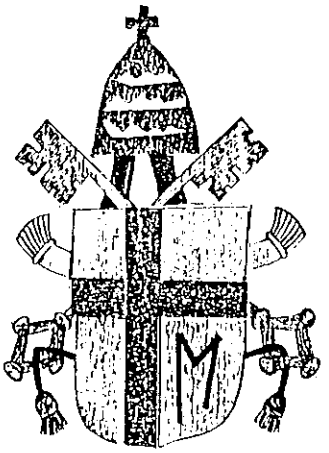

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The illustrations in this issue are taken from Pen Ts'ao (an ancient Chinese codex of pharmacology) and from the 1992 Agenda edited by the Information Office of the Republic of China.

Al Venerato Fratello
Cardinale **Fiorenzo Angelini**
Presidente del Pontificio Consiglio
della Pastorale per gli Operatori Sanitari

1. Accogliendo con favore la richiesta da Lei inoltrata, quale Presidente del Pontificio Consiglio della Pastorale per gli Operatori Sanitari, ed anche come interprete dell'attesa di non poche Conferenze Episcopali e di Organismi cattolici nazionali e internazionali, desidero comunicarLe che ho deciso di istituire la "Giornata Mondiale del Malato", da celebrarsi l'11 febbraio di ogni anno, memoria liturgica della Beata Maria Vergine di Lourdes. Considero, infatti, quanto mai opportuno estendere a tutta la Comunità ecclesiale una iniziativa che, già in atto in alcuni Paesi e regioni, ha dato frutti pastorali veramente preziosi.

2. La Chiesa che, sull'esempio di Cristo, ha sempre avvertito nel corso dei secoli il dovere del servizio ai malati e ai sofferenti come parte integrante della sua missione (Dolentium hominum, 1), è consapevole che "nell'accoglienza amorosa e generosa di ogni vita umana, soprattutto se debole e malata, vive oggi un momento fondamentale della sua missione" (Christifideles laici, 38). Essa inoltre non cessa di sottolineare l'indole salvifica

dell'offerta della sofferenza, che, vissuta in comunione con Cristo, appartiene all'essenza stessa della redenzione (cf. Redemptoris missio, 78).

La celebrazione annuale della "Giornata Mondiale del Malato" ha quindi lo scopo manifesto di sensibilizzare il Popolo di Dio e, di conseguenza, le molteplici istituzioni sanitarie cattoliche e la stessa società civile, alla necessità di assicurare la migliore assistenza agli infermi; di aiutare chi è ammalato a valorizzare, sul piano umano e soprattutto su quello soprannaturale, la sofferenza; a coinvolgere in maniera particolare le diocesi, le comunità cristiane, le Famiglie religiose nella pastorale sanitaria; a favorire l'impegno sempre più prezioso del volontariato; a richiamare l'importanza della formazione spirituale e morale degli operatori sanitari e, infine, a far meglio comprendere l'importanza dell'assistenza religiosa agli infermi da parte dei sacerdoti diocesani e regolari, nonché di quanti vivono ed operano accanto a chi soffre.

3. Come alla data dell'11 febbraio pubblicai, nel 1984, la Lettera apostolica "Salvifici doloris" sul significato cristiano della sofferenza umana e, l'anno successivo, ebbi ad istituire codesto Pontificio Consiglio della Pastorale per gli Operatori Sanitari, così ritengo significativo fissare la medesima ricorrenza per la celebrazione della "Giornata Mondiale del Malato". Infatti, "insieme con Maria, Madre di

Cristo, che stava sotto la croce, ci fermiamo accanto a tutte le croci dell'uomo di oggi" (Salvifici doloris, 31). E Lourdes, santuario mariano tra i più cari al popolo cristiano, è luogo e insieme simbolo di speranza e di grazia nel segno dell'accettazione e dell'offerta della sofferenza salvifica.

La prego, pertanto, di voler portare a conoscenza dei responsabili della pastorale sanitaria, nell'ambito delle Conferenze Episcopali, nonché degli Organismi nazionali e internazionali impegnati nel vastissimo campo della sanità, l'istituzione di tale "Giornata Mondiale del Malato", affinché, in armonia con le esigenze e le circostanze locali, la sua celebrazione sia debitamente curata con l'apporto dell'intero Popolo di Dio: Sacerdoti, Religiosi, Religiose e fedeli laici.

A tale scopo, sarà premura di codesto Dicastero attuare opportune iniziative di promozione e di animazione, affinché la "Giornata Mondiale del Malato" sia momento forte di preghiera, di condivisione, di offerta della sofferenza per il bene della Chiesa e di richiamo per tutti a riconoscere nel volto del fratello infermo il Santo Volto di Cristo, che soffrendo, morendo e risorgendo ha operato la salvezza dell'umanità.

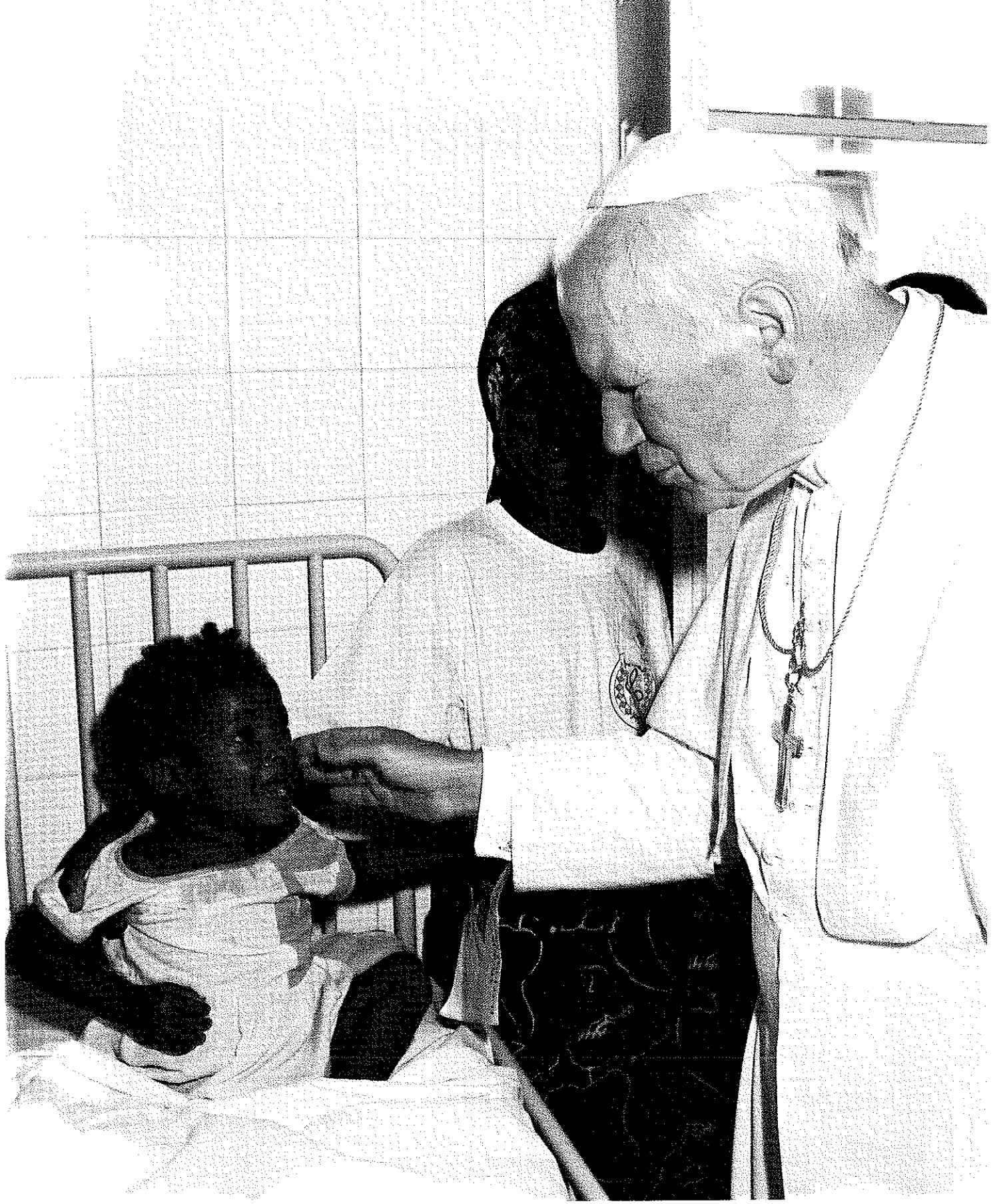
4. Mentre auspico la piena collaborazione di tutti per il miglior avvio e sviluppo di detta "Giornata", ne affido

l'efficacia soprannaturale alla mediazione materna di Maria "Salus Infirmorum" e all'intercessione dei Santi Giovanni di Dio e Camillo de Lellis, patroni dei luoghi di cura e degli Operatori sanitari. Vogliano questi Santi estendere sempre più i frutti di un apostolato della carità di cui il mondo contemporaneo ha grande bisogno.

Avvalora questi voti la Benedizione Apostolica, che di cuore imparto a Lei, Signor Cardinale, e a quanti La coadiuvano nella provvida opera a servizio dei malati.

Dal Vaticano, 13 Maggio 1992.

Ioannes Paulus PP II



To Our Venerated Brother, Cardinal FIORENZO ANGELINI,
President of the Pontifical Council
for Pastoral Assistance to Health Care Workers

1. In receiving favorably the request you have presented to me as President of the Pontifical Council for Pastoral Assistance to Health Care Workers, and also as the interpreter of the desires of a number of Bishops' Conferences and other national and international Catholic organisms, I wish to communicate to you that I have decided to institute the *World Day of the Sick*, which will be held on February 11 each year, the liturgical commemoration of Our Lady of Lourdes. In effect, I believe it is quite appropriate to extend to the entire Church community an initiative which is being carried out in some countries and regions, with abundant pastoral fruit.

2. The Church, which, following Christ's example, has always felt the duty of serving the sick and the suffering as an integral part of her mission (*Dolentium Hominum*, 1), is aware that " in loving, generous acceptance of every human life—above all, if it is weak or infirm—the Church is today living out a fundamental moment of her mission " (*Christifideles Laici*, 38). And she cannot fail to stress the salvific character of the offering of sacrifice, which, when lived in communion with Christ, pertains to the very essence of Redemption (cf. *Redemptoris Missio*, 78).

The yearly celebration of the *World Day of the Sick*, therefore, has the manifest objective of sensitizing the People of God and, consequently, the different Catholic healthcare institutions and civil society itself, to the need to ensure the best possible care of the sick; to help the sick person—on a human level and, above all, on a supernatural one—to find value in suffering; to get dioceses, Christian communities, and religious families involved in a special way in the pastoral care of the sick; to foster an increasingly valuable commitment by volunteers; to recall the importance of the spiritual and moral formation of health care workers; and, finally, to bring diocesan and regular priests, as well as all who live and work alongside the suffering, to understand better the significance of religious assistance to the sick.

3. Just as I chose February 11, 1984 to publish the Apostolic Letter *Salvifici doloris* concerning the Christian meaning of human suffering and to institute, the following year, this Pontifical Council for Pastoral Assistance to Health Care Workers, I regard it as meaningful to set that same date for the celebration of the World Day of the Sick. In effect, " with Mary, the Mother of Christ, who was standing by the cross, we pause before all the crosses of man today " (*Salvifici Doloris*, 31). And Lourdes, one of the most beloved Marian sanctuaries for the Christian people, is at once a place and a symbol of hope and grace, in the sense of the acceptance and offering of salvific suffering.

Accordingly, I ask you to inform those responsible for pastoral care in health within the Bishops' Conferences and in the national and international organisms involved in the vast field of health care concerning the institution of this *World Day of the Sick*, so that, in keeping with local exigencies and circumstances, the whole People of God will take part in its celebration: priests, men and women religious, and the lay faithful.

With this aim, your Department should undertake appropriate initiatives to promote and stimulate so that the *World Day of the Sick* will be an intense moment of prayer, participation, and offering of suffering for the good of the Church, as well as an invitation for all to recognize in the faces of their sick brothers and sisters the Holy Face of Christ, who in suffering, dying, and rising again carried out the salvation of mankind.

4. While trusting in the full cooperation of all towards the successful initiation and development of this Day, I commend its supernatural efficacy to the maternal mediation of Mary, *Salus Infirmorum*, and to the intercession of the saints John of God and Camillus De Lellis, patrons of the places for care and of health workers. May these saints ever extend the fruits of this apostolate of charity, which today's world needs so much.

These desires are confirmed by the Apostolic Blessing which I sincerely bestow upon Your Eminence and all who assist you in this provident work at the service of the sick.

From the Vatican, May 13, 1992.

IOANNES PAULUS PP. II

To Shake Consciences

The timely solicitude with which the Holy Father accepted and approved the proposal to institute a " World Day of Health " for the Universal Church, which is to be celebrated every year on the eleventh of February, the feast of the Blessed Virgin of Lourdes, should be seen, first and foremost, as an opportunity for the shaking of the consciences of Christians, and with them, of the entire human community. The World Health Organisation, for a number of years, has been promoting the programme " Health for All by the Third Millennium. " Against the background of this initiative, which only a great combined effort can render realistic, we are presented with the immense panorama of suffering and illness, the data of which are horrifying. Two-thirds of humanity is underfed or undernourished. The life expectancy rate for the inhabitants of the north of the world and the south displays a gap of thirty years. Endemic diseases cut down tens of thousands of young people every day. Over five hundred million people have a handicap. The number of people struck by " new afflictions " which are often the result of the wrong use of material well-being or of models of development which are infused with extreme hedonism or consumerism is constantly increasing.

The real numbers of the sick and the suffering, whether in mind or body, make up a majority of mankind. With choral

imploration they ask for forms of care, solidarity, and material and moral support, which economic, social and humanitarian structures are now, more than in any other stage in history, able to offer. The extraordinary advances in science and technology, and the almost prodigious development in communications, no longer allow us to ignore or neglect a reality of such immense dimensions. Furthermore, the actual sick person is a mirror of the potentially sick person that is in each of us.

Something that reveals itself with so much visual force and clarity cannot be ignored.

The " World Day of the Sick " not only brings a celebration into being; it seeks to give force and intensity to a cry that arises from the world of suffering in order to offer a light of hope. The purpose and aims given by the Holy Father to this World Day are all of this character. Moreover, whilst health care is experiencing a growing socialisation, the same is not happening in the field of the humanisation of medicine. Indeed, in many areas of the world, care for those who suffer is still discretional or seriously discriminatory. And where the possibility of taking advantage of the conquests of science and technology to fight illness is higher, we find that there is an increase in attempts upon human life through the legalized practice of abortion, euthanasia, and other forms of aggression against human life and its dignity.

The " World Day of the Sick " seeks to be an appeal to the conscience of both individuals and of the entire world community.

It is an invitation to those who hold power in public life, in national and international bodies—whether governmental or nongovernmental—to achieve a new and different health policy which in terms of size and quality is a premiss and a preparation for that new world order which can have no other name than that of solidarity between individuals and peoples.

The " World Day of the Sick " is a day for the sick person. It is the truest, most practical, and most urgent expression of a new way of looking at human life and its greatness.

The Church, in promoting this initiative, as she has always done in her history, affirms the newness of the Gospel—the Gospel being the declaration and the promise of salvation for those who suffer.

The Church well knows that in the field of health policy and care, more than in any other, there is scope for effective cooperation among all men and all institutions. This is because the promotion, the defence, and the restoration of health express the most universal of human aspirations. At the same time, the Church is aware that health and illness involve the human condition in its physical, psychic, and spiritual dimensions. In the sick person is to be found the most complete and tangible truth of man and about man. Drawing attention to this truth and reaffirming its validity is the first aim of the institution of the " World Day of the Sick. " But this " World Day of the Sick " does not seek to be, and cannot be, a single chronological moment of its own. Its aspiration, rather, is to be a reference point for initiatives which—in the preparation and bright diffusion of the celebration of this " Day " —will embrace the whole world. This was the intention of the request directed to the Holy Father and this is the sense of the noble message which, using the words of the Pope, accompanies the institution of this " Day. " You do not know a man fully if you do not know his suffering.

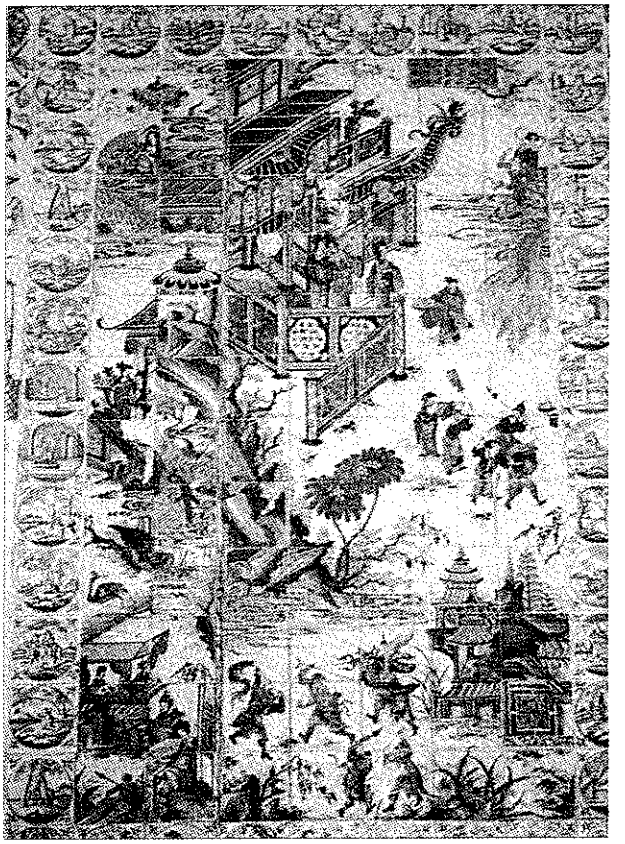
In putting the request for help which comes from the world of suffering at the centre of mankind's reflections and awareness, one discovers the most unifying, and therefore potentially the richest fact, of the human condition.

Freedom cannot exist without man's liberation from the chains of suffering. This liberation is both struggle against illness and a school by which to evaluate and appreciate suffering, the meaning of which holds love to be the first and the greatest of values.

FIORENZO CARDINAL ANGELINI
President of the Pontifical Council for Pastoral Assistance to Health Care Workers

Second Plenary Assembly of the Pontifical Council

February 10-12, 1992



Reports

The Cross Sanctifies Human Suffering

Pope Addresses Plenary Session of Council for Pastoral Assistance to Health Care Workers

On Tuesday, 11 February, feast of Our Lady of Lourdes, the Pope received the members of the Pontifical Council for Pastoral Assistance to Health Care Workers who were meeting in their plenary assembly. The Pope spoke about the great work this Department of the Curia has done since its establishment, in 1985, and encouraging their future plans. The Pope addressed them in Italian.

1. I am very happy to great you, participants in the second plenary assembly of the Pontifical Council for Pastoral Assistance to Health Care Workers. I thank Cardinal Fiorenzo Angelini for the kind words he addressed to me and for his presentation of your work.

I congratulate you and join you in giving thanks to the Lord for all that it has been possible to achieve during these years of your Council's acrivity. Through it the Church fulfils in a specific way an important part of her mission in the service of the human person. The implications of the healthcare apostolate are many and complex: as such, they require constant attention, expert dedication, and a noteworthy availability for generous self-giving to others.

2. Before mentioning some of the most important initiatives you have accomplished, I think it is opportune to emphasize the diligent, fruitful work, commonly called " ordinary, " which those in charge of your Department, the members, consultors and volunteer helpers ensure on a day-to-day basis. I am referring to the increased relation with the papal Representatives and the Bishops' Conferences; the growing dialogue with the Bishops delegated with responsibility for the healthcare apostolate in the local Churches; the many pastoral visits to hospitals; the meetings with religious in health care and with associations of doctors, nurses, and volunteers; the publication of your valuable magazine in several languages; the provision of subsidies for the healthcare apostolate; the contribution given to the Ordinary and Special Assemblies of the Synod of Bishops; the drafting of a code of ethics for healthcare workers; the careful measures taken to set up the International Federation of Catholic Hospitals.

3. I also want to express my appreciation for the international conferences which your Department has sponsored each year since its foundation, using an interdisciplinary approach—that of science, philosophy, theology—to confront today's important problems: pharmaceutical products at the service of human life; making medicine more humane; longevity and the quality of life; AIDS; the human mind; drugs and alcoholism. I know that you are already working to prepare the next conference, planned for autumn 1992, on the topic of the disabled and handicapped.

The interventions of prestigious speakers, the ever greater and more expert participation of health care workers and the good reception given to the proceedings, which are published in good time, are all confirmation of the value and usefulness of these international conferences. I encourage you, therefore, to continue on this path, which has proved to be beneficial, contributing to the growth at every level of the awareness of the *seriousness and urgency of problems* related to the world of health policy and care.

You also deserve to be commended for the dedication with which the Pontifical Council has intervened on more than one occasion, discreetly and in a spirit of charity, to alleviate suffering and situations of extreme hardship, cooperating with Episcopal Conferences, Bishops of the local Churches, religious institutions, and all the entities committed to the defense and promotion of life wherever it is more seriously threatened.

4. We do not want, however, merely to recall the past. Our thoughts run first and foremost to the future to distinguish the emerging challenges and give new impetus to your activity. With the topics on its agenda, the current plenary assembly is meant to respond to precisely that demand. The Pontifical Council for Pastoral Assistance to Health Care Workers is particularly close to my heart because I believe the contribution it is called to make in the fulfilment of the Church's mission in our day is a fundamental one. As I wrote in the Apostolic Exhortation *Christifideles laici,* " the Church today lives a fundamental aspect of her mission in lovingly and generously accepting every human being, especially those who are

weak and sick. This is made all the more necessary as a culture of death threatens to take control " (no. 39).

5. Our thoughts turn to the words reported by the Evangelist John: " Lord, if you had been here, my brother would not have died " (*Jn* 11:21). They are not merely the complaint, almost a veiled but loving rebuke of Jesus by the two sisters, Martha and Mary, who are deeply saddened by the death of their brother, Lazarus. They are also the complaint which is renewed throughout the troubled history of the human race: the lament of suffering, ill-ness, death. Faith in the risen Christ sheds great light on the condition of human suffering. Sustained by faith, we know that Christ *is with us*, that he is *the resurrection and the life*, and that, therefore, *whoever believes in him, even if he dies, shall live; and whoever lives and believes in him shall have eternal life* (cf. *Jn* 11:25-26).

Christ began his ministry by " evangelizing " suffering, sickness, and death " to fulfil what had been said by Isaiah the prophet: *" He took away our infirmities and bore our diseases "* (*Mt* 8:17; cf. *Is* 53:4). As mankind's Good Samaritan, he made himself the " neighbour " of the suffering whom he met on the road, bending low over their infirmities, soothing their pain with the balm of his words, and often curing their il-ness. As Peter said, he " went about doing good and healing all " (*Acts* 10:38).

Jesus continues his ministry on behalf of people, his brothers and sisters, *through other people*. He calls each person to be his collaborator in this concern for others; with the eyes of love, then, to see the greatness of man, the only creature on earth which God desired for its own sake (*Gaudium et spes*, no. 22), a grandeur which is often hidden behind the veil of physical weakness.

6. In this context we find the proposals which you have pointed out to be urgent for the healthcare apostolate in the immediate future. In fact, the topics you have been discussing during these days of your work are at the centre of mankind's attention: the defence and promotion of the incomparable value of every human life from conception to natural death; the integration of the disabled and handicapped into society; assistance towards the reconstruction of the countries of Eastern Europe, where healthcare problems are urgent and where cooperation in the field of the healthcare apostolate with the Eastern Churches can contribute to the promotion of ecumenical dialogue; and last of all, evangelization. The healthcare apostolate thus proves to be an integral component of the Church's mission. Called to bring the Gospel of salvation to the whole world, the Church cannot do without the witness of a love which bends down to the suffering person to share his or her pain and does everything possibile to alleviate it.

7. Dear brothers and sisters, with growing zeal spread *the Gospel of suffering*, with the certainty that the generous help given to the person who suffers is a factor contributing to unity in charity and the premise of a new solidarity among people. May you be sustained in your useful activity by trust in the God-Man, who wants to draw all things to himself *on the cross*, sanctifying suffering and transforming it into a redeeming force. From the Paschal mystery a special light shines upon the specific task which the healthcare apostolate is called to fulfil in the great commitment to evangelization. Attention to the sick person, often lost in the anonymity of crowds, is a true priority in the ministry of healthcare workers: of nurses, doctors, volunteers, religious, and especially of the priest, the minister of divine mercy and love. Through these people Jesus is effectively present at the side of the sick person, consoling and comforting him or her, forgiving sins, and not infrequently restoring the gift of health.

8. Precious, too, is *the mission of those who suffer*. In serving the suffering, the Church can receive from them most effective support for her missionary acrivity (cf. Encyclical Letter *Redemptoris missio*, no. 78) because, standing with Mary at the foot of the cross (*Jn* 19:25), they have a first-hand participation in Christ's redemptive sacrifice.

Be conscious of this and spread this super-natural message from which flow light and hope, dispelling the darkness which threatens the varied kinds of human suffering. The better your apostolate is inserted into the whole of the Church's pastoral activity, the more effective it will be.

The liturgical memorial of Our Lady of Lourdes, the feast on which I estabilished your Department through the Motu Proprio *Dolentium hominum*, sheds new light on this plenary of yours, too. I know that you are working on a proposal to institute a World Day of the Sick, with the double goal of helping sick people to realize the importance of their gift of suffering and aiding all the People of God to feel their dury to be the " neighbour " of every sick person. May the Blessed Virgin, who is lauded and invoked at Lourdes as Health of the Sick, be the model in this fundamental apostolate. May she, the Mother of love and suffering, bless your work.

With this wish I, too, bless you with all my heart.

To Serve the Sick Person is to Serve Life

Fiorenzo Cardinal Angelini addressed the following words to the Holy Father

Holy Father,

We thank you for today's meeting, which we consider a privileged moment in the Second Plenary Assembly of the Pontifical Council for Pastoral Assistance to Health Care Workers This is a happy occasion to express to you, Holy Father, my personal gratitude, and the gratitude of the Secretary and Undersecretary, all the Members, Consultants, Officials, and Experts of this ministry, and of all those who act with us, be they volunteers or employees, religious or lay.

Thank you, above all, Holy Father, for your constant interest, support and encouragement with regard to the activity of this Pontifical Council, which is now seven years old. You, yourself, Holy Father, established and brought this Council into being as an instrument by which to exhalt and enlarge, within the context of the evangelizing action of the Church, that attention paid to those who suffer and to those who are engaged in service to them, which, in an especially exemplary fashion, refers back to the healing and curing action of Christ.

The holding of the Plenary Assembly is above all else a reason for renewing our undertaking to you of unfailing and courageous loyalty and of our determination to pay constant attention to the light-giving directives of your magisterium and ministry. This we do in order to bear witness to the " Gospel of Suffering " written " by all those who suffer together with Christ, joining their own human suffering with his salvific suffering " (Apostolic Letter *Salvifici doloris*, 26). This gospel of suffering, in the image of the Good Samaritan, fully represents the figure of the health care worker and symbolizes pastoral care in this field.

As you have often observed, serving those who suffer is first and foremost a service to life and to its dignity, a duty which is especially felt in our times, when a growing and closer unity of mankind is accompanied by divisions and contradictions.

Our ministry intends to devote all its force and energy to this service, bringing to fruition a participation which has become ever wider and incisive in the course of its seven years of existence.

The formation of health care workers and pastoral care for the sick with a view to this essential ecclesial diaconia is one of the preeminent subjects of this Plenary Assembly, aware as we are that by doing good with suffering and by doing good to whoever suffers (*Salvifici doloris*, 30) not only is the mystery of human suffering unveiled, but to this suffering the most comforting and consoling answer is given.

With your paternal blessing, may the protection of the Most Holy Virgin accompany us and guide us! Mother of love and human pain, whose liturgical commemoration as Our Lady of Lourdes is so closely linked to the foundation of this Department.

Report on the Activity of the Pontifical Council

Introduction

Two years ago I concluded my address to the first plenary assembly with the following words: " We are called upon to be proponents and witnesses of a culture and a service which must be a culture of life and a service to life—a culture reflecting and bearing the image of the life itself of God. And because the whole of humanity is identified in suffering we know that in serving those who suffer, and in being at the side of health care workers, a constructive and effective action of peace is performed, because it is based on love. "[1]

I would like to open this report with two fundamental reflections I consider as the cornerstone of the activity carried out by our ministry over the last two years.

The *first reflection* is the following: although the Pontifical Council for Pastoral Assistance to Health Care Workers is the pre-eminent instrument within the universal Church for the fostering, promotion, and co-ordination of pastoral care in the field of health, it is not a mere high-level organization. It is, rather, an instrument which seeks to give the greatest vitality possible to an aspect of the pastoral role of the Church which is connected in an especially privileged way to her evangelizing mission. Every initiative, therefore, of our ministry, whether it is of an every-day nature or designed for a special purpose, hidden or apparent, has a primary goal: the regaining for the Church, and the development within the Church, all over the world, of an impetus given by Christ himself, an impetus of the early Church which can be read in the most glorious pages of her history—the impetus to evangelization.

The *second reflection* is more in the nature of an incumbent recognition and appreciation. In beginning this address I feel it my duty to thank all those within the organisation of the ministry (the Secretary, the Under-Secretary, Consultants, Officials, Experts, and Voluntary Workers) or those outside it who have made the forward steps of the last two years possible. The activity which I might call of a daily nature, when examined in detail and adjudged overall, is conspicuously rich and very intensive.

It may be observed that you can only add further floors to a building if its foundations are sound. Well, this daily work, which is often hidden from sight but always generous, has proved the existence of a readiness to help which I consider a true gift from God.

I love to repeat the observation—and I make it with great sincerity and sense of friendship—that I consider every recognition and appreciation made towards me, as regards or otherwise the position which I hold, as a certificate of merit awarded to our ministry. The gift of having been able to consecrate almost my entire life as a priest to pastoral care in the field of health has made possible the achievement of goals, a route through life, and the undertaking of initiatives whose merit I wish to share with you all and with all those who have been near to me and have firmly believed, with me, in the incumbent and impelling tasks of pastoral care in the world of health. And I may add that the list of such people is almost endless.

And I would like to conclude this opening part of my address with an expression of gratitude to the Holy Father John Paul II, for the extraordinary sensitivity and sensibility with which he has followed, sustained, and encouraged our work. And I think I do not lift a veil on personal feelings if I reveal that the day after becoming a member of the College of Cardinals I thanked the Holy Father in the name of, and in communion with, our Department—believing my elevation to the Cardinalate to be a high acknowledgement of the worth and merit of our Pontifical Council.

I think it is appropriate to divide this address into three parts:

I. The activity of the Department in the course of the last two years; II. an examination and review of the decisions taken at the first plenary assembly; and III. future prospects.

I
THE ACTIVITY OF THE COUNCIL IN THE COURSE OF THE LAST TWO YEARS

I have put the activity of the last two years under the following headings: 1. central activity at the Council; 2. appointments within the Council; 3. participation in the assemblies of the Synod of Bishops; 4. participation in various kinds of initiatives (*a*. inter-ministerial meetings; *b*. conferences and days of study, meetings and gatherings of various kinds); 5. pastoral visits; 6. the international conferences; 7. special events.[2]

1. Central Activity at the Council

In general, there are five kinds of daily activity performed in the Department: dealing with a very heavy correspondence; the preparation and presentation of our publication *Dolentium Hominum. Church and Health in the World*, which comes out every four months and is published in five different languages; visits and meetings with pontifical representatives, with bishops engaged in pastoral activity in our field, with authorities and personalities of the world of health, and with health care workers at different levels of responsibility; meetings with members and consultants of the Council aimed at discussing specific questions; and finally, preparations for journeys and special initiatives.

The following, for 1990 and 1991, may be *specially* recorded as being an expression of the dedicated work of the Department: the preparation of the *Statute of the International Federation of Catholic Health Care Institutions*; the drawing up of a *Code of Medical Ethics*; replies to questions directed to the ministry by other ministries of the Roman Curia and by local Churches; the preparation of the first (1990) and second (1992) plenary assemblies of the Council; participation in the Seventh Ordinary Assembly (1990) and Special Assembly for Europe of the Synod of Bishops (1991); the preparation of the international conferences on the human mind (1990), on drugs and alcohol (1991), and the setting in motion of the preparations of the next international conference (1992) on the disabled and the handicapped.

In 1990, amongst the many meetings held at the ministry, special reference may be made to

that with the Catholic bishops of the Ukrainian rite. These bishops had been invited to Rome by the Holy Father and the delegation was led by Cardinal Myroslav Ivan Lubachivski, the Archbishop of Lviv. The Catholic Church of the Ukraine had previously appointed a Bishop for Pastoral Care in the Field of Health, an area considered of primary importance in the renewal of church life in that region after the events of 1989.

2. Appointments in the Department

At the Consistory of 28 June 1991 the Holy Father John Paul II called on me to be a part of the College of Cardinals with the diaconal title of the Holy Spirit in Sassia. This appointment must also be considered a recognition of the relevance and the activity of our Pontifical Council. The assumption of the title of Cardinal took place in the church of the Holy Spirit in Sassia in Rome on the sixth of July 1991.

In the course of 1991 the following appointments in the Department were made:

The Holy Father, with letters from the Secretary of State of 24 January 1991 confirmed, *in aliud quinquennium*, Father José L. Redrado Marchite O.H as Secretary of the Council, and Father Felice Ruffini M.I. as Under-Secretary.

With letters from the Secretary of State of 17 February 1991 the Holy Father *named* and *confirmed* the *Members* and *Consultants* of our Department.[3]

With letters from the President of the Council, dated 1 April 1991, the following were appointed as *Officials*: the Reverend Jean-Marie Misivi Mpendawatu and Miss Emanuela Milana.

3. Participation in the Assemblies of the Synod of Bishops

a) *VIII Ordinary Assembly of the Synod of Bishops (1990)*

It is to be observed that the *Instrumentum Laboris* of the Synod of Bishops of 1990, which concerned itself with the subject " Training for the Priesthood in Present-Day Conditions, " in paragraphs 2, 3, 21, 45, 47, and 56 accepted certain suggestions made at the time by our Pontifical Council.

As a member of the assembly appointed by the Holy Father, I participated in all the sessions which took place and directed my contribution to the theological concept of pastoral care in the health field and to the urgent need for its renewed and special activation as regards the training of candidates to the priesthood and religious life, and in the permanent formation of the clergy and members of religious orders.

With the aim of promoting reflection on the subject, in connection with this assembly of the Synod, our office published a small booklet in six different languages entitled *The Training of Priests and Pastoral Care for the Sick*.[4]

b) *Special Assembly for Europe of the Synod of Bishops (1991)*

As an *ex jure* member, I participated from 28 November until 14 December 1991 in the deliberations of the Special Assembly for Europe of the Synod of Bishops.

In my address I proposed the replacement of a general exchange of both spiritual and material help between the Churches of East and West with co-ordinated action which would follow certain inescapable priorities and added: " The Pontifical Council for Pastoral Assistance to Health Care Workers, on the basis of activity carried out at the level of the universal Church, considers the problems of health policy and care as a pastoral field which involves pressing and urgent matters and questions. These problems can be tackled in a unitary and even ecumenical way, can give force to evangelisation and human development, can involve clergy and laity in the service of life, which is threatened all over Europe by a culture of death and by very serious examples of a lack of help and care being given to the weakest and to those most in need. "

We have been able to observe with satisfaction that the Synod's final *Declaratio* accepted the idea of increasing pastoral care for the sick and of dedicating attention to the training of health care workers in matters relating to morality and to questions connected with bioethics.

After this assembly we proceeded to dedicate ourselves to the preparation of an instructive booklet bearing the title *Pastoral Care in Health and the New Evangelization of Europe in the Light of the Synod's Declaratio of 14 December 1991*.[5]

While the ordinary assembly of 1990 and the special assembly of 1991 were in progress manifold and effective contacts were made with the bishops present in Rome, especially with bishops from the Churches of Eastern Europe.

4. Participation in Various Kinds of Initiatives

a) *Interministerial Meetings*

In carrying out one of the aims of this Department, special attention has been paid to contacts with the other offices of the Roman Curia whose initiatives have been of particular relevance to the activity of our Pontifical Council.

In 1990

— the Secretary, Father J.L. Redrado, participated on the first of March in a meeting organised by the *Pontifical Council Justitia et Pax*, which was held with preparations for the Day of Peace of 1991 in view.

— Father Jean-Marie Mpendawatu, who was then a collaborator with our Council, participated on the tenth of May in a meeting organised by the *Pontifical Council for Dialogue with Non-Believers* on the subject " Atheism in the West after the Failure of Marxism. " At this meeting it was observed that the pastoral visits which had been made in Poland and the Soviet Union, which involved many meetings with religious and civil authorities at the very highest levels, were of distinct relevance, and were a part of the special commitment of our ministry to the development of pastoral care in the health field within the Churches of Eastern Europe

— The Secretary, Father J.L. Redrado, participated on 4 December in the meeting organized by the *Pontifical Council for the Unity of Christians* on the subject: " Reflection on Relations with the International Pentecostal Movements. "

In 1991

— The Secretary, Father J.L. Redrado, on 7-8 February participated in a meeting with the heads of organizations concerned with charitable activity in the social field which was organised by the *Pontifical Council Cor Unum*; on 5 March he took part in an interministerial meeting organized by the *Pontifical Council Justitia et Pax*; on 2 May, 18 June and 15 October, in the company of Father Jean-Marie Musivi Mpendawatu, he was present at a meeting of the Coordinating Committee of the Roman Curia for ecumenical activity promoted by the *Pontifical Council for the Unity of Christians*.

— The Official, Father Jean-Marie Musivi Mpendawatu, represented the Council at a meeting of 16 May organized by the *Pontifical Council for Non-Believers*.

— As a member of the Presidential Committee I took part on 30 September and 5 October in two meetings promoted by the *Pontifical Council for the Family*.

b) *Conferences and Study Meetings and Gatherings of Various Kinds*

In 1990

— Dr. Roberto Cauda of the Università Cattolica del Sacro Cuore represented the Council on 6-9 February at an international conference held in Geneva on the subject of " Migration Medicine " which was organized by the International Organization for Migration (IOM) and by the World Health Organization (WHO).

— Accompanied by Professor Corrado Manni, a Consultant, I participated from 26 to 27 April at an international symposium on the subject " Transculture and Ethical Dimensions " which was organized in the United States of America by the National Academy of Sciences/Fidia Research Foundation. In my paper on the subject of the conference I emphasized the importance of protecting the fundamental and inalienable right to human life and its quality in the light of its being a common inheritance of every culture.

— Father Salvatore Renato, M.I. represented the Council at the annual Medicus Mundi international debate on the subject " Possible Solutions to the Costs of Health at a District Level, " which was held at Geneva, 12-13 May.

— The Secretary, Father J.L. Redrado, participated in the deliberations promoted by Caritas Internationalis on questions relating to AIDS, in Rome from 23 to 26 May.

— At Geneva on 27 June the Consultant Reverend Jean-Pierre Schaller participated in a conference organized by the Ecumenical Council of Churches on problems relating to drugs.

— The Secretary of the Council participated from 29 September to 4 October at Madrid in the thirtieth Conference of the National Team for Pastoral Care for the Sick, and in the fifteenth national assembly of Diocesan Delegates of Pastoral Care for the Sick.

— The Secretary, accompanied by Father Maurice Dooley and the Most Rev Boutros Gemayel, the Archbishop of Cyprus and head of the delegation, took part, at Nicosia in Cyprus, in the fourth European Conference of Health Ministers on the subject " Health Workers: Changes and Difficulties. "

— Father Salvatore Renato, M.I. represented us at the forty-third World Health Congress as part of the Official Delegation of the Holy See led by the Apostolic Nuncio, the Most Rev Justo Mullor.

— At Rome, from 3-5 November, I contributed to the deliberations of the Congress of the International Federation of Associations of Catholic Pharmacists (FIFC) on the fortieth anniversary of the foundation of their organization.

— The Consultant of our ministry, Father Bonifacio Honings, O.C.D., represented the Holy See at a conference of Heads of Agencies Dedicated to the Implementation of Legislation relating to Drugs (HONLEA), which was held at Moscow from the 19 to the 23 of November.

— The Secretary, Father J.L. Redrado, took part in the fifth European Day of Bioethics on

the subject " The Transplantation of Organs, " which was held at Milan in connection with Milan-Medicine '90.

— The Secretary, on 13 November, represented the ministry at the opening session of the academic year 1990-1991 of the Camillianum International Institute for the Theology of Pastoral Care for the Sick, which is in Rome.

In 1991

— On 19 February I took part in a round table conference held in Rome and organized by ANSA on the subject " The Role of Information in the Health Care System. "

— On 24 April the Secretary took part in a Day of Reflection promoted by the Association of Italian Catholic Pharmacists which was held at Verona in connection with the programme " Italy- Pharmacy 1991. "

— From 1 to 3 of May, together with the Secretary and Msgr. Luigi Bonazzi, the Auditor of the Apostolic Nunciature at Madrid, I participated as the representative of the Holy See at the third Contadora Conference of Madrid promoted by the government of Spain, in conjunction with the World Health Organization, on the subject " Health and Peace for Development and Democracy. " I presented a paper to this conference, and the importance of the participation of the Holy See was acknowledged by my appointment as Vice President of the conference.

— At the annual assembly of the Congress of the World Health Organization (6-17 May) our Consultant Msgr. Italo Taddei represented the office.

— On the first of June, at a presentation of the work *Health Care for Man* at Murano in Venezia, Father Jean-Marie Musivi Mpendawatu described and outlined the character and activity of our ministry.

— The Secretary, Father J.L. Redrado, accompanied by the Consultant Msgr. Italo Taddei and by the Official Father Jean Marie Mpendawatu, represented us at the invitation of the Director General, Dr. F. Mayor, at the conference promoted at Venice by UNESCO on the subject of prevention and AIDS and the treatment and care of AIDS victims.

— The member of the Council Professor Juan de Dios Vial, the Chancellor of the Pontifical University of Chile, represented the ministry at the Sixth Conference of the International Federation of Catholic Universities (FIUC) which was held at Louvain from 11 to the 14 June.

— On 20-21 September, together with the Secretary, I took part in, and read a paper to, the First Conference on " AIDS, Ethics and Christian Morality, " which was organized at Lisbon by the Association of Catholic Doctors of Portugal.

— On 6 October, at the University of Siena, I presented a paper on " Memory and Drugs "; on 12 October, at the Scientific Centre San Raffaele of Milan, I took part in a round table conference on " The Human Reality of AIDS on the Eve of the Year 2000. "

— Accompanied by the Secretary, I participated in a number of important gatherings. On 8 November at Paris I was present at the First International Conference of Ministers Responsible for Policies to Help the Disabled, and announced, during the course of my speech, the subject of our international conference for 1992—" The Disabled and the Handicapped. " From 9-10 November, at Angers, I was present at the National Congress of the Catholic Centre of French Doctors, on the subject " The Moral Conscience, " and presented a paper. From 16-17 November, at Lugano, I took part in a meeting organized by the Association of Catholic Doctors of Switzerland and spoke on the subject " Health and Salvation. "

— On 11 December, at Frankfurt, I spoke on " Medicines at the Service of Human Life " during a meeting with the researchers and the directors of the pharmaceutical company Hoechst.

— From 30-31 January to 2 February, together with the Secretary and Father Pierluigi Marchesi, O.H, I participated in, and was the chairman of, an organizational meeting of the Catholic Health Institutions of the United States and Canada for the setting up of the International Federation of the Catholic Health Organizations of the whole world.

5. Pastoral Visits

Pastoral visits represent one of the most telling and significant moments in the activity of our ministry. In addition to promoting knowledge about the Department and establishing fertile contacts, these visits develop initiatives which have been previously planned or studied at the centre, and meet with keenly felt appreciation on the part of local Churches and the local authorities or public or private bodies to be found in the different countries of the world. These visits have also shown how pastoral care for the sick is a factor which fosters contact on both a cultural and a religious and ecumenical level.

In 1990 pastoral visits took place in the following places: in Zaire, Zambia and Malawi (20-28 March); the Soviet Union (1-8 April); the United States of America (13-20 June); Poland (20-25 June).

In 1991 and the beginning of 1992 pastoral visits took place in: the Republic of Russia (9-14 May), Croatia (27-30 December), and India (14-21 January 1992). In many respects

the journey to the United States, which took place last week (30 January - 2 February) and involved taking part in the organizational meeting of the International Federation of Catholic Health Institutions, may also be considered a pastoral visit.

In *Zaire, Zambia,* and *Malawi* the visit occurred at the invitation of the bishops of these countries. I was accompanied by the Secretary, Father J.L. Redrado, and Father Jean-Marie Mpendawatu. In the course of the visit we met civil and religious authorities, participated in meetings of bishops' committees for pastoral care for the sick, met associations, groups, and movements which work in the field of health, and visited hospitals.

The help and fraternal collaboration given to us by the apostolic Pro-Nuncios, the Most Rev. Alfio Rapisarda (Zaire) and the Most Rev. E. Sbarbaro (Zambia and Malawi), and by the bishops entrusted with the whole subject of pastoral care for the sick was most valuable and effective.

The delegation for the visit to the Soviet Union was composed of myself; the Secretary, Father J.L. Redrado; the Under-Secretary Father Felice Ruffini; the Consultant Professor Franco Splendori; and the Experts Professor Gaetano Frajese and Dr. Dina Nerozzi.

The visit took place in response to an invitation from civil and scientific authorities (Professor Chuchalin, Vice-President of the Academy of Medical Sciences of Moscow, and Professor Anatoly Romanienko, ex-Minister of Health of the Ukraine).

An important moment in the visit was the talk given held by me at the Academy of Medical Sciences on the pre-eminent value of service to life, where a lively and constructive exchange of ideas with students and teachers was made possible. I soke again at Kiev at the Institute of Pediatrics

The religious meetings with a number of metropolitans of the Orthodox Church were of a fruitful and productive character.

We then visited a number of institutions of treatment and care. At Moscow, in the first Region, we went to a hospital for the elderly, the Centre for Social Services I, state-run, where five sisters of Mother Theresa of Calcutta also work. At Kiev we visited the Institute of Radiology, a pediatric clinic, a hospital for adults, and two hospitals for patients affected by radiation sickness caused by the Chernobyl disaster. At Leningrad we went to the Military Academy of Medicine and to the medical institute for undergraduates.

The reason for the visit to the United States of America, where I was accompanied by the Secretary, Father J.L. Redrado, was my participation in the Fourteenth World Congress of CICIAMS, which was held in New York. My contribution to the Congress consisted of a paper on " Health and Values in a World in Transformation. "

In the course of our visit we went to Calvary Hospital, which is owned by the Archdiocese of New York, and met there both health care workers and patients; all of the latter were terminally ill. We also visited the International Christian Aids Network in Waterbury , Connecticut, which is dedicated to those suffering from AIDS.

The visit to Poland took place in response to an invitation from the Polish Episcopal Conference and in anticipation of the Regional Congress on the Humanization of Medicine which has not, however, yet been held.

Meetings and visits to places directly or indirectly linked to pastoral care for the sick took place at Warsaw (a visit to the Child Jesus Hospital), Breslau, and Sieldce. At both Breslau and Sieldce I had the happy opportunity to speak at length to very many diocesan seminarians and to describe to them the importance of pastoral care for the sick.

The short visit to the Republic of Russia from 2-4 September 1991 took place in a very different social, political, and religious context. Certain Consultants and Experts of the ministry accompanied me. The aim of the visit was to give substance and effectiveness to certain initiatives, amongst which we may cite an invitation to representatives of the health and scientific world to participate in, and to give papers to, the sixth international conference promoted by our Department on drugs and alcoholism; the offer of a scientific exchange for two doctors for a year in Italy; a proposal, which has been followed up and put into practice, to have ten Russian nurses stay for fifteen days in Italy and visit Catholic health care institutions and meet administrative and nursing personnel; negotiations to give effect to the offer made by our office to create a hospital facility in the Russian capital; the offer of a month's holiday in Italy for forty children afflicted by the consequences of the Chernobyl tragedy. These forty children, as is known, were our guests at a religious institution in Bassano Romano from 13 July to 13 August. During a visit to Rome they were received by the President of the Council of Ministers, Senator Giulio Andreotti, and took part in a general audience with the Pope, who, at the audience's end, spent time talking to them.

27-28-29 December 1991, after the expression of my full availability, and in response to the express wish of the Holy Father, I carried out a visit to Croatia The Undersecretary, Father Felice Ruffini, accompanied me. In Croatia I met the highest religious and civil authorities We visited places at the centre of the conflict which was under way in that period. The visit, which was closely followed and reported by the mass media, allowed direct contact with the reality of the suffering of the Croatian people, who have been put to a very severe test by the present situation. We visited hospitals at Zagabria, Karlovac, and Sisak. In this last town the small church has been gutted by bombs and is

almost a symbol of the hostility directed towards the Catholic Church in Croatia. We also met those who were sick and suffering, and those responsible for the diocesan bodies dedicated to helping the afflicted populations. We also committed ourselves to certain practical and tangible initiatives.

6. The International Conferences

With regard to the two international conferences organized by our ministry in 1990 (*In the Image and Likeness of God: The Human Mind*) and in 1991 (*Contra Spem in Spem: Drugs and Alcoholism*), I think it is enough to observe, in the first place, that this initiative has experienced, from year to year, growth and an ever greater resonance at an international level in both Catholic and non-Catholic areas of concern. The interest in the published proceedings, which contain the papers read, attests to the scientific and pastoral contibution that these conferences offer. Finally, they have become the occasion for an annual and specific pontifical message which, dwelling upon the subjects dealt with by each conference, constitutes a collection of clear and indisputable pastoral directives to be followed.

I would also like to refer to another source of satisfaction which encourages us to strive to do even better: the speakers and participants at these conferences indicate with increasing force the trajectory of the present orientations of medical science and medical ethics. There is no doubt, therefore, that the authoritative nature of the circumstances, the value of the contributions made, and the involvement of ever wider sectors of the world of health policy and care constitute a challenge for the moral and professional conscience of scientists, researchers, doctors, and health care workers.

These conferences constitute an initiative, therefore, which must be maintained and strengthened with the greatest care and attention and ever greater devotion and dedication to their preparation.

7. Special Events

a) A course of pastoral care for the sick was begun at the Institute of Pastoral Care for the Sick at the Lateran Pontifical University in the academic year 1990-1991. This course lasts one term each year. The initiative—by prior request of the students and the governing body of the Institute of Pastoral Care for the Sick—is made possible by action taken by our Department in the form of a fund established by us *in perpetuum*.

b) I include, amongst the list of special events, certain personal recognitions which, as I have already said, I wish to share with the whole Council. I am referring to the *Sasakawa Prize for Health 1990*, which was awarded to me on 10 May 1990 in the presence of 1200 delegates from the 67 countries belonging to the World Health Organization; to the *Honorary Doctorate* awarded to me at the Nicolaus Copernicus Academy of Medicine of the Jagellonian University of Cracow on 24 November 1990; the *Honorary Degrees in Human Sciences and Medicine* awarded to me on 31 January 1991 by the New York Medical College; to the *Honorary Degree in Medicine* conferred on me by the University of Aquila on 21 December 1991; and to the *San Marino Prize for Medicine 1991*, which was given to me in the Republic of San Marino on 6 October 1991.

II
AN EXAMINATION AND REVIEW OF THE DECISIONS TAKEN AT THE FIRST PLENARY ASSEMBLY 1990

The following were the " programme policies " presented at the end of the first Plenary Assembly of our Council:

1. Preparation of a Code of Medical Ethics

2. The Setting up of the International Federation of Catholic Health Institutions

3. The promotion of religious and priestly vocations to pastoral care for the sick

4. Hospital centres for the rehabilitation of the human person

5. Relations with the non-Catholic and non-Christian worlds

6. Promotion at a regional and national level of congresses and conferences of the sick and health care workers

7. The intensification of ties with the episcopal conferences

Before saying something about each of these particular points—some of which will be the subject matter of special papers and contributions—I would like certain considerations to be borne in mind.

It is difficult to make an assessment of those initiatives where the spirit is involved in addition to organizational and practical aspects, not least because we are not always able to make such assessments adequately and it is not only we ourselves who are able to make them.

Our work of fostering and development has grown intensely, and this has certainly not failed to bear fruit which has ripened over the years, the difficult and laborious stages of whose development it is not always possible to perceive.

What I have said about the activity of the Department responds, in general terms, to the question that springs from a need to assess our work. The graphs attached to this report show, in statistical form, how certain specific sectors of our work of fostering and development have

undergone substantial growth. This is demonstrated by the circulation of our journal *Dolentium Hominum. Church and Health in the World*.

The service rendered to the Churches of East and West, and North and South, is not only a part of specific initiatives taken in the course of visits and pastoral journeys and of special meetings at very high levels, but the daily activity of our office.

As I have already stated, the international conferences have had an undeniable impact on the ecclesial, scientific, social care, socioeconomic, and even ecumenical fields. How would it be possible to evaluate and measure the size and character of this impact?

We would not be human beings if we were not able and did not have to do even more. However—and I never tire of repeating this—it is never up to us to programme the results or, rather, the impact. Others sow and others reap. You cannot reap without sowing, but the sowing consists of hiding in a soil rich with our generosity and dedication life-giving seeds whose development is very often inversely proportional, over the long term, to the size and abundance of the resultant fruits.

I now come to certain special headings, and reference can be made to the following:

1. The Code of Medical Ethics for Health Care Workers

After a number of meetings with authoritative moral theologians an index of subjects has been completed, and steps are now being taken to draw up and draft the text itself. It is hoped that a final draft will be ready before the end of this current year.

2. International Federation of Catholic Health Institutions

With regard to this, only a few days have passed, as you know, since my visit to New York, where, for reasons of practicality and organizational effectiveness, a conference was held. At this assembly representatives of the Catholic Health Institutions of the United States of America and Canada met to discuss the question of the creation of an international federation of these institutions. A preliminary draft of the statute is now ready. This is a complicated initiative. Other regional meetings will be held—the next one will be held in Poland, not least to emphasize the attention that should be given to the Churches of eastern Europe—so that this promising beginning will reach its foreseen conclusion.

I reminded the participants at the conference in New York that emphasis is not so much to be placed on the creation of a new body—even if the International Federation of Catholic Health Institutions will be exactly that—but on the desire to give to this instrument a force of evangelization which springs from the necessary moral and technical-professional formation of those responsible for a very large number of Catholic health institutions in the world. This force must express itself with full respect for the organizational autonomy of each institution and its promotional and self-governing liberty. In the world, in fact, political, social, economic, cultural, and religious situations are too much at variance for one to think of the presence within a field in which the Church has such a massive presence of a monolithic, bureaucratic, or pyramid-like body. A simple fact must not go unobserved: given that such a body will have the task of the ethical, moral, technical, and professional formation of the administrators and leading figures of Catholic health institutions, how can one think that it can immediately work well if in order to make it function a formation is required which, perhaps in not a few instances, is completely inadequate?

The important thing is that steps forward are taken. It is not important if these steps are slow, as long as they are well thought out and measured.

3. The Promotion of Priestly and Religious Vocations to Pastoral Care for the Sick

This could appear a *punctum dolens*. In fact, it is only a delicate and arduous point, as has been confirmed by the meeting which took place between the Council and certain Superiors General. The contribution to the Synod of Bishops of 1990 and the publication of the booklet *The Training of Priests and Pastoral Care for the Sick* had a positive hearing. If I consider that not a few Plans for Vocations —including that for vocations in Italy—do not even mention pastoral care for the sick in the detection, the accompanying, and the initial formation of candidates for the priesthood and religious life, I think it is necessary to study some new instrument by which we can direct attention to the formative value of this aspect of pastoral activity. The very recent publication entitled *Pastoral Care in Health and the New Evangelization of Europe in the Light of the Synodal* Declaratio *of 14 December 1991* also dwells upon this subject.

I think that I can derive some real hope from the interest which has been demonstrated by many bishops I have met over the last few years. More than a few are aware that while, on the one hand, the world of health care is expanding, on the other, the number of religious practitioners of pastoral care for the sick is getting ever smaller.

4. Hospital centres for the Rehabilitation of the Human Person

With regard to work already carried out, I think it is enough to record the following:

The intensification of our relations with the episcopal conferences, and in particular their involvement in calling for data about this sector (associations, care for AIDS patients, drug addicts, alcoholics, etc.); the reinforcing of relations with international associations in our area, through taking part in congresses, meetings, the sending of messages, etc; the promotion of courses of formation (such as the course already mentioned at the Lateran University, financial contributions sent to episcopal conferences for the printing of *ad hoc* material, the sending of our journal and our publications to Nunciatures, episcopal meetings, bishops responsible for pastoral care for the sick, superiors general, doctors, etc); and the study of documents relating to pastoral care for the sick published by episcopal conferences or by individual bishops. An overall survey on the subject is being carried out by Father Jean-Marie Mpendawatu.

5. Relations with the Non-Catholic and Non-Christian Worlds in Matters Relating to Health Care

This is an aspect which I would like to humbly call the prerogative of action of our Department.

In conformity with the fundamental and basic principle that there is no human reality which so unites all man as love for life, the wish to defend and regain health, we have always acted in accordance with the conviction as to the ability of pastoral care for the sick to bring together all men, irrespective of considerations regarding their social, cultural, political, or religious differences.

It is is not a matter of chance that out of today's very different contexts some of the first countries to be visited by our delegation have been countries of Eastern Europe (Poland, the Soviet Union) and Cuba.

There has been a constant attempt on our part, and an attempt which has been rewarded, to have at our international conferences speakers from the widest cultural, political, and religious backgrounds. The opportunity to have at these conferences personalities from the Muslim, Jewish, and Buddhist worlds—not to mention other religions—also necessitates relations with the political and health care authorities of the countries involved.

To this point our programmes must conform. It is important that this remains an essential feature, almost a distinguishing feature, of our ministry.

As I said earlier, evaluations and assessments which largely involve the action of the spirit and which take into consideration our interior forces cannot be made with a calculator. Our examination must, above all else, be an examination of our commitment, our enthusaism, our faith in the goals which the Holy Father has given to this ministry.

6. The Promotion at a Regional and National Level of Congresses and Conferences of the Sick and Health Care Workers

Under this heading is to be placed the *World Day of the Sick*, which is already in an advanced stage of planning and which has already received the oral *placet* of the Holy Father. Once introduced, the World Day of the Sick, in its preparation—both at an international and at a national level—and in the fruit it bears, will be able to occupy a position of great importance in fostering and developing pastoral care for the sick.

7. The Intensification of Ties with the Episcopal Conferences

This sector has been very well covered, as the following confirm: the involvement of bishops in charge of pastoral care for the sick at the time of preparation of the annual international conference (request for the sending of documents produced by the episcopal conferences and by local Ordinaries on subjects relating to the topic of the conference, suggestions, and so forth); an informative contribution regarding the presence of Catholic health institutions in their areas (this is of great importance as regards the compilation of the *Index* of Catholic health institutions); closer and more frequent ties both through the pastoral visits organized by our Department and through meetings which take place because of *ad limina* visits of bishops; the opportunity of closer contacts offered by the presence, among the Members of the ministry, of clergymen either in charge of pastoral care for the sick in their respective countries or especially representative of the epsicopal conferences (for example, the Most Rev. Alexandru Todea, now Cardinal, for Romania; the Most Rev. Dionigi Tettamanzi, General Secretary of the Italian Episcopal Conference; the Most Rev. Mariano Vivanco, for Cuba; the Most Rev. Pierre Zevaco, for Madagascar; the Most Rev. Isidore de Souza, for Benin; the Most Rev. Tadeusz Kondrusiewicz, for the Republic of Russia.

III
FUTURE PROSPECTS

Present in these reflections on an assessment of the activity of the last two years are also to be found the elements which allow us to perceive the outlines of future prospects:

In the first place, some of the salient features of the programme presented during the first

plenary assembly of our Council must be put into effect. I am referring here to the themes and problems relating to the promotion of vocations, whether of priests or of members of religious orders, to pastoral care for the sick, and to making hospitals centres for the rehabilitation of the human person. The work to be done in these areas is certainly not of short duration.

In the second place, I believe the preparation and publication of two key booklets to be of especial urgency: the first must contain, in a way that is simple, systematic, and accessible to all health care workers and to those engaged in pastoral care for the sick, the up-to-date teaching of the Church on matters relating to ethics and bioethics. This is an invitation expressly made by the *Declaratio* of the Synod on 14 December 1991. On the other hand, knowledge about the directives of the *Magisterium* of the Church in this fundamental area is still insufficient and often amounts to ignorance. The second publication, on which I am working, is what I would like to call a " manual " for pastoral care for the sick, intended as preliminary reading for specialized courses on pastoral care for the sick.

To summarize, I would like to say that in the next two years work must be done most especially in the area of *training* for pastoral care for the sick. Nobody can give that which he does not have or feel attraction for that of which he is ignorant. Every suggestion, therefore, made about this subject, will be most valuable and will be considered and evaluated with care.

More than a little time will be taken up, in the course of the next year, by preparations for the seventh international conference, about the contents of which this assembly will have much to say.

As regards the *Index* of the health care facilities of the Church in the world, I may observe that a new volume is now being printed and that this increases the number of entries from twelve thousand five hundred to twenty thousand. This is a difficult undertaking which is complicated but systematic. It is a true service of witness to the Church in the world.

In concluding this address, I apologize for repeating a maxim that I consider illuminating. This maxim holds that the best way to foresee the future is to prepare for it. I believe that what all of you have done over the last years, with generosity and at times hidden dedication, is already a prophecy of the future activity of this ministry.

May the Virgin Mary, Mother of Wisdom, guiding star of our pathway, hold us by the hand in our work which, by vocation and mission, looks at our brother who suffers through the suffering Face of Christ! *Illumina, Domine, Vultum Tuum super nos*. Lord, bestow upon us the light of your Face so that, in your footsteps, we can walk in the light and point it out to those who, in being tried by suffering, know the fear of losing hope!

Cardinal FIORENZO ANGELINI
President of the Pontifical Council
for Pastoral Assistance to Health Care Workers

[1] PONTIFICIUM CONSILIUM DE APOSTOLATU PRO VALETUDINIS ADMINISTRIS, *Generalis Conventus Acta, 9-11 February 1990*, p. 12.

[2] This first part largely reproduces the information given to the Holy See on the activity of the ministry in 1990 and 1991. This information has been published by the Holy See in the annual volumes *Activity of the See*. For the year 1990, cf. pp. 1293-1300.

[3] *Named as Members* of the Council: the Most Rev. Giovanni Battista Re; the Most Rev. Francisco Javier Errazuriz; the Most Rev. Giuseppe Uhac; the Most Rev. Alexandru Todea, Metropolitan Archbishop of Fagaras and Alba Julia of the Romanians; the Most Rev. Dionigi Tettamanzi, Archbishop of Ancona-Osimo; the Most Rev. Pierre Zevaco, Bishop of Tolagnaro; the Most Rev. Isidore de Souza, Archbishop of Cotonou; the Most Rev. Mariano Vivanco Valiente, Bishop of Matanzas; the Most Rev. Tadeusz Kondrusiewicz, Titular Bishop of Ippona Zarito; Father Angelo Brusco, M.I.; Professor Juan de Dios Vial Correa; Sr. Teresa Lopez; Sr Alice Raveneaux.

Named as Consultants of the Council: Fr. Louis Vereecke, C.SS.R.; Msgr. Angelo Scola; Msgr. Italo Taddei; Don Rudesindo Delgado; P. Baldo Santi, O.M.D.; Fr. Ferdinando Kajavil; Fr. Ignacio Carrasco de Paula; Sr Setsuko Maihara; Miss Cecilia Moloantoa; Professor Edmund Pellegrino; Dr. Hugo O.M. Obiglio; Dr. Lino Mottironi; Miss Viviane Verlinde-Boutelegier; Professor Dina Nerozzi Frajese; Professor Anna Cappella; Professor Aldo Turano; Professor Wanda Poltawska; Professor Dr. Heinz Angstwurm; Professor Charles Probst.

Confirmed as Members of the Council *in aliud quinquennium*: the Most Rev. Edward Idris Cassidy; the Most Rev. Alberto Bovone; the Most Rev. Miroslav Stefan Marusyn; the Most Rev. José T. Sanchez; the Most Rev. José Saraiva Martins; the Most Rev. Jean-François Arrighi; the Most Rev. Antonio Quarracino, Archbishop of Buenos Aires; the Most Rev. Ivan Marin Lopez; Professor Jérôme Lejeune; Dr. Marcello Sacchetti; Reverend Father Pierluigi Marchesi, O.H.; Sr. Anna Margarita Duzan; Sr Maria Eneide M. Leite; Sr. Catherine Dwyer; Dr. Thomas P. Linehan; Mr. Edwin Scheer; Mr. Claude Frontin; Barone Albrecht von Boeselager.

Confirmed as Consultants of the Council *in aliud quinquennium*: Msgr. Carlo Caffarra; Msgr. James P. Cassidy; Msgr. Elio Sgreccia; Reverend Pierre Schaller; Reverend Krzysztof Szczygiel; Reverend Bonificio Honings, O.C.D; Father Joseph Joblin, S.J.; Father Kevin O'Rourke; Father Emidio Spogli, M.I.; Dr Giuseppe Astegiano; Professor Rino Cavalieri; Professor Bryan A. Curtin; Professor Pietro De Franciscis; Professor Domenico Di Virgilio; Professor Oleh Hornykiewicz; Professor Jacques Lafourcade; Professor Agnes Lai Pong Chong; Professor Corrado Manni; Professor Clemente Robles; Professor Gottfried Roth; Professor Bruno Silvestrini; Professor Franco Splendori; Professor Robert L. Walley.

[4] PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS, *The Training of Priests and Pastoral Care for the Sick* (Rome: Vatican Polyglot Press, 1990), 52 pp.

[5] PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS, *Pastoral Care in Health and the New Evangelization of Europe in the Light of the Synod's Declaratio of 14 December 1991* (Rome: Vatican Press, 1992), 51 pp.

Pain: A Value and a Strength

Personal and Pastoral Experiences

A. With regard to value, it should be clearly pointed out that pain is not a value in itself. This is clearly evident at Golgotha, on the Lord's right and left. Pain is the same " et quam dispar exitus. " Wherever it arises, pain is a key which opens up the spirit to immense riches. Saint Paul is a witness to this when he speaks, with reference to his body, of paying off the debt which the afflictions of Christ leave still to be paid, for the sake of his body, the Church. (cf. Col 1:24). Furthermore, the five years which I have spent as a Member of the Congregation of the Causes of the Saints have confirmed me in my belief that at certain heights of saintliness the usual path trodden is that of suffering. Indeed, the forty cases of beatification demonstrate how a long and painful illness has led men and women, either young or old, to the heroicness of virtue. I, myself, through contacts in twenty hospitals and hospices with souls who often approach a handicapped priest more willingly, have been able to observe true miracles springing from a long and painful infirmity. It is also well known how our Holy Father places great trust in the prayers of the old and the infirm, takes every opportunity possible to meet them and to give a meaning to their suffering, and entrusts them with a special purpose for the good of the Church and humanity.

At this point I would also like to make a reference to those ill people who are deemed incurable by modern science. It often happens that the medical personnel and relatives are reluctant to inform the patient as to the seriousness or indeed the irreversibility of his condition. They do this not only because they cannot always be certain about the facts of the case but also because they are afraid of traumatizing the ill person himself.

My own personal experience shows that the " shock " caused by coming to know about the real facts of the case can prove of decisive value in the spiritual life of the person. It can involve, for example, radical conversions or even total opening to the values of the spirit.

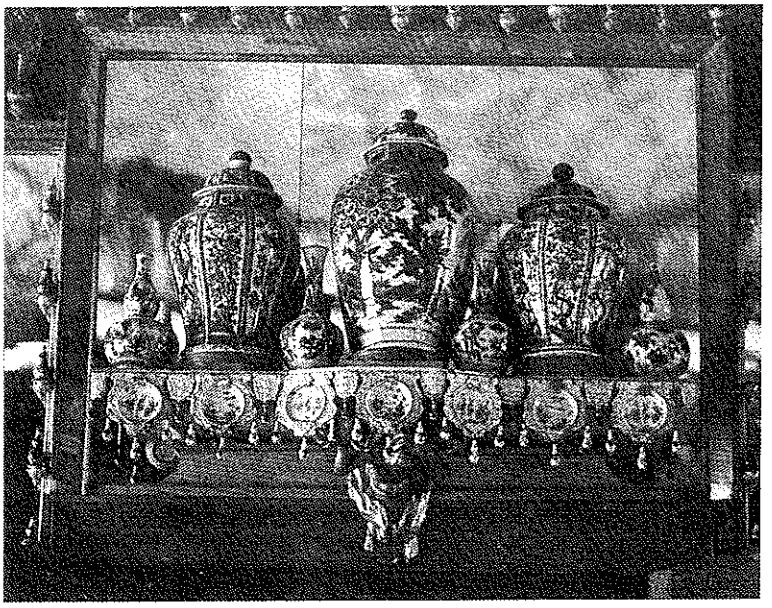
It once happened that I met, quite by chance, the Chaplain of the Paris prison of Fresnes, a place where capital punishment was carried out. He told me that in thirty years of experience he had never observed a conversion in the case of a life sentence, but that such a conversion always took place in the case of those condemned to death.

I would not like to be misunderstood—I am a convinced opponent of the death penalty. For me the commandment " Thou shalt not kill " means that you should never kill anybody. I said the same explicitly last year in this very room at the General Assembly of the College of Cardinals.

B. There is a most beautiful sentence of Father Pius of Pietralcina, Servant of God, which reads as follows: " The great service which can be rendered to a suffering person is to give meaning to his suffering, " and I would add that the same is the case of loneliness during painful old age. Unfortunately, it often happens that even priests when visiting sick and suffering people do not know what to say and repeat words of ineffectual consolation or of clear banality. I would say even worse: they often do not consider the suffering of others in the light of faith, and distance themselves from the ill person, not knowing how to behave or react.

The pontifical publication *Dolentium Hominum* and the allocutions made by the Holy Father to sick people in his pastoral visits should be more widely known. Indeed, they should be published in a suitable pocket-size volume. Such a reading should be requested of Catholic medical and nursing staff in order to be able to help the sick and the aged to discover two treasures: the value and the strength involved in suffering and infirmity, and to remind all those infected with the fashion of reforms and revolutions that the Church and civil society do not need reforms so much as saints, and that often the hospital bed and the wheelchair can be of more help than parliamentary discussions.

Cardinal ANDREA M. DESKUR
President Emeritus of the Pontifical Council for Social Communications



The Sick and the Disabled: Protagonists in Society and the Church

Introduction

This is the paper of a person who is physically handicapped It is, therefore, the expression of the observation and the wishes of the speaker But it also gives voice to the longstanding ideas and aspirations of a movement: the Christian Brotherhood of the Sick and the Handicapped (the chronically ill and the physically handicapped). This movement reaches sick and handicapped people in forty countries and four continents (I will not deal here with the problems of my brothers and sisters who are mentally ill or who have mental handicaps—I am not qualified to offer an opinion in this field) My observations and my wishes are also those of all the people involved in this movement.

THE SITUATION OF SICK AND HANDICAPPED PEOPLE IN THE CHURCH AS SEEN BY OUR BROTHERHOOD

1 *Analysis of the situation of sick and handicapped people in civil society*

There has been a distinct trend over the last fifteen years in developed areas, such as Europe (France, Spain, Germany, Switzerland, Austria). This has consisted of:

The technology of care (machines and instruments).

School education for young people (either in a protected and suitable environment or in a common environment in which work of integration of this kind exists or is encouraged).

Professional training for adults with the aim of reintegration into a normal environment, and including, therefore, a work environment. However, in a country like France we can observe that the proportion of people who have received training and are unemployed is clearly higher amongst the category of the sick and the handicapped than amongst those belonging to other categories

For people who are seriously handicapped this professional training often involves protected structures (Work Help Centres or protected workplaces). These structures are important, but it often happens that is difficult to live in them because of the cohabitation which occurs solely with the handicapped (the mixing together of the handicapped). Furthermore, those who have serious handicaps cannot benefit from this formation and integration, for their handicaps compel them to remain at special centers or to be supported by their families

In some European countries social legislation in favour of sick and handicapped people gives them funds which allow them, at least in part, to support their daily lives as long as they do their sums well and do not engage in extravagances For these people transport and accomodation are getting better only very gradually and in very small steps

In our European countries there are numerous sick and handicapped people who are involved in these self-help associations but who are also active in social associations (district and locality), professional associations (trade unions), and political associations (municipal, etc —France has a minister with a serious handicap). However, it should be stressed that many sick and handicapped people are not involved in these groups.

Our society still has a great deal to do in the furthering and taking on of responsibility. In actual fact, some sick and handicapped people are often satisfied with being helped, and this is something that sometimes happens too often (the reality of assistance does not belong to this category alone). One of the objectives of our movement is to transform this overall situation.

2. *In developing countries where our movement is active sick and handicapped people* are often in a condition of penury and extreme poverty which proportionally much greater than is the case with *people who are not handicapped*. This penury expresses itself in the absence of elementary treatment and suitable instruments or mechanical aids It also finds expression in the secondary character of their active participation in basic forms of social life. Many find themselves confined to their mats in village huts without care or treatment and without any chance of getting out of their predicament One comes across frighteningly bad situations of extreme poverty and confinement.

Nevertheless, in our movement, we bear witness to the fact that these severely disadvantaged people can be reached by brothers and sisters who are themselves seriously handicapped, and who thus allow some of them to meet and spend time together. In such a situation these same people come to engage in responsible activity which is truly marvellous! I am talking here of the organization of their basic social life, work done with other people, the sharing of food, courses of reading and writing, the desire to be present and active in the transformation of life at every level, whether local, regional, or national

THE SITUATION OF SICK AND HANDICAPPED PEOPLE IN THE CHURCH IN EUROPEAN COUNTRIES

In these countries it must be recognized that there has been a very strong effort to help and integrate sick and handicapped people. There has been an ever more successful attempt by these people to participate in such areas of the life of the Christian community as parishes, parish meetings, liturgical groups, catechisms, and in various movements involved in prayer or spreading the word.

Through the existence of our movement in the youngest Christian countries we are able to affirm that sick and handicapped people are often more motivated in these countries than in European countries as regards active and responsible participation in , and fostering of, their local Christian communities We have noticed the creation of basic communities which have a very dynamic liturgical life, a vigorous and complete knowledge of the Bible

Nevertheless, we are obliged to observe that the Church, in her attitude to the members of our movement, and in her approach and language towards suffering and handicaps, often seems still inadequate The best evidence for this statement can be found in what a handicapped person who

belongs to our movement has to say on the subject. I will now read it out.

A Testimony

At the age of thirteen to fourteen I fell victim to an illness called dermatomyositis which attacked my muscles. At first, during my adolescence, it was difficult for me to believe that this handicap, which was then making first its appearance, was actually afflicting me and my body and was going to affect me forever. From this first stage of unawareness I passed to a second stage of revolt, a rejection of such absurdity, and of that break with everything that I cared for and held dear.

The meaning of my suffering took on another dimension when I came into contact with a priest and people in my parish. They tried to explain to me that my prayers and my suffering served a function because God would take them and transform them into forgiveness towards men. I prayed and obtained peace in that moment, now convinced as to what my role was in life: to bear the burden of everything that happened to me, and to offer it up to God.

When I was about seventeen years old, other people came to see me. They were people who belonged to the Christian Brotherhood of Sick and Handicapped People. Their message was more dynamic and beneficial:

" Illness is an evil and must be fought against. "

" The grace of God is a gift which He Himself offers to those who suffer; there must be no bargaining or dealing with the Spirit. "

" The sick person and the handicapped person is called upon to be affirmative, to search for the greatest health possible, and to look for the grace that is offered to us by God the Father. "

" We must not hide ourselves in easy and childlike fashion behind the passion and death of Christ. The acceptance and taking up of your cross means moving towards your neighbour, working in favour of justice, loving and striving for the achievement of health, work and hope for the poor, fighting on their side to defeat everything that leads to illness, to hunger, and to hopelessness "

" We do not have the right to hide behind an *I can't* Illness and being handicapped cannot release us from our responsibilities as people and believers "

Without doubt these messages called for much more, but they were given within the context of friendship, the affection of a community, the experience of a group. It was an appeal to love the whole of creation and to work for its perfection. To follow Christ, together with other people, and to take part, without apology or excuses, in the building and establishment of the kingdom of heaven

When I was about twenty-two years old, and fighting against the wise advice of the doctors, I achieved my re-education and left my wheelchair behind me. I began to work in 1985. I was forty years old when I managed to find my first job, and I have had this job ever since. For the whole of this period I have belonged to the Brotherhood, and it has always pushed me in the direction of action, without ever forgetting that the centre of this action is faith in God the Father who manifested Himself in Jesus Christ.

I have fought with others to make society accept our being different so that we are allowed access to health, education, and work with the measures which are necessary to this end. All this has taken place within the Church. We have asked believers to think of us, first and foremost, as people undergoing conversion and not as prayer machines that because of illness already have their spiritual journey mapped out and fully completed. We have sought an end to a paternalism which impedes our development—something that is the need of every living being. We have asked for a favourable attitude to our access to training and evangelical responsibility, with all our special characteristics, in churches and suitable centres. We have striven to achieve a state of affairs where we are not considered merely as people who need help

An integration of sick people and handicapped people is not something which is easy. Much dialogue is necessary to understand our needs and to achieve better solutions. It is for this reason that, together with all those who are in the same situation as my own, who suffer from the consequences of this condition and are limited in mobility and who are constant users of the public health system, I ask that there be dialogue and the lending of ears to go forward together in the kingdom of God.

This witness naturally leads us to express what the sick and handicapped members of our movement clearly want in order to be active members of society and the Church.

Our Aspirations

1 To participate in a human society, the human being comes into the world within a primary social unit: the family of an environment, a culture, a country. This unit will have repercussions during the entire development of this social being—the *human person*. If we maintain that the sick or handicapped person is a person, that he has the same rights as " healthy " people, then this means, first and foremost, that *he is born a person* and not *the victim of a handicap.*

As a result, he should thus assume (within the limits of his abilities), the same duties as other people and strive to be free in a society which is also his.

It is not always easy to discover how things should be done. It is necessary to act at every social level in dealing with sick people, the handicapped, and others. Free-

dom of expression should be upheld. The right to have one's own opinions and one's own responsibilities should be recognized. Full respect should be given to the right to a decent life; to work, to culture, to entertainment and enjoyment, to the respect owed to a person. How should this be achieved? Solidarity with other sick and handicapped people; by being open towards the evolution of the world, by fighting as Christian men, for the freedom of each and every man; by *loving others as ourselves*.

But the presence of the sick person (because there is an involvement of pain, suffering, incapacity, death...) certainly calls for action on the part of society. This is because " presence " calls into question and criticizes the values which society holds dear, values such as success, efficiency, prestige, the desire for power, the thirst " to have " before learning " to be "

This " presence " privileges values which are in crisis: the joy of serving without payment and an openness towards love and friendship, word and silence, the power of tenderness, of the dignity of each individual, the richness of dialogue, evangelical poverty—things which make us fighters against the contemporary misery of this world. This " presence " reminds us of our reality, helps us to discover our limits and our weaknesses, but also our great possibilities and responsibilities. This " presence " amounts to a solidarity which calls into question a certain charity, a certain justice, a selfish individualism, and which encourages an attitude of generous drawing near, of sharing, and unpaid service.

What has already been said can be explored more deeply in the affirmation of the following:

Sick and handicapped people are everywhere in the front line in terms of being affected by changes in the world. They, more than other people, need *solidarity*. But, in the opinion of our movement, one is not dealing here with a kind of one-way solidarity.

Indeed, sick and handicapped people do not want to be considered, within their own societies, as *objects* to be cared for. They want *to take part* in collective responsibility for what concerns them, for what concerns the world as a whole. This is so whether one is talking of social groups, economic groups, political groups, or religious communities, of which they are a part. For them it is a question of *dignity* —the only real way that this can be done, the only practical form of *integration* into the life of men. *But if our movement* thinks that every person, if he is handicapped, can and must *participate*, this does not apply only to the future of these people. It also applies to the future of the nations and the continents of the world. It applies to the future of the Church and churches, to the future of religious communities and other communities, in the present-day world.

If sick and handicapped people were not to truly carry out this responsibility (notwithstanding real attempts to achieve such an end), tomorrow's world would very quickly become increasingly uninhabitable. The law of the stronger and the richer would be the sole arbiter.

If sick and handicapped people were not to truly carry out this responsibility, the dignity of the spirit would quickly become destroyed. *It is precisely this which stops the human person from being treated as a thing to be used and then thrown away, as an object to be exploited or bought, as an individual to be classified with a number, to be shut up in a hospital or in some other place of care.*

One of the guidelines of our movement for sick and handicapped people is: " from being cared for to responsibility. "

OUR ASPIRATIONS CONCERNING PARTICIPATION IN THE COMMUNITY - THE CHURCH

1 The great wish of our movement is first and foremost to evangelize, to take part in active fashion in the Church's evangelizing mission. From a practical point of view one is dealing here with the declaration of the Good News, with the sick and handicapped taking pride of place. One is talking of mobilizing the sick and handicapped people themselves to achieve this end.

It is a question of giving the world and the Church a clear sign of what God wants and achieves for them today. In the first place, this is for the benefit of those who are limited by sickness or handicap, and afterwards, necessarily and as a result, for the benefit of everyone else. Let us remember that the person with a handicap does not receive his handicap from God. We cannot maintain that God wants illness for its own sake. Sick and handicapped people should not offer or present to God their limitations and their suffering as realities which He receives with pleasure, as excellent means by which to come to Him. No! The God of Christ is not a sadist. He is a liberator.

It is He who offers Himself to us so as to suffer with us, and to place in our hearts the strength to fight against every form of suffering and against every form of handicap. It is He who asks us and allows us not to accept, but to go forward and beyond such a point. In the victory of the resurrection we now pass from life to death, from isolation to community, from shutting ourselves within ourselves to service and joy. This, for us, is brotherhood!

Bortherhood! Brothers and sisters, where everyone serves and welcomes, loves and gives Brothers and sisters, where no one person dominates another. This deep and fundamental equality is essential.

If sick and handicapped people were not to truly carry out a real responsibility at the forefront of their churches or religious and spiritual communities, these would rapidly become ghettos Strictly speaking, we could expect a better future in another world, while calling, in this world, for the acceptance of suffering and in putting an end to any attempt whatever to achieve a real transformation of the painful condition of man.

2. *Another important aspiration of our movement is the following:*

To have sick and handicapped people take part in all the training initiatives which are already in existence or are proposed in our different churches. This implies, in particular, that where such initiatives take place, they be accessible in practical terms to sick and handicapped people. On the part of sick and handicapped people, this also implies clearly a request and a desire for such forms of training The goal of our movement is to help and foster such initiatives. In a few words, we also wish to take part in the drawing up of these programmes and plans, especially as regards suffering, illness, and handicap

3 *A reference to a concluding aspiration of our movement*

We are aware of the existence of secular institutions dedicated to sick and physically handicapped people, and we fully recognize their value. However, we believe that the integration of sick and physically handicapped people must be made possible and prepared for by qualified people, involving religious life (active or contemplative orders) and ordained and instituted ministries. In this case, there must be full respect for all the vocations of each person.

To sum up and to conclude, I would like to say that the position of sick and handicapped people in society and the Church is at the basis of human, social, and political dialogue. Our movement, in the world, wants to be at the centre of the leadership of the Spirit. It wants to be at the basis of committed service, whether in society or amongst peoples, so as to achieve the liberation of the oppressed and the succour of all poor people. This witness and undertaking are indispensable. Without sick and handicapped people, depth and splendour could not be possible There could be no way of showing to those who are most limited that *every person* can *invent* a meaning to his existence

At the basis of church dialogue:

The movement is loyal to the " Rise Up and Walk " of the Gospels. In the people of God on the march there are no faithful who are irresponsible, or merely passive or subordinated, even amongst those to whom such a state might seem permissible.

Saint Paul says to the Corinthians that the strength of God is also manifested by weakness

This God, who is our God and the God of Jesus, is:

The God who comes, who surprises, and not the God that we seek to construct so as to make use of him.

The God who always initiates, and not the God we wait for when we are afraid or bored.

The God who becomes incarnate in service to the weakest brothers and not in human glory.

The God who neither punishes nor gives reward, but who knows only how to forgive

The God who does not allow suffering or anxiety, but who suffers and fights against these things with us

In a few words, the God who does not ask you to give your life to him, to push in his direction that which harms him.

It is he who first offers Himself to us, so as to allow us to pass, in fighting fashion and from this moment, from mortal life to that life which is triumphant over every death. It is He who brings back to life. It is through Him that fraternal and responsible human action carried out by men becomes a story of resurrection.

Madame
CLAUDE TRONTIN-DREUX
International Director of the AIMH

THE BROTHERHOOD ON THE DIFFERENT CONTINENTS

CONTINENT	AFFILIATED NATIONS	NATIONS WAITING TO BE AFFILIATED	* IN CONTACT
EUROPA	Germany, Austria, Belgium, Spain, France, Switzerland, Portugal, Yugoslavia	Poland	* Holland * Hungary * Rumania * Czechoslovakia
AMERICA	Argentina, Bolivia, Brazil, Colombia, Guatemala, Peru, Uruguay, Mexico	Costa Rica, Honduras, Cuba, Puerto Rico, Martinique, Quebec, El Salvador	Chile, Nicaragua, Panama, Venezuela, Ecuador, Paraguay
AFRICA	Madagascar, Eastern Zaire	Burkina-Faso, Burundi, Cameroon, Western Zaire, Rwanda	* Togo * Benin * Nigeria
ASIA		Taiwan	* Japan

Policy and Defense of Life in the Document of the Extraordinary Consistory

(April 4-6, 1991)

Introduction

I am delighted to be given the opportunity to address this Assembly of the Pontifical Council for Pastoral Assistance to Health Care Workers. And I must say at the outset that I am privileged to precede my good friend, Dr. Jerome Lejeune, whose personal commitment to the dignity and sanctity of human life and experience as a world-renowned geneticist are great gifts to the medical community and to all society.

My understanding is that these three days of presentations and discussions will serve to guide the action of this Council for the near future. For that reason, I believe the topic I have been given to address, a summary of the Extraordinary Consistory on Threats to Human Life, is of inestimable importance. If this Council is to adequately address the pastoral needs of health care workers, it is essential that it be cognizant of and sensitive to the indescribable pressures placed on them by the new and powerful " death ethic " that is rapidly overtaking us. Increasingly sophisticated medical technology, the legnthening of life spans, and the impossible costs of medical treatment are only some of the reasons why questions of life and death are posing new problems for the healthcare field. There are perhaps more subtle reasons as well, and these may prove even more troublesome.

For example, in his letter following the Consistory, our Holy Father stated:

A source of particular concern is the fact that people's moral conscience appears frighteningly confused and they find it increasingly difficult to perceive the clear and definite distinction between good and evil in matters concerning the fundamental value of human life (*Letter of His Holiness Pope John Paul II to All His Brothers in the Episcopate,* 19 May 1991)

As I stated in my own presentation at the Consistory, we are *in extremis*. For the first time in the history of the human race we have turned against life itself. Never before in history has there been an attack aganst human beings only because they are *alive*. Healthcare workers perhaps more than any othes, are, and will continue to be, confronted by the ethical, moral and spiritual dilemmas accompanying this tragic trend.

It will be a great and noble challenge for this Pontifical Council to assist Catholic health care workers to understand and respond to " the clear and definite distinction between good and evil in matters concerning the fundamental value of human life. " It will be an important service not only to healthcare workers, but to the Church at large.

The Consistory

The Extraordinary Consistory, " Threats Against and Defense of Human Life, " called by our Holy Father, Pope John Paul II, in April of last year, was simply that—extraordinary. The focus was abortion and euthanasia, the two ends of the spectrum of death. Abortion now claims the lives of some 30-40 million unborn human beings each year worldwide. While statistics are not so clear for euthanasia, I predict that we will meet the same phenomenon of rapidly increasing numbers of human persons killed by some act or omission because of age, handicap, or societal burden. In my own country the threat of euthanasia is on the verge of becoming as serious as that of abortion, and we are fighting the battle for life on both fronts with very limited resources. Because of time constraints, I cannot give you the detailed report of the Consistory. I have, therefore, selected those topics which, in my judgement, were most significant and which might be of assistance during this Assembly.

The opening address of the Consistory, given by His Eminence Joseph Cardinal Ratzinger, provided more than a framework for our discussions. It served as a primer of the Church's teaching on the human person. Cardinal Ratzinger suggested that " the essential point of departure " for considering threats to human life is the " biblical vision of man, " which " defines the human being in his essence.. with two distinctive features: 1) Man is created in the image and likeness of God, and 2) All human beings are one beause they come from a single father, Adam, and a single mother, Eve. "

These fundamental principles of the human person—his sacredness and oneness with the entire human race—are now under siege in various cultures and nations around the world. In my judgment, however, abortion and euthanasia are only symptomatic of the underlying crises we must face. What led us to the present callousness toward life, the " ethic of death, " and the twisted and often perverted sense of " quality of life " would take much longer than the time available. Permit me, however, to briefly outline for you some of the major concerns discussed at the Consistory. I believe an understanding of these to be essential to this Council's efforts to minister to healthcare workers as they face—in a unique, direct, and daily way—very real threats to those persons they care for.

Underlyng Causes for the " Ethic of Death "

1 *Loss of an Objective Standard of Truth*

I suggest that one of the primary reasons for our loss of a sense of the sacredness of every human person is the result of the ultimate evil: the rejection of God by those who would themselves become gods. It's the basic story of the creation and the fall of the human race. Original sin resulted immediately in the alienation of Adam from Eve and was followed by the killing of Cain by Abel.

In conjunction with a rejection of God, there is no longer an objective standard of right and wrong. Rather, each individual stands in judgment over what is acceptable and what is not; which life is worth living and which is not.

As Cardinal Ratzinger put it:

" Truth gradually becomes something merely external which each one grasps from one's own point of view, without ever knowing to what extent one's viewpoint corresponds to the object in itself

or with what others perceive... The only reference point for each person is what be can conceive on his own as good. "

The result? Cardinal Ratzinger puts it clearly:

" When the common reference to values and ultimately to God is lost, society will then appear merely as an ensemble of individuals placed side by side, and the contract which ties them together will necessarily be perceived as an accord among those who have the power to impose their will on others "

In other words, our world is becoming " morally pluralistic. " There are no shared values nor shared moral principles There is no objective right or wrong There is a horrifying tendency to equate the *convenient* with what is " good " and the *inconvenient* with what is " evil. "

This was why I suggested to the Consistory that I am coming to believe that if we are going to turn back the tide of killings, we many well have to redefine our objectives. It may be that before we can save lives, we must save *souls*. The world is in desperate need of an overpowering moral *metanoia*.

There is a powerful spiritual dynamic in the pro-life movement capable of transforming those who commit themeselves to the cause of human life. The graces returned to those who work on behalf of the innocent, the weak, the helpless can result in extraordinary conversions. For example, it is no secret that the man who identifies himself as one of the pioneers in abortion in the United States, responsible for the deaths of some 60,000 unborn babies, who himself says that he is, perhaps, more responsible for the growth of abortion than anyone else, Dr. Bernard Nathanson, also described himself as a Jewish *atheist*. He now stands before groups like this and says, " Since I have become a member of the pro-life movement, I have discovered the consolation, the comfort, the strength, the courage that comes from believing in God. " I submit to you that health care workers and *all* who commit themselves to the cause of life are spiritually transformed by the gentle hand of the Creator.

2. *Individual Freedom and Conscience*

The loss of objective truth leads to an obsessive focus on individual freedom, where " the only value to be respected would be the complete freedom of choice of each individual, depending on his own private opinions. " Legislation becomes suspect because it appears to limit individual freedom. But there is no such thing as a " neutral " law when it comes to life and death. In fact, " wherever the decisive criterion for recognizing rights becomes that of the majority, wherever the right to express one's freedom can prevail over the right of a voiceless minority, *might has become the criterion of right* " [Address to the Extraordinary Consistory by His Eminence Joseph Cardinal Ratzinger] This is the ugly reality about abortion and euthanasia. We are bigger than unborn babies and more powerful than the weak and dying. The principle of " Might makes right, " one which free peoples abhor in all other areas of social justice, is tragically accepted in the area of human life

Individual freedom has also affected the concept and practice of conscience. Conscience now becomes

linked only with the goodness of the subjective intention. Concrete actions depend for their moral qualification on the self-understanding of the individual, which is always culturally and circumstantially determined. In this way, conscience becomes nothing but subjectivity elevated to being the ultimate criterion of action. [Cardinal Ratzinger]

We are in disperate need of a return to the " classical conception of the moral conscience. " " In this conception, which belongs to the entire Christian tradition, conscience is the capacity to be open to the call of truth that is objective, universal, and the same for all who can and must seek it " [Cardinal Ratzinger]

In my judgment, this is why Pope John Paul II, in his letter to the world's bishops following the Consistory, said, " However serious and disturbing the phenomenon of the widespread destruction of so many human lives, either in the womb or in old age, no less serious and disturbing is the blunting of the moral sensitivity of people's *consciences*. "

The disintegrating sense of conscience and the distorted belief that there can be a distinction between private morality and public action were two of the most important themes at the Consistory. It became clear that the loss of a sense of objective truth causes particular problems in the health care field.

In such a climate no one can claim an absolute right to life, for every right becomes relative. The state is mightier than any individual, hence can declare any individual, such as a preborn baby, to be a " nonperson " with no rights

The state can determine that an individual's quality of life no longer merits defense by the state and hence, can be extinguished by euthanasia or legalized suicide Morality is determined by majority vote. It is coming to be presumed by some that for the infirm, the aged, the helpless to remove themselves as burdens upon their families or upon society at large is not only morally licit but morally *obligatory*. Young women who are pregnant are led to believe that they have not only the right, but the obligation, to themselves, to their families, to an already overburdened society to abort their preborn babies. Thy are told they have no " right " to impose babies on society.

In order to break the " vicious circle " of poorly formed individual consciences being led into error by law and civil ordinances which authorize putting innocent people to death, the Holy Father reminds us that

" It seems more urgent than ever that we should forcefully reaffirm our common teaching, based on Sacred Scripture and Tradition, with regard to the inviolability of innocent human life. " [Letter, 19 May 1991]

3. *Beginning of Existence and Quality of Life*

Ignorance remains one of the prime reasons for abortion. A great many people simply do not understand that human life begins at conception. Moreover, they have been deluged with propaganda and have become completely confused. Powerful and wealthy organizations convince them that the destruction of the " fetus " is a radically different thing from destroying a baby, or at least less of an " evil "than bringing an " unwanted " baby into the world. At the same time, studies demonstrate clearly that, once properly educated about the real meaning of abortion, the majority of people reject it except under restricted circumstances, despite all the propaganda to the contrary. A significant number reject abortion under *all* circumstances.

The need for education about when life begins is critical, particularly in light of the development, production, and use of the pill RU 486, which may render irrelevant all arguments about hominization, viability of the unborn, and in which trimester an abortion may be performed for which reasons. The overwhelming number of abortions will take place secretly, unknown except to the women who bring them about by the use

of RU 486, unless we can influence them to recognize that every procured abortion, under every circumstance, no matter how it is brought about, is a grave evil—in the words of Vatican II, an " abdominable crime. "

We must reemphasize our belief that:

" From the time that the ovum is fertilized, a new life is begun which is neither that of the father nor of the mother; it is, rather, the life of a new human being with his own growth.... The human being is to be respected and treated as a person from the moment of conception; and therefore, from the same moment his rights as a person must be recognized, among which in the first place is the inviolable right of every innocent human being to life " (*Donum vitae*, 1.1)

Similarly, there is a growing tendency to measure the " quality of life " of those who are old, terminally ill, disabled, or in a persistent vegetative state. And the will to be god, which we spoke of earlier, engenders in some a belief that they can determine whether a particular individual should live or die. Subjective measuring of a person's " usefulness, " " independence " or " cognizance " is used even to make decisions about providing individuals with food and water.

4. *Complicity of the Mass Media*

Studies have suggested that at least 85% of the press support abortion rights, and many news reports and editorials make that very clear. Moreover, it is exceedingly difficult to tell the pro-life story through the newspapers, magazines, radio, or television; such efforts are simply rebuffed. In addition, the media, at least in the United States, focus almost exclusively on the concept of " compassion " in stories about euthanasia and assisted-suicide. Our concept of " stewardship " over life is alien to them; through their stories, absolute personal autonomy in seen as a natural right.

5. *Perversion of the Medical Profession*

Many medical doctors, once consecrated to life, now make fortunes on death through abortion. And despite recent reports of doctors who, during abortions, have injured women or severed limbs of unborn children —who survived— there has yet to be an outcry from the medical profession.

Although only time will tell whether euthanasia and physician-assisted suicide will also become big and lucrative businesses, there are indications that such may be the case. In two highly publicized cases in the United States, physicians assisted patients in suicide, and news reports indicate that many other doctors admit to doing the same secretly. One doctor wrote in a medical journal of actually administering a lethal dose of a drug to a dying woman to end her suffering. Another doctor has invented a " suicide machine. " This is a new dimension of the public debate because it shows a breakdown in the ethical responsibility of physicians to sustain life and to cure or care for the patient. We are indeed developing a consistent ethic of death.

6. *The Division Between the Living and the Dead*

The divisions in our world —divisions caused by drug abuse, violence, fear, politics, poverty, and sin—can all be healed. Each party can be given a second chance. There can be opportunity for discussion, debate, mutual exchanges of views, even compromise. But the division between the living and the dead cannot he healed. That's the division brought about by abortion and euthanasia. The dead cannot discuss or debate or exchange views with the living who are putting them to death. The dead cannot compromise.

This is why, I suggest, the world is not really divided into pro-life advocates and abortion advocates, but between abortion advocates and *the aborted*, who cannot speak, cannot compromise. The same will be true of victims of euthanasia.

7. *The Potential Power of Suffering*

One final point I wish to make is the question of suffering. In western society, with ready availability of drugs, alchohol, and other palliatives, suffering is generally seen as evil. We have not always done a good job of helping our people understand the great potential of uniting their sufferings with those of Christ on the Cross. Not everyone appreciates the mystery that the human person takes on new significance in light of the Incarnation, or that the meaning of human personhood becomes clear only in view of Christ's existence and continuing presence in the world.

Conclusions

A significant portion of the consistory was spent discussing those things which have been or are being done to protect and enhance human life around the world. I am personally very proud of the efforts being made, not only by the bishops of the world, but by the millions of faithful and devoted lay persons who sacrifice so much on behalf of the precious gift of life.

I ask that all of you who minister to health care workers be conscious not only of the sacredness of the lives of those served by them, but of the health care workers themselves, who carry an especially heavy burden at this point in our history. At the same time, I suggest that those in the health care field be challenged to " perceive the clear distinction between good and evil in matters concerning the fundamental value of life. " [Letter of Pope John Paul II, 19 May 1991]

Without question, however, the most articulate and courageous champion of the human person is our Holy Father, whose writings about the sacredness and dignity of every individual because he is made in the image and likeness of Almighty God would serve as a perfect blueprint for efforts in this area. In addition, the Holy Father's numerous visits around the world have provided the most visible example of the Church's unwavering commitment to all human life. Because of this commitment and his personal wisdom Pope John Paul II called the Extraodinary Consistory. I believe the fruits of this labor will be vast.

I return, again, to one of the most important themes of the Extraordinary Consistory: " The ultimate root of hatred for human life, of all attacks on human life, is the loss of God. Where God disappears, the absolute dignity of human life disappears as well. " [Cardinal Ratzinger]

Perhaps our greatest assistance to health care workers would be to serve as a constant reminder that the Authorship of all life belongs to God alone. We are privileged to care for His most wondrous creation, the human person, and we do so with the knowledge that the breath of life is God's to give and His alone to take away.

We must recall " with wonder the marvels of the Creator towards his creation, the marvels of the Redeemer towards those he came to meet and save. " We must remind oursevles that " receptivity to the Spirit entails a generous availability to other people and thus a receptivity toward every human life from the first moment of its existence until the time of death " [Cardinal Ratzinger]

JOHN Cardinal O'CONNOR
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Believers' Response to the Extraordinary Consistory's Document on the Defense of Life

Allow me to begin in an old-fashioned way: " Peto veniam " For I must, above all, apologize, Your Eminence, because after the words pronounced yesterday by your benevolence, I can only let you down today in taking the floor. But, certain of your willingness to pardon, I shall begin.

To present the response of believers to the Extraordinary Consistory's request for the defense of life, yesterday I discovered what the best presentation was—the one we were shown by Archbishop De Souza of Cotonou, who conveyed to us his concern because in his country, Benin, there is a tribe that still wants to suppress abnormal children at birth, and that deviation, which claims to be cultural, constituted a major difficulty for his country. While listening to Archbishop De Souza, I reflected that Benin was a fortunate country, since there was only one tribe wanting to kill its children, for, in the western world, this rich and powerful world, which possesses all modern technology, it is not a small tribe which kills its children, but whole nations which sacrifice their very lives.

It can, in effect, be said, and without twisting words, that in Western Europe and North America today it is impossible for a Catholic physician determined to be faithful to the teaching of the Magisterium on respect for life and daring to say so, it is impossible, I repeat, to be appointed professor of embryology, genetics, or obstetrics. And we can already state with certainty that the next generation of students of those three disciplines will not have a single Hippocratic professor, a single Christian professor.

But that retrocession will not remain isolated to those three tribes—embryology, genetics, and obstetrics—no: the specter of euthanasia is beginning to threaten the world—and I say " specter " because that way of eliminating those who are in the way, when it has reached a volume much greater than what we were saying a moment ago, bears a terrible name in history which looks like a spelling mistake, but is only a historical error. It is written with letters of blood: EUTANAZI—n, a, z, i. It is appropriate for the Christian people to recall the letters with which those words have been written I was saying before that such a tribal retrocession will spread throughout medicine, for euthanasia will touch all disciplines, all specialties, and in less than fifteen years at medical schools and law schools—I don't know about theological schools—there will no longer be a specialist who can be appointed if he respects life because he will be described as incapable of responding to society's new needs.

I do not at all think that, in sketching out this picture, I am drawing a caricature of reality; I do not at all feel that I am giving the opinion of a moralist, but that I am going exactly by the facts as they are. And this return to barbarism, this attempt at eliminating universal morality—that is, Catholic morality—is, we must say, absolutely logical. I would give the impression of the physiologist I am in saying that one gets the feeling that those conducting such campaigns have discovered a kind of experimental metaphysical theorem, a very simple theorem, which states that the supernatural virtues can develop only in the precious soil of the natural virtues

And we thus see that those who do not wish to recognize a God and Savior propose the destruction of the natural virtues as protection of the humble in the face of and against everyone, as help for the weak—whatever the pain burdening them may be—because they are sure that, if those two natural virtues are destroyed, no supernatural virtue will grow any longer on that sterilized ground.

In a word, those wanting to attack the Son of Man have understood that it is necessary to attack the sons of men. This is the wager of today's world, and, as a geneticist, I have the impression that in all justice the Concistory dealing with this question has been described as " extraordinary. " But now, how can we act? How can we act in regard to relatives and patients, our scientific colleagues, physicians, health workers, and society in general? This is the question I would like to consider briefly with you, a practical question, with no theoretical moralism whatsoever—but what can we do?

First of all, parents and patients. I shall speak particularly about those I know, still young, badly received, poorly loved, malformed, the ones who reach the threshold of existence with a more or less fearful defect and are in a certain sense the batallion of unfortunates who are allowed to go forward so as to make people think it is humane to suppress those who suffer. What can we say to parents? Above all, I think we can listen to them and that they have a great deal to say to us And if you will allow me, I shall relate to you three utterly true stories.

The first occurred twenty-five years ago. For several years I had been treating a boy named Paul who was a trisomy 21 case His mother, well informed, said to me one day, " It will soon be possible to examine the chromosomes of a child when he is still in his mother's womb. When I get pregnant—may be next year or in two years' time—will you conduct that examination to tranquillize me, so that I will be sure my next child will not be born infirm, like Paul? "

Amniocentesis was still not being done—there was talk of it, but the technology was not yet ready. The technology of amniocentesis had been created to save children

Sir Liley had invented it to help children affected by feto-maternal incompatibility and be able, in cases of Rhesus incompatibility, to assist them with an in utero transfusion. And I can state—for I have known Sir Liley well and admired him greatly—that he invented amniocentesis to help children. I can state that this man was a natural powerhouse, with a woodcutter's hands and a watchmaker's precision; it was marvelous to see that strength introducing, under echographic control, a tiny tube inside the fetus' peritoneal cavity, while continuing to talk with the mother, who was under only minimal local anaesthesia, just enough to introduce the needle; he would effect the in utero transfusion into a little being who was then twenty centimeters long, at most. That technique was available, therefore, and, and that mother asked me, " Will you assure me? " And so we spoke for almost an hour, until I told her, " Of course, the risk is small that he will be born affected, and, once the examination has been done, we shall certainly toast with a glass of champagne, and you will rest assured for the remainder of the pregnancy period " " Yes, that's true: a 90% and as high as 98% probability. But—what if the child is impaired? What should I do? Do I have to disclose it to send him to death? I cannot do such a thing But am I going to lie, telling her he's normal, when I've seen that he's ill? I cannot do so Som after the examination, only two possibilities remain: either the child is normal or the child is sick and is then killed—that kind of examination is not the work of a physician "

When the mother left, she was quite tense and told me, " I understand your reasons as a doctor, but I trusted you, and you refuse to help me " She went off with those words and a very tough look. But she opened the door again and, putting her head in, gazed at me with a glance that only a mother can direct at a doctor and said, " But if you had agreed to perform the examination on little Paul, whom you have been looking after for four years, I would not have brought him to you. " And she closed the door She had said everything... She had said everything, for it is true that if we refuse to carry out amniocentesis, in a certain sense we seem to be refusing to share in a mother's anxiety; but she also knew she could not entrust to the same man the life of a wished-for child and the accusation, denunciation, and eventual execution of a child she no longer wanted.

It sometimes happens that the embryo's development is deeply disturbed and the placement of being around that sort of axis which is the central nervous system is not effected completely; that nerve tube does not stop precisely at the caudal extremity and the cephalic extremity, producing the bifid spine, when not stopping below, or anencephalia, the absence of the brain, if the closure does not reach as far as the anterior part of the being.

About two years ago, more or less, I received a young mother who was bearing an anencephalic child in her womb She was in the fourth month of gestation, and you know that, with methods resembling those of the sonar used to discover submarines during the war, by echography we can today study a virtual portrait of the child; and that mother brought me the results, which in effect showed that the little one was well formed in his body as a whole, but lacked a cerebral cap; his cortex was not formed; he was anencephalic She said, " I am a Christian, and I have been told to kill the child because he can't live anyway. What should I do? " I had a long discussion with that mother. First we made a diagnosis to be sure that it was true. And it was: the child had no brain, and we had no means, even at the age of four months, to help him begin again the embryonic development he had not produced He would definitely not survive, but just as definitely the child's life did not endanger the mother's. For her, it was no more dangerous at all than any other pregnancy, and, moreover, the child continued to develop normally insofar as the defect permitted and would not suffer anything, in that term's meaning of pain. We as technicians could do nothing for him And the mother arrived at this conclusion: " If I understand rightly, doctor, I am the only person who can give him the four or five months of life which nature allows him—is that right?" " Yes, madam, that's right. Nature has given him more or less the time he lives in your uterus, and only you can grant it to him. "

I saw that woman again two years later. She came to announce to me the birth of a completely normal daughter. And she wanted to tell me something which she stated at once: " I have come back because I want to tell you that I now know I did what I had to do. The last four months of my previous pregnancy were quite sad, for I knew I would lose the child. He was born anencephalic and died at once. Now, when I look at his little sister, I no longer do so with sad eyes: I know I gave my first child all a mother could give him and no one in the world could give him more. "

You may think I am exceeding the normal reserve of a scientist and speaking to you about medicine more with a mother's heart, making a mother's heart speak, rather than using purely rational intelligence; but in these matters the heart probably knows much more than reason And I have learned it thanks to another mother. She brought me a child with trisomy 21, and I deal with such children, above all. He was pale and displayed ecchymosis under his skin; he was clearly suffering from leukemia and in a poor state. After examining him, my colleagues called me because the

mother refused to hospitalize the child. I examined him and saw what my colleagues had seen and said to the mother, " Madam, it is necessary for your child to remain here because he's got to receive a transfusion at once. The truth is that he's really ill. " The mother looked at me and replied in a way which left me quite chilled: " What's your name? " It was something which had never happened to me at a hospital. I told her my name, and she responded, " In that case, I'll leave you my son, because I know that you, at least, will not kill him on purpose. " It is terrifying. I am not making this up—this is the point we have gotten to. A mother who asks a doctor his name to know if he will really place himself at the service of her son or constitute himself as the judge of his life or his death. Here we realize the terrible collapse of our society and the profound distrust opening like a chasm between the patient and the doctor. I feel, then—to respond somehow to what Your Eminence was just saying—that if all the Catholic institutions were to write above their doors these words: " No Killing Done Here, " many mix-ups would be eliminated; many parents would know what to abide by—and not just parents of children, but the relatives of patients of all ages, including the elderly. I don't know how that phrase should be written. But I remember that when I was a young medical student, the Augustinian Nuns wrote on the façades of their houses, in golden letters set in stone: *Dice Christiane sine discretione exhibere hospitalitatem*. I believe we ought to show respect for life without discretion. But now—what language are we to use with our colleagues? Completely different! Our colleagues are not directly involved with the patient's suffering, with the suffering of the family, with the anguish. And this is, I believe, the reasoning which can enable us, perhaps not to convince them, but certainly to help them to see more clearly. They know. There is not a single abortionist in the world who does not know that the human being begins at the moment of fertilization. They know! And when they teach biology to their students, they teach this. But the problem begins when they draw the practical conclusions: if I say that life begins at conception, I am saying that there is a human being present; I must respect him, but I don't want to do so; and then I start to invent a " gray period " which is uncertain, wherein no one can say what that is—i.e., something between a dog and a wolf. Well, we definitely have the technical possibility for demonstration on the codified molecules, on the DNA, on that *logos spermatikós*, since it is a question of this today: *the logos in the sperm*. But I don't think this is very necessary or very convincing, at least for my medical colleagues, for—I repeat—they all know quite well, but would prefer not to know. But perhaps we could shift into reverse and say to them, " You reject these premises because you are afraid to be locked in by them; but if you fail to accept them, you are going to get yourselves locked into an even more serious contradiction. "

A simple example is the British law. I recall, Your Eminence, having spoken in this very hall several days before the House of Lords voted on that law, and I remember having said that I dared to hope that the Lords would be wise enough to know that British children begin at conception. But it was not that way. The current law in Britain stipulates that until fourteen days have passed there is no human being and that the human being does not begin until after the end of the second week. This permits every subject of Her Gracious British Majesty to be submitted to vivisection during the first fourteen days of life—that is why the law was made, to be able to experiment on fresh human material. This law is supremely interesting to observe. Let us suppose the law is right—just imagine for an instant..... A British law is not valid until it receives " the Royal Assent, " until it is signed by the Queen, and by a legitimate Queen—which is what the Queen of England did. But there is a particularity here: if the law states the truth, the Queen of England had no right to sign such a law, for if the law states the truth, the Queen herself was for fourteen days a nonhuman living being—that is, an animal. The genealogical line of the English throne has thus been interrupted in each generation for fourteen days. If the law states the truth! But if the law states the truth, it also affirms that what is true for the Queen of England is equally true for all her subjects and, therefore, for all the Members of Parliament, including the Lords, who were simple animals for fourteen days—and I must add that, for the geneticist, if that law is stating the truth, it is the greatest immorality to place in the hands of old animals the destinies of a noble nation. It is evident that this law is saying something false. The Queen of England was conceived as human from the moment of her conception—no one can doubt it. I don't think that in saying this I am making a Chesterton like jest. One would have to be Chesterton to say it in an irresistible way. But I am in fact using the true argument: those wanting to rule the world in spite of the laws of nature can try to do so, but it is necessary for them to see what they are getting into, the aporia they are definitively locked into. Furthermore, I don't think I am exaggerating at all, for that law has created an Authority, an Embryology Authority, conceived to provide Guidelines to all the doctors in the United Kingdom, and among the uses of those very young embryos described by the law as nonhuman, there is a revealing phrase: It is prohibited to implant " in a nonhuman animal, " whose proper English meaning is that if there exist " nonhuman animals, " there also exist " human animals, " and that men are no more than animals. And I think that the drafter, who did not realize what he was doing, had revealed simply and correctly the logic of this law: it cannot be conceived of except in the event that men are no more than animals. And I cannot believe that our British friends have brutally changed species and that a Parliamentary vote has been able to turn them into animals. But can we see that humanity? You are familiar with the old question in the Middle Ages: I see the horse, but not " horseness. " Today we are at the opposite pole. The theoreticians know perfectly well what humanity is, but they do not want to see each man. For in the fertilized ovule which will feverishly divide, that little one-and-a-half millimeter sphere, when it arrives at four or eight cells, it is already possible—and this has now been done (I am sorry such experiments have been carried out, for they show great contempt for the little being, but they have now been performed, and precisely in England, thanks to that law)—and M. Monk has demonstrated that in an embryo with only eight cells he was able to remove just one cell, considerably amplify the genetic message through the PCR method, and read by way of appropriate probes: Is it a boy? Is it a girl? Yes or no? The answer is quite simple. Does it have this illness? By using a certain special probe capable of discovering a typographical error in the immense message, which is over six times as long as the Encyclopaedia Britannica? Yes, it is possible! Starting from a single cell... . And, as that separation has not killed the embryo, he repairs his loss and can survive. And there one is left stupefied, I must say, on seeing that technological power and that wonderful resistance of the new life, which will be able to repair the loss inflicted upon

it—one is left stupefied at the incredible myopia of the specialist. He prepares a technique enabling him to discover an error involving one single base on DNA, one single spelling mistake; he sees it and, on the other hand, does not see the humanity of his child.

This is the modern contradiction, which is not a vice in intelligence, but utterly a decision of passion which rejects the evidence so as not to be bound by that evidence, which refuses to recognize the being, out of fear of being forced to respect his dignity as a consequence.

I have almost finished, Your Eminence, but would like to say a few words more. A comment on use, for we are led to believe that it is very useful to take nerve cells from a fetus to graft them into the brain of a patient suffering from Parkinson's disease; and we are led to believe that this extremely refined form of cannibalism against the child to repair someone who can no longer stay on his feet represents medical progress and a kind of justification for the elimination of so many children, as spare parts are recovered from them to restore their elders. Well, all the propaganda that has been used on this operation and which has nearly convinced the British Parliament to accept that law, which is utterly senseless, has been constructed deliberately; it suffices to read M. Clough's article (*Lancet*, 337, 1312-1321, 1991), which has brought together all known observations and shows that this technology has not cured anyone until now and that no one can say it is even promising, but was simply the example thanks to which people could be led to believe that it is alright to kill the smallest to obtain spare parts from them to restore the old. And here we are faced with a perversion of information—I do not know if it is deliberate; I do not know if there is a conductor of the orchestra in all this chaos; and if he existed, I would know his name: he would certainly be called " Legion, " and nothing else.

And when our contemporaries are repeatedly told that there will be " manipulation " of embryos, that this is necessary for the progress of science, that nothing new can be invented unless we have that right over life and death, I think we are witnessing a terrible perversion and that such a perversion rests upon an attempt at ternary reasoning we are all quite familiar with which is diversion, inversion, perversion. Diversion: you will be told, " Don't look at the one who will disappear; look, rather, at all he would have cost society and all that will be saved by his disappearance. " There follows inversion: " Look at all the good that could be done with all the effort that would be used for him, all the money spent on him. " And at that moment perversion appears: " It is necessary for the Innocent One to be sacrificed! " This ternary reasoning was previously used in connection with a certain alabaster jar that was quite expensive and contained a precious perfume. Then as well it could have been sold; then as well so many things could have been done with that money; and then as well the conclusion was reached to sacrifice the " Innocent One. " This reasoning by Judas is exactly the reasoning which all the mass media present to bring about acceptance, to try to bring our populations to accept this: " It is innocence itself which you must condemn. " I might be an excellent thing for us to try to explain this to society. It could also be explained that there are other roads to research and progress—but I think I have now exceeded the time granted me to speak. Your Eminence, it is best for me to stop here. We may simply be able to put together a network of doctors who respect the teaching of the Magisterium. I don't know how it could be done, but the first stage strikes me as evident: it would be necessary, at least in a city and in a country, and even in all cities, for each doctor who is willing to respect individually the teaching of the Magisterium, each nurse, each person dealing with health care, each of the " good sisters " (for religious women have this marvellous aspect of being the only ones to bear the adjective " good "—a surprising privilege!), for all of these good people to know one another in a city, for those respecting life to know that " in such-and-such a case, I would send the patient to this person. " It is very surprising to see that in my profession I receive requests every day like " Professor, can you give me the name of a doctor who is not an abortionist? " " Can you mention to me someone who does not do such-and-such a thing reproved by morality? " Formerly it was enough to say, " But if he's a doctor! He has taken the Oath of Hippocrates; he has said, 'I will exercise my art in innocence and purity'; he has sworn, 'I will not give poison, even if asked to, not will I suggest its use, nor will I give an abortifacient to a woman.' "

It sufficed to say, " That doctor is a Hippocratic doctor. " The law of Hippocrates, the Oath of Hippocrates, was given to mankind 400 years before the coming of Our Lord, but this man—I am referring to Hippocrates—possessed such insight, such deep intuition, such exact knowledge, and such an upright intention that in two sentences he defined what civilization rested upon in terms of respect for life; and he in some measure provided the natural virtue to which I referred at the outset, which is the indispensable ground on which supernatural virtue can, in short, proliferate.

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The Church in Eastern Europe: Pastoral Care in Health and the Task of Reconstruction

On the eightieth birthday of the Supreme Pontiff Pius XI, at an audience given to the students of the College for the Propaganda of the Faith in 1937, the Holy Father said to us: " I am sorry, my dear young people, that I am not young like you, so that I could bear witness to the faith through suffering and martyrdom. That is what is in your future ". It was the year when Pius XI published two works of light: *Divini Redemptoris* against atheistic communism, and *Mit Brennender Sorge* against racism.

In conjunction with guiding Catholic doctrine in those dark days, these two encyclicals were a premiss for my Church. Together with indelible faith and with the help of great figures of true culture, they constituted the authentic cornerstones of the resistance of the Church united with Rome

The persecution was unleashed in 1948. It hit the priests with great violence and there existed the fear of being deported to Siberia. In those days fear was deeply felt. This fear produced discussions within the families belonging to the parish. All this had a number of effects. The sheer force of the persecution produced a very negative effect on the part of the bishops, most of the priests, all the nuns, and all the lay faithful who for years had not wanted to enter the churches that the state had made over to the Orthodox Church

The second effect was a loss of hope and under the burden of this feeling some people passed over to the Orthodox Church For those who resisted there followed arrest, and for these there began a chapter in their lives whereby they were in the hands of men without God, men who believed themselves all-powerful, men who believed that they had the right to do anything that they wanted with people who thought differently to them.

God, however, never abandons. We did not have any human help, but God was not absent The persecutors were without God, we were without men, without human help, but not without God, not without divine help In order to understand the situation which had arisen as a consequence of this persecution it is necessary to consider the attitude of Christ towards the human being in a state of suffering The Lord came in order to save man But during his life he helped those that he met and who needed to be cured and to have light placed in their eyes. The high point of his compassion is to be found in the parable of the Good Samaritan

The treatment of those who had been arrested was extremely severe from a human point of view, and involved an absence of medical care. In order to demonstrate this statement one needs only to remember that three bishops of our Church died in prison at an age of between 47 and 51 without any medical assistance whatsoever As an example of the total lack of medicines, I remember the case of a place in the prison where about fifty people suffered from very severe diarrhoea which then developed into various kinds of intestinal afflictions. I myself was carried into that room, which was called the room of death because men fell gravely ill and then died one by one. For six weeks no medicines were given. When someone was dying, I first of all recited prayers and offered a meditation, and only then did we announce that he was dead and carry him out of the room of death To tell the truth, after six weeks those that were still alive were given some medicines

But as I have already said, although human help was absent, divine help was present. I can state that men received death in a supernatural way and with a wonderful tranquility of the soul.

They offered up their suffering and the last act of their life for the triumph of the Church of God, for the good of the country and the Church and for union with men the world over

Now, following what has happened, namely the collapse of communism, the Church is taking up the cause of a new Evangelization, as has been seen in the European Synod. I will seek to show how an apostolate can be undertaken in my country in the full sense of the term My country is very backward from an educational, medical, and economic point of view, and this apostolate should involve the opportunity to help the human person in his spiritual and physical suffering. The fall of communism is a reality, but the consequences are still everywhere to be felt. They are present in economic life and in the life of young people who have never received a religious education For these reasons, renewal is very difficult

The new Evangelization is, therefore, a fundamental problem.

In order to succeed we must have before us the personality of Christ and the spirit with which he worked to help man and to fulfill the task for which he was sent into the world

One area which needs to be considered with regard to the new Evangelization is the following: in the years 1945-8, as a dean for fifty priests, having observed the human misery which existed after the war and witnessed the communist terror which took place, because many many people had fallen ill and were unable to receive medical treatment or care, I began every Sunday to pay a pastoral visit to one village or another. I did this accompanied by a medical doctor. After an act of devotion in the local church with all the faithful, I visited those who were ill together with this doctor. He examined and treated them without accepting any payment and the day after sent them appropriate medicines free of charge This had an extraordinarily favourable effect with regard to attitudes towards religion, with part of the people concluding that the Church wanted to alleviate this suffering both physically and spiritually. In those days we strengthened this bond and we are doing the same today.

Blaj was the centre of the spiritual life of the Catholic Romanians, but it has not been so from the religious and pastoral point of view for the last forty-three years Now, however, everybody is expecting miracles. One thing is certain: health care conditions leave much to be desired and do not correspond to the needs of human suffering. However, it is precisely in this area that the apostolate is to be undertaken We have begun to act with young people, with the young laity, with women, with the seminarians, and

so forth, but we can do very little with regard to pastoral care for the sick.

Thinking of the life of Christ and his human and divine apostolate, a great impetus towards the carrying out of the new Evangelization would be given by the foundation at Blaj (in which everybody has great hope) of a large hospital equipped with all the sections necessary for the care of the sick, a pediatric department, and an out-patients' department. Such an initiative would not only be very suitable but would also amount almost to a miracle.

In the present conditions of inflation and unemployment, which threaten to have a truly explosive impact, the number of those who can neither pay a doctor nor afford medicines grows every day. After waiting outside the dispensaries for many, many hours because there are so few of them, neither medicines nor equipment can be met with. There is only a general practitioner with a stethoscope who offers the sole service of measuring blood pressure

At Blaj, for example, there is a small hospital. But it lacks the minimal equipment. It has a small number of beds with which to deal with the large number of patients. And these patients are many in number because a hospital with better equipment is over eighty kilometres away, which is too far away to be reached. In my country a system of social security does not exist. Drugs and medicines, if they exist, can usually only be obtained at very high prices, and, generally speaking they must be paid for even if the person has been admitted to hospital Nothing is done to prevent illness because of the difficulties placed in the way of consulting a doctor. Only the very ill manage to see a doctor.

Doctors are badly paid and for this reason cases of corruption are not rare. Health care in my country takes place in very poor conditions; there are very great practical difficulties, not least with regard to accommodation, hygiene, heating, the provision of food, and so forth.

Given that both Vatican II and international institutions must ensure that human life is truly human; given that Vatican II dedicates itself to the ill and praises those members of religious orders who offer their lives to the service of the Lord through serving the ill; given the importance of caring for the ill, the disabled, and the elderly who lack support, it may be observed that within the context of the true apostolate the great mission of His Eminence Cardinal Fiorenzo Angelini and the Pontifical Council for Pastoral Assistance to Health Care Workers can be fully understood.

To work for man after the fall of communism, both from the point of view of physical suffering, and with regard to the spiritual attempt to save his soul, means carrying the Good Samaritan to each sick person. In working for the new Evangelization all over the world, throughout Europe, in the spirit I have outlined above, members of religious orders, doctors, men and women, both young and old, will hear the words of Christ at his second coming with great joy:

" Come, you that have received a blessing from my Father, take possession of the kingdom which has been prepared for you since the foundation of the world For I was hungry, and you gave me food, thirsty, and you gave me drink; I was a stranger, and you brought me home, naked, and you clothed me, sick, and you cared for me, a prisoner, and you came to me. Whereupon the just will answer, ' Lord, when was it that we saw thee hungry, and fed thee, or thirsty, and gave thee drink? When was it that we saw thee a stranger, and brought thee home, or naked, and clothed thee? When was it that we saw thee sick or in prison and came to thee? ' And the King will answer them, ' Believe me when you did it to one of the least of my brethren here, you did it to me ' " (*Mt* 25:34-40)

ALEXANDRU Cardinal TODEA
President of the Romanian Bishops' Conference

The Healthcare Ministry and Ecumenical Dialogue

Your Eminence, your Eminences, reverend priests, members of religious orders, ladies and gentlemen: I am first and foremost grateful and obliged to His Eminence Cardinal Angelini for his having called upon me to be a part of the Pontifical Council for Pastoral Assistance to Health Care Workers and for his invitation to take part in this meeting

1. The Situation of the Catholic Church in Russia

In wanting to talk to you about certain particular aspects of work in the health field and pastoral care for the sick in my country, I find that it is necessary to begin with certain reflections upon the condition and circumstance of the Catholic Church in Russia.

Holy Russia is known throughout the world for the Orthodox Church and its sacred eastern tradition. At one time, before the 1917 Revolution, the Catholic Church was flourishing. One need only recall that in Russia at that time there were about one hundred and fifty churches and over five hundred thousand believers Nearly the whole of Russia was under the authority of the Archbishop of Moghilev. The seat of this archbishopric had been at one time the capital of the Empire, St. Petersburg The German Catholics had a diocese whose capital was the city of Saratov on the Volga. St. Petersburg and Saratov had two important seminaries and in the capital there was also the ecclesiastical academy. There were also many religious orders in the Catholic schools. For example, in St. Petersburg there were about seventy such schools, and in Moscow there were about thirty. Within these schools was to be numbered a medical school.

In addition, movements and associations were created which acted within the orbit of hospitals and engaged in care for the sick.

Some hospitals came into existence which came to be called parish hospitals.

It should not be forgotten that in Russian territory there have worked a number of saintly figures: St. Raphael Kalinowski, the Blessed George Mutulaitis-Matulevic, the Blessed Mother Lament apostle of the union of Christians, the Blessed Ledokowska apostle of mercy and care for the suffering, and many, many others.

With the advent of Communism, over seventy years ago, a long season of heavy spiritual and material difficulties came into being. In practice, all the churches, monasteries, Catholic schools and hospitals were closed. The bishops and priests were deported to camps in Siberia Many of them, subjected to heavy trials, died After the Second World War, only two churches remained open—one in Leningrad and the other in Moscow.

When the Holy Father, last year, appointed me Apostolic Administrator for the Catholics of the Latin Rite in European Russia, there were only six churches registered in the territory, and only six priests were to be counted At the present moment twenty-nine parishes are in existence and a further fifteen are being brought into being. The number of priests has increased to twenty and many of these come from other European countries.

Caritas has been officially set up and the task of this organization is to help the poor and care for the sick.

We are witnessing a veritable rebirth of the Church, even though many great difficulties remain. Prominent amongst these is the process of regaining former ecclesiastical buildings On this point the civil and administrative authorities put up a certain resistance. A similar situation exists in the other republics, although it should be observed that in Lithuania and Latvia matters are rather better. In these two countries bishops and seminaries remained, more churches were kept open, and for this reason pastoral care for the sick was much more feasible

2. Pastoral Care for the Sick in Lithuania and Bielorussia (where I have worked) and in Russia (where I presently work)

Given what I have described above, it is evident that the conditions are not favourable for the Church to engage in pastoral care for the sick Such care was possible, but in circumstances of a certain difficulty, in the case of confessions or the dying. In the villages it was easier to provide sick people with spiritual care, above all if one was dealing with believers.

In such a context there was an opportunity to hear the confession of believers who had taken part in the sacrement of penitence for a long time. The faithful encountered difficulties but tried to put themselves in contact with their priest As a result of this pastoral activity more than a little was achieved: many people had an opportunity to return to the faith, put their marital situation in order, draw near to the sacraments, come into contact with God, and so forth I, myself, on one occasion, during the course of one of these visits, heard the confession for the first time of two elderly ladies of over seventy who had previously been in Siberia.

In Lithuania it was easier to perform this pastoral service for the sick. The same may be said with regard to visiting patients in hospitals and prisoners in the prisons. In the hospitals we usually went dressed in lay clothing because both the patients and the doctors took alarm at the visit of a priest

These visits to sick people often had interesting pastoral results. I remember that on one occasion a priest who worked with me in the parish went to pay a visit on a person who was ill and on his return told me about the following episode A man was about to be operated on but refused to let the operation go ahead without first confessing to by a priest. People spoke about this event for a long time and it was responsible for many people returning to the faith.

Pastoral care of the hospitalized sick undoubtedly contains an ecumenical dimension. It often happens that if a Catholic priest is called the patients of the Orthodox faith also ask to be confessed. In the same way, the ill person, whether he is Catholic or not, is drawn near to I believe that this represents a practical expression of ecumenism

In Bielorussia, when times were very hard, every form of pastoral care in the hospitals was obstructed and impeded. The priests could get near to the patients and help them only if they wore lay clothing. In such a case the patients went out into the street, and in the street or in a car the patient then received confession. We should now thank God that times are changing. In Bielorussia, recently, special liturgies have been organized for sick people to be held in church or in people's homes, the latter being especially the case in the villages. This constitutes a very important opportunity for sick people to draw near the churches and the sacraments, just as it is a happy occasion for other people to take part in these liturgies.

A very great help is given to this opportunity for pastoral care for the sick by those who come from Western Europe. The social and economic difficulties which we are now experiencing affect everyone, Catholic, Orthodox and non-believer alike. For this reason the Church does not only want to act for herself, but in full co-operation with the Orthodox Church. Once again we can observe a providential aspect to ecumenical action.

Last year the Holy Father, acting through Cardinal Angelini, gave an ambulance, fitted out with the necessary apparatus for testing for AIDS, to Grodno in Bielorussia. When I gave this ambulance to the hospital, many people had gathered around the church. The Press, the radio and the television gave coverage to the event, and it was reported that whereas the ambulance was to be used to treat AIDS of the body, the Church was to treat AIDS of the spirit. The diocesan Caritas of Spyer in Germany has given much medical equipment for the maternity department in Grodno in Bielorussia. The delivery of this equipment and the blessing of the department was a great lesson in evangelization.

The well-known facts of Chernobyl of 1986 have been a tragedy for Bielorussia, the Ukraine, and Russia. In recent years the Church of Bielorussia has been able to send about four thousand children to Poland and many hundreds to Italy and Germany. Such activity not only constitutes an act of care for sick people, and in this case especially for children, but also amounts to an expression of ecumenism. The Church, indeed, did not choose according to denominational membership, but according to personal need. At this point I would like to draw attention to the great action performed by the St Petersburg Circle last year in relation to the child victims of Chernobyl in Russia. The Orthodox Church dealt with this question because in that area there are hardly any Catholics at all. This year a similar initiative will be organized in Smolensk. The chance given to these children to come to Rome, to meet the Pope, to visit various churches, and to come into contact with religion, is an important opportunity for them to draw nearer to God.

Mention should be made here of the work carried out by the nuns of Mother Teresa of Calcutta. In Moscow alone they have two centres. In one they take care of children with mental handicaps and in the other they take care of the elderly and the bed-ridden. In both centres there are courses of catechism which give emphasis to ecumenical action. These places also have chapels to which many people who live nearby come to worship. It is not rare for Orthodox priests to come and visit the sick people who are there or to baptize the children who are looked after.

The Congregation of Don Orion has signed an agreement with the authorities of Moscow to build a hospital for the physically handicapped. A centre for professional training and formation for young people, and a place of worship, are also envisaged for this building. It is obvious that these will be open to both Catholics and non-Catholics. The children's hospital that Cardinal Angelini has proposed will be at the service of everyone: Catholics, members of the Orthodox Church, and non-believers. We are not in the business of proselytising; we wish only to draw near to those who suffer and those who are sick. In Moscow there will also be a centre for drug-addicts called " Domus Mariae, " where Catholics, members of the Orthodox Church, and non-believers will be treated and helped.

With regard to pastoral care for the sick, programmes are in hand for preparing nurses on this subject. Nurses are very much needed in the Russian hospitals. The authorities of St. Petersburg have said that they are ready to help the Catholic Church in the organization of a Catholic school for nurses. This school will not only dedicate itself to professional training but will also seek to give them a spiritual background which will enable them to be " Good Samaritans " These workers will thus be able to baptize, to act to prevent abortion, and help those who have become victims of drugs There will thus be a possibility to give expression to medical ethics, something which has nowadays been almost forgotten.

3. Conclusion

Together we all construct the body of Christ. The apostle Paul said that if one member is not well, then the others will feel it. The churches must bring the faithful to the faith and to God. " Ex suprema salus animarum. " The supreme law is the salvation of souls: we well know what this means. The Church has always been called upon to help her brethren, most especially the poor and the sick Christ said: " When you did it to one of the least of my brethren here, you did it to me "; " blessed are the merciful, for they will receive mercy " In working for spiritual health the Church also works for physical health. " A healthy spirit in a healthy body " declares an ancient Russian proverb.

During the last European Synod, that of 1991, it was stated that evangelization is the testimony of charity. At Christmas, in the Bogoiavlienskaia cathedral, the Patriarch of Moscow and all the Russias, Alexis the Second, thanked the Church for her help in the healthcare field John Paul II, at a general audience on 22 January 1992, said that evangelization of the world called for the cooperation and joint effort of all the Christians of the world. This is something that we ourselves wish to bring about through pastoral care for the sick.

Russia is today going through a phase of religious reawakening. It is also experiencing moments of great economic difficulty. The relationship between the Orthodox Church and the Catholic Church is also problematical. Cooperation between the Orthodox Church and the Catholic Church in the field of pastoral care for the sick could reap positive rewards for the health of the people and for their spiritual renewal. It could also act to help the Churches in their relations with each other so that unity is achieved and everybody can obtain health in spirit and in body.

I would like to thank you for listening to me

Most Rev.
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Vocations to the Healthcare Ministry: Realities and Prospects

The task I give myself in this short paper is to try to define the subject and to indicate some ways by which it may be approached.

A Sense of Unease

Those who have followed the development of the Church's presence and action in the world of health policy and care over the last decades will certainly have noticed a widespread feeling of unease. The title of an article which recently appeared in an Italian journal well expressed this uneasiness: " Does Religious Service in Hospitals Still Represent a Call in the Choice of a Religious Vocation? " In the mind of the author the question mark referred in the first instance to religious service, but we can extend it to every type of service carried out by believers in the healthcare field.

It is interesting to note the reactions caused by the sense of unease that I have drawn attention to above. In conjunction with states of mind of a depressive character, which are typical of those who picture the presence of the Catholic Church in the health field in disastrous terms, we can also observe aggressive attitudes which identify or condemn those who are held responsible for a situation which does not function as it should. In the same way, it is possible to encounter reactions which are exaggeratedly optimistic, the fruit of an inadequate vision of how things are. There are also, however, highly realistic positions which consider the situation with care, draw the right conclusions, and use these conclusions to promote a process of creative change. This attitude, which we want to adopt, is well captured by the expression of the philosopher Spinoza: " Do not cry, do not laugh—understand "! If the emotional reactions to such a situation are extremely important, they must not obscure a clear understanding of realities.

The Causes

We are thus led to explore the causes of an unease which makes choosing to exercise ministry among the sick and those who take care of them problematic.

1. There is no doubt that we should first of all bear in mind a " quite widespread mentality which tends to consider pastoral care in health as of secondary importance to pastoral care more generally " (Cardinal Fiorenzo Angelini). The psychological weight of this factor is very considerable because it affects the sense of identity of those who work in the field of health policy and care and is capable of creating feelings of inferiority and/or irrelevance. Perhaps at the back of this mentality the " night side " of existence —suffering, illness, death, and so forth, with which pastoral care in health is so bound up—has an important role to play: it provokes a number of defensive reactions, even on the part of those who order their lives in the light of faith. One such reaction is to give a " low profile " to the very great importance of this area of the apostolate but to give a " high profile " to the " daylight dimension " of existence—family, youth, work, and so forth.

2. A second cause, which is linked to the first, is the slowness with which the new image of the Church drawn up by Vatican II is put into effective practice, an image characterized by communion and participation. An insufficient appreciation of lay ministries in the healthcare field, in all their various forms, in conjunction with a decrease in the number of priests and members of religious orders, acts to cause an impoverishment of the ecclesial presence alongside those who suffer and die.

3. Thirdly, we should remember the incapacity or difficulties of many workers in this area, whether priests, members of religious orders, or the lay faithful, to come to terms with the very great changes which have come about in the world of health.

The advance of science and technology and the development of administrative disciplines have, on the one hand, opened up unheard-of possibilities in relation to medicine and treatment, but, on the other, they have brought to the fore serious problems of an ethical nature relating to birth, death, and the relationship between the sick person and health personnel: the question boils down to how we should reconcile moral and technical imperatives. From an anthropological point of view, therefore, the change which has taken place in the evolution of the concept of health and illness has contributed to great progress in the condition of man but, at the same time, has also created myths and unrealistic expectations. In the slogan " Health for All in the Third Millennium " are there not also to be found, perhaps, elements of a vision of life which are in opposition to the Gospel values? Finally, the negative consequences of secularization for religious practice and requests for spiritual accompaniment tend, in many cases, to render the presence of the pastoral worker distinctly marginal.

These great changes, which have transformed the face of the world of health, require a new Christian response. In a nutshell, we could say that there is a need for a move from a simple and nonetheless highly important proximity to the sick person to an authentic project of Christian presence and action which, by putting the suffering person at the center of attention, addresses itself to the whole series of questions connected with the psychophysical and spiritual well-being of man and to the complete universe which surrounds that sick person—his relatives, the personnel, facilities, and health programmes. This is a shift from a one dimensional approach to a multi-dimensional approach. From this point of view the action of the Church, which remains fully directed towards the evangelization and the salvation of man, is called upon to express itself in a variety of forms which range from humanization to ethical debate to the sacramental moment, and spreads out from the hospital to the territory, embracing all the institutions which are responsible for the promotion and safeguarding of health—the family, school, and parish. This transition is certainly a difficult and onerous task, and is surely far from being adequately performed by the Church at present.

All these above-mentioned factors fully explain that uneasiness that I referred to at the beginning of my paper. If we become aware of this state of affairs we can more easily understand the difficulties in the way of promoting vocations to ministry in the world of health policy and care. And it is this " understanding " which, when coloured by participation and avoiding the exaggeratedly aggressive or defeatist or ingenuously optimistic, can set things in motion

Areas of Action

The first area: vocation and vocations. We can use the term vocations with regard to ministry in the world of health and care because a vocation is present which the Lord addresses to all believers, inviting them to go and work in that part of the vinyard where our brothers and sisters live out the season of suffering, illness, and death. John Paul II, in a fine passage from *Christifideles Laici*, calls attention to the fact that the sick person, the handicapped, and those who suffer are also to be considered as " being active and responsible subject[s] of the work of evangelization and salvation " (*CL*, 54). Solicitude for the infirm and the suffering, as an integral part of the mission of the Church, must be activated in the heart and spirit of all Christians who, because of baptism, are called upon to participate in the achievement of the Kingdom of God. Vatican II, indeed, advises the bishops to surround " sick people with paternal charity " (*CD*, 30); wants the priests to take " care of the ill and the dying, visiting them and comforting them in the Lord " (*PO*, 6); requires members of religious orders to carry out " at the highest level " the ministry of reconciliation in their favour and to be true to the charism of compassion towards those who are ill (cf. *PC*, 10); and calls upon the lay faithful to practice " compassion towards the poor and the sick, " observing that " Christian charity must seek out and find [the poor and the sick], comforting them with diligent care and raising their spirits by offering help " (AA, 8)

The level to which this dimension of Christian vocation is developed will be matched by an increase in the chances for a blooming of specific vocations. The placing within the catechism and the teaching of Catholic schools of a suitable space for questions relating to health, illness, and death is an essential task in the achievement of a process of socialization which leads the individual to show himself to be sensitive and respectful towards those who suffer, appreciative of the dignity of human fragility, and receptive and positive in his response to programmes of solidarity in favour of all those who suffer or are in pain.

Second Area: lay vocations. The believers who carry out their activity in social assistance/healthcare, for reasons of profession or voluntary choice, must be helped to root the deepest motivations of their work in baptismal consecration. Although the prevailing cultural climate does not encourage the attribution of a vocation to the health professions, such is not the case for the believer, who can transform his work for those who suffer into an authentic mission. It is very worrying to observe how many believers engaged in the world of health and very active in their parishes often adopt a stance of distance and anonymity when in a hospital. Catholic healthcare institutions bear a great responsibility here. They will become " evangelizers " to the extent that the believers who work within them act in line with the inherent responsibility of the priesthood conferred on them by the Lord through baptism in order to perform their service with love and competence. The human virtues of solidarity and compassion, to which every person is called, find strengthening, continuity, and effectiveness when they are rooted in a faith which brings an awareness of the relationship of love established between God and man. Is it not, perhaps, true, that lay health workers live out badly the relationship between the horizontal and vertical dimension of their activity? Is there not, at times, disassociation and conflict between the two? The Catholic health associations have a very important role to play in this area, their task being to " hold together " those who work in the health facilities, encouraging them to follow a path of Christian growth in the exercise of their profession.

What has been said in regard to health workers also holds true for those Christian volunteers active in the world of health and health care. These enormous forces, which are animated by the values of solidarity and gratuitousness, need to find in baptismal consecration that strength which lies behind their generous action, taking as their example the fact that Christ loved us and gave his life for us. (cf. *Ga* 2:20). The human and Christian quality of health professionals and voluntary workers in this field is certainly one of the essential conditions for the flowering of vocations to the religious or priestly life which are directed towards serving the sick. In choosing the religious or priestly life, indeed, the Christian applies radicality to his own existential project, a project which is contained in the baptismal consecration.

Third area: religious vocations. The number of members of religious orders engaged in the world of health is very high. A part of this number belong to institutions whose specific charism is care for the sick. The reduction in numbers, old-age, and a contraction in the number of candidates lead these institutions, at least in the Western World, to lose a lot of ground. This critical situation is felt with suffering at an ecclesial level, as is demonstrated by, for example, the Document of the National Council for Pastoral Care in Health, a body which works within the Italian Bishops' Conference. The Document states, " We invite those women members of religious orders who have rendered service in hospitals and rest homes and have contributed to giving concrete expression to the evangelical spirit of care for the sick and infirm to remain faithful to this service to the suffering, notwithstanding the serious difficulties which are caused both by reduction in numbers and by changes which have come about in the world of health " (no 48). However, for the person who observes events with a discerning eye, this moment of crisis as well may be seen as a sign that the religious institutions must " reflect so as to change " and thus make their witness more eloquent and alive. It is perhaps necessary for the members of religious orders active in the healthcare field to find new forms by which to show their complete dedication to sick people.

The living out of the Gospel counsels and the community life is such a great value that it is possible to give up with joy the usual ways of living out affectivity, the possession and the management of one's own life. In living the task of this witness with commitment —something that is of prime importance—these members of religious orders are called upon to be " meaningful " in the specific churches where they work, continually asked as they are to imitate Christ in his care and cure of the sick.

Fourth area: vocations to the priesthood. If it is incumbent upon every priest to care for the sick, it is above all else necessary for those who have chosen to fulfill their priestly vocation in the service of the sick to carry out this ministry with competence and love.

In order to understand the importance of priestly vocations to ministry in the world of health, it

is necessary to reflect upon the fact that the priest represents and represents the figure of Christ the leader, the supreme shepherd who communicates life to men. Through the exercise of his specific ministry, the priest gives sustenance to the priesthood of the faithful in the sphere of three functions: the Word, the cult, and the diaconia. This helps us to understand how important the ordained priest is for the vitality of lay vocations to ministry in the health field, something that I have already spoken of above

If, on the one hand, it is of extreme importance for the Church to ensure that there are always priests directed towards ministry to the sick and infirm, thus avoiding the danger observed in *Christifideles Laici (no* 23) that the two priesthoods are put on the same level and ensuring that there is a more equal distribution of such priesthoods, it is also true, on the other, that the Church should help such priests achieve a more appropriate evaluation of vocations of the diaconate, the members of religious orders, and the lay faithful which are directed towards this kind of ministry. The role of the priest in the world of health will not be lessened by the active and responsible presence of other figures who, because of the reality of baptism, are able to transform the charisms received from the Lord into valid and valuable ministries. On the contrary, the priest will be strengthened because he will be seen all the more to be at the service of the ecclesial community, a community whose possibilities and prospects he will be able to discover, detect, and assess. The future of spiritual help and care for sick people and health personnel is conceivable only in the context of increasing cooperation among priests, deacons, members of religious orders, and the laity. This cooperation can take elaborately structured forms, as in the case of pastoral and chaplaincy activity, or forms which are less involved. In a number of countries many steps have already been taken towards this kind of cooperation which, on the one hand, emphasizes the pneumatological, Eucharistic, and baptismal unity of the entire people of God, and, on the other, brings out the ministerial and charismatic variety that is a part of that people.

The four areas which I have just discussed indicate a number of places where the Church must express her commitment to the promotion of vocations dedicated to ministering to the sick and infirm. None of these areas can be ignored without consequences for the others. In a given moment, it is probable that there will arise a need to invest more energy in an area which has previously received less attention, but this must come about without the creation of disequilibrium.

The Means

1. *Prayer*

Vocation is a divine gift which should be asked for with insistence and trust, especially when vocational promotion seems to lack results. In Peter's answer to Christ we find the meaning present in prayers addressed to God in the most difficult moments of this ministry: " Master, we toiled all night and took nothing! But at your word I will let down the nets " (Lk 5:6).

2. *Increased Awareness*

In the heart of every Christian and every Christian community is to be found a propensity towards contact with others, the desire to love and help the poor, the sick and the handicapped

Often, however, this propensity is forgotten or neglected. For this reason the command of Christ, " Care for the sick ..., " must be untiringly repeated

3 *Training and Formation*

Love, as has been written, is not enough. It is also necessary for people and groups to be enabled to perform their ministry with competence as well as love. Whereas in many countries the Church and healthcare facilities are very strict with regard to the formation and training of people engaged in ministry in the world of health, in others, unfortunately, there is a notable neglect and carelessness. A very great service to the quality of ministry in the world of health would certainly be rendered if in every country or region the competent bodies (bishops' conferences, regional conferences, and so forth) set out common guidelines to be followed in the formation and training of personnel performing their ministry in the service of the sick.

4. *The Presentation of Models*

John of God and Camillus of Lellis, like many other saints of merciful charity towards the sick, have shown us how effective the presentation of personal models which attract by virtue of their dedication and authenticity can be. With regard to the need to present models I am thinking of initiatives and institutions which make themselves felt as models: hospitals, chaplaincies, a caring community, a group of volunteers, a project....

5 *Organization*

The work of vocational promotion in the world of health, in order to be effective must be organized and coordinated. This requires, in addition to a suitable study of the various situations encountered from the point of view of their socioeconomic and ecclesial contexts, a recognition of the priorities in needs and practical plans of action to achieve the objectives which have been set.

6. *Patience*

A political figure recently declared that impatience is not a republican virtue. Many years earlier Carl Jung wrote " the Devil can be defeated with patience because it is something he does not have, " Someone, in talking about the growth of the Church, maintained that " geological " patience is required. With more optimism, I invoke that patience which a special kind of worker needs: a kind of worker who sows the seed in the ground, makes sure that the right conditions prevail for growth and development, and, at the same time, trusts to the essential help of the " Father of the harvest. "

Conclusion

There can be no doubt that the Pontifical Council for Pastoral Assistance to Health Care Workers has employed these key words during the seven years of its existence. It has used them with creative commitment, expressing them in a wide range of initiatives to create awareness in the Church, and in areas of formation, training, organization, and coordination.

Belonging, as I do, to a religious order which dedicates itself to the service of the sick and infirm, I am grateful to His Eminence Fiorenzo Cardinal Angelini and those who help and assist him, for their role in putting this vital concern for vocations dedicated to ministry in the world of health policy and care among the principal objectives of this Pontifical Council.

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The Italian Bishops' Conference and Evangelization in the Field of Health Policy and Care

Introduction

Let us define the terms and thus the meaning of this paper

The Bishops' Conference, naturally enough, involves the bishops, but in a wider sense it involves the Church. And at a more precise level, it involves the Church in her capacity as an organic and animate commuity guided by the heirarchy, or rather by those who participate in the authority/service of Jesus Christ, the Head and Shepherd of the Church

Evangelization is the centre and the compendium of the whole mission that the Church has received from Christ: the Church has the grace and the responsibility to " spread the Gospel " to the whole world and to every person.

And the Gospel may be understood not only and simply as that which is written (the inspired text, the " Holy Scriptures ") or as " the word " which is present therein (the revealed truths, the Word of God), but more specifically as being a live and personal Gospel: Jesus Christ himself in person is the " good news " (the " news " that brings " joy ")

In this way the Church, with and through evangelization, is to be seen as the live " memory " of Christ, as a " sacrament " of his presence and his action amongst us and for us In this sense pastoral care for the sick finds its understanding, its justification and its fulfillllmet starting with and in reference to Jesus Christ.

1. The Healing Ministry of Jesus Christ and the Church

As constantly and forcefully emerges from the pages of the Gospels, the " healing ministry " finds ample space in the life and mission of Jesus Christ: Jesus, the Son of God made man, heals the sick, comforts the afflicted (cf. the witness of Mark: " And wherever he came, in villages, cities, or country, they laid the sick in the market places, and besought him that they might touch even the fringe of his garment; and as many as touched it were made well ". (*Mk* 6:56; cf. *Mk* 1:32-34; 3:9-11; *Mt* 8:16-17; 9:35).

Now this " action " of healing and comforting was transmitted by Christ to his Church: it was given and entrusted to Her, to her life and to her mission.

And it was given in two forms:

1) In the form of " commandments " the commandment to " heal the sick " is analogous to the commandment " preach the Gospel. " " And he called to him his twelve disciples and gave them authority over unclean spirits, to cast them out, and to heal every disease and every infirmity .... These twelve Jesus sent out, charging them " And preach as you go, saying, ' The kingdom of heaven is at hand. ' " Heal the sick, raise the dead, cleanse lepers, cast out demons " (*Mt* 10: 1, 5: 7-8) And healing the sick means " taking the sick to heart " and " taking care " of those who are ill as a moment and an expression of the salvific task that Christ entrusted to his Church;

2) The form of grace, or rather a real participation or sharing, on the part of the Church, in the salvific love of Jesus Christ " healer of bodies and souls. " It is, we might say, the grace of the Good Samaritan (a true and proper grace because He, the Lord Jesus, is the full completion of the figure of the evangelical parable, a grace which expresses itself in different stages which are spiritual before being temporal: stopping, having compassion, and bringing help) (cf. *Lk* 10: 32-34).

From the action of Christ transmitted to the Church as a commandment and as a grace there follow important consequences for the pastoral activity of the Church in the field of health policy and care Amongst many we may outline and perceive the following:

a) The Church obeys Christ's commandment: in her capacity as " bride, " the Church says " yes " to Christ her spouse, expresses obedience and loyalty to his command, and, indeed, is called upon to be a participant in his grace of healing and comforting.

Pastoral care for the sick is, therefore, an action of obedience of the Church to Jesus Christ. The Church can thus live, in and with Christ, her fecundity of grace, her supernatural " maternity " towards men, and in particular towards the sick and the suffering, which she feels as her privileged " way. "

b) Pastoral care for the sick is an integral part, and an essential, necessary, and irrevocable part, of the salvific mission of the Church: furthermore, it is not an option, something to be confined to an elite It is obedience to the command of Christ, it is participation in his grace of healing and care: this obedience and this participation belong to the life of the Church, indeed, to her deepest being

2. The Specific Contribution of the Espiscopal Conference

To speak of the Church engaged in pastoral care for the sick means, certainly, to speak of the ecclesial community as such, but it also means the Church in its practical expression. In such a sense is a specific task given to the bishops, or rather to the bishops when brought together in their Episcopal Conference.

What are the fundamental contents of this specific task?

We can discern three: coordination, animating and planning.

1 *Coordination*

The Episcopal Conference puts itself at the service of communion: the communion of bishops and, consequently, the widest communion of the ecclesial community as such.

To achieve this end, its most obvious task is coordination, by means of which the episcopal conference can give to pastoral care for the sick, in the most visible and practical terms possible, its " ecclesial " dimension, its " communion " dimension: pastoral care for the sick is a grace and responsibility not of some but of all; its " subject " is the *Ecclesia*, the community as such, and therefore in its identity as " body " (the mystical body of Christ).

Now, coordination is possible and effective if it starts from two coessential elements, which are analogously united to her soul and

body: on the one hand, a clear awareness and a strong will to be the " Church, " or rather a community in communion; on the other hand, the presence of certain structures working for coordination.

These " structures " must express themselves in two directions, which we could call horizontal and vertical.

—The horizontal structure requires, above all, a central structure, which is then called upon to spread out territorially and then to expand out from different centres. The central structure is composed of a body which can take on different forms: a special episcopal conference for pastoral care for the sick, a national ecclesial commission, a national consulting body, and so forth

The territorial structures exist at different levels: the regional, the diocesan, and the parochial.

It is self-evident that ecclesial communion, for the structures referred to, requires respect for the law of " reciprocity ": here one is dealing with developing a live linkage and a productive exchange between the various structures, from the centre to the outlying parts and from the outlying parts to the centre.

The vertical structure requires that pastoral care for the sick take on, involve and appreciate—at all times in line with ecclesial communion—both the different vocations/conditions of life (priests, members of religious orders, the lay faithful: and as People of God and, as an aggregative reality within it, the groups, movements, associations, communities, and so forth), and also the different charisms (in particular, the typical charisms involved in caring for the sick and the suffering) All this necessitates a wise utilization of the various consultative bodies or the various councils which are at hand.

2. *Animating*

Coordination takes places with a project in view and an action to effect. What meaning, therefore, can be given to " animating "?

a) The first great force which animates ecclesial pastoral activity is the spirit of Jesus, as is made clear in *Lk* 4: 14: " The Spirit of the Lord is upon me... " Only if, and to the extent to which, the Church is animated by the Spirit can she become a force which animates pastoral care for the sick.

In saying that the Church is the " memory " and " sacrament " of Jesus Christ, one seeks to emphasize the essential " relativity " of the Church in regard to Jesus Christ. She is not " ecclesiocentric " but " Christocentric, " and is, and must be, " transparent " in reflecting Christ—in pastoral care for the sick as well (called upon, as she is, to relive the " mystery " of the Good Samaritan).

b) Animate in the etymological sense means give an *anima* (soul) to the suffering and the sick, and to all the problems that afflict and concern them To give an *anima* is to give " meaning " to suffering and illness in a socio-economic context which denies them every possible positive meaning and systematically rejects such meaning And the giving of meaning is only possible in the light of the Gospel and faith (cf. *Salvifici Doloris*, no. 13)

At a " magisterial " level the Episcopal Conference can act not only with documents or pastoral notes which in a direct and specific way bear upon the subject of pastoral care for the sick, but it can do so with more frequent references and observations inserted in a habitual or routine way in very diverse areas of activity and initiative

It also means to give strength to whoever is ill and suffering through the celebration of the sacraments and prayer: these are the signs and the instruments to be used by the Christian to participate in the Easter mystery of the dead and risen Christ, or rather the mystery of suffering and joy in the sign of Christian hope and the wait and expectation of life eternal. The sacraments, through the form of liturgical rite, are a personal meeting of the Christian with the risen and living Christ, as St. Ambrose wrote: " You showed yourself face to face to me, O Christ: I find you in your sacraments " (*Apology of the Prophet David*, 12, 58)

The same St. Ambrose, in singing of this personal encounter with Christ, perceives the full reply to each physical and moral suffering of man. The answer is Christ himself: " If the wound causes you pain, He is the physician; if the fever burns you, He is the fountain; if inequity persecutes you, He is justice; if weakness afflicts you, He is strength; if death frightens you, He is life; if heaven attracts you, He is the path; if darkness engulfs you, He is the light; if hunger devours you, He is food " (*De Virginitate*, 99)

In addition, it means to convey " awareness " of personal dignity, of the extremely high dignity which derives from the fact that man is the living image of God. It is a dignity which cannot be cancelled and which is present in every circumstance of his life, whether in health or in sickness It is a dignity with which liberty is bound up—responsible liberty: this is a value and a resource which is expressed even in the most difficult and burdensome moments of human existence In this way suffering and dying are not realities which must be borne passively but realities which must be actively lived out, that is to say, as conditions by which to affirm oneself by means of freedom in its profound and original sense of love and the giving of oneself: a love and a giving of oneself which can indicate and intensely enrich even the human experience of suffering, illness, and death (by reliving the mystery of the suffering and the death of Jesus Christ: a suffering and a death marked by love and self-giving to achieve the salvation of all men) (cf. *Jn* 15: 13).

" Animate includes " the sense of making the ill person not a mere object or receptor but the actual first subject, the responsible protagonist of pastoral care for the sick, as is made very clear by an exhortation to be found in *Christifideles Laici*: " One of the fundamental objectives of this renewed and more intense pastoral action, which cannot but involve in coordinated fashion all the component parts of the ecclesial community, is the consideration of the sick person, the bearer of a handicap, or the person who suffers, not only as vehicle for the love and service given by the Church, but as an active and responsible subject of her work of evangelization and salvation " (no. 54).

To achieve this it is necessary to develop in everyone an awareness of the special " ecclesial richness " of suffering and illness experienced in a human and evangelical way: a richness which the Church possesses every day, and possesses because she receives it as a " gift " which comes from the ill and the suffering who are part of the passion of Christ

This is the fundamental objective of pastoral care for people who are sick

3 *Planning*

Pastoral activity as an action of the Church requires planning, and this requires a series of objectives to be reached, instruments to be used, and steps to be followed. I will confine myself here to giving examples of the many elements which are a part of the organic fabric of planning, or of a real and

authentic strategy for pastoral care for the sick.

Emphasis should be laid upon a form of pastoral care for the sick which is able to reach and involve the parochial community as such: this is the most practical ecclesial subject, which often operates at a human level, and which is therefore able to promote immediate and deep interpersonal relationships. This community is rich in charisms and resources which make it a place where the variety and unity of forms of service to the ill and the suffering come into contact.

Certain realities of service to the sick should be shown to be examples to follow. Hospitals and rest homes are just such examples, and first and foremost stress should be laid upon those of a Christian inspiration or which have been built by, organized by, directed by, or served by members of religious orders. Such exemplariness takes many forms and is expressed in different ways under the headings of the professional-scientific, the human, and the evangelical.

It should be made clear, and people should be made aware, that service to the sick and the suffering is to be seen as an authentic and true " vocation, " an ecclesial " ministry " The presence of Christ takes two forms: He is present in the sick person who is treated and cared for, because of the mystery of the Incarnation (cf. *Mt* 25: 40), and he is present in those who care about and care for the sick in his name and thus carry on his " healing ministry. " (cf. D Tettamanzi, " Ministero Laicale e Professsione Medica, " in *Medicina e Morale*, 1978, pp 13-33)

Conclusion: " At thy word I will let down the net " (*Lk* 5:5)

John Paul the Second, in speaking to the Italian Centre of Solidarity for Drug Addicts, declared: " The road where there are so many people wounded or stricken by the painful traumas of life has grown frighteningly wide, and as a result there is a much greater need for new Samaritans " (cf *L'Osservatore Romano*, 10 August 1980)

The road has grown frighteningly wide, not only in a quantitative sense but also in a qualitative sense, in particular because pastoral activity in the health field has become ever more difficult, complicated, and delicate. The reasons for this are numerous and varied: not only because of delays or neglect in the health system or because of inadequate action taken by individuals, but through factors of a cultural nature. Here one thinks, for example, of the secularism of life and thought which marginalizes or censors pain, death, the elderly, and the sick.

One also thinks of the extremely serious ethical questions and what they imply for the management and organization of health care and the hospitals: abortions in the maternity departments, contraception, moves towards euthanasia, those ill from drugs or AIDS, the presence of political or trade union conflict and strife, and all the rest.

But precisely because the road has grown frighteningly wide, there is a need for new Samaritans: there is an urgent need for a new impetus to be given to pastoral care for the sick, and an urgent need for a more direct and specific involvement of the Episcopal Conference.

I have always used the term " Episcopal Conference " in the singular. The plural term " Episcopal Conferences, " however, should be employed: in this area, as well, pastoral care for the sick must develop an exchange of gifts. In this sense must one recognise the providential nature of the institution of the Pontifical Council for Pastoral Assistance to Health Care Workers, and thanks must be rendered to God for the activity it has carried out to achieve that coordination, promotion, and planning which is directed at rendering this " exchange of gifts " between the various Churches more meaningful and enriching for everyone.

The difficulties that the Church encounters in this field as the third millenium approaches do not make her fear for the future: they are a stimulus to her achieving greater faith and greater trust. The Church repeats the words of Peter: " At thy word I will let down the net " (*Lk* 5: 5).

Archbishop
DIONIGI TETTAMANZI
Secretary of the Italian Bishops' Conference

The Healthcare Ministry in Madagascar

1. Establishment of the Bishops' Commission for Healthcare

In November 1988 the Most Rev. Pierre Zévaco, C.M., Bishop of Tolagnaro and medical doctor, became Chairman of this new Commission.

Among the structures of the Commission there is a permanent office headed by the Bishop Chairman and including Fr Perrier, who is both the Secretary of this Commission and Secretary-Coordinator of the Madagascar Bishops' Conference; Fr Tiersonnier, Chaplain at Antananarivo General Hospital; Sr Anne-Claire, on that hospital's chaplaincy staff; Sr. Marret, woman " chaplain " at the Military Hospital in the capital and responsible for the Health Section of the Union of Major Superiors; Professor Hyacinte Rajaona, M.D., of Befalatanana Hospital; Dr Rodolphe, Director of the Antananarivo Psychiatric Hospital. Regular meetings are held every two months and on the occasion of the Bishop Chairman's visit to Antananarivo.

Working groups include the following

Theological Reflection Group
Under the direct responsibility of the Chairman and with the cooperation, first of all, of a Professor of Theology at the Higher Institute of Antananarivo, it is responsible for

• receiving and disseminating the Pontifical Documents referring to Pastoral Care in Health and the Church's thought on current problems in bioethics, in particular (the Bishops' national daily newspaper, *Lakroan'i Madagasikara*, is the main instrument for such dissemination, thanks to

its being distributed throughout the island);

• working out Letters on behalf of the Episcopate;

• drawing up documents for reflection in the fields of philosophy and theology

Hospital Chaplaincies Group
This is responsible for Hospital Chaplaincies as an institution throughout the island, but especially at the major hospital complexes of Madagascar Among its pastoral concerns are the following.

• Ensuring that those Pastoral Teams of " Chaplains " group together priests (chaplains in the full sense of the word), religious women (not engaged in nursing, directly and exclusively consecrated to this spiritual animation of the hospital, frequently helped by the Novices of their respective Congregations), lay people (Catholic Action groups at the parish in which the Hospital is located), major seminarians and volunteer lay students, health professionals at the hospital (groups of doctors and medical students, nurses' groups, and members of the Fraternity of Patients and the Disabled);

• Seeing to it that these Chaplaincy Teams at Hospitals work with joint apostolic responsiblity, thanks to monthly meetings for reflection on their apostolate and regular spiritual animation.

Apostolic activities are divided according to specific charisms, and pastoral workers are aware that their Baptism and Confirmation keep them for this service in a hospital environment, this ecclesial *diakonia*. Three sites are meeting places: the Hospital Chapel for Eucharistic Celebrations with the sick and their families and hospital personnel; a Meeting Room within the Chaplaincy; and the Chaplain's Office for receiving patients and their relatives.

• Having chaplains bear clearly in mind in their outlook and pastoral activities the two main axes of their effort The first is the spiritual animation of the sick and their families, on both a spiritual and a social-charitable level:

— daily visits to all the patients for contact and personal dialogue;

— distribution of Catholic periodicals to patients and families;

— administration of Sacraments to the sick, in which all the chaplains are involved;

— different acts of charity.

The spiritual animation of members and hospital personnel. This is the prime concern posed by the Pontifical Council for Pastoral Assistance to Health Care Workers.

— Dialogue on a human level with each staff member at the hospital to create mutual confidence.

— Various technical and pharmaceutical services that we can perform at this time of penury in means: medicines and medical material.

— Dialogue on an ethical level, on a prayer level, to constitute hospital-wide reflection groups, along with " monthly retreat days. "

This animation ought to permit better service to patients, " our lords and masters, " better quality of life within the hospital itself, and brotherhood at work.

— The renewal and permanent formation group for Catholics in healthcare: men and women religious and lay people in the different areas (dispensaries, clinics, leprosariums, nutritional recovery centers, health education, mother and child protection, etc.

— This group is responsible, above all, for the sessions held every two years for the abovementioned people:

• The technical session, directed by State Professors;

• The session on Catholic ethics in the medical profession;

• The spiritual session: prayer, the Eucharist, and the Word of God

It is responsible for supplying information and updating to the Pontifical Council's *INDEX. Ecclesiae Instituta Valetudini Fovendae Toto Orbe Terrarum* [on Catholic healthcare facilities around the world].

2. Brief Evaluation of the Actions and Achievements of These Three Groups

Religious Reflection Group

Two Pastoral Letters were written and taken into consideration by the Madagascar Bishops' Conference. *He Created Them in His Image* dealt with respect for life from conception on to fight against the tide of abortions and the risk of legalization, the Catholic doctrine on birth control (PFN), respect for the body and human love, according to the teachings of *Humanae Vitae*, to fight against the dangers of the " contraceptive imperialism " denounced in Bangkok, and AIDS, a serious threat for man of today—to mitigate the risks of " moral and spiritual immune deficiency " denounced by John Paul II. At present, progress is quite advanced on a short book with philosophical, theological, and spiritual references, with a biblical and patristic foundation, on *Man: The Image of God*, prepared by Fr. Saint-Jean and the Advanced Institute for Theology

Hospital Chaplaincies Group

Two gatherings have taken place (June 1988 and February 5-6-7, 1991) of great importance and value which have permitted the following:

— Action by Chaplaincies at the large hospitals in the capital, Antananarivo, in a way resembling the illustrious, competent service begun some time ago by the Camillian Fathers of Fianarantsoa; this action goes on spreading little by little, in the perspective of shared responsibility among priests, religious, and lay people, as described above.

— Action at the hospitals on the outskirts of Antananarivo and the coasts on a lesser scale, with a " minimum " of a " basic cell " to animate the hospital (at least one priest and one woman religious) These sessions permit

• regular meetings of chaplains, with great fraternal affection;

• sharing pastoral experiences and the problems each may encounter in daily practice;

• the study of certain pastoral points—e.g., requests for Sacraments by protestant patients, the social rights of those wounded and disabled by accidents;

• prayer in common, the Eucharist, and sharing in the Word of God. These sessions are conducted with the support and effective, highly appreciated participation of the Apostolic Pro-Nuncio, who enables us to be " in communion " with the Universal Church, with the Church of Rome, which " presides over charity and unity in faith "; and with the Pontifical Council for Pastoral Assistance to Health Care Workers The last talk by the Pro-Nuncio dealt with the Apostolic Letter *Salvifici Doloris*.

Renewal and Permanent Formation Group

These sessions are held regularly every two years—the next will be in May 1993

By way of the interpreter of the URFM and its medical section, the Commission is in contact with the Minister of Health for the approval of a National Catholic Nursing School—because of a lack of qualified personnel, this project has still not been carried out.

3. National Christian Health Assemblies

We shall devote a special place to this project because of its importance on an " individual " level for each doctor, and foreseeable impact nationally and even ecumenically

In effect, it represents a " beginning " in Madagascar on a national scale. These National Assemblies will be held in Antananarivo, the capital, so they will have maximum repercussions. We have received assurance of the participation and honorary presidency of all the country's moral and spiritual authorities and of political and health leaders, in the person of the State's highest authority, President Albert Zafy, and the national Minister of Health.

These Assemblies seek to be " ecumenical " and already bear the title of " Christian " in order to regroup the four sister Churches of Madagascar—the Catholic Church and the Lutheran, Reformed, and Anglican Churches.

They will deliberately insist on Catholic norms for medical practice and Catholic ethics of respect for life, in particular

They will develop three aspects (entrusted to the Cardinal Archbishop of Antananarivo):

- " Doctor, What Have You Done With Your Baptism?: The Christian Basis for a Spirituality of the Physician, of the Medical Vocation, and the Doctor's Priesthood ";
- " Doctor, What Have You Done With Your Hippocratic Oath?: Human and Humanistic Basis for the Medical Profession ";
- " Doctor of Madagascar, What Have You Done With the Wisdom of Your Forebears? "

It is urgent to restore this sense of the dignity of the medical profession to Madagascar today, to fight rapidly and effectively against the devaluation of medical practice and corruption at all levels and work to create that " civilization of love " so dear to Paul VI and John Paul II.

We shall insist upon:

- the " body/soul " unity of man;
- the unity of faith and the medical profession, centering on the patient as the " living image " of Jesus Christ in pain and the physician as the " living image " of Jesus Christ as the Good Samaritan;
- the coherence of faith and the medical profession;
- Catholic ethics on respect for life and birth control (Mr. Lanctot of Washington, from the International Federation of Family Action, will assist us in this study);
- the problem of suicide among young people in Madagascar (a consequence of unemployment, but also of the clash between ancestral cultures and the modern world;
- the technical, psychiatric, and cultural problems posed.

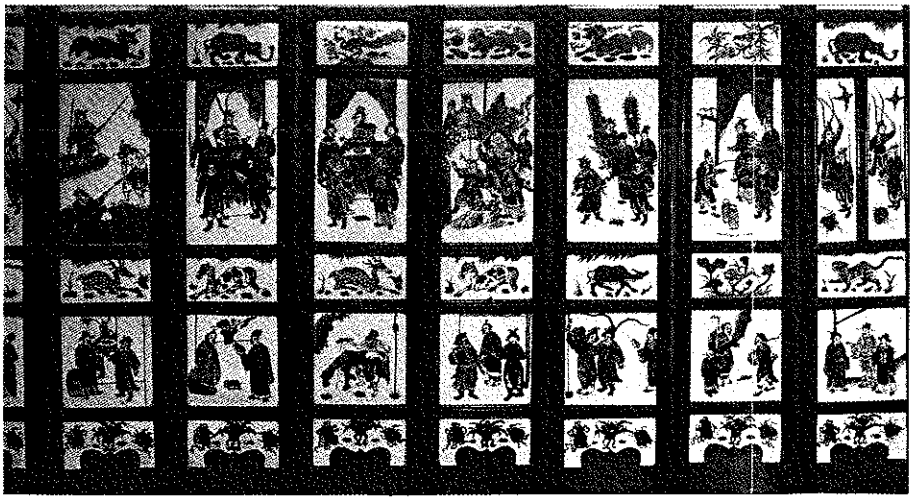
The objectives of these National Christian Health Assemblies are clear:

- to give doctors once again solid Christian reference points for their daily practice and also in their lay apostolate;
- to restore human and spiritual value to the profession;
- to fight against current deviations and take up the challenges posed for us by today's society;
- to constitute groups of Christian or Catholic Physicians at different levels on the island;
- to make the Bishops aware if the urgent need to constitute Diocesan Commissions on Health for the spiritual awakening of the doctors in each diocese, the formation of medical associations, and the spiritual animation of hospitals.

We can already state that such Diocesan Commissions and Groups of Physicians and Medical Students have been constituted in different dioceses and hospitals. We were able to meet with them during three spiritual weekends in which we took part.

Tolagnaro, February 12, 1992

Most Rev.
PIERRE ZEVACO, C.M.
Bishop of Tolagnaro, Chairman of the National Commission for Pastoral Care in Health



The Healthcare Ministry in Spain

Introduction

On behalf of Bishop Javier Osés and all our friends in the Healthcare Ministry in Spain, I wish to express to His Eminence, Cardinal Angelini, and his most immediate collaborators, Rev. José Luis Redrado and Rev. Felice Ruffini, the gratitude which we feel for their gestures of recognition and support, which were an encouraging stimulus for our work. Thank you for the chance afforded us to communicate and share with you the experience of the Healthcare Ministry in Spain. The Report consists of the following sections: 1) brief historical data on the beginnings of the healthcare ministry in our country; 2) its major lines of action; 3) its organization; 4) the most significant activities in recent years; and 5) leading projects.

1. The Beginnings of the Healthcare Ministry in Spain

Attention to the sick has always been part of the life of the Spanish Church. As organized pastoral care, however, it is a young sector. In the 1960's a whole movement of persons and groups began, limited in numbers, but quite aware, that carried out a major effort of sensitizing by way of meetings, study days, and conferences. Among those contributing, Rev. José Luis Redrado, to whom the healthcare ministry in Spain owes so much, deserves special mention. Among the groups were the Spanish Federation of Women Religious in Healthcare, the Brothers of St. John of God, the Camillian Fathers, the Christian Brotherhood of the Sick and Handicapped, and some hospital chaplains. Convinced of the need for an " organism " to stimulate and coordinate the Church's presence and action in the world of health, they directed their request to the Spanish Bishops' Conference. In the early 1970's the Conference created the National Secretariat for Pastoral Care in Health, within the Bishops' Pastoral Commission. The Secretariat started to function in 1971, under the supervision of Bishop Iguacén. He was succeeded by Bishop Casares of Almeria. Since 1978 it has been headed by the Most Rev. Javier Osés, the Bishop of Huesca. The first Director was Luis Maria Esparza. At the end of 1974 Rudesindo Delgado was named. There was an initial basic task—to bring together the scattered elements, create a community and a team, and plan with joint responsibility the dynamic of this ministry. In 1975 a key event took place: The Aguadulce Encounter, attended by over forty chaplains from all parts of Spain, presided over by the Bishop responsible for Pastoral Care in Health and with the participation of a group of women religious working in the health field. There the nucleus was created which would be the moving force behind the new healthcare ministry.

2. Major Orientations of the Healthcare Ministry in Spain

The broad effort of reflection and exchange of experiences carried out in these years has enabled us to arrive at the main practical orientations marking pastoral care in health in the different areas in which it is conducted: parishes, hospitals, dioceses, interdiocesan cooperation, and the national level. We shall summarize below the content of these guidelines.

1. " Servants of Life, " shifting from care to help people towards a " good death " (the ministry of sacraments and specific occasions) to assistance in living through in a positive and Christian way the experiences of health, illness, and death, along with pastoral care aimed at " evangelizing and accompanying "

The human being needs not only to be helped to die well, but also, and above all, to live out meaningfully the health he possesses, illness, when it presents itself, and death, when its time has come. Pastoral care can no longer center on the sacraments, but on the announcement of the Good News of Jesus of Nazareth to help men experience all of these existential realities as meaningful.

This change in perspective and orientation within pastoral care entails a new style of presence alongside the patient:

— welcoming, solidary, and close to everyone suffering;

— attaching more importance to gestures than to words;

— listening to the patient's experiences and needs;

— capable of adapting to each person, deeply respecting his or her history, beliefs, and other characteristics;

— poor and willing not only to help, but to allow itself to be helped by the patient;

— seeking to free people from everything causing them anguish and suffering;

— gratuitous and unselfish—all that matters is the patient himself and his welfare;

— happy and joyful, since we are bearers of the Good News of Jesus;

— supported by prayer and the power of the Spirit, who knows how to share faith and be open to the patient's hopes;

— expressing, prompting, and strengthening faith in the celebration of the sacraments;

— finally, not individualistic, but community-based, since it is effected in the name of the Church and of the Christian community.

And this presence leads to certain actions which may be summarized as follows:

— collaborating to create more humane facilities which aid and foster man's living healthily;

— educating people to live through health, illness, suffering, and death, along with assistance to the sick;

— promoting health and fighting against illness and suffering;

— accompanying the patient and his family in their process throughout illness;

— renewing the sacramental ministry for the sick;

— clarifying the major ethical problems posed in the health field

2. " The patient is someone,

not something " implies a move from a pastoral " reification " of the patient to care treating him as a person, as Jesus Himself, and integrating him into the community as an active, full member.

To us the patient is a person and not a thing, number, or mere object of our care and attention. Even more, for us working in the health ministry the patient is Jesus, the Lord, and is an active member of the community which he is evangelizing through the way he lives out illness and death. This conviction leads the healthcare ministry to engage in the following actions:

— collaborating in the humanization of patient care—that is, working so that the patient will be the center of the health institutions which are at his service: medical centers, hospitals, etc.;

— and stimulating the active, full presence of the sick in Christian communities.

The patient must recover his real place in the community " not just as the object of the Church's love and service, but rather as the active and responsible subject of evangelization " (*ChL* 54);

— collaborating in the integration of the sick into society;

— allowing ourselves to be evangelized by the sick

3. " The family also counts " A shift from ministry centered solely on the patient to one also dealing with the family.

Illness also affects the family, sometimes profoundly, and constitutes a painful, harsh experience. On the other hand, the role of the patient's family is basic and irreplaceable. For this reason, the healthcare ministry must also deal with the patient's family " A generous, intelligent, and prudent pastoral effort is needed for the families going through tough situations, such as those with handicapped children or drug addicts, the families of alcoholics, the elderly ..., the painful experience of widowhood, of the death of a family member, which mutilates and deeply transforms the family's original nucleus " (John Paul II, *FC* 85).

In Christian communities pastoral care in health must stimulate the three following actions, among others:

— preparing families to face the trial of the illness and death of a loved one and fulfill their role;

— showing solidarity and closeness to the families of the sick, especially those which are most abandoned;

— accompanying the families that have lost a loved one.

4. " Remaining alongside the neediest and most forsaken. " Shifting from " conservative " pastoral care to an " evangelical and missionary " ministry.

An evangelical Church that follows Jesus must remain alongside those He remained withthe poor But not the poor in the abstract—those with concrete faces. The sick in general and the neediest and most forsaken sick people today are, among others, the concrete faces of the poor. Remaining at their side, as Jesus the Lord did, entails:

— discovering who the neediest and most abandoned sick people are specifically, here and now, in the parish, at the hospital, in the diocesan community, and around the world;

— promoting practical, effective action to solve—or at least alleviate and palliate—these patients' problems, showing that the parish, hospital, and diocesan Christian community is at their side;

— opening our communities to the neediest patients in our world

5. All of us responsible in the name of the Lord and of the Church. A shift from a " clericalized and individualistic " ministry to one which is " ecclesial and community-based. "

The Christian community and all of its members are responsible for helping to live out health, illness, and death meaningfully, having the patient be someone and not something, and obtaining attention for the neediest sick people This formulation leads us to:

— sensitize the whole Christian community regarding its mission to evangelize by caring and help all its members to carry out their task in this field;

— support those who in the name of the community care for the sick and facilitate their specific and permanent formation;

— promote the Christian involvement of lay people in the world of health;

— stimulate the coordination of all pastoral workers in health among themselves and with others, fostering in all an " ecclesial sense and communion "

These are the major guidelines or suggestions in accordance with which us those of us working in the healthcare ministry are proceeding.

3. Organization of the Healthcare Ministry in Spain

The Pastoral Care of the Sick is conducted wherever patients are: at home, in the hospital, in the parish. All organisms must be at the service of that care, and not the other way around, and must be vital, not mere window dressing or superstructures. What organisms exist in Spain?

Nationwide Team for Pastoral Care in Health

This team was created in 1976 and has undoubtedly been a driving force in the Spanish healthcare ministry. Its main functions are to program and evaluate the Three-Year Action Plans and to prepare Patient's Day and major activities It is made up of the Bishop responsible for this ministry, the

Department's Director and Secretary, those in charge of the Interdiocesan Secretariats for Pastoral Care in Health, representatives of FERS, of the Christian Fraternity of the Sick and Handicapped, and the Coordinators of the six Commissions working within the Team:

— Pastoral Commission for Hospitals. Coordinator: Rev. Dionisio Manso, Camillian, Chaplain of La Fe Hospital, Valencia;

— Health Ministry Commission for Parishes. Coordinator: Rev. Antonio Rodríguez, pastor in Barcelona;

— Pastoral Commission for Mental Health Coordinator: Rev Mariano Galve, priest in Zaragoza;

— Commission for Christian Health Professionals (PROSAC). Coordinator: Joan Viñas, M.D., surgeon at Arnau de Vilanova Hospital, Lleida;

— Training Commission. Coordinator: Rev. Francisco Alvarez, Provincial of the Camillians;

— Pastoral Commission for Palliative Care. Coordinator: Rev. Marcel'li Carreras, Chaplain at Sant Andreu de Manresa Hospital, Barcelona (cf. Appendix I).

Diocesan Delegations for Pastoral Care in Health

These delegations have as their objective to promote, encourage, and coordinate—as assigned by the Bishop and in his name—the evangelizing action of the diocesan Church in the world of health. They have been created in all the dioceses except one. Among the Delegates there are thirty-three chaplains, fourteen parish priests, three religious men, nine religious women, and five lay people. Most of the Delegations work as a team and program their objectives in contact with the other Diocesan Delegations and with those for Pastoral Care in Health in their area. Since 1977 the National Delegates' Meetings have been held annually in Madrid; they are a channel for encounters and communion, reflection and commitment

Interdiocesan Secretariats for Pastoral Care in Health

These Secretariats are gradually getting organized. In Catalonia, Galicia, and Andalusia they now function under Statutes approved by the Bishops. The Delegations meet regionally and organize some activities in common (the Archbishopric of Oviedo, the Basque Country and Navarra, and Levante-Murcia). Aragón, Rioja, Soria, and the Duero region meet at irregular intervals

Spanish Federation of Religious in Health Care

This organism, with a rich history, groups together over 10,000 men and women religious working in health and with the elderly

Contact and Collaboration with Other Organisms

— The Healthcare Ministry works closely with other bodies in the Spanish Bishops' Conference: Lay Apostolate, Liturgical Catechesis, Interdenominational Relations, and the Social Ministry

— This sector as a whole has actively taken part in the major Congresses on Evangelization held in Spain: " Evangelization and Man Today " (1985) and " Evangelizing Parish " (1988).

— This Department also maintains close contact with the Pontifical Council for Pastoral Assistance to Health Care Workers.

— We also communicate with the corresponding pastoral organisms in Portugal, Brussels, France, Italy, the United States, and several Latin American countries.

4. Leading Activities of the Healthcare Ministry in Spain

Among the multiple activities of this ministry in Spain, we shall point to those we regard as most significant.

4.1 *Sensitizing the Hierarchy*

This necessary sensitizing has been carried out, on the one hand, by the Diocesan Delegates through frequent contact and detailed information for their respective Bishops and, on the other, by the Department for Pastoral Care in Health through reports presented to the Plenary Assembly of the Spanish Bishops' Conference and periodic communications sent to all the Bishops.

— The report entitled Presence and Action of the Church in the World of Health, 25th Assembly.

— The report on The Church and the Disabled to commemorate the International Year of the Disabled, 1981, 35th Assembly.

In 1991 the Pastoral Vicars of all the Spanish dioceses studied the topic " Church and Health " in their annual National Meeting

4.2 *The Celebration of the Day of the Sick in the Spanish Church*

This celebration began in 1985, after a long study in which the Diocesan Delegations for Pastoral Care in Health took part. The Day of the Sick has been well received in all the local Churches. It is undoubtedly a very positive experience for the Spanish Church, whose fruits are already visible: greater knowledge and appreciation of pastoral care of the sick, a resurgence of such pastoral groups in parishes, a word from the Church being heard in this field, satisfaction among many patients who see they are taken into consideration, and so on. In addition, the preparation and celebration of this Day has been a basic catalyst for activities and the people doing this kind of pastoral work.

The Day is very carefully prepared. Once the theme is approved by the Bishops' Pastoral Commission, the National Team draws up the project with Orientations for the celebration to specify the approach to the theme intended, establish objectives, propose content, indicate campaign materials, and point to the activities which will be carried out on a national, diocesan, and local scale. The National Delegates Meetings, which open the social year, focus on the study of the topic.

The slogans and topics for the Patient's Days held up to now are as follows:

— " I was sick and you visited me " (1985);

— " The sick evangelize us " (1986);

— " More Humane Treatment, " greater humanity in care (1987);

— " The Neediest and Most Neglected Patients " (1988);

— " The family also counts, " the family of the patient (1989);

— " Curing Communities" , the parish and the sick (1990);

— " Jesus is health, " Church and health (1991);

— " Discover their world " (1992).

This Department publishes and distributes the following materials: a poster, a card with two prayers, a message from the prelates on the Bishops' Pastoral Commission, catechesis for children, young people, and adults, an outline for the liturgy, a prayer encounter. And, in collaboration with the journal Labor Hospitalaria, it puts out a monographic issue devoted to the chosen theme. We give a lot of

attention to ensuring that the Day will be taken up and lived out by the whole Christian community, not as something passing and routine or mere folklore, but as the end result of all the work done during the year We want patients and pastoral groups to exercise a special leadership in preparing and celebrating it. The Day has an eminently ecclesial and pastoral character

4 3. *Regulation of Religious Assistance at Hospitals*

On July 25, 1985 a basic Agreement on Catholic Religious Assistance at Public Hospitals was signed; it was published in the Official Bulletin of the State on December 20, 1985 Agreements on specific applications of its content were later signed with the National Health Institute, different Autonomous Communities, and provincial, local, and municipal authorities.

Thanks to this regulation the legal foundations have been laid for religious assistance at hospitals in the public sector which will undoubtedly facilitate providing such assistance under favorable conditions

4 4 *Renewal of Pastoral Care at Hospitals*

Pastoral care at hospitals is very important within the context of ministry as a whole. In all spheres, we have therefore devoted effort, imagination, and time to renewing it We shall list some of our main actions.

1. Qualification and permanent training of pastoral workers at hospitals, particularly chaplains. There are many activities organized for this purpose. Some of the leading ones are:

— monthly meetings held in many dioceses;

— interdiocesan and national encounters;

— training courses for pastoral workers at hospitals Since 1983 two or three have been held annually on a national level. More than 500 people have taken part

2. Publication of the Document by the Bishops' Pastoral Commission on " Religious Assistance at the Hospital. " Dissemination and study of this document.

3. Pastoral Meetings in the Field of Mental Health. Eleven such meetings have been held in all.

Psychiatric work requires specialization which we have sought to promote through these Meetings, along with regional Encounters, permanent training courses, and periodic communications, by way of circulars from the Coordinator sent to all chaplains and religious communities at psychiatric hospitals

4 5. *Sensitizing Christian Communities and Forming Groups*

The resurgence of visitors' groups and pastoral teams for healthcare in parishes makes one thing clear: Christian communities are recovering their sensitivity to the sphere of the sick and are taking on their role in caring for them.

The Commission for the Parish Healthcare Ministry has studied the results of a Questionnaire filled out by 2,070 parishes all over Spain and is working on the document Orientations on Pastoral Care of the Sick in Parishes. There are innumerable experiences in training pastoral workers in this area now taking place in parishes, dioceses, and other ecclesiastical demarcations.

4.6. *The Church's Hospitals*

The Church (Religious Orders and Congregations and Dioceses) has its own hospitals The changes in Spanish healthcare have had repercussions on them. In 1980 a Round Table was held on the Church's hospitals, convened and organized by the National Health Ministry Secretariat and FERS. As a result of it, the Commission on Church Hospitals was created, which functioned for two years and carried out two major actions: a study of the Church's hospitals (incomplete because not all participated) and drawing up the document *The Configuration of the Catholic Hospital*.

4 7. *Promoting a Committed Laity in the Health Field*

In 1986, within the National Team, a Commission for Christian Health Professionals got started which organized the First National Meeting in 1987 at El Espinar and drew up an Action Plan which was approved by those attending (Action Plan of the PROSAC Commission).

The Commission annually organizes the PROSAC Meetings, which have been held in Zaragoza, Torremolinos, Montserrat, and El Escorial. Close to 500 health professionals have attended them—doctors, nurses, nurses' aids, and subordinate staff. Each year the Commission holds a Seminar on a topic in bioethics, offering the dioceses opportune orientations and a documentary dossier. The three topics studied have been: " Euthanasia: Professional Secrecy and the Right to Privacy, " " Ethics of the Quality of Life, " and " Ethical Aspects of AIDS "

4.8 *Action Plan on Euthanasia and Assistance Towards a Good Death*

As a result of the presentation of the PROSAC conclusions to the Plenary Assembly of the Spanish Bishops, an action plan on " euthanasia and assistance towards a good death " was drafted and approved by the Permanent Commission at its meeting in September 1989. The three organisms directly involved in development of the plan were the Commission for the Doctrine of the Faith, the Committee for the Defense of Life, and the Pastoral Care in Health Department (Bishops' action plan).

4 9. *Formation*

Formation is one of the main needs in this as in other pastoral fields All the " organisms " for pastoral care in health have devoted a great deal of attention to formation, and numerous formation activities are carried out, such as holding full-length and short courses, study days, seminars, roundtable discussions, and so on and the creation of several Schools (Bilbao, Seville, Barcelona, Madrid, Valencia, Zaragoza). The Camillians have opened the Camillian Center for Pastoral Care in Health in Madrid. The St. John of God Brothers are developing a home-study formation plan in this field. The FERS also offers many training courses for women religious in healthcare.

The Pastoral Care in Health Department has prepared over the years documentary dossiers on the following topics:

- The Chaplain at the Service of the Sick;
- The Chaplain as Pastor of the Hospital Community;
- The Chaplain and Bioethics Evangelizing Liturgy at the Hospital;
- Suffering at the Hospital: A Pastoral Challenge;
- The Helping Relationship;
- Introduction to Pastoral Care in Mental Health;
- Pastoral Care and Health;
- Church and Health;

- The Christian Community and the Sick;
- Euthanasia;
- Professional Secrecy and the Right to Privacy;
- Ethics of the Quality of Life;
- Ethical Aspects of AIDS;
- Ethical Advising at the Hospital
- The Diocesan Delegate for Pastoral Care in Health;
- The Spanish Healthcare Ministry.

The Formation Commission has worked out two Formation Programs for Pastoral Care in Health, one basic and the other intermediate.

The journal *Labor Hospitalaria*, published by the St John of God Brothers, has for years been offering an inestimable service in integral formation of Spanish pastoral workers in healthcare. The first issue of the journal *Humanizar* ('to humanize') will soon appear, published by the Camillian Fathers.

5. Main Projects of the Spanish Healthcare Ministry

The National Team for Pastoral Care in Health worked out the 1990-1993 Action Plan of the Healthcare Ministry Department Approved by the Bishops' Pastoral Commission, it is being put into practice (cf. Appendix 2). Among the activities planned the following may be stressed for their significance and repercussions

Drafting the Document on " Church and Health "

This is an ambitious action whose basic objective is to foster reflection—as broadly shared as possible—on health policy and care in order to trace out, under the inspiration of the Gospel, the major directions of the Church's presence in the world

The three main chapters of the document are " Health Care and Policy Today, " " Health Policy and Care in a Faith Perspective, " and " Practical Guidelines and Priorities for the Church's Presence in the Field of Health Policy and Care "

The realization of the project includes several phases.

1. Developing the materials to facilitate personal reflection and sharing in groups.

2 Presentation of materials to those responsible.

3. Study of materials and gathering together contributions (diocesan phase)

4 Holding a National Pastoral Care in Health Conference.

5. Drafting the document

6. Presenting the document to the Spanish Bishops' Conference

7. Publication, dissemination, and application of the guidelines approved.

The 1993 Day of the Sick Devoted to the " Good Death "

* To implement the Bishops' Action Plan on assistance towards a good death

Consolidation of Christian Health Professionals

* To continue to hold National Meetings and Bioethics Seminars

* To promote the movement in the dioceses where it does not yet exist.

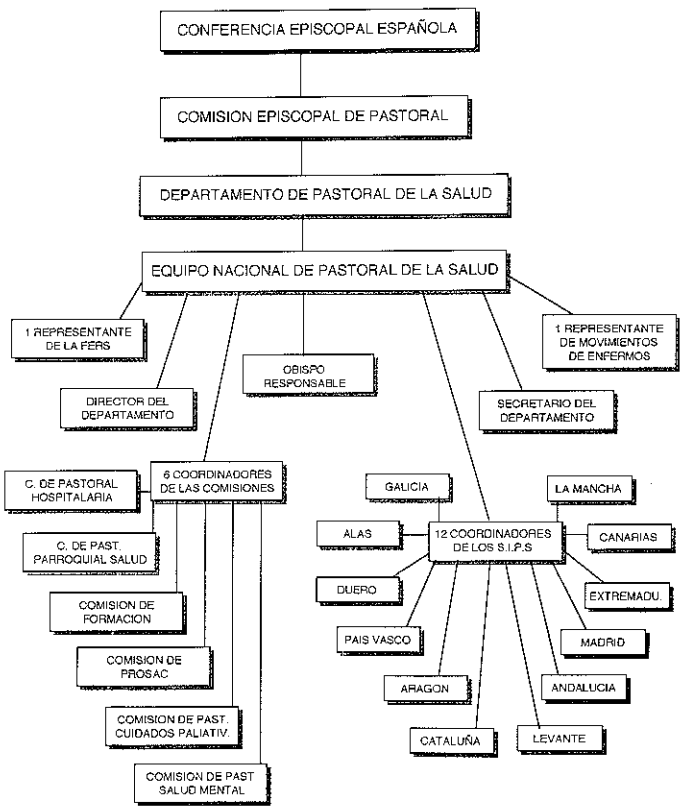
* To publish a book on PROSAC's history and contributions.

Pastoral Care in Health is well known, valued, and appreciated in the Spanish Church today. Slowly but surely it has gone on developing, thanks to the support of the Bishops' Conference and of the individual Bishops in their dioceses and the enthusiastic work of numerous persons and groups that the diocesan, interdiocesan, and national organisms have been able to encourage, promote, and stimulate We still have a long way to go and are hopeful about traveling this way with the help of the Lord

Rev. RUDESINDO DELGADO PEREZ
Director of the Pastoral Care in Health Department of the Spanish Bishops' Conference

APPENDIX I

ORGANIZATION CHART
FOR THE SPANISH HEALTHCARE MINISTRY



Appendix 2

1990-1993 Action Plan of Spain's Pastoral Care in Health Department

Introduction

The National Team for Pastoral Care in Health, at its 29th Meeting, considering the contributions sent by the Commissions and different diocesan and interdiocesan secretariats, has established the major objectives and main lines of action for the Pastoral Care in Health Department for the period extending from 1990 to 1993. The plan worked out by the National Team for Pastoral Care in Health seeks to be a framework defining the course of this ministry, allowing communion among all, giving unity to its pastoral work in this field, and helping to situate the different activities programed in various spheres.

General Objective

To set in motion a new evangelization in the world of health

Specific Objectives

Objective 1 To illuminate the realities, problems, and situations posed in the world of health and their pastoral implications

Actions

1. To stimulate and develop theological-pastoral reflection on health, suffering, and death, involving therein pastoral workers, scriptural scholars, theologians, catechists, and pastoral experts.

2. To promote interdisciplinary reflection on the following ethical problems, with a view towards illuminating and clarifying them.

- Ethical problems in psychiatry.
- Ethics of the quality of life.
- The quality of healthcare and the responsibility of health professionals

3. To draft a document on *The Church and Health for All by the Year 2000*

4. To be alert to conflict situations which may arise in the world of health to devote an illuminating word to them.

Objective 2 To intensify the Church's and society's solidarity with the most neglected sick, especially terminal, elderly, and psychiatric patients

Actions

1. To implement the aspects of the Bishops' Action Plan on euthanasia and assistance towards a good death which refer to achieving integral care for the terminally ill

2 To study the serious problems psychiatric patients and their families face today in Spain, promote the coordination of persons and ecclesial institutions and their collaboration, insofar as possible, with the Administration to provide them with proper assistance.

3 To study the situation of the elderly sick in Spain and promote the coordination of persons and ecclesial institutions and their collaboration, insofar as possible, with the Administration to provide them with proper assistance

Objective 3. To consolidate ecclesial communion among individuals and organisms devoted to pastoral care in health.

Actions

1. To develop shared responsibility among all pastoral workers in the health field for both conceiving and implementing plans of action

2. To foster coordination of orientations, objectives, and activities among the different diocesan delegations for pastoral care in health, with due respect for the pace and circumstances of each one.

3. To stimulate the implementation of the Mutual Assistance Plan by the Delegations for Pastoral Care in Health as a mode of living out ecclesial communion among them

4 To open up channels for mutual knowledge and collaboration with the Churches of Latin America.

Objective 4. To stimulate the renewal of evangelizing action by parishes in the health field.

Actions

1. To support, accompany, and stimulate chaplains and suitable persons to carry out their mission by organizing meetings, visits, and dialogue with them, offering instruments and means, and so forth

2. To stimulate the communion and collaboration of chaplains, with men and women religious, health professionals, and parishes

3. To clarify the figure of the " suitable person, " his or her field of action, training, obligations, and rights.

4. To study the middle-range needs for trained staff, religious and/or lay, to provide religious assistance at both the hospitals falling under the Agreements/ Pacts and those where such assistance has not yet been regulated.

Objective 5 To continue to promote a committed laity in the world of health.

Actions

1. To organize the PROSAC Meetings each year as a framework for exchange, reflection, and commitment

2. To promote the annual holding of a seminar on a topic in bioethics as a means facilitating the ethical training of PROSAC members and offering them the chance to have a voice in the Church and health care.

3. To spur the creation and functioning of the PROSAC Commission in all dioceses

4. To broaden the PROSAC National Commission with PROSAC representatives in all the SIPS

Objective 6. To spur specific and ongoing training of pastoral workers in the health field

Actions

1. To design models for training programs aimed at pastoral workers in healthcare (basic and intermediate levels).

2 To offer one or two continuing education courses annually for pastoral workers at hospitals.

3. To contribute to preparing programs and documentation for the bioethics seminars to be organized

4. To advise and cooperate with training activities in different spheres and sectors: schools for pastoral care in health, short training courses for seminarians, visitors of the sick, volunteers, and so on.

5. To organize a service for documentation, information, and publication of aids and materials

to train pastoral workers in healthcare.

6. To work for the inclusion of bioethics in the education of future health professionals

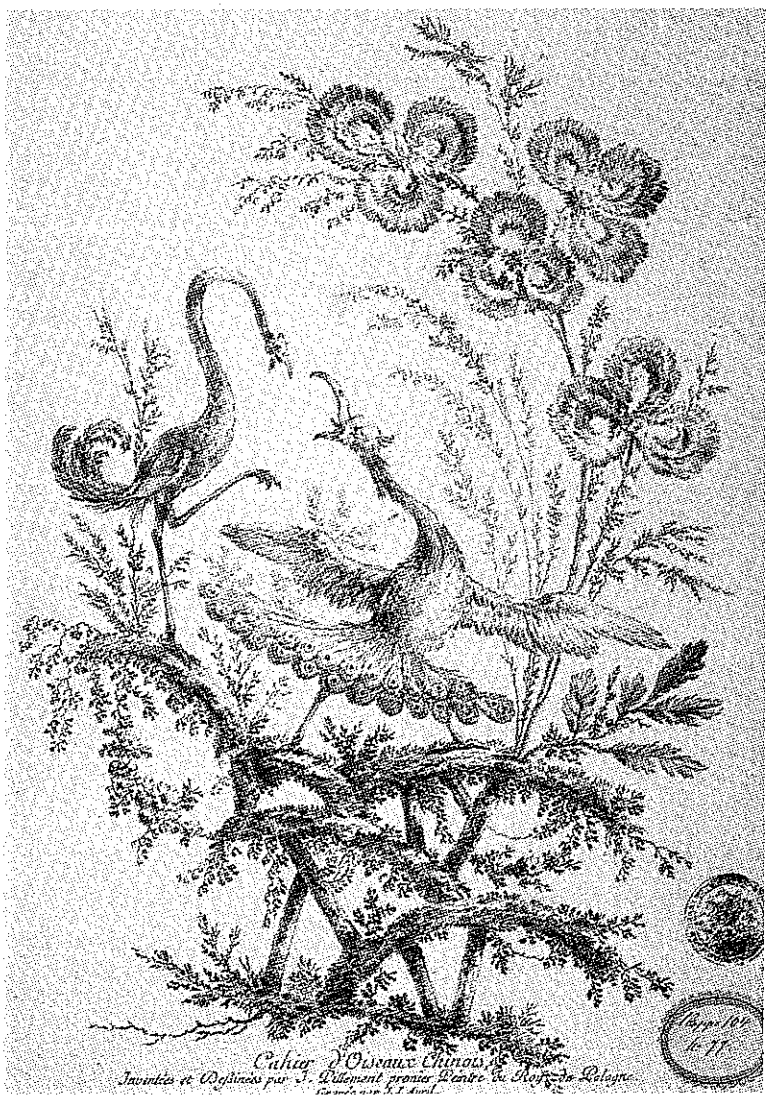
Objective 7. To stimulate and develop our relationships with ecclesiastical and civil organisms on a national and international scale

National Organisms

- Commissions and Bishops' secretariats concerned with pastoral care in health.
- Faculties of theology, pastoral and bioethics institutes, and seminaries.
- Catholic Charities.
- Volunteers.
- Ministry of Health.
- Others.

International Organisms

- Pontifical Council for Pastoral Assistance to Health Care Workers.
- International Federations: CICIAMS, Catholic Medical Association, Caritas International.
- Others.



The Healthcare Ministry in Chile

More a Reflection Than a Report

Chile is located in the southwestern part of South America and has a surface of about two million square kilometers, including the continental part and Antarctica. The terrain is extremely difficult. Great desert expanses to the north, to the south lands of abundant vegetation with a hard climate, a central zone with arid, Mediterranean-like environments. Its population, about 14 million inhabitants, is mainly concentrated in the central region, and there is thus great disparity in population density. Accordingly, there is a dispersed population far from the urban centers, with a third of the people living in conditions of extreme poverty.

Throughout the country one observes a situation of marginalization to a significant degree which undoubtedly compromises health care and even the primary care of large human groups.

In this context, the Church has become present with operative pastoral care in health in the 26 dioceses; Caritas is the coordinator and promoter of initiatives falling within the framework of material and spiritual possibilities in order to meet the most urgent needs of the marginal groups in society overwhelmed by suffering. Now, instead of an account of my experiences, allow me to offer a reflection.

There is a Church which hopes, which lovingly cares for the sheep in its flock, which obediently receives the voice of the Shepherd But there is a Church which seeks, questions itself, errs, and comes across the lacerated bodies of drug addicts, alcoholics, those who are rejected because they have contracted HIV, sick people with different pathologies, the disabled and handicapped, without access to health facilities and even less to recovery and advancement. They are not two Churches—all belong to the same one, hoping that the Gospel will penetrate hearts and minds.

The Chilean people, in the last two decades, has lived through two stages: one prolonged, on account of an authoritarian political system whose social cost fell upon the poorest (particularly as regards health), while the market economy installed itself with indifference, giving rise to private medical facilities, clinics, hospitals with superior technological development which cared for the health of a small portion of the population, that which had and still has wealth and privileges at its disposal; public hospitals underwent progressive deterioration caused by systematic neglect to the point of insensibility.

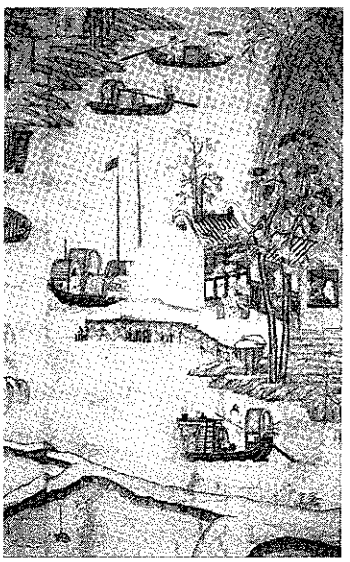
Was the Church present in this real historical context? In what way?

A) Supporting and accompanying the sick, in their spiritual dimension, with the concentration of limited material resources, providing primary care to society's most dispossessed and marginalized.

B) Training volunteers capable of helping and accompanying the sick.

C) Encouraging these same volunteers to take part in Pastoral Care in Health on a diocesan level.

D) Maintaining the professional training of doctors and nurses at the Pontifical University, whose work is simply irreplaceable



Catholic Charities in Chile must thank the U.S Medical Mission Board and Caritas in Italy and Germany for their significant contributions in medicines, vitamins, and kits, along with basic instruments for minor surgery.

A description of experiences in this period, during the authoritarian regime, would prove lengthy, and even more so an account of the sufferings of so many individuals Too many have died for lack of timely care.

The second stage corresponds to the return to the democratic system. The market economy is definitively established, with a clear effort by the authorities so that this economy will be social, placing man once again at its center.

However, at incredible speed there comes into play consumer society—practical materialism, as a system and way of life which proudly replaces the ideological variety—thereby deteriorating values and culture and fracturing faith.

The new poverty thus arises as a product of the market economy which joins with the classical variety, advancing together with it to excess and projecting a moral crisis which deeply affects a people's health

The Development Ministry has twice announced that in Chile today, out of a population of 14 million inhabitants, there are 5 million poor people, lacking what is indispensable; this new poverty, then, leaves the door wide open to drug addiction, child prostitution, and the advance of AIDS, with a 30% increase in just one year. Hence it is not hard to imagine the systematic deterioration of health, particularly among the young

Drug Addiction

As regards this situation, we shall devote a few words to the sometimes bitter but just as exalting experiences in the face of the effects most destructive to health: marginalization, poverty, challenging diversity, social conditions

—that is, drug addiction, alcoholism, and AIDS

Drug addiction may be found in 30-40% of young people, including school-age children from marginalized sectors of society. The most common substances are marihuana and Neoprén. The former does not produce physical, but psychological, dependence whose most decisive consequence is that " the future is diluted, just like the past, along with morale, provoking what has been termed a " demotivational syndrome "—the complete loss of the meaning of life.

Neoprén, an organic solvent used as glue, acts on the central nervous system, progressively destroying neurons In simple terms, the most noble tissue, which is the brain, is " diluted, " with effects on behavior, a loss of interest in oneself and others; moral anaesthesia is produced, and the addict does not recognize affections, rules, bonds, or norms.

It is used especially by children and teenagers. In the last decade the psychiatric picture connected with the abuse of these drugs corresponds to about 50% of consultations at the Mental Health Institutions. This is not the place to detail the sad descriptions of self-mutilation, enucleation of eyes, maculation, and heteroaggression. It suffices to know that drugs have reached significant levels equivalent to terrorism. 16% of the houses have already been assaulted. In the face of this scourge, only the Church—and very precariously—maintains some very modest rehabilitation centers for drug addicts, also offering pastoral assistance to detention centers for adult and young offenders.

Alcoholism

Alcoholism is an endemic malady in Chile In our country alcohol has plunged a significant proportion of the people into an unfortunate individual and family situation. 25% of the population engages in immoderate drinking (5% are alcoholics, and 20% excessive drinkers); sadly, we observe that alcohol consumption is progressively compromising young people and women.

The Church has become involved with both problems, organizing Rehabilitation Centers for Alcoholics and Drug Addicts on a parish level, with paid professionals and volunteers. Their mission is to rescue patients from both drugs and alcohol and seek their reincorporation into society

AIDS

In the face of the AIDS problem, Chilean Catholic Charities —without a doubt and not without difficulties—was the first to take persistent, persevering action in prevention, education, and accompaniment of the sick, who are rejected by a significant portion of the population.

Unfortunately, we are suffering from a reductionist campaign conducted by the Ministry of Health, which uses television to try to prevent the disease through condoms. The Pontifical Catholic University's Channel 13 and one private station refused to broadcast it, giving the whole country an example of consistency with their Christian principles, in defense of the cultural patrimony.

For this group of suffering human beings, Caritas is the first to be present and takes up, welcomes these people undergoing enormous hardships because of the indifference and intolerance of those who fear experiencing some discomfort.

We recall what Cardinal Archbishop O' Connor recounted at the 1989 Conference (entitled " To Live: Why? ") concerning his encounter with AIDS patients at Christmas. That example gave us the strength to spend Christmas night with them, too—the birthday of all mankind

At our " House of Welcome " 32 terminal AIDS patients are dying physically to open themselves to the fullness of life In Santiago and Valparaíso alone 250 patients are receiving home care And the way of the Good Samaritan is thus gradually being traced

out—a way we too often lose sight of on account of the " belt parkways " swiftly taking us to the superhighways where we can advance at great speed, but unable to see man close up; we must stop for a minute to approach Him and share the pain which purifies and makes us adults.

Abortion

In our country the problem of induced abortion is very extensive, as in the opulent, hedonistic world of the developed west. Although the statistics available are not very precise (referring only to abortions with medical complications), the figures on this scourge are alarming There are an estimated 180,000 deliberate abortions per year in Chile, 40% of which involve teenagers.

Today getting an abortion in Chile is as easy as getting a medical examination. Hence the defense of the lives of the still unborn must urgently be taken up with the help of mothers and by way of adequate sexual education in which family values, as a superior and fundamental good of society and human sexuality, are given priority and stress

Prevention

Everything seems to indicate that the great task in the face of this serious problem of health is to take progressive action in the most vulnerable and highly exposed social groups, such as children and teenagers in the so-called " marginalized " world, through Pastoral Care for Prevention.

Behind every drug addict, every unwed mother, and every abortion, there is early affective abandonment as a result of the lack of a family group consolidated around firm moral principles.

My words might leave a slant of pessimism; and yet there is a reality allowing us to view a horizon of hope. Chile is a nation in which we are feeling the effects of the evils at the close of this century; nevertheless, there are still basic values which are lived and defended with sincerity—that is, values which sustain the family, the foundation of every healthy society.

Chile is a country that lives around the family, the synonym for love, where mothers, for example, do not grow tired of being mothers, out of pessimism or fear of society, but, on the contrary, we encounter numerous families because people have so chosen and done so responsibly at every level of society This characteristic,

which more than one Chilean might describe as " obvious " and which does not receive the weight it deserves, is a common trait that many nations would envy.

In the face of this social and healthcare perspective, I feel a final reflection is important To make room for Evangelization, we must swiftly turn our gaze of love and educational commitment once again towards children and teenagers, since it is they who are opening themselves to life. To turn our friendship and concern towards them means to come to form part of their own families, encouraging them to walk together, warning them of the social evils which immobilize the spiritual and physical health of so many poor people who today lie lacerated and stricken on the edge of the road. At the root of so many diseases there is marginalization at work.

It is precisely doctors, nurses, other health professionals, volunteers, and priests and religious who are called to be the living image of Christ and of his Church in love for the sick and the suffering.

It is necessary for this most precious heritage, which the Church has received from Jesus Christ, " physician of the flesh and of the spirit, " not only not to diminish ever, but be valorized and enriched increasingly through a recovery and decided relaunching of pastoral action " for the sick and suffering, " recalling what Cardinal Ratzinger asserted: " A vision of the world which cannot give meaning to pain and make it precious is of no use at all It is certainly necessary to do everything possible to alleviate the pain of so many innocents and to limit suffering However, since human life without pain does not exist, whoever is unable to accept pain rejects the only purification which makes us become adults. "

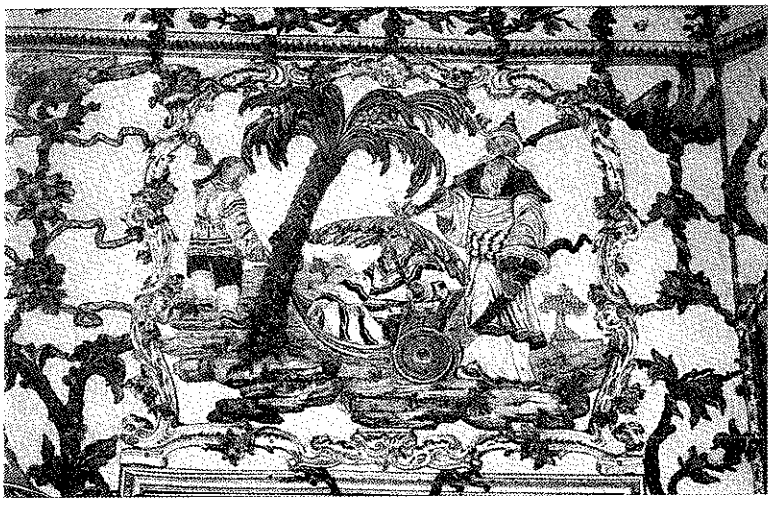
To conclude, I shall provide you with a summary of the Church's facilities in the health field, including religious and lay staff

- 7 hospitals, 1,200 beds (primary and secondary care).
- 1 university hospital for training doctors and nurses which supplies one fourth of the country's professionals in these areas.
- 21 religious congregations working in the health field
- 446 healthcare centers affiliated with parishes and coordinated by Chilean Catholic Charities which provide primary care and education through volunteers
- A national center for distributing medicines.
- A House of Welcome for AIDS victims.
- A national school run by Caritas for nurses' aids, where 200 young people enter each year, with a Volunteer Department. There are 2,000 volunteers who devote themselves to the elderly, children, young people, and the sick, in coordination with the Department of Pastoral Care at Hospitals.

We may assert that there is not a single hospital where a volunteer is not present to announce the advent of Christ, a permanent novelty, the only force for change in man's life and history

The Congregations most active in health care are the Brothers of St. John of God, Don Orione, Don Guanela, the Daughters of Mother Theresa of Calcutta, and the Religious of St. Anne.

Rev. BALDO SANTI, O.M.D.
Executive Vice President
CARITAS - Chile



To Augment the Church's Presence among the Sick

First of all, I express the gratitude of the Cuban Church to the Holy Father for having appointed me a member of the Pontifical Council for Pastoral Assistance to Health Care Workers.

Our gratitude goes out as well to Cardinal Angelini, President of this Pontifical Council, who took the initiative of presenting my name to the Holy Father, so that, together with others—Cardinals, Archbishops, Bishops and Prelates, religious, and lay people—we might form part of this body.

The Cuban Church is so far removed geographically from this European Continent, but so close to the heart of Peter, who on innumerable occasions has shown his special love for our people, a love which undoubtedly spurred Your Eminence and Father José Luis Redrado to visit our beloved Island three times. The Cuban Church is thus very grateful for the attention you have devoted to us and for all you have done in relation to the maximum civil authorities so that women religious consecrated to the service of the sick could work at the hospitals in our country.

Thanks to these efforts, there was a request and desire which, though not yet assuming concrete shape, are present in the hearts of all—Cuban bishops, priests, religious, and lay people. The work done by this Department and its multiple activities around the world are worthy of all praise—it has given the Church the role which corresponds to it in the health field.

We also value the International Conferences organized by the Pontifical Council as very positive and highly praiseworthy.

If I may be allowed, I would like to present some ideas which might be considered.

In the first place, we greatly esteem volunteer work, which in Cuba we call Visitors of the Sick Teams—these, together with the Ministers of the Eucharist, have contributed their best efforts in unselfish work with patients and in spiritual attention devoted to them. Every Sunday, every religious feast day, every first Friday of the month they cooperate with priests in distributing Holy Communion to the sick, elderly, and invalids, who remain at home in greater numbers than those cared for at facilities.

It would be excellent if, through the journal *Dolentium Hominum* and other means, these experiences were made known and promoted. To me the work of the Lay Ministers of the Eucharist is quite important—with enormous dedication and sacrifice they take the Bread of Life to those who are most neglected. We have few priests, and they do not suffice for so many requesting Communion.

Secondly, it would be appropriate to set a date for the Universal Celebration of the Day of the Sick, supporting it annually with material and pastoral approaches.

Thirdly, to promote an Ecclesial Organization, supported by this Department, of the different Catholic health professionals: doctors, nurses, pharmacists, and so on, with basic orientations for their organization and membership.

Finally, to get children and young people interested in this vast field of health; let us not forget that the children of today are the Church of tomorrow.

To hold International Contests in children's painting, literature, and so forth. To be aware of and make known heroic acts by children and young people in favor of the sick. To reward the most outstanding. This would increase children's esteeming and following the Gospel values.

In closing, I cannot forget that I am a Latin American and that the slogan " Church and Health in the World " urgently requires becoming aware of the problematic of children's health in Latin America and the Caribbean.

Our commitment and mission as Church are needed for the survival and development of children, in avoiding the death of millions of them before the end of the century. The Cuban Church affectionately salutes Your Eminence, your staff, and this distinguished Assembly.

Most Rev.
MARIANO VIVANCO VALIENTE
Bishop of Matanzas, Chairman of the Cuban Bishops' Commission for Pastoral Care in Health

Report of the International Federation of Catholic Medical Associations

During the past year the Federation continued to publish its newsletter, its main purpose being to interest other Catholic Institutions in our work, but its other important role is to make the Federation known among non-Catholic organizations and Institutions in the ethics field. In September 1990 the Federation held its four-yearly International Congress at Bonn, and the nine papers of the proceedings are now available in English or German texts ($ 15), obtainable from the Executive Secretary FIAMC, Palazzo S. Calisto, 16 - 00153 Rome, Italy

In between the International Congresses, regional meetings are organized to take place midway in the four-yearly cycle The European region has organized its Congress on the theme of " Medicine at the Dawn of the Third Millennium, " and it will take place in Venice between the 25th and 28th of March 1992. Enquiries to: Congress Secretariat, A.M.C.I., Via della Conciliazione 15, 00193 Roma, Fax: 06/6869102.

Papers emphasizing the importance of the environment in its relation to the quality of life, the importance of ethics for the physician, and the problems of certain young physicians in Europe will be read, among other topics Later in the year the Asian region will hold a Congess in Bangkok, November 8th to 11th, with the theme " AIDS, Life, and Love. " The Congress opens with the Alimurung Lecture (Dr. Alimurung was President of the Federation some years ago). Enquires should be made to the Congress Secretariat, St. Louis Hospital, 215 Salthorn Road, Bangkok, Thailand.

The Indian Federation of Catholic Guilds plays a large part in the work of the FIAMC Bioethics Centre in Bombay, a Centre set up by past President Dr Chicot Vas. It produces ethical documents and has working parties on moral issues.

The Latin American region has been in existence since about 1986 and is now composed of several countries in that region. It is a pleasure for me in this report to pay a personal tribute to Dr. Hugo Obiglio, Vice President, for his energy and time spent in promoting the Federation on that Continent The Episcopal Conference of Latin America is associated with a meeting to be held in the Dominican Republic from July the 9th to the 11th next, organized by the Dominican Association of Catholic Doctors, under the patronage of the Federation, which I will represent It will hold a meeting to create a regional structure for Latin America

Academic meetings will also take place, and the ethics of problems in psychotherapy, high medical technology, and assisted reproduction will be discussed. This is the culmination of much hard work by our Vice President. He has also arranged a working relationship between the Catholic Doctors Organization in Buenos Aires, with the Centre of Research of Bioethics, and the Argentine Centre of Ethics and Biological and Medical Morals, to prepare a data base on Bioethics. Cardinal Quarracino, the Archbishop of Buenos Aires, has invited him to set up a Committee for the protection of and right to life.

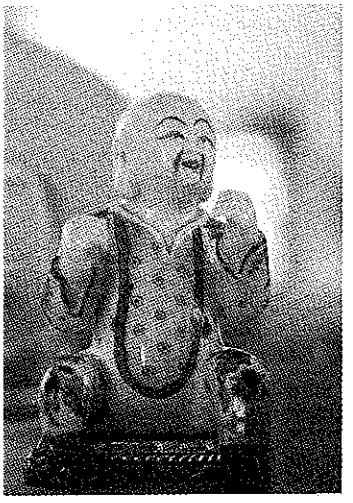
The Oceanic region includes the New Zealand Guild, which, alongside additional countries, works very closely with other professionals to produce excellent publications and also from time to time form delegations to meet government bodies on emerging moral issues. One excellent example of such work this year is a recent pubblication issued by the Pastoral Office of the Archidiocese of Wellington This Symposium was on " Love and Protection for the Human Person " and had Physicians, Catholic Lawyers, and Cardinal William all taking part to produce work of a calibre that is an example to our other Organizations.

The Federation values its membership in International Catholic Organizations, a body that incorporates all the Lay Associations recognized by the Holy See. This Organization is involved in Centres in Geneva, Vienna, Paris, and New York which monitor some of the work of the International Organizations. For example, in Geneva the World Health Organization, and in New York the United Nations The Federation hopes one day to have non governmental organization status at the World Health Organization, where there is presently small input into medical work in developing countries, but the Federation is concious that it is the Holy See's wish to have a Catholic medical input into these Organizations.

Croatia and Nigeria have requested membership in the Federation, and the necessary documentation is awaited from them. The Federation's central structure depends on the hard work of our Secretary General, Professor Osswald, our Treasurer, Dr. San Filippo, and our ecclesial assistant, Msgr. Cassidy Our thanks to Signora Biondi, who is the part-time Executive Secretary.

The Federation has launched an appeal for 200,000 U.S. dollars to increase our office facilities, which are necessary for the effective running of the Federation. Some 22,000 U.S. dollars have been given. Sources of possibile donors would always be welcome to help our mission.

THOMAS LINEHAN, M.D.
President FIAMC
International Federation of Catholic Medical Associations



Report of the International Federation of Catholic Pharmacists

Your Eminences, Exellencies, distinguished delegates!

It is a great pleasure and honour to address you in this eminent Council of the Catholic Church. On behalf of the International Federation of Catholic Pharmacists, I express my sincere thanks for having the opportunity to present our organization, to report on our activities, and to inform you about our plans for the future.

The extremely rapid development in the world and also in the Church forces us to revise quickly knowledge which had been thought to be indisputable and makes us adapt our perceptions.

We experience the same trends of development, exceeding our daily working capacity, also in the area of pharmacy, but we have to face reality, be concerned with matters, and cope with situations which were unknown until quite recently.

Years ago our French affiliates were considered to be very advanced in their commitment, not only in the way they dealt with counselling and giving comprehensive information to those who asked for help.

Today they have to make the greatest efforts to distinguish themselves in competing with other organizations and public Health Services

At present the Church is no longer able to carry on the tradition of medicine as in previous times because of the reduced manpower of the religious orders and congregations working in Health Service.

We know that especially our Italian affiliates support the Church in carryng out humanitarian tasks and we note with pleasure that some members assist the Council of the Holy See.

The rapid progress in medicine and expectations of new and sensational findings make it almost impossible for a single person to judge and value a medicament and its curative characteristics to their full extent

In our daily life we are often confronted with errors in interpretation—also intentional ones —which could be avoided if pharmacists were included in the process of thinking and formulating.

We Catholic Pharmacists, because of our extensive knowledge of the subject, our access to the latest documentation, and our contacts with the industry, are in a position to offer the Church our support.

Generally speaking, the medicament must not be allowed to become discredited—medicaments, which have brought benefit and aid to human beings for thousands of years and whose development is being carried forward by legions of highly qualified scientists. In this context, it must also be mentioned that the remedial means of hormone therapy can assuage pains and cure diseases, provided that medical prescriptions are carefully observed.

If the Camillian, Father Roul Matte, a medical doctor, sacrifices his life and works to fight leprosy in the Amazon area, it is to a great extent due to pharmacy, which provides him with the necessary basis and equipment to fulfill his task.

During the armed conflict in Croatia I was asked to help the university clinic in Zagreb. Thanks to the cooperation of Katholischer Akademikerverband Österreichs and the support of my family, the necessary medicine was sent promptly to the clinic

We pharmacists, having all the means we need at our disposal, are able to judge and determine the value of medicaments—also financially—and ensure their proper use. In no way must the medicament undergo a depreciating process and a reduction of its value before it comes into the hands of the users.

I am convinced we can offer good cooperation to those Church authorities worldwide engaged in relieving the situation of human beings in emergency cases, of people who are needy, poor, and suffering from diseases

In order to intensify the work of the Catholic pharmacists for the Church I should like to ask Your Eminence to help facilitate good contacts between us and those members of the Bishops' Conferences who are responsible for the Health Sector.

As competent pharmacists we are prepared to offer counselling in all areas concerning the use of medicaments

Distinguished delegates, I hope I have been able to describe briefly how important the work of the Catholic pharmacist is in helping the Church to cope with emergency cases and to face reality in the above-mentioned area, which does, of course, apply not only to the Church of Rome, but also to all regional and local levels of the Church.

Once more I want to highlight our firm intention to cooperate —for the benefit of human beings —with all organizations present, to support and supplement their activities requiring the help of a pharmacist

In addition, I should like to state that Catholic pharmacists, specially motivated by the Gospel and committed, regard helping the needy as their most eminent task.

Finally, I want to give you some factual background on our organization

There are about 2000 members enrolled in 15 countries The number of the pharmacists we reach is about 10,000.

At the moment the groups in France and Italy are the biggest, with about 500 registered members

In Belgium there are two linguistically separated groups. They are widespread because of their strict leadership. These two groups have been dealing with drug prevention for a long time now.

The German group is regenerating at present. Holger Götzendorff, their newly elected president, especially works to attract young pharmacists for cooperation.

A short time ago the Polish group was accepted by the local Episcopal Conference. Posen is the centre from which they spread over the whole country.

In Austria we have about 110 members and many friends.

We support our colleagues in Slovakia, Moravia, and Hungary. They are about to form groups.

We also help them on their professional way to independence. From Vienna we are trying to establish groups in Slovenia, Croatia, and the Ukraine.

Because of our linguistic possibilities we look after pharmacists

in Hungary. Unfortunately, their situation is difficult at this time.

We are in connection with many Anglo-American pharmacists via our General-Secretariat in Eupen, Belgium, which is run by Manfred Schunck.

We have supplied colleagues to Senegal and Nigeria, to help them to establish groups of Catholic pharmacists

In Portugal and Spain colleagues also wait for us to help them to set up groups. But it's not easy to start them.

The groups in Switzerland and Luxemburg are small, but not inactive.

The main function of the FIPC is to stay in contact with all these national groups

Every fourth year we organize a congress. The main topic is " Caring for the Human Being "

For example, in 1985 in Bruges our theme was " The Pharmacist and Bioethics "; in 1991 in Bonn " The Parmacist: Servant or Merchant. "

We hold the congresses in different countries 200 to 400 colleagues join us on these occasions.

Our General-Secretary is the pharmacist Manfred Schunck; the Vice President, Dr. Mottironi from Rome; the President of the FIPC, Mag. Scheer from Vienna, and the president of that country where the congress takes place bear the responsibility for each congress.

At our last Co Ex meeting in Vienna 14 days ago we decided that the present Vice President, Dr. Mottironi, should present our ideas more strongly than before to the Holy See in Rome. His function is also to keep in contact with friendly organizations

Thanks to our international variety we have friends at the most important places to represent us before worldwide organizations.

I have tried to give you a survey of our oganization, to inform you of our work and to propose our plans for the future to you.

Thank you very much for the goodwill you bring to the FIPC

Prof. EDWIN SCHEER
F I P C President
International Federation of Catholic Pharmacists

CICIAMS and Pastoral Work in the World of Health

1. The Gospel: a Challenge for the World of Health

" Believe me, when you did it to one of the least of my brethren here, you did it to me " (Mt 25:40)

This verse from the Gospel according to Matthew gives very good expression to the unconditional appeal to come to the aid of the least of those amongst us It is these people who are marked by suffering, by destitution, by powerlessness, by illness, and by fragility during their lives. In terms of life and faith, their crisis is clearly felt. It is in them that the suffering Christ is revealed, and he invites us to take care of them, to help and to heal those sick people who have been entrusted to our care In this way we receive a challenge to say " yes " to life, to put our small self to one side, and to dedicate ourselves to others. Love for our neighbour can thus become a tangible sign of divine love.

Christ was struck by the suffering which surrounded him His decision to live amongst the excluded and the poor fully rose above a project of life. This amounted to a radical self-identification with those He met. He even came to identify himself with them in his suffering and his death But his message is life and resurrection In him is to be found the promise of life after death He calls upon men to transform their suffering and sadness into a new form of living: whilst in darkness to become believers and to choose life.

Through the resurrection of Christ the promise of life after death becomes for us, as well, a living reality. The Gospel, by words and deeds, frees us during life, frees us from death, and frees us even after death

2. The Nurse: Breath of God, Comforter and Bastion

The nurse occupies an important position in the care and cure given to the injured and sick man. Her drawing near to faith, full of concerns and cares, makes her a silent witness to what is lived out in the heart of the sick: their moments of strength and of weakness. In this way, through her interest in the relational universe of the sick person, she becomes a source of true internal healing. In a very special way, she gives operational space to the existential problems of the sick person, to the source of LIFE, to God himself. In the often impersonal world of health she helps to give a dimension and an aspect of faith to the very great sufferings which people have to endure

The nursing profession has always involved intense observation of the account of life provided by people who are sick or in crisis. Florence Nightingale may be cited as a key-model of this approach. The basis of the care given by the nurse is rooted in this compassionate relationship. Thanks to this, the profession of nursing was given a new value. Nonetheless, we notice that under pressure from the ever-present evolution of science, technology and medical progress, it is always the doctor, with his knowledge and abilities, who takes pride of place.

In the West, above all, the world of health is characterized by a remarkablle acceleration, with the chief accent being on treatment and cure. Medical-technical knowledge has become preponderant and there is an exclusive concentration upon the achievement of a cure. This evolution in medicine puts the nurse under pressure to such an extent that there is now a danger that her profession will become a mere extension on the arm of medicine She has become the (frequently silent) agent of a series of medical technologies which belong to the realm of, and are inherited from, medical science. In this way her attempt to accompany the sick person in a caring fashion has been severely compromised.

Nevertheless, she seeks to rebalance her increased professionalism on the one hand, and to do the same with regard to her awareness of the specific task which is allocated to her, on the other. The development of palliative treatments and integrated nursing care are a living example of this The intimate link between a true and gentle presence directed towards others and professional ability thus makes up the essential part of the creative mission to which every nurse who is inspired and committed in pastoral terms must dedicate herself. But this tension is coloured by the specific realities of each people and culture. This tension has specific characteristics in the Western World, which itself is characterized by pluralism and

high levels of technological knowledge.

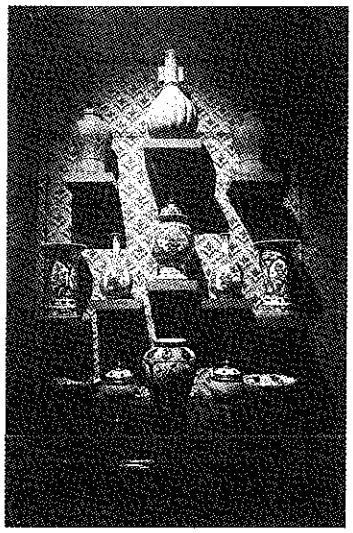
In the Western World, including the United States of America, nursing care in the overall treatment of sick people was often entrusted to the Church. In many Western countries this link still exists, despite the fact that in numerous institutions Christian inspiration remains inactive. The societies of Europe and America have experienced many changes in this field as they have become pluralistic. Christian health organizations encounter difficulties in their attempts to give an authentic form to their objectives. Their mission involves supplying a capacity and creating a climate in which patients and their colleagues can achieve points of contact, something which includes the religious dimension to their lives. This is, indeed, a fundamental attitude in which the Christian vision is a dynamic which dinds its element of inspiration and motivation in the Gospel. It should also be observed that today's system of health has to deal with a growing need for improved quality in nursing care, a lack of instruments for effective assessments, an insufficient number of effective members, pay which is too low, an increase in healthcare expenses, and a image which reduces the value of the profession of nursing.

In the African universe this tension is lived out in a different way, inasmuch as it is part of a different state of affairs. Here one is speaking of a medicine of crisis, of a medical creativity, and of on-the-spot needs, abilities, and talents. The nurse often takes the place of the doctor, and she thus acquires a technical competence. Her concerned and caring approach is the best way that exists for establishing contact with the sick person, his clan, and his family. Her profession is considered very highly. She enjoys very great esteem on the part of the tribe and the people. For the nurse, faith, life, death and life after death form an innate unity in a fusion of Christian and African traditions. In her professional and caring approach to the sick person and the person who suffers, she is animated by the conviction that she is following the footsteps of Christ, the footsteps of God who took on human form in the figure of Jesus Christ.

In Latin America professional nurses trained in nursing care have a very high level of training which is directed at the art of caring for patients. On the other hand, however, the practice of medicine is extremely regulated and institutionalized. The path towards the professionality and autonomy of nurses is somewhat obstructed by the institution of medicine. A crisis in nursing care is to be found in the difference in the exercise of the nursing profession in the cities and in the rural world. It is first and foremost the basic health care workers who have the closest links with the Church.

Christianity has had a profound influence on forms of nursing care, and has organized and supported initiatives in the world of nursing care. In Latin America many countries experience political difficulties, something which causes problems in matters of communication and exchange with their European and American colleagues. The nurses (both male and female) and obstetricians work in the mobile clinics and in the rural hospitals. Here they have a special role to play because their knowledge of the population and local traditions can act as a link between traditional ways of doing things and Christianity itself.

In the Asiatic world an evolution in the field of nursing care is taking place. A Church which is still rather young has already obtained a real and authentic recognition of its value on the part of the population. The nurses and the obstetricians enjoy very high social status. Nursing care, even when it is carried out in very difficult conditions, is very closely bound up with the Church. Our Asiatic colleagues concern themselves with the very great problems of humanity and health. They venture to adopt positions derived from Christian ethics. An example of this is the affirmation of the right of children to be born. The maintenance of a balance between technical competence and a commitment to care for the sick person with humanity—herein is to be found the challenge for every nurse who is pastorally involved and dedicated. Indeed, wherever " treatment " and " care " are valued a constant concern for man in his entirety and his deepest existential problems can arise and develop.



3. Giving as an Opening Up to Life

A necessary capacity and a welcome inspiration, certainly.... But love prevails over both and is always stronger.

If in our tradition of faith we speak of Good News which gives freedom, this is because we affirm the existence of a God of love whose presence we experience in our own lives. Christian faith places us in a centuries-old tradition, the Catholic tradition.

It is a faith which makes us go beyond our own security and pushes us towards meeting others. It calls upon us to concern ourselves with the weak and fragile, people like you and me. A nurse is a privileged witness of this faith. Attracted by the suffering person, she can contribute the the construction of a divine world.

A pastoral inspiration for the nurse can be explained in the following way:

3.1 As an advocate of the sick person she is called upon to be a voice for what is inside men, to ensure the defence of the sick, and to be a messenger of the problems and the needs of the sick person.

3.2 Her presence and her caring heart work an internal healing which helps the sick person when he is in crisis or in a state of helplessness. Within her the story of the Good Samaritan takes concrete form (Lk 10:30-37).

3.3 Her fundamental respect for the unique being which is every person means that she will not break the bruised reed or quench the dimly burning wick (Is 42:3), and that she will leave room for

the tale which each person has to tell.

3.4 Modesty and respect accompany her when she tries, with care and love, to help sick people, in their highs and lows, to regain sight and hearing and thus the courage to live (Mk 8:25).

3.5 Hers is a serving power which gives new force to the weak and indigent so that serenity and healthy balance will prevail over anguish and uncertainty.

3.6 Her solidarity with the broken and fragile man is exercised in such a way that she becomes in her turn a " wounded healer " (H. Nouwen, *The Wounded Healer*), moved (full of compassion) by the wounds of sick people so as to share with them, in hope rather than desperation, the weak and strong moments of the tale of life that they make known to her.

Within the context of a present-day interpretation, here are some examples of the activities of CICIAMS:

1 Constant research into means and methods by which to improve the quality of nursing care through:

The international congresses which are organized every four years, the last one being held in 1990 in New York. The subject was " Health Care and Spiritual Values in a Changing World. "

The regional congresses which are organized to study the special problems of each region of the CICIAMS (Africa, Asia, Europe, Latin America, and Oceania)

The publication of *CICIAMS News* and information circulars

2. Forms of expression of the Christian identity:

Moments of privileged recognition, like a mass at the opening of the public events of *CICIAMS*; training of health workers; ethics and pastoral care; the publication *CICIAMS News*, where many articles are devoted to ethics, pastoral care, and deontology; participation in forms of training based upon the Christian identity; work groups of special committees of CICIAMS; the group for the study of the family; and CICIAMS' commission on morals and professional ethics.

Conclusion

Nurses who are pastorally inspired are those who share in the suffering of men. Through the faces of the sick, they discover the face of God. This must push them towards having a greater expertise in their area of competence, and a deeper inspiration in the service of a world which is more just for everybody, but especially for the " least " and the wounded.

A. VERLINDE
Secretary General of CICIAMS

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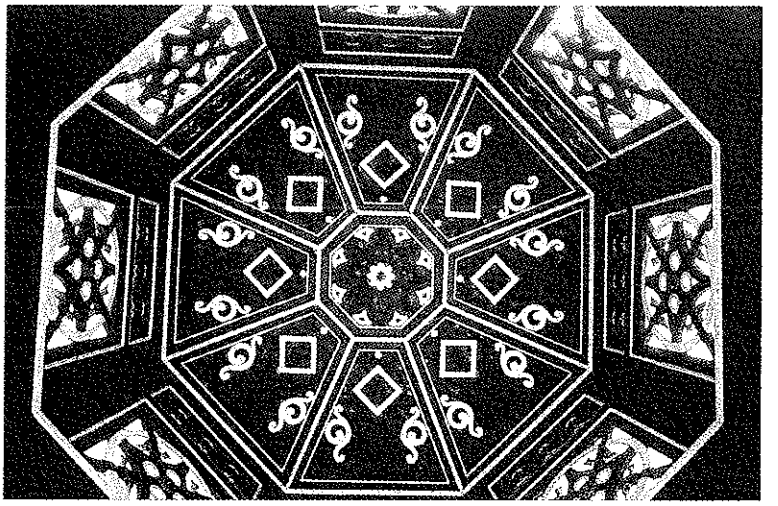

Report on the Federation of Catholic Hospitals

It is always a great pleasure to be here in Rome at the Chair of St. Peter. I am very proud to be involved in health care with the Church. As the single largest provider of health care in the world, the Catholic Church is truly faithful to the mission given to us by Christ to teach and to heal.

As we read in St. Luke's Gospel, Chapter 9, Christ gave this command to his Apostles: " to preach the Kingdom and to heal the sick. " We are not the Church of Christ unless we are committed to teaching Christ's doctrine and to healing the sick. If the Church is doing neither teaching *nor* healing, then it is certainly not the Church of Christ. The great emphasis today in this modern world must be on health care It is essential that the Church be deeply involved.

At the center of the whole healthcare system are the hospitals. Through the years, hospitals have grown and developed into centers for comprehensive health care. All different kinds of health care radiate out from the hospital. The quality of health care in a country can be judged by the quality of its hospitals. One of the great works that the Council has done under the direction of Cardinal Angelini has been to publish the first index of all the Catholic healthcare institutions throughout the world This is the single largest network of health care institutions existing today.

Since the early 1980's, Catholic hospitals have realized the need to coordinate and communicate with other Catholic hospitals. Health care professionals have been asking for an organization through which the Catholic hospitals could network with one another and receive direction more clearly and more directly from the Vatican.

Through the years, especially since the creation of the Pontifical Council, there has been an increasing need for Catholic hospitals and Catholic health professionals to be united. Several organizations have been formed in response to this need: FIAMC, the International Federation of Catholic Medical Associations; CICIAMS, the International Association of Catholic Nurses; and a pharmacists' association. These groups have been functioning very well and have accomplished much through the years. Although they still need, of course, to grow and develop, they at least now have the structure and the guidance from the Holy See to enable them to do so

Now that the Catholic health professionals have organized, it is time to set up a similar structure for the formation of an international federation of Catholic hospitals around the world.

Last week Cardinal Angelini came to New York for a meeting of healthcare professionals to discuss the establishment of such an organization. The group expressed their need for an association and gave their approval to the Statutes of the Organization that had been designed by the Pontifical Council. This association will provide a unique opportunity in the future for the Catholic hospitals of the world to be able to meet and communicate with one another on a regular basis. It will also enable many hospitals to help other Catholic hospitals worldwide to provide quality health care. There is a great need for training and sharing of experiences between hospitals, especially in the area of hospital management. This association should become the catalyst for the development of such programs

We are very pleased that the Statutes and the direction from Rome were well received and greatly appreciated by the English-speaking group Similar meetings will be held throughout the world to encourage the formation of this International Federation of Catholic Health Care Institutions, which will have its headquarters in Rome under the Pontifical Council for Pastoral Assistance to Health Care Workers I think this is a major accomplishment for the mission of the Pontifical Council and hope that this project will have the support of all Catholic healthcare institutions

So much has been done in the past. We look to the challenges of the future for even greater cooperation among healthcare facilities under the guidance and direction of the Church.

Rev Msgr
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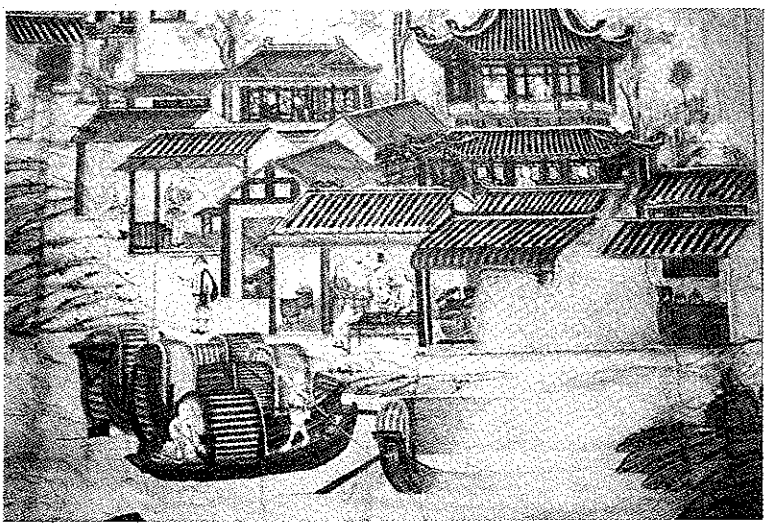


Catholic Hospitals: Towards an Ideal Leap Forward

Rarely have I felt, as I feel today, the prophetic meaning of the Motu Proprio *Dolentium Hominum* of February 1985.

If the world of Catholic health care had had the ability to put into practice those suggestions which are contained therein, perhaps today we would be together to assess certain projects and evaluate the first results.

With the presumption, or the authoritativeness, which I have gained from fifty years spent within the world of religious hospitals, I think that I can say that the moment has arrived when strategic choices must be made with regard to the future service of the ill and infirm.

Indeed, after recently visiting the United States with Cardinal Angelini and being made aware of the deep crisis which is affecting the old and new worlds, it seems to me that there is no longer any room left for uncertain tactics.

Catholic hospitals must achieve that organizational and ideal leap forward which has to be taken to achieve a different productive coordination. As the Holy Father himself said to the Catholic doctors: " Coordination at a global level could, in fact, allow a better declaration and a more effective defence of your faith, your culture, and your Christian commitment in your scientific research and your profession " (*Teachings*, V, 3 [1982] p 674; quoted in *Dolentium Hominum*, 4). The document must be brought to attention, especially with regard to an important point I would like to discuss

The second paragraph of the document centres upon Christian anthropology, with particular emphasis upon the spiritual-somatic unity of man.

If this is the primary cultural task of the Church, research formation and training occupy a preeminent position.

A commitment to the training and formation of Christian health care workers in this regard deserves especial mention and emphasis. Such a commitment is pointed to in the document as one of the objectives of the new attention paid by the Church to the world of health care

The Pope's call for a greater cooperation and understanding between the various bodies which now operate—in the name of the Church—in the world of health, with particular attention to be paid to support, promotion, intensification, necessary study, proposals and in-depth activity, seems to me can be read in pastoral and witness terms in the following way: it is generous but not very socially effective to operate individually; to the organizational resistence of health policies which are often inhuman we must counterpose effective alternative bodies which are the free expressions of the civil and ecclesial community, and this must be done with a capacity for intitiative and in a way which is fully in line with Christian values.

These words of the Pope cannot remain unheeded by the professional associations of the Catholic world, by those engaged in pastoral care, and above all by those who are responsible for the guidance of Catholic health care institutions.

They must be translated into practical and explicit programmes which involve:

a) an ethical-religious formation and training of workers and professionals through well-thought-out and coherent plans;

b) the planning of study programmes on the problems of organising services and scientific research;

c) the coordination of initiatives at a national and international level to share the results which are obtained;

d) the promotion of creativity in identifying new models of humanization.

We can no longer wait for other regimes to fall and new needs to emerge to give new value to Christian solidarity. We must act by unifying our forces so as to give a new shared style to our hospitals and to establish, with full respect for each culture, models of Christian welcoming in the world.

I would like to repeat, insofar as it might be useful, that I offer my services for a project of a high moral and strategic character, in the hope of putting the full flame of enthusiasm in the hearts of those who accept this new challenge:

1) to achieve the personal growth and development of workers and professionals so that they can give witness to a new sense of working together;

2) to promote the quality of work of a diagnostic, but, above, all preventive and educational character;

3) to foster a new sense of initiative directed towards the social-private world so as to give effectiveness and efficiency to the health and service activity of the Church.

If this is not done, I fear that we might be called to be subject to the punishment of another more devastating flame at the moment of judgement before God.

Condemned by our sins of omission and our lack of sensitivity to the presence and passing of God in history.. "I was ill and you did not visit me "

Rev.
PIERLUIGI MARCHESI, O H
Member of the Pontifical Council

Report on the Order of Malta

Your Eminence, Your Excellencies, Ladies and Gentlemen,

I have been asked to talk about the Order of Malta generally to begin with and then about its hospitals. I am grateful for this opportunity and this honor, being aware that other Orders are represented here which would deserve more to present their work.

The Order of Malta was founded at the end of the 11th century in Jerusalem, where it ran a hospital for sick pilgrims. When the first crusades reached Jerusalem, many crusaders joined the Order and turned it into a knightly order. Besides sick-nursing, the armed protection of pilgrims developed, and later on as a second task, the defence of the Holy Land and the Mediterranean area against the Moslems. From this time dates the Order's dual motto *Tuitio fidei et obsequium pauperum*.

After its foundation the Order spread quickly over the whole Christian West; in every place where it settled schools and hospitals were founded. Banished by the Moslems, the Order's headquarters moved from the Holy Land to Rhodes and then to Malta —this is where today's name comes from— until it was banished again by Napoleon and took its seat in Rome.

Today the Order has approximately 10,000 members in about 50 countries who are divided into 3 groups—professed knights, with three monastic vows as laymen; knights of obedience, who make a canonical binding vow of obedience; and the members of the third group, who commit themselves to taking part in the works of the Order and leading a good Christian life.

In Rhodes and Malta the Order founded an autonomous state, and up till today the Order is recognized as such—although without land—and has full diplomatic relations with more than 50 countries, the Vatican included.

According to the Order's tradition, the focus of activities today lies in medical work, but the activities also include the social field—i.e., sociomedical assistance. The activities have developed in a decentralized way and are planned and realized by our national organization according to the possibilities and needs of the concerned countries.

These include:

— Healthcare activities, like hospitals, clinics, dispensaries, hospices for the dying, and the service of the Order's members in the administration and management of other Catholic hospitals

— In Third World countries the main objective is the fight against leprosy, but also the fight against infectious disease. Especially in France, we are collecting great amounts of medicines, which are being distributed to various church institutions in a total of 70 countries

— Social services at in-patient institutions, old people's homes, and workshops for the handicapped, and institutions and facilities for refugees and people seeking political asylum.

— Perhaps our most noticeable and also most important task is at the moment the conduct of voluntary relief organization in 15 countries, including quite recently founded organizations in Hungary, Romania, Czechoslovakia, and Lithuania. In all, approximately 50,000 mostly young volunteers carry our their regular service in:

- different levels of First Aid
- ambulance services
- disaster relief
- education and First Aid training
- transport services for disabled
- meals on wheels
- lifeline (emergency telephone service)
- care for refugees
- visiting services in hospitals, etc.

Here I see two important aspects: many young people are at first not attracted by Christian motives, but are fascinated by the technique (blue light effect). While in service with the organization they are learning about the purpose of Christian charity.

Secondly: in the domain of disaster relief, we are indeed a smaller but actively present Catholic organization alongside many ideologically neutral ones, such as the Red Cross. Especially with the change in East Europe this played a major role: Many people, such as the East Germans in Budapest, escaped under the protection of the Church. In Croatia we are experiencing the same.

Before I start to speak of the hospitals, I would like to mention the pilgrimages with the sick and handicapped, especially to Lourdes, which are so important for the life of our Order. As already mentioned before, care for sick pilgrims is our oldest task, and here *tuitio fidei et obsequium pauperum* becomes most obvious.

Talking about hospitals now, I am going to restrict myself to the rich western countries, because here arise the essential questions for me, which are closely related to matters which were dealt with in this Conference. We have nine hospitals in Germany, England, and Italy. We are calling them Catholic hospitals. But what is a Catholic hospital? Less and less it can be recognized by the fact that sisters are doing their duty in the name of our Lord. Is it a Catholic hospital if it is run by the Church or an Order or institution, or because most of the personnel is Catholic?

These formal criteria are not enough. Especially in the rich western countries, where the presence of the Church in the public health service for the medical care of the population is theoretically not necessary, questions are mainly with regard to the content.

What is the relative importance of service in the hospitals in the new evangelization? When Jesus sent out his disciples for the first time, he told them to teach and to heal. Without experience of healing in the sense of *restitutio ad integrum*, the lesson will hardly be heard. Are our hospitals contributing to this?

Another aspect is this: when John the Baptist—our Order's patron saint—was taken prisoner by Herod, he had doubts; did he side with the right Messiah in risking his life? As an answer, Jesus points our signs: " The blind see,

the lame walk, lepers are cleansed, the deaf hear, the dead rise again, the poor have the Gospel preached to them."

We, too, cannot expect another answer to our question about our Lord. But we are in a position as part of the mystical Corpus Christi to refer to this answer today. Can our hospitals fulfill this claim? Probably not totally, but they have to start in this direction; for that purpose I note some points:

— Catholic hospitals have to be a place of life. During the last days the culture of death was discussed often. Our hospitals have to offer signs of life, especially where life is weak. It is splendid if this becomes noticeable by special establishments, fo example, by wards or hospices for the dying. This includes ensuring that everbody can have confidence that the life of each one is the objective of all the personnel. And to life belongs the dignified approach to death

— Catholic hospitals have to be a place of hope. *Spem contra spem*. This includes nursing and pastoral help for the sick and —nearly as important—for the next of kin, who very often are even more helpless than patients when confronted with illness and death. Very often voluntary visiting services can be quite helpful here.

— In Catholic hospitals it should be possible to raise the question of God in all discretion, as it arises from manifold life crises. The hospital's task is in the first place to heal the body, which calls for first-class medicine and good management. Not without reason Jesus stresses in the parable of the Good Samaritan his knowledgeable help. But for this reason the spiritual needs and questions which arise or become evident, especially as a result of sickness, must not remain unanswered.

— All this makes the greatest demands on the hospital's personnel and poses serious problems for the responsible persons, because the personnel comes from a world in which deeply lived Christianity is more and more disappearing. Therefore, a Catholic hospital is hardly possibile without permanent formation, care, and spiritual help for the personnel.

— I would like to close with the thought that a Catholic hospital is not to be conceived of without the belief that today God also heals by his strength and influence. Sometimes it is enough to drive one to despair when one is looking for a good doctor; many good medical men turn up, but none is to be found who is prepared to help to carry forward the Christian concept. The pressure to accept a compromise often becomes unbearable. To run a Catholic hospital requires a great deal of trust in God.

Baron
ALBRECHT VON BOESELAGER
Grand Hospitaller of SMOM

The Catholic Church and Public Health in Mexico

During the last century and a good part of this one, the Catholic Church was harshly attacked in our country, and its functions were notably restricted.

The Church's eminently civilizing role was forgotten—for the evangelization of the natives is the cornerstone of our nationhood. Among many others, the illustrious Fray Pedro de Gante, Toribio de Benavente, Bernardino Alvarez, and Father Kino are figures of honor in this glorious crusade which should be remembered.

In this presentation I shall refer to three historical moments which are truly stellar for their brilliance and transcendence in the area of public health and take on special significance at this time, when we are observing movement towards rapprochement between the Holy See and the national government which, it seems, will rectify many of the errors committed during the last 150 years. My talk deals exclusively with the historical process in public health.

The first key moment occurred in 1521 as a result of the taking of Great Tenochtitlán by the Spanish, when Mercedarian Father Fray Bartolomé Olmedo influenced the attitude of Conquistador Hernán Cortés, exhorting him, in an act of genuine expiation for his sins, as Hernán Cortés himself points out in his will, to found a singular institution, the Hospital of the Most Pure Conception and of Jesus the Nazarene.

Construction was begun immediately after the conquest; the exact date of its completion is not known, but it was definitely functioning in 1524 and has continued uninterruptedly for over 450 years—down to the present day it has gone on providing magnificent social service. At the outset, by the express wish of the founder, it was devoted exclusively to care of the country's natives; afterwards it opened to Spaniards and Creoles as well and is now open to everyone.

It was the first hospital founded in the Western Hemisphere. The Protomedicato had its headquarters there for 300 years until it was dissolved in 1808. The first New World autopsy was performed there, and its medical staff included the pioneers in surgery in the Americas. Its influence on public health has been enormous, extending far beyond our country's borders.

The second historical moment took place when Fray Vasco de Quiroga, the first Bishop of the Diocese of Michoacán, decided to found the People's Hospitals.

Fray Vasco came to Mexico in 1531 with the Second High Court, sent by the Emperor Charles V, to put a rein on the excesses of the First High Court, especially of Matienzo and Delgadillo. He came as a Judge Advocate, and when Bishop of Utopia, as it was afterwards called, founded the People's Hospitals, which are very rightly regarded as the first attempt—a very successful one, to be sure—at social security.

The expenses of these hospitals were met by the patients themselves with their work—they did not cost the Crown or the Miter a single centavo.

They began in the communities on the shores of Lake Pátzcuaro, where the genius of Don Vasco ordered each locality to work at a trade different from those of the rest in order to avoid competition.

The success of these People's Hospitals was such that at the beginning of independence in 1810 129 were functioning; geographically, they were spread over a vast region extending from Morelia to Santa Fe, as far as the outskirts of the Viceroyalty's capital.

The third historical moment took place in the City of Mexico, beginning on August 20, 1847, when the truly angelical influence of Sister Micaela Ayams galvanized José Urbano Fonseca, the City's first Councilman, and between the two of them, at the old convent of St. Paul's, they founded a hospital to take care of those wounded in the battles of

Padierna and Churubusco, where the armies of Mexico and the invading United States clashed. When the inauspicious war ended, the hospital continued its humanitarian work under the direction of Sister Micaela, who became the soul of the institution

Under the government of Lerdo in 1853, in an act of black ingratitude, Sister Micaela was expelled from the country, in spite of the fact that President Juárez himself had decreed that the Sisters of Charity were exempted from the severity of the Reform Laws because he recognized that Mexico felt a deep debt of gratitude towards the Order

On June 19, 1872, a day after the death of the national hero, Congress decreed that the institution's name should be changed; thereafter it was to be called Juárez Hospital. This important hospital was one of the pillars of medical education in our country. In September 1985 it was destroyed by an earthquake It was later rebuilt and completely transformed into a modern hospital.

The work of Sister Micaela in caring for those wounded in war is regarded as just as meritorious as the highly celebrated exploits of Florence Nightingale during the Crimean War, but with the particularity of Sister Micaela's having acted eight years earlier.

These three historical events of undeniable transcendence constitute a magnificent framework for what everyone expects from Pastoral Care in Health, which has brought us together here, through the immense kindness of the Holy Father, John Paul II.

All of us here earnestly hope that from this Plenary Assembly there will emerge, in addition to philosophical and theological directives of immense value, practical norms for social action like the ones which determined the historical moments we have pointed to.

Dr. CLEMENTE ROBLES CASTILLO
Emeritus Professor of the Autonomous National University of Mexico

Remarks by Michele Cardinal Giordano, Archbishop of Naples

I would like to bear testimony and then make a brief observation I am a Cardinal member of a number of bodies of the Holy See I am a member of five bodies, some of which, so to speak, often run dry, like that of the Bishops.

I would like to bear full testimony to the fact that participation in this Pontifical Council and in this Plenary Assembly has really had a great impact for me, and this for many reasons: the richness of the subjects considered, the authoritativeness of the speakers, and the fullness of the programme. I would like to express my full appreciation to His Eminence Cardinal Angelini for this initiative —lan initiative which has been so minutely organized and planned I would also like to offer a small reflection on the importance of this Pontifical Council—I believe that the real challenges to the Church and of the Church today come from this area, the area of life, the area of biotechnology, and so forth.

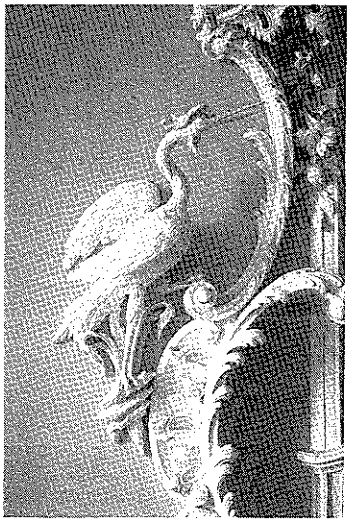
When, therefore, the Holy Father invites us to promote and take part in a new Evangelization, I think that the subjects upon which we are called to evangelize—because they are the most dangerous—are precisely these subjects Our Pontifical Council, by means of episcopal and national conferences, should have an impact upon mentality and should shape culture. Unfortunately, it is exactly in this field that we are not managing to evangelize and to shape culture.

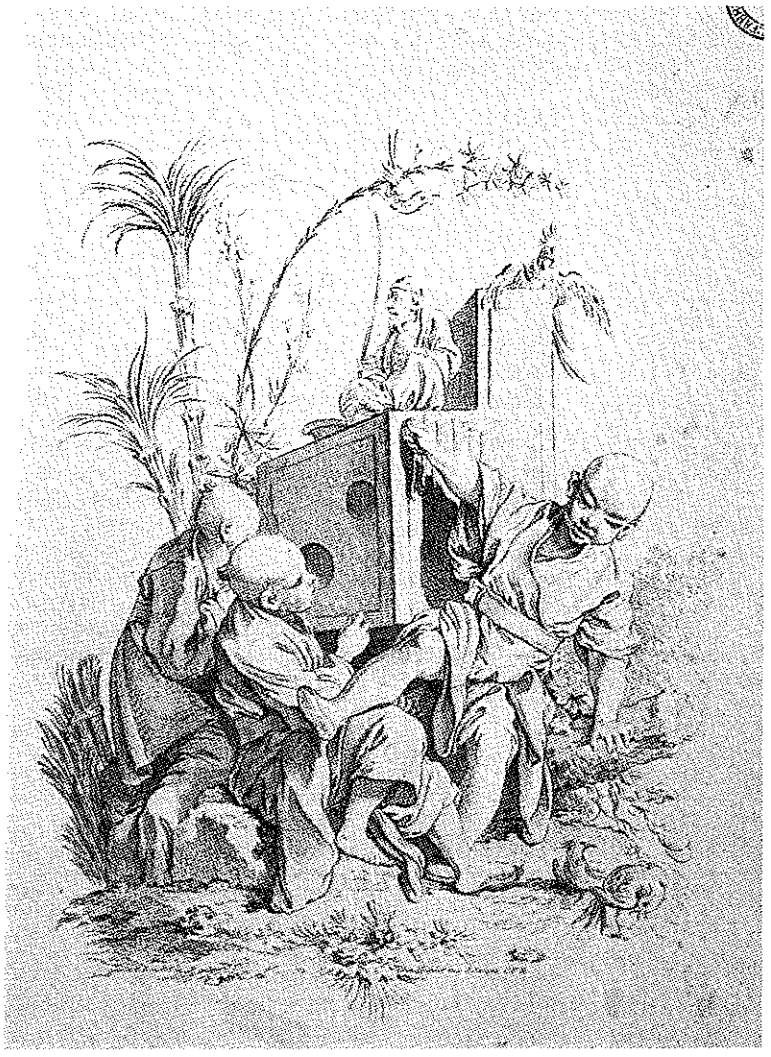
Another small observation sprang to mind when I was speaking to my secretary, who has been graciously invited to participate in this Council. The question is the following: are our priests and our seminarians, who will be the priests of tomorrow, prepared today in matters relating to pastoral care for the sick?

One has the impression—and here is the comparison I would like to make with the other bodies—that we do many good things which, however, are sometimes of an academic nature The fact is, however, that this is a fundamental area of work and intiative for the priest. It is an area of work which is privileged and of a daily nature But nowadays there is a preference for work which stands out and has a certain glamour, rather than work which is bound up with the very substance of the mission of the Church.

For this reason I asked myself and reflected upon what we should do with our seminaries and with our theological faculties in order to involve an area which sooner or later in their training all will have to encounter. The hospitals have become the real way of the cross for people Here can be counted both the sick and the healthy, but in no church are to be found so many people as are to be found in a hospital.

It is for this reason, as requested, that in a few words I thank this Pontifical Council, of which I am happy and proud to be a part. I believe that the Universal Church and the local churches should give greater weight and importance to these questions and problems. Thank you very much.





Summary and Conclusions

The Second Plenary Assembly of the Pontifical Council for Pastoral Assistance to Health Care Workers met in the Old Synod Hall at the Vatican, February 10-12, 1992, and listened to the address of His Eminence Fiorenzo Cardinal Angelini, who gave a detailed account of the activity of the Council over the last two years. The Secretary, the Undersecretary, the Members, and the Consultants were present.

At the beginning of his address Cardinal Angelini stressed to the utmost that the Pontifical Council was not just a " top-level " organization, but service organism which operated as a part of the evangelizing work of the Church. He then thanked all the component parts and members of the Department for their valuable and generous help and contribution. He went on to express profound gratitude to the Holy Father, John Paul II, for his action in constantly following, supporting and encouraging the work of the Pontifical Council.

The President's address was divided into three parts: I) the activity of the ministry over the last two years; II) an assessment of the decisions made in the course of the First Plenary Assembly (1990); and III) future prospects

I. The Activity of the Council Over the Last Two Years

The President emphasized seven cardinal elements of this activity: 1) work in the Department itself; 2) appointments within the Council; 3) participation in the Assemblies of the Synod of Bishops (1990 and 1991); 4) participation in special initiatives; 5) journeys and pastoral visits; 6) international conferences; and 7) special events.

Work in the Department itself has undergone marked expansion, both because of an increase in the number of contacts made and the preparation of initiatives in view.

Reference should also be made to the production of the journal *Dolentium Hominum. Church and Health in the World*; the preparation and publication of special works; the elaboration and publication of the Index of all the Catholic healthcare institutions in the world; the organisation of

international conferences; meetings with bishops and leading members of the world of health policy and care. Mention was also made of contacts with bishops from Eastern Europe aimed at promoting pastoral care for the sick in those countries. The character of the work carried out in the central office was fully illustrated with a number of graphs and statistical tables which accompanied the President's address.

The appointments, whether they were new appointments or re-appointments involving Members, Consultants, or Officers of the Pontifical Council, confirmed the importance of the ministry in relation to the commitment of the Roman Curia to the world of health policy and care.

The participation of the Council in the Synod of Bishops for the Ordinary Assembly of 1990 and the Special Assembly for Europe of 1991 was marked at the Synod of 1990 by the insertion within the *Instrumentem Laboris* of certain proposals drawn up by our ministry, and at the Special Assembly for Europe of 1991 by the inclusion, in the Synod's final Declaratio of 14 December 1991, of a suggestion made by Cardinal Angelini as to the need to train and prepare health care workers in matters relating to morality and bioethics. At the time of both these assemblies the ministry published, in different language editions, two works: *The Training of Priests and Pastoral Care for the Sick* (1990) and *Pastoral Care in Health and the New Evangelisation of Europe in the Light of the Synod's Declaratio of 14 December 1991* (1991).

With reference to participation in special initiatives, the President's address dealt with the interministerial meetings, especially those with the Pontifical Councils devoted to Justice and Peace, Dialogue with Non-Believers, Christian Unity, and the Family, along with Cor Unum. A description was also given of the participation of the President, the Secretary, the Undersecretary, Members, and Consultants in study days, meetings and conferences in Italy and abroad.

In relation to journeys and pastoral visits the president's address concentrated upon pastoral journeys of the last two years in Zaire, Zambia, Malawi, the Soviet Union and the Russian Republic, the United States of America, Poland, Croatia, and India.

A graph accompanying the address gave a complete picture of the pastoral visits carried out over the last seven years of the life of the ministry: nine in North America, six in Latin America, eight in Africa, fifty-six in Europe, and eight in Asia and Oceania.

The international conferences entitled " In the Image and Likeness of God: The Human Mind " in 1990 and " Contra Spem in Spem: Drugs and Alcoholism " in 1991 had a great impact, both because of the quality of the researchers, scientists, theologists, moralists, sociologists, and others and because of the concluding address of the Holy Father, which included specific magisterial pronouncements on the subjects which had been considered at these conferences.

In speaking about special events the President made reference to certain awards that had been granted to him—the 1990 Sasakawa Prize for Health, three honorary degrees, the San Marino Prize for Medicine—and stressed that he regarded these awards as recogitions to be shared with all the members of the Council.

II. Assessment of the Implementation of the Decisions Taken at the Plenary Assembly of 1990

The address described and illustrated the progressive steps taken towards the drawing up of a Code of Medical Deontology; the initiatives undertaken to found the International Federation of Catholic Healthcare Institutions; action relating to the promotion and encouragement of priestly and religious vocations in the field of pastoral care for the sick; the activity directed towards the creation of hospitals acting as centres for the reconstruction of the human person; the development of relationships with the non-Catholic world and the non-Christian world in the immense field of health policy and care; and the promotion at regional and national levels of congresses, conferences, and meetings of health workers and the sick themselves.

In general these are initiatives which do not have a precise concluding date and therefore involve our ministry in the immediate future. One fact, however, has emerged with great clarity: cooperation in the field of health policy and care has shown itself to be very suitable for evangelization, and there thus comes to be regained an essential aspect of the very early Church and the whole history of the Church, especially in the missionary field.

III. Future Prospects

The President re-emphasized the need to work with special commitment in the area of vocational promotion and with regard to ensuring that Catholic health care institutions are true places for the reconstruction of the human person in all his physical, mental, and spiritual aspects. Cardinal Angelini, in reference to the invitation of the recent Special Assembly for Europe of the Synod of Bishops, proposed the preparation and publication of two essential documents: a manual incorporating in an organic and simple way accessible to all health care workers the present-day teaching of the Church in matters reating to ethics and bioethics; and a textbook on pastoral care in health to be used in specialized courses on the subject.

True coordination and effective cooperation in the field of pastoral care in health is not possible if those who work in the field of health policy and care do not have suitable spiritual and moral formation and training. This is a choice of pre-eminent importance which the Council intends to put into practice with effectiveness and tenacity. In such a context, and with such an end in view, the Pontifical Council will study the possibilities of organizing a meeting, here in Rome, of the various university medical faculties.

The President then announced that the subject of the next international conference will be the disabled and the handicapped. This subject must also be considered as being of great topical relevance, not least because, according to a rough estimate, there are over five hundred million disabled or handicapped people in the world. The theological and pastoral point of reference of the subject under discussion at the international conference will be the concept that all human beings without distinction are factually or virtually members of the Mystical Body of Christ.

In concluding, Cardinal Angelini drew attention to the proposal advanced to the Holy Father —who has shown himself to be favourable and receptive to the idea—to establish a " World Day of the Sick. " The initiative not only has solid theological and historical bases, but would also contribute in an effective way to giving support and sustenance to the sick and infirm: helping them to give a spiritual evaluation and assessment of their condition and helping them to feel less isolated. Such an initiative would also lead to a greater involvement of the ecclesial, social, and medical-nursing-administrative community in the lives and experience of those who suffer.

Documents

Message to Catholic Physicians

To His Eminence
Cardinal Fiorenzo Angelini
From the Vatican, March 11, 1992

Your Eminence:

Having been informed that, as President of the Pontifical Council for Pastoral Assistance to Health Care Workers, Your Eminence will be opening the sessions of the Seventh Congress of the European Federation of Catholic Medical Associations (FEAMC) and of the Nineteenth National Congress of the Catholic Medical Association of Italy (AMCI), the Holy Father entrusts to you the task of conveying his cordial greeting to those participating, along with his wish that the subject proposed for their consideration will be fruitfully examined.

The topic selected for these study sessions is of great interest and confirms that the hoped-for setting forth of humanity towards a new world order demands taking on new tasks (cf. *Centesimus Annus,* 61), to deal with which medicine, in its broadest meaning, has two specific responsibilities. It is not by chance that the *Declaration* approved by the recent Special Assembly for Europe of the Synod of Bishops affirms, " The right to maintain, and insofar as possible to recover, health must be firmly defended, the attention of the whole of society and the Church's pastoral concern must turn to all those who suffer, especially to those who are afflicted by the illnesses of our time. All health workers must therefore be trained in the subject of morality and in bioethics " (*Concluding Synod Declaration* of December 14, 1991, no. 10). Indeed, only thanks to adequate training will it be possibile to combat effectively—through suitable prevention as well—the aggressions against life represented by abortion, sterilization, contraception, euthanasia, and genetic manipulation; these are dark evils which in fact betray the finality of all scientific progress, placing science and technology at the service of death and not of life:

In this perspective, the Holy Father stresses that a threefold task is urgently posed for the world of medicine today: increasedcooperation nationally and internationally; serious, effective coordination of research; and, finally, unanimous witness to an attachment to the professional values which cannot be renounced.

In the light of the imperatives deriving from such tasks, it is necessary for Catholic international organisms to open to new horizons, displaying deep sensitivity to the problems affecting entire areas of the world. The Christian inspiration distinguishing them aids them in accomplishing this. The Church indeed possesses universality as her own specific dimension. The most serious common problems—such as those regarding life—require a common response, and this is favored by fraternal solidarity and the unselfish generosity of those who abide by the Gospel principles, authoritatively interpreted by the Magisterium of the Church:

To ensure incisiveness in their testimony, the physicians who seek to profess their Christian faith openly shall opportunely attempt to become part of the cultural and scientific organisms and structures, both national and international, which are responsible for health policy, committing themselves to situating every initiative aimed at the promotion and progress of the culture of life under the sign of the affirmation and defense of the truth and of service to it.

To this end, His Holiness urges that physicians and other Catholic health professionals distinguish themselves in their preparation and personal training for their rigorous adherence to the teaching of the Magisterium, for an exemplary consistency between the faith professed and the exercise of the medical art and science in all of its multiple expressions, for cultural and spiritual openness to the problems connected with respect for the person and his or her inviolable dignity.

In this light, intellectual humility is seen to be of fundamental importance; the preliminary condition for all true human and Christian growth resides therein. Such humility, moreover, does not mean abdicating the rights of intelligence or mortifying its demands, but the capacity to recognize its limits so as to proceed with proper caution along the steep road leading towards the discovery of all aspects of turth

It is the Supreme Pontiff's heartfelt wish that from the Venice Congresses there will emerge new stimuli, particularly for the younger generations of physicians, called to assimilate, through the example of their Masters and correct ethical training, a heritage projected towards the Third Millennium: The " new " evangelization which the Church seeks to promote—with a view towards collaborating as well in a world order based on truth, justice, solidarity, and freedom—must be expressed in a valuable and qualified manner in the witness of the Catholic Physicians of Europe.

His Holiness entrusts these desires to the intercession of the Virgin Mary, Mother of man's Redeemer: May She, who was exemplary in her docility to the indications of the Spirit, guide the intelligence and the heart of Catholic Physicians in their dedication at the service of life, from its conception to its natural close.

With these sentiments the Holy Father sends his Apostolic Blessing to all the participants in the two important Congresses, with special regards for Your Eminence, as a pledge of abundant heavenly light and comfort.

ANGELO Cardinal SODANO
Secretary of State of His Holiness

Special Assembly for Europe of the Synod of Bishops

Address of Fiorenzo Cardinal Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers in December 1991

1. The *Relatio ante disceptationem* offers a careful presentation of the conclusions which may be drawn from the analyses carried out in preparation for this Special Assembly on Europe of the Synod of Bishops. This meeting should give rise to directives and working proposals which, while rooted in the Gospel, are capable of penetrating the complex reality presented to us by the diverse geographical areas of Europe. Consequently, this Special Assembly of the Synod, as a time for working, will begin on the final day of the meeting which we are now holding.

2. In fact, I ask myself: What will the Bishops from Eastern Europe take with them when they return home?

— From the Eastern European Bishops, heroic teachers, witnesses and confessors of the faith, what do we wish to learn? And what could the pastors and healthcare workers of the Eastern European Church gather from our discussions if indeed they were present among us.

— Since the action towards a new evangelization will have to have a beginning, on what basis and in what way do we intend to have it started?

— Which concrete pastoral aspects should be considered priorities for the Eastern European Churches, the Central and Western European Churches, so that there will be a true and not abstract reciprocal giving?

3. It has been recognized that " the right to religious freedom is the root and guarantee of all other rights which structure and promote the dignity of the human person. " Let us ask oursevles: Is it really a simple task to exercise freedom after so many years of oppression? How can we defend and promote this right, without running the risks which derive therefrom in terms of rigorous adherence to truth, of interconfessional communion, of ecumenical expectation? What unitary lines of action should be formulated so that unity in faith and in following the teaching of the Magisterium of the Church will be placed alongside beneficial pluralism in forms of apostolate?

— How can we intervene so that freedom from need will be translated into freedom to serve the needs of others, rather than into dangerous and disuniting autonomy?

4. This Assembly could indicate which organisms, on the level of the central government of the Church, should work concretely together with the Episcopal Conferences, with which instruments and with what means, so that a general exchange of aids, whether spiritual or material, will be replaced by action which is coordinated and based upon a number of undeniable priorities which this Assembly should specifically outline.

5. The Pontifical Council for Pastoral Assistance to Health Care Workers, based on the activity carried out on the level of the universal Church, believes that the world problems in health policy and care offer a pastoral field with urgent demands, which can be faced in a united and ecumenical way and can join evangelization to human development, involving pastors and laymen in service to life, threatened throughout Europe by a culture of death and by the serious omission of assistance to those who are weakest and neediest (As, indeed, we have heard some of our brothers state in this hall). The Gospel is truly announced if proposed in its integrity and to all: care of men who are suffering avoids the risk of discrimination in announcing the Gospel message.

6. With her vision of life and of the dignity of the human person, he Church carries out an apostolate which prepares the way for catechetical action and the formation of Christian consciences. To this field, in fact, we can trace back those very serious problems of abortion, euthanasia, AIDS, drugs, ecological decay, family crises, violence, organized crime, marginalization of whole social sectors (cf. Encyclical *Centesimus Annus*, 36-39). The Church must achieve credibility in a world which continues to fight against her; the apostolate in the field of suffering is more valid than ever to demonstrate the true face of the Church. Christ Himself worked in this way.

7. To work efficiently in this area, it is necessary to have unity of action and training in the healthcare ministry for the priests, religious and laymen, especially healthcare workers, who must be guaranteed a formation process so as to make them aware of the problems of justice and charity, of moral and bioethical problems. To this end, there should be an institution whose purpose is to provide special and organic training of personnel that could be sent to aid the Churches which have the most urgent need.

8. The Pontifical Council for Pastoral Assistance to Health Care Workers, in agreement with the other Offices of the Roman Curia and through the involvement of the Bishops responsible for pastoral care in health in the individual Episcopal Conferences, is available to create a concrete project for the new evangelization focused on the announcement of the " Gospel of Suffering " as described in exemplary fashion by Jesus Christ with his teaching and, above all, through his actions, so often and firmly reasserted by John Paul II (cf. Apostolic Letter *Salvifici Doloris*, 25ff). Such a project could also be specified in terms of time stages and modes of action, also creating a means of checking its progress.

I offer to you, brothers of the freed Churches, heroic confessors of the faith, teachers of unfailing courage in witnessing to Christ, my most heartfelt recognition and gratitude, and to all of us together the wish that, through the intercession of the Holy Virgin Mary, we may be able not only to admire, but, above all, to imitate you

The Healthcare Ministry and the Priesthood of John Paul II

The Healthcare Ministry in the Pontificate of John Paul II is one of the characteristic elements in his Magisterium as Pastor of the Church

The creation of the " World Day of the Sick, "[1] and the post-Synodal Apostolic Exhortation *Pastores Dabo Vobis*, show us that the Healthcare Ministry is a constant element in his priesthood.

It is evident to all that John Paul II, from the very first moment of his Pontificate, has presented himself as the Supreme Pastor of the Church engaged in a distinct mission: adhering fully to Vatican II, he has begun, and is carrying forward, " a wise Christological, Mariological, and anthropological matrix of motives. . . This " fitting " anthropology, which has Christ at its centre, is truly a constant element of today's pontifical Magisterium: a positive evaluation of man; a drawing of attention to his psycho-physical dignity as a unique being—a being who is original and individually unrepeatable, and placed by God at the summit of creation; a constant defence of this dignity in the most varied of circumstances and in the most specific of contexts. "[2-3]

Another self-evident element also presents itself to us: the special devotion to the defence of man—who is seen as, and believed to be, " the first and fundamental way of the Church "[4]—at the moment of his greatest poverty and fragility: when he is deprived of the blessing of health. And who is the first and the one most involved in the project of evangelization that the times require if not the priest himself?

In doing his duty as Supreme Pastor, he gives and leaves constant signs in different places and at different times,[5] and he does this with the spontaneity of one who lives in a daily fraternal giving to those who are responsible, together with him, for the spiritual life of men.

A deeply-held credo induced him to write the first document on suffering—the Apostolic Letter *Salvifici Doloris*.[6] He did this because he believes that " suffering seems to belong to the transcendence of man: it is one of those points where man in a certain sense is " destined " to rise above himself and is called upon to do so in a mysterious way " (*SD*, 2). It is a historic moment which ensures " that man becomes the way of the Church in a special way when suffering enters his life. . . Suffering seems to be, and is, almost inseparable from the terrestial existence of man " (*ibid*).

The next year he founded the Pontifical Council for Pastoral Assistance to Health Care Workers with the Apostolic Letter *Dolentium Hominum*.[7] In this epistle he entrusted the Pontifical Council with the task of: " stimulating and promoting the work of training, study and action carried out by the different International Catholic Associations in the field of health policy and care, without in any way neglecting the other groups, associations and forces which operate in this area in different ways and at different levels; coordinating the activity of the different ministries of the Roman Curia in matters relating to the world of health and its problems; spreading, explaining and defending the teachings of the Church in questions relating to health policy and care and encouraging their diffusion at a practical level in the world of health; forming and maintaining contacts with the local Churches and in particular with the Bishops'Commissions dedicated to the world of health policy and care; attentively following and studying the practical initiatives and orientations at the level of programmes which arise in the sphere of health policy, whether national or international, with the goal of assessing their relevance and implications for the apostolate of the Church " (*DH*, 6).

The Pope is convinced[8] that those who dedicate themselves to the world of health care—the Health Care Workers—enter into the most intimate part of man, into his existence, into the " incarnation of man "—man as a spiritual being—into that *quid* which makes him such, and which is united with material " flesh " to give him an unrepeatable place in history.[9] This is a special category which establishes, normally, contact with the spiritual part of man.[10]

The person who is near to man in the moment of supreme trial caused by suffering of the flesh can influence and shape his spiritual life. The presence of well-trained and prepared health care workers is very important at the most authentic and real moment of man's encounter with himself. These health care workers " should be guided by an integrally human vision of illness and should therefore know how to engage in an approach to the sick person which is entirely human. For the Christian, the redemption of Christ and his salvific grace reach the whole man in his human entirety, and thus, in inclusive fashion, also reach sickness, suffering, and death " (*DH*, 2).

If the Holy Father has a very high opinion of, and appreciation for, those members of the laity who are engaged in care for, and defence of, life,[11] and believes that their presence at the side of those pastors of souls who dedicate themselves to this apostolate is not only useful but of great importance, he offers priests (and especially young people called to the priesthood) the model of Mary the Handmaiden of the Lord, who was " inspired by the Holy Spirit with the readiness and willingness to serve, something expressed in the words we pronounce at the Angelus: " Behold the handmaiden of the Lord " (*Lk* 1:38).[13]

This readiness and willingness of the spirit must be found in every priest, in all priests, and not only in those who dedicate their pastoral ministries to tending the sick. This is because " this service to the Lord is immediately developed into service to one's neighbour, as is shown by the journey she undertook to be nearer her sister Elisabeth. "[14]

From the first moment of conception of the Son of God until the end, when she was at the side of the divine sufferer and present at the last breath on the cross, Mary is exhalted by John Paul II as the special model of this inescapable pastoral service rendered to the suffering of man. This is not all. It is precisely at this moment that the high-point of the love-suffering of the God-Man is reached: " Being proclaimed by Jesus mother of a priest—(John)—and being, above

all else, the mother of Jesus the High Priest, Mary becomes in a very special way the mother of priests . ' Take Mary with you ': herein is to be found the duty and privilege of every priest "[15]

It is evident that in the daily path trodden by the priesthood of John Paul II the Virgin Mary places her permament formation on pastoral care of the suffering, as is shown by an ascent which is always on an upward gradient.

He Comes from Afar

Where this special pastoral concern for man comes from is a question which naturally arises

He suprised everybody when he went to the Gemelli Polyclinic in Rome to visit the then Archbishop Maria Deskur, who was later made a Cardinal, a few hours after his election to the Papacy. It was the afternoon of the eighteenth of October 1978.

It was not known that the spirit of this pastor was totally consecrated to the service of man and particularly of suffering man.

It was immediately realized that every act and gesture made towards a sick person, whether small or great, came from a great faith " in the mystery of the Church as his body, Christ in a certain sense opened his own redemptive suffering to every suffering of man To the extent to which man becomes a participant in the sufferings of Christ—in any place in the world and at any time in history—he completes in his own way that suffering through which Christ effected his redemption of the world " (*SD*, 24)

That day, because of this faith, His Holiness, in referring to what he had said to the Cardinal that morning, declared that he wanted " to found my papacy above all on those that suffer and unite their prayers to suffering, passion and pains.... Dearly beloved brothers and sisters, I would like to entrust myself to your prayers. [because you are] very strong; very strong, in the same way as the Crucified Jesus Christ was strong. "[16]

In the course of recent years the idea that this choice came from afar has gained ground. Confirmation came from the Pope himself last year during a visit to a hospital in his homeland: " From the outset of my pastoral service I have linked myself to the medical world and to the whole world of service to health care. Amongst those present here I see people I met at the beginning of my pastoral work. "[17]

A vocation within vocation. And we believe that its roots are to be found in the early years of life because of " the mourning that marked his childhood and his adolescence. "[18] Karol Woityla, the Pope, when referring to himself as a child, revealed that " I had not yet reached the age of my first communion when I lost my mother, and she thus was unable to experience the joy of seeing that day, a day she had looked forward to as a great joy " (*ibid.*). Frossard observes that " he only saw his mother when she was ill. "

The experience of suffering felt so early on in his life at the centre of his existential sphere left a deep mark on his soul. He still remembers today that " my brother Edmond died from a virulent epidemic of scarlet fever in the hospital where he was embarking on his medical career. If it had happened today, antibiotics would have saved him. I was twelve years old The death of my mother left a deep mark on my memory, but perhaps that of my brother left an even deeper mark because of the dramatic circumstances in which it took place and because I was older. Thus it was that at a relatively early age I became an orphan and an only child " (*ibid*).

We should not here speak of conditioning influences. But we can talk of clear orientations if we look at the development his life was to take.

The level of spiritual life absorbed within his home at these dramatic moments—including the death of his father which occurred when " I was not yet twenty "[18-19] —taught him that " a fully human and conscious serene death does not cause fear but renders the life of those who are present at this death more serious and encourages them to engage in deeper reflection. "[20]

It is a common opinion that the development of the personality takes place during childhood and youth. St Augustine wrote that reason and intelligence sleep, so to speak, in the child, but with the passing of years wake up and develop.[21]

We can with good reason suggest, therefore, that in the spirit of the adolescent and then young Karol the determination to consecrate himself to being a pastor of this suffering grew and made strides during these years. The sublime example of how his relatives were led to sublimate their pain by the spiritual assistance of worthy pastors of the soul marked and oriented his choice in favour of a priesthood founded upon pastoral care for the sick.

If a historical date is required, we can find it in the moment of his presence at the University of Cracow where, as a recently ordained priest, he ministered to the young university students of the Faculty of Medicine.[22]

This was an intense bond which was to last, as a direct witness bears out: " I speak of this bond with especial emotion and feeling because in that University I grew as a student (in truth I was there for only a little while), as a priest and teacher, as a bishop, and finally as Metropolitan of Cracow. At the beginning I developed this bond; I then consolidated and defended it forcefully when there was an external attempt to break it "[23]

To this day one of the initiatives the then Archbishop of Cracow promoted, organized, and defended on behalf of health care workers is still alive and in full activity. I am referring to the spiritual meetings held at the Marian Sanctuary of Czestochowa which are intended for professional health workers—meetings in which our Council has taken part on more than one occasion. At these meetings one could not but be impressed by the crowded and devout participation of thousands of people, at a time when freedom was still not yet achieved in that country.[24]

In his untiring service as Supreme Pastor of the Church, John Paul II has put down in writing —and every day he continues this undertaking—a theology of suffering which is organic and systematic.[25] Based upon the Cross of Christ, it is located deep in the Easter mystery (cf *SD*, 21).

Conscious that the evangelical parable of the Good Samaritan " has become one of the essential component parts of moral culture and universally human civilization " (*SD*, 29) and certain that " Christ at the same time taught man to do good with suffering and to do good to those who suffer. In this dual aspect he fully revealed the meaning of suffering " (*SD*, 30). This is the word of God that the Pope, the " Good Shepherd ", expresses in his priesthood.

The person who searches for a model by which to apply the directions derived from these last two acts of John Paul II, will find it alive and active in his priesthood as Supreme Pastor of the Church

Rev. FELICE RUFFINI, M.I.
Undersecretary of the Pontifical Council for Pastoral Assistance to Health Care Workers

[1] " Lettera del Santo Padre Giovanni Paolo II al Cardinale Fiorenzo Angelini, Presidente del Pontificio Consiglio della Pastorale per gli Operatori Sanitari—13 Maggio 1992, " in *L'Osservatore Romano*, 14 May 1992, pp 1, 5.

[2] " Given at Rome on 25 March,

solemnity of the Annunciation of Our Lord, in the year 1992, the fourteenth year of the Pontificate of John Paul II. "

[3] Cardinal PAUL POUPARD, " Il Senso di un Pontificato, " in *L'Osservatore Romano*, 2 January 1992, p. 4.

[4] JOHN PAUL II, the encyclical *Redemptor Hominis*, n. 14.

[5] JOHN PAUL II, *Cari Sacerdoti*, Paoline editions 1990: Rio de Janeiro, 2 7.1980, p. 236; Orvieto, 22.11.1981, p. 241; Manchester, 31 5.1982, p. 159; Holy Thursday 1983, p. 57; Togo, 9.8 1985, p. 271; Augsburg, 4.5.1987, pp 313-314. John Paul II, the encyclical *Redemptoris Missio*, 7.12.1990, n. 78.

[6] " Given at Rome, at St. Peter's, on the feast of the Blessed Virgin of Lourdes, 11 February 1984, in the fourth year of the Pontificate " (*SD*).

[7] " Given at Rome, at St. Peter's, 11 February 1985, in the seventh year of the Pontificate. "

[8] The reflections which follow were made at the audience granted to the Cardinal President, the Secretary, and the Under-Secretary of this Department on 30 January 1988.

[9] *Dolentium Hominum*, no. 2: " Illness and suffering are phenomena which, if analysed in their deepest aspects, always raise questions which go beyond medicine itself to touch the essence of the human condition in this world " (cf *GS* 10).

[10] *Ibidem*: " Illness and suffering, indeed, are not experiences which only concern the physical substratum of man, but man in his entirety and in his spiritual-somatic unity. It is also known, furthermore, how at times an illness which manifests itself in the body has its its origins and its real cause in the recesses of the human psyche. "

[11] See JOHN PAUL II, post-synodal Apostolic Exortation *Christifideles Laici*, 30.12.1988, n. 38.

[12] Cf *Dolentium Hominum*, no. 2.

[13] Castel Gandolfo 5.8.1990, at the Angelus, *L'Osservatore Romano*, 6-7, 8 1990, pp 1, 5.

[14] *Ibidem*.

[15] At the Angelus, 1.11.1990, *I'Osservatore Romano*, 12-13.2 1990, p. 1.

[16] " Giovanni Paolo II fra gli ammalati del Policlinico A. Gemelli, " *I'Osservatore Romano*, 19 10.1978, pp. 1-2.

[17] Speech given at the pediatric hospital of Prokocim in Cracow, Tuesday 13 8 1991, *L'Osservatore Romano*, 14.8.1991, p. 5.

[18] A. FROSSARD, *Non Abbiate Paura* (Rusconi, 4th edition, July 1983), p. 12.

[19] *Ibidem*.

[20] W. POLTAWSKA, " Il Ruolo della Famiglia nello Svillupo della Personalita, " in *Dolentium Hominum*, no. 16 (1-1991), p. 86; see also, *loc.cit*, G M. - EDERMAN, " Mente e Cervello: Centro Vitale dell "Esistenza Humana, " pp. 22-4; J.P GRANT, " I Bambini e l'Esistenza, " pp. 211-14.

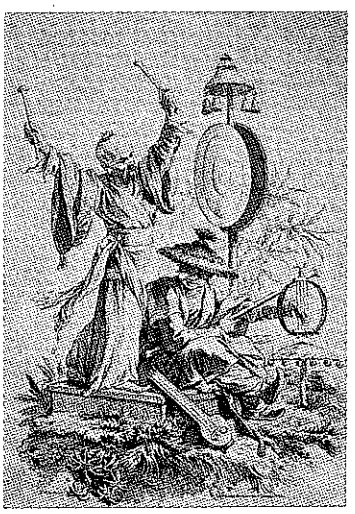
[21] Cf St. AUGUSTINE, *The City of God*, 22, 24.

[22] Information supplied to the author by Prof. Wanda Poltawska, 23.11.1991.

[23] Speech given on 15.8.1991 at Czestochowa during the ceremony for the blessing of the new seminary. In the text the Pope makes explicit reference to " the Jagellonic University with its Theological Faculty, " *L'Osservatore Romano*, 16.8.1991, p. 10.

[24] See *Dolentium Hominum*, no. 2 (2-1986), p 70, n.5 (2-1987), p 79, n 8 (2-1988), p. 75.

[25] Cf Cardinal FIORENZO ANGELINI, *Quel Soffio sulla Creta*, " La Teologia della Sofferenza nel Pensiero di Giovanni Paolo II, " Pontifical Council for Pastoral Assistance to Health Care Workers, Rome, 1990, pp. 154-161.



Chronicles

CROATIA

Cardinal Angelini's Pastoral Visit

In the Christmas period (December 27-29, 1991), Cardinal Fiorenzo Angelini, fulfilling an express desire of the Holy Father and the Croatian Bishops, traveled to Zagreb to carry out a pastoral visit for the purpose of taking to the populations victimized by war the concrete testimony of the Holy Father's solidarity, consolation, and aid. Cardinal Angelini was accompanied by Fr Felice Ruffini, M.I., Undersecretary of the Pontifical Council for Pastoral Assistance to Health Care Workers. There were four aspects to the pastoral visit carried out with the Archbishop of Zagreb, Franjo Cardinal Kuharic: expressing solidarity with the wounded and sick in the region's most endangered areas, meeting with the head of the Croatian government, moments of intense prayer with large assemblies of the faithful, meeting with those responsible for Croatian CARITAS, which coordinates the local Church's multiple forms of assistance, and contacts with civil organisms.

The visit to the Zagreb Children's Hospital must be described as emotional. The hospital cares for numerous children who are victims of the war. There were also visits to the hospitals of Karlovac and Sisak, with a constant succession of air-raid sirens, right in the middle of the war zone, where patients remain hospitalized, even after repeated bombings and a sharing in the celebration of Christmas, which took place among the disabled in an improvised refugee camp. The medal of the Holy Face of Our Lord Jesus Christ, distributed to several thousand people, represented at once a reminder and a symbol of the meaning of the visit.

The meeting with the President of the Council of Ministers, Franco Greguric, was open and cordial. Cardinal Angelini gave assurances that, on behalf of the Holy Father and through the initiative of our Department, noteworthy amounts of medicine and foodstuffs, along with an ambulance, would be sent.

Intense moments of prayer in common were shared in Zagreb, in St. John's Parish, with ample

participation in the concelebration which took place in a school hall; afterwards, before over 2000 people at Zagreb Cathedral, Cardinal Angelini stressed the deep love of John Paul II, who is paternally close to the Croatian people, so harshly tried In the Cathedral, moving tribute was rendered at the tomb of Cardinal Stepinac.

Finally, in meetings with the officers of Croatian CARITAS, Monsignor Stankovic and Fr Zalor, who have started an emergency Center in Zagreb to coordinate assistance, Cardinal Angelini expressed words of encouragement and fraternal solidarity in terms of concrete help.

The pastoral visit to Croatia was widely covered by the press and television.

INDIA

A People's Hospitality

In a fifth official visit to India (Jan. 13-21, 1992), representatives of the Pontifical Council stopped in the following cities: Bombay, Trivandrum, Quilon, Ernakulan, Trichur, Mukkyad, Calcutta, and Mananthavady.

The Department was represented by Fiorenzo Cardinal Angelini and Fr. J.L. Redrado, accompanied by the Abbot of the Silvestrine Benedictine monks, Fr Antonio Jacovone, Mother Maurizia Biancucci, Superior General of the Sisters for Reparation to the Holy Face of Our Lord Jesus Christ, and two General Counselors of this Congregation, Mothers Leoni and Pariani.

After several days of intense activity and the completion of a very full schedule, the following conclusions and impressions emerge

1. The trip was extremely positive for several reasons:

• the meetings with the local churches and their pastors (we met with eight Bishops and numerous priests and religious);

• contacts with different health facilities which allowed us to visit patients and talk with staff members (we visited eight hospitals in all, and inaugurated a building expansion and an out-patients' department in two of them);

• visits and celebrations at two cathedrals and in four poor parishes, blessing the laying of the foundation stone in one of them.

2. The need for greater collaboration among the religious institutes engaged in the healthcare ministry became evident Cardinal Angelini, addressing the Bishops and religious communities, insisted greatly on the problem of vocations.

3. We gained firsthand experience of the poverty and need for organization, greater integration and coordination

4 We valued the sensitivity and great capacity for welcoming and offering hospitality of the Indian people and its pastors.

5. The fact that Cardinal Angelini was considered a " guest of honor " of the State of Kerala mobilized surveillance and a constant escort which made moving around more rapid and ensured personal protection at moments when crowds approached.

6 We paid tribute to a monk, Fr. Ildebrando Gregori, who opened the way for the entry of the monks in his Congregation into India. The blessing of the Center dedicated to him sought to express gratitude and represent the prolongation of a work of service to the poor and needy.

7 Finally, our heartfelt gratitude goes out to all, from the civil authorities to religious ones, without overlooking those who have prepared this trip and made it possible with their work: the Reverend Fathers Giorgio Pereira and Ferdinando Kayavil and the community of the Silvestrine Benedictine Fathers in Makkyad

NEW YORK

Federation of Catholic Hospitals

The presence of the Pontifical Council in New York, January 31-February 3, 1992, was requested to start up the new Federation of Catholic Hospitals. For this reason a meeting was organized of the Catholic Hospitals of the United States and Canada. It was attended by Cardinal Angelini and Fr. Redrado, as President and Secretary, respectively, and Fr. Pierluigi Marchesi as Member of the Department. The central topic of the meeting was reflection on the role of Catholic healthcare institutions; papers were presented on this subject by Cardinal Angelini, Monsignor Cassidy, and Dr Sheila M Smyte. The Statutes were then set forth, and a broad discussion ensued

A particularly significant note was the conclusion of the meeting, with a special session at Calvary Hospital, a Catholic facility of the Archdiocese of New York caring for 200 terminal patients.

The session began with a reflection on the Pope's Letter *Salvifici Doloris*; Fr Marchesi stressed various points regarding theology and the pastoral care of the suffering, drawing inspiration from several passages in the letter which were supported by experience

We were then familiarized with the philosophy and life of Calvary Hospital.

The Calvary Mission was founded by Madame Garnier in 1842, in Lyon, France. She formed a large society called Women of Calvary. Between 1842 and 1900 the Society was present in Paris, Marseilles, Saint-Etienne, Rouen, Brussels, and Jerusalem. Now only one facility in New York exists.

At this Mission what is especially manifest is the exaltation of life and close attention to patients in all their dimensions: physical, psychological, social, and spiritual.

One immediately realizes what the spirit and philosophy are which move attention to these patients from exquisite cleanliness and order in the environment to the welcoming, encouraging, and respectful attitude and the top-flight technical installations. A visit to Calvary Hospital provides real stimulation towards doing a good job.

VENICE

Seventh Congress of Catholic Physicians

More than a thousand doctors coming from all over Europe met in Venice, March 25-28, 1992. Among the participants the Pontifical Council could not fail to be present, and it was a distinguished presence in the person of the President, Cardinal Angelini, who, in addition to pronouncing the opening address, took part in the different Congress sessions. He was accompanied by the Department's Secretary, Fr. José Luis Redrado.

The Congress' central theme was " Medicine on the Threshold of the Third Millennium. "

The spirit guiding both the preparation and the unfolding of the Congress is reflected in the following concluding motion.

" The Catholic Medical Association of Italy, meeting in Venice, March 25-28, 1992, for its Nineteenth National Congress (held concomitantly with the Seventh Comgress of the European Federation of Catholic Physicians), on " Medicine on the Threshold of the Third Millennium, " particularly wishes to express deep gratitude to His Holiness John Paul II, for the message sent to Cardinal Angelini, by which he conveys to Congress participants his hope that our work will be fruitful, confirmation of the special solicitude reserved by the Church for those who suffer, and indications to orient scientific research and achievement in order to serve the human person and his inviolable dignity;

• affirms the urgency of reconsidering the relation between man and his environment, recognizing the full participation of nature in creation and, therefore, its right to be respected, so as not to compromise, moreover, future generations' right to life;

• seeks to take on valiantly the new and more intense challenges which medicine faces at the outset of the third millennium (aging of the brain, anxiety, depression, drug addiction, AIDS, etc.) on the basis of the vast resources of science and the certainty of God's help;

• insists that science and technology in their totality, with their high degree of specialization, cannot, in either organization or finality, turn into an autonomous structure, but must be governed by ethical evaluation and decision-making;

• hopes that the common cultural identity of the peoples of Europe, centered on the personalistic option exalted by Christian revelation, will bring with it the affirmation of a professionalness in healthcare that is more and more vigorously linked to the human value of solidarity;

• is convinced that precisely the exercise of solidarity, testified to by the medical profession, can represent a decisive impulse towards solidary international cooperation among peoples and will be the main source of hope in Europe. "

MOSCOW

Different Meetings

Cardinal Angelini traveled again to Moscow, April 11-14, 1992, accompanied by the Department's Secretary, Fr José Luis Redrado, and Consultors Dr. Dina Nerozzi and Professor Franco Splendori.

A constant point of reference during this trip was the Apostolic Nuncio, the Most Rev. Francesco Colasuonno.

The immediate occasion for the visit was the invitation to open the National Congress of Medicine in Moscow with a talk on " Man and Medicines "

The stay, in addition to taking part in the Congress, was marked by meetings at different levels with government and civil leaders and by visits to hospital and care facilities.

On April 12, at the National Congress, before three thousand people, Cardinal Angelini, after being greeted by Professor Chuchalin, Congress Chairman, gave a talk on " Medicines at the Service of Man. " At the end of the first Congress session, the Cardinal granted two extensive interviews for Russian television.

During his stay in Moscow, Cardinal Angelini participated in the following meetings.

On Palm Sunday, April 12, he met with the Apostolic Administrator of Moscow, Archbishop Tadeusz Kondrusiewicz, and with the Apostolic Nuncio, the Most Rev. Francesco Colasuonno, and took part, at the Church of St. Louis of the French, filled with young people, in the celebration of the World Day of Youth. In addressing those present, Cardinal Angelini insisted on the need to bear witness to faith with coherence, valor, tenacity, and fidelity.

On Monday, April 13, he met with the Minister of Health of the Russian Republic, Professor A. Vorobiev, who, though declaring himself to be a " nonbeliever, " reaffirmed the profound and positive impression he had received during his visit to the Vatican and his esteem for the Church's action. Cardinal Angelini then went on to deal with the timeliness of carrying out the Pontifical Council's initiative of creating a medical facility in Moscow, which had already commenced concretely with the previous Minister of Health, Dr. Kalinin. The current Minister gave his assurance that he would follow up on the initiative and make suggestions as well on possible locations in the city. The Cardinal again confirmed his offer of complete financial support for two medical researchers to spend a year in Italy and for nurses to visit Rome. Finally, the Cardinal provided information on the sending of 45,000 syringes by way of the Nuncio. His Eminence then spoke with the Vice President of the Council of the Russian Government, Professor Alexander N. Shokhin. The conversation offered an occasion to outline the serious health problems in Russia. Cardinal Angelini gave assurances of the Church's constant, solicitous concern for the sick and for health professionals, expressing his desire to maintain stable relations in this field. A conversation took place as well with Professor Viatcheslav S. Polisin, member of the Praesidium, who received the Cardinal at Moscow's " White House. " The Vice President, an Orthodox Christian, offered the occasion to deal with the spirit of evangelization characterizing the Catholic Church, which does not try—and has never tried—to practice antagonistic proselytism in regard to the Orthodox. On April 14, Cardinal Angelini spoke with Professor Soliovjev Anatoly Nikolaevich, Director General of Health in Moscow and Deputy Minister for Cultural and Social Problems. His Eminence reiterated his willingness to cooperate on health problems, not only with the local administrators of the capital's city government, but also with the national administration.

On April 14 the Cardinal also visited the Filatov Children's Hospital and a center for drug addicts.

LEBANON AND SYRIA

Visit to a Suffering Land

At the invitation of His Beatitude Nasrallah Boutros Sfeir, Patriarch of Antioch and all the East, of Mr Fares Buoeiz, Minister of Foreign Affairs acting on behalf of Lebanon, and of the Apostolic Nuncio in Damascus, the Most Rev Luigi Accogli, in relation to Syria, Cardinal Angelini, accompanied by the Undersecretary of our Department, Fr. Felice Ruffini, M.I., visited the aforementioned countries, May 2-6, 1992, gaining firsthand experience in both of the esteem which exists for the Catholic Church and for the action by the Holy Father John Paul II in favor of peace, the victims of war, and the sick. A tangible sign of this esteem was the interest in this visit shown by the mass media.

Lebanon

There was a warm welcome at the airport of Beyrouth by the Vicar General of the Maronite Patriarchate, Monsignor Paul Matar, and by the Lebanese Minister of Foreign Affairs.

The next day, Sunday, May 3, a concelebration took place at the new, large Marian Sanctuary of Our Lady of Lebanon in Harissa, before the statue of the Virgin blessed by the Holy Father at the Vatican Basilica on February 11, 1992. The President of the Republic, Mr. Elias Haroui, also took part, along with his wife.

In his greeting and homily in French, Cardinal Angelini referred to the Holy Father's and the Holy See's love and effort to restore peace and concord in the Middle East.

Nine medical facilities were visited in Lebanon over three days. Holy Cross Hospital, for psychiatric patients, run by the Sisters of the Congregation of the Holy Cross, with no discrimination based on ethnic origin, religion, or politics, cares for over a thousand patients. The Beit-Chébab Hospital for the Physically Disabled, run by the Lebanese Maronite Order, currently specializes in care for young victims of war. The Rehabilitation Center for Drug Addicts in Jounieh was created in the summer residence of the Diocesan Curia and is directed by Monsignor Guy Nojaim, Patriarchal Vicar for the Diocese of Sarba. The young and active Bishop also directs recovery centers for the socially marginalized. Holy Ro-

sary Clinic is in the middle of Beyrouth. The Hotel-Dieu de France is run by the Jesuit Fr. Jean Ducruet, in connection with Saint-Joseph University. The Al-Makassed General Hospital is directed by Moslems, and the St. George Hospital, by the Greek Orthodox Church. In the little city of Zahlé, in the tormented Békaa region of Syria, the Tel Chiha Hospital, depending on the Catholic Melkite Archbishopric, and the Maallaka Public Hospital, run by the Maronites, were visited on May 15.

The visit to such numerous and varied health facilities sought to highlight the power of care of the suffering to bring people together—this shared service is a certain prelude to peace.

Meetings with the following people also took place during the stay in Lebanon: President of the Republic Elias Haroui, at his residence, during a work luncheon attended by the Apostolic Nuncio, the Most Rev. Pablo Puentes, and religious authorities from the different Catholic communities; Lebanese Parliament President Husseini, a Shiite Moslem; and Head of Government Karamé, a Sunnite Moslem.

At these three meetings Cardinal Angelini expressed the Holy Father's solidarity with the sending, by way of our Department, of a very large shipment of medicines and clothing. His interlocutors manifested deep gratitude for the Holy See's supportive action.

Charitable action was discussed with Mrs. Mouna Haroui, wife of the President of the Republic, who had already received from our Department three tons of aid targeted for the health facility of which she is president, and also with officials of Lebanese Catholic Charities, with whom the modalities for our Department's shipping another seven tons of medicines, on this occasion to the Bishops' Conference of Lebanon, were established.

During their stay in Lebanon, Cardinal Angelini and the Undersecretary, Fr. Ruffini, were guests of the Patriarch, His Beatitude Nasrallah Boutros Sfeir.

The Apostolic Nuncio organized a convivial gathering to which officers of the main Catholic medical centers of Beyrouth were invited.

Syria

Brief, but intense, was the visit to Syria, thanks to the fraternal initiative and collaboration of the Apostolic Nuncio in particular, the Most Rev. Luigi Accogli.

The Deputy Minister of Foreign Affairs, Dr. Youssef Chaccour, Greek Orthodox, received Cardinal Angelini at the border with Lebanon, a few kilometers from Damascus.

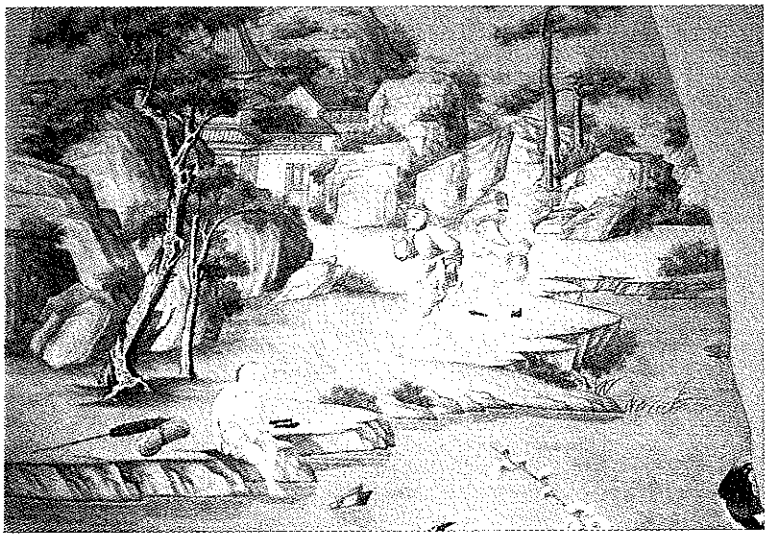
Dr. Trizzino, Counsellor of the Italian Embassy to Syria, was also there to receive His Eminence, having been sent by Ambassador Berlenghi.

A broad exchange of ideas took place during a meeting at the Ministry of Foreign Affairs. Cardinal Angelini, while stressing the pastoral nature of his trip for the purpose of visiting the places of suffering and care, did not fail to insist on the need to work for peace, with respect for the right of peoples to freedom and self-determination, and to work for assistance to the poor and the families of the victims of the war.

Cardinal Angelini later visited the Catholic hospitals: Hôpital Français St. Louis, run by the Daughters of Charity of St. Vincent, and the E. Schiapparelli Italian Hospital, where the Daughters of Mary Auxiliatrix work. As a sign of friendship and attention towards other religious communities, there was a visit to the Greek Orthodox Patriarch, His Beatitude Hazim, and to the very modern Assad Public Hospital, which is also an important teaching facility. The medical school has 111,000 students, with a faculty of 3,000. This is the largest student body at any medical school in the world.

The Grand Mufti of Syria, His Virtue Sheik Ahmad Kaftaro, was also visited. His attitude was receptive and he expressed great admiration for the work done around by the world by John Paul II.

The pastoral visit to Damascus concluded at the Apostolic Nunciature, with the Minister of Foreign Affairs, forty ambassadors, and high-level officials of the Syrian Government in attendance.



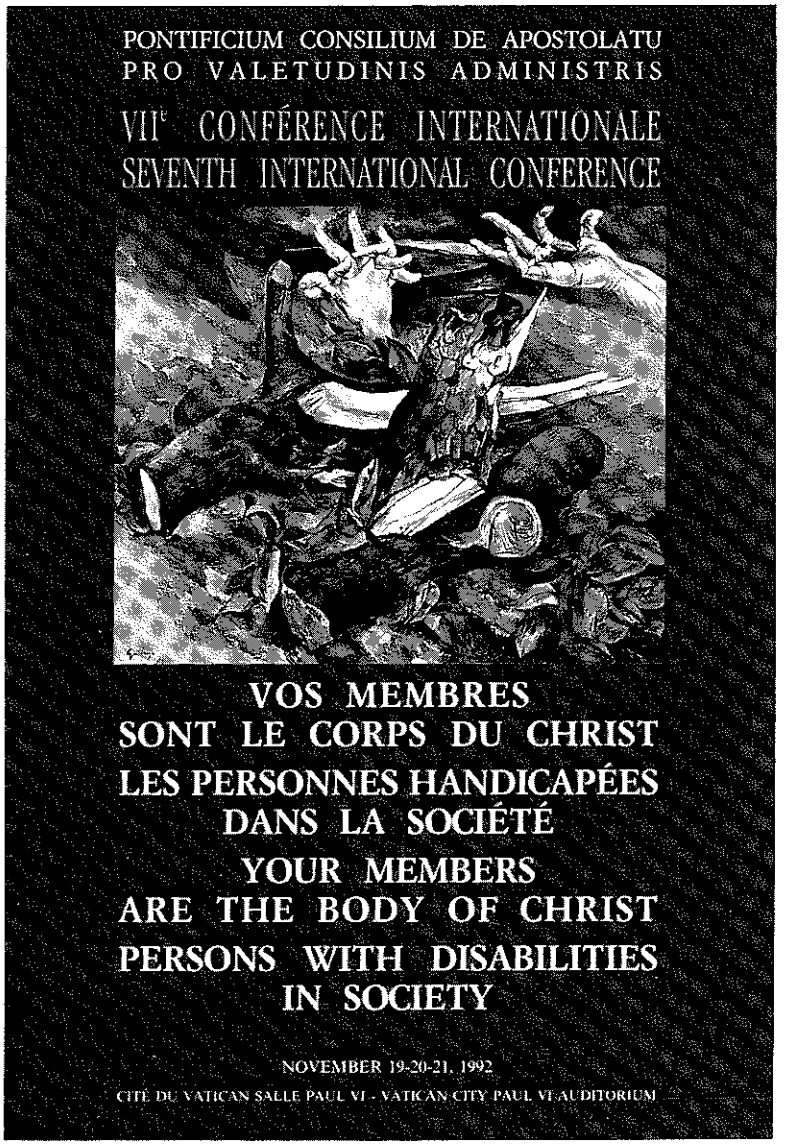
The Pontifical Council for Pastoral Assistance to Health Care Workers, prompted by the growing interest in its International Conferences, has selected as a topic of reflection and study for the forthcoming Conference, November 19-20-21, 1992, the complex and delicate problematic posed by the situation of disabled persons in society.

The general topic, which is situated in the transcendent dimension of the human person, whose condition of limitation and suffering was assumed and redeemed by Christ, is expressed in the following way: " Your Members Are the Body of Christ: Disabled Persons in Society. " Emerging in a perspective of hope, papers will include contributions from anthropology, science, clinical medicine, ethics, law, and different caring disciplines. Today there are about 500 million disabled people around the world.

The sessions will close with an address by the Holy Father, John Paul II, at the location of the Conference.

There is no fee for registration; however, voluntary contributions will be devoted to the ends espoused by the Conference and to sending assistance to needy countries

Entry into Paul VI Hall in Vatican City is from Piazza del Sant'Uffizio. To enter, a personalized badge is needed which can be picked up at the Pontifical Council's office (Via della Conciliazione 3) in Rome upon presentation of an identifying document. Anyone wishing to attend should get in touch with the Pontifical Council by October 25, 1992, at the latest.



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