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FOR THE APOSTOLATE
OF HEALTH
CARE WORKERS

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*The illustrations in this issue have been taken from the book **Le ceramiche da Farmacia della santa casa di Loreto (Rome, Autostrade)***

On the facing page: the Holy Father during his apostolic trip to Botswana, Africa on September 13, 1988 (Foto Mari)



The Church's Health Apostolate at the 1987 Synod

If we examine the *Lineamenta*, already published in 1985, and the *Instrumentum Laboris*, also put out by the Synod's General Secretariat, and compare them with the *Final Document* approved by the Assizes devoted to the subject of the vocation and mission of the laity in the Church and the world, we cannot fail to notice the progress made in regard to the health apostolate. Completely overlooked by the *Lineamenta* and vaguely and hastily mentioned in the *Instrumentum Laboris*, this ministry found full acceptance in Proposition 53 (of the 54 presented to the Pope on certain specific matters "which seemed to the Fathers to be of greatest importance"). The very placement of this proposition — immediately before the concluding one, which refers to the Virgin Mary, who has always been invoked under the title of *Salus Infirmorum* — evidences the sensibility of the Synod Fathers.

In reality, if John Paul II's attention to the problems of the health ministry is considered and it is taken into account that in 1984 the Apostolic Letter *Salvifici Doloris* was published — the first document of such breadth devoted by the pontifical magisterium to the subject of suffering — and that in 1985 the Holy Father instituted the Pontifical Commission — now Pontifical Council — for the Health Care Apostolate, the silence of the Synod of Bishops' preparatory documentation on the vocation and mission of the laity could only cause amazement. On the other hand, it may happen that topics are skimmed over which, precisely because of their importance, are thought to be familiar, whereas their presentation with conviction and verve enables us to discover the extent to which they are felt and experienced.

The texts which follow demonstrate that addresses to the Synod on the subject of the health ministry effectively dealt with

both the specifically doctrinal theological dimension and the pastoral one of solicitude for the sick. They include statements by Synod Fathers — beginning with the one by the Pro-President of the Pontifical Council for the Health Care Apostolate — and lay experts who, as John Paul II has forcefully recalled, did not attend the Synod as mere "auditors" or even experts, but rather as "counselors" to be listened to by the Assizes.

The Synod chronicle, moreover, reveals a fact of great importance. The propositions relating to the health apostolate were unanimously approved by the Synod Fathers, within both the study group which framed them and the general assembly.

We shall reproduce, then, the statement at the general assembly by the Pontifical Council's Pro-President, Archbishop Fiorenzo Angelini, and remarks by other bishops, general superiors of religious institutes specifically engaged in the health ministry, and, finally, influential lay people in attendance.

Most Rev. Joseph Perrot, Bishop of San (Mali), stressed the need, precisely in the field of health, for the Church to develop its ecumenical openness, for the topics and problems of health and medicine are a constructive meeting place for the faithful of different religious confessions.

Most Rev. Roman Arrieta Villalobos, Archbishop of San José, Costa Rica, concentrated on the commitment to which lay people are called to educate for genuine, serious prevention in the face of the growing spread of drug use and the threat of AIDS.

Most Rev. Stephen Sulyk, Metropolitan Archbishop of Philadelphia for the Ukrainians, advanced a justifiable proposal to expand the ministry of Anointing of the Sick to the laity when priests are not available. This exigency is rendered more urgent by the enormous increase in health

care activity and the scarcity of priests in so many parts of the world.

The Superiors General of the Passionists, *Fr. Paul M. Boyle*, and the Marianists, *Fr. José Maria Salaverri*, focused on the specific mission of *consecrated laymen*. It is not just a question of openness to new initiatives, but of recovering functions which have decisively contributed in past centuries to making health care increasingly available to the suffering. We are also publishing the letter sent to the Synod Fathers by the Prior General of the Hospital Order of St. John of God, *Fra Pierluigi Marchesi*

The Pontifical Academician *Jérôme Lejeune* addressed the Synod on the sub-

jects of respect for life and its transmission, so-called "biological pornography," sterility in married couples, and genetic diseases.

Professor G.B. Marini Bettolo, also a Pontifical Academician, considered the problem of the relationship between man and the environment — a relation which is profoundly connected with health problems at every level.

Finally, *Professor Salvatore Nocera*, leader of the Apostolic Movement for the Blind, spoke of the handicapped, stressing that the cross they must bear is not only their disability, but also the marginalizing approach to which the civil and Church communities frequently subject them.

The Sick and Suffering

Proposition 53 of the 54 propositions presented to the Pope on certain concrete matters "which seemed to the Fathers to be of greatest importance"

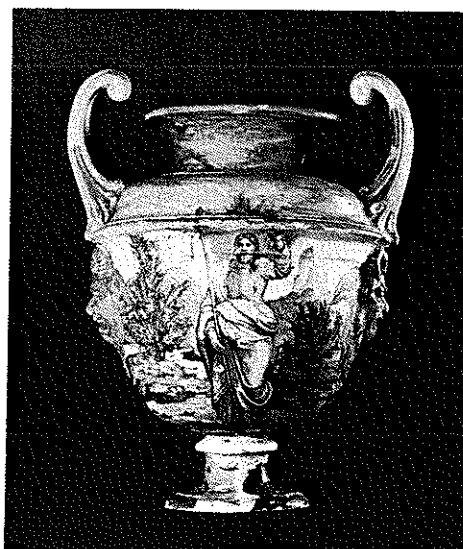
In accordance with the desire expressed in the Synod Hall by those suffering from illness (that is, by the handicapped), it is highly important to bring out the fact that Christians living in situations of illness, pain, and old age are invited by God not only to unite their own pain to the Passion of Christ, but also to receive now within themselves and convey to others the strength of renewal and joy of the Risen Christ (cf. *2 Co 4:10-11, 1 P 4:13, Rm 8:18 seq.*)

The sick and all those who suffer on account of different pains have an active role in the Church and the world which must be recognized by everyone, as the Apostolic Exhortation *Salvifici Doloris* clearly recalls. They should not regard themselves only as the object of the Church's loving solicitude, but as protagonists in the work of evangelization and salvation.

Let Christian education favor the development of the task of the pastoral care of the sick. He who assists the ill, whether

man or woman, bears witness by his very way of acting as a Christian and performs his service by imitating the example of Christ, the Good Samaritan, and firmly adhering to the Magisterium of the Church.

All Christian communities and all Christians are invited to be near to the poor, the oppressed, and those who are alone and marginalized for different reasons and in different ways, truly and concretely offering them all the glad tidings of the love of God."



Faith in Life

Statement by Archbishop Fiorenzo Angelini, Pro-President of the Pontifical Council for the Apostolate of Health Care Workers

1. The faith which has always and everywhere joined men together is the faith in life. Christ, in his earthly ministry, sought an encounter with the whole man and with all men to respond to their plea for life and for physical and spiritual health. The Church, following Christ's example, "over the course of the centuries has felt strongly that service to the sick and suffering is an integral part of her mission."¹

2. This aspect of Christian Revelation — a permanent aspect — has today become particularly significant. John Paul II affirms, "The Church born of the mystery of Redemption in the Cross of Christ is obliged to seek an encounter with man especially along the way of suffering. In such an encounter, man becomes 'the way of the Church', and this is one of the most important ways."²

3. The health apostolate, by virtue of the charism of suffering which provides its substance, is very often seen to be the only moment or means to associate and communicate with a great many of our brothers who have not yet received the Gospel or who, after having received it, rediscover the way of grace: this is the forcefulness of the "Gospel of suffering."³ To borrow a biblical image, suffering is the truest and most compelling call which can draw men — whatever their faith, culture, or condition may be — into the net of salvation cast by Christ.

4. The history of world evangelization demonstrates that the health apostolate cannot at all be regarded as a marginal

aspect of the Church's general mandate; it is essential and almost always — Missionaries bear authoritative witness to this fact — the humble but effective beginning of the propagation of the Kingdom of God.

5. The ministry or diaconate of health care involves the entire Church. The common priesthood of the faithful finds noble and lofty expression in service to those suffering in body and in spirit. The lay health professional, however, while sharing in the priesthood common to all the baptized, has for this very reason many points of contact with and resemblance to the work of those upon whom the ministerial priesthood has been conferred, though with a substantial difference in essence and degree. The historical datum, as John Paul II has stressed, offers striking confirmation. Indeed, in no other pastoral field are the three states — priestly, religious, and lay — so constantly joined as in that of medicine and health, the apostolate of service to the suffering.⁴

6. Sensitive to this priority pastoral need, to a degree unprecedented in the history of the Church, John Paul II, charting a course of further progress in the process of adjustment and renewal spurred by Vatican II, after promulgating the first broad pontifical document on the Christian meaning of human suffering — the Apostolic Letter *Salvifici Doloris* (February 11, 1984) — wished to institute the Pontifical Commission for the Apostolate of Health Care Workers (*Motu Proprio Dolentium Hominum*, February 11, 1985). This providential intuition, greeted with unanimous and justifiable enthusiasm by the vast world of health care and not only by Catholics, has become an instrument serving the entire Church, from the pastors to the laity, fully open to all who, prompted by the need for justice, are by vocation and mission health professionals: physicians, researchers, biologists, nurses, pharmacists, technicians, and administrators of Catholic medical facilities, experts on the social and health problems proper to specific groups requiring assistance: acute and longterm patients, the terminally ill, AIDS victims, and those experiencing the effects of drug addiction and also of the multiple forms of violence induced by certain irrational expressions of scientific and technological progress itself.

7. Direct contact with the Conferences of Bishops, visits by representatives of the new Office to health facilities in different parts of the world, the publication

of the first catalogue of Catholic health institutions and of a journal in five languages providing formation and information, and other initiatives all seek⁵ — in rigorous fulfillment of the goals assigned to the Pontifical Commission — to express ecclesial service open to all.

8. The health apostolate today is unfortunately forced to move in the context of the growing practice of attempts on life: abortion, euthanasia, uncontrolled genetic experimentation, hunger, endemic diseases, ecological decay, and so on; health professionals must thus act in a border zone marked by the variety and complexity of ever new problems in bioethics.⁶ Pastors and priests are called to support health care workers tirelessly, from the scientist to the practicing physician and their colleagues, teaching the doctrine of the Church and providing for their moral and spiritual training. This, too, is authentic evangelization. John Paul II,⁷ in putting into effect a precise indication of Vatican II, has offered and continues to offer us an example with his magisterium and ministry. It is not proper to require Christian consistency of health professionals if we are not always guides and masters in their regard. It is our duty to have confidence in the laity, for those fully living out the sacredness of their vocation and mission are legion. Giuseppe Moscati, in the rolls of the Saints, constitutes living testimony; and many health care workers faithfully follow his example.

9. In the health apostolate, through the converging action of the pastors and the laity, the Church becomes the promoter of a service to man which, for lack of spirituality, not even the largest international public health bodies are often in a position to ensure. The places of suffering and of care are mankind's most frequently visited temple, where Christ takes on the face of our suffering brothers, whose call for assistance is, consciously or unconsciously, a call for truth, justice, and grace: a call for life.⁸

In closing, I take this opportunity to request that in this Synod's final document adequate attention be devoted as well to the Health Apostolate — that is, to the Church's effective presence, especially today, in the world of medicine and health. This presence is largely sustained by the laity. I pointed out to some Fathers who were surprised that no medical auditor was present at the Synod that doctors and nurses are present with another responsibility —

these consecrated lay people of the Hospitaller Order of St. John of God; they belong to the health service which no one wishes to encounter, while earnestly hoping never to find their door closed.

On behalf of everyone, I fraternally thank them: they are laity providing direct service in the Church, for the Church.

¹ Motu Proprio *Dolentium Hominum*, 1.

² Apostolic Letter, *Salvifici Doloris*, 3.

³ *Ibid.*, 25-27.

⁴ John Paul II, at the Sunday *Angelus* of March 9, 1987

⁵ Motu Proprio *Dolentium Hominum*, 6

⁶ *The Vocation and Mission of the Laity*, final statement by the Fourth Plenary Assembly of the Federation of Asian Bishops' Conferences, September 25, 1986.

⁷ "Message to the Men of Science," December 8, 1965, in *Sacrosancti Concilii Oecumenici Vaticani II Acta* (Rome: Vatican Polyglot Press, 1966), p. 1089.

⁸ John Paul II, "To the Sick and Health Professionals," at the Gdansk Marian Basilica, June 12, 1987



Health Service

A Statement by the Most Reverend Joseph Perrot, Bishop of San, Mali

Regarding this concrete point of clinics, maternity hospitals, and preventive medicine, the Church acts responsibly through men and women religious, but also receives help from all competent, dedicated personnel, whether or not they are formally members of the Church.

We find this coexistence in sectors even closer to the Church, such as the Lay Apostolic Movements. As a general rule, however, their leaders are Catholics.

In these movements directly related to religious convictions, Christians refer to Jesus Christ (the Bible, the New Testament), and Moslems, to God the Creator (the Koran).

The Bishops ask for special attention to Christians, who meet in retreats, common prayer, and community Eucharists.

The result of these various compromises is the creation of a climate of tolerance and peaceful coexistence. Christians and non-Christians live out the same human reality together and work together in building the nation. Consequently, in Mali, a nonconfessional State, the Church's influence far surpasses the minority status of the Christians.

And yet there is a tendency in some dioceses to restrict the role of non-Christians and Moslems in the above-mentioned services, to maintain stricter Christian education of children, for example. But will it continue to be necessary for some time to live with what are occasionally called compromises in certain places?

Are there limits on the Spirit of God? Who has the monopoly?

On AIDS and Drugs

A Statement by the Most Reverend Román Arrieta Villalobos, Archbishop of San José, Costa Rica

1. The subject selected by the Holy Father for this Assembly of the Synod of Bishops reaffirms the essential idea that the vocation and mission of the laity is not circumscribed exclusively to the sphere of the Church, but opens out to the wider world within which the Christian is called to be light and salt.

2. Within such a broad perspective, it must be recalled that the present and future of the entire human family are gravely threatened by two scourges: the syn-

drome of acquired immunodeficiency (AIDS) and drugs and drug traffic.

3. It escapes no one that those most highly exposed to such evils are lay people, especially the young, of whatever race or condition, in both the Christian and the non-Christian world.

4. It is for this reason that from this Synod devoted to the laity these people expect an enlightening word which will encourage and orient them to face, in the light of faith, evils such as those mentioned, which, if left unremedied, endanger not only the salvation of souls, but the very existence of man upon the earth.

5. In dealing with AIDS, our Synod might well ask the laity to take measures like the following:

5.1. To create awareness among all men and at every level that, through the most

advanced medicine has not managed to discover a vaccine for this disease, much less a cure, there does exist a completely effective moral vaccine and cure: for us to order our conduct and habits according to the law of God.

5.2. Stimulate the Catholic lay people engaged in scientific research to devote their efforts to discovering both a vaccine and a treatment for such a serious scourge.

5.3. Promote the creation of clinics and other institutions to care for the victims of this disease in those countries where they do not yet exist.

5.4. Encourage the lay faithful so that, just as in past times many sanctified themselves by caring for lepers, there will also be people sanctifying themselves now by caring for AIDS patients.

5.5. Create awareness in all men that we must treat AIDS victims with Christian love, not marginalizing or disdaining them.

5.6. Provide objective information on this disease, particularly by way of the mass media, to avoid hysterical attitudes, on the one hand, and unconcern or indifference regarding its real dangers, on the other.

6. With respect to drugs, the priests and laity must create awareness that those who illicitly cultivate, transport, and sell narcotics commit a serious sin against God and do immense harm to their fellow men for two reasons:

* Because they drastically hold back the integral development of many peoples, especially in the developing world, by ruining physically, morally, and spiritually important sectors of the population, such as the young.

* Because they almost inevitably lead those consuming them to commit crimes like armed robbery, murder, and the most morally repugnant aberrations.

7. For these and other reasons, we do not hesitate to regard drug traffic as a crime against humanity and urge the governments of all nations to punish it with the full force of the law.

8. There is no question that in the fight against scourges like that of AIDS and drugs it is up to the laity, as the majority of the Church, to play a decisively important role. May they never lack the support and encouragement of us Pastors.

May the Lord and the Virgin help them to triumph in such a difficult mission. They will thus give the Church and the whole family an additional reason for hope—hope in the Risen Christ.



A Rite of Spiritual Care of the Infirm When a Priest Is Absent

*A Statement by the Most Reverend Stephen Sulyk,
Metropolitan Archbishop of Philadelphia for Ukrainians*

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We have with great interest and sincere emotion taken note of the beautiful and sublime ideals which, on the one hand, will benefit the Church's laity and, on the other, entrust to the very same laity the execution of these ideals.

I submit for your thoughtful consideration a proposal which is dictated by my pastoral concern for the many faithful who are denied spiritual care at the time of their departure from this earthly life because a priest is not available at this crucial time.

It is obvious that the number of the elderly infirm is increasing in most areas of the world for the following reasons:

1. The magnificent advancement of science has increased the longevity of life;

2. The Church has evolved a heightened appreciation of the Holy Eucharist. A time-honored tradition of administering the Eucharist to the sick and infirm both at home and in health-care facilities at least once a month has, in many countries, developed into a solidly established obligation of the parish priest who, in many instances, visits several hundred sick and infirm on a monthly basis.

3. The continuing depletion of the number of priests to serve the faithful is a sad fact. In some parts of the world, there are no or few priests available to serve the needs of the faithful. The Church has recognized this with the provision of the Code of 1983 wherein it foresees that bishops may authorize lay people to solemnize the marriage of Catholics.

4. The urbanization of the world has brought with it an increasing number of hospitals and, thereby, an increase in the number of patients. For the most part, spiritual care of these patients is inadequate at best and nonexistent at worst.

5. A remedy has been employed in North America by delegating this task to lay persons who have been trained in special curricula affiliated with universities. Thus, the majority of chaplains in North American hospitals are women, often members of various Religious Orders.

6. The Ukrainian Catholic Church, as well as its Sister churches, reports on the unsatisfied and unmet spiritual needs of the faithful in Communist countries, where priests are incarcerated and, even if free, are forbidden to minister to the faithful in hospitals and nursing homes. While the laity, emulating an ancient Christian practice, bring the Eucharist to the shut-ins, the latter are deprived of the Sacrament of the Anointing of the Sick.

In view of the preceding circumstances, I respectfully submit that this Synod request that the Holy Father permit and encourage the laity to provide spiritual ministrations to the sick and infirm in this manner:

a) Any Catholic can be deputized to perform this service by the priest from whom the lay minister receives the Eucharist and from whom he receives the oil blessed by said priest.

b) Such a deputized person shall, on his part, do the following:

1. Assist the dying to elicit perfect contrition through appropriate prayers. The deputized person shall receive proper instructions, following the principles of traditional Catholic theology. The prayers for the dying shall contain the assurance that by contrition sins are forgiven provided the penitent includes the intention to confess any and all serious sins to a priest when this opportunity presents itself.

2. The lay minister shall then administer anointment. The Church shall establish a sacramental of anointment distinct from the sacrament of anointment and shall endow it from the treasury of the Church with the highest spiritual efficiency. Other persons present shall be invited to participate in the laying on of hands. Various Eastern Churches may insert at this point rituals from their own tradition, such as placing the Book of Gospels on the head of the sick. Since this rite would be a sacramental, it could be repeated.

3. The Church shall establish a special and complete rite for this purpose called *Ritus Curae Fraternalis Spiritualis Infirmorum Presbyteris Absentibus*.

While this proposal may seem novel to some, I present it to the esteemed members of this Synod on behalf of millions of our brothers and sisters and ask for your pity on them in the most difficult moments of their earthly sojourn.



Dignity of the Disabled

A Statement by Father Paul M. Boyle, General of the Passionist Fathers

I would like to speak of and for a group of people that constitutes one fifth of the world's population: the disabled. In 1980, as part of the preparation for the International Year of Disabled Persons (IYDP) the Passionist STAUROS organization conducted a program at the United Nations in New York to call attention to the needs of this large proportion of the world's population.

Subsequent international and ecumenical programs and studies have enabled persons with disabilities to speak of the exclusion they have experienced from churches and synagogues and the harm this exclusion has caused them. We have come to see numerous services disabled persons can contribute when given the opportunity.

Some of the observations made in these meetings by disabled persons are a challenge and an opportunity for this Synod.

One said: "As a very young boy I had a slight limp which was obvious to others, but I was so used to it I didn't notice it. I was refused, because of that limp, when I tried to become an altar boy. That refusal was to me so unjust and so hurtful that I was completely baffled by it. I felt rejected."

Persons in wheelchairs spoke of their embarrassment because confessionals exclude them. "When I go to confession the priest comes out of the confessional and I have to confess before an audience of people. It is very embarrassing."

The difficulties, at times the impossibility, of getting into a church because of steps or narrow doors is another common comment from persons in wheelchairs.

Many disabled persons who are ambulatory find it difficult or dangerous to walk up and down stairs without a railing to guide and support them.

Architectural barriers, as terrible as they are, are not the only obstacles suffered by disabled persons. Many of them find that they are stereotyped. Despite the explicit teaching of Jesus that neither the blind man nor his parents had sinned (*John 9:3*), there seems to be a widespread attitude or feeling that those who are different are somehow not worthy. As one disabled person, quite active in promoting acceptance of the disabled, said to an ecumenical group: "We exclude church representatives from our endeavors because they have excluded us. You do not recognize our worth, so we do not recognize your worth."

Obviously stairs and narrow doors are just as much a barrier in a public facility as they are in a church or synagogue. Attitudes and practices of church representatives are probably not any less sensitive to the needs of the disabled than those of society at large and, as Catholics, we can rightly be grateful for the many sisters, brothers, priests and lay persons who dedicate their lives to the service of disabled persons. The thoughtful attention of Your Holiness in greeting disabled persons is much appreciated.

Our church has a glorious history of care in helping others, especially people who are disabled. Yet many of us are seldom concerned with their civil or ecclesiastical rights. Cultural attitudes, inherited from the past, have often kept us apart from disabled persons when ministering to them as objects of our charity.

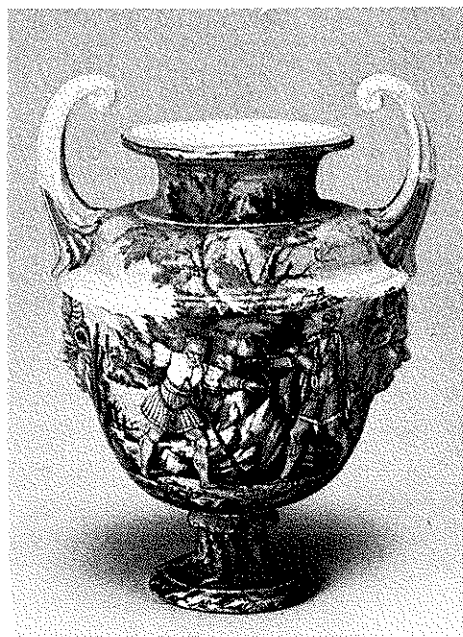
In many dioceses and religious institutes disabled candidates for the priesthood or religious life are not acceptable. Despite the urgent need for lay ministers, few disabled persons are recruited. It is rare to find a disabled person as a lay minister in a hospital or parish. Yet who should be more highly qualified to minister than those who are disabled? Who understands suffering and exclusion as much as one who is blind or deaf or with impaired mobility? The few disabled persons I know who minister to the sick do a magnificent job. One of the several organizations spiritually united to the Passionist Congregation is a Secular Institute of Missionaries, composed of disabled persons who dedicate their lives to helping others accept their suffering as a participation in the Passion of Christ. There is a great wealth of talent and spiritual experience in this large body of disabled persons and

we are not sufficiently encouraging their participation.

How truly and appropriately would the Body of Christ be manifested at the Eucharistic Liturgy if disabled persons were used as readers, acolytes, ministers of the Eucharist and even celebrants of the Mass.

How alive and current would the Gospels be in the sanctuary if disabled persons were ministering. Imagine a blind person proclaiming the account of the man born blind (*John 9:3*; *Matthew 20:79*); or a quadriplegic reading the account of the cure of the man at the Sheep Pool in Jerusalem (*John 5:2*); or a paralytic reading the narrative of the man being lowered through the roof (*Mark 2:4*); or a deaf person reading the incident about the deaf-mute (*Mark 7:31*)?

I hope this Synod, continuing a wonderful tradition of care for the disabled, will broaden the tradition to new areas, recognizing the dignity and spiritual richness of disabled persons, inviting these brothers and sisters to share their profound spiritual experiences with all of us in cooperation and in ministry.



Making the Care of the Sick a True “Lay Ministry”

A Statement by Father José Maria Salaverri, Superior General of the Company of Mary (Marianists)

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1. For centuries lay religious — Brothers — have carried out ministries (as they are termed by Vatican II) which are clearly lay: education of youth, care of the ill, and others. An in-depth study of religious’ “lay ministry” could help us to understand better and define some of these “lay ministries.”

2. In the work performed by these religious we observe certain concrete characteristics:

a) Their work is rooted in Baptismal consecration and Confirmation, which they wish to live out fully.

b) These services pertain to the salvific action of Christ, who has proclaimed himself to be the “Truth” and who is a true master and educator; he has proclaimed himself to be “Life” and has made care of the sick a sign of the coming of the Kingdom.

c) There is a “mission” received from the Church which reaches the religious through Constitutions approved by her.

d) There is stability, continuity, in the exercise of these ministries.

e) There is adequate training, specific preparation ensured by the Institute.

3. *Mutatis mutandis*, all of this could be applied to the vocation and mission of lay people who are not religious. It would be very useful to specify the concrete content of the two Church activities which Vatican II recognizes to be “ministries”: Christian education of youth and the care of the sick.

4. I feel the fullest recognition by the Church (through this Synod) of these two services as lay ministries would produce two very good effects:

a) Confirm lay religious in their specific mission, since the People of God (and

even the Bishops at times) often tends to regard them as persons who “stopped half-way” to the priesthood.

b) Give thousands of laymen working at Catholic schools and hospitals the chance to make a deeper, more serious commitment in their apostolic work, backed by a Church “mission.”

5. A third lay ministry could be added to the preceding ones: that of catechesis. Canon 774 recognizes it as pertaining to all the baptized: “Sollicitudo catechesis, sub moderamine legitimae ecclesiasticae auctoritatis, ad omnia Ecclesiae membra pro sua cuiusque parte pertinet.”

Establishing its content and officially accepting it as a “lay ministry” would give a new impulse to evangelization. In a certain sense, this is already being done quite well in so-called mission countries. I feel it would also be very useful for the “new evangelization” required by our traditionally Christian countries.



A New Culture of the Hospital

A Letter from Fra Pierluigi Marchesi, Prior General of the Brothers of St. John of God Rome, September 2, 1987

Your Excellencies,

On the eve of the Synod of Bishops dedicated to the mission of the Laity in the Church, I feel duty-bound to write to you in my capacity as Prior General of the Hospitaller Order of the Brothers of St. John of God, to offer some information which may be useful to the Synod.

As you certainly know, ours is a *lay* Order, and it is therefore particularly interested in the ideas and experiences that will issue from this important Synod, in relation to the presence and role of lay Brothers in the Church in response to the needs of our age. In this connection, I should like to draw your attention to a matter to which we – as Brothers of St. John of God – attach great importance for the very future of our Order: the presence at our side of over 32,000 lay people who are working in various capacities in our healthcare institutions, serving suffering man. Neither should we forget the countless sick lay people – that privileged section of the People of God – with whom we and they are in daily contact.

It is precisely this fact of working in symbiosis with the non-Religious staff, who either already know or still need to be made aware of the fact that we are working for evangelization, which led us to set up a Secretariat for the Laity at a central level and in every Province.

Of all the spheres which are already opening up (and this will be even more true in the fairly near future) to the witness of the Christian laity, the healthcare field is certainly at the forefront both in terms of numbers (by the year 2000 over 50% of mankind will be elderly if current population trends continue, particularly in the industrial world), and, to a greater extent, in terms of the quality of life. Scientific progress in medicine and healthcare

technologies has often reduced patients to the level of numbers or clinical cases, ignoring the Person, while the medical staff are often merely a faceless structure becoming increasingly less capable of establishing human contacts). Then there is the growing number of patients who are being alienated and forgotten by a society in which there only seems to be room for the healthy and the rich, and those who produce and consume.

In the light of these new, dramatic situations that call out to us for a response, the Brothers of St. John of God have embarked on a radical renewal process of *humanization*, to foster through their work and example a new covenant with the sick, a new culture of suffering and of the hospital. At the previous Synod of Bishops on Reconciliation, at which I was present as an Auditor at the request of the Holy Father, I was given an opportunity to share with the Synod Fathers our Order's experience with reconciliation in the world of healthcare: an experience offered to the Holy Father perhaps just as he was about to draft his Apostolic Letter *Salvifici Doloris*, in the wake of which he significantly instituted the Pontifical Council for the Health Care Apostolate, whose Secretary is a Brother of St. John of God.

I would therefore be most obliged to you for anything you might see fit to do to recall this fundamental aspect of lay Christian witness during the debate at the Synod, in order to ensure that the indispensable theological reflection does not remain an end in itself, but is firmly rooted in reality. The Samaritan is the layman who should, in my opinion, have a greater say in this Synod, because the contemporary healthcare sphere is one in which evangelical witness is all the more necessary, complex and difficult. (One only has to think of our commitment to promote and protect life, from the unborn child to the old and the terminally ill.)

I wish to thank you for your sensitivity, and express our readiness at all times to cooperate in anything that has to do with updating our charism as Hospitaller Brothers, assuring you of the prayers of all my Confrères for a successful outcome to the Synod.

Respect for Life

*A Statement by Professor
Jérôme Lejeune,
Pontifical Academician*

16 First of all, the field must be cleared of certain misunderstandings. Whoever speaks of morality is referring to the need of customs to conform to higher laws, whereas one speaking of ethics wants laws to conform to customs. In reality, both morality and ethics refer to unrenounceable principles.

It is rightly said that human life begins with conception, but the conception of a human being itself presupposes an integral concept of life — the life of the body and that of the spirit. In publicity concerning artificial fertilization we are witnessing an authentic instance of “biological pornography,” for the generative process becomes disengaged from its unitary, specific, and unmistakable matrix, which is reference to human nature. It follows that toxic contraception, extracorporeal fertilization, pornography, abortion, and deliberately induced euthanasia are practices incompatible with respect for human nature, which is present at the very origin of the human being.

We are asked if such a conception of respect for human nature may represent an impediment for research. The reply is negative and is confirmed by two examples: the fight against sterility and the fight against genetic illnesses.

As long as technology limits itself to striving to remove obstacles to fertilization, it will be of assistance to nature. If, however, it persists in fertilization outside the female body, its acknowledged goal will no longer be the fight against sterility, but an arbitrary undertaking which involves human destiny.

As regards genetic illnesses, to make use of amniocentesis, histological biopsy, or other techniques permitting early identification of anomalies so as to prevent the birth of the child conceived is not a step forward for science — health by way of death is the abortion of medicine. It is illness which must be conquered, not the patient who must be suppressed.

In a few years, progress in molecular biology has enabled us to isolate the genes of muscovidosis, muscular dystrophy, Huntington's disease, and retinoblastoma without having sacrificed a single human embryo to this end. In recent years no major medical discovery has violated respect for human life. The AIDS situation, with the lack of prevision on the part of science, is symptomatic — all the more so if we consider that, both now and in the past, a correction of behavior has revealed itself to be the only effective prevention in the face of science's impotence. We are virtually witnessing the revenge of nature, which in the first place demands respect. In other words, respect for nature not only does not impede scientific progress, but stimulates it, as is acutely affirmed in the Instruction *Donum Vitae*. The dilemma which certain scientists pose for Catholic doctors — either accept the destructive price of research or endure the fact that a number of forms of pathology continue to claim victims — is deceitful and misleading. In reality, the only possible victory over illness will be found on the path of respect for life. The primacy reserved for technology has brought mankind to the threshold of nuclear disaster and ecological catastrophe. The road to be traveled, in medicine as well, goes in the opposite direction: to subordinate technological progress to service to the life of every human being, beginning, in the words of the Gospel, with the “least ones.”

The Environment

*A Statement by Professor G.B.
Marini Bettolo, Pontifical
Academician*

One of the toughest challenges threatening the future of mankind and thus engaging a great number of scientists, is the problem of the relationship between man and his environment. The problem has not only a scientific dimension, but profound economic, social, and ethical implications for progress.

The environment may be regarded as the sum of living and nonliving elements organized into systems of varying complexity called ecosystems (e.g., a lake or forest), which are regulated by concrete energy cycles involving biological and biochemical phenomena related to animal and vegetable life and geochemical processes depending on modifications of the soil, atmosphere, and surface waters.

In the environment there is also a series of balances which tend to keep their composition as constant as possible. By "nature" we mean the natural environment, i.e., the part of the environment which is not substantially modified by man.

The science which studies the environment is ecology, wherein, given the complexity of the object, the great disciplines of biology, chemistry, physics, and geology converge.

Over the course of ten million years the earth has become profoundly transformed, as may be observed through the study of paleontology, by way of a series of events which have also led to the formation of continents and the distribution of water on the earth. We have gone from torrid ages to others characterized by the most intense cold, but in historical times — that is, since about seven million years ago — we have not witnessed global cataclysms, but only local modifications linked to seismic activity, volcanoes, and wind erosion.

With the start of prehistory, we observe that men asserted themselves and emerged victorious from competition with other living beings, no longer depending on the direct resources offered by nature: hunting, fishing, gathering fruits and wild herbs. They organized themselves socially into families and groups, using and adapting some plants for cultivation without having to gather them in the forest, and domesticating certain species of animals which provided them with means for work and nourishment. They evolved into societies joined together in villages and later in cities, and their work became diversified: the individual was no longer able to satisfy all his needs: some cultivated the fields; others forged various instruments and tools; others worked in transportation and the distribution of goods.

After agriculture crafts arose, followed by commerce.

Man drew all his resources from nature and the environment surrounding him: from the earth on which he sowed and harvested, the animals he pastured and then sacrificed. He took from the earth materials to build and produce his instruments, using the wood of the forests for

construction or fuel and the sun's energy to practice farming.

This activity did not yet disturb natural balances: the number of men on earth was extremely limited in relation to the extent of the land; the soil's productive capacity was immense. Man had no serious problems, except in inaccessible regions or in other areas rendered inhospitable and uninhabitable by very severe weather and health conditions.

Over the years cities, states, and empires arose, each harboring the desire at a certain moment to prevail over the others, but in spite of deep changes in the history of peoples the relationship between man and his environment was not substantially modified for centuries.

The number of the earth's inhabitants grew very slowly: extremely high infant mortality, illnesses due to a lack of hygiene, devastating pestilences brought about continual massacres.

Only in the eighteenth century did the development of certain European nations begin to pose problems. Scientific developments in fact led to improved technologies and thus industries: populations shifted from the countryside, where there is a closed-cycle, broadly self-sufficient economic system, to cities, where they depend on products imported from a distance. With the introduction of scientific inventions, the standard of living also improved and the population grew rapidly, so rapidly that an Anglican pastor expert in economy, Malthus, sounded the alarm, observing that while the farming population increased only linearly, the number of inhabitants grew geometrically, quadratically. Under such conditions, he pointed out, mankind would die of hunger; hence his appeal for birth control. Science, through Liebig's research in agricultural chemistry, indicated how to increase productivity by the use of fertilizers. The use of natural products and those of the chemical industry first decupled and then further multiplied the average yield.

Malthus' forecasts were solidly discredited: industries arose and farming became an activity requiring an increasing industrial contribution. World population has grown as a result of greater well-being, hygiene, and the discovery of new drugs. Not only population, but the average lifespan has enormously increased — by more than thirty years since the beginning of the century.

In spite of the catastrophes of two world wars, world population has gone from one billion to five billion in a century. On the basis of current birth and death rates,

within one hundred years this figure could reach ten billion.

This population now has at its disposal space per person which is one-quarter of that available in the last century. But the population is not, moreover, inert, but produces, consumes, and accumulates wastes, while economic factors exalt consumption. All of this has currently disturbed the biogeochemical balances regulating relationships on earth.

Incredibly, only about twenty years ago did man realize the most serious danger deriving from the modifications he has caused in his environment.

These concerns led to the first initiative on an international scale: the Man and the Biosphere Program sponsored by UNESCO and the International Conference in Stockholm in 1972.

What is the situation? Until this period mankind considered nature and its resources to be an inexhaustible fount of goods and neglected the environment's biogeological balances, seeing only their indirect utility, with no criterion or directive enabling these balances to be respected.

In addition, we have two basic settings, the industrialized and developing countries.

In the former there is a notable concentration of means for the transformation of raw materials — industries — and means for producing energy — hydroelectric, thermic, and nuclear power plants — high-yield farm production, which is very specialized and has recourse to increasing use of synthetic fertilizers and pesticides needed to ensure the soil's fertility, on the one hand, and offset harmful elements, on the other, associated with considerable mechanization replacing human work.

Under these conditions, unless adequate measures are taken, gas, liquid, and solid wastes are indiscriminately dumped into the environment (atmosphere, waters, soil), provoking notable disturbances in biogeological balances, which may, on occasion, be irreversibly altered.

As an example we have the growth in the atmosphere of the concentration of carbon dioxide — produced by the combustion of carbon — which together with other gases produced by industrial activities and transport may bring about — by retaining in the atmosphere part of the sun's infrared radiation — an increase in the earth's temperature, with disastrous global effects, such as the melting of glaciers at the poles. I shall not mention other phenomena caused by the destruction of the ozone layer through gaseous

chlorinated products dispersed in the atmosphere, which threaten to occasion other most serious consequences, and the acid rains caused by the products of combustion and transport which are destroying forests in the Northern Hemisphere. These facts, less striking than others (like water and soil pollution) but more threatening in the long term, will suffice to evaluate the dangerousness of these disturbances in environmental balances.

In developing countries other phenomena are manifested seriously disturbing nature and the environment. The indiscriminate exploitation of nonrenewable resources (minerals, petroleum), nearly always to the benefit of industrialized nations, and a single-crop system of farming in many areas (sugar cane, soya, cotton), on the one hand, and *nomadic agriculture* and excess of stock-raising, which weigh upon the territory, on the other.

Though today it has been demonstrated that with the new forms of agrarian technology there no longer exists a problem of insufficient food resources for the world population — nowadays, for instance, Southeast Asia produces more cereals than it needs — it happens that what we call hunger in the world is not due any more to a lack of food for all, but to bad distribution in different regions and, above all, to many populations' inability to buy these food-stuffs on account of their poverty.

In the tropical belt — particularly Africa, but also South America — where two-thirds of the population is still rural, subsistence agriculture prevails which is not sufficient to meet family needs. Inadequately cultivated lands (lack of fertilizers and selected crops) quickly become unproductive and unable to feed a growing population. *Nomadic agriculture* thus develops, with a search for new land, generally at the expense of forests; the energy needs of many rural populations not satisfied by industrial production — for lack of money the farmer cannot afford electric energy, even when available — fall upon the forest patrimony, which is systematically destroyed — not just the underbrush — the use of dried dung for fuel — thereby removing from the land a source of fertility — or, in a more recent form, in the complex biogas systems introduced into rural communities.

Nomadic agriculture tends to find new land by cutting down forests, by way of the "splash and burn" system. The clearings thus formed for only a few years offer the possibility of cultivation. The inexorable geobiochemical mechanism of the

tropics — sun and washing away — quickly transform even these lands into unproductive areas, where, for lack of humus content in abandoned ground, not even the forest grows back. In the face of this phenomenon, men head for other areas, and another strip of forest thus falls.

In the face of a growing population and the need for land to exploit, not cultivate, the equilibrium of coexistence between man and forest, of which we have numerous examples, becomes more precarious, and the overall situation, more tragic, while the satisfaction of the population's needs is rendered illusory.

Under the growing pressure of hundreds of families, the opening of roads which ought to guarantee trade and wealth is followed by nomadic settlements in the forest bringing the destruction of ever larger areas.



This is occurring in Africa in the great coastal forests and the Congo basin, but even more in Brazil, where the government, which had initially favored the colonization of the Amazon by opening new roads, today, observing the destruction of nature, seeks in vain to stem the tide of poor farmers in search of new lands. The entire Amazon is now in danger and with it a system to regulate waters and the climate affecting all the world's continents.

The experts estimate that every year 150,000 square kilometers of tropical forests are irreversibly destroyed, an area comparable to the State of New York or to half the land surface of Italy.

The protection of nature nowadays dramatically comes up against understandable socioeconomic pressure. In a very few centuries, at the current rate, the remaining tropical forests would all become deserts and savannahs.

The example of the Sahara, which prehistoric rupestrian paintings depicted as a garden rich in water, should serve as a warning.

Another danger impends for the so-called fringe lands near deserts, such as the Sahel: the desert is advancing yearly, eliminating large areas previously devoted to agriculture and sheep-raising.

Aside from the great droughts due to global causes (all of which have not yet been clarified) and local ones (albedo, land reflection — it is difficult for rain to fall on deserts because of sun reflections, while it is easy in green zones) which have struck these territories. Irrational, small-scale stock-raising (cattle, sheep, and goats) tends to destroy every trace of plant life in these fringe areas. I say "irrational" because for many populations the animal represents wealth, living capital, the image of well-being, so that the number of the animals which are spared — through destined for food — continuously grows, in spite of the fact that increasingly scarce resources must be used.

Probably not all of us realize the great danger mankind is heading towards, with the destruction of tropical forests, to satisfy the need for land and energy of growing populations and, in temperate zones, as a result of the serious pathologies affecting plants, which some have rather justifiably attributed to acid deposits produced by uncontrolled industrialization.

Through these activities, man has modified his environment, the natural world surrounding him, over the past century more than in all preceding times.

Scientific forecasts for the future at current rates of consumption — as was shown

by the Rome MIT Club's study in the 1970s, *The Limits of Growth*, including the economic standpoint, which was one of the alarm bells on the situation — point to nonrenewable resources tending to disappear, on the one hand, while, on the other, pollution problems are on the increase, without considering the aspect of renewable resources, which I have already touched upon.

In this period a feeling we could characterize as refusal and concern may be said to be spreading around the world in the form of pro-nature movements termed "ecological" or "green."

In the face of the documented prospect of an earth with limited resources, however, emotional reactions, the rejection of progress, birth control, and impossible sylvopastoral solutions are inadequate.

Over against a humanity tending to double in a few decades and a growing waste of natural goods with only limited resources available, men of science and good will must face what constitutes one of the challenges for mankind's development.

The importance of the problem may also be deduced from the international commitment to global responsibilities which cannot be ignored. The 1972 Stockholm Conference was the first step, followed by UNESCO's Man and Biosphere Program to study causes and their solutions, and the UN's creating the United Nations Environmental Program (UNEP).

Nature, with its forests, rivers, grasslands, mountains, and seas, represents the most living and fragile aspect of the environment which surrounds us and is threatened.

It is necessary to react. Scientists and technicians can work out plans to ensure future food, consumer goods, and transport to a growing humanity with respect for nature. But this is not realizable without certain essential factors: a profound reversal of the entire earth's economy, the search for solutions compatible with the development of man's activities, and even a new economic outlook not based on consumption.

To create this new mentality we must train new generations to *respect the environment* as a good which is at once common and individual.

For the selfish spirit of an economy plundering natural resources — perhaps justified at times by poverty — as in the destruction of forests, for contempt in dumping harmful wastes in soil, water, and air and causing harm to all, man must

substitute the intelligent use of these means by having recourse to the contributions of science and technology.

For instance, the destruction of tropical forests would not be necessary if the lands were adequately cultivated with new techniques ensuring their productivity and fertility and if electricity were supplied in the most distant and poorest towns.

In the industrial field, cumbersome by-products — often toxic and troublesome — cannot be irresponsibly cast into uncontrolled dumps — a source of serious pollution — or poured into rivers or dispersed in the air. The harmful effects of this selfish mentality make themselves felt not only in nearby areas, but hundreds of kilometers away, through devastating acid rains, for example.

Agriculture, to ensure fertility and rebuff the aggression of harmful insects, cannot continue to use synthetic fertilizers in an uncontrolled way, for they develop nitrogen oxides and contribute profoundly to altering atmospheric balances; nor can it employ pesticides and herbicides capable of polluting the aquifers and getting into our food by way of natural biochemical mechanisms, with a grave threat to our health.

In addition to the scientific and technical solutions being studied and prepared through the efforts of so many experts, this also requires a global economic plan based on the common will and conscience of peoples.

If it is necessary for industrial processes — even to deal with the excessive consumption of nonrenewable raw materials — to be conceived with the criteria of recycling and retrieval (in many countries this is already occurring) and for agriculture, through the progress of biotechnologies and biogenetics, to rely less and less on dangerous or polluting chemical products, all of this presupposes education and a new approach to the environment; it also requires, above all, a revision of the concept of the economy, with a planet-wide approach. No country can, in fact, be allowed industrial production which pollutes water and air, inasmuch as the damage has repercussions on other countries and the polluter would have an economic advantage because he could produce more cheaply on not being forced to buy costly purification equipment.

The uncontrolled exploitation of resources is an ethical problem for all mankind, which not only fails to respect natural balances, but also forgets the rights and needs of future generations.

A scientist cannot pose problems with-

out also advancing suggestions to solve them.

The protection and overseeing of nature and the environment is one of the most complex ones. It will be the subject for in-depth study sessions with experts from around the world at the headquarters of the Pontifical Academy of Sciences. We may forecast that the complexity of the problem does not allow for a solution solely through new scientific discoveries or the application of advanced technologies.

It is necessary for all the components of society to commit themselves thoroughly to change everyone's attitude towards nature and the environment, which is a precious common good to be protected and defended.

It is necessary to fight against the causes of poverty, re-establishing an economy of justice; land will thus no longer be wrested from nature, but will produce for all in a sufficient manner.

We need a different strategy to produce greater goods, with respect for nature.

We need to renounce useless forms of consumption while at the same time guaranteeing for all living standards sufficient for a worthy existence.

The sciences can indicate the way compatible with the iron laws of economics to reach these goals. What is needed is simply that these problems be felt and dealt with in a new fashion.

The men of our generation still have the mentality of prehistoric hunters and gatherers with no concern for nature; the coexistence on limited planet Earth of ten billion people forces us to develop a new mentality to create new strategies joining together scientific findings, economic resources, and social needs.

A delicate aspect of the environmental problem is represented by the culture of domination — that is, by man's tendency to dominate the earth and its resources, which has very remote origins.

In the Bible (*Gn* 1:26 seq.) we find the concept of man's dominion over the physical world, plants and animals, and then a reference to cultivation and the guardianship of the earth by man.

Unfortunately, with the start of the industrial revolution in the seventeenth and eighteenth centuries, this admonition was not correctly understood. Today, above all, only the economic imperative of immediate profit prevails, not far-sighted planning.

Man — and in this the Church should be close to him — must collaborate with God's work by correctly using the earth and its resources and committing his own

labor to this task, but without destroying nature in its diverse aspects.

The Holy Father clarified this point in his UNEP address in Nairobi (August 18, 1985) in asserting that "the Church's commitment to conserve and improve our environment is linked to a commandment of God. In the initial pages of the Bible we read that God created all things and then entrusted them to the care of human beings, who were created in his image. God said to Adam and Eve, "Be fruitful and multiply. Fill the earth. Subject it and hold sway over the fish in the sea and the birds in the sky and over every living being that crawls on the earth" (*Gn* 1:28).

"It is a requisite for our human dignity and thus a weighty responsibility to exercise mastery over the creation in such a way as to be truly to the advantage of the human family. The exploitation of nature's wealth must occur according to criteria taking into consideration not only



people's present needs, but also those of future generations. In this manner, the mastery over nature entrusted by God to man will not be governed by myopic or egotistical factors, but will rather consider the fact that all created things are intended for the good of all men. The use of natural resources must tend to serve the overall development of present and future generations. Progress in the field of ecology and the growing awareness of the need to protect and conserve certain nonrenewable natural resources harmonize with the demands of sound administration. God is glorified when the creation serves the needs of the global development of the whole human family."

And he stressed that with the rapid acceleration of technologies, "the capacity to improve the environment and the capacity to destroy it grow enormously from year to year," recalling that the human person is always the ultimate, determining factor for the environment. The Holy Father also reminded us recently of the Second Vatican Council's directives on this subject.

"It is a moral commitment for the Christian to care for the earth so that it will produce fruit and become a dwelling-place worthy of the universal human family" (*Gaudium et Spes*, no. 57).

But he reaffirmed as well that this must take place with respect for nature: "Each man is bound to avoid initiatives and actions which may damage the purity of the environment" (July 12, 1987), emphasizing the principle already solemnly proclaimed before the Pontifical Academy of Sciences when he affirmed "the harmonious relationship between man and nature as a fundamental element of civilization" and science's commitment to work through ecology to defend against "violent alterations of the environment" and promote an "increase in the quality of life through the humanization of nature" (Pontifical Academy of Sciences, October 28, 1986).

This will be possible if each one of us, from pulpits, in the schools, in laboratories, in offices, over the mass media, in leadership positions, and in everyday work manages to spread a spirit of mutual collaboration and respect for nature and the environment, which no less than advanced technologies are necessary to ward off desert landscapes while ensuring and conserving for tomorrow's humanity a natural world which is still benign and a livable, welcoming environment.

This will be one of the greatest challenges man must meet to guarantee his future.

Mission of the Laity in the Life of Suffering

A Statement by Professor Salvatore Nocera, Director of the Apostolic Movement of the Blind

Most Reverend Synod Fathers:

I am a person affected by a sight disability and Director of the Apostolic Movement of the Blind, an ecclesial association recognized by the Bishops' Conference and the government, including more than five thousand lay volunteers, both blind and possessing sight, working in many Italian dioceses and offering their collaboration in the Third World by way of health and education cooperation.

In this capacity I wish to convey our warmest thanks to you, who have been willing to listen to testimony on the social and ecclesial life experience of disabled people.

Although a serious sight disability affected me when I was only four, I was able to attend normal schools – thanks to the help of my schoolmates, who used to read for me – and I graduated in Law.

They taught me the meaning of sharing, and I communicated my life problems to them. I married a teacher with normal sight and have a thirteen-year-old daughter. I have been working for five years in the Studies Office of the Italian Ministry of Education as an expert on the juridical problems connected with the integration of disabled people into normal schools.

I have, in addition, been working for over twenty-five years as a voluntary member of the Apostolic Movement of the Blind for the promotion of the social and ecclesial integration of millions of disabled people living in Italy and the Third World.

In the course of my work in both areas I have met thousands of disabled people. I have known believers who found the meaning of their life as disabled people in faith in Christ. I have met nonbelievers who try to find the antidote to the nihilistic anguish gripping them in the value of the human person. I have also known nonbelievers who, after following a difficult inner path, met Christ on their way of suffering. And I have known believers who fell under the weight of their physical and moral suffering without finding a "Cyrenian" who could help them to rise again. Only God knows the immeasurable suffering of those who fall – because of their disability – from the certitudes of the Faith in God to disgust over life.

I, too, at certain important stages of my existence, have walked on the path of doubt, rebellion, and despair. If I managed to take heart again, it was only thanks to lived experience and the commitment I had made to the Apostolic Movement of the Blind and some other communities which helped me to acquire a basic formation grounded in the joy of the Resurrection.

Most Reverend Fathers, this is what I would like to talk about so that you – fully understanding the honest wish that moves me – will not offer paternalistic or pietistic but rather *encouraging* words of hope and confidence to those who experience daily throughout their lives the goad of pain in their flesh and in their spirit.

Even today – and all too often – religiously educated people, including many priests and bishops, still address disabled people to say, "You are now suffering on this earth, but you will certainly enjoy heaven." And they too often say, especially to blind people, "You may not have eyesight, but you surely have soul-sight."

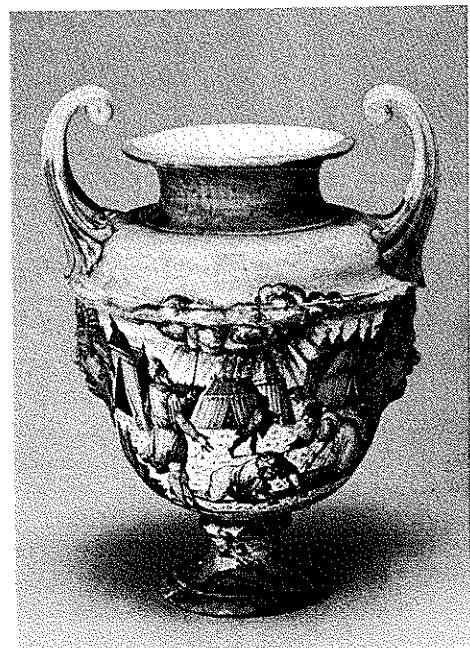
At times, then, when going through the most acute phases of our recurrent existential crises, we are told certain great truths of faith which, in coming from someone who is not suffering, are frequently rejected. Some are in the habit of saying, "You are the Lord's favorite, for by sharing in Christ's suffering you contribute with your pain to the world's redemption."

This concept was, in any event, more readily accepted by the handicapped who are today elderly and their relatives. But young disabled people do not believe that this pastoral approach can reconcile them with the healthy.

In looking at myself and others, I increasingly see today that the disabled are more likely to meet the Risen Christ than recognize him as the Crucified.

For this reason, on behalf of all the disabled people I know in both Italy and the Third World, I am asking you to complete paragraphs 49 and 72 of the *Instrumentum Laboris*, which deal only with the redeeming value of Christ's Cross, with words on his Resurrection and on what Christ's Resurrection means to disabled people; not just in the other life, but also in this earthly life, as an anticipation of the eternal joy.

We have experienced this announcement of joy in the solidarity of volunteers, conscientious objectors, and all those who share their life with us, helping us to overcome marginalization, which unfortunately still prevails in many environments, including ecclesial ones.



The redemptive meaning – even on this earth – of Jesus's Resurrection was announced by Pope John Paul II during the unforgettable homily at the meeting for the Jubilee Day of the Community with the Disabled on March 31, 1984.

Let me repeat those words, which we welcomed as a true announcement of renewal and consider as the final chapter of the Apostolic Letter *Salvifici Doloris*:

“Your expectations, even while undergoing the mystery of innocent pain, are directed to the resurrection of the whole man and to relief from the conditioning of sin – first of all – but also of diseases and all forms of physical and psychic disability.”

“Jesus Christ offers the integral salvation of man.”

“The Reign of God aims at the fullness of the meeting between man and his Creator and Father, but faith in the real possibility of such a meeting is aroused by actions of love.”

“It is our turn, as Church and messianic community, to carry on the redeeming action started by the Lord, by acting with faith so that our weaker sisters and brothers – whatever disability they may have – can be relieved and freed from their difficult conditions.”

“We must offer our suffering sisters and brothers the fundamental help of being credible – by means of loving deeds – in order to help accept the mysterious Divine Plan bearing on their cross.”

“The Cross, again, has an intrinsic and insuppressible orientation towards the victory of Resurrection. The recovery of the whole human being – both spiritual and physical, of the soul and of the body – is the aim of redeeming salvation. This is what will be in the final phase of the Reign of God. And this is where the urgent need for the Christian's commitment arises in order to anticipate the fullness of life and joy that our eternal life will be.”

“How is it possible to anticipate such an experience of life and joy, and this victory over even bodily suffering?”

“This is realized above all in the union of minds and hearts, in the effective sharing of suffering.”

“These sisters and brothers of ours must truly feel themselves to be such in our midst, and not just people to be helped. Christian communities must offer evident signs of credibility.”

We are witnesses to “this victory” of the Resurrection every time we see the community coordinating its efforts, laws, financial means to guarantee for the disabled scholastic, professional, social, and

ecclesial integration, by way of modern technologies as well as through the programming of public services or agreements with private institutions and voluntary organizations.

This *victory* of the Resurrection is experienced by us every time we participate as active – though handicapped – members in the life of church communities, as students at catechism lessons or as catechists (at this moment my thought turns to all the blind people who are catechists in numerous Third World countries), as readers during Eucharistic celebrations or as participants in the sacraments of the Eucharist or Confirmation, even if some of us are gravely disabled in mind or body; as participants in the ministry of the *diaconia* of charity, in diocesan Catholic Charities, in parish associations, in basic church communities, where we, too, usually regarded as passive objects of the love of others, become active subjects.

Our cross is not so much the handicap we bear as it is the marginalizing attitude to which the civil and church community often restricts us.

Most Reverend Fathers, form the clergy and the laity in this renewed manner of perceiving us, the disabled, as active subjects collaborating in the advent of the Kingdom of Christ, beginning now in our earthly life, drawing strength and hope from the Resurrection of Jesus.

Invite priests, religious orders, and secular institutes administering large specialized facilities where hundreds of handicapped people are accommodated to convert them into day hospitals, community lodgings, family homes, and home counseling services for families, which find themselves in serious difficulties and often break up because they are still left too much on their own in raising their handicapped children.

Announce this also to the secular world, which, in regarding us as “invalids,” according to the logic of consumerism and excessive concern with efficiency, wants to eliminate us by abortion or euthanasia.

We apologize for having taken the liberty of submitting these problems to you at a time when millions of men of all races are dying as a result of war, famine, illness, and torture.

But precisely because such scourges create even more numerous hosts of the disabled, we submit the urgent need to proclaim to the world the joy and hope of constructing together the “Kingdom of justice, love, and peace” established by Jesus and insistently recalled by the Second Vatican Council.

Magisterium of the Church



*Excerpts from the Holy
Father's Addresses*

*Statements by Cardinals
Poletti and Zoungrana*

Proclaim and uphold the rights to life and health

1 I am very pleased to meet you, *collaborators* of the Hospitaller Order of St. John of God, gathered in Rome to represent forty thousand health care workers from twenty countries at your meeting on the theme: A different Way of Being Neighbors to the Sick and the Needy.

I thank you sincerely for this visit, which brings to my mind the serious problems of illness and pain which are the object of the greatest interest and attention on the part of the Church, but also the committent and dedication which you bring to the relief of suffering as doctors, nurses, technicians, administrators and assistants

In particular I thank Brother Pier Luigi Marchesi, Prior General of the St John of God Brothers, for his words of introduction to this informal meeting. To all I express my affection and grateful appreciation.

2. *I hope that your Roman meeting may be useful, not only for getting to know each other, but also for exchanging ideas and gaining a deeper knowledge of the ethical aspects of your respective roles seen from a Christian point of view. The recovery of the moral and Christian identity of the health care worker is more urgent today than ever, in a secularized world which is losing the sense of the sacredness of life and, therefore, of the respect due to every man and woman from the moment of conception until their natural death. This Christian witness is called for and appreciated in the hospital world, because it is a different, evangelic, way of regarding and helping whoever is in need. In fact it requires the manner of the Good Samaritan, who not only treated the wounds of the man who fell among robbers, but was also a neighbour to him "he went to him and bound up his wounds, pouring on oil and wine... and took care of him (Lk 10:34). It is necessary that this evangelic spirit penetrate the whole environment in which you perform your respective duties, so that it may be really in harmony with the inspiration and attitude of service which the Founder of the Hospitaller Order, St John of God, has passed on to the members of his congregation and to those who work with them.*

3 *On the occasion of this renewal course, you are called to review and compare your experiences, commitments, researches, and methods. However, in all this there is need for one mind and one sure orientation. The reference point of your works is in the word of God and the teaching of the Church. she, enlightened by Christian revelation, has never ceased to proclaim and uphold the sacrosanct rights of life and health proper to every person. On this subject, the Old Testament expresses itself definitively. "From man in regard to his fellow man I will demand*

an accounting for human life. If anyone sheds the blood of man, by man shall his blood be shed: for in the image of God has man been made" (Gn. 9:5-6).

This respect for human life is clearly restated in the New Testament, with new emphases but with no less committent. To the rich young man who asked what were the principal commandments necessary to enter into life, Jesus replied by indicating the first duty as "Thou shalt not kill" (Mt 19:18).

Faithful to this biblical tradition, the Church always has made every effort through the centuries to defend human life. The Second Vatican Council warned "The Lord of life has entrusted to men the noble mission of safeguarding life, and men must carry it out in a manner worthy of themselves" (Gaudium et Spes, 51).

Dear friends, in reaffirming these Christian principles, I am happy to know that the work which you carry out is inspired by these noble ideals. I hope that your meetings will serve to enlighten further and strengthen your responsibilities towards the mystery of life, which you are called to defend against every threat.

May the difficulties which you will certainly encounter not discourage you. See to it that life flourishes in every person, insofar as you can, give back the smile and the joy of living to those entrusted to your care.

May the assurance of my prayer for you support you in your efforts, I reinforce this prayer with my blessing, which I now give to you and all those dear to you.

(To a group of Lay Collaborators of the Hospitaller Order of St. John of God in Rome on March 18, 1988)



Every person shares in redemptive love

Dear Cardinal and Sisters,

1. I welcome you most warmly! My greeting and my gratitude go to Cardinal Sebastiano Baggio, who organized this meeting, and to all of you, "Sisters of the Poverelle" of Bergamo. You work with untiring dedication in caring for the many persons who benefit from the complex of charitable works which have arisen in the parish of Rosà thanks to the enterprising spirit of the late archpriest, Monsignor Luigi Filippi.

A word of affectionate greeting and best wishes to the children who are present at this audience. In you I see the representatives of your companions who were unable to come, and of all the other persons who were impeded in any way by illness, but who are near to us in mind and heart. You bring me the gift of your suffering and theirs. As I thank you from my heart, I present this precious gift to the Lord, asking him to grant you and all the others serenity and peace, and to grant the entire Church purity and grace, so that she may always glorify the divine goodness and bring every person to participate in the infinite love from which he is born.

I ask you to turn your trusting hearts to Christ, who from the Cross speaks of the great value of suffering and asks you to share in his work of redemption. In the immensity of the affliction that so often comes upon human beings, the consolation of Jesus refreshes the spirit of

those who draw near to him, who even in their suffering are aware that they can count on the understanding of this heart and the support of his grace.

The ultimate end of Christian existence is not suffering, but joy, as the paschal mysteries for which we are preparing remind us. Jesus, who experienced suffering unto death, nonetheless rose, and now full of compassion (cf. Heb 2:17-18), is beside us to help us carry the Cross with him, so that we may one day share with him the glory of the resurrection.

May God grant you every consolation and the vigour of that charity which makes suffering meritorious. I also wish to encourage the beloved Sisters in their precious service to those in need. Persevere, dear Sisters, in the path you have undertaken, confiding in the special kindness of the heart of Jesus and in the motherly protection of the Most Holy Virgin.

I entrust you all to her, that she may always accompany you and obtain for you from her Son, the innocent Lamb that was slain, the heavenly favors that permit you to carry out with generosity your noble mission of service to your brothers and sisters for love of God.

May the Redeemer be the shining way of holiness for each of you. I assure you of my special prayer that he lead you to the Fount of life, sustaining your good resolutions. Take to your Sisters and the children who have remained at Rosà my blessing, which I impart to all of you here present with great affection in support of a Christian's constant witness, caring love.

(To the pilgrimage group from the charitable institutions of Rosà Parish, Vicenza Diocese, Italy, in Rome on March 13, 1988)

27

Solidarity and love grow in the face of pain and grief

1. My visit to the cathedral of this friendly city of Sucre gives me great satisfaction, because it affords me the chance to meet the sick, you who are suffering in body and spirit because of your loss of health.

I have particularly desired this meeting to tell you, beloved sick present here, and all those who are afflicted with infirmity throughout the length and breadth of this country of Bolivia, that I am close to all of you who are suffering. I would like my presence to offer you a moment of consolation and I ask God to give you courage and serenity in your suffering.

2. The mystery of suffering makes us shudder. It is not easy to accept pain and death, because it means accepting our frailty in its various dimensions. The mystery becomes even more dense when we enter into the suffering of Christ, the Son of God, in whom every human suffering finds its explanation and transcendent meaning. Jesus, too, suffered pain and death, leading him to exclaim: "My Father, if it possible, let this chalice pass, but not my will but yours be done."

The bishops of the whole world thus reminded us in their message to the sick at the conclusion of the Second Vatican Council: "We have something deeper and more valuable to give you, the only truth capable of answering the mystery of suffering and of bringing you relief without illusion, and that is faith and union with the Man of Sorrow, with Christ the Son of God, nailed to the Cross for our sins and for our salvation" (n.4).

Furthermore, if we know how to bear suffering in the right way, we can also learn at the same time to discover God, to understand our neighbours' pain and unite ourselves to Christ, who suffers for all. This is to fulfill what St. Paul indicated: "In our own body to do what we can to make up all that has still to be undergone by Christ for the sake of his body, the Church" (Col 1:24).

3. However, there is another equally important dimension capable of humanizing suffering; it is the action that we can perform, alleviating the suffering of others and thus expressing our fraternal love. In the face of pain, solidarity and love grow.

For this reason, the Church, like the Good Samaritan of the gospel, following the footsteps and teaching of the Master, has always shown particular interest in the sick, the poor, and the neglected. In addition to their own concern for the sick, the Apostles entrusted to the deacons the care of the widows and the needy. From earliest times people suffering from illness or poverty have been especially received in the monasteries and churches of Christianity. Long before States became concerned with these citizens, the Church established hospitals for the sick, hospices for the abandoned, and other institutions to attend to those who were suffering from any need.

For every Christian, to visit and assist the sick is a work of mercy, because Jesus is present in them. "I was sick and you visited me" (Mt 25:36).

4 Today also the Church continues to offer these services, even if modern society has become more and more responsible for their general organization. Today also, the presence of Christians in the places where people suffer sickness, loneliness, and abandonment is always notable. It is a task that is both Christian and humanitarian.

To continue that vocation of evangelical witness, meritorious religious institutions were born within the Church, whose members consecrate themselves totally and in an exemplary way to the care of the sick. That presence is no less appreciated here in Bolivia, where infant mortality is very high, where the average life expectancy is still very low, where alcoholism and the new scourge of drug addiction are a menace to all social strata. The religious of Bolivia find here a vast field of action and apostolate, in order to put love where there is pain. I express my deep gratitude to all these consecrated persons who devote their lives to the sick, thanking them for the praiseworthy work which they perform with so much dedication and selflessness. Jesus Christ will be their reward.

5. Likewise, I express my deep appreciation and respect to the doctors, nurses, and medical aides for their exemplary vigilance in the exercise

of their profession. This is a true vocation, destined to relieve our suffering brethren. Few professions are as worthy of such great esteem as that of the doctor when he or she acts with dedication and an ethical and humanitarian sense. This puts doctors on a level very close to the priesthood in which their mission is to heal the body and, at the same time, alleviate the spirit.

Therefore I encourage these professional people to be conscious of their most worthy commitment, to be at all times at the service of life and never of death, to be totally honest in the choice of treatments and surgery, not to yield to the temptation of money, or to abandon their country — which needs them — only for material gain. They should see their patients — even the poorest, who may not even be able to pay for their services — as human persons and children of God.

6 My beloved sick brothers and sisters: you who are living the Lord's passion, if you live it with him, you strengthen the Church with the testimony of your faith and the valor of your sacrifice. With your patience, fortitude, and joy, you proclaim the mystery of Christ's redeeming power, and you will meet the crucified Lord in the midst of your sickness and your suffering.

I recommend to God all those who work for the sick in hospitals, nursing homes, sanatoriums, centers of assistance to the dying and in the psychiatric hospital of this city. I would like to repeat to you, doctors, nurses, chaplains, and other hospital personnel, yours is a noble vocation. Never forget that it is Christ whom you serve in your suffering brothers and sisters.

To all the sick who are present here and to all who are present at this meeting through radio and television, I give you an affectionate embrace with the love of a brother. I ask you to offer your sufferings for the Church and her pastors, for the unity of Bolivians and the prosperity of your country, and I give you my special Apostolic Blessing.

(To a group of sick and elderly people at the Cathedral of Sucre, Bolivia, May 12, 1988)

For a responsible transmission of human life

1 It is with great joy that I welcome you to this special audience which I have gladly reserved for you, qualified representatives, on the occasion of the International Conference convoked to recall the twentieth anniversary of the Encyclical *Humanae Vitae*. I greet you most cordially, with particular thanks to Professor Bausola for his opening address, and I wish to congratulate most heartily the directors of the "Centre for Study and Research on the Natural Regulation of Fertility" of the Catholic University of the Sacred Heart, who have sponsored this initiative, which will be repeated in the city of Bologna within a few days.

2. The twentieth anniversary of the Encyclical *Humanae Vitae* offers the whole Church a fitting occasion for serious reflection on the doctrine taught in it, a doctrine which I have taken up again in the Exhortation *Familiaris Consortio* and on numerous other occasions. It is a question, in fact, of a teaching which belongs to the permanent patrimony of the Church's moral doctrine.

The uninterrupted continuity with which the Church has taught it derives from her responsibility for the true good of the human person, of the human person of the spouses, first of all. In fact, conjugal love is their most precious good.

The interpersonal communion established between two baptized Christians in virtue of that love is the real symbol of Christ's love for his Church. The doctrine expounded in the Encyclical *Humanae Vitae* thus constitutes the necessary defense of the dignity and truth of conjugal love

As with every ethical value, man has a grave responsibility with regard to conjugal love. It is first of all married couples themselves who are responsible for their conjugal love, in the sense that they are called to live it in its entire truth.

The Church assists them in this task, enlightening their consciences and assuring them, with the sacraments, of the strength necessary for the will to choose good and avoid evil.

3 Still, I cannot pass over in silence the fact that many today do not aid married couples in this grave responsibility of theirs, but rather place significant obstacles in their path.

In this regard, no man or woman who has perceived the beauty and the dignity of conjugal love can remain indifferent in the face of the attempts being made to equate, in every respect, the conjugal bond with mere cohabitation. To equate them is unjust and destructive of one of the fundamental values of all civil society — esteem for marriage. It is also harmful for the upbringing of the young generations, who are thus tempted to embrace a concept of freedom and a way of experiencing it which are radically distorted.

In addition, in their effort to live their conjugal love correctly, married couples can be seriously impeded by a certain hedonistic mentality widespread today, by the mass media, by ideologies and practices contrary to the gospel. This can also come about, with truly grave and destructive consequences, when the doctrine taught by the Encyclical is called into question, as has sometimes happened, even on the part of some theologians and pastors of souls. This attitude, in fact, can instill doubt with regard to a teaching which for the Church is certain; in this way it clouds the perception of a truth which cannot be questioned. This is not a sign of "pastoral understanding," but of misunderstanding the true good of persons. Truth cannot be measured by majority opinion.

The concern you have shown in your conference to situate the more technical and scientific reflection on the natural monitoring of fertility within the context of full theological, philosophical and ethical reflections must be emphasized and praised. Another way to weaken the sense of responsibility of married couples towards their conjugal love is, in fact, to supply information on natural methods without accompanying it with the necessary formation of consciences. Technical knowledge does not resolve ethical problems, simply because it is not able to make the person better. Nothing can take the place of education in chastity. Only the man and woman who have attained true harmony in the depths of their own personalities can love one another conjugally.

4. Twenty years after the publication of the Encyclical, one can see clearly that the moral norm taught in it does not defend merely the

goodness and dignity of conjugal love, and thus the good of the person of the spouses. It has an even greater ethical significance. In fact, the logical consequence and the ultimate root of the contraceptive act, which Paul VI had already pointed out prophetically, have now become manifest. What logic? What root?

The anti-life logic: over the last twenty years, many states have renounced their dignity as defenders of innocent human life, enacting laws permitting abortion. A real slaughter of the innocents is being carried out every day throughout the world.

What root? It is the rebellion against God the Creator, the one Lord of the life and death of human persons. It is the non-recognition of God as God; it is the intrinsically absurd attempt to build a world to which God is completely extraneous.

In the Encyclical *Humanae Vitae*, Pope Paul VI expressed the certainty that the document constituted a contribution, because of its defence of conjugal morality, to the establishment of a truly human civilization (cf. no. 18). Twenty years after its publication, the foundation of that conviction is truly borne out in many ways; in ways which can be verified not only by believers, but by every man or woman who is thoughtful about the lot of mankind, since anyone can view the consequences of man's disobedience to God's holy law.

Your efforts, as well as those of so many other persons of good will, are a sign of hope not only for the Church, but for all humanity.

As I invite each of you from my heart to persevere generously on the path you have set out upon, I give all of you my blessing, invoking heavenly assistance upon you.

(To participants in the Fourth International Conference for the Family of Europe and Africa, in Rome, at the Catholic University of the Sacred Heart, on March 14, 1988)



A Shelter at the Vatican for the Poorest

1 You can understand the joy and emotion I feel at this moment on seeing the final realization of a project which has been very close to my heart for some time a "House of Welcome for the Poorest," here, within the walls of this City, which is the very center of the Church

I blessed the first stone of this building on June 17 of last year, and now it is open and ready for use. Insofar as possible, it will provide shelter for all in Rome who have nowhere to take refuge at night, particularly those who lack a minimum of family and human warmth to surround and sustain them in the hard struggle for life

I thank the Lord and the Holy Virgin for having helped us so visibly that in such a short time we can see the completion of this very necessary and significant work. Though only a partial expression, this reflects my wish to provide some response, some solution — as I pointed out on January 3 of this year at the meeting and dinner with those aided by St. Peter's Circle — to a problem as serious as that of the homeless in Rome. I said at that time, "In encountering these people without work, and often not only without work, but without the means to live, to eat, to sleep, often homeless, I have reflected upon the most fundamental things in human existence" (L'Osservatore Romano, January 4-5, 1988)

2 Now something has been accomplished. The House exists

I therefore entrust to the Lord, from the very outset, the initiative wished for in His Name and for the sake of His Love for the love of Christ cannot fail to involve us all deeply in love for our brothers. The Gospel resides entirely and exclusively therein — not words, but deeds.

"Christ Himself, in the poor," the Second Vatican Council states, "virtually claims out loud the charity of His disciples" (Gaudium et Spes, 88). This must spur us to follow and imitate the example of Him Who, "though rich, became poor for us, so that we would become rich by means of His poverty" (cf 2 Co 8 9). Recalling precisely that Jesus' whole life unfolded under the sign of this poverty — from the stable in Bethlehem to the nakedness of the Cross — I asserted on the aforementioned occasion, "We may say that we are going in the same direction — or, rather, He, Jesus, went in the same direction — as all those who lack a home or other means to live" (L'Osservatore Romano, cited above).



3. And in this Marian Year I entrust the House of Welcome once again to Her, to the Virgin Mary, who in all things shared the poverty of the Son of God made man in her and the precariousness of the nascent Church. It is very beautiful that this House should be called "Gift of Mary," not only as a perpetual reminder of the Year we are celebrating, but because in this environment the guests will above all find the Heart of her whose entire life was a gift of love, a light of sweet and discreet charity

4. It is right and proper for me now to thank all who have collaborated in the realization of this initiative.

First of all, the benefactors, who, with their assistance, seconded the Pope's charity.

I also thank those responsible for the Administration of the Patrimony of the Apostolic See, the Governorate of the Vatican City State, and the capable workers who have made possible such a solid, well-made building in the span of less than a year.

Finally, I address a word of special gratitude to Mother Teresa of Calcutta, who from the outset has followed the entire phase of realizing the project with interest and dedication, the tasks of guidance and assistance connected with the activities of the work have been entrusted to her Daughters: their well-known concern for the poorest of the poor ensures the brightest hopes for the beginning of this new activity.

I reiterate my heartfelt greeting to all those who have contributed and gladly impart a special Blessing.

(The inauguration of the Gift of Mary House of Welcome at the Vatican on May 21, 1988)

The Church's teaching in the biomedical field defends the dignity and fundamental rights of the human person

... Because of your dedication to caring for the sick and the poor, the aged and the dying, you know from your own daily experience how much illness and suffering are basic problems of human existence. When the sick flocked to Jesus during his earthly life, they recognized in him a friend whose deeply compassionate and loving heart responded to their needs. He restored physical and mental health to many. These cures, however, involved more than just healing sickness. They were also prophetic signs of his own identity and of the coming of the Kingdom of God, and they very often caused a new spiritual awakening in the one who had been healed.

The power that went out from Jesus and cured people of his own time (cf. Lk 6:19) has not lost its effect in the two-thousand-year history of the Church. This power remains, in the life and prayer of the Church, a source of healing and reconciliation. Ever active, this power confirms the identity of the Church today, authenticates her proclamation of the Kingdom of God, and stands as a sign of triumph over evil.

With all Catholic health care the immediate aim is to provide for the well-being of the body and mind of the human person, especially in sickness or old age. By his example, Christ teaches the Christian "to do good by his or her suffering and to do good to those who suffer" (Salvifici Doloris, 30). This latter aspect naturally absorbs the greater part of the energy and attention of the health care ministry. Today in the United States, Catholic health care extends the mission of the Church in every state of the Union, in major cities, small towns, rural areas, on the campuses of academic institutions, in remote outposts, and in inner city neighborhoods. By providing health care in all these places, especially to the poor, the neglected, the needy, the newcomer, your apostolate penetrates and transforms the very fabric of American society. And sometimes you yourselves, like those you serve, are called to bow, in humble and loving resignation, to the experience of sickness — or to other forms of pain and suffering.

All concern for the sick and suffering is part of the Church's life and mission. The Church has always understood herself to be charged by Christ with the care of the poor, the weak, the defenceless, the suffering and those who mourn. This means that, as you alleviate suffering and seek to heal, you also bear witness to the Chris-



...tian view of suffering and to the meaning of life and death as taught by your Christian faith ...

Similarly, the love with which Catholic health care is performed and its professional excellence have the value of a sign testifying to the Christian view of the human person. The inalienable dignity of every human being is, of course, fundamental to all Catholic health care. All who come to you for help are worthy of respect and love, for all have been created in the image and likeness of God. All have been redeemed by Christ and, in their sufferings, bear his Cross. It is fitting that our meeting is taking place on the Feast of the Triumph of the Cross. Christ took upon himself the whole of human suffering ...

The human person is a unique composite — a unity of spirit and matter, soul and body, fashioned in the image of God and destined to live forever. Every human life is sacred, because every person is sacred. It is in the light of this fun-

damental truth that the Church constantly proclaims and defends the dignity of human life from the moment of conception to natural death. *It is also in the light of this fundamental truth that we see the great evil of abortion and euthanasia.*

Not long ago, in its "Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation," the Congregation for the Doctrine of the Faith once more dealt with certain vital questions concerning the human person. Once more it defended the sanctity of innocent human life from the moment of conception onward. Once again it affirmed the sacred and inviolable character of the transmission of human life by the procreative act within marriage. It explained that new technologies may afford new means of procreation, but "what is technically possible is and radically transformed it through the Paschal Mystery of his Passion, Death and Resurrection" not for that very reason morally admissible" (Introduction, 4). To place new human knowledge at the service of the integral well-being of human persons does not inhibit true scientific progress but liberates it. The Church encourages all genuine advances in knowledge, but she also insists on the sacredness of human life at every stage and in every condition. The cause she serves is the cause of human life and human dignity.

The Triumph of the Cross gives human suffering a new dimension, a redemptive value (cf. Salvifici Doloris, 24). *It is your privilege to bear constant witness to this profound truth in so many ways.*

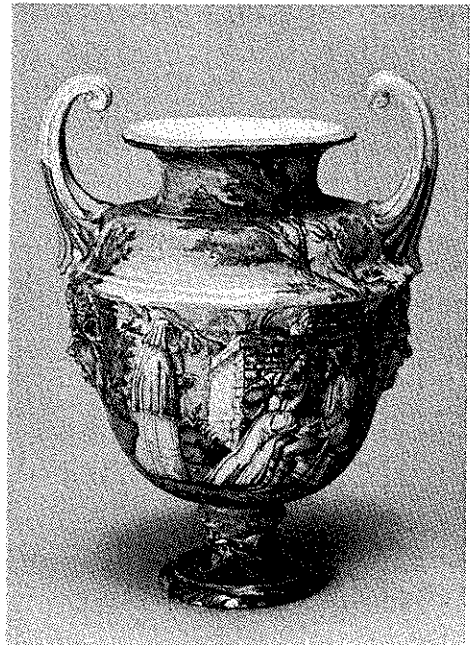
The structural changes which have been taking place within Catholic health care in recent years have increased the challenge of preserving and even strengthening the Catholic identity of the institutions and the spiritual quality of the services given. *The presence of dedicated women and men religious in hospitals and nursing homes has ensured in the past, and continues to ensure in the present, that spiritual dimension so characteristic of Catholic health care centres. The reduced number of religious and new forms of ownership and management should not lead to a loss of a spiritual atmosphere, or to a loss of a sense of vocation in caring for the sick. This is an area in which the Catholic laity, at all levels of health care, have an opportunity to manifest the depth of their faith and to play their own specific part in the Church's mission of evangelization and service.*

In the exercise of your professional activities you have a magnificent opportunity, by your constant witness to moral truth, to contribute to the formation of society's moral vision. As you give the best of yourselves in fulfilling your Christian responsibilities, you will also be aware of the important contribution you must make to building a society based on truth and justice. Your service to the sick enables you with great credibility to proclaim to the world the demands and values of the Gospel of Jesus Christ, and to foster hope and renewal of heart. In this respect, your concern with the Catholic identity of your work and of your institutions is not only timely and commendable, it is essen-

tial for the success of your ecclesial mission.

You must always see yourselves and your work as part of the Church's life and mission. *You are indeed a very special part of the People of God. You and your institutions have precise responsibilities towards the ecclesial community, just as that community has responsibilities towards you. It is important at every level — national, state and local — that there be close and harmonious links between you and the bishops, who "preside in place of God over the flock whose shepherds they are, as teachers of doctrine, priests of sacred worship and officers of good order" (Lumen Gentium, 20). They for their part wish to support you in your witness and service...*

(Phoenix, Civic Plaza, September 14, 1987, to the leaders of the Catholic Health Association)



Pope John Paul II's Message to the Eighteenth National Congress of the Italian Catholic Medical Association

**To the revered Brother Fiorenzo Angelini,
Titular Archbishop of Messene**

I am pleased to learn that the members of the Italian Catholic Medical Association will soon meet in Florence for in-depth study of a subject central to their professional activity: the quality of medicine for the quality of life. This objective fits in well with the aims of the Association, which is preparing to celebrate its fiftieth anniversary, a half-century in which it has always sought to bear witness to those human and Christian values which in the sphere of medical science and practice must illuminate research and its applications to safeguard health and protect the right to life.

I am happy to acknowledge such a commitment on the part of the Association, while at the same time stressing constant attention, particularly to the defense of certain unrenounceable principles of an ethical order, in an attitude of rigorous fidelity to the Magisterium of the Church.

The recent canonization of Dr. Giuseppe Moscati and the imminent beatification of Nicolò Stenone, who precisely in Florence offered society and the Church the treasure of his discoveries and the example of his pastoral virtues, testify to the fruitful meeting of science and faith in a field like medicine, which proposes to respond to the "demand for health and life" emerging from mankind. The appeal of these figures should renew in all the Association's members the sense of responsibility proper to one who, already professing himself to be a Catholic physician, makes a commitment to bear competent witness to Christ at the university, at the hospital, in professional practice, ever at the service of life to be promoted, defended, rehabilitated.

In devoting himself to the care of the body, the Catholic physician neither can nor should ignore the problems of the spirit, since the recipient of his work is man in his wholeness. His "ministry" should, therefore, be carried out not only with scientific and professional expertise, but also through personal involvement in the concrete circumstances of the individual patient. Among other things, this presupposes ongoing Christian formation, which will make him

stand out as an authentic defender and promoter of human life.

In entrusting to you, venerable Brother, the task of bearing my greeting to the national and diocesan leaders and all the members of this meritorious Association, I invoke God's assistance to the Congress sessions, along with the projects and initiatives issuing therefrom, and I convey to all, through the mediation of the Virgin, Salus infirmorum, my Apostolic Blessing.

From the Vatican, October 14, 1988, tenth year of this Pontificate

JOHN PAUL II



Man is an Administrator of the Gifts of God

Greeting from the President of the Italian Bishops' Conference, Cardinal Ugo Poletti

Dear Archbishop Angelini

With special pleasure I have examined the interesting program for the Eighteenth National Congress of Catholic Physicians which you kindly sent to me.

I congratulate you on this timely initiative and convey my best wishes for the success of the Congress.

The subject which will be considered and studied in depth in the papers and roundtable discussions strikes me as extremely important because it concerns the human person, "the first and fundamental way of the Church" (RH, 14), and the future of mankind; but it is also of considerable current interest if we recall the repeated, distressed appeals by the Holy Father, by men of science, by the most enlightened politicians and by associations for the quality of life and the defense of the environment, once we take a look at what is happening before our eyes.

Precisely in these days the Lombard Bishops have addressed a collective pastoral letter on the subject of the environment to the faithful of the Region: "The Question of the Environment Ethical and Religious Aspects." The environment, moreover, in modern medicine, is regarded as an important factor in prevention.

We feel that the focal point of the problematic connected with the subject of the Congress is a healthy, realistic conception of man and nature, as it emerges from the entire biblical revelation, particularly from the story of the creation of the world and man.

It is the biblical truth of the creation of the world and man, which is debated and almost entirely forgotten by a great portion of modern science and philosophy and by numerous contemporary ideologies.

Indeed, a completely immanentistic conception of man and nature, wherein every appeal to transcendence is excluded and the human being and his activities are detached from every reference point other than material and economic progress and personal well-being, cannot fail to lead to results which are later deprecated.

In the biblical and Christian vision, however, man is certainly regarded as the king of the universe to whom the Creator entrusts the creation, so he will "subdue and master it" (Gn 1:28), but man's lordship over the created world must be fulfilled in respect for nature and its laws and with a sense of solidarity towards mankind and future generations.

Man is an administrator of the gift and the gifts of God, not the absolute master and single, undisputed possessor!

He, as an instrument of the Providence governing the world and history, is called to transform and use the world and earthly realities, not heedlessly, but in harmony with the plan of God and the demands of human solidarity.

And the plan and will of God—always salvific for man—may be discovered in the very laws and demands of creation, as St Paul discerns in the Letter to the Romans.

Man and nature, as works of God, find their *raison d'être*, the deepest and truest sense of their existence and action in the wisdom of God, as do science and all authentic human progress.

For this reason the Second Vatican Council states, "Here, then, is the norm for human activity—to harmonize with the authentic interests of the human race, in accordance with God's will and design, and to enable men as individuals and as members of society to pursue and fulfill their total vocation" (GS, 35).

All of Chapter III of *Gaudium et Spes* on "Man's Activity in the Universe," from which we have taken this text, deserves careful consideration and reflection by the Congress participants to grasp the true Christian meaning of the subjects dealt with.

I would like to offer these brief, essential considerations for the special reflection of Catholic physicians, attentive to professional demands, but also to the serious and delicate problems which scientific and technical progress poses for our consciences.

I take this opportunity to reiterate my fervent best wishes for the successful outcome of the Congress sessions and to send my warmest greetings to Your Excellency, to your Collaborators, to the Speakers, and to all those attending.

Invoking the light of the Spirit, I convey my best regards.



Suffering Man Needs Love and Understanding

Cardinal Paul Zoungrana's Address to the Eighteenth National Convention of the Italian Catholic Medical Association

Your Excellencies, Mr Minister of Health, dear physician friends, dear brothers, ecclesiastical assistants, ladies and gentlemen, allow me first of all to express my gratitude to the organizers of the National Convention of Catholic Physicians in Italy and to thank Archbishop Angelini, Pro-President of the Pontifical Council for the Health Care Apostolate, who, by virtue of a long and sincere friendship, invited me, an African, to participate in these reflections reserved for Italian doctors. I take this opportunity to recall that His Excellency has visited us on two occasions, and with his help we in Ouagadougou have been able to receive the benefit of the service of young Italians in the healthcare field. I am very grateful to him for this.

I would also like to express my gratitude to Professor Pietro De Franciscis, Honorary President of the Association, and the new President, Professor Domenico Di Virgilio, who has frequently taken care of my health problems.

I am a layman in matters of medicine, but my heart as a Pastor enables me to feel, along with you, the difficulties in understanding man and thus in working for him without attempting upon his dignity.

In effect, through your work and study in these days, you have shared awareness of problems which, in principle, scientific knowledge may come to solve (for example, family and work psychology and preventive medicine in primary and secondary school), together with those which technical knowledge cannot, in principle, aspire to solve (the ethical problems of man and his environment, for instance). And all has been seen from a twofold standpoint: the "breadth" of the problems, on the one hand, and the "kind of certainty" which ought to be sought, on the other.

We have been reminded during this Convention of certain cases where man cannot risk being wrong when he attempts to deal with them, for they leave no room for a tolerable margin of error. When man personally comes into play, for instance, when his whole life runs the risk of being lost or gained (e.g., "Science, Ethics, and the Terminal Patient," "Bioethics and Biotechnology for a Better World"). In the face of these questions, whose substance refers to our entire existence, no one is satisfied with purely hypothetical knowledge because no one is willing to place his own life in jeopardy on the strength of a hypothesis — everyone wants "not to make a

mistake." Some basic choices involving the general orientation of human life have led you to perceive clearly that a preference for one solution or another may lead you to "win all" or "lose all."

At first glance it might seem that a concern of this kind could present itself only in a confessional framework or, at least, in a religiously oriented conscience. But it is not a question of this: the demand to ensure one's salvation by saving or "gaining" a human life is not a consequence, but the intrinsically human foundation for the bond existing between man and his Creator.

In the course of your reflection you have, in fact, implicitly shown the existence of two pairs



of terms: doctor-patient and priest-patient. The two are fused into a single relationship of Love: Jesus Christ-patient. The Genesis narrative had already prepared us to receive this model of God's relationship to man. God created man in his image (Gn 1:27) and in harmony with all of nature. On account of sin man has destabilized this exterior harmony (of nature), along with the interior one (moral and psychological).

And it is God himself who takes the initiative of remedying this human imbalance by re-establishing the Alliance with man (Gn 9, Gn 17), later giving him his Word as a guide, and, finally, by becoming Man to experience the limitations and impotence of man, his creature, and help him to recover his life, now endangered. Suffering man needs not so much to be

physically cared for as to feel loved and understood, not so much to receive something as to know he is accepted and welcomed above and beyond his objective state of illness. And this is the model we expect from you, Catholic physicians, in your goal of humanizing medicine and the paramedical disciplines to reveal to the Christian people the fruits of Baptism identifying you with Christ the Consoler, Physician, and Priest. In the regard, we adopt the words of the apostle Paul to the Romans

"In my estimation, all that we suffer in the present time is nothing in comparison with the glory which is destined to be disclosed in us, for the whole creation is waiting with eagerness for the children of God to be revealed. It was not for its own purposes that creation had frustration imposed on it, but for the purposes of him who imposed it—with the intention that the whole creation itself might be freed from its slavery to corruption and brought into the same glorious freedom as the children of God. We are well aware that the whole creation, until this time, has been groaning in labor pains. And not only that: we too, who have the first fruits of the Spirit, even we are groaning inside ourselves, waiting with eagerness for our bodies to be set free" (Rm 8 18-23).

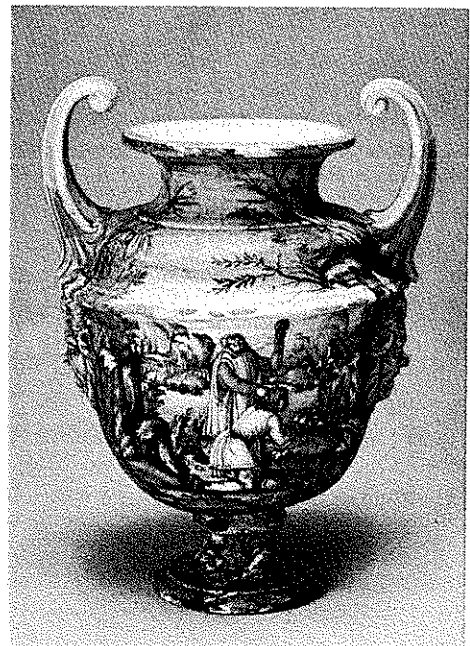
The Catholic doctor, then, in conscientiously exercising his profession, seeks to achieve the union of these two pairs of terms, doctor-patient and priest-patient—a union first achieved by Christ, the Son of God made man. In him, the Catholic physician, a statement by Christ takes on its full meaning: "Of what use is it to man to gain the whole world if he loses his soul?" (Lk 12:20-21); that is, the patient is no longer regarded as a good to be exploited for either personal enrichment or prestige, but as a brother who must be saved. There is a clear perception, in this sense, that the doctor's life becomes one with the patient's, as Christ made our human life his own, for our life is single and ours alone, if this life is lived badly, no one can give it back to us. Here I feel all the faith of your Association and with pleasure I take nourishment from it to devote myself more enthusiastically to the sociomedical apostolate in my Diocese of Ouagadougou, Burkina Faso.

Your Association, through its profound and valuable reflections, has called attention to numerous problems of medicine and human life, and we would be very pleased to see such wealth collected in documents translated into French and English for our young churches of Africa. Furthermore, by way of these documents you would provide inestimable support for the entire Christian people, for your reflection is illuminated by the Magisterium, to which you continually refer. In this connection, I congratulate you on the words of encouragement which the Holy Father sent to your generous Association and which Archbishop Fiorenzo Angelini passed on to you. But, above all, I share your joy over the new Council which the Pope has created, devoted especially to the Health Apostolate.

It is a proof of the consistency existing between your work to protect life and the dignity of the life Christ has treated—with the Therapy

of Love. All the care he manifested towards numerous sick people (epileptics, deaf-mutes, the blind, the mutilated, lepers, and the possessed), all this attention had as its principle and end Love for persons, Love for the ill, but without sacrificing Love for Truth.

By virtue of this Love for Truth, you have had and will still have to fight at times against laws which fail to respect man as life and the image of God—especially when this life is not yet visible. The truth of man is the truth of life, and the mission of the Church—and thus of the Catholic physician—is to make private and community life worthy of man. In this way the presence of Christ, Physician and Priest, will become real in each of us in dealing with those who hope for understanding and relief from us. I admire your faith and your struggle.



Topics



*The Timeliness of
Humanae Vitae*

*Interview with Cardinal
Jean Margéot on the
Family and Ethical
Problems*

*The Humble Firmness of
Humanae Vitae*

The Timeliness of *Humanae Vitae*

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Last July 25 was the twentieth anniversary of Paul VI's publication of the Encyclical *Humanae Vitae* on the transmission of life and birth control. The document caused a stir at that time. It was 1968, the year of mass protests, the time when new prophets proclaimed their unrestricted right to pleasure-seeking with no concern for the consequences. Paul VI had the courage to resist the well-orchestrated pressures aimed at obtaining a basic change in centuries-old norms concerning marital morality. He was attacked from all sides, often by those who had not studied the Encyclical in depth.

I recall a lively broadcast on Canadian television where none of the participants seeking to reject the Encyclical had a copy of it at hand.

The Encyclical's current interest

Things have changed. Many events have shown Paul VI was right, and we are observing new interest in the study of this document, to which the current Pope frequently refers when defending the values of family, life, and love.

A number of study sessions have been held in recent months to commemorate the twentieth anniversary of *Humanae Vitae*. I was impressed by two meet-

ings held in the Philippines, where, in spite of the constantly agitated sociopolitical situation, tens of thousands of families have found in the Encyclical's doctrine generosity in donating life and the secret of responsible parenthood, which causes husband and wife to grow together in love and joyful service to their human community.

I have also been able to take part in a Symposium held at the famous American university of Princeton. The theme was "Trust the Truth,". Specialists in the fields of medicine, education, psychology, philosophy, theology, and demography represented diverse cultural and religious environments. Without losing any time on analysis of the reasons for the disagreement the Encyclical had met with and the silence which had later surrounded it, they unanimously acknowledged its prophetic character.

The reflections proposed by the Encyclical struck them as extremely important for the future of humanity precisely because they recall the truth about man, his nature, and his singular dignity.

Only this profound truth concerning man will survive the vicissitudes of fashions, fears, and artificial needs. This truth was expressed by Paul VI in regard to the specific topic of man's cooperation in transmitting life. But it is supported by prin-

ciples without which the passage in the Encyclical which has attracted most attention cannot be understood — i.e., where the Church's constant doctrine condemning abortion, sterilization, and contraception is reasserted.

These principles may be summarized as follows:

* Man needs clear, straightforward moral norms. A morality without absolutes opens the door to disorders which eventually destroy man. There are laws based on the very fact of creation and the immutable nature of the human person which cannot be changed at will according to the circumstances. In serving the Creator, the Church's mission is to defend them.

* The laws of nature are a source of freedom. Without gravity we could not walk. Without the laws of physics there would be neither music nor the possibility of going to the moon.

* In man there is a fundamental unity between the physical and the moral. His body, though material, is not a machine he can submit to new techniques without worrying about the welfare of the entire person.

* A simple reading of what has been impressed upon the physical and spiritual nature of man and woman reveals that sexual union can be the most intimate expression of love for them, but that it is essentially oriented towards the cre-

ation of life. It is the means willed by the Creator so that the human species will be conserved. The immense sums spent each year on depriving marital acts of their fecundity clearly demonstrate that the unitive and procreative aspects of these acts are inseparable in their origin.

* It is never easy to observe divine laws responsibly. A realistic recognition of the new difficulties of spouses and society in making room for life does not authorize a search for solutions which disturb the order of nature. But from this there follows – for the Church as educator and for all those concerned with families – the duty to seek solutions to the problems and to help to overcome difficulties.

The content of the Encyclical

The Pope's reflection on the transmission of life is structured into three phases. He initially explains why the Church has had to question itself on its doctrine in the face of phenomena and the moral questions posed by them. He then states what represents the certain doctrine of the Church on human life, love, and procreation, indicating the arguments on which it is based and delineating what the results might be of abandoning the principles transmitted by the Christian tradition. He concludes with some pastoral directives addressed to the clergy, but also to all those who can support spouses in exercising their serious responsibilities as regards parenthood.

It is not possible for us to summarize the Encyclical's solid doctrine here in wishing to do it justice. That would require a lengthy historical and anthropological

exposition. Pope John Paul II, for instance, has devoted various catechetical series to it during his Wednesday general audiences, and his Apostolic Exhortation *Familiaris Consortio* provides some of the most up-to-date comments and applications.

We would just like to touch upon a few points here which illustrated Paul VI's wisdom and perspicacity.

The timeliness of Paul VI's statement

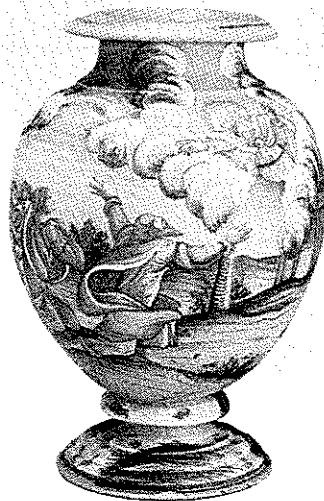
It was after a reflection lasting a number of years and a consideration of new domestic and demographic problems that the Pope proceeded to exercise his mission as interpreter of the di-

vine law. We know the decision cost him a great deal, but he could not change the truth at pleasure.

His predecessor, John XXIII, had already constituted a commission of theologians, scientists, and leaders of family movements to study the moral and other aspects of the means proposed to control fertility in order to express their opinion, particularly on the possibility and opportuneness of allowing the pill suppressing ovulation. Invited by Paul VI to continue their reflection, they pushed the arguments in favor of relaxing traditional norms to the extreme, confident that in the end it would not be they but the Pope who made the decision. He, after receiving their report, requested the opinion of moralists who also had experience in spiritual direction. Among the arguments in support of the proposed changes were that of the new rights granted to conscience by technological progress, the assertion that an individual act cannot be evil if the totality of acts and the general orientation of conduct are acceptable, and the position that a lesser evil could be committed to avoid a greater one.

We can understand why the Pope was unable to accept these arguments: not only did he see the disturbances such relativism would introduce into the fundamental order of morality, but he managed to foresee the confusion which would result if these criteria were applied to other fields, like justice, fidelity to one's commitments, theft, violence, and selfishness.

On the other hand, Paul VI was aware of the seriousness of demographic questions and their contribution to the problems of poverty and development. He demonstrated this in his



Encyclical *Populorum Progressio* and in his addresses to the United Nations and the World Conference in Bucharest. But he did not naively believe in the phantasm of the population explosion or in the ominous predictions of the Club of Rome (which the latter and the best demographers later refuted). "Underdevelopment", he often said, "is not due to the generosity of the poor as regards life, but to the selfishness of the rich in sharing their comforts."

Paul VI and his successors, along with the organism of the Roman Curia, have continued to listen to the appeals of the peoples. They know there are difficulties in certain regions of the globe in reconciling progress with rapid population growth. Yet they observe that the massive, costly programs of rich countries to impose a drop in the birth rate in the Third World have not improved the poor's standard of living in the least, but rather have brought about an increase in sexual freedom and immorality, which destroy the family and generate contempt for life and thus violence.

The Church, however, encourages responsible parenthood in keeping with moral law and supports educational programs on natural methods for spouses.

Particularly important is Paul VI's appeal to doctors, health professionals, and scientists: "We hold in the highest esteem the doctors and health care workers who, in exercising their profession, beyond all self-interest are concerned about the higher demands of their Christian vocation. May they persevere, then, in always promoting solutions inspired by faith and right reason and strive to create such conviction and respect in their environment.



Let them also regard it as their professional duty to acquire all the science needed in this delicate sector, in order to be able to give the spouses consulting them proper counsels and legitimate indications, which the latter rightly expect from them" (*Humanae Vitae*, 27).

For this purpose he invited scientists to study the problems of life, dealing with the health and welfare of the family: "We wish to express our encouragement to the men of science, who can make a great contribution to the good of marriage and the family and the peace of consciences if, joining together their studies, they seek to clarify more profoundly the different conditions favoring honest regulation of human procreation. It is to be desired that medical science succeed in providing a sufficiently sound basis for regulation of births grounded on the observance of natural rhythms" (*Humanae Vitae*, 24; cf. *Gaudium et Spes*, 51).

One of the most frequent complaints of those devoted to family education is the indifference and skepticism they meet with among many pastors and physicians. This indifference or skepticism may be imputed to ignorance of the progress made in the scientific study of fertility rhythms.

Many believe we are still in the times of the Ogino method and let themselves be taken in by the propaganda of contraceptive sellers who speak of natural methods as if they amounted to Russian roulette.

Conclusion

I feel it is proper to conclude with an eloquent text by the President of the Philippine Bishop's Commission for the Family.

"What ought to be cele-

brated and commemorated on this twentieth anniversary?"

"We are celebrating a new awareness of the wisdom of the teachings provided by *Humanae Vitae*, an awareness due precisely to the development in the world of negative phenomena such as contempt for life, manipulation of the masses, contraception, sterilization, abortion, and a lifestyle focused on consumption and hedonism. But we are conscious of an encouraging evolution which illustrates the Encyclical's message.

"In the Philippines we are celebrating the initiatives and persistence of our laypeople, who succeeded in

introducing into the new Constitution the commitment to defend life from its inception and situate the family and its values at the core of the nation's existence.

"We are celebrating the growing number of couples wishing to adopt abandoned children and raise them alongside their own children. We see in this a protest against the propaganda labeling children as 'unwanted' and diminishing the value of nascent life.

"We are celebrating public indignation over the abuse and exploitation — for pleasure or money — of our young people and women.

"We are celebrating a

reawakening, even among the illiterate, of wonder at being able to come to master their instincts and a sense of liberation on discovering the deep roots of their dignity as persons.

"We are celebrating the signs — in spite of false publicity — of profound love for children among our people, a love which cannot be suppressed or extinguished. We unite our joy to that which parents find in their children" (Most Rev. Jesus Varela, July, 1988)

EDOUARD CARDINAL
GAGNON
President of the
Pontifical Council for
the Family

The Fundamental Thought of the Pope

An interview with Cardinal Jean Margéot, Archbishop of Port-Luis, Mauritius Island, on the subjects of the family, Humanae Vitae, and ethical problems

1. *Your Eminence, in 1963 you were one of the founders of Family Action. Twenty-five years later, can you tell us what your concerns were at that time?*

From 1946 to 1948 we conducted an anti-malaria campaign on Mauritius Island, and five years later we could measure the effectiveness of this campaign by the number of children entering primary school. From one year to the next, the shift was from 7,000 to 22,500. An alarm had been sounded by a Congress on population held in Rome in 1952. Furthermore, here in Mauritius the government had asked Professor Titmuss to conduct a serious survey of demography and Professor Meade to

examine the economic situation. After the publication of these two reports, there was increased awareness on the part of the government. Many people with a sense of responsibility in the country realized that a national policy was needed to regulate births. In 1960 the government had drafted a bill to legalize all forms of contraception. I had to oppose that proposed law out of fidelity to the teachings of the Church and to the Holy Father; I even remember that it was Tuesday of Holy Week, but the Church could not remain with her arms folded. It was necessary to propose an alternative to contraception. My concern was to succeed in finding a means for Catholics to manage to regulate

births effectively while remaining faithful to the doctrine of the Church.

2. *Why do you say that you were looking for an effective method? Didn't the Ogino method exist then, practiced by many Catholics?*

The Ogino method was not 100% sure; it was based on a calculation of probabilities which was not reliable. It was rightfully called "Vatican roulette."

3. *What happened between 1960 and 1963, the year Family Action was founded?*

We were quite perplexed. We realized that there was a genuine problem of overpopulation. We could not agree

to imposing contraception on couples against their conscience. It was not possible. Monsignor Liston wrote to Rome one several occasions, asking for orientation, without receiving a reply. It was the beginning of the Council. We knew the subject would be dealt with. It was a very difficult situation to take on and direct.

4. How did you come to find the solution proposed by Family Action, that is, the thermic method?

In March 1963 we received the visit of Fr. De Lestapis, who spoke to us of Dr. Van der Stappen's experience in Nantes, an experience encompassing 200 homes there — it confirmed the effectiveness of birth regulation based on the thermic curve. Fr. De Lestapis familiarized us with Dr. Geller's book disseminating the scientific basis of the thermic curve. He greatly encouraged us to undertake this experience on Mauritius Island with volunteer couples prepared to receive training and find other couples.

I was helped in starting up Family Action by Fr. René Verbruggen, Founder of the Unity Home; Dr. Arthur de Chazal; Régis and Jeannette Lam Po Tang, who are now in Sydney; Freddy and Jacqueline Appassamy; and Raymond Lamusse, who voluntarily agreed to take care of accounting and administration. Later other doctors — Pierre Piat, Jacques Ythier, and Edouard Wong — came to offer their assistance.

5. The Guy doctors and their role in Family Action are frequently mentioned. Can you tell us about this?

These doctors, François and Michèle Guy, came to spend a month in August 1963. They later returned

for a two-year stay, from 1964 to 1966. They were willing to help us and leave their profession in France. But the economic problem of Family Acton was posed at that time. The problem was so serious then that I myself went to call at several doors, especially in America, visiting the Rockefeller and Ford Foundations. But these foundations, which wanted to collaborate in scientific research projects, were not interested in a concrete experience in our country. Later, at the request of Monsignor Benelli,

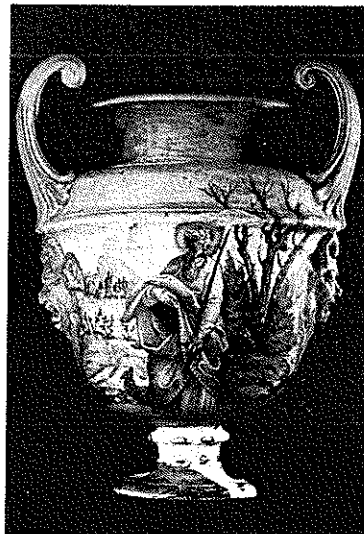
Undersecretary of Paul VI, MISEREOR agreed to consider Family Action as an organization at the service of development and financed part of this experience. Beginning in 1967, the Mauritius Island government granted regular subsidies to Family Action.

6 To what do you attribute the success of the Guys and Family Action?

The Guy doctors were very successful with their lectures. First of all, they provided testimony — they worked together. This couple-to-couple work will always stand as a key principle of Family Action. In the second place, the Guys had grasped that it was not just a matter of explaining a birth regulation method, but of presenting a way of life. Thirdly, they were very humble and listened to couples' aspirations. They strove to assimilate the latest aspects of the country's culture and the Creole language. Their experience is described in the book *Mauritius Island Birth Regulation and Family Action*, which was honored with a Preface by Dr. Alfred Sauvy, one of the greatest French demographers.

7 You mentioned key points of Family Action. For today's young people, who do not remember the first steps of Family Action, can you tell us briefly what the principles guiding the movement were?

In the first place, we have never accepted the phrase "birth control" or "limitation of births." The term *control* immediately evokes a restriction on the dignity of the human person, on the responsibility and freedom of spouses within the family. The word "regulation" clearly stresses that it is to the couple that the joint de-



cision corresponds concerning the number of children they are going to call to life in the best possible conditions. They must ensure for their children the best education and give them the greatest possible opportunities in life. The experience of many countries shows that when governments have wished to replace spouses and take over their responsibilities, catastrophes have resulted. This freedom which we want to leave with couples so they can take on their responsibility to life is one of those which most enoble the life of a man and woman.

8. *What other principles do you think are essential?*

a) I would say that one must always bear in mind

what we in Family Action have referred to as a triad formed by the elements of man, woman, and child. The child is always present, either in reality or in potency, and must be respected from the moment of conception. In our opinion, one must not let the problem of birth regulation resolve itself into an exchange between a woman and her doctor or between a woman and a nurse. There is nothing more opposed to conjugal love than to hear a husband say to his wife, "Take care of things so as not to have a child." No harmony is possible in a couple on such an essential question without true joint responsibility involving the man and the woman.

b) We have also placed heavy stress on the fertility mechanism. Through our work of education, men and women discover together the complexity and richness of their anatomy, of their physiology, of their psychology. They learn to master their bodies, to become independent and autonomous. Men and women learn to direct their sexuality without any external technical help.

I feel that this is very important in a world where freedom is so highly prized and at the same time people want to help crushed populations to rise, whether or not they are in the Third World.

c) We have always maintained that birth regulation does not consist of choosing a technique, but of choosing a *way of life*. Family planning is only one of the aspects of married life, of its unfolding and maturity. Family Action encourages a global vision of the problem. We want to work to improve dialogue, the quality of life of the spouses.

9. *Were you convinced of these principles, which never-*

theless failed to obtain unanimous support even within the Church? You have been a member of the Pontifical Commission for the Family, which has met for three years. Can you tell us about this famous Commission?

You know that the birth regulation question was posed during the Council, but the Pope reserved it for himself. He withdrew it, so to speak, from the Council's agenda, for he well knew that it was an overly emotional issue which had to be focused less dramatically and faced from a certain distance. He thus created the famous Commission including theologians, demographers, psychologists, and sociologists. The Secretary of the Commission was Fr. De Riedmatten, a Dominican priest who, by the way, came to the Island to observe Family Action's experience in the field.

10. *Is it true that there was a majority and a minority on the Commission which had declared itself to be in favor of contraceptives?*

Towards the end of the Commission session, in 1966, two reports were prepared to be presented to the Pope; a majority report, reflecting twelve theologians, and a so-called minority report, reflecting the views of four theologians.

We must specify that in this study only the theologians had been invited to vote. In a second moment, a group of sixteen bishops was invited to form part of the Commission, and they participated in a final, decisive meeting of the Commission, which took place on June 20, 1966 at the Spanish Pontifical College. Cardinal Karol Wojtyla, Archbishop of Cracow, had been invited, but could not attend the meeting, for he had been



unable to obtain an exit visa from the Polish government.

After the presentation of reports and the holding of this meeting, the Pope took the matter in hand personally and reserved his judgment. Later, in July 1968, *Humanae Vitae* appeared. It went against the vote of the majority of the theologians and bishops participating in the last meeting.

11. *Here, on Mauritius Island, Family Action heaved a sigh of relief when Humanae Vitae appeared. After twenty years, do you feel the Pope was right?*

Personally, I have never doubted the rightness of the principles which have guided Family Action and which I have briefly described. *Humanae Vitae* caused great commotion, for from 1961 to 1968 the pill was being prescribed by Catholic doctors. Moreover, physicians and Catholic women regarded the practice as acceptable from a moral standpoint, bearing in mind that theologians had not as yet given precise indications. We know that today a great many women have abandoned the oral pill and that it is no longer regarded as a panacea for all of humanity's ills. We also know that chemical contraception is diminishing and that we are increasingly heading towards sterilization and abortion as effective methods of birth control.

The latest developments in birth control, like the day-after pill or the RU 486, either tend to impede nesting or destroy the embryo being formed. In 1985, the prestigious American publication *The New England Journal of Medicine* recognized that, in spite of the millions of dollars spent over a ten-

year period by agencies promoting contraception, it had been shown that the ideal contraceptive — utterly perfect and devoid of dangerous side effects — had not yet been produced and probably would not be before the end of the century. Numerous women are today abandoning artificial contraceptives for medical rather than moral reasons, although the moral implications of the most recent methods disturb even non-believers. Will Paul VI, who was ridiculed by the mass media, be rehabilitated today as a prophet?

12 *Do you think that the media have distorted the essential features of Paul VI's teaching?*

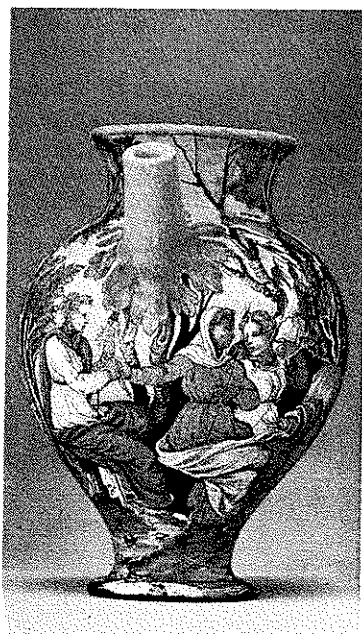
It's useless to throw stones at journalists or at those responsible for the Holy See's public relations. It is all too easy to be "wise after the event." I have in front of me an article appearing in the journal *Young Africa* of August 12, 1968. It contains thought-provoking statements, particularly because the article, so it seems, does not come from a Catholic. It is very hard on the Church, but says something interesting:

"For these underdeveloped countries, the pill is an attempt on traditions.... Far from Catholic intellectual circles, far from 'progressive' militants, Paul VI went to seek the answer to the question posed to him some time ago to that land of expansion represented by the peoples [of Asia and Africa]."

Isn't Paul VI, condemned by many journalists for a "stupid and aberrant" decision, really the prophet giving verbal expression to the unspoken aspirations of peoples often shrouded in silence?

The journalists at that time paid a lot of attention to the technical question of contraception. They certainly did not bring out the Pope's fundamental thought in waiting to recall the intrinsic bond between love and life.

13 *Many couples have been traumatized by the fact that in Humanae Vitae contraception is regarded as a serious sin. For this reason they have remained aloof from the Church and the sacraments. Some even say that Humanae Vitae has kept married couples away from religious practice. What do you think?*



In Family Action we have always been very careful not to lock couples into the notions of permitted and prohibited. Our pedagogy involved seeking to meet them at the point they were at and at the core of their difficulties. Our objective was to lead couples to become gradually autonomous in the governing of their sex lives. We have never condemned anyone to the pains of hell. Moreover, Pope Paul VI, in his address to the Notre Dame Teams on May 4, 1970, made the following statement on the interpretation of *Humanae Vitae*:

“Spouses at least know that the exigencies of conjugal morality recalled to us by the Church are not intolerable or impracticable laws, but a gift of God to help them gain access to the wealth of a fully human and Christian love, by way of and above and beyond their weaknesses. For this reason, far from harboring the anguished feeling of being caught in a blind alley... and perhaps slipping into sensuality while abandoning all sacramental practice, and even turning against the Church, regarded as inhuman, or else undergoing stress in an impossible effort, at the price of harmony and balance, and even of the survival of the home, spouses shall open themselves to hope, in the certainty that all the Church’s resources of grace are there to help them head towards the perfection of their love.”

14. In this address, then, the Pope seems to be much less demanding in regard to Christian couples than in *Humanae Vitae*. Did reactions to the Encyclical in fact lead him to modify his view?

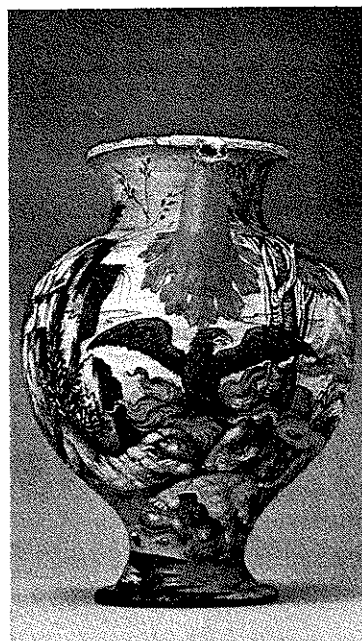
The Pope is adopting a pastoral attitude here. He invites us to accompany

spouses on their way, but that does not mean that he renounces the principles enunciated in *Humanae Vitae*. As Fr. Gustave Martelet stated very well in a talk on Mauritius Island which marked the history of Family Action, “For the couple, contraception is not always a moral evil, but it is always a form of disorder.”

I believe that to help couples to realize themselves in their marriages, there should be no doubt about proposing to them the ideal to be followed just as it is stated in *Humanae Vitae*. Doctrinal teaching must never be diluted. If the salt loses its savor, how can it be salted once again? In reaching couples in their difficulties, as Paul VI said, we must avoid shoving them into a corner. This address by Paul VI to the Notre Dame Teams truly reflects the heart of a pastor, and it is a shame it has not had the same repercussions as the passage on contraception in *Humanae Vitae*.

Later on, in *Familiaris Consortio* (1981), Pope John Paul II takes up this same pastoral orientation. In the Synod on the Family, the Bishops had clearly distinguished between the law of gradualness (motivating the pastoral approach of accompanying the couples who have difficulties) and the gradualness of the law (which is unacceptable).

15. Many couples, including Catholics, are not satisfied with natural methods. They usually say this method kills spontaneity in their relations. They do not understand how contraception can be a disorder, especially if it favors the conjugal relationship at certain moments in the life of the couple. What do you think of this?



The couples who analyze their conjugal experience sincerely will tell you that contraception is always a barrier to the total gift they wish to make of their persons and their bodies. Even psychologists admit there is a real problem. Say what they will, respect for natural rhythms permits a gift of the body without reserve and giving one’s life in full awareness. There is always a danger in contraception, for it introduces into the relationship unconscious “defense” mechanisms. One defends oneself. One protects oneself against the other. As for the question of spontaneity, it is largely a slogan which does not stand up to serious analysis.

Dr. François Guy has written an excellent article on the pedagogy of

continence. He observes that the rejection of continence — and thus of natural methods — is sometimes the result of an incapacity for creating a true conjugal relationship in depth, particularly on a psychological and spiritual level.

What we want to achieve through Family Action is precisely to help couples to deepen the quality of their conjugal relations, to build the relationship with another in recognizing what is missing and what the constitutive differences are, while accepting the other just as he or she is. Dr. Guy adds, "We are also invited to observe around us the universality of the phenomenon of *alternation* and study this subject more deeply: in nature (day/night, summer/winter, seeds/harvests) and in ourselves (sleep/waking, work/rest, health/illness, optimism/pessimism). This alternation exists as well in the field of fertility (the fertile and nonfertile periods of the female cycle). The rhythms of the woman should be regarded as part of her wealth. Man accepts his wife as she is (physically and psychologically)". Periodic continence is only the consequence of this awareness and this acceptance. Can we really speak, then, of a world of spontaneity? Isn't it rather a matter of accepting nature as it is, in the wealth of its alternatives? It is here that true spontaneity should be situated.

16. *In any case, in this defense of natural methods we come up against an obstacle. Don't you agree that, in spite of all the philosophical investigation done in this field, the search is still going on for a rational argument on which to ground our rejection of contraception?*

It is true that for a long time we have not managed to find a rational argument satisfying intelligence. We took as our basis, above all, a deep insight, a kind of sixth sense of Christian conscience which caused a red light to flare up in the heart of whoever wanted to make use of contraceptives.

I think that to find the satisfactory rational argument we must go in the direction of personalism. The person (from the Latin *persona*, meaning 'theatrical mask' and thus 'role') is the being capable of spiritual relations with another: the being of another. Now then, sexuality is the privileged language of the en-

counter with another within the couple. We therefore say that the sexual relation bears the mark or tonality of the sex to which one belongs and which cannot be distinguished from one's "person." For this reason we cannot modify anyone's sex. That would amount to alienating his personal being as a subject. For example, if an eight-year-old child were made capable of being fertile, that would be tantamount to modifying the person. He is what he is at that age and nothing else. In the same way, a wife who rejected her femininity as it is at the moment in which she offered herself, would be attempting upon her self-gift and herself. Interpersonal love is total love centered on the person. It is the integral gift of the person. The contraceptive act, then, introduces a substantial limitation within the mutual gift. It expresses an objective rejection of giving the other the whole good of one's femininity or masculinity. Contraception contradicts the truth of conjugal love.

17. *An American journal spoke of the thermic method ironically, calling it "the Catholic pill," or, worse still, "the Vatican pill." After twenty-five years in Family Action, how do you react to this accusation?*

I would state that 45% of the couples registered with Family Action on Mauritius Island are Hindus and Moslems who have adopted natural methods because they have discovered a way of life in them. They have not been motivated by any kind of moral pressure. This is our best certificate of universality. Above and beyond religious and moral considerations, we feel we are reaching human aspirations in their most univer-



sal dimension. At the same time, we see the number of pill-users in the world, which went from 31.1% in 1973 to 19.8% in 1982. These figures provide food for thought.

18. Don't you get the impression that the influence of Family Action on married couples is declining or that the organization is restricted?

The period of stimulating awareness and providing information to motivate the population over the past twenty years has achieved success. The country's population growth rate is currently below the minimum required to ensure the labor supply needed for development. It is true that we weren't the only ones in this field, but all the objective observers agree that we have contributed greatly, in any event, to reaching the goal of zero growth.

It should also be added that every year some 2000 couples join Family Action. It is not true, therefore, that there is a decline in influence. What concerns me is that our school sex education classes have been cut back for economic reasons. We receive an annual subsidy from the government and are grateful for it, but the one million rupees we receive is insignificant in the face of our needs for personnel and material

19. Your Eminence, this interview is "historic." It has enabled us to become familiar with your views and the fruit of your long experience at the service of Family Action. Would you like to express a wish for the future?

First of all, I hope we can find the means to intensify our sex education courses

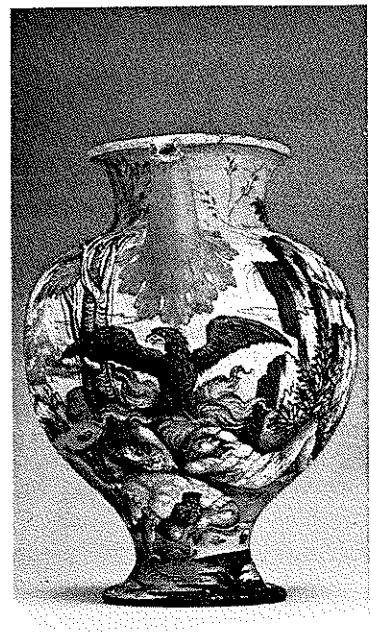
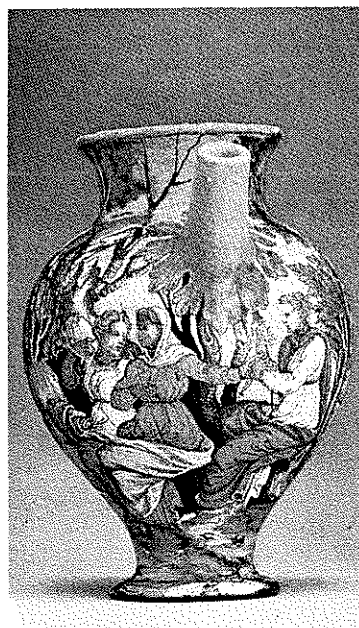
for young people in the schools. That's the only way to fight against the explosion of pornography and eroticism.

Secondly, I would like us to be able to continue to lay stress on the training of our educators. We shall always be tempted to propose the natural method as a "thing" to save ourselves from real education. The success of Family Action has been built on the quality of our men and women educators. This sense must be maintained at all costs.

Thirdly, let us not forget that education is carried

out through couple-to-couple testimony. We have a tendency to return to individual consultation. That is a serious mistake. It is indispensable for education to be conducted in a context of confidence, experience-sharing, and the accompaniment of one couple by another. This is the witness which must preside over our work method, not proselytism.

I have immense hope for the future, for I am convinced that Family Action deals with the real aspirations of married couples in our time.



The “Humble Firmness” of *Humanae Vitae*

48

Not infrequently pontifical documents which, on appearing, were judged to be “dated” — if not absolutely backward — after several decades prove to be singularly up-to-date, containing even lively current proposals. To cite just a few examples, this is what happened with Leon XIII's *Reverum Novarum*, Pius XI's *Quadragesimo Anno*, Pius XII's *Humani Generis* and *Mystici Corporis*, and Paul VI's *Populorum Progressio* (1967) and *Humanae Vitae* (1968) today, after twenty-one and twenty years, respectively.

A suggestive anachronism confirms *Humanae Vitae*, when read from start to finish today, as an extraordinarily lively, well thought-out, and open text filled with deep love and respect for life. This fact lends itself to multiple reflections, and it seems pressing to emphasize some of them.

When published in the blazing summer of 1968, the Encyclical, even within the Catholic world, met with distressed support and unconcealed disagreement, on the one hand, while it was openly and hastily vilified by the secular intelligentsia, on the other. The Pontiff, who had published *Populorum Progressio* the year before, seemed to be

taking a step backwards with *Humanae Vitae*. Most of the reactions and comments on the papal document were circumscribed to the Encyclical's directives confirming the Church's rejection of birth control based on direct interruption of the generative process, once begun, willfully induced abortion, sterilization, and contraception.¹

Grieved by this reductive reading of the document, a few days after its publication Paul VI sadly insisted that the Encyclical was not “just a statement of a negative moral law — that is, the exclusion of every action which seeks to render procreation impossible — but above all the positive presentation of conjugal morality with respect to its mission of love and fecundity in the integral vision of man and his vocation, not only natural and earthly, but also supernatural and eternal.”²

Virtually a butterfly freed from its chrysalis, the doctrine of *Humanae Vitae* precisely in the propositional section (which is the broadest and most extensive), after twenty years appears so relevant, rich, human, and open — not only in its content, but in the language itself — that it leads us to meditate seriously on the wisdom, sensi-

tivity, and far-sightedness of Church, which we know by faith is assisted by the Holy Spirit in its supreme Pastor.

On proposing the Encyclical, Paul VI knew that his mode of speaking would seem harsh and did not conceal the fact, while nevertheless stressing two fundamental concepts: first of all, that this teaching was not subject to opinion;³ secondly, that this position should be asserted humbly, but very firmly.⁴ And since these two concepts are set forth quite clearly in *Humanae Vitae*, it follows that its authoritativeness is beyond all question from the standpoint of the Magisterium.

The most significant fact, however, seems to be that it is not so much the authoritativeness of *Humanae Vitae* which makes the pontifical document up-to-date as it is its growing up-to-date-ness which makes it authoritative, to the point that after twenty years the rigor and very insistence with which John Paul II is reasserting the doctrine of *Humanae Vitae* with unaltered consistency encounter much less resistance and aversion in those same “secular” environments than did Paul VI's *humble firmness*. And I feel this is due to three basic reasons

which are the fruit of the seed sown by *Humanae Vitae* two decades ago.

The defense of life is the defense of science

The problem of regulating natality, insofar as it is regarded as a responsible act, is closely linked to that of the defense of life, of which man is the depository and guardian, not the "arbiter";⁵ there are divine laws written in human nature which man is called to observe "with intelligence and love."⁶ If, then, it is nature itself which demands a rigorous defense of life, science's task is to gain progressively deeper knowledge of the laws of nature, including the area of procreation. In this respect, Paul VI, with a scrupulosity disregarded by too many at the time the Encyclical appeared, refers to the continuity of the Church's teaching, citing both Pius XII and the pastoral constitution *Gaudium et Spes*, regarded as the most "open" document drafted by Vatican II. *Humanae Vitae* in fact states, "We want to express our encouragement to the men of science, who can make a great contribution to the welfare of marriage and the family and the peace of consciences if, joining together their studies, they seek to clarify more thoroughly the different conditions which favor honest regulation of human procreation (*Gaudium et Spes*, 52). It is particularly desirable that, in keeping with the wish expressed by Pius XII, medical science succeed in providing a sufficiently sound basis for the regulation of births based on the observance of natural rhythms. Men of science, and especially Catholic scientists, will thus contribute to demonstrating with facts that, as the

Church teachers, *there cannot be a real contradiction between the divine laws regulating the transmission of life and those favoring authentic conjugal love*" (*Gaudium et Spes*, 51).⁷

Anyone rereading the news stories of August 1968 will note with surprise that this fundamental, constructive paragraph of *Humanae Vitae* was at that time totally overlooked or read reductively.

Its meaning is clear: in defending natural rhythms, the Church does not claim to have an exhaustive knowledge of nature; she thus invites scientists — in the name of their Christian faith as well — to study natural laws intensively and jointly.

What the Church cannot accept, however, is for the defense of life to be subordinated to sociological and even scientific concerns — it is science which is at the service of life, not the other way around.

Human sexuality is expressed in love

The currentness of *Humanae Vitae* receives confirmation today from a truly unexpected front. Particularly one who does not accept a Christian vision of life — or any religious view, for that matter — may think that the wish to refer sexuality to love at all costs is a kind of obligatory, foregone *leitmotif* for the Church. The rise and fearful spread of AIDS, especially among the young, has dramatically illustrated the relation between illness and behavior, to the extent that conjugal fidelity now finds supporters even among those who unshakably asserted sexual freedom. As has been rightly observed, "When people said, 'My body is mine, and I'll use it as I see fit', they did not re-

alize they were making a statement that was not only religiously, but socially subversive."⁸ And yet when that slogan was repeated in the squares, it was shouted in the name of sociality!

After affirming that, by virtue of its intimate structure, "the conjugal act, while profoundly uniting husband and wife, makes them capable of generating new lives, according to the laws inscribed upon the very being of man and woman,"⁹ Paul VI adds *prophetically*: "We think the men of our time are particularly capable of affirming the deeply rational and human character of this basic principle."¹⁰

The scientifically proven fragility of AIDS prevention based on so-called "safe sex" vindicates for sexual — and, above all, conjugal — morality an authoritativeness which, as in former times, insists upon the true, natural, and constructive exercise of sexuality. Hence the key principle formulated by *Humanae Vitae* as follows: "As man does not have unlimited mastery over his body in general, so he does not have it over his generative faculties as such with special reason, on account of their being intrinsically ordered to produce life, of which God is the principle."¹¹

Duties and domain of the health care worker's Christian testimony

If, to cite an example which is close at hand, we examine the Italian situation, we see that from 1968 until the present in our country a number of steps have been taken in the opposite direction to the one traced out by *Humanae Vitae*: the liberalization of abortion has been introduced by law; propaganda in favor of contraception

has even entered the mass media; divorce has been approved; and so on. However, even from sectors ideologically and politically in favor of this anarchical wave an alarm has been sounded against excessive permissiveness, and a revision of the law liberalizing abortion is being discussed and proposed; and, in the sphere of public order, the cocci produced by laws and customs attacking the root of the institution of the family are being enumerated.

As for the threat of population increases, adopted as an unquestionable reason for urgently controlling the birth rate, our guard has been lowered since the risks of generalized pollution and the algebraic multiplication of new illnesses forced us to

observe that nature rebels by itself against arbitrary domination on the part of man.

Humanae Vitae is aware of a truth rooted in the very depth of human conscience: ".... If one does want to expose the mission of generating life to the will of men, impassable limits upon the possibilities for man to master his body and its functions must necessarily be recognized, limits which no man, either as a private individual or endowed with authority, may licitly violate."¹²

These words are valid for anyone, but are addressed particularly to doctors, scientists, and health professionals possessing the Christian faith and seeking to comply with the directives of the Church's Magisterium.

Perfectly in keeping with the teaching of the Second Vatican Council, Paul VI — in this regard repeatedly cited by John Paul II, who has spoken of the "enlightened doctrinal certainty" and "profound human sensitivity" of *Humanae Vitae*¹³ — provided clear, concrete indications so that Catholic health care workers would, in both research and professional practice, be characterized by fidelity to the fundamental principles of respect for human life and for births.

Humanae Vitae, without adding anything to the constant teaching of the Church on this subject, nevertheless stressed in current terms the urgent need for a direct professional commitment — indeed, for clear testimony — by Catholic health care workers, whose duty it is, first of all, to read, meditate, and deepen their study of this important papal document and appreciate its inexhaustible value.

Ignorance and indifference are no less harmful than hostility, for they leave room for doubt in consigning to

personal discretion the performance of duties which are, however, binding and unrenounceable.

Humanae Vitae, according to the *incipit* of Paul VI's Encyclical, deals with subjects and problems related to *human life*: subjects and problems which go to the very roots of the postulates of science and of moral conduct. Not to be familiar with them, to disregard them, or to oppose them amounts to going against the greatness and dignity of life and of the human person, at whose service, however, are science and morality, faith and conscience.

✠ FIORENZO ANGELINI

¹ *Humanae Vitae*, 14.

² Cf. *L'Osservatore Romano*, August 1, 1968.

³ Paul VI himself recalls that the conclusions arrived at by the Commission instituted to study questions relating to birth control indicated criteria for a solution which stood at a distance from the moral doctrine on marriage proposed with constant firmness by the Magisterium of the Church. He thus adds: "Therefore, having carefully examined the documentation offered us, after mature reflection and assiduous prayer, by virtue of the mandate entrusted to us by Christ, we now intend to give our reply to these serious matters" (*Humanae Vitae*, 6).

⁴ "It is foreseeable that this teaching will not perhaps be readily received by all: there are too many voices in opposition to that of the Church, [which] .. for this reason does not cease to proclaim with humble firmness the entire moral law, both natural and evangelical. The Church is not its author, nor can it be, therefore, its arbiter; it is only its depository and interpreter, without ever being able to declare licit what is not such on account of its intimate and immutable opposition to man's true good" (*Humanae Vitae*, 18).

⁵ *Ibid*, 17.

⁶ *Ibid*, 31.

⁷ *Ibid*, 24.

⁸ G. Giannini, "Si reagisce all Aids con l'astuzia programmata," in *L'Osservatore Romano*, July 27, 1988.

⁹ *Humanae Vitae*, 12.

¹⁰ *Ibid*, 12 "L'on peut dire que c'est l'amour qui crée la vie et que la vie et issue de l'amour." J. Margeot, *Une question d'actualité. La recherche médicale sur le don de la vie et la pensée de l'Eglise* (Ile Maurice, 1987), p 5

¹¹ *Humanae Vitae*, 13.

¹² *Ibid*, 17.

¹³ Cf. *L'Osservatore Romano*, July 25, 1988.



Testimony



*John XXI: Pope and
Physician*

*The Grand Cross for Health
Care Awarded to the
Hospital Order*

*New Foundation:
Missionaries of Mary,
Salus Infirmorum*

Mildmay: AIDS Hospice

*Eight Years at the Service
of Health in Colombia*

John XXI, Pope and Physician



One of the Pontiffs who had the chance to live in 13th-century Viterbo, a frequent papal residence in a period filled with conflicts, is an interesting and complex figure in the history of the Papacy who now rests in Viterbo, in a marble grave inside St. Laurence's Cathedral. This personage was John XXI, who deserved to be immortalized by Dante for his important theological work, *Summulae Logicales*; the poet placed him in the XII Canto of his *Paradiso*, close to St. Bonaventure in the second wreath of the Sun's Heaven: "Pietro Hispano / lo qual già luce in dodici libelli." He was one of the most significant personages among the seven Popes elected in Viterbo between 1257 and 1280, besides being the only Portuguese Pope and the only one to practice the medical profession. Historians remember him with three names — Peter, son of Julian from Lisbon, relating to the period of his juvenile studies; Peter the Spaniard, referring to the period of medical practice; and John XXI, during the glory of the Papacy — as well as by three conditions: Supreme Ruler of the Church, theologian of the 12 books of the *Summulae* and physician and naturalist of the *Thesaurus*

As to the first condition, historians agree that, during the few months he spent in St. Peter's Chair, John did not neglect any of the Church's problems, thus giving

proof of intelligence and zeal. Therefore, what was written about him by some contemporary detractors proves unacceptable, since he was accused of devoting more time to scientific experiments than to the offices of the Papacy. As to his theological merits, we deem Dante's acknowledgment in the *Comedy* sufficient recognition. His capability as a skillful physician is well witnessed by his works, his occupation as Pope Gregory X's archiater, and his medical practice in Siena. This brief summary particularly aims at pointing out his achievements as a scientist and physician.

John was born in Lisbon around 1221 to Juliano Reboli, a highborn Portuguese and a skillful doctor. He carried on his first studies in his homeland and then went to Paris, where he was educated by Albert the Great, who taught him philosophy and physics, and by John of Parma, who taught him theology. As to medicine, it is believed that he attended the famous School of Montpellier. After a period spent in Bologna, where he completed his studies, John XXI taught physics and medicine at the Studio Senese, where in one of the Bicherna books he is addressed as Peter the Spaniard "in arte Medicinae Magister," entrusted in 1250 by the city *Podestà* to carry out a medical report. It is understood that in 1260 he worked as the doctor of Cardinal Ottoboni (who later became Pope Adrian V), and in 1261 he was in Viterbo. Clement IV entrusted him with different tasks, and Gregory X, who had become acquainted with him at the Council of Lyon in 1274, chose him as his archiater. After having been appointed Bishop and then Tuscolan Cardinal, he was elected Pope after Adrian V's death, in Viterbo, at the end of a tormented Conclave, on September 13, 1276; he was crowned in Viterbo's St. Laurence's Cathedral with the name of John XXI, and his motto was "Piscator Tuscos."

During his Pontificate he weeded out many ceremonial formalities, admitting to his presence whoever applied, the rich and the poor, and patiently listening to everyone with benevolence.

He was particularly close to scholars and the wise, whom he helped and held in great esteem, and sought to improve some religious institutions through reforms. He was a Pope with myriad cultur-

al interests who tried to make known the scientific secrets of his age by following the theological, philosophical, and medical methods of the period. Unfortunately, this deep passion of his for the physical and medical sciences was considered by many people of his time as being profane and unsuitable to the Pope, so that he was passed off as a magician by some, as a learned lunatic by others, as an enemy to the Friars by still others. However, even though subjected to his opponent's false accusations, he conducted his Papacy with energy, far-sightedness, and fervor in the Christian interest of believers.

Fond of Viterbo's hospitality and beauty, he enlarged the lovely Papal Palace and arranged for a private apartment where he could spend his day in peace, attending to the Papacy and to his favorite studies.

On the unfortunate night of May 14, 1277, the roof of the room where he was sleeping collapsed upon him; John XXI was pulled out of the ruins, severely injured, and on the 20th of that same month he surrendered his spirit.

He was scorned after his death as well, and some foolish gossip was spread about the accident. A Friar Minor wrote that he had a dream the night before the collapse of the roof, in which a black man was striking the Papal Palace with a pick. That black man was the devil, who caused the collapse while the Pope was performing sorcery. Later on, a story appeared to the effect that the disaster had been caused by the explosion of gunpowder that the Pope was trying to discover! He was buried in an unpretentious peperino grave placed in the central nave of the Cathedral. His corpse remained there till 1886, when the Duke of Salhanda, Ambassador of Portugal to the Holy See, ordered the construction of a new marble grave, which at present is placed at the end of the central nave.

Before being elected Pope, John XXI wrote several works concerning natural sciences, medicine, and oculistics, in addition to others important theological and philosophical treatises, among which the twelve books of the *Summulae Logicales* stand out. As far as we know, John XXI wrote sixteen scientific works in all. Some of them are influenced by Aristotelian phi-

losophy; other follow the philosophical and medical tendencies of that age; and still others contain explanatory notes on Arab texts and works of the Salerno School

The most important work is the *Thesaurum Pauperum*,⁷ which was printed for the first time in 1476 and followed by nine reprints, the most valuable of which is the one prepared in 1544 in Venice by Agostino Bondoni. It is a complete medical handbook within everyone's grasp and particularly intended for the poor. The symptoms and the course of most of the age's diseases and the relevant treatment methods are here described.

Perhaps they lack scientific originality, but his having collected many treatments, simplifying and translating them into common

Italian so as to make them comprehensible to all, and also suggesting the cheapest ones, shows the writer's Christian and humanitarian spirit. He wanted the remedies presented in his treatise to be easily usable by the poor as well.

Another book that had a wide circulation is *De Oculis*, which was published several times in Italian and was regarded for many centuries as one of the most exhaustive treatises on oculistics. The manuscripts containing *De Oculis* are kept in the libraries of Florence, Paris, Vienna, Munich, Oxford, and Basel. The book was so favorably received and enjoyed such wide circulation that it earned for its author the name of "oculist Pope."

Michelangelo is said to have made use of such cures, too, in or-

der to treat an ophthalmia caught during work in the Sistine Chapel.

Other widely known texts are the *Commentari de Urinis*, *De Medenda Podagra*, *De Dietis Universalibus*, *Tractatus Logicales* and *Canones Medicinae*

As we can see, his wide medical output (collateral to his theological and philosophical works) shows how firm and versatile this Pope's mind was. John XXI, a person of great learning, stands out in Medieval history as a man of deep intelligence and charm.

He may be numbered among those distinguished people who, in the spirit of the great Medieval universities, managed to provide a glimmer of light and civil progress in the darkness of those centuries.

MARIO MASSANI

53

The Grand Cross for Health Care Awarded to the Hospital Order



By a Royal Decree dated April 8, 1988, in response to the proposal by the Minister of Health and Consumer Affairs, and after the deliberation of the Council of Ministers, the Grand Cross for Health Care was awarded to the Hospital Order of St. John of God.

This award, planned to coincide with World Health Day, was granted in keeping with the merits and circumstances described in Article 4, Sections 1 and 6, of Royal Decree 1270/1983 (March 30):

"4.1. Having directed or carried out activities for the prevention of illness or accidents and the promotion of public health or health education, with outstanding skill and notable timeliness, avoiding serious dangers or markedly improving the population's health conditions."

"4.6. Having provided extraordinary or extremely useful services in the general health interest of the community."

The Grand Cross for Health Care is the maximum honor granted in the Civil Order of Health, and no more than five such crosses may be awarded annually.

In addition, Article 7 of the aforementioned Royal Decree of March 1983 states that the "award ceremony of the Civil Or-

Ministry of Health and Consumer Affairs

Royal Decree 338/1988, April 8, whereby the Grand Cross of the Civil Order of Health Care is awarded to the Hospital Order of St. John of God.

On the occasion of the celebration of World Health Day, and in view of the merits and circumstances foreseen in Article 4, Sections 1 and 6 of Royal Decree 1270/1983 of March 30, which are fulfilled by the Hospital Order of St. John of God, at the proposal of the Minister of Health and Consumer Affairs and after the deliberations of the Council of Ministers at its meeting of April 8, 1988,

I hereby grant it the Grand Cross of the Civil Order of Health Care.

In Madrid, April 8, 1988.

KING JOHN CHARLES

der of Health shall be in keeping with the circumstances related to each case, with the constant aim, however, of bringing out its honorary character of distinction and public recognition "

In the annex to this norm, the characteristics of the decoration are specified: the Cross is to measure 55 x 55 mm. and be placed on a plaque of polished gold. The band should be ten centimeters wide, yellow ochre, with two black stripes twelve millimeters wide

The communication of the award decision to the Interprovincial Secretariat of the Order in Spain and to the Superior General in Rome produced genuine satisfaction, in view of such significant recognition by the nation's maximum official bodies of the broad, unselfish, and constant activity carried out by the Borthers of St John of God in their 48 hospitals, which amount to 25% of the 194 facilities maintained by the Order around the world

New Foundation: Missionaries of Mary, Salus Infirmorum



John Paul II surprised us in the spring of 1987 by proclaiming the Marian Year we have just concluded.

By this initiative, which was joyfully welcomed from the outset, the Holy Father, in keeping with the hopes raised and fruits obtained in the Jubilee of Redemption (1983), clearly sought to orient the prayer and reflection of the Church's children towards the one we affectionately confess to be our Mother and Co-Worker in the action of Redemption itself: Mary, Mother of Jesus.

In tracing Mary's steps, from her *Fiat* till the culminating moment of Calvary, and wishing to advance with her in the pilgrimage of faith, we pause to contemplate the sublime scene of Mary standing by the Cross of her Son. At her side are two women and the "beloved disciple." They are silently experiencing this sorrow, in the presence of the disfigured face and dying body of Jesus; his heart feels the overwhelming anguish of abandonment, hatred, and violence in these surroundings. And yet, in the midst of this desolate scene, we view the longsuffering figure of Mary, her serene recollection, and

in these dramatic hours her maternal love is revealed to us better than ever. The incomparable instant comes in which Jesus' time is fulfilled. And it is then that she is proclaimed to be the Mother of that other "son."

Jesus proclaims Mary Mother of mankind from the Cross. He does so in the person of John, in a moment of supreme love and sorrow, and from that time on John takes her with him.

Mary's love for Jesus, the fruit of her virginal flesh, is so deep that no poet can sing it, no artist can depict it; it surpasses human intelligence and imagination, remaining hidden in the sweet womb of mystery.

Mary conveys this maternal love through John to all mankind. We do not exaggerate when saying that Mary in a special way accepted her Son's disciples, with all their hopes, wishes, and sorrows, as her children in the person of John. In them she experienced a new maternity, walking at their side in the key moments of the birth of the Church, of the first Christians, of the first priests. To them she devoted her entire self, showering upon them all her motherly sweetness and loving care, sharing with them the experiences of the Cross and the Resurrection.

This Marian aspect of love, dedication, and helpfulness offered to the disciples of Jesus is what we seek as one of the distinctive characteristics of our Foundation, begun in Rome on Holy Thursday, 1988.

We four religious who have been consecrated to the Lord — thereby initiating the Association of Consecrated Virgins called Missionaries of Mary, *Salus Infirmorum* — feel the urge to prolong Mary's mission, living out the Gospel spirit to the full and expressing our *Fiat* in apostolic work of love and generous dedication to the sick, with special concern for priests who, as a result of illness or old age, need particular care, discovering in them the disciples of Christ whom Mary, Mother of Jesus and Health of the sick, loved so much.

In Archbishop Fiorenzo Angelini, President of the Pontifical Council for the Health Care Apostolate, we have encountered support to set about this task and a mentor for the reflections which have led us to observe this need within the Church. The day of the foundation Monsignor Angelini



pointed out the extremity of this need for *ad intra* assistance in the Church, sharing with us the sorrow he himself experienced on seeing so many prelates and priests left without care in their illnesses or at the close of their lives

To this urgent pastoral need of the Church in Rome and around the world — profoundly felt by Archbishop Angelini and ourselves — in freedom and consistency we wish to devote the work of our Association, conscious of making an offering pleasing to our Mother Mary in these years dedicated to her, as a concrete response to the challenges of the health ministry

On Holy Thursday Jesus instituted the Eucharist and with the New Covenant left us the commandment of love. From the Cross, along with his blood, he has forever bequeathed to us Mary, as a precious gift and guarantor of that love, as the Mother of his beloved discipline, John, and of the numberless children that faith in her Son, who died and rose again, has redeemed from sorrow and death

Certain of Mary's loving presence wherever the cross and pain are most apparent, we also want to collaborate at the side of our reverend Bishop in the most urgently needed and neglected ministries to be found at this time. Our wish is to be with Mary at the foot of the Cross so as to proceed therefrom to receive and undertake our mission in the world.

CECILIA SOLDEVILLA



Mildmay: The First AIDS Hospice of Its Kind



Some 120 years ago, a clergyman of the Church of England, the Reverend William Pennefather, began the training of "Deaconesses" to go into the poorest parts of the slums of London's East End to look after victims of the cholera epidemic that was then sweeping the area. He realised that many of the homes were quite unsuitable for looking after those who were very ill and so he conceived the idea of a hospital in their midst. It was in his memory that the Mildmay Mission Hospital was built, following his death. The foundation stone was laid in 1880 and the hospital was completed and opened two years later with three wards, for men, women, and children.

Over the next fifty years the hospital grew and became a small training center for nurses, many of whom went out to serve as missionaries in the Third World. Queen Mary became the Patron and frequently visited the hospital.

In 1948 Mildmay gladly joined the National Health Service and became closely associated with the London Hospital, a major teaching hospital a mile or so away with the oldest medical college in England.

As nursing training became more complex the Mildmay nurses were seconded to the London for part of their training.

During the 1970s it became Government policy that small hospitals were unsafe and uneconomical and should be closed. Mildmay, which then had 68 beds, was undoubtedly small but had always kept within its budget, and had a safety record second to none. Furthermore, being a Christian hospital, it was protected under the National Health Act, so that it could be closed only with the Minister's agreement. In spite of many representations and a deputation led by the Rt Hon Peter Shore (the MP in whose constituency the hospital lies), Mildmay was closed in 1982. Amid growing concern about the effect of the closure on the needs of the local population, I wrote as Chairman of the Hospital Advisory Committee to request that the hospital be returned to its original owners so that it could reopen as a Christian Voluntary Hospital for the provision, without payment of fees, of services that were inadequate or non-existent in the District Tower of Hamlets. In response, a 99-years lease was granted, and after much negotiation with the North east Thames Regional Authority and the District Health Authority (of which I am a member), the hospital opened its doors again in October 1985.

This time, the patients to be provided for were to be young chronic, sick, pre-convalescent, nursing home patients and those who were to be medically looked after by GPs. Twenty-four beds were made available in a single ward which was upgraded. As before, the staff are all Christians (of any denomination), and the center of the life and work of the hospital is prayer. The patients come from all races, creeds, and walks of life and, as in Pennefather's day, may practice their own religion or none. As a matter of organization, the hospital has been granted charitable status as a Limited Company and is run by a Board of Governors under a President who is a medical professor. A medical director is responsible for both the medical and the administrative side of work.

Shortly after the hospital was reopened, we were approached by a Christian organization that asked if we would be willing to provide hospice care for terminal-

ly ill AIDS patients. ("Hospice" in the UK means a medically run unit with qualified doctors and nurses in attendance.) In England, there are many hospices, but these are primarily for cancer patients and not equipped to deal with AIDS. After much thought and prayer, and discussions with the London Hospital, where many of these patients are being cared for in acute beds, it was decided to go ahead in faith and refurbish the top ward into nine single rooms with the necessary services to create a specialist unit. In February 1987, Dr. Moss (our Medical Director), the architect, and I, went to San Francisco to see for ourselves what was needed. Now, almost a year later, the hospice is opening its doors and will be officially opened when the hospital itself is reopened by Her Royal Highness, the Princess Alexandra, with a service of Dedication on May 19. It is the first hospice in Europe created solely for AIDS patients. The need for further AIDS accommodation in the London area is pressing, and we have agreed to allocate another ward which was upgraded at the same time to provide eight more single rooms and a "Nightingale" area which may be used either as a day center or for six more beds.

Since the opening of the hospital we have had to build up our financial reserves from Government grants, City livery companies, trust funds and foundations, and from the Churches throughout the British Isles. The main denominational bodies have been circulated with information and thanks to them and other sources mentioned, as well as the 2,500 individuals on our mailing list, the hospital has so far been able to pay its way. But the AIDS project is much more costly than the other work, and the Government has been asked for assistance beyond the £200,000 it has already given (prior to the AIDS development). The total capital cost will be over £500,000. We hope to be able to arrange contractual beds from the surrounding districts to help pay the £123 per day which is the estimated cost of caring for one AIDS patient.

In November 1987 I was privileged to meet His Holiness, the Pope, at an audience in Rome and gave him a portfolio outlining the work of Mildmay. He showed great interest. Subsequently, I had

a meeting with Father José Luis Redrado, who invited me to write this paper for the journal.

Many of the AIDS patients will be homosexuals, but we have been asked by the Government whether we can also take children (some having contracted the disease from blood transfusion — the London hospital is a center for haemophiliacs — as well as from drug-addicted mothers).

Mildmay is open to all, regardless of color, creed or lifestyle. It is our belief that to care and to show the Love of Jesus may bring the peace that passes all understanding to those destined very soon to enter eternity. The hospital is a place of excellence, providing the best possible medical and nursing care and the highest quality of life for AIDS and all other patients.

Mrs. HELEN
TAYLOR-THOMPSON

*Chairman, Board of Governors
Mildmay Mission Hospital
Hackney Road, London E2*



Eight Years of Health Care Service in Colombia



A Bit of History

One of the pastoral insights most consonant with the current state of health care and the nation of Colombia was the establishment of the Camillian Pastoral Center of Bogota in 1980.

A historical overview will help us to interpret the process during the past eight years: how it arose and gradually spread nationally.

In 1978 the Health Commission of the Colombian Conference of Religious (CRC) was entirely restructured, and a plan for training and updating the religious working in this field was drawn up. Inter-congregational courses on specific subjects were offered involving three days of reflection and intensive work and bringing together a large number of religious from all over the country who gathered in Bogota.

The complex problematic faced by religious and their constantly diminishing numbers at health facilities made everyone aware of the need to involve lay people in pastoral work. It was thus urgent to open these courses to them as well to provide for their training and qualification.

This intuition met with difficulties within the CRC — it in fact went beyond the specific objectives of the Conference of Religious. Fr. Adriano, President of the Health Commission, favored and supported the proposal, which was gradually accepted and taken on as a service to the Church.

With Puebla (1979) the initiative picked up greater force, since lay participation in pastoral tasks was becoming clearer.

Beginning in 1980 there was an attempt to respond to requests coming from different parts of the country through interhospital courses held on weekends. Every religious was accompanied by a group of lay people he had managed to motivate at his institution. This new reality prompted a revision of the methodology and content of the courses, which began to be requested directly from the Camillian Pastoral Center.

Prospects were gratifying and demanding, for the positive repercussions of these sessions stimulated and motivated others. Concern for the future led us to plan a Clinical Pastoral Education Course, which was offered at the Camillian Center in Bogota from January 19 to April 3, 1981, under the direction of Fr. Angelo Brusco.

This unique experience enabled us to consolidate the foundation of our Pastoral Center, which in diverse activities would seek to advise, train, and qualify those who would have a multiplying effect in religious congregations, health facilities, and dioceses.

An important development for the program was Miss Isabel Calderon's involvement with the Camillian Center as a committed lay professor; she was entrusted with the practical and methodological aspects of courses and responsibility for accompanying new groups.

To achieve the goals proposed, a meeting was held with the Director of SELARE (Latin American Secretariat for Renewal), and closer collaboration in this work was agreed upon: the quarterly journal and books forming part of the SELARE Collection were not to be aimed exclusively at the Brothers of St. John of God, but would be broader in scope, conceived as a documentation, training, and information service open to all engaged in the health ministry, whether religious or lay.

In 1982 new goals were set forth, and the Camillian Center

took on the ambitious project of reaching the entire health care world — a secularized world obliging us to use language suitable to the current social context. The courses were called "Seminars on Humanizing Health Care," and their content reflected two priorities: to create awareness and motivate health professionals concerning more humane treatment of those suffering and to serve as a concrete response to urgent needs being experienced.

The Seminars thus aroused interest and motivated those responsible for health organisms, and certain institutions requested courses exclusively for their employees. These were offered during the workday as an integral part of programs for providing personnel with updating and continuing education.

The need to qualify and train workers in this humanizing and evangelizing task prompted us to offer the first National Course for Coordinators at the Camillian Center; the two intensive weeks brought together twenty-eight participants between religious and lay people from all over the country.

In 1983 the previous year's work was expanded: Seminars were held at university and regional hospitals, private clinics, the Social Security Institute, health secretariats and sectional services, nursing schools, volunteer organizations, and parish movements.

The significance and spread of these Seminars surpassed our brightest expectations; it was, in fact, the first time in the history of such institutions that this kind of human and Christian formation was being offered, motivating the entire hospital community, with the participation of all sectors, with no discrimination based on professional status, as a fundamental exigency in a humanization process seeking to provide integral health care.

In 1984 the Humanization and/or Health Ministry Groups began to take shape and become firmly grounded. Recognized by health administrators as possessing specific functions and objectives, their role was to keep interest and motivation alive by giving continuity to the humanization process at each facility.

This entire effort of sensitizing and encouraging people in health facilities, parishes, and different movements brought about the

creation of the first diocesan health apostolate commissions that same year.

The need to respond to the increasingly numerous requests from groups seeking greater orientation and follow-up prompted the Camillian Center to organize the various activities carried out on a national level according to five geographical areas with headquarters in Cali, Bogota, Medellin, Barranquilla, and Bucaramanga; a small team would coordinate and plan courses, workshops, and exchanges on a regional level. At that point the Humanization Seminars were also structured into three successive stages.

This national activity opened the way for the Colombian Episcopate to accept the proposal to hold the first National Seminar on the Health Apostolate, which took place in Medellin, October 14-16, 1985. The Camillian Center played a key role in orienting, programming, and carrying out the meeting.

John Paul II's visit to Colombia in 1986 was also a special time of grace to sensitize clergy and laity on the need to humanize and evangelize the world of health. The Center's director, responsible for carrying out diverse activities, took advantage of the occasion to publish and disseminate nationally some 90,000 copies of a booklet entitled *Towards Integral Health*.

A few months later we received the surprise visit of the Pro-President of the Pontifical Council for the Health Care Apostolate, Archbishop Fiorenzo Angelini, and the Secretary, Fr. José Luis Redrado. The director of SELARE and the Brothers of St. John of God offered their welcome and hospitality, while the Camillian Center was responsible for organizing different events. During these two days interviews held with the Apostolic Delegate, with the Archbishop Primate of Colombia and his Auxiliary Bishops, and with the President of the Bishops' Conference and of the National Department for Social Ministry (on which the Health Apostolate depends); hospitals were visited, and two significant meetings with health professionals and representatives of various national and international organisms took place.

1986 and 1987 were years of intense work. In addition to increasing the number of Seminars, room was made for organizing work-

shops and gatherings to meet the needs of different diocesan health ministry commissions and improve follow-up of the many humanization and pastoral groups at institutions.

It was in 1987 that the Center sponsored a positive experience with a group of theologians and philosophers from the Major Seminary of the Archdiocese of Bogota, together with Camillian students. Throughout the school year, the twenty-five seminarians met

Humanity in Medicine Seminars

The Seminars have been constantly restructured, especially as regards content, methodology, modality, and number of hours, for the Center has always sought to respond to participants' needs and experience.

Level I

General Objective: to humanize the settings of health care facilities and stimulate workers to provide a higher quality of service to life.

Specific Objectives:

- To personalize relationships among health care workers themselves as well as those linking them to patients and their families.
- To favor better mutual knowledge and integration among colleagues.
- To esteem teamwork and interdisciplinary collaboration to provide integral health care.
- To spur a process of humanizing facilities through concrete plans and actions.

Content

I. *Becoming aware of our surroundings*

- Characteristics of our society and their impact on the world of health.
- Health and illness.
- Health as a personal task and social, collective responsibility.

II. *Man is an integral being*

- The sick person and his family, social, and work environment
- The sick person and the hospital environment.
- Psychology and rights of the ill.

III. *Identity of the health professional*

- The health of the health professional.
- Interdisciplinary collaboration and teamwork.
- The hospital community.

IV *Plan for humanization and conclusions*

METHODOLOGY

This area includes lectures, study groups, audiovisual presentations, and plenary meetings. We feel the Seminars have been so successful because of their highly

realistic and participatory methodology

The main actors in these encounters are the participants themselves, who feel involved from start to finish — first, in questioning themselves on a personal and group level; later on, in creating a favorable climate so they can discharge all their aggressiveness; and, finally, in taking a step forward by each one's assuming part of the responsibility in the face of the sad realities experienced in



every weekend to receive orientation and perform practical services on Saturday afternoon and Sunday morning in five health facilities entrusted to the pastoral care of the Camillian Fathers

Our work has thus continued to grow and become consolidated, with clearly defined goals and demanding prospects. We keep our eyes wide open to detect urgent needs and the alternatives which appear each day, seeking, in fidelity to what is "here and now," to make St. Camillus' charism and insight alive and current, for, today as yesterday, they arise from the originality, fruitfulness, and creativity of love.



general and at institutions in particular

The final day serves as a real stimulus for the participants themselves to accept the individual and collective challenge to initiate a humanization process at the institution which will involve the whole hospital community and offer a concrete plan of action.

The meeting concludes with a special Eucharist; the experience of three days of intensive work — where what is most human is lived as most profoundly and authentically Christian — is celebrated.

In this demanding effort we have met with encouraging and gratifying signs: we are familiar

with health facilities which on the basis of such experiences — in spite of their endemic difficulties due to a precarious economic situation — have gradually been transformed and are today models of receptiveness, warmth, and humane standards.

MODALITY

The Seminar is held on an all-day basis, for five or six hours, on three successive days, thus lasting a minimum of sixteen hours.

The number of participants has been limited to 120-140 persons to avoid over crowding and promote the course's specific goals.

Attendance by people from different areas or departments is required (from porters to physicians), for integration is basic to a humanization process.

Attendance must be regular since the Seminar develops progressively.

Motivation and participation must be positive and free, as required by the plan for the updating and continuing education of personnel.

At the conclusion of the Seminar, a Certificate is issued, and a copy is included in the worker's official employment records.

Once the experience is over, the Seminar's coordinators present the organizers and hospital administration with their Report and global evaluation divided into three sections: a) reality of the institution, b) suggestions, and c) constants in the evaluation of participants.

Level II

Those who have completed Level I may attend these Seminars. Since the number of participants varies considerably (from 30 to 80), content is also flexible. The general criterion is to respond to the needs which are progressively detected in the group and at their health facility in its humanization process.

One of the Level I subjects is usually studied more deeply, and there is reflection on dialogue, communication, and the helping relationship.

These Seminars also last three days.

Level III

These are intensive Seminars lasting two weeks with seven hours of work a day and a maximum of



30 participants. Until now they have had a single modality, semi-internal (from 8:30 a.m. to 5 p.m.), and have been held exclusively at the Camillian Center.

Participants come from all over the country.

Selection criteria reflect the finality of training leaders so that in each area of the nation the task of orienting and accompanying the work of humanization groups and health apostolate movements will gradually be taken on.

In the first week closer attention is paid to the theory and practice of the helping relationship, and in the second there is reflection on the sacramental dimension as a sign and culminating celebration of our service to life

Activities in the Past Eight Years

156 Humanity in Medicine Seminars, Level I, lasting 16-18 hours

10 Humanization Seminars, Level II, lasting 18 hours.

6 intensive courses for coordinators, lasting two weeks (78 hours in all).

28 gatherings and workshops for health care groups and movements.

172 courses and seminars have been offered by the Pastoral Center, with an average attendance of 110-120, reaching a total of 19,500 people.

A National Dimension

Colombia is nearly four times the size of Italy and is subdivided into 23 Departments, 4 Superintendencies, and 5 Police Districts. The Camillian Pastoral Center has been actively present in 19 Departments, 2 Superintendencies, and 1 Police District, reaching 36 cities around the country.

The Center has also been present through documents, booklets, messages, cards, and contributions to the journal SELARE and its book collection (22 titles to date).

With a View Towards the Future: Needs and Projects

To form a national team to coordinate, orient, and program different activities.

To train health apostolate specialists.

To ensure continuing follow-up and orientation on a national level of the groups which progressively take shape.

To diversify the modalities and structures of Level III Seminars.

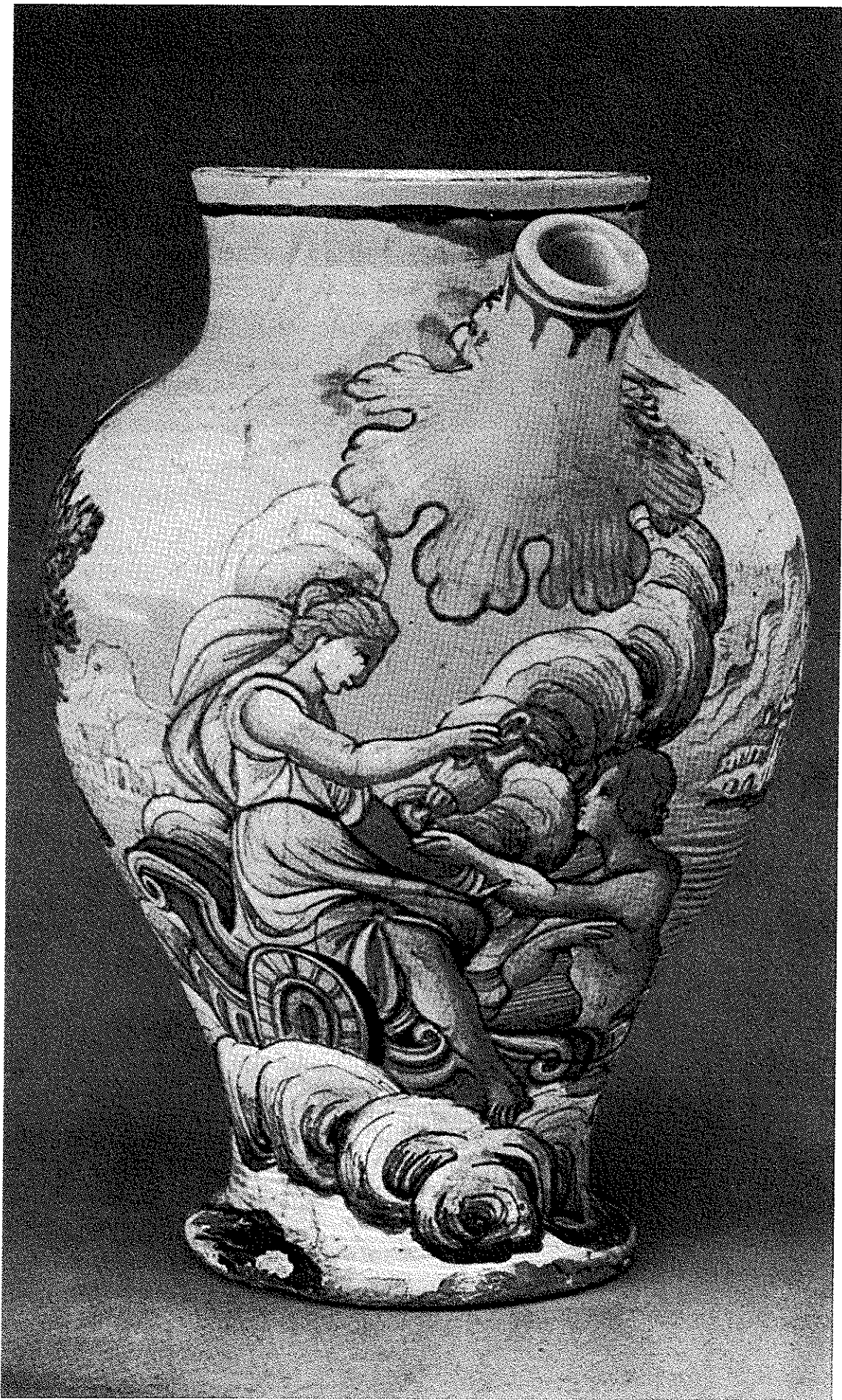
To promote a Clinical Pastoral Education Course.

To continue to work with the Archdiocesan Health Apostolate Commission and the Colombian Conference of Religious.

To increase collaboration with SELARE by enriching bibliography and work materials

To publish a bulletin which will serve as a channel for continuing education, the sharing of experiences, and information.

FR ADRIANO TARRARAN
*Director of the
Camillian Center for
the Health Ministry*



*Activity
of the
Pontifical
Council*



Talks

Chronicles

News from Meetings

Medicine at the Service of Life

*An Address by Archbishop
Fiorenzo Angelini in Athens on
September 20, 1988*

The place, circumstances, and theme of our conversation lead me, almost inevitably, to recall the visit to Athens at the dawn of the Christian era by the apostle Paul and his celebrated discourse at the Areopagus.

With the psychological device which ancient rhetorical art called *captatio benevolentiae*, St. Paul began his address as follows: "Men of Athens, I have seen for myself how extremely scrupulous you are in all religious matters, because, as I strolled around looking at your sacred monuments, I noticed among other things an altar inscribed: To an Unknown God. In fact, the unknown God you revere is the one I proclaim to you. Since the God who made the world and everything in it is himself Lord of heaven and earth, he does not make his home in shrines made by human hands. Nor is he in need of anything, that he should be served by human hands; on the contrary, it is he who gives everything — including life and breath — to everyone" (*Ac* 17:22-25).

The most complete and comprehensive definition of the divinity provided us by the Bible is the one which speaks of God as the "Living One," the Source and Author of life (*Dt* 5:23, *Mt* 26:63, *Ac* 14:15).

And when Christ, in fulfilling the Old Testament doctrine, becomes the revealer of God's nature, he teaches us not only that God is love, but that he is the *Father*. Christ, in the paternity and creativity and transmission of life, exalts the deepest sense of love, to the point of summarizing the goal of his mission by saying, "I have come that they may have life and have it to the full" (*Jn* 10:10). Christ could not speak otherwise of himself, precisely because he himself *is* "life": "I am the way and the truth and the life" (cf. *Jn* 5-6).

In the Christian vision of the world and man, life is the measure and unit of value. This means that the greatness and nobility of the very end of things, the sense of reality, should be evaluated in terms of life.

The first conclusion is peremptory: to serve God is to serve life, and to serve life is to serve God.

Medicine, as service to life, is a service to God. The insight — already implicit in the Hippocratic oath — that the physician's mission crosses the threshold of the sacred is fully assimilated by Christianity, which regards man's destiny and salvation as of life even beyond death, has been conquered in Christ with the Resurrection. Hence St. Paul, in closing his address at the Areopagus of Athens, presents the Risen Christ as the guarantor of the revelation of the true God (*Ac* 17:31).

To speak of practicing medicine as a vocation and a mission is not grandiloquent, but strictly relevant, as John Paul II acknowledged in his address to Catholic physicians in 1980: "You working in medical service should always have a lofty opinion of your mission...; may you be comforted in the strict fulfillment of your duty by the awareness that you are making an indispensable contribution to the protection and defense of life — that life which bears within itself the imprint of God the Creator, who has formed man in his image and likeness."¹

If the doctor and medicine are at the service of life, it is up to us to demonstrate through our work

the kind of service we seek to perform and the life we wish to provide it for. The problem is not simple — at least, not always. There are still vast sectors wherein medical science is called to intervene, to conduct careful research, and at the same time finds itself facing distressing questions as a result of the duty never to separate the defense of life from the defense of its quality. But precisely here the criterion of regarding life as in itself qualitatively nonreplaceable becomes necessary as a reliable guideline. And John Paul II has recalled this as well: "If life is a gift of a God, a great gift of God, it must constitute for us the terminal, indeclinable reference point to which we must look in each and every service into which the exercise of such a delicate art as medicine is divided. To the living being himself, from the first instant of conception — our service is directed, thus immediately taking on a character of sacredness. This is the first principle, the absolute principle regarding professional ethics, which does not admit of exceptions or violations."²

No matter how clear and unarguable it is that medicine is at the service of life and its dignity, there is still need today to ask about the concrete meaning of saying that medicine is at the service of life.

I have met with patients and doctors all over the world in modest out-patients' departments in the heart of Africa, South America, and Asia, and also in the large hospital complexes of Europe, China, India, Japan, and North America.

I have seen both rudimentary and sophisticated techniques applied. The element leaving an indelible impress upon my heart, the same, unchanging fact, has, however, always been the need and call for life: doctors and patients struggle together for life, to the point that in every place of suffering and care you truly get the feeling you have run across what human beings share as identical, universal, and unmistakable. Over against the call for life all differences fall. I would go even further: differences do not fall — they are not even noticed.

What has happened to the idea and fact of progress has, however, also happened to life or, rather, to the idea of life.

All wish to improve, and the history of civilization is that of unin-

errupted progress: from the agricultural era we moved to the industrial age, and then on to the post-industrial one; from the products of man's hands we went to an economy based on raw materials; we are now going beyond this era as well, and future progress will depend on exploiting the capital of brains

But this path of advance for humanity has become selective on account of selfishness. Not progress of all and for all, but progress of a part of mankind, dispensing with, or to the detriment of, another part of the human race.

The universal need for progress has led humanity to become divided into the First, Second, and Third Worlds. And today there is even talk of a Fourth World involving the pockets of marginalization present and growing even within the most developed countries.

The same phenomenon — almost imperceptibly, but tragically — has been manifesting itself and spreading in the field of illness and medicine as well. We have reached the paradox that, at a time when science has made great strides to overcome illness and increase life expectancy, thus making it harder to die, so to speak, science itself is called to collaborate in making it harder to be born, in programming death, not to mention the risks of manipulating life through experimentation starting from a concept of science and research unconnected with the ethic of service to life.

On the other hand, never as in our time has medicine been so capable of serving life, and we well know that certain limitations — including dramatic ones — on this service are due not just to scanty efforts by those engaged in health care, but rather to social and political conditions rooted in more distant and complex causes.

I nonetheless feel that, on the level of personal conviction and, above all, practice, the notion of *service* is just as clear and universally accepted as the axiom that medicine should be at the service of life.

This is certainly not the place — nor does time allow — for a lengthy examination of the nature of the service which medicine is called to perform. I would thus like to limit myself to some reflections which may help to shape medicine's service to life better.

First of all — as the history of

medicine reminds us with an overwhelming number of examples — I think it must be stressed that, especially in the man of science, there can be no practice of medicine at the service of life without profound and mature intellectual humility. There are branches of knowledge delimited by realities we might term accidental, nonessential. It is not that way with medicine, continuously called to measure itself by the primary value, indeed, the root of all values: life. This stirring observa-

tion, which directly involves us as well, leads us into immediate contact with another truth on a daily basis: our knowledge, our ability, and medicine's capacity to effect its service may be termed positive moments if they help life to be sustained, to grow, to improve. The alternative is the failure of this service.

Intellectual humility — that is, awareness of one's limits — has two implications, individual and social. From the former there must derive an insuppressible need to improve our capacities, for the opportunities to upgrade service to life are limitless; from the second implication there derives a nondeferrable commitment to increasing collaboration at every level, including a local, national, and international scale.

If we in fact try to read mankind's situation with the key of defending and promoting human life, we observe that the frightful deficiencies we are witness to are largely motivated by medicine's inadequate service to life. While in some parts of the world routine surgery is performed directly by satellite, in other, much vaster, zones of the earth there are massive deaths as a result of endemic illnesses which elsewhere disappeared centuries ago.

And we move on to a second reflection at this point. We cannot and shall not have true service to life by medicine if that service is not to all life and to the life of all. The possibility that this orientation will become a reality obviously depends in great measure on public authorities, on an urgently needed new vision of the distribution of resources, and on an international order which will see the end of tragic contrasts. But there is no doubt that the men engaged in medical science are called to make their voices heard.

We are witnessing, in the field of the use of nuclear energy, a growing convergence of men of science committed to stimulating leaders and political forces to move towards peace and its promotion. The threat of the catastrophic risks of the nuclear age has prompted this new solidarity.

The same must occur in the field of medicine — in preventive medicine, above all — to cut short the duration of the scandal of millions of deaths from malnutrition and social diseases which may be



easily overcome. And I may add that, responsibly and with great confidence, I shall attempt to do everything possible to make the new Pontifical Council desired by John Paul II for the Apostolate of Health Care Workers increasingly operative, for my aim in the field of health and health care is to favor the creation of a new solidarity which will expand medicine's service to life. Since life is the object of the most universal faith, it is the datum linking all men above and beyond ideological, cultural, social, political, and traditional differences. And medicine has always been at the forefront in serving life.

It has now become a commonplace in all fields that we must seek and give priority to what unites men, not to what divides them. Nothing, in fact, unites men like the call for life, for a life worthy to be lived. Physical illnesses are the most tragic context and the most dangerous breeding ground for illnesses of the spirit, for the unhappiness and despair afflicting so much of the human race.

The modern Diogenes is not called to seek man in a hypothetical condition of superiority. He is not called to seek the wise man, man as symbol. He is rather called to seek man as such, the human being. He is called to discover the value of each human life without discrimination.

When Christ wished to offer us the measure of the judgment by which our existence and conduct will be weighed, he indicated the reality of his presence in the most forgotten and marginalized human situations, coming to identify himself with the sick, the hungry, the abandoned — all those who suffer.

In this hard, but realistic indication is the clearest confirmation of the supreme value of human life in its whole being and expression.

This is the human life which we must recognize, discover, serve, and love. A service to man which is not at the same time a sincere act of love is in fact unthinkable.

The different threats distressing mankind are rooted in and mature through blood-curdling attempts on life. But life is at once the context and the timespan in which God has placed the human creature so that he will implement all that conscience, love, and service demand in order for God's plan of salvation to be entirely fulfilled. From the Creator life flows into

the arteries of the world, which in and through life knows progress, mutual enrichment, and effectiveness, which heal man's multiple and serious pathologies.

The history of mankind until the present has entailed a disproportionate toll in human lives for its progress. In this history of man there is thus something unhealthy, anachronistic, misguided. Man, who has always sought life, has too often combatted it in others, forgetting that life, a gift of God, is not served unless the lives of all God's creatures are served.

A priority — even pedagogical — mission is the duty of medicine, which is by nature service to life. There can be no true medicine without full, complete, and unconditional faith in life. It is not a price for medicine, but its end, its mission.

✠ FIORENZO ANGELINI

¹ John Paul II, "Address to Catholic Doctors" (April 27, 1980).

² John Paul II, "Address at St. James Hospital in Rome" (December 21, 1981).

Meeting with the Madagascar National Commission for the Health Apostolate

*Archbishop Angelini's Remarks
September 28, 1988*

I greet you all cordially and thank you for your kind and fraternal welcome.

Our Secretary, Fr. José L. Redrado, and I are here to bring you a greeting from Rome, to convey our sincere and deep admiration for your work in the service of the sick, the handicapped, and all those, in short, who suffer in body and in spirit, who must represent Christ himself to us. You are an example and stimulus prompting us to conduct our pastoral service in the best possible way.

In accepting the invitation of your Bishops, Monsignor Zevaco and Monsignor Vollero, and particularly that of the Pope's representative, the Apostolic Pro-Nuncio, Monsignor Agostino Marchetto, we have come to Madagascar to make known more directly the new Department of the Roman Curia which John Paul II, in a clearly inspired way, wished to institute on the Feast of Our Lady of Lourdes, February 11, 1985.

The Vicar of Christ's will to remind everyone — bishops, priests, men and women religious, and laypeople; in a word, the whole Church — of the evangelizing — not just human — power of the health apostolate and hence the need to promote, animate, reinforce, and extend every human, medical, spiritual — that is, integrally Christian — activity in the



service of the sick and the suffering, without any distinction, not even based on religion, was a historic sign for the Church in the world. Illness and suffering are universal realities which are the same for all and from part of human nature. Here, in a land which is missionary in a special way, the apostolate of suffering, the soul of the health ministry, must be constantly linked to the missionary apostolate of Christ, who spent his life doing good to all and healing the sick; in his work of evangelization of the earth, Jesus preferred to announce and make known his doctrine, the message of love he realized and consummated with his life, with his suffering, and with his death on Calvary by continually granting priority to the suffering, to those ill in body and in spirit.

John Paul II is also a master in taking up and embodying these preferences of Christ, the Man of Sorrows, but the Victor over death as well. Christ, God, the Living One The transcendental, supernatural value of human suffering is a sign and reality not just in hope but in the certainty of the redeeming and healing value of suffering itself. We — health professionals, priests, religious, and laypeople — are the “favorites” of divine providence, for in caring for the sick as Jesus did and as his Vicar on earth, John Paul II, does, we care for our souls — which are certainly sick — and strive to merit one day, as Jesus has promised, his prize, which has no end. May the Virgin, *Salus Infirmorum*, always be our stimulus and guide in service to life, in exercising our health apostolate



Bearing Witness to Christ's Love

Archbishop Angelini's Homily at Holy Mary Our Reparation Church in Mauritius October 2, 1988

Dear sisters and brothers in Christ!

It is with great pleasure and emotion as well that I address you in this church devoted to Mary Our Reparation, on this noble and charming isle of Mauritius.

I am here together with Fr. José I Redrado, one of the sons of St. John of God, Secretary of the Pontifical Commission — now Pontifical Council — for the Health Care Apostolate, to bring you the greeting of Christian and Catholic Rome, to bring you, above all, the Blessing of John Paul II.

My initial, most cordial salutation goes out to Cardinal Archbishop Margéot, a faithful interpreter and evangelizer of the doctrine of Christ and of the Church, an intrepid, courageous defender of human life and of the doctrinal principles referring to it. A respectful and cordial greeting for the authorities present: the Minister of Health, Mr. Goburdhun, and the Mayor of the City.

I fraternally greet the doctors, nurses, men and women religious, pharmacists, and other health workers along with all the volunteers laboring in a humanitarian spirit and, in the case of those baptized, in a Christian spirit, in the field of human suffering at the service of our brothers and sisters who are ill in soul and in body — in hospitals, clinics, and families.

The new Department of the Roman Curia desired by John Paul II for health professionals the world over is, and seeks to be, an authentic witness to the love of Christ, the Pope, and the Church for the sick. The Church, following the example of Christ, has always loved and served the sick; but today this service must be promoted, strengthened, enlightened, spread, and coordinated everywhere. The presence of the Church in the field of medicine and health as a human and Christian presence of evangelization must be not only up-to-date, but in advance of its age.

1. It is necessary to bear in mind that illness, suffering, and pain

constitute a universal reality which spares no one, as no one can be spared death.

2. Illness and health, life and death are ecumenical realities like no others, inasmuch as all the different ideologies, races, and languages — everything, in short, which makes us different and, unfortunately, even opposed — fall in the face of love for and attachment to human life, for all of us want to possess it in the best way and for as long as possible.

3. The truly universal faith is, however, faith in life, in health, against illness and death.

4. The true universal Temple, even before our Churches and the different religions, is the hospital — a place of refuge and care, through which all pass, without distinction, and experience how spiritually intense the time of illness is, whereby we are led to reflection and, of course, to the search and need for Transcendence, for God.

5. Health care workers at every level of background and responsibility and, above all, those engaged in decision-making, must humanize medicine and all that scientific research and technological progress place at the service of human life. It is necessary to convince ourselves that every patient is our brother or sister, and whoever lives Christianity deeply must see Christ himself in the sick.

6. Health workers — doctors, nurses, hospital administrators, and volunteers — must act to promote life and defend it from the moment of conception to its natural close. It is not possible to love life seriously, to beg for and seek peace, if by abortion and euthanasia death is pursued. What sense does it make to speak of nuclear and chemical disarmament when we proceed to deal out death progressively and massively — to millions — by abortion and euthanasia?

7. Health workers must be exemplary Witnesses to and evangelizers of the Church's doctrine regarding the problems of human life and all that is today summed up in the word “bioethics.” This doctrine of the Church must be known, respected, disseminated, and applied even at the sacrifice of our intelligence and will.

To do so, it is necessary to know our doctrine while respecting those of others and their freedom; we should have trust in the assistance

of God, in His help; let us hear and believe what the prophet Isaiah recalls today in the liturgy of the word: "Be strong! Do not be afraid. Here is your God. Vengeance is coming, divine retribution; he is coming to save you" (Is 35:4).

We must have this hope, this certainty of the presence of God in our midst. With God, with Christ, with His Vicar on earth, the Pope, with humility and courage we shall be able to work for souls by caring for the bodies of our sick brothers and sisters — that is, we shall be true health workers, for the spirit's complex pathology as well. The deaf and dumb are many. But even more numerous are the spiritual deaf-mutes. As St. Mark reminds us in the Gospel passage we have heard, Christ can heal this imposing illness of the soul. We must beg for this grace for all, since all of us are more or less deaf and dumb spiritually.

May the Most Holy Virgin, Reparation and Health of the Sick, obtain this grace for all of us

Cardinal Jean Margéot's Salutation at the Start of the Eucharistic Celebration

I would like to welcome the presence among us of Monsignor Fiorenzo Angelini, who has come to visit us as the executive officer of the Pontifical Council for the Health Care Apostolate.

In selecting him for this post, the Holy Father could not have found anyone better. As a result of his vast experience in working with the sick at Rome's hospitals, his research and reflection on the problems of medical morality, and his numerous contacts in both developed and Third World countries, Monsignor Angelini was truly the person best prepared to as-

sume a responsibility which is so significant at the present time.

I thus warmly thank Archbishop Angelini and Fr. José L. Redrado, Secretary of the Council, for having come to visit us. Their stay is part of a trip which will take them to other nearby countries as well. They wanted to travel to meet with all those, both men and women, who are serving the sick here, to evaluate the situation in which we live and support our efforts for continually improved service to the suffering. The presence of Monsignor Angelini and Fr. Redrado is an encouragement to us. Following the Holy Father's example, Monsignor Angelini wishes to meet people to get to know them and convey to them the message of Christian faith and of Love.

I also greet the representatives of the Government: the Minister of Health, Mr. Goburdhun, and the Minister of Social Security, Dr. Ramiuttu, a physician, and their wives. Their attendance testifies to the Government's interest in everything the Church is doing in the field of health on Mauritius and Rodriguez. My thanks to them.

I also greet all those present here this morning: men and women religious, doctors, nurses, pharmacists. By profession and by vocation as well, you seek to relieve the sufferings of the sick and restore them to health. In addition, we are graced by the presence of representatives of numerous organizations and associations which with considerable generosity seek to meet the needs of different groups of patients and handicapped people. I greet them with the same warmth and congratulate them on their magnificent work. My heartfelt thanks as well to the Committee which has organized the program for this visit by Monsignor Angelini.

In our world in continuous transformation medical science has for some time been witnessing surprising developments. In the face of discoveries, doctors, like politicians, encounter problems of conscience which were previously unknown.

They may be tempted to consider only the immediate advantages of new technologies, overlooking or failing to ask themselves about their moral implications. Fundamental values remain, however, like respect for life and the meaning of human love. These are in-

alienable values of the dignity of the human person.

The Church, for its part, feels called to serve man in the totality of his person; it thus cannot separate material well-being from spiritual and moral maturity. Furthermore, the Church knows itself to be motivated by a clear vision of everything regarding the greatness of the human being and his fundamental dignity. When faced with the problems posed for conscience, the Church has its own reply — it is in a position to offer a clarification. For this reason it cannot remain silent and speaks out on behalf of man.

Whether dealing with new techniques in the field of procreation, such as artificial fertilization — which involves the meaning of human love and sexuality — or modern contraceptive techniques — which either fail to respect the integrity of the functions of the female body or amount to outright abortions, as with Ru 486 and others — the Church cannot remain silent; it would otherwise not comply with its finality of serving man. It will always vigorously declare itself to be against abortion and all that can degrade man and society.

In order for the Church's word to be increasingly appropriate, however, it must assimilate all the questions posed for man's conscience. A dialogue must therefore be established between health professionals and the Church. I trust that this dialogue, initiated by Monsignor Angelini's visit, will continue to be consolidated in a common pursuit of service to man and his true advancement. Christ has come to save the whole man, body and soul. May He be our guide and our light.



The Mauritius Minister of Health's Words of Thanks

In the Course of a Breakfast offered by Cardinal Jean Margéot

Your Excellency, first of all allow me to express how happy we are to meet you today. Your visit to Mauritius Island is a demonstration of the whole Catholic Church's great concern for the sick and particularly for the moral and spiritual problems of the health-care world.

On Mauritius Island, our collaboration with the Catholic Church has continued for over a century. Long before the State assumed responsibility for public health on Mauritius, men and women religious were the ones who devoted their bodies and souls to relieving the suffering of the first settlers on this island. And this work is still going on today.

We rely upon the help and support of the Catholic Church to continue care for the sick and the neediest.

The Catholic Church, in collaboration with the Ministry of Health and other Ministries, is engaged more than ever in the fight against the scourges of leprosy, drugs, hereditary illnesses, and the unfavorable consequences of territorial overpopulation. This collaboration has always been unselfish and effective.

Before concluding, I would like to pay homage to the outstanding contribution of Cardinal Jean Margéot in this area.

I must also express our deepest gratitude to the Holy Father for the Holy See's interest in Mauritius Island in sending us one of its illustrious collaborators to pay us a visit.

The Family Doctor: A Response to Community Needs

A paper presented by Archbishop Fiorenzo Angelini at the Second International Seminar on Primary Health Care in Havana Cuba, November 14-18, 1988

On greeting this Second International Seminar, which, among other things, seeks to celebrate the Fortieth Anniversary of the World Health Organization and the Tenth Anniversary of the Alma Ata Meeting, I thank the Health Minister of the Republic of Cuba for his kind invitation to take part. The Pontifical Office which I have the honor and responsibility of representing wishes to be attentive to and present for all the initiatives on a world scale aimed at reaching the goal set by WHO of "health for all by the year 2000."

In the framework of the strategies needed to reach this goal, careful reflection on the subject of the family doctor must be included.

The term "family doctor" is perhaps the oldest and most evocative of the very close relationship of all health policy to the institution of the family, which the Catholic Church regards as the "first and vital cell of society" ¹

While specializations progressively multiply in medicine, with valuable results, the profession and task of the family doctor are not situated in the sphere of any specialization, but call upon all of them.

As has been rightly observed, "the family doctor is not limited by the age or sex of his patients. He does not possess a specific area of knowledge. He does not use his own techniques. He has no precise

limits on the time or space wherein he conducts his activity, but rather uses knowledge, methods, and techniques of other specialties in his daily practice" ² Indeed, "family and community medicine contribute an integrating interpretation which other specialties lack. This is its dimension: its commitment to the person" ³

All over the world and in every period of history two moments in human social life prove to be constant and, to a large extent, immutable and irreplaceable: the family and the community. They are two closely linked moments, and, without a doubt, as John Paul II also reaffirmed recently, "the very experience of communion and participation which must characterize the daily life of the family represents its first and fundamental contribution to society" ⁴

At the same time, however, we must also recognize that "the modern family, perhaps more than other institutions, has been assailed by the broad, profound, and rapid transformations of society and culture. Many families live through this situation in fidelity to the values constituting the foundation of the institution of the family. Others have become uncertain and bewildered in the face of their tasks or plainly doubtful and virtually unaware of the ultimate meaning and truth of married and family life. Finally, others are barred by varied situations of injustice from the realization of their fundamental rights." ⁵

Nevertheless, if, on the one hand, the family doctor relates to the person, assisted and followed up in his totality and family context, there is a point in which the finality of the family doctor and that of the family institution meet and become intertwined — both are, in fact, at the service of life, of all life and of the life of all.

From Hippocrates to the present, medicine has by nature been service to life. In turn, "the basic task of the family is service to life, to fulfill the Creator's original blessing throughout history, transmitting the divine image from man to man in generation." ⁶

It is certainly to be appreciated that in this country concerned with a vigilant, extensive, and advanced health policy the both important and delicate subject of the family doctor is being so authoritatively dealt with.

tion that in other fields are arduous or impossible — a cooperation which is not only desirable, but unrenounceable, as the Chief of State of the Cuban Republic has nobly acknowledged in sincerely praising the contribution of men and women religious working in health care in this country.⁷

From the standpoint of such cooperation, I am firmly convinced that a complete profile of the family doctor — in constant reference to his mission of serving life, not death, from conception to its natural close — cannot prescind from certain fundamental presuppositions.

To outline the tasks deriving therefrom, it suffices to recall the most serious harm which a family doctor who was not scientifically, culturally, and morally prepared to perform his duties could cause not only individual members, but the family institution as a whole.

A cultural mediator, the family doctor, by virtue of the confidence he enjoys among his patients, has an unrenounceable *educational and formative role*, whose effectiveness is linked to principles inspiring his mission and profession. Principles necessarily having immediate repercussions on the social community families are part of.

The family doctor's professional action is by its nature directed towards granting priority to preventive medicine. His service to life is thus performed with particular attention to the quality of life, closely examined and followed up in relation to age, sex, and the environment in which the family he is caring for lives.

The information the family doctor is duty-bound to collect and update cannot dispense with a clear conception of the dignity of the human person and of every expression of the right to life and to quality of life. Nevertheless, in order for this detailed, scientifically verified information to be translated into therapeutic applications, it must be traced back to the causes which may determine a pathology to be treated, not only on a physical plane, but also psychically and spiritually. Now, if the family arises from love, it is by dint of love that it becomes a community of persons. It follows that "without love the family cannot live, grow, and perfect itself as a community of persons."⁸

The doctor, as a servant of life, must be a co-worker and support for love, without which the family would lack its lifeblood and very dynamic. Where life is the fruit of love, service to life can be inspired only by love.

An increasingly advanced medicine which failed to recall this in dealing with the family nucleus could not obtain the most effective results.

A servant of life through his educational and formative action, the family doctor is also called to be a builder of life.

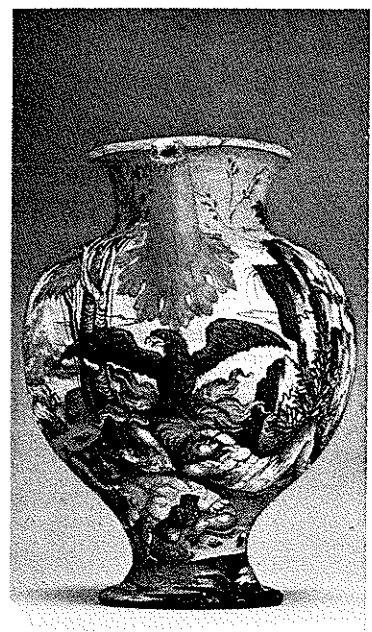
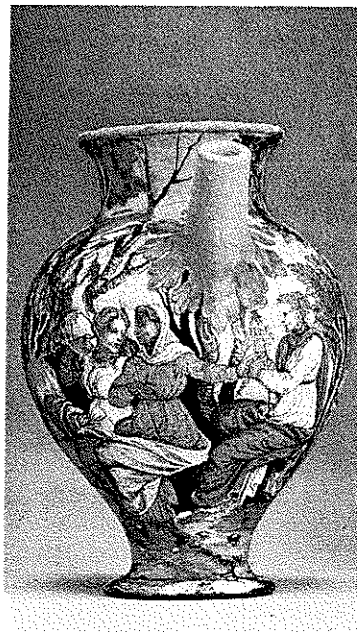
No one's life is integrally served unless the lives of all are served. The duty of the family doctor is, then, to serve life without letting himself be conditioned by ideological criteria contemplating and entailing any discrimination whatsoever as regards human life. The Church's firmness on this point derives not only from religious faith, but from the awareness of assimilating a principle from natural ethics which, in any case, has been observed by all people and at all times.

The family doctor is acquainted with the numberless circumstances in which his task as an educator and builder of life translates into that of a *counselor and interpreter* of the truest and deepest human aspirations.

All of these qualities, which prompt the Church, as John Paul II loves to repeat, to regard the practice of medicine not just as a profession, but as a mission, require those responsible, in the measure of their individual competence, to ensure adequate preparation for future family doctors.

This important Seminar has stressed in a timely way the diverse practical duties of the family doctor: availability, continuity in care, emphasis on health and hygiene education and prevention, clinical and diagnostic training, mastery of communication techniques, continuing education, coordinated action, close ties with the community, and so on.

We cannot speak of integral continuing education, under the aspects I have pointed out, where an initial formation, which must be-



gin in the university classroom, is missing. And if the Church, on account of the mission to which it feels called, grants priority to treating the spirit, we must acknowledge that this is a further function, with a fundamental, prominent status, for which the doctor and other health professionals are also responsible.

The expression "family doctor" brings out both the concept of medicine and that of the family. He bears this name not only because he looks after the individual members of the family, but because he cares for the family as a whole.

From this standpoint, the Church and, in a special way, the Pontifical Office I have the honor to represent seek to be close to and collaborate with those seriously wishing to serve life in its entirety of body and soul — life without age (the complex problematic of the elderly) and without any conditioning (the equally complex problematic of the handicapped).

A convergent commitment to examine, prepare, and improve a truly humane family medicine which will also provide valuable assistance to the institution of the family and bring us to recognize in all human beings — especially if they are ill — our brothers and sisters

¹ Second Vatican Council, *Apostolicam Actuositatem*, 11. JOHN PAUL II, *Apostolic Exhortation Familiaris Consortio*, 42.

² JOSÉ E. FRIEYRO, *Conceptos básicos en medicina de familia* (Havana, 1988), p. 2.

³ *Ibid.*, p. 2.

⁴ *Familiaris Consortio*, 43.

⁵ *Ibid.*, 1.

⁶ *Ibid.*, 28. Cf. Gn 5:1seq.

⁷ "Just to mention one instance, today there is an institution in Havana where very difficult work is carried out devoted to young people with congenital abnormalities. Here communists and sisters work side by side in the same hospital. I truly admire the work of the religious... and so state publicly. ...I have always recalled the conduct of those religious as a model for communists, for I believe that they sum up in their behavior the conditions which we would like to see materialized in every communist militant." Quoted from *Fidel y la religión* (Havana, 1985), pp. 265-266.

⁸ JOHN PAUL II, *Familiaris Consortio*, 18.

Chronicles and News of Meetings



VISIT TO THE UNITED STATES:

**Philadelphia, New
York, Boston, June
19-25, 1988**

The socioethical dimension characterized the short visit to the United States by Monsignor Angelini, accompanied by Fr Redrado. In addition to meetings with the Church hierarchy (Archbishop Anthony Bevilacqua in Philadelphia and Cardinal Bernard Law in Boston), the officers of the Pontifical Council maintained contacts with three large pharmaceutical firms: Smith-Kline-French, Merck, and Serono.

There was a broad exchange of ideas on the production of new drugs, research, and the need to provide so-called "orphan drugs" for Third World countries, as well as the importance of ethical principles in both research and the production and distribution of pharmaceuticals, with awareness of the duty to show solidarity towards poor countries.

It was possible to observe how necessary the Church's presence in these large industries is in order to support ethical orientations directed towards true progress, moral responsibility, and solidarity. In the health field the pharmaceutical industry's collaboration is indispensable, as regards both drug research and production.

BANGALORE, INDIA: A Trip with a Twofold Purpose

The Fifth Meeting of Catholic Medical Schools, sponsored by the International Federation of Catholic Universities (FIUC), took place in Bangalore, India, August 7-10, 1988. The Pontifical Council was represented by Archbishop Angelini and Fr Redrado.

The sessions were held at St John's Medical College in Bangalore. After the Eucharistic celebration presided over by the Archbishop of Bangalore, Monsignor Alfonso Mathias, work commenced with talks by the President and Director of St John's, Professor Mascarenhas and Fr Percival Fernandez, and by the Secretary General of FIUC, Fr Michaud. The inaugural address was delivered by Archbishop Angelini, who dwelled upon the tasks of Catholic medical schools today. Finally, Dr. Sri B. Rachaiah, Minister of Health and the Family, conveyed his greeting.

The main subjects dealt with at the Bangalore Meeting were the community environment, the importance of health care in training future medics and paramedics, the Catholic medical school as a crucial factor in professional preparation, and the role of the medical

school in the Church's dialogue with the society of our time

The Pontifical Council's second objective was to become familiar with some local health facilities. The following visits and meetings took place:

* **St. John's Medical College.** This is a large hospital complex (750 beds) attached to a university campus where studies in medicine, nursing, and health administration are offered. It is owned by the Indian Catholic Bishops' Conference. Some 250 religious women belonging to 72 different congregations are on the staff.

The Center was created first of all for Catholics in general, with particular attention to those who, like the sisters, work in over 600 hospitals and 900 clinics throughout India. Their medical education includes ethical and humanitarian values, compassion and understanding towards the suffering and members of their families, service to one's country and to the neediest in the spirit of Christ, special attention to the health problems of rural society, knowledge of and solutions for local health needs, and developing scientific criteria which are ever more suitable and up-to-date

* **St. Philomena's Hospital.** With 250 beds, it belongs to the Jesus, Mary, and Joseph Congregation and runs a nursing school with 120 students.

* **St. Martha's Hospital** It is owned by the Sisters of the Good Shepherd and has 575 beds and a nursing school with 310 students.

We also visited three religious institutions in Bangalore: the newly opened Theologate of the Camillian Fathers, the Formation Center of the Silvestrini Benedictine Fathers, and the house of the Sisters of the Holy Family of Bhawan.

We received a warm welcome everywhere and observed marked interest in our visit.

Fr. JOSÉ L. REDRARO

VIENNA: European Conference on Nursing

The European Conference on Nursing was held in Vienna, June 21-24, 1988. Emma Maggi, Chief Midwife at the First Maternity Division of St. John's Hospital in Rome and Regional President of ACOS, attended the sessions as the representative of the Pontifical Council for the Health Care Apostolate. The Conference, promoted by the countries belonging to the European Region of the World Health Organization, was aimed at continuing to make European nurses and midwives aware of the specific regional objectives associated with "Health for All by the Year 2000," with a view towards identifying the changes to be effected in nursing practice to achieve some thirty-eight concrete goals

From individual papers and group work there emerged very rich documentation stressing the urgent need for European nursing to redefine its future functions in the light of society's new requirements through professional training of nurses and midwives concerned not only with the care of the ill, but with promoting and maintaining health, preventing illness, and helping individuals, families, and the whole community to assume responsibility for developing their own health. To implement the Health for All plan European governments and public health officials must cooperate - economically as well - to create courses of study for updating and other related channels. The need for curriculum reforms was also brought out, along with the completion of a full secondary school program as an admissions requirement for specialized nursing education - though pre-university training may vary from country to country - as in the case of all other university-level programs

EMMA MAGGI

ATHENS: The Catholic and Orthodox Churches United to Defend the Value of Life and Humanity in Medicine

On September 20, 1988, on the initiative of the Movement of University Graduates and Intellectuals, in the Dionysius the Areopagite Hall of the Catholic Archbishopric of Athens, there took place an encounter of reflection and study, under the sign of ecumenism, with a lecture ("Medicine at the Service of Life") by Archbishop Angelini, Pro-President of the Pontifical Council for the Health Care Apostolate, and a talk by the Most Reverend Athenagoras Zaccopoulos, Orthodox Metropolitan of the Diocese of Fochis, Greece, on "Moral Problems in Current Medical Research"

The meeting, subject-matter, and speakers were introduced by Dr. Stefano Provelenghios, a physician and Vice President of the Union of Greek Catholic University Graduates and Intellectuals, and by Professor P. Dimitri Salachas, who also explained the nature and tasks of the Pontifical Council for the Health Care Apostolate and informed the large audience about Metropolitan Athenagoras' zealous dedication to studying problems in bioethics. Professor Salachas expressed his profound gratitude to His Beatitude, the Archbishop of Athens and Primate of the Greek Orthodox Church Seraphim and the Secretariat of the Holy Synod for having accepted the invitation to attend sent by the President of the Catholic University Graduates and Intellectuals.

Indeed, for the first time in Greece an official ecumenical meeting for specific cooperation on a local level was being held between Catholics and the Orthodox.

The study session was attended by the Apostolic Delegate in Greece, Monsignor Giovanni Mariani, Catholic Archbishop Nicola Foscolo, Byzantine Catholic Exarch Anarghyros Printesis, the Ar-

menian Catholic Exarch, and political leaders, including the President of EDIK (Union Party of the Democratic Center), the Hon. John Zigdis, and a large number of priests, men and women religious, orthodox theologians, university professors of medicine, judges, government employees, and professionals. The news media provided broad coverage of the event.

The session ended with a brief talk by the Most Reverend Nicola Foscolo, Archbishop of Athens

The presence in Athens of Monsignor Angelini, accompanied by Fr. José L. Redrado, Secretary of the Pontifical Council for the Health Care Apostolate, furnished the occasion for other important initiatives:

* On September 21, Archbishop Angelini and Fr. Redrado, accompanied by Fr. Salachas, met with the Minister of Health of the Greek government, the Hon. John Floros.

After providing information on the aims and activities of the Pontifical Council Monsignor Angelini told the Minister that his Department, in collaboration with WHO, would be holding a world meeting of physicians on "Humanity in Medicine" in October 1989, on the island of Kos, the homeland of Hippocrates. In manifesting his satisfaction, the Health Minister offered the full support of his Office for the initiative. Monsignor Angelini and the Minister agreed to form a joint local Committee to prepare the meetings. As representatives of the Pontifical Council, Archbishop Angelini proposed Professor Zachariah Kapsalachis, an Orthodox neurosurgeon, and Fr. Salachas. Both were accepted by the Minister.

* On the same day, Monsignor Angelini and Fr. Redrado visited His Beatitude, Archbishop of Athens and Primate of Greece Seraphim. The meeting was attended as well by the Apostolic Delegate, Metropolitan of Fochis Athenagoras, the Director of the Press Department of the Orthodox Church of Greece, John Chadjifotis, and Fr. Salachas. The encounter was especially fraternal and cordial. The Greek Primate manifested the Orthodox Church's firm decision to coordinate closer collaboration with the Roman organism in the area of the pastoral activity of health care workers. In this regard, the Primate said he was happy that Metropolitan

Athenagoras was attending the study session, specifying that the medicine sector is particularly suitable for a joint commitment by the two Churches in favor of human life. The Primate then asked his collaborators to pay close attention to the work of the Pontifical Council in order to find common forms of witness. Metropolitan Athenagoras in turn manifested his desire to participate in meetings organized by the Pontifical Council to present Orthodox thinking as well on problems in medical ethics. Archbishop Angelini assured both the Primate and the Metropolitan of his sin-



cere collaboration with the Orthodox Church, convinced that the two could together convey a common message for the defense of life and humanity in medicine.

* Finally, also on September 21, Archbishop Angelini visited two health facilities: the Pammakaristos Hospital, run by the Congregation of Sisters of the same name of the Byzantine Catholic rite, and the Encephalographic Center of Athens, run by Professor Zacariah Kapsalachis.

The former facility, recently transformed into a government-owned hospital, is still run by the Sisters, not without considerable difficulty. Monsignor Angelini was received there by Monsignor Anar-

ghyros, Exarch for Byzantine Rite Catholics in Greece and Chairman of the Hospital's Board of Trustees.

At the Encephalographic Center run by Professor Kapsalachis Archbishop Angelini met with the team of over 500 doctors working there. Members of parliament and party leaders attended, including the Hon. Evangelos Averoff, Honorary President of the New Democracy Party, Dr. Antonio Livanis, Director of the Political Bureau of Premier Andrea Papanandreu, and, in addition, diplomats, journalists, and noted men of culture, together, of course, with Catholic bishops and representatives of the Orthodox Church.

The press covered this event closely, a happy occasion to inform the Greek world of the Catholic Church's involvement in the field of the health ministry and of the need to promote a dialogue between Church and science, in union with the Orthodox Church.

In introducing Monsignor Angelini to guests, Professor Kapsalachis said, among other things: "This fraternal and friendly encounter manifests that Religion and Medicine walk together in the service of man's person and especially that the Orthodox and Roman Catholic Churches, in spite of some theological differences which may still continue to exist, have one and the same Christian vision of the work and problems of current medical science. Dialogue between Religion and Medicine is urgent. The Hippocratic Oath we have professed for the performance of our function takes on a more complete dimension in the light of Christian doctrine. On the other hand, the Christian religion cannot ignore the immense results of medicine and scientific research. Undoubtedly, both serve life, whose Creator is not man, but eternal God, the Master of life and death. Consequently, in the fear of God, with faith and love, we must see and deal with the patient whom we physicians serve." A Byzantine icon was also offered to Archbishop Angelini as a visible symbol of the Greek people's Orthodox Christian consciousness. Finally, in the address by the Center's Director, there were expressed the most fervent wishes for the life, health, and longevity of His Holiness John Paul II.

Fr. DIMITRI SALACHIS

AFRICA: Pastoral Meetings on the Islands of Madagascar, La Réunion, and Mauritius

From September 26 to October 4, 1988, at the request of the Bishops of the local Churches, Archbishop Fiorenzo Angelini, Pro-President of the Pontifical Council for the Health Care Apostolate, and the Secretary, Fr. José L. Redrado, conducted a pastoral visit to the islands of Madagascar, La Réunion, and Mauritius, with an intensive program of meetings and exchanges with religious leaders, government health officials, and patients.

MADAGASCAR

The program included meetings and visits to health facilities. Accompanied by the Apostolic Pro-Nuncio, Monsignor Agostino Marchetto, Bishop Pierre Zévaco, in charge of the health apostolate, and Bishop Vollaro, responsible for Catholic Charities, Monsignor Angelini and Fr. Redrado met with Health Minister Jean-Jacques Seraphin, members of the National Commission for the Health Ministry, and the officers of the Christian Health Center. There was also a most useful meeting with the Head of the Revolution, Dr. Richard Andriamanjato. Government authorities recognized the local Church's broad involvement in the health field, while the Pontifical Council confirmed its disposition to engage in the most effective cooperation.

Six health facilities were visited where women's religious institutes work: the state-run general hospitals of Ravoahangy and Befelatanana, assisted by the Hospital Sisters of Mercy and the Carmelites of St. Theresa, respectively; a large military hospital with staff from the Sisters of St. Vincent De Paul; the St. Francis of Assisi Clinic, owned by the Fran-

ciscan Missionaries of Mary; the Tamjiombato Health Care Center, which attends 800 patients each day and distributes 600 meals to undernourished children (staffed by the Sisters of St. Vincent De Paul); and the Tongarivo House of Charity, which looks after 54 subnormal and abandoned children, with a dispensary receiving 250 patients a day (staffed by the Carmelite Sisters Minor of Charity).

LA RÉUNION

There followed a brief visit to this little, but heavily populated, island. The local Ordinary, Monsignor Gilbert Aubry — who hosted the visitors — had organized an intensive program. After a meeting with hospital chaplains, the following medical facilities were visited: the Center for the Blind and Deaf-Mutes, owned by the Sisters of Mary Immaculate, the public general hospital, and the Center for the Subnormal and Elderly, where the St. John of God Brothers work. There were also visits to the 140-bed residence for the aged and the 70-bed pediatric hospital, both owned by the Franciscan Missionary Sisters of Mary and connected with the St. Francis of Assisi Association.

MAURITIUS

On the island where memories of Blessed Laval are still vivid, the Cardinal Archbishop Jean Margéot hosted this visit, which had been prepared by a special committee of doctors and religious. The constant guide during the stay was the parish priest of the Church of St. Helen in Porto-Louis. There were meetings on Mauritius as well, including an exchange with a group of Catholic physicians on problems in medical ethics and an encounter with hospital chaplains in the presence of Cardinal Margéot. The Pontifical Council's delegation then met with the Minister of Health. Visits were made to the Center for the Elderly, staffed by the Sisters of Good Aid; the Center for the Subnormal and the Aged, where the St. John of God Brothers work; the Leprosarium at Moulin à Pondre, and this city's public hospital.

Other moments during the stay on Mauritius were marked by a solemn Eucharistic concelebration

presided over by Monsignor Angelini in the presence of Cardinal Margéot, the Minister of Health, the Mayor of Port-Louis, and numerous health professionals and volunteers.

A working breakfast offered by Cardinal Margéot was attended by the Minister of Health, the Director General of the Health Ministry's medical programs, and members of the Commission which had prepared the visit by the Pontifical Council's delegation.

Afterwards, in fulfillment of the pre-arranged program, Archbishop Angelini held a press conference in the course of which he illustrated the aims and tasks of the Pontifical Council and then responded to questions by representatives of the press, radio, and television. Cardinal Margéot, Fr. Boullé, and Fr. Redrado were also present at the press conference.



FLORENCE, ITALY: Eighteenth National Convention of the Italian Catholic Medical Association

The Italian Catholic Medical Association held its Eighteenth National Convention in Florence, October 17-20, 1988, attracting numerous physicians from all over Italy to consider a topic basic to human society: "The Quality of Medicine for the Quality of Life: Person, Environment, Technology."

The Convention — a significant occasion, not only for the Association — charged with vitality and interest, taking place within the incomparable historical and artistic surroundings of Florence, was marked by the science and culture of eminent speakers setting forth subjects of the greatest relevance at present.

The abundant talks, discussions, proposals, and motions oriented and stimulated everyone's attention.

The opening ceremony at Palazzo Vecchio, in the prestigious 1500's Room, was attended by the Prefect and Mayor of the city, the Dean of the University of Florence Medical School, President Eolo Parodi of FNOM, and many other civil and religious figures. Archbishop Fiorenzo Angelini, the Association's National Assistant and Pro-President of the Pontifical Council for the Health Care Apostolate — as always, an extraordinary promoter and animator of the Convention — delivered the opening address.

The most moving moment, in both meaning and significance, was the reading of the message of praise and encouragement addressed to the officers and members of the Association by Pope John Paul II by way of Monsignor Angelini.

The Holy Father especially recognized the Association's constant fidelity to the Church and recalled that "in devoting himself to the

care of the body, the Catholic physician neither can nor should ignore the problems of the spirit, for the recipient of his labor is man in his entirety.

"His 'ministry' should thus be carried out not only with scientific and professional expertise, but also with personal involvement in the individual patient's concrete situation."

Particularly welcome as well was the message from Cardinal Ugo Poletti, President of the Italian Bishops' Conference, conveying his best wishes for the successful outcome of the Convention.

The Association is deeply grateful to the Holy Father for his stimulating words and Blessing.

Each day's session was marked by especially important events — the Eucharistic celebrations at: St. Mary of the Flower Cathedral, presided over by Cardinal Silvano Piovanelli, Archbishop of Florence; the Basilica of St. Lawrence, presided over by Archbishop Fiorenzo Angelini, Pro-President of the Pontifical Council for the Health Care Apostolate; the Basilica of the Annunciation, presided over by the Most Reverend Giacomo Babini, Auxiliary Bishop of Arezzo, recently appointed by the Tuscan Bishops' Conference to oversee the health care apostolate in the Region; and the Church of the Young Mary, presided over by Cardinal Paul Zoungrana, with homilies by Fr. Emilio Spogli, M.I., Diocesan Assistant for the Association's Roman Section.

The Convention's Final Motion issued from the rigorously scientific examination of the subjects dealt with and the contributions by the physicians participating in discussions. In it, the Association *confirms* once more its fidelity to the Magisterium of the Church, especially as regards the serious problems relating to the uncompromising defense of man's existence; *observes* the urgent need for an unequivocal commitment, not only by Catholic doctors, but by all those concerned about defending human life, to reassert the inviolability of nascent life from the moment of conception in research and medical practice; *expresses* the need to adapt its work to the service of the sick, the marginalized, and the elderly to improve the quality of their lives; *affirms* its conviction that medical science cannot fail to address its attention to the conservation and protection

of their environment, indispensable for authentic safeguarding of human life; *reaffirms* its commitment to deepen and expand study of bioethics and biotechnology so that the center for research and its applications will be man in his total dignity

The National Assembly of the Italian Catholic Medical Association also elected a new National Council, which will remain in office for the next three years. The National President is Professor Domenico Di Virgilio, and the National Secretary, Dr. Alvaro Galdenzi.



TARRAGONA, SPAIN: Fourth Centenary of the Hospital of St. Paul and St. Tecla

To commemorate the Fourth Centenary of this prestigious hospital in Tarragona the Pontifical Council for the Health Care Apostolate was invited as a special guest. Archbishop Angelini and Fr. Redrado devoted an entire day, October 25, 1988, to this event

The program was particularly intensive, but quite rich in content and experience. The day began with words of greeting at the Cathedral chapter-house, where the Archbishop of Tarragona, Monsignor Ramon Torrella, the Hospital's Medical Director, Dr. José Adserá, and Monsignor Angelini all spoke. There followed a Eucharistic celebration in the Chapel, which contains the mortal remains of Monsignor Antonio Agustí, founder of the Hospital and former Archbishop of Tarragona. After Mass a plaque commemorating the primitive hospital was unveiled. In the afternoon we visited the hospital's installations and met with the Catalan Delegates for the Health Care Apostolate, accompanied by Archbishop Torrella and Monsignor Luis Martínez Sistach, Auxiliary Bishop of Barcelona and Secretary of the Tarragona Conference. The gathering brought out the group's history and the way it conducts its activities today — well-organized, enthusiastic, it includes on the interdiocesan team the different sectors: hospital chaplains, movements, women religious in health care, and volunteers, among others

At the end of the day, in the Auditorium of the Tarragona City Hall, Archbishop Angelini delivered a lecture on "The Church and the World of Health: History and the Present Moment," stressing that, in recollecting past events, we are called to grow and

renew ourselves; he also highlighted the Church's sensitivity to those suffering — a perennial task, but one taking on special characteristics today. He stated that Christian health care workers are called to bear witness substantially and bring about both humanity in medicine and evangelization. The ecclesiastical and civil authorities of Tarragona attended the talk.

During this brief visit to Spain we also found room for a meeting with those responsible for the health ministry in the Diocese of Barcelona.

The Coordinator of the Barcelona Health Care Apostolate, Br. Francisco Sola, presented to the different groups working there a summary of the main religious activities and the objectives proposed for this year.

We especially admired all the progress which has been made in Spain in the health ministry — its organization, dynamism, and seriousness, along with the new course of reflection undertaken with Christian health professionals. We convey our congratulations.

CUBA

Second International Seminar: "The Family Doctor"

From the 16th to the 20th of November 1988, our Pro-President, Archbishop Fiorenzo Angelini, visited Havana for the second time, having been invited by the Government to speak at the Second International Seminar, devoted to the subject of "The Family Doctor". Monsignor Angelini was accompanied by Professor Franco Splendori, one of the

Pontifical Council's Consultors. All of the socialist countries were represented by their Ministers of Health. Archbishop Angelini's address is included in this issue of our journal.

In addition to meeting with Archbishop of Havana Jaime Ortega, President of the Cuban Bishop's Conference, our Pro-President visited the Seminary, spoke with health care workers at the Nunciature, accompanied by Br. Emanuel Colliga, O.H., National Secretary for the Health Apostolate, presided over a concelebration at the Santavenia Institution, and took part in the commemoration of the second centennial of the birth of Fr. Felix Varela, apostle of Cuba. Archbishop Angelini met repeatedly with the Minister of Health, Dr. Julio Teja, and other Ministers and observed the extraordinary significance — described locally as "historic" — of the Cuban Health Minister's private audience with John Paul II during our Council's Third International Conference, devoted to "Longevity and Quality of Life", held at the Vatican City Synod Hall, November 8-10, 1988.

The highlight of Archbishop Angelini's visit to Havana was his meeting with the President of the Republic and Head of Government Fidel Castro. The meeting lasted an hour and included joint attention to specific problems of policy and the health apostolate, with results Monsignor Angelini described as outstanding, particularly in regard to granting nursing religious freedom to enter Cuba to attend the sick, a concession by the Government which will be ratified through a written protocol to this effect. There will be opportunities for cultural exchanges involving young doctors or other competent professionals. Quite recently Professor Carlo Marcelletti, a heart surgeon, journeyed to Havana, and a visit by Professor Corrado Manni of the Catholic University of Rome, one of our Consultors, is scheduled for next year.

THIRD INTERNATIONAL CONFERENCE: Longevity and Quality of Life

Vatican City Synod Hall,
November 8-10, 1988

The International Conference on "Longevity and Quality of Life" was the third one sponsored by the Pontifical Council for the Apostolate of Health Care Workers since its establishment by Pope John Paul II in February 1985.

This annual gathering helps to fulfill one of the objectives of our Office — "to disseminate and defend the Church's teaching in the health field and favor the integration of this teaching into medical practice."

The Conference was structured into three parts: "Longevity," "Longevity and Health," and "Longevity and Society." The sessions were chaired, respectively, by Pontifical Academician Hector R. Croxatto and Nobel Prize Winners for medicine Carleton Gajdusek and Thomas Huckle Weller. Other Pontifical Academicians — including the new Academy President G.B. Marini Bettolo — researchers, and scholars from around the world made the Conference valuable from a scientific standpoint and contributed to formulating realistic proposals for future action.

The first day was devoted to demographic aspects of longevity, scientific research, and a reflection on advanced age as understood to be fullness of life. As for the relation between longevity and health, the topic for the second day, chemical, clinical, biological, and mental aspects were analyzed, along with the role of pharmacology. Finally, under the heading of longevity and society, psychosocial quality, ethical aspects of the third age, and the

special situation of the elderly in developing countries were studied. The roundtable discussion, entitled "The Song of Life," included outstanding health spokesmen from Great Britain, Japan, India, Cameroon, Peru, Australia, Nigeria, Tunisia, the United States, and China.

At the close of the second session a prize for Humanity in Medicine was awarded to Russian Psychiatrist Anatoly Ivanovich Koryagin in the Synod Hall. The award is made by Georgetown University of Washington, which, in close collaboration with our Pontifical Council, wished to associate it this year with our Third International Conference. This is the second time this prestigious university has distinguished someone for the study and defense of human rights. The first time, two years ago, the prize was awarded to Archbishop Fiorenzo Angelini.

As in previous International Conferences, the Holy Father, John Paul II, visited the Synod Hall on November 10 and was very affectionately welcomed by all. He closed this Third Conference with an address emphasizing the following points:

* The well-being of the elderly depends not only on medicine, but also on the family and public entities.

* We must pay close attention to the demands of the elderly person's dignity.

* Rich countries must not overlook developing nations in order to guarantee adequate care.

* A concern about favoring the elderly can help fulfill the Psalmist's prophecy: "In old age they will still bear fruit."

Another significant event of these intensive days was the Reception at Villa Madama in Rome offered for Conference participants by the Honorable Giulio Andreotti, Italian Foreign Affairs Minister.

The Third Conference, at which fifty-six nations were represented, including the Health Ministers of Cuba and Madagascar, a representative of Spain's Ministry of Health, and several ambassadors, once more brought out the universality, appeal, and limitlessness of the topic of health and illness.

The papers presented at this Third Conference will be published in our journal *Dolentium Hominum* (no. 1, 1989).



Other Activities

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Participation in the Following Conferences:

* The Tenth Meeting of the European Academy of Anaesthesiology, held in Rome, September 7-10, 1988, and coordinated by Professor Corrado Manni Archbishop Angelini delivered the inaugural address.

* On October 14, in the Republic of San Marino, the First International Conference on AIDS took place. Monsignor Angelini and Fr Redrado attended, and the Archbishop participated in a round-table discussion on the ethical, social, legal, and economic aspects of AIDS.

* In Grosseto, Italy, the Italian Association of Organ Donors held a day of reflection on October 16. Monsignor Angelini took part in a round-table discussion.

Meetings

In addition to our habitual meetings as part of daily work, we held several special meetings at the Pontifical Council connected with the preparation of our journal and the Third International Conference.

Visits

1988 has been another visit-filled year for the Pontifical Coun-

cil. We have welcomed numerous members of Episcopal Conferences, cardinals, bishops, and priests, along with personalities from the worlds of medicine and diplomacy desirous of learning about our work. A number of special sessions took place in which the officers of the Pontifical Council for the Apostolate of Health Care Workers exchanged views, data, and experiences with visitors in a spirit of openness and cooperation.

Among our visitors were:

* The *Episcopal Conferences* of Sudan, Mozambique, and Benin.

* *Cardinals bishops, and priests:*

— His Eminence Cardinal ANGELO ROSSI, President of the Administration of the Patrimony of the Holy See

— His Eminence Cardinal BERNARD FRANCIS LAW, Archbishop of Boston.

— The Most Reverend DONATO SQUICCIARINI, Apostolic Pro-Nuncio in Cameroon.

— The Most Reverend ANGELO SODANO, Apostolic Delegate in Chile.

— The Most Reverend PATRICK COVENEY, Apostolic Delegate in Mozambique

— The Most Reverend JOHN NJENGA, Bishop of Eldoret and Director of the Health Apostolate in Kenya.

— The Most Reverend EM-MANUEL KATALIKO, Bishop of Butembo-Beni, Zaire.

— Mr. MICHELE DE FUSIEMBERG, President of the German Knights of the Order of Malta.

— The Reverend FERNANDO KAYAVII, Director of Quilon Hospital, India.

— The Reverend ADRIANO YUGUEROS and Sister ANTONIA AZPICUEIA, Presidents of FERS (Spanish religious devoted to the health ministry).

— The Reverend WOLFGANG HELBIG, President of the Hospital Federation of the Protestant Church in Germany.

— His Excellency Mr. DAVID LANE, Ambassador of Great Britain to the Holy See.

— His Excellency Mr. MANUEL ESTEVEZ PEREZ, Ambassador of Cuba to the Holy See

— His Excellency Mr. CARLO CALIA, Ambassador of Italy to the Marble Coast.

— His Excellency Mr. VINCENZO MANNO, Ambassador of Italy to Cuba



News from Around the World

COTONOU, BENIN: Catholic Medical Association of Benin

In order to bear witness to faith in practicing their profession, a number of Benin doctors, surgeons, dentists, and pharmacists have created an Association seeking to help its members to deepen their religious and professional knowledge and thereby serve those who suffer better

PITTSBURGH, USA: Medicine and Technology at The Service of Life

"Respect for Life: Problems in Medical Ethics" was the title of a lecture delivered recently at the Assembly Hall of the University of Pittsburgh by Cardinal Joseph Bernardin, Archbishop of Chicago, before a large audience. Cardinal Bernardin, taking inspiration from the document by the Congregation for the Doctrine of the Faith on *Respect for Life in Its Origin and the Dignity of Procreation* (1987), stressed two principles grounding the development of Catholic human experience constitute the thought on this subject. Natural law, together with Scriptural Revelation, and basis for our moral knowledge of human life and the dignity of procreation. In dwelling upon the second principle, the illustrious speaker stated that the human being has received from his Creator the mission of collaborating to bring about his Project for Salvation. This collaboration, which implies joint responsibility, is exercised in an eminent way through the human capacity to love and procreate and commits man in both his spirit and his

body. Science should be considered from this standpoint. Scientific and technological research which recognizes this spiritual dimension deserves everyone's respect and encouragement. At the close of his talk, the Archbishop of Chicago recalled an idea now acknowledged by all: not everything which is technically feasible is necessarily admissible ethically.

The American Bishops Praise *Humanae Vitae*

In a recent document published by the United States Conference of Catholic Bishops, the prelates praise the "prophetic wisdom" of the Encyclical *Humanae Vitae* and commit themselves to helping spouses to practice its rich teachings and give them the information they need to deepen their motivation and reinforce conjugal love. The Church in America supports and provides for programs to regulate fertility naturally.

LESOTHO: Initial Phase of the Catholic Natural Family Planning Bureau

The Natural Family Planning Bureau of the Lesotho Catholic Bishops' Conference initiated a good many activities in 1987 to make itself known to the public and offer its services. To this end training and information sessions were organized at a number of hospitals and health facilities. In addition to sponsoring courses and lectures for animators, the Bureau also provided technical assistance to medical centers in collaboration with Georgetown University of the United States

OTTAWA, CANADA: Health Ministry Course at St. Paul University

The Health Ministry Course organized by CCS was once again a genuine success. Composed of two simultaneous programs — in English and French — it began on May 24 and ended on June 24 at St. Paul University in Ottawa. Lasting five weeks, the course was designed for people engaged in the health apostolate or wishing to enter it. The syllabus provided for theory and a short practical course. There were thirty-four English-speaking students and thirty-one French speakers coming from Canada, the United States, and the Bahamas and including priests, religious, and lay people

ROME: The Holy Father Blesses an Intensive Care Unit at Gemelli Hospital

On returning to Rome after his vacation at Castelgandolfo, on the afternoon of September 24, the Holy Father blessed a new intensive care unit for coronary medicine created at the Agostino Gemelli General Hospital.

The new Cardiology Service — made possible by donations from Cesare Tumedei and the Rome Savings Bank, along with economic assistance from the Lazio Region — consists of eight rooms provided with advanced clinical equipment for the diagnosis and treatment of cardiovascular diseases. To highlight this event the Faculty of Medicine and Surgery at the Catholic University sponsored a Symposium in which eminent specialists in the field partici-

pated. In closing the Symposium, the Holy Father stated that intensive care must join the moral and spiritual dimension of the suffering person to the technical and scientific aspects so as to reach the patient in the complete reality of his being. To do so, according to the Holy Father, adequate scientific and spiritual formation for the medical and paramedical staff at this new hospital unit is needed.

VATICAN: Medicine Is and Must Continue to Be at the Service of Man

The Pontifical Council for the Health Care Apostolate, in collaboration with the World Health Organization, is sponsoring an International Conference on "Humanity in Medicine" to be held in Athens in October 1989. Medicine is and must continue to be at the service of man — this is the message which the Catholic Church, in union with WHO, wishes to convey to the world from Kos in Greece, the birthplace of medicine.

Tenth Meeting of the European Academy of Anaesthesia

The sessions of the Tenth Meeting of the European Academy of Anaesthesia began at the Vatican on September 7, under the presidency of Professor Corrado Manni of the Catholic University of the Sacred Heart.

Faced with a growing demand for organ transplants and the difficulty of meeting it on account of international disparities in legislation on the subject, the participants recommended that existing legislation be unified to facilitate the donation of organs for transplants, which continues to be a human gesture of great generosity that national borders should not be an obstacle to. The Holy Father, on receiving those attending, stressed the highly moral nature of their vocation, exhorting them to be courageous — especially at the present time, when truths about man and his existence are being questioned — in affirming

the dignity and transcendence of the human person. As for the serious and delicate question of euthanasia, the Holy Father said that no medical solution can be in favor of any suffering person if it violates natural law or contradicts the Truth of the Word of God. He went on to say, "No doctor, no nurse, no medical technician, or human being can arrogate the right to be an arbiter of human life, whether his own or that of others. Life belongs to God, the Creator and Redeemer of all."



Vienna: Fortieth Annual Assembly of the World Medical Association

On September 26, 1988 the Fortieth Annual Assembly of the World Medical Association took place in Vienna. The agenda included nicotine, the care of AIDS patients, and transplants and commercial traffic in embryos. The association constitutes a free, open forum in which to discuss issues in health ethics and education posed around the world. An international consensus may thus be reached on the most serious medical problems of our time.



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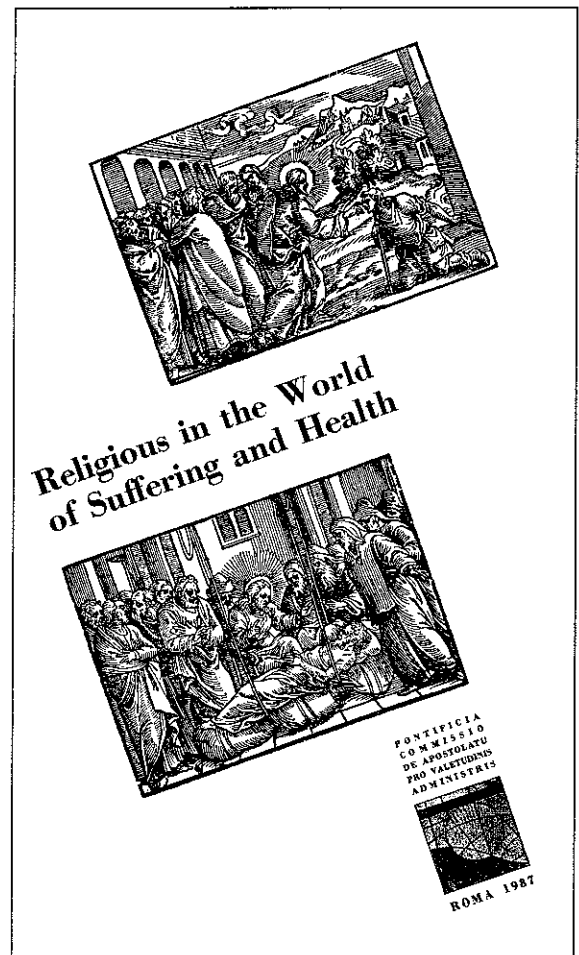
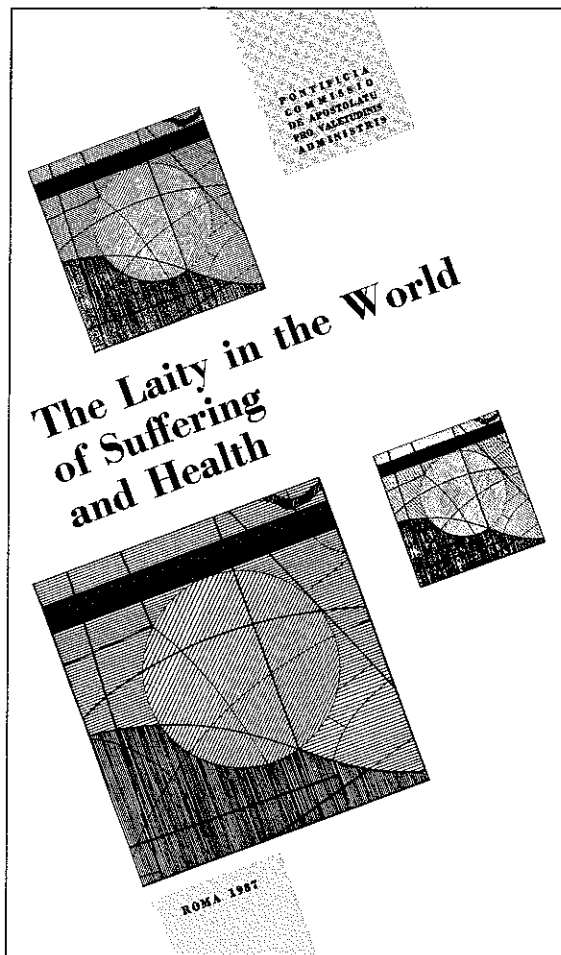
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7. **Moralia** (REVISTA DE CIENCIAS MORALES)
Félix Boix, 13 - 2836 Madrid
8. **Revista SELARE** (AL SERVICIO DE LOS AGENTES DE PASTORAL DE SALUD)
Carrera 8a N° 17-45 Sur Apartado Aéreo 8669
Bogota, D E - Colombia
9. **Camillian** (NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS)
3257 S Lake Dr. MILWAUKEE, WI. 53207 (USA)
10. **The Canadian Association for Pastoral Education** (CAPE)
40 St. Clair Avenue East, Room 201
Toronto, Ontario, Canada M4t 1M9

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