, relieves, assists, and comforts all the sick, with no discrimination based on race, language, social groups, or even religion. The Church has one single preference: to be near to those who, because of their human condition, suffer most, for they are frequently deprived of what is needed for a worthy life.

Illness is poverty in health, a poverty equally affecting all men, including the powerful.

The Church is always close to public authorities, in an attitude of intelligent, free service to those who suffer and are sick, and it is for this reason that the Church pays great attention to what governmental bodies are doing to promote and defend the life of each and every human person.

In your country, dear sisters and brothers, health care occupies a priority position in programing and development. And in this regard the marked interest

which the President of the Republic has shown towards the religious working at some Cuban hospitals is a source of profound satisfaction.

May God bless this work. May the Most Holy Virgin, *Salus infirmarum*, bless this good will. We are dealing with human life, the masterpiece of God's creation.

Monsignor Angelini's Address at the Pontifical University of Chile, April 13, 1988

The relation between ethics and medicine does not represent a moment of reflection arising *a posteriori* from the fields of morality and medicine. It is, rather, a necessary relation, to such a point that, without forcing the question, we could speak of the concepts of ethics and medicine as a hendiadys — that is, two terms and concepts which, when associated, from a single unit.

In addition, from even an etymological standpoint, the term "medicine" (from the Latin *mederi*) grounds and unites concern and therapy, attending man and placing oneself at his service, as if we were to say, "Medical science truly cures if and when it moves towards man to give him — or try to restore to him — what he has lost or runs the risk of losing. In this effort of science an ethical impulse is implicitly present, along with a moral attitude and evaluation.

It is, moreover, not hard to detect and explain the relation linking ethics and any other branch of science. In fact, when stress is laid on the difference between the progress of civilization and technological progress and on the need for the latter to be subordinated to the former, we are nearly obliged to refer to a specific notion of ethics and morality — indeed, when we want to express a value judgment on a given scientific discovery, it is impossible to overlook reference to ethics.

And yet, as regards ethics and medicine, the correlation appears much more relevant, convincing, and even striking. Every therapy, in effect, including that which is preventive, proposes to re-establish man in a state he has lost or which is threatened. As a result, the physician, in the face of suffering calling for liberation, beyond the natural impulses moving the patient to confide in him, should manage to glimpse the humanity to be restored through health, the man needing to reconstruct after the devastation produced by illness. This entails a global, unitary assessment of values, which medicine is called to defend or rediscover — and not just that, the very techniques themselves which are available cannot dispense with considering such values and their hierarchical arrangement.

Medicine is not a reply to an abstract question, to a working hypothesis — it is the answer anxiously sought after by the immense host of persons who suffer, by all men, who either actually or potentially require the support of medical science. For this reason, medicine by its very existence enters an ethical forum and continually faces ethical and moral problems.

This concept entails a further consideration. It should, in fact, be stressed that so-called "medical conscience" — that is, the physician's responsible evaluation of his own duties — is the one which is least subject to personal conditioning, inasmuch as it is virtually forced to shape itself in contact with real life and deal with life through the ontological laws governing all thought and judgment.

In this regard, Pius XII affirmed, "We have no need to explain that medical conscience is capable of being the collective conscience of all the physicians in the whole world: human nature, biological and medical laws, suffering and misery, are everywhere the same. We are thus dealing with another fundamental truth here: this medical conscience is not purely subjective, but is formed, above all, in contact with reality and is oriented towards it and upon the ontological laws governing all thought and all judgment."

"In the context of the relation between ethics and medicine, we speak today of *bioethics* as an autonomous discipline. In fact, bioethics is to ethics as the particular is to the general, as part to the whole. While the ethics-medicine or medicine-morality relation is as ambiguous as medical science, the unfolding of bioethics is closely linked to the development of the indisciplinary nature of medicine. In addition, the indisciplinary development of medical science should be largely guided by the extraordinary conquests and technological innovations in the field of research and applied medicine.

The recent *Instruction* of the Congregation for the Doctrine of the Faith on respect for human life in its origins and the dignity of procreation recalls two principles which precisely and integrally shape the sphere and commitments of bioethics.

In citing a consideration formulated by John Paul II in his ad-

dress to participants at the Twenty-Fifth General Assembly of the World Medical Association, the *Instruction* states, "Every human person, in his unrepeatable individuality, is constituted not only by the spirit, but also by the body, in such a way that in the body and through the body the person finds himself in his concrete reality. To respect the dignity of man entails the consequence of safeguarding this identity of man *corpore et anima unus*, as the Second Vatican Council affirmed (*Gaudium et Spes*, 14) On the basis of this anthropological vision the fundamental criteria should be found for decision-making, when not strictly therapeutic interventions are involved — for instance, those inteventions aimed at improving the human biological condition."

Bioethics or life-related ethics — that is, related to human life — in the unicity of the person affects the inviolable relationship between corporal reality and spiritual reality with respect to man's finality.

If this is the domain of bioethics in general, its general limits are determined by the principle recalled in the aforementioned *Instruction* of the Holy See: "What is technically possible is not in itself morally acceptable."[3]

Bioethics establishes the unacceptableness of certain technologies in the field of medicine. It does not, in fact, limit itself to the problem of the greater or lesser acceptableness of technological interventions, but also embraces those problems in medicine touching upon man's freedom and will and the general principles of natural and Christian morality.

As regards bioethics, there are three sectors today which posit clear principles, consistent behavior, and careful research on new commitments to be taken up.

With respect to the *clarity of principles*, I feel the following points are significant.

Bioethics, enlightened by the Christian doctrine proposed by the Magisterium of the Church, is called today to take a position on aspects of extreme importance and seriousness concerning life — its birth, development, and natural close.

Genetic engineering is an extraordinary conquest of science, and it would be anachronistic to overlook its importance by speaking only of its risks. But it is clear that when the very origin of life, human conception, is involved, every artificial intervention should be weighed from a moral standpoint in terms of the dignity of the human person.

The *Instruction* of the Congregation for the Doctrine of the Faith is quite straightforward in this connection The reserves it expresses on prenatal diagnosis, therapeutic interventions on the human embryo, research on human embryos and fetuses — especially its rejection of heterologous artificial fertilization — along with so-called surrogate motherhood and homologous artificial fertilization in vitro, have prompted many reactions attributing to the Church ignorance of the drama of conjugal sterility, a denial of the autonomy of science, and even — when the document speaks of the responsibility of public officials — interference in the secular sphere proper to government.

A careful, unemotional reading of this *Instruction* frees us from prejudices and not only provides a new view of such criticisms, but leads us to recognize in the Church's position respect for science rigorously in keeping with the respect due the dignity of nascent human life. The Vatican document should, in fact, be read integrally in each of its parts, and the replies it formulates correspond to a vision of the human person which does not reduce, but exalts the finality and responsibilities of science

The dignity of the human person continues to be the obligatory reference point for all areas of scientific experimentation, for organ-transplant surgery, for the care of the physically and mentally handicapped, for the duty of assisting the patient without directly hastening his end, not to mention bioethical indications concerning the supply and use of pharmaceuticals.

I would add that the illuminating doctrine set forth by John Paul II in the recent Encyclical *Sollicitudo Rei Socialis* also affects the field of bioethics. If, in effect, interdependence among peoples, the observation that "we are all truly responsible for everyone,"[4] make solidarity an unavoidable duty and a basic Christian virtue,[5] this principle must encounter one of its applications in the field of medicine as well, because of both its increasing, mandatory socialization and the problems posed by socialized medicine itself.

With regard to *consistent behavior*, bioethics posits rigorous respect for the principles accepted in conscience by each health professional, whatever his level may be, and in the case of Catholics, faithful adherence to the indications of the Church

On this point, however, I would like to add an observation. There is no question that, among health professionals, especially those who seek inspiration in Christian principles, there exists a conviction concerning the very close bond linking bioethics and their work. Nevertheless, while it is regarded as obvious that the health care worker should always be professionally well prepared, people may reach the conclusion that ethical and bioethical conscience and competence are innate or, if you will, sufficiently guaranteed by faithfulness to ethical-religious training which has been received and never renounced In other words, people do not realize with sufficient clarity that ethical training and the profession must be considered in the same light. In order to be practiced adequately, the profession requires continuing education It is true that the fundamental ethical principles have their own immutability, but their application calls for constant attention to changing cultural models, a new sensitivity. Only in this way can consistent behavior be affirmed not as a barrier which divides, but as a witness which convinces

The substantial immutability of ethical principles does not obviate the need for the health professional to delve more deeply into them and adapt them to the varying conditions of his time. I am thus convinced of the need for ongoing formation of the health professional, including the field of ethics and bioethics. In this regard, it is significant that over the last fifty years the Pontiffs have spoken ever more frequently on medical and health-related subjects. This has occurred not only because it was necessary to warn against errors but also to offer teachings appropriate for the problems arising, particularly from the standpoint of their social connotations.

And among the finalities of the Pontifical Council for the Apostolate of Health Care Workers is that of making known the Church's indications on ethical and bioethical subjects. An effort we are making ad a priority concern, since there is nothing so dangerous on a moral level as the uncertainty and ambiguity of those who profess to be Christians.

As regards *new commitments to be taken on*, the problem is quite complex. Health professionals who are believers, Christians and Catholics, are today called to act within a civil society which through its laws frequently sanctions — when it does not impose — indications, health programs, and metholodogies which offend the principles of human and Christian ethics.

The parallel development of bioethics in this heterogeneous situation of health policy has posed the problem — and in some countries is giving rise to solutions —

of instituting so-called ethics committees within hospitals; their — at least potential — purpose should not be limited to providing support for biomedical experimentation and research, but includes other aspects affecting the quality of life, such as care of the seriously ill, the preferential use of scarse resources, attention to nascent life, and even environmental policy.

Personally, I am convinced that instituting ethics committees is just one aspect of broader action which should be carried out — particularly by us — with clarity and vision of the future.

Since bioethics is already a science in the proper sense of the term, it must be introduced as an independent discipline at medical schools. Unfortunately, it so happens that, at our own Catholic health facilities, those dealing with moral problems may be unfamiliar with medical problems, especially those arising from the progress of science and technology.

Catholic medical facilities around the world, as shown by the first volume of the INDEX published by the Pontifical Council for the Apostolate of Health Care Workers, can act as forerunners and examples, even in connection with the establishment and functions of ethics committees.

In other words, if ethics committees — above all, in the area of experimentation and research — are a necessity nowadays — and they are — we should be the first to take on this requirement emerging from the world of health and medicine and provide an exemplary response. Under this aspect, the aid and support of the Pontifical Council can be decisive.

In conclusion, if bioethics is the new name of ethics in the broad, multidisciplinary field of science and medical research, it must be deepened, examined, and transformed into an operative consciousness.

If the goal of science and technology is the celebration of life and of the dignity of the human person, the light which may be shed by bioethics is also light for science, on whose path we see the reflection of the very intelligence of God, man's Creator.

* * * *

Notes

[1] Pius XII, *Discorsi ai medici* (Rome: Edizioni Orizzonte Medico, 1961), p. 303.

[2] Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in Its Origins and on the Dignity of Procreation* (February 1987).

[3] *Ibid.*, no. 4.

[4] John Paul II, *Sollicitudo Rei Socialis*, no. 38 ff.

[5] *Ibid.*, no. 39.

Health: A Bridge for Peace in Central America

A talk by Archbishop Fiorenzo Angelini at the Second Madrid Conference, April 26-29, 1988

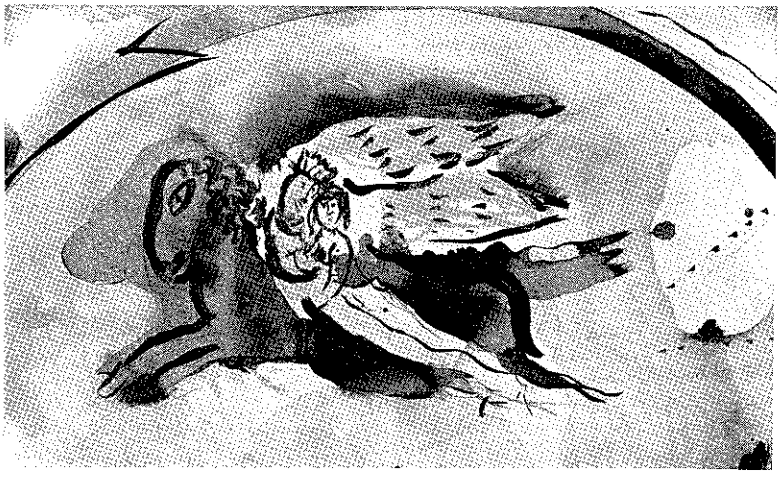
The most recent encyclical of John Paul II on the social concern of the Church vigorously stresses the reality of the growing obligatory interdependence among peoples and the consequent urgent need for greater international solidarity — a solidarity which, in the Christian vision, takes on the connotation of social justice and charity. As the Pope recalls, " The goal of peace, so longed for by all, will certainly be reached by achieving social and international justice, but also through the practice of the virtues which favor community life and teach us to live united and, united, giving and receiving, to build a new society and a better world " (*Sollicitudo Rei Socialis*, 39).

While, on the one hand, health and illness are realities which bind together all men and move them towards a unitary aspiration, on the other, love for and faith in life consolidate that unity and are seen to be a unifying expectation of priority value. The search for health, its defense, and love for life encounter the spontaneous consensus of all men — a consensus which should be taken up by those responsible for governments' domestic and foreign policy in order to translate it into an instrument of peace.

The marked will to reach unanimous agreement regarding the fundamental principles which must orient a just health policy on a worldwide basis should favor the overcoming of divergences motivated by the variety of ways to achieve a more equitable distribution of health care resources while at the same time binding us to develop concrete, workable programs, though sacrifices may be required, for the sake of justice, especially on the part of the more richly endowed nations.

In order for attention to health truly to become a bridge towards peace, every program of immediate intervention or broader assistance involving international solidarity must move in the context of prevention and the fight against disease, health education and recourse to the cultural patrimony of each people, the promotion of life and its complete defense, from conception to its natural decline — the life of all and the life of every human being.

Real progress in health, particularly in the countries where it is most seriously threatened, also verifies the validity of a policy oriented towards increasing the conditions for peace; and among these conditions the meeting of peoples to promote and defend health takes on primary significance



The problem involves not only sharing in resources, technologies, and pharmaceuticals Just as solidarity responds to an ethical demand, so commitment to international cooperation needs ideal support in terms of moral principles concerned first of all with promoting health in full respect for the dignity of the human person and his spiritual and religious values — the dignity and values of men of today and of future generations, for the world will have a future if we are capable of preparing it.

The Church, with her vast patrimony of doctrine and experience, with her religious, lay, and voluntary institutions present and active in every part of the world, with the support of a faith recognizing in each man the image of Christ the Redeemer, intends to work for health action completely at the service of man, without discrimination, but rather favoring the neediest.

The attendance of the Holy See delegation at this International Conference is not limited merely to conveying a greeting and expressing our best wishes The Church seeks to voice the anxiety and need for solidarity emerging from every part of the globe, and, at the same time, to sustain and promote an impulse towards the unity of people, evidencing love for the suffering, who are regarded as brothers and sisters

The Council for the Health Care Apostolate, in order to demonstrate the love of the Pope and of the Church for the sick and all those who suffer in body or spirit, has contacted the Ministers of Health of Costa Rica and Panama during the sessions of this Second Conference in search of fraternal collaboration to defend health in their countries

I hope all those present will continue to defend and promote health — that is, to celebrate life, which for Christians represents the masterpiece of God's creation

Health is not a *bridge* for peace, but the only way. It is a bridge *only* in the sense that it is humanity's point of convergence — war has never celebrated and exalted life.

This prestigious Conference has confirmed and demonstrated it once again with great authority.

FIORENZO ANGELINI

Pro-President of the Pontifical Council for the Health Care Apostolate

Archbishop Angelini's Words of Greeting for Participants at the Sixth European Congress of Catholic Physicians, Versailles, March 10, 1988

I am pleased to be able to visit and greet you at this Congress to express my desire that the ecclesial spirit that animates you to the full will overflow into an authentic commitment in the service of evangelization

It is my wish and I exhort you to feel yourselves to be the Church with the Pope, with the Bishops, and with priests. You lay people, health professionals who work at the highest levels and assume the heaviest responsibilities in the world of medicine, must necessarily be aware as physicians of the special and enormous mission granted you to "create" opinion in society, since, by virtue of your profession, you deal with people of every kind and, moreover, with the Church herself.

You are called everywhere and for everyone. Your presence is a search for life.

The only door no one wishes to find closed is that of your office. your home.

You distinguish yourselves in society as physicians because you publicly declare yourselves to be Catholics For this reason, wherever you may be, there should be an exemplary consistency between your faith and your family and professional life. in the family, in the hospital, in the sphere of scientific research, and anywhere you may be working in the service of life This service to life is the noblest and most meritorious there can be, since life is sacred, the masterpiece of God.

In order for this service to be a true human and Christian service utterly and continuously. you must strengthen your faith in Christ, for it is He, Christ Himself, who is present in the patients entrusted to

you. You must believe with all your strength that every patient is a brother or sister, a person to whom we owe the same respect due a member of our own family. The humanization of medicine is an objective we must reach without delay, and the first ones to feel the weight of this responsibility are health professionals.

Your duty, Catholic health professionals, is to promote and translate into action the true revolution of Christian charity in the world of health. The State, governments, have a share, a quite serious one, in this responsibility, but no law, no health program can ever be worthy of man if those who believe in Jesus Christ, as you do, if the lay apostles — among whom you are included — do not decide to act, persuaded that they are missionaries of love at the service of life — from its conception to the final instant of its natural decline. To promote life, protect it according to the law and design of God, who, in becoming Man, has come to transform the suffering of the body and of the spirit into a transcendent, supernatural value, with an expiatory, redemptive, and curative efficacy. To promote and protect life, as far as Catholic doctors are concerned, means to believe that the Pope is the Vicar of Christ and that his Magisterium must be respected, loved integrally, and, as a result, accepted and lived out even at the price of sacrifices.

I convey my warmest best wishes for the fruits of your work in common and for the spread and development of your Federation in Europe and throughout the world.

An association of lay people committed to the evangelization of the world is as necessary as it is unavoidable, today much more than in the past.

The Pontifical Council for the Apostolate of Health Care Workers desired by John Paul II is a clear expression of the love of Christ, perpetuated by the Church, for those sick in body and in spirit; it seeks to be a central reference point for health professionals and, first of all, for all Catholic doctors, as well as for all those who, though not Catholics or even Christians, nonetheless feel and experience the fundamental value of human life.

This Pontifical Office is yours, and you should regard it as such. It is a Department preeminently devoted to service.

I wish you every success in your work! Regard it as a great honor to be ministers of Life, the magnificent masterwork of God.

Focus on Needy and Neglected Sick People

A talk by Fr. José Luis Redrado Secretary of the Pontifical Council, at the National Meeting of Health Apostolate Delegates in Madrid.

I want to start with a statement: the Church has always been present among the poorest people. This cannot be ignored; it is evident in the most advanced countries, too. It would be very useful to verify it first with figures and then to find it in the active, devoted, silent, long-suffering life of many persons. The *Index (Ecclesia Instituta Valetudinis Fovendae Toto Orbe Terranum)* published by the Pontifical Council for the Health Care Apostolate gives us many data that confirm this presence and provide some explanations for its existence.

It is an invitation which I address to all scholars, and maybe someone will wish to carry it out. I can assure him that he will find enough material for a doctoral thesis or an exhaustive work.

In these few minutes I have at my disposal I want to give a quick summary of my recent impressions, mostly arising from the many journeys and contacts I have had in just over a year. They are recent, deeply-felt experiences, lived step by step, especially as far as direct attention to the poorest and most neglected sick people is concerned.

1. In order to give a relevant example I recall that in my last journey to *India* (August 1987) I visited with Monsignor Angelini the State of Kerala, which has 360 Catholic health care facilities; we visited 24 of them. Here to be poor means to need hygiene, food, maternal-infantile prophylaxis, primary health education; all this is very urgent, as well as special care for lepers, elderly people, etc. In this place we found a very active, laudable Church; here nuns have offered and still offer their lives to a never-ending labor which starts again with every new day. They work with scanty resources, without knowing how to do things, sometimes without managing to produce any change. They are a vanguard presence, without arms, unprotected, with no material resources, but with a strong faith, a big heart and plenty of love for these poor people. I listened to intense stories, to experiences full of warmth and emotion which reminded me of the Gospel: "He who loses his life for me will find it again..." I realized that this is the truth; it was not just an idea, a program, but it was a true, dedicated life. Such a visit was much more useful than any spiritual retreat for me, because it pushed me on the path of conversion, deepened my belief in the Gospel, showed me the strength of the Spirit, which revives in the midst of a lack of means in open and generous lives.

The same happened in my visit to Africa (Benin and Togo, January 1987). It is a new, virgin, wide-open land, a place where the Church is really active. It can be seen; it does not need many explanations. It is a land with growing needs, a big land, where there is a place for everyone. Such a visit makes your heart ache. You feel powerless, but, at the same time, you feel new emotions: peacefulness, youthfulness, and a new incentive to work.

2. Another example is the visit to Japan (June 1987). Japan is a country with 120 million inhabitants, and a Catholic minority (0.35%), a country where jobs, technology, industry, and social development are much more than a reality: "Made in Japan" is a phrase that the consumer society itself always sets before us.

You could imagine a heaven where pain and illness have disappeared; where, moreover, the presence of the Church is no longer a reality. It is exactly the contrary. We realized that here the Church has many spaces for its evangelizing mission, and it is precisely through health and illness — common and universal languages — that the Church can penetrate with its values, can be present and evangelize.

It is true that we did not see the material and structural needs of underdeveloped countries, but we deeply felt the outcry, the need of sick, elderly, and handicapped people for help from others, the need for loving care, shelter, a space for dialoguing. We realized that poverty is not only lack of material goods; a

person can be poor in a rich country, too. He is poor if he does not receive any care, if he remains alone, sometimes enclosed in well-equipped facilities, where everything is provided and paid for, but the person himself is not considered as such. Yes, this person is poor also in a rich country, where all the values are mainly based on material criteria.

From Japan to the United States, what I have seen in my journeys from June 1986 till February 1987 is exactly the same.

The Church also has to learn how to act here and how to use appropriate means, languages, and signs. I say it *has to learn* because I think that the Church has to make new efforts towards it, it has to try out new paths for the penetration of the Gospel in the wealth-based cultures as well, or where there is only a minority of Catholics.

3. *Who are the most needy and neglected people today?*

We could give a very long list of them. Some of them are completely "needy": elderly, chronically ill, handicapped people; they are always the same, and we have not found the answer to their needs yet.

Moreover, post-industrial society has engendered the so-called diseases of civilization: cardiovascular diseases, nervous breakdowns, anxiety over death, road accidents, etc.

In a recent proposal for the three-year plan 1987-89, the Council of Europe points out four urgent problems in the field of health which require special attention and study. They are: AIDS, cancer, environmental problems, the quality of life, and the problems of elderly people.

4. I know that with this overall view I do not offer you an experience which can move you. It is dangerous to speak about experiences from just one point of view; it is not true that the only valid experiences are the ones in which you feel material poverty and misery. What is important is not just to be there, but the *way* one is there. In our journeys, not only did we stress the concrete, evangelizing example in the face of primary needs, but we also denounced the lack of struggle and of the signs that were testimony of the presence of the Church, especially in very poor places.

It is toward this aim – to strengthen the presence of the Church – that workers must be trained, because the idea that any kind of help from anybody is valid is not true.

If the mission for the care of the sick is a universal mandate that Jesus gave to the Church, the Church has to universalize its presence.

If the charism of hospitality, of caring for the sick, that some Christians have received and that has pushed them to dedicate their religious life to this mission – if this charism is universal, the religious Institutions, as well as each one of their members, need to have a universal view. It will be much more difficult to reach all targets, to satisfy all needs; therefore, it is urgent to identify all needs, to take the risk of a choice which must be based on valid reasons and must encourage a life according to the Gospel, expressed "here" and "now."

5. *Conclusions*

From an overall – not limited – consideration of the Church, we can draw the following conclutions:

a) The Church is universal and must be present in every culture.

b) The evangelizing presence of the Church must be spread through languages and signs that have to be adequate for the needs and culture of each population.

c) Health, illness, and death are universal themes and appropriate means to spread the presence of the Church.

d) The presence of the Church in some social classes is an evident sign of evangelization and it does not need any explanation.

In other classes this presence is weak, and the Evangelist needs stronger testimony in order to spread the message of the Gospel.

e) We cannot forget and neglect the fields of culture and technology, thinking that the major testimony of the Church can be found in poverty.

f) It is precisely on account of its many and various options that the Church has a universal meaning.

g) The Church, a wise teacher for many centuries, today has to keep up with the times, in a universal context, following the Spirit, who indicates where and how to convey her presence.

Final Conclusion

I take the opportunity you have given me to thank you on behalf of Archbishop Angelini, Pro-President of the Pontifical Council for the Health Care Apostolate, and personally, as Secretary of the Council, for your effort, enthusiasm and work carried out in coordination with the Health Care Apostolate in Spain. We encourage you to go forward, opening new paths, especially with Associations for health professionals. We know you are already studying and promoting these initiatives with the encouragement and guidance of D

Javier, who is always the first to enter in the field, and of Rude himself.

Moreover, I want to express the pleasure and happiness we feel when we see groups like yours that work in favor of the sick and professionals with enthusiasm and faithfulness to the Pope and the Church.

As Monsignor Angelini always repeats, the Pontifical Council works for everybody, for you, too. It is a gift that the Spirit, through the present Pope, has given to the Church. The ministry of health is a new initiative in the Vatican, in the Church organization; therefore, as you can easily understand, we are making great efforts in these first years to carry out this enormous work. To our daily work performed with hope and dedication there is added a journal in five languages, the cataloguing of health care facilities around the world, two recent publications (on religious and lay people in the world of suffering and health) and many long journeys, because we do not consider the short ones as such. All this is becoming very important for the Church and, at the same time, it gives us deep experiences and broad knowledge which can — and must — help us to promote activities and collaboration according to the spirit of our founding document, the Motu Proprio *Dolentium Hominum*.

I thank you all.

London: Meeting of Ministers of Health to Consider AIDS

This was an important and historic meeting in which the Vatican took part through a Delegation headed by Archbishop Fiorenzo Angelini with Dr. T. Linehan and Sr. Mellitus, members of the Pontifical Council. Fr. Redrado, Secretary of the Pontifical Council, summarizes the main ideas emerging from this worldwide encounter in the following conversation.

Fr. Redrado, you were in London for a meeting of health ministers dealing with AIDS. In reality, what was the objective?

First of all, I should say that the Holy See was invited to the meeting held in London from the 26th to the 28th of January. Archbishop Angelini was the official representative — we might say "Minister of Health" — of the Holy See, and I accompanied him to this extraordinary assembly. It was organized by WHO and the United Kingdom. 150 nations attended — some 700 people in all comprising the Delegations — including both ministries of health and other, nongovernmental organisms.

I don't know if you are aware, Fr. Redrado, that people are very afraid and ask a lot of questions about AIDS. What do we really know and what was sought in London?

I believe we know very little and what we do know is riddled with doubts. I must leave it to the experts to arrive at a deeper knowledge of the subject and combat this disease in the future with greater certainty. This is what we all hope. We all journeyed to London with this hope — to find a solution. For this reason, both papers and conversations stressed the importance and urgency of the subject, the need for research, information, and preventive measures.

And what about people's fear?

We are faced with a disease characterized by specialists as "contagious." That means we are dealing with a subject regarded as taboo, arousing fear and not always justifiable questions. Why is this so? Perhaps because this illness touches people's intimacy more deeply — values, social rejection, prejudices. Let us recall that this happened at one time with tuberculosis and still occurs in many social groups with mental illness, to cite one example.

What are your impressions after listening, speaking, and reflecting on this subject at these sessions?

I'll try to be specific. I feel the subject is serious. We should not turn concern into fear or — even less — into panic, but neither should it be minimized. Secondly, it demonstrates the nations' will: to meet to search for a solution to a common concern like that of the health of peoples. I would like to cite here an idea often repeated by Monsignor Angelini: "We have seen peoples at war with one another seated together in the same hall and engaged in dialogue in the search for health." I would say that this disease is a against illness thermometer measuring many contemporary realities in our society — a lack of resources and knowledge, the weakness of the values sustaining our society. A great deal of emphasis has been placed on "information and education" because there is a danger that people will be manipulated or that solutions will be focused on purely mechanical aspects.

*On reading the **Final Declaration**, however, I see that reference has been made to human, cultural, and even spiritual values*

That's right. And it is proper to acknowledge that the third draft of this Declaration was beneficially enriched, thanks to a proposal made by the Delegations of the Holy See and Malta, which manifested the need to integrate these values into the text, as is seen in no. 5. Moreover, the Declaration also considers the following aspects: the importance of information and the need for programs to protect human rights and bear in mind sociocultural circumstances and lifestyles.

Did the Delegation of the Holy See state its position at this assembly?

The mass media were ever eager for a comment by the representative of the Holy See. I feel Archbishop Angelini was clear and decisive against propaganda for the use of condoms and against sexual liberalization, with its serious and multiple expressions, causes of the spread of AIDS. Another significant feature was his reading a previously prepared text before the assembly stressing health as a basic subject for the development of peoples; the importance, during the current health crisis, of carrying out joint action to protect and promote the fundamental right to life in its totality and the lives of all; the fact that the characteristics of AIDS require urgent intervention largely demanding a policy of converging efforts; the need for information in schools, the family, the mass media, and social structures – information which reaches individuals and institutions; and the conviction of the Catholic Church, ever present in the world of pain, that an effective health policy should translate into an operative plan protecting man and his dignity. His talk concluded by recalling the evangelizing gesture of John Paul II in kissing a child ill with AIDS in San Francisco (USA).

Would you like to add anything, Fr Redrado?

Yes, the impression made by the mass media. They all converged on London, eager to find out what was happening, to get a scoop, to say somenthing new, perhaps, about a possible solution.

Fr Redrado, we have seen reports that, after the London meeting, Archbishop Angelini, yourself, and Fr Ruffini were received in audience by the Pope. Is that true? were called by the Pope Is that true?

Yes, it is. We were cordially received in audience, and during a fraternal lunch with the Pope we set forth the development and work of the Pontifical Council, diverse concerns, the need to stress the Church's presence in the health field as an appropriate area for evangelization that is close at hand, the projects we have for this year and our most recent impressions of the London meeting, more or less as I have already described them. For us, for our Office, this visit with the Pope has provided us with fresh strength to go on working.

COPENHAGEN (DENMARK):

Towards cooperation for the humanization of medicine

On January 29th a study day was held in Copenhagen at the WHO European Regional Headquarters. The Pontifical Council was represented by Archbishop Angelini and Fr Redrado. Dr Asvall, WHO Regional Director, welcomed the participants and introduced the main topic for the meeting: to organize some study sessions on humanization in Greece, the cradle of medicine.

Italy was represented at the meeting by Professor Concetto Guttuso of WHO and Mr Mario Racco of ISIS. Staff members of the Regional Office responsible for administration, health policy, legislation, social medicine, technology, nursing, and other fields took part.

These sessions signified shared reflection on a universal topic, the humanization of medicine, requiring us to place the patient, *as a person*, at the center of our attention with all respect. This vision constitutes the true path to humanization.

Nigeria and Cameroon: Africa, a Challenge for the Developed World

From February 23rd to March 1st Archbishop Angelini and Fr. Redrado visited Nigeria and Cameroon. This was the fourth visit made by the Pontificial Council for the Apostolate of Health Care Workers to different African countries during its first three years of existence

The facilities we toured on this trip are a world apart from our European style; everything is simpler – small out-patients' departments, maternity hospitals, leprosariums – and a great many people waiting for a medical examination.

In Nigeria, in addition to participating in a meeting of the Episcopal Conference, we stopped at four health facilities and spoke to various professional groups. Welcomed and accompanied by the Apostolic Nuncio, Monsignor Paolo Tabet, and by the Bishop responsible for the Health Apostolate in Nigeria, Monsignor Felix Alaba Job, we were kept well informed during our stay

In Cameroon, our work was oriented and coordinated by the Apostolic Nuncio, Monsignor Donato Squicciarini, and by the General Superior of the Conceptionists, Fr. De Angelis We visited ten health facilities (for the physically disabled, maternity hospitals, leprosariums, out-patients' departments, schools for mothers) Our exchanges with the Minister of Health, Dr. Victor Nku, Dr. Bomba, a Health Ministry specialist, and Dr Volpe, responsible for health services in the Diocese of Yaoundé, clarified the overall medical situation, both the needs existing and the efforts being made to meet them

All of the stops and contacts have been meticulously recorded for future reference.

The visit was short, but productive, filled with stimuli and learning experiences. One immediately realizes that Africa is literally brimming with needs involving material, technical personnel, money, medicines, health education, and medical organization. It is a wide-open field in which one does not know where to begin and

understands that everything accomplished will seem little, for so much will remain to be done.

Africa has been a project in its initial stages for many years now — a challenge for the developed world, occasionally weary of the superfluous; a challenge for the Church, inasmuch as the native Church is spurred to activate values and the old traditional Church — represented by us Europeans — finds itself in the "intensive care unit" with respect to many values

During this visit we have meditated quite a bit: on how we are too well off to feel the needs of others, on the ridiculously small volume of aid to Africa in the face of the waste of so many material, cultural, and spiritual goods in Europe.

Africa is heart-rending and thought-provoking. One instantly cries out, "It's inexcusable!" Africa represents hope in a future which must begin now. The Church has an important role here, above all in organizing, coordinating, and uniting efforts. This was one of the key ideas we sought to stress and convey in our encounters with the two Nuncios, the Bishops, and the two Ministers of Health with whom we spoke.

We feel that aid to Africa should bear in mind these three objectives: to stimulate, to program, and to coordinate. All we may do outside of this framework, though perhaps noteworthy, will remain dispersed and fail to achieve the desired development and effectiveness

Finally, Africa is for men and women with enthusiasm — there is no room there for the weary or the pessimistic Africa is for "new" men and women entering into the cry of pain and hope of a people coming to birth.

Do not send old things or "dead" men to Africa — send novelty and life.

Fr. JOSÉ LUIS REDRADO, O.H.
Secretary of the Pontifical Council for the Apostolate of Health Care Workers

Cuba, Panama, Peru, Chile: A Trip on a Green Light

A trip to discover the closeness of men increasingly from the standpoint of health. A trip on a green light, for the subject of health is a universal pathway enabling us to engage in dialogue with those responsible for local churches and government and interest them in this field — our exchanges have included Nuncios, Bishops, Ministers of Health, professors of medicine, physicians, nurses, chaplains, and volunteers encountered during visits to Church-run medical facilities, public hospitals, and training centers for health professionals Lectures and numerous additional activities marked this trip to Cuba, Panama, Peru, and Chile conducted by the Pontifical Council for the Apostolate of Health Care Workers, from the 6th to the 15th of April, represented by the Pro-President, Monsignor Fiorenzo Angelini, and the Secretary, Fr. Redrado.

Though it would be impossible to name all the persons and centers visited — the information has been carefully recorded in our files — we shall mention just a few:

* In Cuba we visited five Church-run facilities and one run by the State (Almeijeiras Brothers Hospital). We had occasion to meet Dr Carlos Rafael Rodriguez, Vice President of the Republic, and the Minister of Health. The Eucharist was celebrated at the Havana Cathedral in the company of the Apostolic Nuncio, Monsignor Julio Einaudi, and the Archbishop of Havana, Monsignor Jaime Lucas, two other bishops, and several priests. The Cathedral was overflowing with members of the faithful, mainly health professionals. It was a real *fiesta*

* In Panama we were the guests of the Apostolic Nuncio, Monsignor Laboa. We stopped briefly at the Children's Hospital, which offered us a new experience, for it is a genuine model of organization and integrated service.

* In Lima, Peru we took part in the Health Apostolate Days organized by the Camillians and the St. John of God Brothers. We visited several hospitals, and Monsignor Angelini blessed the new Fr. Luis Tezza Nursing School, owned by the Daughters of St. Camillus.

* In Chile we were courteously received by the Apostolic Nuncio, Monsignor Angel Soldano; Cardinal Fresno, Archbishop of Santiago; Cardinal Silva Henriquez, Archbishop Emeritus; and Fr. Baldo Santi, Executive Vice President of Caritas-Chile, to name the Church authorities with whom we had closest contact. We visited four health facilities, including the Hospital of the Medicine Faculty at the Pontifical University, in whose Honorary Hall Monsignor Angelini delivered a lecture on medical ethics The session was chaired by the Rector of the University, Professor Juan de Dios Vial, also a Consultor of our Pontifical Council Another talk worthy of mention was given at Caritas' National Training School, where Archbishop Angelini spoke to teachers and students about the role of volunteers and their responsibility.

The trip was rich in contacts, an experience helping us to move forward In reflecting on what we have seen and heard, we have reached the following overall conclusions:

1 We have once again observed that the subjects of health and illness are a wide-open door permitting the Church's dialogue at every level and with every ideology.

2 There is a wealth of institutions and individuals within the Church requiring encouragement and coordination.

3 In countries where the State proves unable to meet health needs, the Church has an important auxiliary function and should be quite conscious of requirements.

4. Where State organizations cover a country's needs, the Church acts through witness, cooperating and attending numerous marginal areas.

5. It is important for local churches to be aware of a country's real health needs and carry out basic programing, with a view towards both goals and resources.

6. The churches must be familiar with the means available and act concertedly to acquire them.

7. The Bishops' Conferences on a short-term basis should consider naming not only a Bishop in charge of the Health Apostolate, but also an Executive Secretary who can form a compact team to stimulate, train, program, and coordinate all that must be done in this ministry.

GENEVA
World Health Assembly of WHO

WHO held the Forty-First World Health Assembly in Geneva, May 2-13, 1988 Our Pontifical Council took part by sending Fr Salvatore Renato, M.I to accompany the Permanent Observer of the Holy See, Monsignor J.G Mullor. The meeting, attended by the 166 Member States and other organizations, was marked by two key celebrations: the fortieth anniversary of the founding of WHO and the tenth anniversary of the Alma-Ata Declaration.

As a whole, the work carried out in the health field served as a stimulus for setting more ambitious goals, such as the vaccination of all children against childhood diseases by 1990 and the eradication of poliomyelitis by 2000

Our thanks go out to Monsignor Mullor, Apostolic Nuncio at the United Nations and Specialized Institutions in Geneva, for his warm hospitality and effective presentation of our journal in offering each Delegation the special issue with the *Proceedings* of the Second International Conference sposored by our Council, on " The Humanization of Medicine, " a topic which Monsignor Mullor also dealt with at the Plenary Assembly.

MADRID (SPAIN):
Health, a Bridge for Peace in Central America

The Second Madrid Conference was held from the 26th to the 29th of April 1988.

The Holy See Delegation, headed by Archbishop Angelini, also included Monsignor Adriano Bernardini, Counselor of the Nunciature in Spain, and Fr Redrado

There was a relaxed atmosphere of searching. Health for all, health, a bridge for peace, health has no boundaries — these slogans were continually repeated. Archbishop Angelini gave a short talk to all the participants which we are publishing in this issue.

At the close of the meeting, the Ministers of Health and other representatives made public the following " Madrid Declaration: Health, a Bridge for Peace. "

The Ministers of Health and other officials of the countries of the Central American Isthmus * together with other high-level representatives of the international community **,

Considering the evolution of the Plan " Priority Health Needs in Central America and Panama " from its initiation in 1984 and subsequent presentation at the First Madrid Conference in November 1985, " Contadora/ Health for Peace ";

Considering the progress achieved in its implementation in the past two and a half years, along with the changing situation following the Esquipulas I meeting and, more importantly, the adoption of the Esquipulas II Agreement last August;

Considering that health constitutes a fundamental right, universally accepted, and an integral element of social well-being;

At this second Madrid Conference: " Health, a Bridge for Peace, " April 27-29, 1988,

Declare:

1) Their recognition of the determination shown by the countries of Central America to achieve a peaceful and decisive solution to the present conflicts through the adoption of the Esquipulas II Agreement, " Procedure for Establishing a Firm and Lasting Peace in Central America " at the Summit Meeting in Guatemala

2) Their support for the efforts of the Central American countries and their peoples to implement the provisions of the Esquipulas II Agreement in pursuit of " peace, social justice, freedom and reconciliation " as stated in the Preamble to that Agreement.

3) Their commendation to the Governments of the countries of Belize, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica and Panama for their conscientious efforts and important achievements in implementing the " Health as a Bridge for Peace " initiative.

4) Their recognition of the enormous efforts made by the countries of the Central American Isthmus in undertaking projects even while their resources have been clearly insufficient.

5) Their recognition that the plan has demonstrated that health, universally accepted as a fundamental right and an integral component of social well-being, has constituted a unique instrument for promoting international coopertion and that the Health Plan has served as an example for other similar initiatives in other sectors in Central America and for other regions.

6) Their appreciation to the countries and international organizations which have provided political, technical, material and financial support for the realization of the subregional and national health projects presented at the First Madrid Conference.

7) Their recognition of the continuing support of the European Economic Community, most re-

cently at the San José IV Conference at Hamburg, for social and economic development in Central America and for a peaceful resolution of the conflicts.

8) Their recognition of the endorsement of the Esquipulas II Agreement by the United Nations General Assembly and its determination to prepare a Special Plan of Cooperation with Central America.

9) Their congratulations to the Central American Ministers of Health for their joint work in the development of the priority areas of the health plan, for the evaluations presented by the Directors General of those ministries, and for the accomplishments achieved in the Plan's execution.

10) Their recognition of the importance of the high priority national and subregional projects presented by the Central American countries, developed in the light of the new opportunities and challenges created by the Esquipulas II Agreement, and that those plans constitute a means to resolve serious health problems, to contribute to social equity and to support the peace process in the regions.

11) Their satisfaction that the Ministers of Health of Central America, in accord with the call of the Esquipulas II Agreement, have united in a joint request to the international community for special economic assistance.

12) Their belief that the international community should respond positively to that request of the Central American countries by expanding and increasing their financial and technical support to current and new high priority national and subregional projects contained within the Health as a Bridge for Peace initiative.

13) Their recognition of the Pan American Health Organization for the effectiveness of its work and for its coordination with other international organizations in support of the Central American countries in the implementation of the Health as a Bridge for Peace initiative, and for having fulfilled that mandate in the Madrid Declaration of November 1985 to organize a conference to evaluate the progress achieved in the execution of that plan's projects during the past two and a half years.

14) Their gratitude to the Government of Spain for having demostrated once again its determination to strengthen the ties between Spain and Iberoamerica and for its support of the ideals of this initiative by hosting the Second Madrid Conference, " Health as a Bridge for Peace. "

15) Their interest in continuing the close involvement and support for the implementation of the initiative and in requesting PAHO/WHO to keep promoting the initiative and to keep participants informed of the plan's execution and the response of the international community and other developments which might affect its ultimate success.

* Belice, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica and Panama.

** Argentina, Brazil, Canada, Cuba, Chile, Denmark, Federal Republic of Germany, Finland, France, Japan, Italy, Mexico, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdon, Uruguay, Venezuela, Council of Europe, ECLAC, EEC, Holy See, IDRC, IDB, IRELA, OAS, PAHO/WHO, Red Cross, UNDP, UNFPA, UNHCR, UNICEF, UNIDO, WHO EUROPE, WHO HW, World Bank, USA.

PARIS
Medicine and Freedom

The Sixth Congress of the European Federation of Catholic Physicians (FEAMC), devoted to " Medicine and Freedom, " took place at Paris-Versailles, May 9-12, 1988.

Physicians from thirteen European countries participated (Austria, Belgium, Denmark, France, Germany, England, Ireland, Italy, Luxemburg, Holland, Portugal, Spain, and Switzerland) The subjects examined were especially notable for their ethical content: " The Moral Right to Dispose of One's Own Life, " " The Freedom to Refuse Life, " " Fertility and Artificial Fertilization, " and " Ethics and Respect for Individual Conscience in a Pluralistic Society. "

Archbishop Fiorenzo Angelini, accompanied by the Secretary of the Pontifical Council for the Health Care Apostolate, Fr. José L. Redrado, and the Undersecretary, Fr. Felice Ruffini, greeted the participants and manifested the Church's great confidence in doctors who draw inspiration from the Gospel At the Church of St. Severin in the Latin Quarter, in the course of the Holy Mass, Monsignor Angelini delivered a homily centering on the value of suffering, on the Magisterium's constant attention to the laity involved in the world of health, and on the role of Catholic doctors in defending ethical values realted to life

The Pro-President of the Pontifical Office also attended the Congress session, where his presence was greatly appreciated by all.

At the end of the Congress new officers for the European Federation were chosen.

MANILA
International Health Colloquium

The International Health Colloquium took place in Manila on the 21st and 22nd of January, 1988 The theme was " Emerging Health Issues and Challanges after a Decade of Primary Health Care. " The conference, sponsored by the Christian Medical Commission of the World Council of Churches, was attended by representatives from 37 countries. The Pontifical Council for the Health Care Apostolate was represented by Fr. Luigi Galvani of the Order of St. Camillus in the Philippines. Fr. Galvani is Coordinator of the Health Care Ministry for the Archdiocese of Manila under Cardinal Jaime L. Sin.

The first day was devoted to personal experiences with primary health care. Professor Minda Luz Quesada, R.N. spoke on the role of government in promoting health, citing the case of the Philippines as a signatory to the *Alms Ata Declaration* in 1978. Another nurse, Mrs. Noemi B. Velez, who since 1948 has been working with the Isneg tribe, explained the effects of ignorance and how it had gradually been overcome through basic health training. Mrs. Mariluz Pasuelo Tejares spoke on community health programs, indicating how some initial hostility had been eliminated among the inhabitants of remote areas in Palawan. Dr. Nemuel Fajutagana, President of the newly organized Community Medicine Development Foundation (COMMED) in the Philippines, stressed the inadequate medical attention available in the urban *barrios*, where there is one doctor for every 20,000 people.

On the second day of the Colloquium, Mrs. Sharon Joy Ruiz-Duremdes offered a " biblical-theological reflection " on the quality of life, stating that health professionals are the " true apostles of the God of Life. " Another subject dealt with was the work of the Catholic Church in the care of children in 150 Brazilian Dioceses. Dr. Zilda Arns Neumann explained how it had been possible to reduce infant mortality consid-

erably in a few months and mentioned the group leadership talents displayed by women, whom she termed " ministers of health " in the family. Delegates from Ghana, the United States, and Canada also spoke

As a general conclusion, the Colloquium evidenced the need for greater church involvement in the community in order to reach the poor, the sick and the abandoned. It was seen that education is vital to primary health care and that all of people's abundant resources should be used to help meet a community's medical needs

After the conference, the delegates drafted a resolution urging alla Christian health professionals to bring liberating medical programs and projects to the poor and oppressed of all nations.

FR. LUIGI GALVANI, O.S.C.

Coordinator of the Health Care Ministry for the Archdiocese of Manila

POLAND
A Faith Growing in Suffering

The Pontifical Council visited Poland for the third time. Archbishop Angelini and Father Redrado made stops at Warsaw, Lodz, Czestochowa, Katowice, and Piekary during this trip from the 25th to the 30th of May 1988. They were guests of Monsignor Bronislao Dabrowski at the headquarters of the Polish Bishops' Conference and met with Cardinal Glemp, the Primate of Poland, Cardinal Macharski, Archbishop of Cracow, and the Ordinaries and Auxiliary Bishop of the aforementioned Dioceses.

As regards the health field, a number of facilities were visited:

* The Child Jesus, in Warsaw, a large general hospital with 1,600 beds;
* The Herbalist Center in Warsaw, administered by the St. John of God Brothers;
* The Copernicus Oncological Hospital in Lodz, with 300 beds;
* The Cardiological Hospital in Katowice, with 800 beds;
* The General Hospital in Tarnowokie Gory, with 130 beds.

At all of them the visitors were received very cordially by the administrators and heads of the different services, with whom they exchanged ideas on the work being carried out and supplied information on the role of the Council

Meetings were also held with various groups of health workers (doctors, nurses, chaplains, volunteers) in Warsaw, Lodz, and Katowice, whom Monsignor Angelini addressed, stressing the values of care, professionalness, and mission connected with their work.

Two decidedly religious experiences deserve special mention. On Saturday, May 28th, there was an evening Mass at the Marian Shrine of Piekary marking the start of the men's pilgrmage to honor the Patroness of Silesia. The celebration was presided over by Archbishop Angelini.

On Sunday, May 29th, some 300,000 pilgrims (exclusively adult and young men) arrived at the Shrine on foot, having walked 20, 50, or 80 kilometers — an immense river of men for the feast, headed by their respective bishops and priests. From the Shrine to the calvary there was a huge procession with singing and cheers, and at the calvary in a broad open space the celebration lasting four hours began — greetings, introductions, songs — presided over by Cardinal Macharski. An impressive, enthusiastic, fervent event — to be experienced rather than described. It concluded with the return to the Shrine in a long Eucharistic procession led by Monsignor Angelini

In Poland we were offered a warm welcome and cordial hospitality. We came into contact with a people which respects and heeds its Pastors, a struggling Church claiming its rights

We especially confronted health needs: the lack of equipment, medicines, new facilities. In this context, Archbishop Angelini repeatedly stated that human suffering knows no language, nation, union, or religion; it is a key which opens many doors. The patient concerns everyone. We all meet in health and illness. The Church has always shown concern for the sick, and Pope John Paul II wished to institute the Pontifical Council as an instrument to animate and coordinate this area

Finally, as a sign of recognition and gratitude, the Polish Bishops' Conference presented Monsignor Angelini with a *Caritas* silver medal for all his gestures of assistance to the hospitals of Poland. Together with the medal, he also received a scroll signed by Cardinal Glemp as President of the Bishops' Conference, Monsignor Dabrowski, its Secretary General, and Monsignor Domin, Chairman of the Charity Commission, expressing this acknowledgement, on which the words " charity, generosity, and friendship " are highlighted

FR. JOSÉ L. REDRADO, O.H.

Secretary of the Pontifical Council for the Health Care Apostolate

CHINA
Visit by Archbishop Angelini

From the 23rd to the 27th of March, Monsignor Angelini, Pro-President of the Pontifical Council for the Health Care Apostolate, journeyed to the People's Republic of China to take part in a Symposium on Italian-Chinese health cooperation and to inaugurate three important hospital facilities for emergency medicine.

On this occasion, he spoke once again on the humanization of medicine. Vatican Radio, in a report by Paolo Scapucci, broadcast the following conversation:

" Your Excellency, can you tell me something about the aim of this trip? "

" I am happy to have been able to take this second trip to the People's Republic of China. I say 'second' because I was there for the first time in 1979. This visit was a grace of God to me, for it gave me the chance to enrich myself both culturally and pastorally.

" I took part in the inauguration of three large preventive medicine facilities promoted by Italian Foreign Affairs Minister Giulio Andreotti. This cooperation is a historical fact for China and Italy, and it has been shown that health care unites peoples above and beyond race, language, and religion and that it is a sure road to peace.

" These centers were inaugurated with the enthusiastic participation of the people. But what most struck my attention was the scientific Symposium, where I was able to speak on the humanization of medicine. My presence — everyone knew I was a Catholic archbishop — was warmly welcomed. I quoted the Pope in his last Encyclical, and all listened with great attention. I was able to meet and speak with the Ministers of Foreign Affairs and Health of the People's Republic. I had been invited, it is true, by the Italian Minister of Foreign Affairs, but I was the guest of the Government of China, specifically the Minister of Culture and Social Affairs involving China and other countries. "

" Your Excellency, what are your impressions as a man and as a bishop who has been in contact with the world of health for over thirty years? "

" The Chinese people are truly enthusiastic. I had contact with them, visiting some recently opened churches — two new cathedrals in Pekin — and being able to admire their fervor and Christian faith. I have returned to Italy quite moved and enriched by such an example and by the fact that in China the Christians united to us have such a living faith. Through this contact I have been strengthened humanly, Christianly, and pastorally. "

" Let me conclude by thanking all the authorities for the welcome, respect, and good will shown towards me. To me, this is a sign of hope. "

Other Activities Close to Home

Numerous health-related events in our area frequently oblige us to participate, at least on the most important occasions. We shall cite a few indicative examples:

* Archbishop Angelini, on February 10, 1988, took part in the inaugural ceremony of the WHO Center for Cooperation in Research and Training in the field of mental health at the Italian Superior Health Institute.

* Archbishop Angelini and Fr Redrado participated in the Congress of Lay Collaborators of the St. John of God Brothers held in Rome, March 17-19, 1988. Monsignor Angelini celebrated the Eucharist the second day, and Fr. Redrado addressed those attending the opening ceremony on behalf of the Pontificial Council, explaining its structure and activity.

* Fr. Felice Ruffini, Undersecretary of the Pontifical Council, took part in a meeting organized by the *Iustitia et Pax* Commission on March 7. Those attending reflected on the World Peace Days being celebrated every year.

* On the occasion of Easter, Fr Redrado delivered three talks for the entire staff of the Villa San Pietro Hospital. The topic was " The Hospital: A Place of Conversion. " He also spoke on the health apostolate at the Spanish Colegio Mayor in Rome on April 23, 1988, during the special continuing education course organized by the administration of the Colegio.

* Regular meetings are held at our headquarters involving the Committee for our journal, a group of advisors for dialogue on Catholic hospitals, and preparatory sessions to organize the International Conference sponsored each year by the Pontifical Council.

News from Around the World

SPAIN
Patients' Day

As in previous years, on May 18, 1988 Patient's Day was observed in all the Spanish Dioceses. This year's theme was " The Most Neglected and Abandoned Patients. " Organized by the Bishops' Commission for the Health Apostolate, the day was marked by catechesis (for children, young people, and adults), Eucharistic celebrations, and addressing public opinion through the mass media. The Spanish Bishops, by way of messages to the faithful and society, wished to call attention to the following points:

* The importance of making Christian communities and society in general aware of the real situation in which numerous patients live, their needs, and the obligation to respond to them.

* The neglected and abandoned patients are the elderly living alone or forgotten, the chronically ill lacking economic means and care, the seriously ill receiving treatment but without human warmth, the mentally ill, who are frequently not understood and remain deprived of our affection, drug addicts, and AIDS patients.

* It is not just for society to go on favoring almost exclusively those in good health to the detriment of those in greater need of help and attention on the part of the community.

* The whole society should do something about this scandal. Every group is called to make a contribution: politicians, families, health professionals, educators, and churches.

* The Catholic Church, through its teaching and catechesis, seeks to call everyone's attention to this serious problem, proposing to the faithful the example of their Founder, who showed preferential affection for the sick.

This Day, which mobilizes the entire Church in Spain each year, truly witnesses to the Church's concern for the ill.

MADRID
The World Medical Association pronounces against euthanasia

The Forty-Ninth Assembly of the World Medical Association, devoted to euthanasia, was held in Madrid, October 4-8, 1987. This organization encompasses 42 associations of professional doctors. It regards the illegality of euthanasia as evident when it is understood to be an act aimed at deliberately putting an end to a patient's life. The debate reflecting the Association's disagreement with a group of Dutch physicians who favor decriminalizing euthanasia centers on the distinction between active and passive euthanasia.

ROME
Second International Conference of Lay Collaborators with the St. John of God Brothers

At the Domus Pacis, the Second International Conference of Lay Collaborators with the St. John of God Brothers was held, March 17-19, 1988. The theme was " Serving Together. "

The aim of the Conference was to redefine the roles and functions of the laity and religious of the Order of St. John of God involved in the world of health to make possible a " new medical culture " regarding the patient not only as a person affected by illness, but as a *person who suffers*.

In addressing the participants, the Superior General of the Order, Fra Luigi Marchesi, referred to the role of the laity and their evangelizing mission, stressing that the " New Alliance " (cooperation) between the Order's two groups would be the work of both. The Superior manifested that they unfortunately still had a long way to go in this direction.

In receving the 500 participants from 22 countries, the Holy Father reaffirmed the urgent need for health professionals to rediscover their moral and Christian identity in a secularized world progressively losing its sense of the sacredness of life and the importance of complete respect for the life of every human being, from conception to natural death.

The Conference's second aim was to create an International Association of Collaborators with the St. John of God Brothers

The Order currently has 1600 members who are religious. The Lay Collaborators number 40,000 and work at 200 hospitals.

ROME
The Italian President speaks to scientists meeting to decipher the alphabet of life: man is the measure of progress

The Fifth International Conference on Bioethics, which opened in Rome on April 12, 1988, was attended by 24 experts from the seven most advanced countries in the West. Inaugurating the Conference sessions, Mr. Cossiga, President of the Italian Republic, expressed his hope that the new frontiers in genetics would contribute to the discovery of new diagnostic methods, along with treatments for illnesses before which man finds himself defenseless. " It is, however, fitting to recall, " the Italian President stated, " that in every human enterprise, *man is the measure of progress*. Man in his dignity as a person. " Monsignor Elio Sgreccia, Consultor of the Pontifical Council for the Health Care Apostolate, formed part of the Italian Delegation.

MILAZZO (MESSINA, ITALY)
An international Institute for ethical-juridical studies on the new biology

In Milazzo an Institute devoted to the ethical and juridical study of biology and biotechnology has just opened. As a Research and

Documentation Center, the Institute plans on publishing original monographs and organizing conferences on molecular biology and its multiple applications, adequately exploring its social, legal, and moral implications. Its work will also include research seeking to be markedly interdisciplinary, with special reference to the great contemporary cultures (Judaeo-Christian, Western, Arabic-Moslem, Marxist, and Oriental).

PADUA (Italy)
A bishop receives the Anointing of the Sick during Mass

In the presence of 700 priests and a great host of the faithful, Monsignor Filippo Franceschi publicly received the Anointing of the Sick at the close of the rite of blessing the Holy Oil presided over by himself. The concelebrants took part in the laying on of hands to anoint their Bishop. This profoundly human and Christian gesture transformed a personal, painful event into a testimony of hope in close union with the Resurrection of Christ.

GENEVA
A New Director-General at WHO, Dr. Hiroshi Nakajima of Japan

The Administrative Council of the World Health Organization, at its 81st session, recently named Dr. Hiroshi Najakima of Japan direct successor of Dr. Halfdan Mahler, whose third mandate expires in July 1988. Born in Chiba-Shi, Japan, Dr. Nakajima combines a profound knowledge of medical science with broad, fruitful international experience in the health field.

As Regional Director of WHO in Asia, the newly-appointed Director-General concentrated on developing efficient information systems for effective management of health resources, successfully contributing to new programs in the area of epidemiology (hepatitis-B, infectious disease) and initiating the first regional program for checking the spread of AIDS.

GENEVA
WHO celebrates World Health Day

On April 7, 1988 WHO's 166 Member States celebrated World Health Day. On this occasion the Director-General stated that health is an indispensable element for the progress of mankind. This idea formed the basis for the Day's slogan: "Health for All, All for Health."

Forty-First Session of the World Health Assembly

The Forty-First Session of the World Health Assembly began on May 2, 1988 in Geneva. 1200 delegates from WHO's 166 Member States attended. One of the points on the agenda was the campaign announced ten years ago of "Health for All by the Year 2000." Outgoing President Johan Van Londen of Holland stated that at least a billion people around the world suffer from malnutrition and poverty, lacking the necessary means to gain access to even minimum health service. Among the Organization's immediate goals is the complete eradication of smallpox, along with a notable reduction of infant mortality worldwide. The Assembly also elected Ngandu Kabeya of Zaire as its new President.

WASHINGTON
More than 500,000 people participate in a Pro-Life March

In Washington, D.C., more than half a million people took part in a Pro-Life March, thereby protesting against the legalization of abortion, which since Junuary 21, 1973 has caused the death of more than 20,000,000 children. This year's slogan stressed the need to act with great determination and coordination, since words alone are not enough to arrest the holocaust of millions of defenseless beings.

ALBANY, NEW YORK (U.S.A.)

A Medical Center for Children with AIDS

On October 30, 1987 the Diocese of Albany opened a medical center for children who have AIDS or test positively for the virus involved. This is the first initiative of its kind in the whole State of New York. The Center has residential capacity for eleven children, and six are now living there.

MEXICO

Talk by Monsignor Girolamo Prigione, Apostolic Delegate in Mexico, at the Meeting of the Mexican Federation of Nursing Sisters

Monsignor Girolamo Prigione, Apostolic Delegate in Mexico, conveyed to the Mexican Federation of Nursing Sisters the Church's concern for the sick as evidenced by the Holy Father's establishing an Office for Health Professionals. Speaking at the Federation's Meeting on April 19, 1988, the Apostolic Delegate based his reflection on the document entitled *Religious in the World of Suffering*, recently published by the Pontifical Council for the Health Care Apostolate.

CARACAS (VENEZUELA)

Fifth Humanity in Hospitals Day - " Christian Samaritans Are Needed "

On December 5th and 6th, 1987 the Fifth Humanity in Hospital Services Day was held at the Hospital of St. John of God in Caracas, under the chairmanship of Monsignor Agustin Romualdo Alvarez, President of the Bishops' National Commission for the Health Apostolate.

The pastoral activity of Christian communities, according to Monsignor Romualdo, cannot be confined to patients at hospitals, clinics, dispensaries, and medical centers, for there are others, whom we unfortunately forget quite often, who should be the object of our concern and care as well — the psychically ill, those living alone or in semi-abandonment, and the elderly. To express more fully Christ's attention to them through our pastoral care structures we need to increase the number of visitors and health professionals trained in accordance with profoundly Christian principles and an authentic vocation as Christian Samaritans.

GUAYAQUIL (ECUADOR)

Second Humanity in Patient Care Meeting

About 400 people, mainly laity, participated in the Second Humanity in Patient Care Meeting in Guayaquil, November 17-19, 1988. It was organized by the Health Apostolate Service in collaboration with the Archdiocese of Guayaquil. The leading topics considered were: " Basic Principles for Patient Care, Particularly for the Mentally Ill "; " The Anthropological Dimension of Human Suffering "; " Valuing and Respecting Human Life "

In his homily during the Eucharistic celebration, Monsignor Echeverria stated, " As the Lord Jesus sent his apostles, I also send you to exercise your apostolate with suffering men. " At the end of the Mass, the Bishop handed a crucifix to each of the 250 patients attending on which the following words were inscribed: " I am a missionary patient. "

QUITO (ECUADOR)

A Special Program for Integral Child Development

The National Secretariat for the Social Apostolate of the Ecuador Bishops' Conference has worked out a special program for the integral development of children. Among the topics included are Infant Survival, Integral Development, Nutrition, Training and Instruction, and the Mass Media. This initiative is part of the Infant Surivival and Development Program, inaugurated by the Bishops' Conference in 1985.

PUERTO RICO

Patients' Week: " I was sick, and you gave me God "

Patients' Week was held in Puerto Rico from the 13th to the 20th of March, 1988. The slogan was " The patient is also a person. " The following statements, inspired by the Gospel, were submitted for the reflection of the faithful:

" I was sick, and you called me by my name. "

" I was sick, and you came every day with a smile to say, 'Good morning!' "

" I was sick, and was 'someone' for you, not something. "

" I was sick, and you patiently accepted my impatience. "

" I was sick, and when you came, you always brought me peace. "

" I was sick, and when I went to the hospital, you welcomed me with solicitude and tenderness. "

" I was sick, and you adjusted my pillow so I would be more comfortable. "

" I was sick, and you treated me competently. "

" I was sick, and you gave me what I needed most — tenderness, understanding, attention, and love. "

" I was sick, and you gave me God! "

JAKARTA

The Indonesian bishops say " No " to artificial procreation

The Indonesian Bishops' Conference has prohibited Catholic hospitals from having recourse to any form of artificial procreation. The moral and pastoral orientation of the bishops' document is clear: The human being can only be the fruit of a conjugal union based upon the mutual love of the spouses. The document reasserts the Church's firm opposition to abortion and sterilization as means of birth control. The bishops conclude by recalling the special vocation to service in Catholic hospitals, which encompasses not only medical care for patients, but also the opportunity for health and hospital workers to live out the religious dimension of their own lives in depth.

TAIPEI (TAIWAN)

Meeting of Catholic Hospitals

Seventy people representing nearly all the Catholic hospitals in Taiwan met at the Archbishopric of Taipei on September 20, 1987 to consider " Christian Patient Care. " Dr. Yeh, Taiwan's Minister of Health, stated that, in the face of numerous instances of commercialization of health, it was important to reaffirm patients' rights with respect to care. The distinguished speaker then pointed out that it was the responsibility of Catholic facilities to set an example and stimulate others in this field. During the closing Mass, Monsignor Ti Kang, Auxiliary Bishop of Taipei, recalled the importance of " evangelizing the world of health " by devoting all available resources to this end.

CALCUTTA

Call of Mother Theresa at the Catholic Hospital Convention: We Must Give Aid to the Sick

Mother Theresa, winner of the Nobel Prize for Peace, spoke at the Forty-Fourth Convention of Catholic Hospitals in India, held at the Loreto School in Calcutta, November 5-8, 1987. She expressed the wish for people to understand that the joy springing from a small gesture leads to ever greater love. The Convention's theme was " Our Health Care Mission: A Priority Concern. " Among the subjects dealt with were the measures adopted to improve care of mothers and children, the reduction of infant mortality, and the problems related to the proper use of medicines.

THIES (SENEGAL)

Pilgrimage of Patients to the Shrine of Our Lady of Popenguine

On January 17, 1988 the annual pilgrimage of patients to the Shrine of Our Lady of Popenguine took place, organized by the Senegal Movement for the Renewal of Christian Health Care Personnel. A diversified group of patients, numerous priests, religious, and laity — most of whom work in the health field — took part. The celebration of the Eucharist, presided over by Monsignor Théodore Sarr, was the culminating moment of the day. In his homily Monsignor Sarr, President of the Senegal Bishops' Conference, exhorted the pilgrims to persevere in devotion to Mary, especially in this year dedicated to Our Lady, who is also *Consolatrix Afflictorum*.