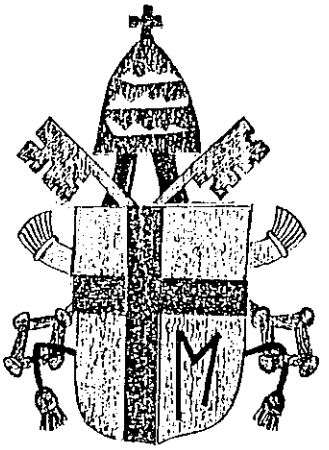

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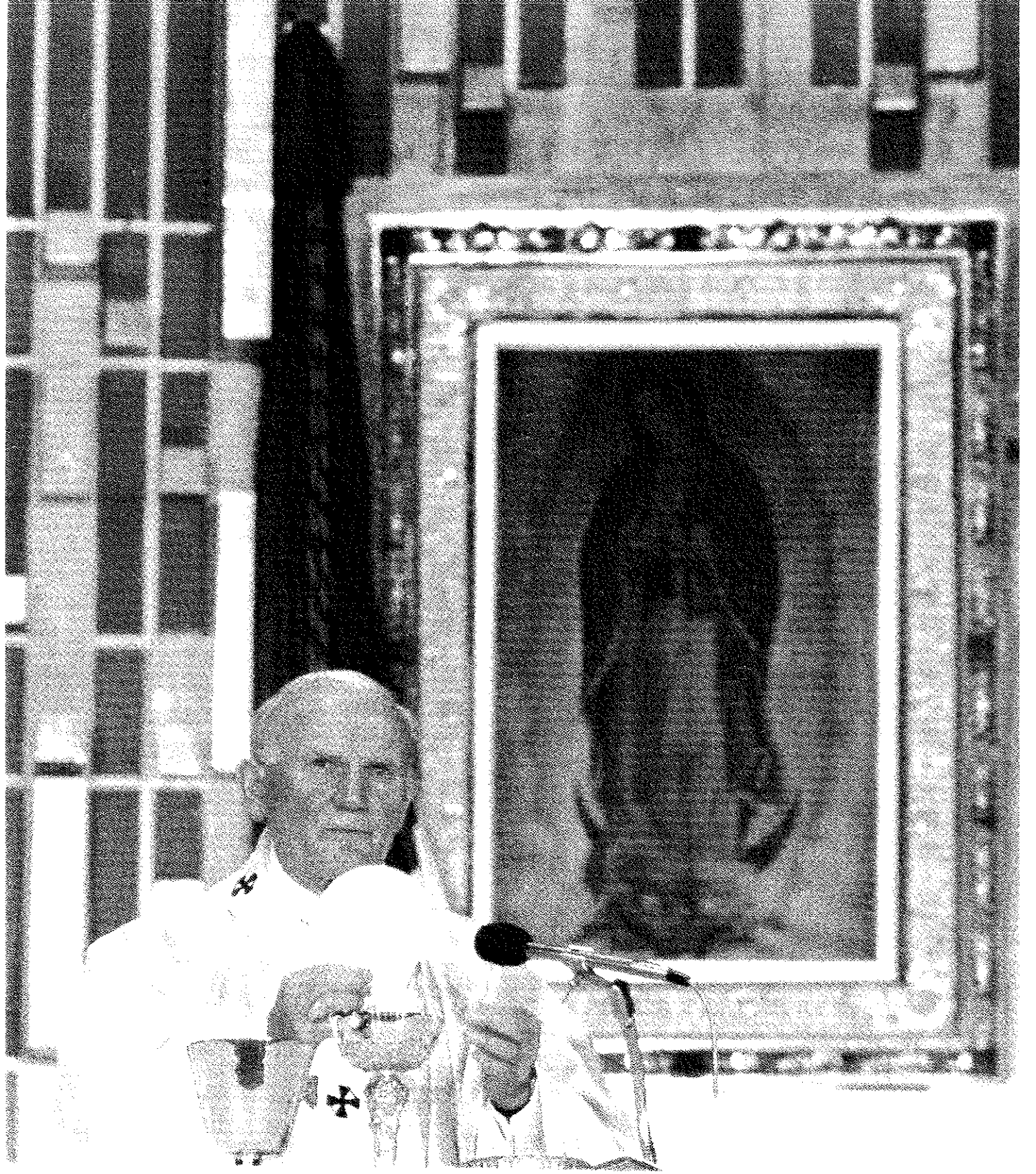
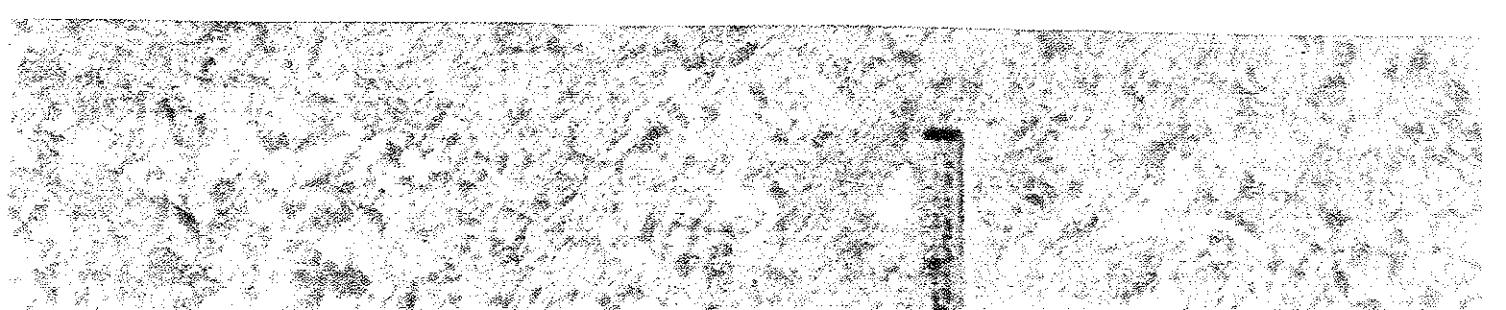




THE MESSAGE OF THE HOLY FATHER for the FOURTH WORLD DAY OF THE SICK

February 11, 1996

1. "Do not worry about this illness or about any other misfortune. Aren't I, who am your Mother, here? Aren't you protected by my shadow?" The humble native Juan Diego de Cuautilan received these words from the lips of the Most Blessed Virgin in December 1531, at the foot of Tepeyac—today called Guadalupe—Hill, after having pleaded for the healing of a relative.

While the Church in the beloved nation of Mexico commemorates the First Centennial of the crowning of the venerated image of Our Lady of Guadalupe (1895-1995), the choice of the famous sanctuary in Mexico City as the site of the most solemn celebration of the next World Day of the Sick on February 11, 1996 is particularly significant.

This Day is situated at the core of the preliminary stage (1994-1996) of preparations for the Third Christian Millennium, which must "serve to renew awareness in the Christian people of the value and significance which the Jubilee of the Year 2000 possesses in human history" (*Tertio Millennio Adveniente,* 31). The Church looks confidently at the events of our time, and among the "signs of hope present in this closing period of the century" she recognizes the road traveled "by science and technology, and, above all, by medicine in serving human life" (*ibid.,* 46). It is under the sign of this hope, illuminated by the presence of Mary, "Health of the Sick," that, in preparation for the Fourth Day of the Sick, I address those bearing in their body and their spirit the signs of human suffering and also those who, in fraternal service offered them, seek to follow the Redeemer perfectly. Indeed, "*as Christ*... was sent by the Father 'to give the good news to the poor, to heal those with a contrite heart' (cf. *Lk* 4:18), 'to seek and save what was lost' (cf. *Lk* 19:10), *so, too, the Church* surrounds those afflicted by human weakness with affectionate care and, indeed, recognizes the image of her poor and suffering founder in the poor and the suffering" (*Lumen Gentium,* 8).

2. Dearest brothers and sisters who experience suffering in a special way, you are called to a distinctive mission in the sphere of the new evan-

gelization, drawing inspiration from Mary, Mother of human love and pain. In this far-from-easy witness you are supported by health workers, relatives, and volunteers who accompany you along the daily road of trial. As I recalled in the Apostolic Letter *Tertio Millennio Adveniente,* "the Blessed Virgin will be present in overarching fashion, so to speak, throughout the whole preparatory phase" of the great Jubilee of the Year 2000 "as a perfect example of love for both God and neighbor," in such a way that we hear her motherly voice repeating, "Do what Christ tells you" (cf. *Tertio Millennio Adveniente,* 43.54).

By taking up this invitation from the heart of the *Salus Infirmorum,* it will be possible for you to impress upon the new evangelization a singular character of announcement of the Gospel of Life, mysteriously mediated by the witness of the Gospel of Suffering (cf. *Evangelium Vitae,* 1; *Salvifici Doloris,* 3). "Indeed, truly organic pastoral care in health directly forms part of evangelization" (Address to the Fourth Plenary Meeting of the Pontifical Commission for Latin America, 8, June 23, 1995).

3. The Mother of Jesus is the example and guide for this effective announcement, since "she places herself between her Son and men in the reality of their privations, forms of indigence and sufferings. She places herself in the middle—that is, acts as a mediatrix—not as one uninvolved, but in her position as a mother, aware that as such she can—indeed, has the right to—remind her Son of the needs of men. Her mediation, then, has the character of intercession: Mary intercedes for men. And that is not all: as the Mother, she also desires that the Messianic power of the Son should be manifested—that is, his saving power directed towards relieving human misfortune, freeing man from the evil which in different forms and degrees weighs upon his life" (*Redemptoris Mater,* 21).

This mission makes the *Salus Infirmorum* perennially present in the life of the Church; as at the dawn of the Church (*Ac* 1:14), today as well she continues to be "the model of that maternal love by which all those who cooperate in the regeneration of men in the apostolic mission of the Church must be animated" (*Lumen Gentium,* 65).

The celebration of the most solemn moment during the World Day of the Sick at the sanctuary of Our Lady of Guadalupe on an ideal plane restores the link between the initial evangelization of the New World and the new evangelization. Indeed, among the populations of Latin America, "the Gospel was announced by presenting the Virgin as its highest realization.... A most luminous symbol of this identity is the mestizo countenance of Mary of Guadalupe, rising up at the start of evangelization" (*Puebla Document,* 1979, 282.446). For this reason the Most Blessed Virgin has been venerated for five centuries in the New World as the "first evangelizer of Latin America," as the "star of evangelization" (*Letter to the Men and Women Religious of Latin America on the Five-Hundredth Anniversary of the Evangelization of the New World,* 31).

4. In carrying out her missionary task, the Church, supported and comforted by the intercession of Our Lady, has written significant pages of

concern for the sick and suffering in Latin America. Today as well pastoral care in health continues to occupy a prominent place in the Church's apostolic action: she is responsible for numerous facilities providing aid and care and works among the poorest with a zeal which is highly appreciated in the health field, thanks to the generous commitment of so many brothers in the episcopate and of priests, men and women religious, and many of the lay faithful, who have developed a marked sensitivity to those experiencing pain.

Moreover, if our gaze expands beyond Latin America to sweep over the world, it encounters innumerable instances confirming this maternal concern of the Church for the sick. Today as well, perhaps today in particular, the tears of multitudes put to the test by suffering rise up from humanity. Whole populations are tortured by the cruelty of war. The victims of the conflicts still going on are, above all, the weakest: mothers, children, and the elderly. How many human beings, extenuated by hunger and disease, cannot count on even the most elementary forms of care. And where such care is, fortunately, ensured, how many sick people are gripped by fear and despair on account of their inability to give a constructive meaning to their sufferings in the light of faith.

The praiseworthy and even heroic efforts of so many health workers and the growing contribution by volunteer personnel are not enough to meet concrete needs. I ask the Lord to prompt generous persons in even greater numbers who are able to give those suffering the comfort not only of physical care, but also of spiritual support, opening before them the consoling prospects of faith.

5. Dear people who are ill and you, relatives and health workers who share their hard road, feel yourselves to be main actors for Gospel renewal in the spiritual itinerary leading towards the Great Jubilee of the Year 2000. In the disturbing panorama of old and new forms of aggression against life marking the history of our day, you are like the throng seeking to touch the Lord, "for a power came out of him which healed all" (*Lk* 6:19). And it was precisely in front of such a multitude of people that Jesus pronounced the "sermon on the mount," proclaiming those who weep to be blessed (cf. *Lk* 6:21). *To suffer and to be close to those suffering* whoever lives through these two situations in faith enters into particular contact with the sufferings of Christ and is admitted into sharing "a most special portion of the infinite treasure of the world's redemption" (*Salvifici Doloris*, 27).

6. Dearest brothers and sisters who are being put to the test, generously offer your pain in communion with the suffering Christ and with Mary, his most tender Mother. And you that work each day alongside those suffering, make your service a valuable contribution to evangelization. All of you, feel yourselves to be a living part of the Church, for in you the Christian community is called to measure itself against the cross of Christ, to account for its Gospel hope before the world (cf. *1 P* 3:15). We ask all of you that suffer to support us. We ask precisely you that are weak to become a source of strength for the Church and humanity. In the terrible combat

between the forces of good and evil, of which our contemporary world offers us a spectacle, may your suffering in union with the Cross of Christ triumph" (*Salvifici Doloris,* 31).

7. My appeal is also addressed to you, Pastors of the ecclesial communities, and to you that are responsible for pastoral care in health, in order that you may fittingly prepare to celebrate the next World Day of the Sick by way of initiatives suitable for increasing the sensitivity of the people of God and of civil society itself to the vast and complex problems of health policy and care.

And you, health workers—physicians, pharmacists, nurses, chaplains, men and women religious, administrators, and volunteers—and particularly you, women, pioneers in health-related and spiritual service to the sick: all of you, become promoters of communion among the sick, among their relatives, and in the ecclesial community.

Be close to the sick and their families, acting in such a way that those being put to the test will never feel marginalized. The experience of pain will thus become a school of generous dedication for each one of you.

8. I willingly extend this appeal to civil leaders at all levels, that in the Church's attention and commitment to the world of suffering they may grasp an opportunity for dialogue, encounter, and cooperation so as to build a civilization which, starting from concern for those suffering, will increasingly proceed along the way of justice, freedom, love, and peace. Without justice the world will not know peace; without peace suffering can only expand beyond measure.

I invoke the motherly support of Mary for all those suffering and for all who devote themselves to serving them. May the Mother of Jesus, venerated for centuries at the illustrious sanctuary of Our Lady of Guadalupe, hear the cry of so many sufferings, dry the tears of those undergoing pain, and be close to all the world's sick. Dear people who are ill, may the Blessed Virgin present the offering of your afflictions, wherein the face of Christ on the cross is reflected, to her Son.

I accompany this wish with the assurance of my fervent prayer, as I warmly bestow the Apostolic Blessing upon all of you.

From the Vatican, October 11, 1995, Commemoration of the Blessed Virgin Mary, Mother of the Church.

The New Evangelization and the Healthcare Ministry in the Apostolic Exhortation *Ecclesia in Africa*

As had occurred with the previous ordinary and special Assemblies of the Synod of Bishops held during the last decade (since our Council was established in 1985), during preparations for the Special Synod Assembly for Africa, the Pontifical Council for Pastoral Assistance to Health Care Workers also took care to send suggestions and proposals, which were included, in part, in the *Lineamenta* and *Instrumentum Laboris* and then strongly supported in the course of the Synod sessions (April 10-May 8, 1994), not only to fulfill one of the founding aims of our Council, but also on the basis of direct knowledge of the problems in care and the health apostolate on the African continent, after seeking over the past ten years to intensify our relations with the local church as far as possible and taking action, in the wake of frequent pastoral trips to some African countries, through multiple forms of cooperation and aid.[1]

The Apostolic Exhortation Ecclesia in Africa, signed by the Holy Father, John Paul II, in Yaoundé, Cameroon, on September 14, 1995, feast of the Exaltation of the Holy Cross, is undoubtedly the broadest and most significant papal document regarding the African Church which has ever appeared [2]

Africa Needs Good Samaritans

There is an interpretive key for reading every papal document, no matter how complex and detailed its content may be, a guiding idea illuminating all its parts This is also observable in the Apostolic Exhortation *Ecclesia in Africa*.

As is known, the theme of the Special Assembly for Africa of the Synod of Bishops was "The Church in Africa and Her Evangelizing Mission Heading Towards the Year 2000: 'You Will Be My Witnesses' (*Ac* 1:8)." The purpose behind choosing this subject was "to describe the tasks of the witness to Christ in Africa in contributing more effectively to constructing the Kingdom of God "[3]

The Apostolic Exhortation *Ecclesia in Africa thus* "strives to follow this itinerary closely "[4] This is the response, then, or, rather, what strikes me as the key to reading the papal document It is formulated by the Holy Father in paragraph 41, when he affirms, "For many Synod Fathers today's Africa may be compared to the man going down from Jerusalem to Jericho; he fell into the hands of brigands who stripped him, struck him, and went off, leaving him half dead (cf. *Lk* 10:30-37). *Africa is a continent where numberless human beings—men and women, children and young people—are, in a sense, lying on the edge of the road, sick, wounded, powerless, marginalized, and abandoned. They need Good Samaritans to come to their aid.*"[5]

Shortly before, almost as if to justify the later reference to the image of the Good Samaritan, *Ecclesia in Africa* observes that, although Catholics in Africa represent only 14% of the population, Catholic institutions in the health field represent 17% of the entire continent's healthcare facilities."[6] If, then, in keeping with the Synod's topic, "witness to life has more than ever become an essential condition for the in-depth effectiveness of preaching,"[7] the statistical data referred to confirm that a privileged—if not, indeed, the primary—path for evangelization involves the encounter of the messengers of the Gospel with the suffering and the sick. And this explains why the Pontifical Exhortation expressly addresses Catholic Pastors and the faithful, then our brothers and sisters in other Christian denominations, those professing the major monotheistic religions—particularly those following African traditional religion—and all men of good will. In reality, if the percentage of Catholic health facilities in Africa exceeds that of Catholics, it is precisely because in the field of health policy and care an *ecumenism based on works*, which is the most credible form of Christian witness,[8] is being realized in Africa

In addition, the theme of the Good Samaritan returns in the Apostolic Exhortation, precisely in relation to the ecumenism of works, whose highest manifestation is in attention to those suffering because it is a common response to a need closely affecting all human beings.[9] And when the Pope stres-

ses the international dimension of the problems afflicting the African continent, he explains that "the anguished cry" rising from these peoples is especially provoked by the problems of health policy and care, by the persistence of diseases endemic to the scourge of AIDS, by a lack of prevention and health education, and by the scarcity and inadequacy of health services providing care.[10] And this occurs on a continent "open to respect for life" from its birth to its natural close, with special reference to the as yet unborn, the integrity of the family, the elderly, and relatives.[11]

Health Policy and Care as a Context for Evangelization

The Apostolic Exhortation, after recalling that "integral human development is situated at the very core of evangelization," cites the Messianic text of Isaiah, who describes the Savior as he who "restores sight to the blind"—a mission implemented by Christ, who "came to take upon himself our infirmities and burden himself with our illnesses."[12]

We need not force matters to recognize that in the complete definition of *health policy and health care* there come into play, directly or indirectly, all the problems of integral human development: if the latter is, in fact, provided by the capacity to respond adequately to man's perennial questions, there is no doubt that the advancement and defense of life, of its quality and dignity, are the measure of civilization's forward path. And because of a well-known set of circumstances, the African continent poses for both the universal and local Church urgent needs and challenges which, flowing from a daunting condition of indigence and suffering, dramatically call for assistance and the health-care ministry.[13] In this perspective the Pope's invitation for the African Church to offer the whole world authentic witness to Christian universalism is understandable.[14]

In addition, I think that in *Ecclesia in Africa* the Pope's insistence in summoning the movements and associations of the lay faithful to assume responsibility for temporal needs and the struggle itself for the advancement of human dignity, justice, and peace [15] And if a people's attention to the health of the sick is a "sign and measure of the degree of its civilization,"[16] this is the field presenting the most urgent demands in the work of evangelization. There is no doubt, then, that health workers, in the broadest sense of the term, as defined by *Evangelium Vitae*,[17] have a vanguard task which their training itself must face.[18] The commitments made by our Pontifical Council in Abidjan, the Ivory Coast, and in Senegal move in this direction, in awareness of the need, confirmed by the Apostolic Exhortation, "to train all pastoral workers adequately in the fields proper to their apostolate."[19] "The apostolate, indeed, as regards the advancement of justice and particularly the defense of basic human rights [among which the right to life and its quality holds primacy], cannot be left to improvisation."[20]

Pastoral Care in Health and the Inculturation of the Gospel

Ecclesia in Africa devotes ample space to the relationship between evangelization and inculturation.[21] To inculturate the Gospel announcement means to introduce it into the mentality, traditions, sensibility, and customs of those to whom it is addressed. In other words, inculturation involves the intimate transformation of the authentic cultural values of a people through their integration into Christianity and, at the same time, getting Christianity rooted in the different cultures.[22]

The inculturated announcement of the Gospel is not, however, just proclamation of the word, but a synthesis of preaching and living witness.[23] A synthesis which the modern development of the mass media has largely placed within reach.[24] Therefore, in speaking of the importance of these means and their being put to good use on the African continent, the Pope recalls that in Africa oral transmission is one of the characteristics of popular culture. I would thus like to note a circumstance which does not strike me as marginal. What both oral and visual presentation of the Good News can be more effective than that concerning the even heroic presence of the Church in serving the sick and the suffering? Has it not been in carrying

out this service that in recent years the Church has seen so many of her children die as martyrs on the African continent? Who can measure the effectiveness of the witness of the sisters in Zaire who accepted death from the Ebola virus while caring for those who had been affected by it? As has rightly been observed, the *new* evangelization is also this: to die not only in defense of particular truths of faith, but for the summit, the apex of revealed truth, which is the love of Christ, who gave his life for the salvation of many. Not so much to give one's life for a contingent circumstance, noble as it may be, but to serve, to the point of self-sacrifice, those experiencing the wounds and most arduous trials of life. This is what is being asked for, above all, by our time, which, thanks to the wonderful progress of the mass media, is the recipient of a message which is entrusted to images more than words, images which, in our case, must be those of full, generous, and thoroughgoing service to life, particularly of those suffering the most serious aggressions against life.

Pastoral care in health can thus become the infrastructure of evangelization, making it *new* in its style, in its ardor, and in its adherence to the example of Christ.

The not very long journey from Jerusalem to Jericho is a symbol for the Good Samaritans the African Church—and, like her, the universal Church—needs on our earthly path. As with the Good Samaritan, to encounter certain unfortunates along this way is not rare: it is a daily human event. There are millions of victims who ask those passing by to bend over their suffering and share it, to heal it and give it meaning. In this sense, the Apostolic Exhortation *Ecclesia in Africa* is an addition to numerous other texts offered to the Church by John Paul II to deepen understanding of the Gospel of suffering and translate it into living witness.

FIORENZO Cardinal ANGELINI

[1] Cf. the reports presented at the Plenary Assemblies of the Pontifical Council for Pastoral Assistance to Health Care Workers (1987, 1989, 1991, 1993, 1995).

[2] It should not, moreover, be forgotten that "the idea of a meeting, in one form or another, of African Bishops to discuss the evangelization of the continent goes back to the period of the Second Vatican Council." *Ecclesia in Africa*, 2. For later preparatory initiatives, cf. *ibid.*, 3-5.

[3] *Ibid.*, 8.

[4] *Ibid.*, 8.

[5] *Ibid.*, 41.

[6] *Ibid.*, 38.

[7] *Ibid.*, 21.

[8] "Vast and complex is... service to the Gospel of life. This seems to us increasingly to be a valuable and favorable sphere for active collaboration with our brothers and sisters in other Churches and ecclesial communities along the lines of the *ecumenism based* on works which the Second Vatican Council authoritatively encouraged." Encyclical *Evangelium Vitae*, 91; Encyclical *Ut Unum Sint*, 40; *Ecclesia in Africa*, 137.

[9] "The Special Assembly for Africa has expressed deep gratitude towards 'all the Christians and men of good will who work in the field of assistance and human advancement with our Caritas or with our organizations for development' (*Message of the Synod*, May 6, 1994, no. 39). The assistance which they, as *Good Samaritans*, provide to the African victims of wars and catastrophes and to refugees deserves admiration, gratitude, and support by all" (*ibid.*, 45).

[10] "It is necessary, moreover, to listen with deep compassion to the anguished cry of the poor nations asking for help in areas of particular importance: malnutrition, generalized deterioration of the quality of life, insufficient means to train the young, a lack of elementary health and social services, with a consequent persistence of endemic diseases, the spread of the terrible scourge of AIDS..." (*ibid.*, 114). There is mention of "inadequate health services" in paragraph 116 as well.

[11] "The peoples of Africa respect the life which is conceived and is born. They take joy in this life. They reject the idea that it may be annihilated, even when so-called 'progressive civilizations' would like to lead them to this. And the practices hostile to life are imposed on them by means of economic systems at the service of the selfishness of the rich. The Africans manifest respect for life until its natural end and reserve a place in the family for the elderly and relatives" (*ibid.*, 43).

[12] *Ibid.*, 68.

[13] "On account of the numerous difficulties, crises, and conflicts bringing *such great indigence and suffering to the continent*, there are Africans sometimes tempted to think that the Lord has abandoned them, that He has forgotten them..." (*ibid.*, 143).

[14] "Considering the specific vocation entrusted to the Church by her divine Founder, I insistently ask the Catholic community which is in Africa to offer before all mankind authentic witness to Christian universalism" (*ibid.*, 137).

[15] "Fraternal union for a living witness to the Gospel will also be the aim of the apostolic movements and associations of a religious nature. The lay faithful, in fact, there find a privileged occasion to be leaven in the dough (cf. *Mt* 13:33), especially as regards the handling of temporal affairs in accordance with God and the struggle for the advancement of human dignity, justice, and peace" (*ibid.*, 101).

[16] JOHN PAUL II, *Address to the Conference Organized by the Pontifical Council for Pastoral Assistance to Health Care Workers*. Vatican City, November 21, 1992.

[17] "... Health workers: doctors, pharmacists, nurses, chaplains, men and women religious, administrators, and volunteers" (*Evangelium Vitae*, 89).

[18] *Ecclesia in Africa*, 75 116.

[19] *Ibid.*, 107.

[20] *Ibid.*, 106.

[21] *Ibid.*, 55-71.

[22] *Ibid.*, 59. Cf. the Encyclical *Redemptoris Missio* (December 7, 1990), 52, in *Acta Apostolicae Sedis*, 83, 1991, p. 229.

[23] *Ibid.*, 55.

[24] "The first areopagus of modern times is the world of communication, which is unifying humanity, making it, as is usually said, a global village. The mass media have attained such importance that for many they are the leading source of information and education, guidance and inspiration for their individual, familial, and social behavior" (John Paul II, Encyclical *Redemptoris Missio*, 37; cf. *Ecclesia in Africa*, 71).

Protecting the Wonderful Gift of Life

A paper presented at the Meeting on Euthanasia Today held at the University of Louvain.

I am very happy to be able to devote this morning to seeking some convergence regarding euthanasia, in spite of the differences among our positions. To open discussion, I, in turn, shall propose to you a series of reflections which will not be a repetition—or will contain very little repetition—of the considerations set forth previously.

Within this humanistic circle, our debate concerns

— a man killing another man;

— an intentional act directly provoking death, either by the action of inflicting death or by the omission of care.

The examination of this most serious problem leads me to develop two types of considerations: the first will deal with practices; the second will involve reflection on those practices.

PRACTICES

Examination of the Arguments

The arguments resorted to to justify euthanasia practices converge around three poles: assisted suicide, compassion, and socioeconomic utility.

Assisted Suicide

In this particular case we observe, first of all, that physicians seem to lead patients to the conviction that they are useless, no longer have anyone to look after them, and should therefore "get out of the way" as soon as possible.

According to the experience reported by numerous psychiatrists examining cases of attempted suicide, these "failed acts" quite often express desperate appeals, pleas for help. There is thus a risk that the people attending patients who request assisted suicide will not perceive this latent, but undeciphered, appeal in them. Consequently, this request for assistance is not actually interpreted for what it is: a plea for help, a desperate person's aspiration towards being warmly received.

When faced with persons communicating to me the decision to commit suicide, I can thus adopt either of two radically different attitudes: go to a rope dealer and make a purchase and help them to hang themselves or, in more humane fashion, approach them, speak to them, and seek to have them grasp that they still have value in the eyes of some, regardless of the difficulties they encounter, which people are willing to face along with them.

Compassion

By what right and what criteria can we judge in the place of patients? We have no criterion available enabling us to quantify the value of human life, our own or that of another. When we say we are yielding to compassion, we should really speak of self-pity—that is, fleeing from a situation which disturbs us, which we want to avoid, which we would like to close our eyes to. For us who are well and in full possession of our faculties, this vision of a suffering being is intolerable!

Nevertheless, can I solve this problem posed for me to the detriment of someone else's life, of someone whose psychic and mental state I have not had the chance to know, only because that person finds it hard to engage in self-expression in a lucid, normal way? Isn't it rash to resort to euthanasia in these circumstances?

Socioeconomic Utility

The writings following this argument are unfortunately beginning to be disseminated intensively and frequently. In many environments, in both developed and developing countries, men have become a sort of manufactured product to whom life is given or denied on the basis of certain utilitarian criteria, especially involving socioeconomic usefulness.

In an interview appearing in *L'avenir de la science* (Michel Salomon [ed.], Paris: Seghers, 1981), Jacques Attali makes some very precise remarks in this regard.

"Euthanasia will be one of the basic tools of our future societies, in any event. In a socialist logic, to begin with, the problem is posed as follows: socialist logic is freedom, and the basic freedom is suicide; conse-

quently, the right to direct or indirect suicide is an absolute value in this type of society. In a capitalistic society machines will be created and used to kill, tools which will permit the elimination of life when it becomes unbearable or too costly, economically. I thus think that euthanasia, understood as both freedom and merchandise, will be one of the rules of our future societies" (pp. 274 ff.).

Foreseeable Consequences of the Practice of Euthanasia

Let us consider these different lines of argument, especially the last one, and draw out some of the foreseeable consequences deriving from the practice of euthanasia, particularly on a political, legal, and medical level.

On a Political Level

In the first place, it must be observed that
— all democracies are based on unconditional respect for human life;
— in negative terms, this first observation leads us to recognize that all wars are aimed at eliminating some human beings;
— secular currents are among the factors which have mainly favored reflection on this point. In the eighteenth century, particularly, they were among the first to stress the value of human life, respect for which and legal protection of which are basic in a society with democratic politics. They did so, for example, in *The Universal Declaration on Human and Citizens' Rights* in 1789.

Consequently, it is to be feared that a government consenting to the *legalization* of euthanasia will *become derailed,* arriving at what one writer recently called "the criminal State" (Yves Tinon, Paris: Ed. du Seil, 1995). All of our western societies are founded on the conception of equality in human dignity and of the inalienable right to life, regardless of one's physical or psychological state or racial, social, or intellectual condition. As a result, when *majority rule,* the cornerstone of any democratic society, is appealed to in discussing euthanasia, *a totalitarian dynamic is generated in that society.* To tell the truth, the societies we are familiar with which have legalized euthanasia have demonstrated, precisely by that act, that they *are already engaged* in a process of totalitarianism and, in the final analysis, of generalized criminality.

On a Legal Level

In regard to euthanasia, isn't a tactic being used which has already been experienced in other spheres—that is, the *tactic of the exception?* This consists of two phases. Firstly, a general principle is very forcefully *affirmed.* For example: "All men have the right to life." Immediately thereafter people hasten to put this just-proclaimed principle into *checkmate* by surrounding it with a series of exceptions. The first article of the Veil Law on abortion is a perfect example of this tactic of exceptions. It states, "The law guarantees respect for all human beings from the moment of conception. No attempt may be made on this principle except in case of need, in accordance with the conditions established by this law."

In this way the risk of witnessing the institution of tyranny by way of law is increased. The law loses the specificity associated with it since the times of Solon in antiquity—that is, its being the stronghold of the weak against the strong; it is instead placed at the service of the strongest. We must not forget that *legal positivism*—that is, law as a mere code issuing from men's will alone and thus changeable, adaptable to all the arbitrary wills of the most powerful groups—has always been at the root of authoritarian systems. Let it suffice to recall that without difficulty law served Nazi Germany, inasmuch as many writers caused an ultrapositivistic conception of law to win out in that country. It is a matter of historical irony that the main theoretician of such law, Kelsen, eventually became a victim of the theory of law which he himself had promoted. When Hitler took power, the anti-Nazi bulwark which law could have constituted was shown to be

ineffective, for legal positivism had already provided Hitler with the theoretical foundations for a "law" in agreement with his project of death.

On a Medical Level

Here, too, it is to be feared that the past will be repeated and that the profession will in part lose its credibility. It is clear that physicians cannot "change their role" in the course of a single morning and become architects of both life and death. Didn't Dr. Schwarzenberg himself state, "For a doctor, the only professional success is to heal"? Patients cannot live in constant fear of a death sentence pronounced by their own doctors. As for health professionals, they risk losing all motivation and becoming victims of the division and despair linked to the practice of euthanasia.

In short, a government which gave doctors the enormous power to decide who may live and who may die or required them to practice euthanasia, should be denounced for this *extreme abuse of power*. It would be good, especially for the youngest, to get informed on the errors made over the course of history by reading the book by the American Lifton *The Nazi Doctors* (Paris: Laffont, 1989), for example. A large part of this work is devoted to euthanasia and the other medical excesses following upon each other in Nazi Germany, reinforced by the complaisance and complicity of jurists and physicians.

An Alternative Proposal: Palliative Care

On concluding this first part it is appropriate to devote great attention to palliative care and the progress made in the fight against physical *pain* and psychological *suffering*.

This new way must not be in any way confused with therapeutical obstinacy as practiced by Tito in Yugoslavia, Franco in Spain, Boumédienne in Algeria, and Tancredo Neves in Brazil. *Therapeutical obstinacy* resorts to technical means which extenuate patients, inflicting upon them physical pain and moral suffering which artificially delay their death and futilely prolong their agony. This course is to be avoided, as is the opposite one—that is, to omit care, as previously mentioned.

Palliative care has an entirely different motivation and application. It is resorted to when it is realized that *therapeutic care*, aimed at curing the patient, has become ineffective and that the illness is definitively incurable. At that point, *the very object of therapy changes*: it is no longer illness, but *pain*, that the doctor actively seeks to mitigate. Care may not be renounced because a cure is impossible.

In this context, it is desirable to distinguish between physical *pain*, which can be attenuated with analgesics, and *suffering*, which is of a psychological and moral order. Many of us have certainly been witnesses to this need for compassion present in the dying. Compassion is at that time the name taken on by the extraordinary respect we can show for the dying through a gesture of tenderness at such a *decisive* moment in their existence.

In short, neither obstinacy nor abandonment: there is no stubborn insistence, but there is no acceleration of the natural course of events either.

"Active" or "Passive" Euthanasia?

On the basis of what we have just said, a clarification of terms becomes necessary. To distinguish between *"active euthanasia" and "passive" euthanasia*, which some speak of, is inadvisable because of the confusion that may arise therefrom.

The euthanasia referred to in current debate is the result of the intention of directly provoking death, by either a deliberate gesture or the deliberate interruption of care.

Consequently, to call this euthanasia "active" means incurring in a tautology, inasmuch as the intention of killing is accomplished by both the above-mentioned deliberate forms of action (gesture or interruption).

The phrase "*passive*" *euthanasia* is sometimes used to designate *palliative care* or the *risk of death* which recourse to analgesics may entail. This phrase is, however, unfortunate, inasmuch as it opens the way for ambiguity; it is thus better to avoid it.

In effect, euthanasia, in a strict sense, always implies the deliberate *intention* of *directly* provoking death—*the problem consists of this, precisely*. Now, this intention is not at all present in palliative care, which, on the contrary, involve acts certainly not aimed at hastening death, but at mitigating pain and sharing in suffering. The fact that recourse to powerful analgesics, when used for the purpose of relieving pain, may sometimes entail *the risk of hastening death* is denied by no one, although the progress of pharmacology has significantly reduced the incidence of such cases. It is a normal risk: what is sought, in fact, is, once again, to relieve pain and not to produce death, which, even if it proved to be hastened, would not, in any event, be *directly* willed. Nor would it be *in-*

directly willed either, in the sense that the will to relieve a patient's pain does not imply the intention of going so far as to cause death through this legitimate therapeutic course. It is thus unreasonable to make a show of this *risk,* which a doctor sometimes makes am incurable patient run at a terminal stage. To tell the truth, such a risk at root does not differ from the risk surgeons are often called to run in the case of necessary, but delicate, operations. It suffices to recall the cases presented in heart surgery and neurosurgery. Surgeons measure the risk better than anyone else, but they do their best to cure the patient. Death, which may take place in the wake of an operation, is consequence endured, but certainly not willed.

It is thus better to avoid the distinction between "active euthanasia" and "passive euthanasia," even if the active behavior which the latter phrase implicitly contains is free from the direct intention to kill, an essential characteristic of the former phrase—that is, involving euthanasia, properly speaking.

REFLECTION ON THESE PRACTICES

Clarification of debate in the light of contemporary experiences

Holland

An official statistic contained in the *Remmelink Report* shows that the cases where euthanasia is practiced amount to about 15% of deaths, which in concrete figures represent about 20,000 people, among whom 9% made no request for such intervention. The situation is even more surprising if we consider that euthanasia in this country is not legalized; until now it has simply been tolerated. This demonstrates it is worthwhile to resume debate on the subject.

Why should we be surprised? In a society where, in effect, there are no longer any principles or reference points, all excesses become possible. We have seen an example in *Chronicle of a Death Announced,* a program appearing recently on different European public television networks. The most disturbing part is that the doctor had nothing else to propose to the patient except a lethal injection. Was there, then, no other way to relieve the pain? Surely much more could have been done to alleviate the moral *suffering* of the person about to set out on the great journey.

As for the "indications" resorted to in Holland to justify euthanasia, we observe that these are evolving very much along the lines of the "indications" for abortion: the list keeps getting longer and longer and ever more diversified. It is no longer a matter of authorizing euthanasia for the terminally ill, but also of authorizing or tolerating it for children with malformations, the disabled, psychiatric patients, and so on. How long before we see euthanasia for mongoloids and AIDS victims?

Nazi Germany

Some people are put off by the remembrance of the particularly dark pages of contemporary history. And yet, rather than protest, attention must be paid to the warning by one of the greatest historians of our century, Toynbee, who said that "those who do not know history are fated to repeat its mistakes."

How many of us know, for example, that the Dutch program *Chronicle of a Death Announced* is only a remake of Goebbels' 1941 film *Ich Klage An* (cf. LIFTON, *op. cit.*, pp. 68 ff.)? The only difference as regards the Dutch program is that here the person on whom euthanasia is practiced is a woman. The message this film wanted to convey was simple: in the name of national interests, racial imperatives, philosophical considerations, and so on, the elimination of persons deemed useless or dangerous should be allowed.

The work regarded as basic to this subject was published in Lipsia in 1920 by Binding, a jurist, and Hoche, a physician (cf. LIFTON, pp. 65 ff., 79, 130). It is impossible to find, but in 1992 an English translation was published in the United States (*Issues and Medicine,* P.O. Box 1586, Terra Haute, IN, pp. 231-265). These two writers were frequently recalled at the Nuremberg trials, particularly by Dr. Brandt, one of the architects of the Nazi euthanasia and Jewish genocide program (cf. MITSCHERLICH and F. MIELKE, *Medizin ohne Menschlicjkeit,* Frankfurt, Fischer Verlag, 1989). The work by Binding and Hoche already contains all the arguments proposed until the present in favor of euthanasia, and, more precisely, assisted suicide, compassion, and social utility.

Though the remembrance of this precedent is unpleasant, comparing it to the practices recommended and observed today cannot be regarded as overly forced. In both the past and present, at the root of such practices we find theories with a close resemblance which must be carefully studied. If the same theories produce the same effects, we must then ask ourselves whether we, too, are heading towards a very dangerous turn for the worse. Besides, what does it matter if the

justifications offered are different when the death-dealing practices to which they lead are the same?

Philosophical Perspective

Debate on euthanasia broadens if related to some philosophical currents able to clarify it. We shall limit ourselves here to mentioning two of them.

Hegel

Debate on euthanasia—apart from the philosophical currents emerging at present in Holland and the views of Binding and Hoche—takes us back to a philosophy which has marked our whole period: that of Hegel (1770-1831). As Alexandre Kojeve, one of the greatest Hegelian scholars, explains in *Introduction to the Reading of Hegel* (Paris: Gallimard, 1945, pp. 529-575), Hegel's philosophy is first of all a *philosophy of death*. Hegel is tormented by the condition of man, a finite being, like the animals, but, unlike them, endowed with reason and will and aware of being destined to die. In the face of this unavoidable situation, this "fatal end," man seeks in the gift of death the supreme affirmation of his sovereign freedom. It is this which man accomplishes by the act of slaying himself, by suicide. However, if man is the master of his own life and death, why should he be prohibited *a fortiori* from being the master of the life and death of *others*, as is indeed suggested in the famous master/slave dialectic?

Here we are at the root of all the contemporary moralities of the masters, against which the currents sensitive to human rights, especially those of the weakest, have never ceased to react. The masters in question, as the strongest, reserve for themselves the exercise of complete dominion over their own and others' lives. This morality leads to different forms of oppression, segregation, or war, according to criteria of race, class, resolvibility, or utility.

In the face of this time limit of death, which is also anguishing for us, wouldn't it be wiser to pay attention to what Professor Lucien Israël wrote: "We must always be open to that part of the mystery which death recalls to us"?

Philosophers and the Dignity of Man

In order for essential values to exist, values to be respected and promoted so that it will be possible to live in a peaceful community, we must discern and denounce theories representing forewarnings and excesses and prevent the spread of practices which are their fatal consequence. It is time to recall here the warnings of the great "prophets" of our time, such as Jaspers, Hannah Arendt, I. Chafarévitch, Claude Polin, and Jean Jacques Walter, to mention just a few.

Even though there have been numerous wars and a constant practice of oppression, sociability, social life, brotherhood, and solidarity have since antiquity been among the moral values which our societies have striven to honor and protect. These values, which we share completely, always imply a fundamental agreement on equality in human dignity. They provide men with further ground for discussion to be explored. Besides, every time these values have been denied or derided, men desirous of freedom have intervened to restore respect for them.

The Contribution by Christians

In the face of the question of euthanasia, what can be said from a Christian standpoint? First of all, it must be stated that Christians do not *at all have a monopoly* on respect for human life. In this area, the laws in force in Belgium until recently had not been imposed under any clerical pressure: they were the result of majority votes expressed democratically. In this regard, let us

point out that the Belgian law of 1867 condemning abortion was voted by a liberal majority and that the Catholics at that time formed part of the opposition. This means that there are values which draw us together on the basis of which it is possible to establish dialogue in a nonpolemical context.

One of the characteristics of the Hebrew-Christian tradition is that *life is received as a gift*. We receive it from our parents, and even before that, from God Himself. Unfortunately, in the hearts of some of us the wounds due to education, to different circumstances in life, keep us from welcoming this gift for what it is: a wonderful gift. These wounds lead us to acts of rebellion which block the way of hope.

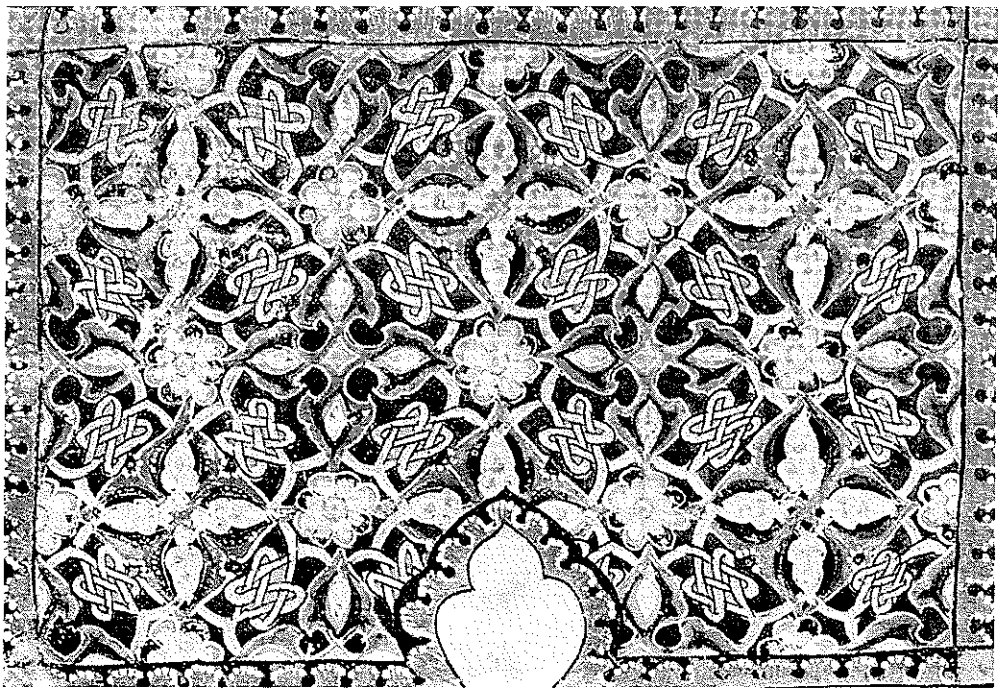
Without yielding—need I say so?—to provocation, I would in any event like to invite you to dare to hope in the resurrection. The great difference between agnostics and atheists, on the one hand, and Christians, on the other, is that the latter firmly believe that Jesus died and rose again. Witnesses and disciples of Jesus have *risked their lives* to convey this message to us. Among these witnesses are the disciples who, like St. Peter, had denied Christ at the time of the passion and abandoned Him as He died on the cross. These same persons who had abandoned Him exposed themselves to every risk after the resurrection to proclaim everywhere in the world that the one who had been slain was alive and that they had "eaten and drunk with Him after his resurrection from the dead" (*Ac* 10:41).

From this standpoint it is good to pay attention to what the Church tells us. Even if she sometimes says it in a not very shrewd way, even if she is responsible for many sins in history, even if she bears this message in a vessel of clay, the Church proposes to us this ultimate solution to the mystery of death referred to by Lucien Israël: death opens the door for us to that hope which the whole Bible is telling us about.

To conclude, allow me to tell you a little story experienced by me. Life-related questions brought me to meet Gérard Mortier and Sylvain Cambrelaing when they were in Belgium. I met them, more precisely, on a painful occasion, during the Christian funeral for Gérard Mortier's mother held in Gand. Sylvain Cambrelaing had directed an important musical program including Mozart's *Maurerische Treuermuzik* (KV 477). Afterwards, speaking with Sylvain Cambrelaing about this sublime Masonic funeral music, I expressed my surprise at the fact that, after a most beautiful development entirely in a minor key, the passage concluded with an unexpected chord in a major key. Sylvain Cambrelaing replied to me, "It's simple: beyond uncertainties, beyond the anguish of death, this chord points to the hope shining like a little light which nothing can put out."

I ask you, then, as you await this major chord, as you hear the bell chiming which Goethe speaks about in the second part of Faust, not to close your hearts, but to welcome with joy those signs proceeding from a world which is beyond ourselves.

Professor MICHEL SCHOOYANS
University of Louvain



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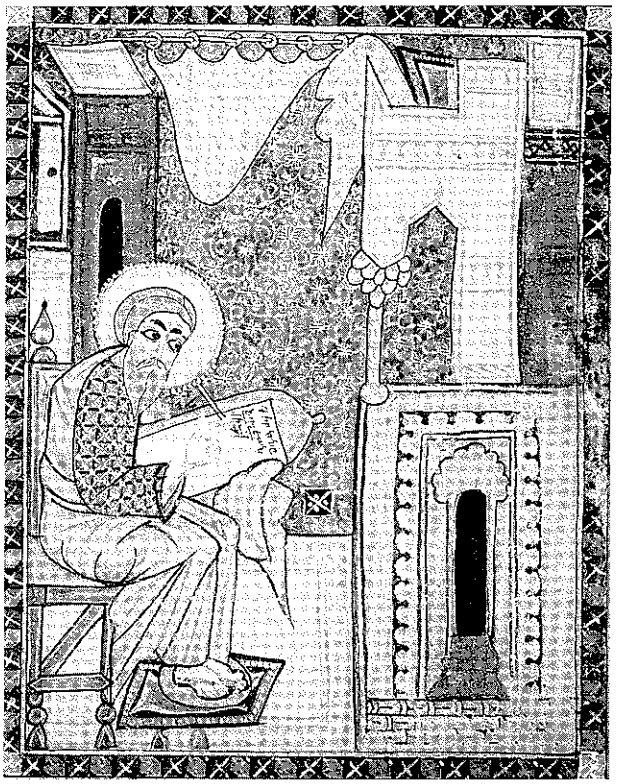


Addresses by the Holy Father

The Pharmacist Serving Life

Science and Technology Need a Soul to Serve Persons in Their Integral Truth

The Holy Father's words on the occasion of the blessing of the cornerstone of the highly specialized Biomedical Center of the Catholic University of the Sacred Heart in Campobasso, Italy, on March 19, 1995.

1 I am particularly pleased to bless the laying of the cornerstone of the High Technology Research and Training Center in the Biomedical Sciences which the Catholic University of the Sacred Heart, in collaboration with the Molise Region, is preparing to build here in Campobasso.

I greet the numerous and illustrious authorities present, particularly the Ministers of Health, Universities, and Scientific Research; the Italian Ambassador to the Holy See; the Prefect and the Mayor of Campobasso; the Rector of the Catholic University of the Sacred Heart; the President of the Toniolo Institute; the Dean of the Faculty of Medicine and Surgery at the Gemelli Polyclinic; and the other academic authorities. I address a special greeting to the Archbishop of Campobasso, the Most Rev. Ettore Di Filippo. And with him I cordially greet the whole population of Campobasso. I congratulate you on this rather cold, but sun-filled day. I must say that, on my way here from Rome, I saw a lot of clouds, but there is a bright sun here. That's a good sign.

People can be legitimately proud of initiatives like this one. The Center about to be erected here will indeed be able to offer high-quality care, in scientific and technological terms, which, we are sure, will not lack the indispensable "soul" capable of making a highly specialized facility an authentic place of care and health training on a human scale.

2. The project now taking shape seeks to distinguish itself for certain inspiring criteria even more than for its technical characteristics. First of all, I would like to cite the underlying motivation: this Medical Center seeks to be at the service of man, of the persons of the sick. The Catholic University has made this choice of value the mainstay of all its scientific and cultural activity. This is specifically valid for the Faculty of Medicine and Surgery and for the Agostino Gemelli Polyclinic.

In this regard, the present occasion gives me the opportunity to repeat that *human persons,* with the dignity and rights proper to them, though revealing themselves in their functions, are not exhausted therein; radically, they are constituted by that *ontological identity, at once spiritual and corporeal, which makes them a "subject"* in whom believers recognize the image of God. There are, in fact, stages and conditions in life in which men and women are unable to understand, will, and act autonomously, but not for this reason do they cease to be persons.

The Center arising here seeks to place itself precisely at the service of human persons, grasped in their integral truth and in the concreteness of their existential situations.

3 In addition, the *methodological criteria* which have oriented the conception and planning of the Center deserve to be stressed: they are in a certain sense exemplary from the standpoint of Christian social doctrine.

First of all, on the basis of the *principle of solidarity,* preference has been given to an area with deficiencies—unfortunately, like so many other areas in southern Italy—as regards highly specialized health facilities. Secondly, in line with the *principle of subsidiarity*—which, while spurring government action when necessary, also stimulates civil society towards adequate steps—the carrying out of the project has been entrusted to the Catholic University of the Sacred Heart—that is, to a nongovernmental institution, well known for the service it renders to the whole civil community.

We entrust this nascent work and its future activity to the protection of St. Joseph, whose feast is today, and of Our Lady of Sorrows, Patroness of Molise, whose sanctuary in Castelpetroso I shall shortly be visiting. With these wishes, I willingly bestow the Apostolic Blessing upon those present here, as well as your loved ones, extending it to all those offering their contribution so that the Biomedical Center of Campobasso may function soon and well.

Be Loyal to the Gospel Values

Address by the Holy Father to the General Chapters of the Order of Ministers of the Sick (Camillians) and of the Daughters of St Camillus on May 19, 1995

Dear brothers and sisters!

1. It is a great joy for me to receive you while you are celebrating your respective General Chapters. I address a cordial greeting to you, members of the Chapter of the Religious Order of the Ministers of the Sick, who have held your assembly in Bucchianico, the native city of your holy Founder Camillus De Lellis. And with the same affection I welcome you, Daughters of St. Camillus, whom I deem to be overflowing with joy over the recent beatification of your Mother Founder Giuseppina Vannini. I am grateful to the men's Superior General, Father Angelo Brusco, and to the women's Superior General, Mother Serafina Dalla Porta, for the words they have addressed to me, and, in the knowledge that both of them have been confirmed in office, I wish them holy and fruitful service.

During these intense days, both you men and you women have been called to reflect on the Camillian charism and spirituality with a view towards the Jubilee of the Year 2000, in keeping with the Apostolic Letter *Tertio Millennio Adveniente* and a renewed adherence to the Gospel values.

This closing period of the century has been the occasion for useful centennial celebrations for the whole Camillian family which have presented anew for your reflection the heroic events at the beginning of the Institute, among which I am glad to recall the Four-Hundredth Anniversary of the raising of the initial Company of the Ministers of the Sick to the level of a religious order (cf. Pope Gregory XIV's Bull *Illius Qui Pro Gregis*).

In this climate of renewed fervor the Order's General Consultative Body decided to institute the Day of the Camillian Martyrs of Charity, which will be celebrated every year on May 25, the anniversary of the birth of St. Camillus De Lellis. By this initiative you have wished to confirm that dedication to the point of heroic charity is one of the aspects defining the prophetic character of consecrated life, which, by its nature, "better manifests the new, eternal life obtained by Christ's redemption and better announces beforehand the resurrection and the glory of the heavenly kingdom" (*Lumen Gentium*, 44).

2. The recent Ordinary Assembly of the Synod of Bishops forcefully proposed once again the Council's statement that "adequate renewal of religious life entails a continuous return to the sources of every form of Christian life and to the original spirit of Institutes and, at the same time, the adaptation of Institutes themselves to the changed conditions of the times (*Perfectae Caritatis*, 2).

To renew and be renewed, then, means to keep the novelty of the original charism alive, protecting it from the risk of the weakening of the original impulse on account of changed historical and social situations. Authentic renewal is obtained only through rigorous, valiant fidelity to one's charism, continuing along the path the Father set out upon.

3. The renewed text of your Constitution, dear Camillian religious, fittingly insists on the need for your lives "to be impregnated with friendship with God," so that you will know how to be ministers of Christ's love for the sick. In this way "that faith which worked in charity in Camillus"—whereby you have been called to see the Lord Himself in the sick—will be evident in you. Even more, in this presence of Christ in the sick and in those providing service in his name, you seek to encounter the very source of your spirituality (cf. Constitution, 13).

By vocation and mission, alongside those suffering and all caring for them, you become promoters and artificers of a truly evangelical style when you serve the sick, following the example of your Founder, a heroic apostle of charity.

In this perspective, I wish to express my satisfaction over the significant thrust your Order, present today on all continents, has given to its missionary work, extending your apostolic action to South America, the Far East, and Eastern Europe. In the regions of the Caucasus, moreover, you have taken on the administration of Redemptoris Mater Hospital, offered by me to Armenia, and with the collaboration of the Holy See you have started up a health project in Georgia bearing the name Redemptor Hominis. In addition, in the face of the spread of new forms of poverty and disease, you have

wished to open yourselves to a greater extent, in keeping with the indications of the 1989 General Chapter, to the needs of the most abandoned and marginalized poor and sick, like the victims of drug addiction and AIDS, and you have created numerous facilities to receive them.

4. I convey to you once again, dear Daughters of St. Camillus, the esteem and wishes I manifested to you last October, when it was my joy to beatify Mother Giuseppina Vannini. Continue with a renewed impetus of charity along the way marked out by your blessed foundress!

Together with the Camillian religious, I exhort you to join an irreplaceable closeness to the sick to evangelization of the culture of health care, to bear witness to the Gospel vision of living, suffering, and dying. This is a fundamental task which must be brought up to date by your religious family's Institutes for formation and especially by the Camillianum International Institute for Pastoral Theology in Health Care, in Rome.

As I recalled in the Encyclical *Evangelium Vitae,* this commitment is basic to promoting an authentic life culture in the Christian community and in society (cf. no. 82).

5. With faith in the original inspiration of your Institutes, and following the indications of the recent Synod of Bishops on consecrated life, commit yourselves to increasing collaboration among men and women religious and lay people, bringing the Christian family to broaden its witness of Gospel solidarity in the world of health policy and care. Pastoral care in health is one of the apostolic fields in which the beauty of consecration to God and to one's brothers and sisters best shines forth in current society, prepared to believe more in witnesses than in teachers, more in experience than in doctrine, more in life and deeds than in theories" (*Redemptoris Missio,* 42). May loving dedication to suffering brothers and sisters serve as a call for the whole People of God to esteem the sublime value of charity which becomes mercy: there is no better school than this to prompt authentic vocations.

6. Dearest brothers and sisters, following in the footsteps of your holy founder and blessed foundress, continue in your vocation faithfully, sustained by an intense spiritual life nourished by prayer and, above all, by the Eucharist. Live out your fraternal communion, joyful and competent in your mission of charitable service to the sick, to the poorest and most abandoned, above all. Be apostles of Christ to the needy, valiant and prophetic inspirers of the complex world of illness, open and sensitive to the demands of the times, capable of working together and communicating passion for suffering man. Distinguish yourselves for your generosity in helping those who work in the health field, promoting and disseminating life and making service to the sick an occasion for authentic experience of God.

May the Most Blessed Virgin, whom you invoke under the special title of "Health of the Sick," and to whom St. Camillus De Lellis and Blessed Giuseppina Vannini were always tenderly devoted, help you to accomplish the projects worked out during the capitular assemblies.

May you also be accompanied by the blessing which I cordially impart to you and the whole Camillian family, extending it with pleasure to all the sick entrusted to your solicitous care.

From the Contemplation of Christ Crucified the Suffering Person Acquires a Renewed Vision of Existence and Life

The Holy Father's words to the Volunteers of Suffering and the Silent Workers of the Cross, whom he received in audience on June 17.

Dear Brothers and Sisters,
Volunteers of Suffering
and Silent Workers of the Cross!

1. I am pleased to receive you today on the thirtieth anniversary of the apostolate of the Volunteers of Suffering Center in Naples. I affectionately greet each of those present and in expressing gratitude for the sentiments of devotion conveyed by your representative, I wish to reserve a word of special appreciation for Sister Myriam for the work she has been doing for years among the sick with such dedication.

"May God be blessed, the Father of Our Lord Jesus Christ, Father of mercy and God of all consolation, who consoles us in each of

our tribulations so that we, too, can console those who undergo any kind of affliction with the consolation whereby we are ourselves consoled by God. Indeed, as the sufferings of Christ abound in us, so, too, by means of Christ, our consolation abounds" (*2 Co* 1:3-5).

Your Founder, the Servant of God Luigi Novarese, remained particularly moved by these phrases of the Apostle Paul, which constitute the splendid opening of the Second Letter to the faithful in Corinth. In this important Pauline text he discovered the biblical foundation for the apostolate specific to your Association. The Volunteers of Suffering experience in their own persons the strength of the Holy Spirit, who helps them to live through the difficult time of trial in union with the Passion of Jesus, transforming their suffering into a gift of love for the Father and a means of salvation for their brothers and sisters.

2. This is the basic core of the spirituality of the Volunteers of Suffering, which is expressed in an apostolate by the association of extraordinary interest for the life of the Church.

This motto is very dear to you: "The sick by means of the sick with the collaboration of the healthy brother or sister." This is a program for life and apostolic activity which is carried out in the concrete experience of the numerous members of your Association. This stands out with unique forcefulness in the human and spiritual experience of the man who began your Center in Naples, Alberto Ayala, who, from his bed of pain, was for a long time the tireless spur for the various shared activities of your group. His generosity, courage, and deep faith are still a stimulus today for all of you that, impelled by his example, wish to continue his work.

3. Dearest Brothers and Sisters, in a few days we shall celebrate the liturgical feast of the Sacred Heart of Jesus. The Redeemer's open side expresses with touching clarity his love for the Father and boundless dedication to the salvation of humanity by death on the Cross (cf. *Jn* 19:37). In the Heart of Jesus the extraordinary fruitfulness of pain is thus signified, when it is accepted and undergone in communion with the will of God.

In turning their gaze full of faith and love to the Crucified One (cf. *Jn* 19:37), the suffering acquire a renewed vision of existence wherein the authentic values of the spirit can be expressed thoroughly, freed from the pseudovalues of proud, egotistic self-assertion.

The Sacred Heart of Jesus thus comes to constitute the basic center of attraction, prayer, and communion for all believers. From contemplation of the Crucified Lord there flows the invitation to make reparation, to offer one's suffering as the only medicine able to heal at the root the real malady threatening human beings and their life environment.

4. Dearest Brothers and Sisters! Through even these rapid allusions alone you can well understand how profound and significant in the life of the Church your presence and apostolate are. I thank you from my heart for all you do, often in a way which is hidden and not very spectacular in the eyes of the world. Generously continue along this way, treasuring the teachings of your Founder, Luigi Novarese, and following the examples left by the initiator of your Center, Alberto Ayala, and also by so many other friends who have made their lives a continuous offering pleasing to God in spiritual union with Christ Crucified.

May Mary, who at the foot of the Cross shared in the sufferings of her Son, always remain alongside you and every suffering person. May the certainty of her presence communicate to the sick the strength to overcome isolation, indifference, and solitude. I invoke her maternal protection over all of you, your Center, and those whose lives are inspired by your Association's spiritual experience, so that you may continue ahead on your shared path with renewed vigor, bearing abundant fruits of goodness for yourselves and the whole family of God.

My Blessing for you all.

The Pharmacist Serving Life

A letter from Cardinal Angelo Sodano, Secretary of State, to Cardinal Fiorenzo Angelini, Vatican City, September 7, 1995.

Your Eminence:

Having been informed that the Twenty-First Congress of the International Federation of Associations of Catholic Pharmacists will soon be held in Vienna, the Holy Father desires to convey, by way of Your Eminence, a cordial greeting to those participating and at the same time his best wishes for the success of the Congress sessions. He especially greets the President, Mr. Edwin Scheer, the Ecclesiastical Assistant, Abbot Jean-Pierre Schaller, and the organizers of these important meetings for study and reflection on the mission and tasks of pharmacists in general and of Catholic pharmacists in particular, in today's society.

The Congress has formulated a question as its theme which can to some extent be described as a challenge: "Are Pharmacists Still Necessary?" Stimulated by such a question, the speakers will certainly have to face a host of different topics in their talks; however, there does not seem to be any doubt that the essential answer cannot fail to be affirmative. It is true that in our day the planning, preparation, and distribution of medicines are taking on industrial dimensions on account of the growing need for and availability of medications. But that does not eliminate the fact that, on a political, ethical, and social level, correct use of these products demands a code for behavior; in the rational and Christian conception of health it has acquired ever greater importance.

Through their function as mediators between the doctor and the patient, between the remedy prescribed and the person it is destined for, pharmacists play a delicate, specific role which defines them as "health care workers" and, therefore, "ministers of life," according to the clear definition provided by the Holy Father in the Encyclical *Evangelium Vitae*: "The responsibility entrusted to health care workers—doctors, pharmacists, nurses, chaplains, men and women religious, administrators, and volunteers—is distinctive. Their profession calls them to be guardians and servants of human life" (no. 89). This function is fostered and stimulated by the constant presence in direct contact with the public of pharmacists able to create a constructive relationship of trust with consumers and their families. The great merit of the Federation is to commit itself to acting in such a way that its members will be prompted to form their moral conscience solidly as regards the basic and inviolable value of human life, for the purpose of becoming its consistent promoters in every situation.

Determined to remain faithful to the "ancient and ever current Hippocratic Oath" (Encyclical *Evangelium Vitae*, no. 89), pharmacists indeed have the duty of making the practice of their profession a witness of thorough respect for every human life, the safeguarding, improvement, care, and support of which is the goal of medicine. According to this rigorously ethical conception of service to life, they will strive never to subordinate the rights and duties of conscience to the possible permissiveness of specific legislation which, as unfortunately occurs with contraception, sterilization, abortion, and euthanasia, involves the violation of the moral law inscribed by God on everyone's conscience and authoritatively interpreted by the Magisterium of the Church.

As Catholic pharmacists, they are also aware that expert and open conduct in practicing their profession can only contribute to arousing and enlightening consciences, for it is a concrete way of announcing the Gospel of life.

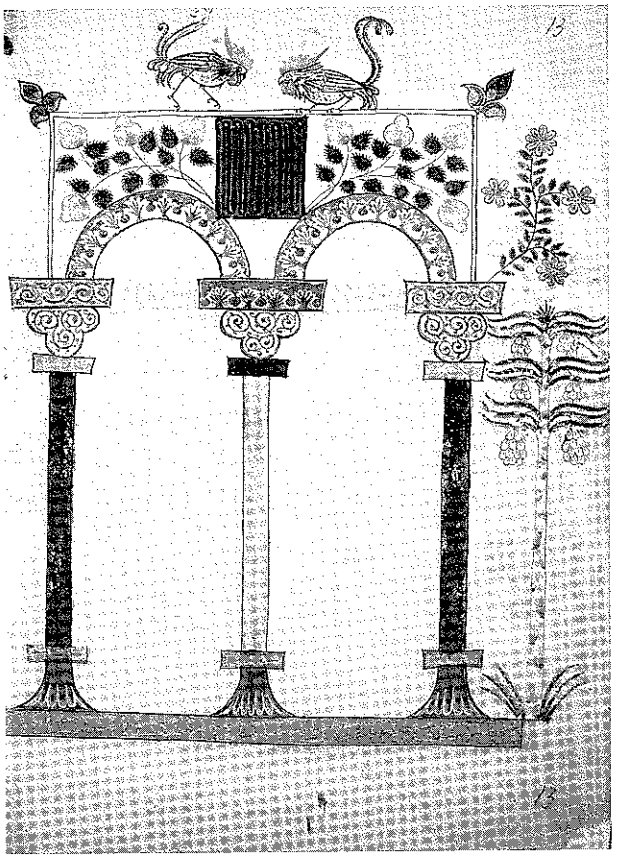
This is the spirit of responsibility and commitment which the Holy Father proposes for all the members of the Federation. At the same time He takes the opportunity afforded by this Congress to express his appreciation for the large-scale aid many of you provide to different peoples, particularly to those of Eastern Europe and other regions of the world that need pharmaceutical products of every kind, beginning with the essential ones: he is eager to convey his gratitude to them.

With these sentiments the Holy Father wholeheartedly bestows his Blessing upon Your Eminence and those taking part in the Congress, invoking the grace of the Lord for all of you.

I express my best wishes, in the hope that these meetings will yield abundant fruit, and convey to Your Eminence my fraternal esteem.

ANGELO Cardinal SODANO
Secretary of State of His Holiness

Topics



Emergency Baptism at Hospitals

Emergency Baptism at Hospitals

We wish to thank the Editor of the journal Labor Hospitalaria *for permission to reprint this article of great utility for pastoral workers*

Introduction

The Pastoral Service at our hospital—in the light of its role as a facility for maternity and infant care—has also been involved in administering the Sacrament of Baptism. And this has not been done in an isolated and transitory manner, but, rather, as the most intensive phase of sacramental action.

There has always been an effort to celebrate the Sacrament correctly, and some time ago it was decided that room for reflection should be provided for in the Pastoral Team to evaluate what this meant for our pastoral mission, the difficulties it occasioned for us and the opportunities it afforded.

We thus sought to create a group awareness of one of our most specific sacramental signs and at the same time offer the fruit of our reflection to the Church. We are quite conscious of the fact that a subject like this could be developed only by us or by someone involved in a similar mission. And we accept the challenge.

Hence we included this reflection as one of our objectives in the pastoral project for our service. And for an entire year we thus devoted a series of meetings to sharing the opinions and evaluations of each team member while following a previously elaborated study guide.

On the basis of the notes taken at those meetings, I was assigned the task of writing this article. I therefore include herein the process of reflection which the Pastoral Service at the Maternity/Children's Hospital of St. John of God in Barcelona has been carrying out.

It is necessary to point out at the start that our reflection is—or at least seeks to be—a basically pastoral meditation. At certain points it will inevitably touch upon the fields of theology, civil and canon law, and sociology. But it will continuously strive not to deal with them in depth, for that objective goes beyond our present purpose.

The Timeliness of This Reflection

Our desire emerged several years ago. It was certainly before the National Secretariat for Pastoral Care in Health programmed the Day of the Sick for this year with the motto "Celebrate Life," devoted to the celebration of the sacraments with the sick.

Of course, the main thrust of what was associated with this Day particularly concerned the sacraments of Penance, the Eucharist, and the Anointing of the Sick. As far as I know, nothing has been said about Baptism. And in great measure we understand this. We grasp that it is an *almost* reasonable oversight since this is a secondary sacrament in comparison to the others mentioned for celebration with the sick.

However, we think this is a good time to step discretely into the spotlight and inform our Church that we, too, as part of her presence, are active constituents and have something to say in this area, presuming only to contribute an experience like ours—difficult, but beautiful and filled with pastoral possibilities.

Our voice seeks to be heard mainly among priests responsible for parishes, genuine Christian communities where one must sow, cultivate, bring to maturity, and celebrate the faith of believers. We know we are vicars of his presence and action when a child is baptized. It is proper to the parish, but we are the ones destined to carry it out. And we wish to lead back to the parish both the healed neophyte and the family that has lost one of its dearest members.

Analysis of Reality

Emergency baptism at hospitals is not so unusual as it might appear at first glance. We include here the quantitative data for emergency baptisms at our facility—with 300 beds devoted to pediatrics and 60 to obstetrics and gynecology—over the past nine years.

1985	32
1986	40
1987	27
1988	20
1989	26
1990	41
1991	31
1992	35
1993	25

Without going further into these data—an interesting field for sociology is open here—we can point out certain criteria which situate us better as regards their meaning.

1. The demand for baptisms if significantly superior to those administered by our Pastoral Service, in large part because such requests do not meet the criteria we have established for baptism.

2. Almost all the requests are by parents who feel emergency baptism is appropriate. Few people contact us with the emotional motivation of wanting a child to be baptized "at this hospital, which has treated us so well," and even fewer wish to "settle everything before leaving the hospital." However, it should be observed that it is not at all easy to convince people—certainly not numerous—with this outlook that their motivations are not exactly proper

This is a very clear indication that, fortunately, we have been growing in ecclesial sensibility and believers feel their parish is the adequate place to baptize their children in.

3. We observe a significant increase in the age of the children presented for baptism. This is a factor clearly deriving from the process of secularization in our society, where not a few parents decide not to baptize their newborn children, letting the latter make the decision as a free choice when they reach maturity.

A serious accident or unexpected illness causes them to reconsider that option and they request baptism for their child (who is now 6, 7, 12, or more years old).

The Difficulties Presented

Numerous and profound problems arise. If the sacrament of baptism in itself already poses quite enough challenges to be overcome in habitual pastoral practice, it will readily be deduced that in a situation like the one we are analyzing the difficulties are even greater. It must be observed that we are only outlining them here, on the understanding that there are cases where some of them, fortunately, do not appear in reality.

They may be summarized as follows.

1. *Emergency cases.* The emergency makes time short, on occasion very short, and also acts against us. In a short period a series of processes must be carried out which themselves demand a slower, more measured pace.

And we are referring not only to time understood chronologically, but also, and particularly, to *psychological time*—that is, all of us involved in the process are caught up in the speed of it. And in that context it is hard to prompt reflection, purify motives, or make preparations of any kind. We must rush and cannot stop on the way.

2. *An anguishing situation for parents.* Those asking for an emergency baptism to be administered to their child usually do so in view of the child's serious condition or, on occasion, because of the extreme and life—threatening complexity of the test or operation to which the child will be subjected. But it does not matter whether or not this seriousness is objective—it is experienced as such.

Of course, the degree of anguish usually undergone is quite considerable. And we all know that anguish hardly facilitates the rationalization of demands and responses and of a sufficiently serene dynamic for prior catechesis.

In that context relationships and dialogue are usually disturbed. Something not at all clearly established is being asked for which, however, must be done at once.

3. *Spread of demand.* In our secular and secularized time there is not always a clear idea of what the sacrament of baptism is. We are all baptized, but in many cases it is something filed away only God knows where in our biographical process.

In any event serious worries persist about "not being able to go to heaven without being baptized" which, though not causing major concern in ordinary life, revive and act as a spur to requesting baptism when a child is in serious condition.

On other occasions, people think the illness itself is a result of not having baptized a child. God takes vengeance in this way. Here baptism reflects the conscious or unconscious desire to placate "the wrath of God."

Finally, some people think "baptism won't do any harm, but, on the other hand, may help." In crises as regards the resources medical science places within our reach people resort to faith, perhaps, or religiosity as an additional means for the longed—for healing. In that case baptism is one more item among the magical and esoteric means they have recourse to.

4. *The difficulty in effecting prior catechesis.* The emergency nature of the case and the anguish with which it is experienced make it extremely hard to carry out even minimal prior catechesis. There is either no time for it or a lack of adequate de-

sire to get involved in what it means

People are not in the mood for *sermons*. And any suggestion of clarification which is offered is catalogued as such. In our efforts to this end we perceive that parents take a stance of putting up with whatever is said and not engaging in any discussion which might delay what they are requesting so urgently.

5 *Defective information circuit*. If information in the world of health care is always a challenge which ordinarily leaves no one satisfied, when it unfolds at certain levels of risk, it proves even more complex, given the factors described above. And it is even more so when that information must tie together different areas (medicine, nursing, pastoral work)

The degree of risk concerning which the physician has informed the family—which frequently tends to magnify it—is not always clear. When information is requested, the pastoral worker must often act as an intermediary in passing it on.

6. *Deficiencies in religious experience* Our society, with a statistically Catholic majority, lives out its faith with conspicuous deficiencies. A large part of the population barely practices; others only attend celebrations at specific, welldefined times (weddings, funerals)

Out—of—date theological concepts, an ecclesiology anchored in the past, and a morality which is strictly "situation ethics" are the only weaponry with which many people approach us

The most relaxed and spontaneous usually appeal to the classic formula: "Look, Father —I've always believed in God, but as for priests... " This is a paradigmatic assertion of the conceptual contradiction on the basis of which the faith of many people is articulated. It proves astonishing that these people should now turn "to priests" precisely to settle their affairs with God.

But that is what happens. And in this very context a sacrament must be celebrated and, as if that were not enough, the first, and most fundamental, sacrament.

7. The crisis in the concept/experience of God in this situation. *If in a framework of precarious faith experience the concept of God is usually exposed to marked subjectivism* ("a God made to my measure"), whereby each understands things in a personal way, when a serious illness appears in a child, it causes not only that image to be questioned, but also the image conceived by those who claim to be knowledgeable

The drama of combining divine omnipotence and goodness alongside the pain of the innocent stands out in all its crudity.

"Either He is unwilling—and ceases to be good—or He is unable—and ceases to be omnipotent." Precisely the evolution of pastoral instruction, with greater emphasis on preaching a merciful, good God who is man's friend, has contributed to eroding this understanding even more.

And this is not a merely conceptual problem, but a profoundly existential one. Very clear criteria may be held, but the fatal illness of a child usually causes the most logical thought structures to explode.

8. *The Diversity of Situations for Parents* In the current social situation we come across parents with widely varying relationships in both human and legal terms—the separated, the divorced, those living together, unmarried mothers, etc

This real disparity also provokes in many cases a certain disparity in criteria regarding a request for—or at least the degree of interest in requesting—baptism

The urgency of the case and the fact that it has been requested do not create any legal problem, canonically speaking, as regards baptism itself. But they contribute in large measure to making the whole pastoral process required a bit more difficult.

9 *Semantic corruption* If we have complained about the fact that such a beautiful sacrament as the Anointing of the Sick has been semantically burdened with connotations of death, to such a degree that even today the vast majority of average people still call it "Extreme Unction," something similar can happen to us with the subject we are considering.

Normal baptism is surrounded with a festive, joyful environment—perhaps excessively laden with sociological paraphernalia and, of course, manifestly out of proportion to the degree of preparation and the commitment to be taken on thereby.

Emergency baptism, on the other hand, is more closely associated with the "Extreme Unction" mentioned above. It unleashes a series of contradictory experiences, sometimes quite hard to articulate. And the fact is that to combine the life that baptism conveys with impending death, which is often sensed, is not an easy task to perform—and it is less so in a society like ours, where death is shunned, fled, and denied at any price, having taken the place of what sexuality once represented as a taboo.

10 *The difficulty of finding a proper place for celebration* At our facility most emergency baptisms take place in either the Newborn Unit or Intensive Care.

Neither of these environments is, it seems clear, the appropriate place to celebrate any sacrament. Packed with sophisticated equipment, unable to guarantee even minimal privacy, filled with patients in just as serious condition, staffed by many professionals doing their—sometimes urgent—work, they are truly not very suitable places to perform the baptism which cannot be administered anywhere else.

In some instances a baptism under such conditions is interrupted by a cardiac arrest, by a serious drop in saturation, or by any of a thousand other contingencies which usually converge in those wavering between life and death.

A normal hospital room might seem like a better place. And it certainly is, but it does not prove to be the best one either.

11. *The difficulty of integrating professionals into the celebration*. Where teamwork is good, emergency baptism is just

another interdisciplinary action Just as pastoral workers take part in discussion of patient therapy, other professionals have a role to play in celebrating the sacraments patients receive, aside from the beliefs each may hold To accompany the sick and their families in receiving a sacrament is one more act of integral care which every hospital seeks to offer its patients.

But it is not always that way. We must acknowledge that a lot of progress has been made in this process, but there are still steps to be taken. We are today in a position to assert that at our facility there is hardly any baptism at which the professional nurse responsible for the patient is not present. And rather frequently the physician is also there.

Sometimes work commitments cannot be abandoned; on other occasions, the feeling that what is going to be accomplished does not accord with one's inclinations results in the baptism's being administered as an isolated act in the facility's therapeutic dynamic, as a private matter not at all affecting those caring for the patient

The Pastoral Opportunities Afforded

The long list of difficulties we have cited regarding the environment surrounding emergency baptism might lead one to think that we face a pastorally negative situation in all respects

Nothing could be further from the truth. We believe that a range of possibilities is offered therein for entering into an evangelizing relationship with the family of the child for whom baptism is requested.

It is true that such problems always threaten proper development of adequate pastoral processes Hence exquisite human tact is required, a special psychology which helps to interpret messages, detect lived sentiments, and an open, empathetic disposition. These are very special life situations; each has its own peculiarities, and no two of them can be likened to each other. In many instances they are real trials by fire where we place the success of the enterprise at risk with the slightest slip on our part.

We feel that the key elements rendering this situation particularly favorable for pastoral encounters are the following.

1. *An especially intense, challenging time for the family.* The Church has traditionally been accused of seeking extreme situations to take advantage of them as a locus for indoctrination. And that is not true. The Church does not seek such occasions—they appear. Life itself, sometimes extravagantly, takes charge of serving them up to us, leaving us no chance to accept or reject them. In this case, to intensify matters even more, it does so unexpectedly, with hardly any room for preparation or warning. Life seems to have snuck up on us.

And it is there, when life tightens its grip, that human beings get used to facing up to their innermost selves; it is there that circumstances are just that—circumstances—and, with pain leading us by the hand, we delve into our deepest self. The meaning of life, so often blurred amidst a thousand and one partial meanings, now emerges with full force, demanding inexorable attention. Who am I? Where do I come from? Where am I going? What is the meaning of what I am and what I do? Questions posed by the forcefulness of reality and demanding an answer.

An especially concentrated time in the life of human beings. All their strength is focused thereupon. And they open out to their transcendent dimension in search of help. The crisis at the base of the pyramid sketched by A. Maslow (*the self-realized man*) appeals to the summit above in attempting to find the key to reading a text which is getting particularly confused.

These are peak times in people's lives. And, according to the answer given them, a sediment will remain thereafter of lived, accumulated experience, existential wisdom which will contribute to expanding the horizon of meaning of the person affected.

Fortunately or unfortunately, human beings usually function like this. They unequivocally seem to need the crisis as one of the privileged times for growth. Only on that basis do they question themselves. Only by re-

sponding to it do they bring their motivations to mature and purify their convictions. And in a society which is as superficial as the one it is our lot to live in, times like these—never desirable—are usually when people are forced to tunnel deep down in search of their own existential foundations.

2. *The chance for a different pastoral approach.* Such an intense situation as this permits a specific type of pastoral approach, different in any event from those we habitually use in normal life.

The family's experience of it opens up for the pastoral worker a kind of relationship where human receptiveness, understanding, empathy, and solidarity can prove to be truly valid support for contact which might be hard to achieve in other circumstances

A family involved in such a complex, anguishing situation becomes particularly sensitive and receptive to these gestures of closeness.

3. *A challenging test for the pastoral worker.* If the opportunity for approaching people described above is real, it is equally certain that pastoral workers must know to situate themselves properly in order benefit from it

Their ability for human encounter in situations charged with such meaning will determine whether or not these workers, often divested of a strictly religious role, can enter into the heart of a family There are no specific protocols for action; standardized behavior patterns are of no use. This is "hand—to—hand" combat, with no chance to resort to anything but personal sincerity, the human quality of the worker.

One must become able to "take it," silently bear up under the challenges frequently hurled against the God one seeks to remind people of; one must accept one's own impotence at such moments. If there is a way to get into the family, it will be found, at least initially, in the sphere of the human excellence of pastoral workers, rather than in their role or ministerial power.

4 *Possibility of tying in with the parish* A good many families of those to be baptized by us hardly practice their religion at all Many of them do not know which original Christian community, or parish, they come from.

Emergency baptism gives us a chance to get them in touch with it.

— The very question as to which parish they belong to is the occasion for many of them to discover it

— If we have enough time, we can propose that the pastor himself administer the sacrament at the hospital.

— In any event, the family is always given a baptismal certificate so they can present it at their parish. What a wonderful occasion it is for a pastor when one of his "straying sheep" turns to him after having experienced such convulsive situations! (Isn't this an ideal moment for what is today properly called "the pastoral care of those distant"?)

I cannot avoid narrating a real story which took place at our facility in this regard Please take note

One day we baptized Elena in our intensive care unit. A lovely girl, she had been conceived in a premarital relationship. Her mother was seventeen, and her father, eighteen Both lived in an important town in the province of Barcelona. They were not practicing Catholics. Two months later Elena was discharged, but with severe neurological disturbances as a result of her serious illness.

The two months she spent at the hospital were the occasion for our following a very beautiful pastoral path, particularly with the mother. She started out lost and despairing, and, to top things off, abandoned by her family because of the "sin committed." She left in a serene state, reconciled with herself, prepared to face life with her daughter Through the Social and Charitable Institute of the St John of God Brothers we had helped her economically, and we committed ourselves to continuing to help her with the main necessities required by her daughter and herself.

She also left the parish with a standard baptismal certificate, which she was to present at her parish

A month later she came back to the facility with her daughter for the normal check—up in such cases—and with the baptismal certificate. "The pastor gave me a hard time and told me he couldn't include Elena in the baptismal registry because he had not baptized her, and, in addition, he had never seen me around the parish."

I at once wrote a letter to the pastor in which, to put it succinctly, I conveyed the following message: "If the story this young woman tells us is true, you may have complied scrupulously with the norms of Canon Law, but in pastoral terms you had better reformulate your attitudes and commence your studies." To this day I have not received an answer.

The fact is that, from a personal standpoint, though taking into account the obvious differences, we had experienced that case in a way quite similar to the Gospel account of Jesus with the adulterous woman We had not condemned her—as her family had done and as we assumed the social environment to which she would have to return would do We were convinced we had conveyed to her the same message Jesus did: "Go and sin no more" We never imagined her pastor himself would cast the first stone—a pastor who may have lost this sheep forever

Can you imagine what it might have meant for this young mother to have been accepted, understood, and accompanied by the Christian community of her town?

We are convinced that incidents like this one are, fortunately, infrequent. If we have narrated it, it is because we are certain of the power it holds as an example, in both positive and negative terms In this regard, the therapeutic process need not have been at least partially negative, as we have described it To manage to welcome a life that has trod such rough paths and overcome them, to congratulate parents delighting in their child's health, and acknowledge the hardships they have gone through does not at all signify a diminished pastoral opportunity.

On this basis we can perceive in its full force the chance to establish a clear relation to the Church, a bridge to the Christian community, where there is to be growth and an unfolding of faith, which emergency baptism affords us.

5. *To foster the inclusion of health professionals in a project for integral care.* A well—programmed and well—developed emergency baptism requires reliance upon the other professionals forming the healthcare team (doctors, nurses, social workers, psychologists, etc.). It involves a process of data—gathering which is not always easy, a coordination of different views on diagnosis, prognosis, family outlook, etc.

The pastoral worker must demonstrate to his fellow team members that it can and must be another application of what integral care means, and certainly not the least important one. This demonstration, too, will not be offered by conviction in language, but by the power of careful action—that is, with a good preparation in which they have been progressively involved, with a worthy administration of the sacrament making palpable the healthy effects upon the family living through a tense situation.

These points are, in any case, quite simple: to ask them about the appropriateness of carrying it out, to involve them in practical preparations, to refer clearly—sometimes using names—in the celebration itself to the effort which carers are making—all of these facets mark a participatory and style favoring inclusion.

We must set aside the model of the priest or pastoral worker who almost furtively performs his ministry ("his rites and stuff") with no connection with the dynamic followed by every therapeutic team. This means that, when the sacrament is celebrated, it must be administered with enough creativity to include the efforts made by them in fighting for the health of the person to be baptized, rage over the impotence they so often meet with in their effort, the affection they have gradually developed for the child, their closeness to the family they have attained in many cases, etc. We must, then, seek a celebration which will say something about how much people have worked, hoped, despaired, and feared in the therapeutic process employed with the patient. A detached sacramental celebration will not involve professionals; it will be regarded—and not without reason—as a private affair involving the pastoral worker, the child, and the family which has requested it.

It will undoubtedly prove difficult to promote this involvement if, for their part, pastoral workers are not integrated into the rest of the team's activity. It is not a matter of making the other professionals a group of altar boys at our service, but a team working shoulder—to—shoulder in integral patient care.

6. *In any event, there is a chance to use "the pastoral approach of positive memories."* To seek to have a whole family whose child has been baptized under such conditions become the subject of a collective conversion or even set out on a path of maturing in living out faith may prove to be an unattainable dream.

We are also aware of the fact that, once the—positive or negative—outcome has been reached, the family usually goes back onto its habitual course.

But, from our own experience, we know as well that such concentrated situations as these are not usually experienced in vain. They leave a trace, a mark—a trace which the dust of life often seems to blur.

But it is not that way. A sediment, a memory, always remains, whether positive or negative. And since life takes so many turns, it will one day come to light when least expected. Another special circumstance, among those life abundantly provides, can act as a trigger. And then this memory will emerge: "A priest—or a nun—was once quite close to me. That person gave me confidence and serenity, not giving me lessons, but identifying with me. . ." These are memories which we leave as seeds on the different plots of soil which the Lord sends us to cultivate. And He, the sower, will take charge of

making them germinate when He determines the time is right and the circumstance, appropriate.

Those of us who act pastorally in hospital environments well know how hard our mission is. We are familiar with the fact that we have to "speak of God in a foreign land." But we also tangibly perceive that we quite often harvest fruit that others have sown. We must also become aware of having to cast the seed generously which others may perhaps harvest. In any case, the owner of the seed, of what is sown, and of the sowers is God alone.

Pastoral Criteria for Emergency Baptism

Within our Pastoral Service we have worked out some shared criteria for determining whether to administer emergency baptism. These are basic guidelines for action which we are convinced are fitting and which we maintain with nearly absolute fidelity, though willing to reconsider them when necessary. These criteria are as follows:

1. *The subject of an emergency baptism*

At our hospital, where our patients range from 0 to 18 years of age, we regard the following categories of persons as candidates for emergency baptism:

— The newborn with serious congenital malformations in vital organs which place their lives at risk.

— Those who have undergone a serious accident or suffer from an illness which gravely threatens their lives.

— Children left with serious neurological repercussions significantly affecting their quality of life.

This third group would in fact appear subject to debate as regards possible candidates. The lives of these persons are not threatened, though the quality with which they can live them is. In many cases we decide to administer baptism for the following reasons.

— The pastoral process experienced with most of these families, after the usually long period of hospitalization, creates strong emotional bonds with the whole team. The celebration of baptism has been seen to be a useful aid, in such cases, in the process of coping with the heavy burden associated with acceptance of this situation.

— As we stated above, many families hardly know which parish they belong to. To present themselves there with a handicapped child—sometimes already grown up—to be baptized usually represents a difficult hurdle to get over, a hurdle which often becomes insurmountable when people sense that other families that baptize their children will experience this situation quite differently; and the hard road to travel will become harder still.

The ideal solution would be to have certain nearby parish communities open to an understanding and generous acceptance of their weakest members. In reality there are families that do not know each other and baptismal celebrations where the social dimension holds excessive weight. And in this context it may happen that what is best becomes an enemy of what is good.

We consider that in this case we fall under canon 860 § 2, which states, "Unless the diocesan Bishop establishes otherwise, baptism should not be celebrated at hospitals, except for cases of necessity or when another pastoral reason so requires."

2. *A request for—or, in any event, acceptance of—baptism by parents or guardians*

It is the criterion of our Pastoral Service that no child should be baptized without the consent of parents or those acting in their place.

Here, too, we are aware of canonical legislation when it points out that "the children of Catholic parents, and of nonCatholics as well, may licitly be baptized, even against their parents' will" (canon 868 § 2). However, though conscious of this, we feel it is inappropriate to administer baptism against their will.

It is hard to understand the practical situation which would be created in this connection. Should we act "under the cover of darkness and with treachery" to administer a sacrament which parents reject for their child? Or should we perhaps "immobilize them" by force for that purpose?

In our conception we seek to ally ourselves with a God the Father who absolutely respects the freedom of his children. And with a God the Father who wants the good and the happiness of men, of all men, more than we ourselves do.

We honestly feel that the theological development which has taken place after Vatican II supports our practice in this regard. Even the fact that the *Catechism of the Catholic Church,* recently published, makes no reference to the existence of limbo agrees with our conduct.

It is quite different that, in the face of a situation of maximum seriousness, in the absence of parents, or when it is impossible to get in touch with them (an accident in the family, for instance), we should opt for administering the sacrament. But, obviously, in this case it is not, at the outset, "against their will."

We have acted in the same way in certain cases of abandoned children with serious neurological lesions under the jurisdiction of organisms for

protecting minors who are to be admitted to an official facility. In the face of that situation, we have proceeded to administer baptism. The Pastoral Service has assumed the responsibility, health professionals have become involved, even as a child's godparents, and, finally, this fact has been recorded in patients' clinical histories and in the reports to be sent to the facilities receiving them.

Respecting parents' decisions at all times forces us, on the other hand, to inform them about the seriousness of their children's condition and the possibility of proceeding to administer baptism, provided they consider it appropriate. We try not to limit the providing of this information to the Pastoral Service, but to have doctors themselves provide it in certain cases. And this is done.

3. *Prior evaluation of the degree of emergency*

It is in all respects reasonable to verify the real situation of the patient for whom baptism is requested.

We mentioned above that information in such cases is not always furnished correctly or received adequately. The defects afflicting the basic information circuit—particularly due to the exceptional nature of the moment—result in a predicament where neither the transmitter nor the receiver are in the best condition to keep the message correct.

A normal diagnosis may often cause alarm in anguished parents, whereas, on other occasions, the most serious condition is toned down by a slight hope which the physician, with good judgment, offers the family.

This has led us to the conclusion that we have to go straight to the physician caring for the patient and ask for his opinion. Only after it has been heard do we act, as appropriate, either initiating the dynamics of the pastoral process concluding with baptism or informing the family that this is not the right time for it.

There are cases where a diagnosis of serious problems is accompanied by a favorable prognosis if events develop as foreseen. We usually opt to postpone the administration of the sacrament in such instances, while committing ourselves, however, in contact with the therapeutic team and the family, to a close follow-up and maintaining readiness to act if developments should prove negative.

If we see that the family is experiencing a high degree of anxiety while waiting for the outcome, we proceed to baptize. We feel that in such a case postponing baptism may turn out to be an aggravating circumstance in this connection. And that does not seem right to us.

4. *"To give—and to give us time," whenever possible*

Emergencies are not always extreme. There are many cases where we can take some time. Diagnoses of fatal or serious conditions give us time—occasionally, quite a bit—during which developments take place (tumors, leukemias, certain forms of heart disease, etc.).

It is good to take advantage of this time. There is a lot to do.

The first thing is to offer the family a breathing space. Bewildered by the impact of the news, it has lost its capacity to evaluate and has barely assimilated the information received. Relatives are in a state of complete disconcertedness, anger, and sorrow. We should give them time to exteriorize it and to some extent free themselves of it.

It is a time for being close, for silent accompaniment, for acting as humble *Cyreneans* on their private way of the cross. There is no place for rushing in; that might give the impression, as we often have, that we are "on the lookout for a candidate to be included in our lists." That is undoubtedly not the case.

This time may also be needed to recompose the family numerically. The mother may sometimes be recovering after childbirth at another facility; the grandparents have not even seen the child.

We may be able to initiate a short process of prebaptismal catechesis with the parents on the basis of periodical encounters when they come to visit their child, making use of our Service's office at times.

It is true that time is not our best ally. But let us use as much of it as possible. The challenge is not easy. Wrapped in an atmosphere of nerves and anxiety, we may feel the temptation to "do what must be done" swiftly and "may God's will be done." To fall into this temptation is understandable, but it deprives us of a series of chances to dignify a pastoral process as far as possible, along with a sacramental celebration.

5. *To celebrate baptism whenever possible in the presence of parents*

If we have defended the request for, or at least the acceptance of, baptism by parents, it seems reasonable that they should be present when it is celebrated.

And our experience indicates to us that this is usually possible and desirable. In any event, at least one of them must be there. It is just a matter of proposing it. They are hoping for it.

When a child is seriously ill, parents generally do not miss a single day of visiting. It is a

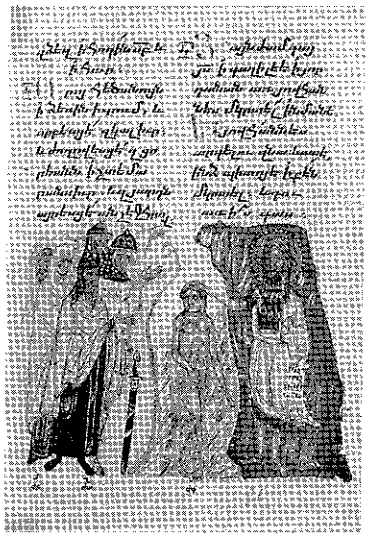
question of evaluating the point the two are at, provided, of course, the child's condition enables us to delay action.

6. *To look for the right moment*

A hospital has a certain pace. There are times when a unit is at peak activity and others when some calm is foreseeable. There are days when there are more professionals around who have been more directly involved with the evolution of a child.

If one knows a hospital well, as every pastoral worker should know it, one will not have much trouble choosing the day and the time that may prove best to proceed to administer baptism.

And if we stated that, naturally enough, the circumstances



under which it is administered at a hospital will never be the most suitable ones, it is fitting that they should at least not be the worst.

To combine the time of least intense work in the unit, the presence of parents, participation by professionals, and the absence of relatives of other patients who might undermine the necessary privacy is an important effort, and in part decisive, for the adequate celebration we are preparing.

Sometimes we can assign a baptism to a Sunday, which is the best day. In that case it is up to the priest's creativity to involve the Christian community which will celebrate or has already celebrated the Eucharist —in which the patient's relatives often take part. At our hospital some baptisms have been celebrated within the Sunday Mass itself. They have involved cases where the physician concerned has informed us of the inappropriateness of the child's temporarily leaving the unit. On some occasions the nurse involved has accompanied the family. These situations are a bit exceptional, but if followed through on, they prove to make a big impact on both the family and the Christian community attending the Eucharist at the hospital.

I recall having celebrated the baptism of two children in this way. One of the them was a baby only a few months old, the son of an unmarried mother who was having an operation the next day on a serious brain condition. The other case involved a oneyear—old child with AIDS. We did not, of course, mention the diagnosis in church, but we did say there was a fatal prognosis.

7. *To inform the healthcare team about the baptismal celebration in all instances*

In keeping with all we have said, the healthcare team must be properly informed. And not just about the time the baptism will be held at, but even about the process leading to it: the conditions making it possible, the parents' request, their attitude, etc.

It is a way to include the members of the team in the process of pastoral care. At the same time we employ adequate measures in order for them to take part.

Every patient, in addition to his personal physician and nurse, has someone on the team who for different reasons is closer to him. They are sometimes professionals who are not currently taking care of him, but did so in the past (personnel from the ward he was in before entering intensive care or social workers who have been following the case very closely, etc.). It is fitting to count on them, inform them, and invite them to the celebration.

8. *To suggest that their pastor or a priest they know well celebrate the baptism*

Sometimes the family whose child will be baptized has a sufficiently mature faith life. These people visit their parish frequently. Others belong to certain Christian groups: the Neocatechumenate, Cursillos, etc. From time to time a family appears with a priest in its ranks who is relatively easy to locate.

On such occasions it is good to offer them the chance to have their pastor, spiritual adviser, or relative celebrate the sacrament. We place ourselves entirely at their disposal to provide all necessary accompaniment and help.

Who could be better than the pastor close to them or the priest friend or a member of the immediate family! Their presence, to be sure, will save us many steps we have mentioned as difficulties proper to emergency baptism.

The fact that this chance is not generally taken advantage of does not mean we should lose interest in suggesting it.

9. *To inform the parish about the celebration of baptism in all cases*

Our facility, which lacks the status of a parish, cannot officially register any sacrament. The parish is responsible for doing so. And it must be informed.

Which parish? The one the baptismal candidate belongs to? The one under whose jurisdiction the hospital finds itself? It seems it ought to be the latter, in a strictly canonical sense. We are convinced that the best pastoral choice is for the parish of origin to do so. Analogously, we ought to mention the evolution of inclusion in the Civil Register at birth. Until a few years ago, it was to be done in the town where the hospital was; today it can be done where the parents have their permanent residence. This seems more normal and proper.

At one point, faced with certain problems posed for us, we

wrote to the Archdiocese, asking for orientation. The reply stated that, canonically, the registry was to be handled at the parish where the hospital was located, but there was no objection to doing so at the parish where the candidate resided. In any event, it was appropriate to ascertain that the baptism had been recorded in one place or the other.

We have opted for communicating the news to the parish to which the child belongs, and we do so by way of the parents themselves, as the most fitting way to involve them in the Church dimension of the sacrament, which the hospital's pastoral service has offered vicariously, but whose authentic environment is their parish. It is good to take the occasion to show parents the reason for this step—a slight *hint* at the complications which may arise in the future (First Communion, Matrimony, etc.) actively contributes to completing the process.

We have not usually encountered opposition to accepting these certificates and including them in the baptismal registry. In the cases where some objection has arisen, we get in touch with the parish to which our hospital belongs, whose pastor is willing to cooperate.

It is harder to get the parents whose child has been baptized on an emergency basis and has then died to present themselves in their parish. "What good is it?" they ask. And it is certainly more difficult to explain to them that it is good for a parish to have documentation on its deceased members or that such data may one day be of historical value.

In any case, our Pastoral Service maintains an unofficial baptismal registry in which we record all instances. We thereby seek to compensate for the oversight or negligence of those who forget to carry out the required procedure, at the same time as we create internal records of our pastoral activity.

The Pastoral Aims of Emergency Baptism

We shall now cite the aims which every emergency baptism ought to pursue in the process it entails. And we shall do so in accordance with the now classical scale known to all in pastoral action and, more specifically, in pastoral care in health.

Fostering Humaneness

— Unite oneself to the pain of the family.

— Seek to cooperate in relieving the condition the family generally suffers precisely as a result of the anguish provoked by the situation.

— Uncover and help free people from any guilt complexes (often unexpressed).

Evangelization

— Clear away the taboos affecting sacramental action.

— Forcefully point to the sacrament of baptism as the entrance into the Church, into the Christian community.

— Help people to work through the faith process put into question by the harshness of the situation. Move towards a more purified image of God.

— Send baptized children and their families back to their original Christian community and rediscover the Church dimension of faith.

Sacramentalization

— Seek the ad hoc celebration of the sacrament (flee from ritualism and fixed patterns).

— Stimulate the sharing of one's faith.

— Facilitate the community dimension of the celebration (family and professionals).

Celebration of the Sacrament

In the preceding sections we feel we have progressively indicated the context in which the sacrament should unfold, along with the real difficulties and equally real opportunities for pastoral encounters.

When the time comes, pastoral workers who are to administer it must approach it as if it were the first. Previously acquired experience should help them to situate themselves and control the environment replete with possibilities which has been produced.

On a personal level I think the only fixed point may be the baptismal formula: "I baptize you in the name of the Father and of the Son and of the Holy Spirit." Everything else must be the result of their capacity for valuing the circumstances coming together, observing the mood of those present, sensing their level of faith, and so on.

Without seeking to create formulas—which would lead us to contradict our previous statements—we shall now set forth a basic outline of how we carry out emergency baptisms.

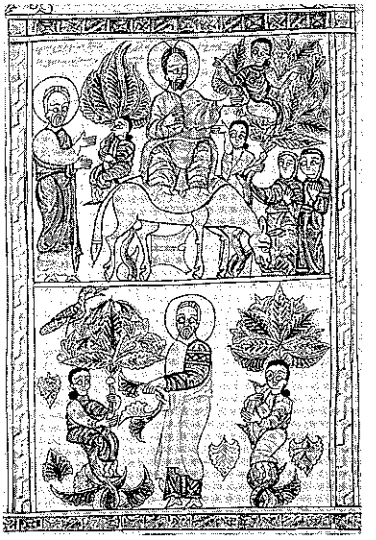
1. Seek the most appropriate day and hour for the family and the ward the child is in.

2. Parents and relatives (not too many), along with the health professionals caring for the child, stand around the incubator, cradle, or bed.

3. We have previously prepared a little recipient with water.

4. We start the celebration, following the steps listed below.

— *A brief introduction*. "You, as parents, would surely have preferred other surroundings for this baptism of your child, but sometimes in life..."



— *Invocation of the Spirit*. "He will make it possible for us to fulfill Jesus' mandate with respect to this child..." And we place our hands upon him.

— *Profession of faith*. Before baptizing the child, the parents are asked about the faith in which we want him to share. This is a particularly important moment which can stimulate

pastoral creativity and give shape to an ad hoc creed: "in God the Creator, the Author of life, the Father, who is, however, sometimes hard for us to discover in the reality of pain and human limitation. . " "In Jesus of Nazareth, who took on our limited human condition, who was a baby like your child, who died.. and rose again, overcoming death forever " "In the Holy Spirit, as subtle as the air we breathe, but indispensable to experience faith and be able to administer the sacrament of baptism now for your child " "In the Church, the Christian community, which you want your child to become a member of....."

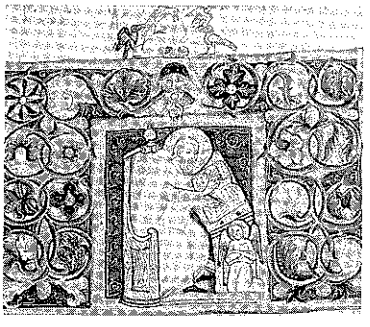
It is a very significant moment where we feel a large part of the pastoral quality with which we have managed to administer the sacrament is deposited. It is a time rich in meaning. To proclaim faith in God before a seriously ill child may be one of the most moving and decisive moments in the life of parents.

— *Baptismal formula "I baptize you.... "*

— *Prayer.* After baptizing the child, there is a good occasion for praying to the Lord for him, for his parents, for his siblings, for the children struggling in the search for health at the same hospital, for the professionals caring for them, and for the Church as communion. The prayer ends with the "Our Father."

This prayer period is a good time for stressing that the Lord's help is essential for our living through the time of illness with constancy, for illuminating through faith experience the dark times which life sets before us. And this is done at the expense of prayer focused exclusively on the healing of the child, which would bring with it either a magical or a futile experience, depending on the outcome of prayer itself or the sacrament.

— *A time for silence, for the family's contemplation of the child.* After the celebration, it is appropriate to leave a few minutes for the family to be alone with the child. It is a time to externalize feelings that are hard to hold back, to contemplate the newly baptized child who is continuing to struggle against illness. It is a precious time which the family is sincerely thankful for.



Pastoral Follow-Up of the Family After Baptism

If the child has not died, the seriousness of the condition which prompted his being baptized will of course lead to a period of hospitalization of some length.

Post-baptismal pastoral follow-ups are situated in that period. In the pastoral visit we effect we continue the relationship begun prior to baptism, evaluate the state of the child, his improving or worsening condition, the family's experience of it all, the reactions of brothers and sisters, and so on.

What is certain is that a worthily prepared and celebrated baptism considerably opens to us the doors to the family. Having shared such meaningful moments with them, the gestures of closeness and identification we have been able to make, and the tears and anguish which we have contained and understood legitimate us as *pleasing* persons in their sight who can receive an immense measure of their intimacy and feelings.

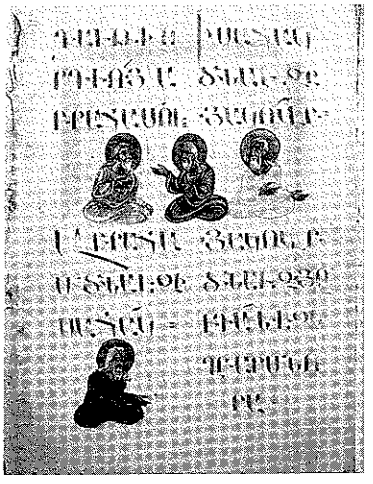
This is often fertile soil for helping to reconstruct a faith that is badly shaken, in a state of crisis, a favorable time for reminding them of the God who is silent, close, and in sympathy with suffering men, as opposed to the almighty and miraculous Lord, with whom they may have dealt previously.

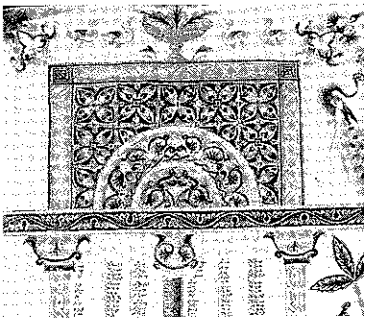
If the child's evolution is favorable, the process is charged with joy. It is a rebirth. Life is seen through another lens. After what has happened and apparently been overcome, many aspects are reformulated: dogmatic views are dropped; a new scale of values is created; criteria are relativized which were previously defended as absolutes. Once again, life has offered a masterful lesson. Perhaps the pastoral worker can help that family to take their notes and write them out clearly.

In the case of a negative evolution—and especially when children die—the process remains difficult but also offers opportunities. The day-by-day closeness to the family, the lengthy shared silences, and the tears which were accompanied with respect allow us to take our place at their side. Like Mary on Calvary, "at the foot of the Cross." And gestures like these

are privileged moments, as shown by experience, for what we previously termed "pastoral care based on positive memories."

In any event, for the great majority of people pastoral work at the hospital ends here. In a utopian pastoral context, we might dream of continuing to act. Reality is different. Limitation imposes itself. Now the witness is left in the hands of the parish, which must continue the process. We may certainly wonder if we are passing on that witness in good conditions. Are parishes prepared to welcome him properly? The pastoral challenge lies in the honest answer to these questions.





Emergency Baptism in the Absence of Priests and Pastoral Workers

We know we are speaking from a facility with a structured Pastoral Team providing virtually continuous service. But we are aware of other facilities lacking this presence, at least on a continuous basis.

And at both types of facility specific situations arise which require the celebration of baptism which we would not classify as an emergency, but as a case of life or death—when a child is born with a life expectancy of only a few minutes, when children are brought to Emergency after a serious traumatism which threatens their lives, or when there are striking bodily imbalances which were unexpected.

A state of extreme emergency itself makes it hard to dictate a series of parameters for action. It fosters an attitude of "every man for himself" rather than entry into a suitable process of reflection.

On this basis, we would venture to specify the following points.

1. The Code of Canon Law is clear about the power conferred for the administration of this sacrament under such circumstances: "If the ordinary minister (bishop, priest, or deacon) is absent or unable, a catechist or someone else designated for this function by the local Ordinary licitly administers baptism and, in case of need, any person with the proper intention; and the pastors of souls, especially the priest responsible for a parish, must see to it that the faithful know how to baptize correctly" (861 § 2).

The Code's breadth is obvious—any person with the proper intention. On this basis we can admit the possibility of any health professional's becoming an extraordinary minister for an emergency baptism at a given moment.

2. The recommendation that the parish priest ought to do the same with health professionals, especially with those most directly situated in areas of risk where such situations are more likely to arise (intensive care units, operating rooms, emergency wards). It should be pointed out that their training ought not to be limited to mere knowledge of the words of the rite, but broaden out to a minimally necessary set of pastoral orientations helping them to situate themselves.

It would, however, be good not to overlook the Code's recommendation, since, with the secularization of society today —and the healthcare world is, of course, not foreign to this— there are a fair number of new professionals who do not know even the classical formula "I baptize you in the name of the Father and of the Son and of the Holy Spirit."

3. If every professional may be involved in this situation, there is no doubt that Christian health professionals are called to play a more significant role therein. It is to be hoped that they will have a special sensitivity for detecting the persons upon whom baptism may be suitably conferred, for establishing a relationship with the family, for orienting colleagues in this task, and, of course, for celebrating it when the moment is felt to be right. I stress the idea of *special sensitivity,* but we do not therewith have the slightest intention of proposing that they be anguished and anguishing "chasers after possible candidates for baptism."

4. As for the celebration proper to baptism under these con-

ditions, we shall allow ourselves to suggest what was indicated in the preceding pages of this article on the celebration of emergency baptism We sincerely believe they serve as a basis for orientation and application insofar as possible In such circumstances it is common sense that ought to point to what is most appropriate at each moment—common sense whose basic objective in acting is to seek the maximum possible dignity in what is accomplished

5. Every possible effort should be made to inform the parish to which the one baptized belongs of this fact There are two reasons. Firstly, simply so that there will be evidence of it, as we stated above. Secondly, because it may be possible thereby to offer pastoral attention and a follow—up which could not be provided in the circumstances in which baptism took place

6 It must be understood that the conditions creating a necessity for baptism must involve a rather exceptional period of time If at a given health facility this occurs somewhat frequently, it seems clear that a solution will have to be worked out in accordance with this factor. It will be the mission of the delegate for Pastoral Care in Health, of the pastor in whose parish the hospital is located, of the chaplains at other hospitals in the city who may be familiar with the facts, and of the facility's own health professionals to provide a solution for what is "not so exceptional"

7. In any event it strikes us as appropriate to appeal to both the sensitivity perceiving the problematic in this situation and the serenity with which one must situate oneself therein. We must start from the image of a God the Father who is good and the author and giver of life, and not a stern God seeking among his children those worthy of punishment. To render this assertion clear let us make use of the category of "baptism of desire," recognized by traditional theology, which is just one more index of the wisdom implicit therein.

That should not lead us not to commit ourselves to searching for the most appropriate solutions, as we have been saying, for these cases But in reality what ought to concern us most is the pastoral abandonment which may exist at some facilities; the situation described here may be one of its causes.

Conclusion

Up to this point we have developed our pastoral reflection on one of the strongest aspects of our presence as a Church at a hospital for maternity and infant care.

We stress the idea of *pastoral reflection*. For we have carried it out on the basis of our pastoral experience. Hence our work frequently moves in the midst of criteria, evaluations, and concrete realities.

There is no doubt that after our experience—or, if you will, on the basis of it—we have a certain theological framework with a concrete image of God, a specific vision of the Church, a well-defined conception of what we understand to be a sacrament and of how it acts

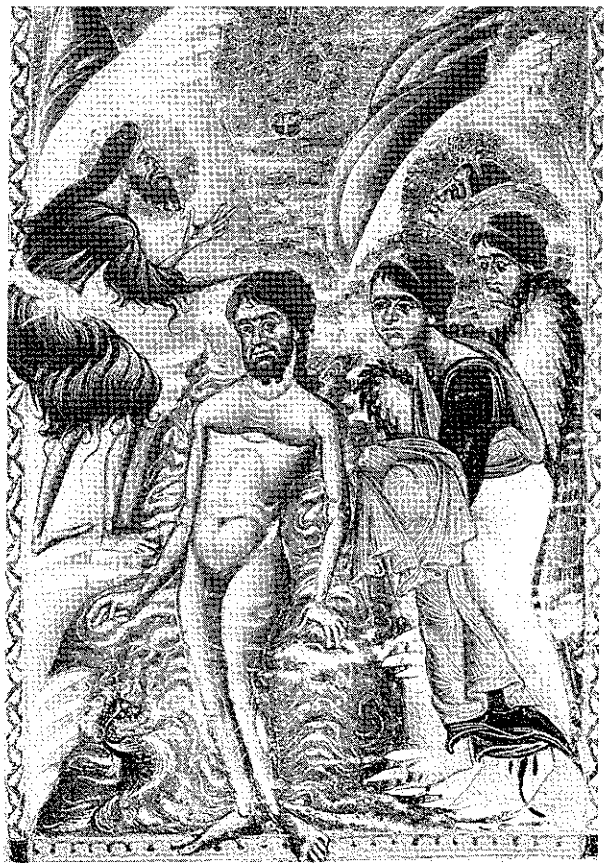
And on this basis we make our pastoral bet as here described We are satisfied with it, though aware of the gaps proceeding from our own limitations and, on occasion, from circumstances themselves

But we are also aware that our pastoral mission, inserted into the secular reality which is a hospital, is a privileged context for the new evangelization being preached today And with an evangelizing purpose, oriented towards ourselves, first of al—the Pastoral Service—and the Church herself, we have carried out this process of reflection.

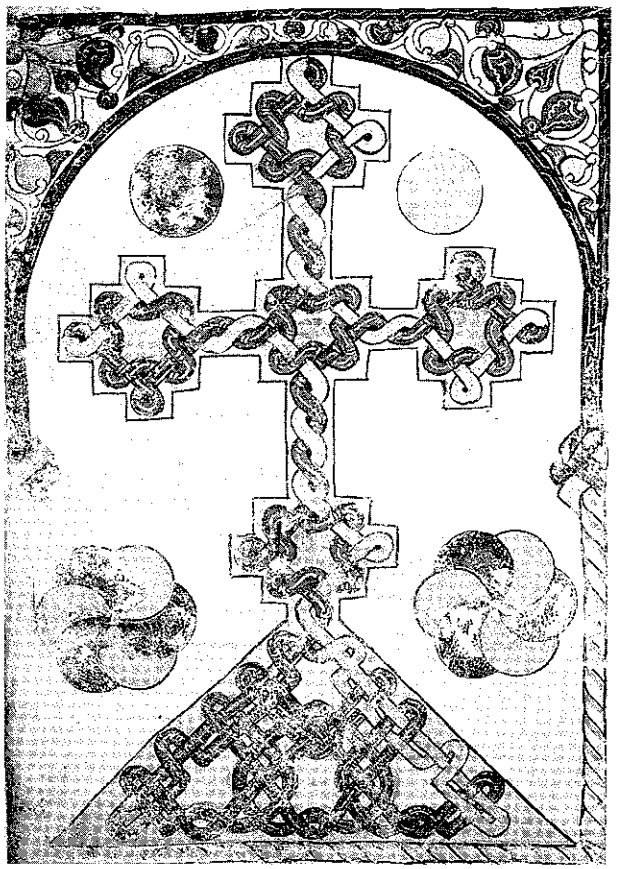
A process which has helped us to become more aware of what we are and what we do. We would like it to help our readers in the same way—those readers who may one day be involved in situations similar to the ones described here.

MIGUEL MARTIN RODRIGO
Chief of the Service
MIQUEL PESARRODONA
Deputy Chief
SAVERIA MANNARA
Pastoral Worker

(The Pastoral Team at the St. John of God Hospital, Barcelona)



Testimony



That They May Have Life
(Spanish Meeting)

Final Document of
the Madrid Congress

The Church Projecting
Action in Health
(Italian Congress)

FIPC (Catholic Pharmacists)

Portuguese National Meeting

That They May Have Life

The National Congress on Church and Health was held in Madrid, September 26-30, 1994. The Spanish Church, pausing after twenty-five years in its healthcare apostolate, convened a Congress for the purpose of discerning the major challenges in the world of health and illness, celebrating its achievements, recognizing the deficiencies of its presence therein, examining more closely the healing and saving power of the Gospel, and projecting forceful directions, objectives, and activities for its evangelizing work.

The Congress was sponsored by the Bishops Pastoral Commission and organized by the Health Apostolate Department of the Spanish Bishops' Conference.

The Congress involved three well-defined stages: preparation, holding the sessions, and application, or the post-Congress phase. We shall devote a few words to each.

1. The Preparatory Stage

The preparatory or diocesan stage of the Congress began with the National Sessions on the Health Apostolate (October 1993). The Bishops, diocesan delegates for the health ministry and pastoral vicars, men and women religious in health care, the Christian Fraternity of the Sick and Disabled, and others were sent a flier on the Congress and the general, practical orientations to take part in the preparatory phase, along with abundant document to facilitate personal and collective reflection on the Congress topics.

Over 10,000 pastoral workers in health participated—both personally and in groups—in this stage, which culminated in the sending of contributions to the General Secretariat. The teams that worked out the three documents could thus get in touch with the fruits of reflection by such a large, significant community.

2. The Congress Sessions

It took place in Madrid, and 818 people attended from 64 dioceses: bishops, general pastoral vicars, diocesan delegates for the health ministry, the sick, volunteers, doctors, religious, nurses, parish priests, chaplains, administrators, directors, professors, and others.

We were accompanied by the President, Secretary, and Undersecretary of the Pontifical Council for Pastoral Assistance to Health Care Workers, the Nuncio of His Holiness in Spain, the President and Secretary of the Spanish Bishops Conference, and representatives of the Ministry of Health, the Catholic universities of Spain, and the health apostolate in Italy, Belgium, and Portugal.

We were accompanied by the prayer of the sick, parish and hospital communities, and the about 1000 *monasteries of contemplative life* in Spain, which were informed by the Most Rev. Javier Osés about the Congress and invited to pray for it.

The Dynamics of the Congress

The Congress began with prayer, the reading of the letter to participants from Secretary of State Angelo Cardinal Sodano, greetings from the Cardinal of Madrid, the Secretary of the Pontifical Council, and the Nuncio of His Holiness, an introduction by Bishop Osés, and an address by Professor Laín Entralgo on "Hope and Illness."

Consideration of the Congress topics took place in the morning sessions, with the presentation of three papers followed by six communications, nine personal accounts, and discussion. In the afternoon sessions participants met in groups divided into ten areas of work to examine and apply the relevant contributions presented and draw up conclusions for each sector.

The papers were the following:

1. "An Examination of the World of Health and Illness." Dr. Gracia Guillén, holder of the Chair of the History of Medicine at the Complutense University of Madrid dealt with the clinical history of health care in Spain and pointed to its challenges for the Church.

2. "The Gospel as a Source of Life in the World of Health and Illness." Rev. Francisco Alvarez, Professor at the Camillianum in Rome, brought out the relations between the Gospel and health and replied to three questions: "What does 'source of life' mean? Can we propose a model for health on the basis of the mystery of Christ? Can the Church community today offer the same health as Christ did?"

3. "That They May Have Life: The Church in the World of Health." Rev. José Antonio Pagola, Vicar General of San Sebastián, set forth the emphases, aims, and lines of action to re-

new and give fresh impetus to the Church's action in the world of health and illness.

Each paper included *operative and provisional conclusions* so that participants could make contributions. During the final morning session the assembly unanimously approved the *closing document,* which incorporates the conclusions of the three papers.

The *communications* were devoted to 1) "New Pathologies and Lifestyles: Challenges for the Church's Action"; 2) "Religious in Health Care: Current Presence and Perspectives for the Future"; 3) "The Christian Attitude to Suffering: The Sick and Disables as Responsible for Their Lives"; 4) "The World of Health and Evangelization"; 5) "Services for Religious Assistance at Hospitals"; and 6) "Special Contributions by Christian Ethics to the World of Health Care."

One of the aspects most appreciated by participants was the chance to share and seek together—in the work groups—the evangelizing paths for the Church in health care, starting from their own experiences. There were ten such groups: 1) Primary Care and the Rural Parish, 2) Primary Care and the Urban Parish, 3) Hospitals, 4) The Church's Health Facilities, 5) The Elderly Ill, 6) The Chronically Ill, 7) The Psychiatrically Ill, 8) The Terminally Ill, 9) AIDS Victims and Drug Addicts, and 10) Education and Training On the last day each group presented to the Assembly the conclusions it had approved.

The Congress concluded its sessions with a closing ceremony and a Eucharistic celebration at which Cardinal Fiorenzo Angelini presided. The collection made at the Mass was for those affected by the *pneumonic plague* in India.

During the Congress the *Church and Health Exhibition* manifested action by the universal and Spanish Church in health care: the persons and institutions serving the sick, the life of different organisms, associations, and movements, and the distance traveled by the health apostolate in Spain

3. Post-Congress Stage

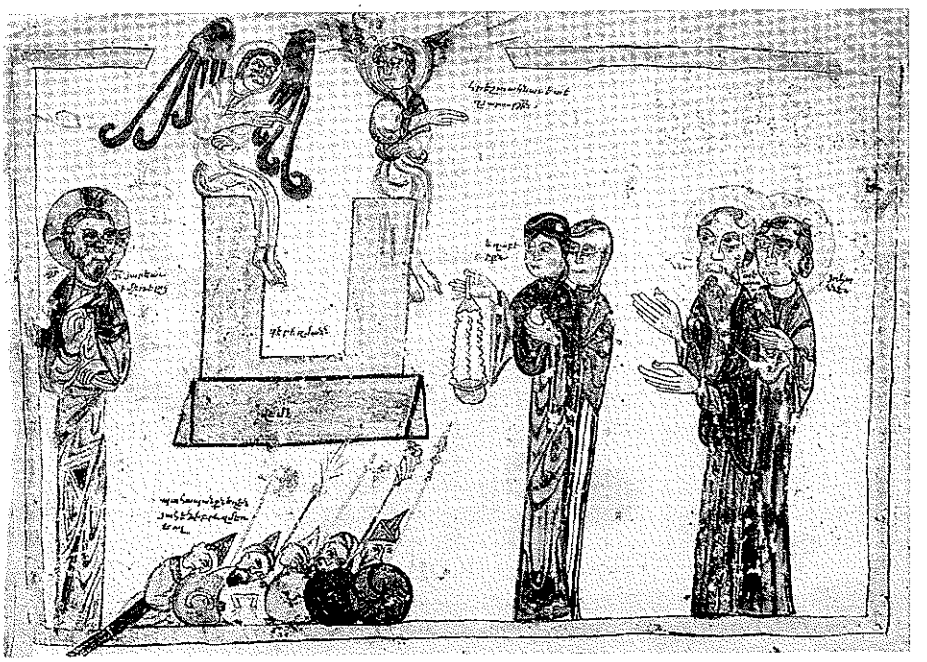
The Congress was a rich human, ecclesial, and faith experience and provided valuable service to the health ministry in the local Churches The participants returned with renewed ardor to their dioceses and places of work and communicated what that they had seen, heard, and experienced The national team for the health ministry, the diocesan delegations, the association of religious in health care, different religious congregations, Christian health professionals, patients' movements, and parish health apostolate groups assimilated the Congress' conclusions and guidelines and undertook the difficult, demanding task of applying and implementing them without overhaste, but with constancy.

The Health Apostolate Department published the book *Church and Health Congress,* which includes all the documents, and two complementary lines of action were proposed for the coming years: to reinforce the evangelizing dimension of the health ministry and integrate its work increasingly into pastoral care as a whole

The Plenary Assembly of the Spanish Bishops' Conference, in its meeting at the close of November 1995, was programmed to study the document on *Church and Health* and vote on its proposals.

By means of the journal *Dolentium Hominum,* we are conveying our Congress' final Message and *Document* to our sister Churches, which, like us, are striving to fulfill the mission the Lord has entrusted to us: "Go and heal."

RUDESINDO DELGADO PEREZ
Director of the Health Apostolate Department



Final Document of the Madrid Congress

Introduction

This Document incorporates the Congress' conclusions. We herein mirror the result of an effort to think things through—over a year-long period, and even more intensely during the Congress sessions—by a numerous group of persons engaged in health care: bishops, health professionals, men and women religious in health, the sick, chaplains, volunteer groups, movements, and associations.

We thereby make known our vision of this field, the humanizing and healing power of the Gospel, and the orientations for the health ministry in Spain in the coming years.

We offer this Document as a service to the Church and society.

First Paper:

"An Examination of the World of Health and Illness"

Observations

1. The general indices of the state of health of the Spanish population are fairly good; health expenditures are not excessive in comparison to the other European Union countries; and most citizens are relatively satisfied with the technical care and human treatment accorded them. They regard the information they are given as scanty, however.

2. The irrational desire for health, the exorbitant consumption of healthcare resources, the slight awareness of the duty to follow healthful habits, and other factors are provoking demands which the Healthcare System sometimes cannot meet. We consider that a medicalization of health and of many aspects of individual and social life is occurring.

3. In the health environment there is greater critical capacity, but not much self-criticism, and patients are slowly becoming decision-makers in care. This medical revolution means a change in mentality among all the main actors in the field.

4. The scientific and technical training of health professionals (doctors, nurses, and others) is good as a whole, though deficiencies are detected in bioethics, in human relations, and in respect for and advancement of patients' rights.

5. The loss of motivation among many health professionals is frequently due to the profound transformation of their social roles which they have experienced in a short period of time and to a lack of professional and academic incentives from administrators and institutions.

6. The scarcity of economic resources is not merely circumstantial, but structural. From both a healthcare and a social standpoint it is obvious that supply generates demand and that there is little sense of individual and collective responsibility in the control of expenditures, surely due to problems in both civic and health-oriented education.

7. Our political representatives have not always managed to weigh special interests against the establishment of priorities in the areas of promoting health and preventing illness, of overcoming territorial inequalities, in adapting a percentage of the Gross National Product to real social and medical needs, and so on.

8. The administrators of our health system are directly responsible for the problems in management and distribution of human, technical, and economic resources and in inadequate organization and coordination of certain services, with the resulting bureaucratization and inefficiency.

9. Responsibilities are being transferred from the National Health Institute to the National Social Service Institute. This fact is giving rise to discriminatory treatment and care of certain less favored groups (the elderly, the chronically ill, etc.) and of some socially marginalized groups (drug addicts, alcoholics, psychiatric patients, the terminally ill, AIDS victims, the disabled, illegal immigrants, the long-term unemployed, and so forth).

Considerations

10. There is a primary cause producing the problems we have observed. If health is not a mere biological fact, but a value to be defined in the value system of each social group and each period in history, the origin of the conflicts in our health care must ultimately be sought in an illness in our society's value system.

11. The health field will continue its process of secularization, and the autonomy of earthly activities will continue to increase. The Church has a great opportunity here for more purified, differentiated, and flexible evangelization and for an attitude of service relevant to a society not seeking "re-sacralization."

12. Individuals will progressively make bigger decisions regarding their own bodies, in awareness of their capacity, rights, and life project. There is still a long way to go, for certain legal norms impede them and certain social and religious conventions pose difficulties, since the right to freedom of conscience in the health field is still not accepted publicly and explicitly, nor is it respected completely by the State or the Church.

13. The mechanistic mentality in science and technology prevailing at present— with its excessive rationalism and utilitarianism and neglect of the spiritual aspects of the person—may absolutize the concept of human beings and their dignity unidirectionally, suppress their transcendent meaning, and dehumanize healthcare relations This is an enormous challenge for the Church community, which must question itself critically about injustice and ethical relativism.

14. It is necessary to redefine the concepts of health and illness more precisely, include values therein, and improve the health education of the whole population on these subjects The rights of future generations must be particularly considered.

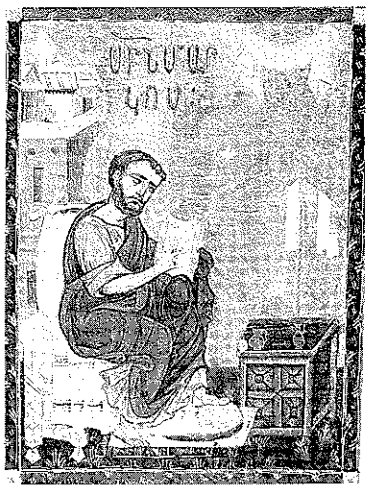
15. It is important to bear in mind in curricula for training health professionals that the core of their task is the person and that the essential aim of their activity is to improve both the person's quality of life and the care provided.

16. The search for efficiency, effectiveness, and equity in the health system is the responsibility of all It is thus indispensable to become aware of costs so that limitations in service, if any, will be determined through criteria of distributive justice leaving room for solidarity and subsidiarity

17. Political and social debate must be fostered on the kind of healthcare model which Spanish society wants for itself, the publiclyfinanced assistance to be provided, and the quantity and quality of social services to cover the needs and requirements of citizens

18. The Church's main contribution to health care, on the basis of the Gospel and her own tradition, pertains to the world of values.

19. Social and healthcare institutions in Spain—the Church is a pre-eminent instance—have the duty to re-educate in values. However, the specificity of the Christian message—the preferential option for the neediest or most neglected and the establishment in this life of the kingdom of justice, hope, and love which Jesus traced out in word and deed—involves two great challenges: the evangelization of health culture and the ethical enlightenment of the health care context. To deal with them broad theological and ecclesiological grounding is required delving into the concepts of healing and salvation, as well as a clear pastoral orientation in the health field Both perspectives prove indispensable to give meaning to the existential reality of human beings (from birth to death), offer the Church's presence alongside the sick, relatives, and care—providers, and exercise Christian fraternity in terms of gratuitousness (volunteers, for example), belonging (acceptance, respect, dedication to the suffering, effective and affective solidarity, etc.), and active participation (associations, movements, nongovernmental organizations, and so on).



20 The Church cannot renounce—but must continue to carry on—the following missions: detecting and denouncing the insufficiencies and gaps in real health coverage, speaking out for the weakest and most defenseless, filling in where the system is deficient, and spurring all initiatives attempting to do so, work with government in supplying social and health services, seeking excellence in the area of its responsibilities, and contributing to the education and integral development of patients, health professionals, and social workers, especially those wishing to make a faith commitment in the domain of health care.

Second Paper:
"The Gospel: Source of Life in the World of Health and Illness"

1. In the light of our faith and our pastoral and professional experience, we *reaffirm* our conviction that the living Gospel proclaimed through its multiple channels is salutary and therapeutic today as well, the source of a new quality of life

2 *We are aware* of the fact that health and illness are "fundamental events" (*Dolentium*

Hominum) deeply involving the individual and society. They pose complex political, organizational, and technical problems, as well as human, ethical, and pastoral ones Health is not a product for consumption, but a value calling for responsibility, solidarity, and meaning, for it refers equally to the individual and society, to lifestyles and values. Illness, moreover, affects the individual in such a way that it is a kind of revelation of one's radical fragility and need for help and at the same time an opportunity for freedom

The world of health and illness thus constitutes a real meeting point for today's pluralistic society. Men and women, beyond all differences, feel united

in an authentic alliance for life. The health objective, nowadays in particular, excludes no one.

3. *We are pleased* to confirm once more the way in which, in Christ, God's involvement in the human adventure of health and illness is revealed and effected, an involvement we aim to prolong in time.

On taking on our condition, Christ took up the cause of the whole man and of all humanity. In the mystery of the Incarnation and in his ministry, with a singular pedagogy and extreme solidarity, He has given back to us enthusiasm over being human, elevating the human condition to its greatest dignity, and showing Himself to be joined to all that occurs in man, especially all that diminishes and blocks man's full development Hence, in addition to promoting a new quality of life for all, He shows Himself to be particularly concerned about those who, in their poverty, illness, or marginalization, most clearly represent human precariousness and the injustice of society.

His involvement in human events and experiences is such that the salvation offered by Him, the ultimate, supreme gift, is achieved in history and daily life. Salvation takes shape in the body of man and in the fabric of relationships. Salvation becomes health, freedom, new relations, solidarity, and the possibility of change.

4 A careful reading of the Gospel of mercy also leads us to discover that the health Christ bears, precisely because it involves the whole man (*Jn* 7:23), completely involves the one offering it. Christ does not practice magic or give rise to triumphalistic expectations. He heals because He descends to the one who is wounded; He cures because He establishes a new relationship with the sick; He restores sight because He Himself is the light. His health is not merchandise, but a project entrusted to man; healing is not the monopoly of science, but also the mission of those adhering to the Kingdom

Adherence to the Kingdom is what allows us frequently to discover the hidden faces of health which today's culture tends to forget: all those salutary experiences that are compatible with suffering, with illness itself, with aging, and with the nearness of death. It is there that, as professionals, believers, and also sick people, we discover the irreplaceable value of Christian hope and at the same time the always provisional and relative character of all experience of health.

It is Christian hope, lived out in terms of gratuitousness (*Rm* 5:1-5), that plots out the direction for the human adventure, points to a future of which the present, even at its best, is just a shadow (*Col* 2:17), fills the solitude and meaninglessness of suffering with presence and meaning, and gives a new human and spiritual quality to life's adversities.

5 As a Church community living and working in the vast field of health and illness we are aware of having been sent to proclaim the good news of salvation by healing and promoting our own and our brothers' and sisters' health. In the face of the complexity of this world, where we frequently feel overwhelmed by so many problems of every kind, we wonder how we can offer Christ's own health as believers and professionals, faithful to the Gospel, sensitive to human aspirations, and aware of the greatness of our mission. To this end we once more propose to follow the same itinerary as the merciful Christ, drawing inspiration from Him and seeking to adopt the same attitudes He did (*Philippians* 2:5).

6. Above all, we reaffirm our conviction that to be effective instruments of integral healing and thus a credible vehicle for salvation, we must take everything human seriously, cultivating our sensitivity to what happens in man and in his environment, letting ourselves be touched by man's sufferings and aspirations, meeting people where they are, and striving so that their humanity and ours will never be suffocated. To heal "from that standpoint" means active and humble entry into the very salvific process of Christ, to presage experiences of fullness and walk in the direction of final plenitude. It means discovering the Truth in everyday work, make others mindful of God in daily life, and cooperate so that the history of each individual will really be a history of salvation At the same time, sensitivity rooted in the mystery of the Incarnation, believed and lived out, leads the Church community to place itself in the Gospel perspective of the preferential option for the poorest, since concern for them, who have nothing, is the best proof of the value attributed to all persons because they are such.

The command to heal we take up as professionals and believers spurs us to show each day how

professional competence is in our time the most trustworthy proof of charity. We thus propose once again not to use the Gospel to underestimate the indispensable value of science or to legitimate a search for privileged roles of the past. Rather, we wish to show how in our professional and pastoral practice science and the Gospel can and must constitute the best alliance in favor of today's men and women, whether healthy or ill. With this conviction we shall not avoid situations of evident conflict nor shall we seek to have the Gospel respond to all the questions posed. Though acknowledging that we are moving in an increasingly complex terrain, our adherence to the Gospel, far from sacrificing our scientific rigor and separating us from the arena of events and conflicts, will project new light and new motivations upon our practice and move us to struggle each day so that the "hidden" face of the Kingdom will become visible and manifest in our settings and facilities.

8. By virtue of that adherence, as a community of believers we feel duty-bound to promote a new view of health, illness, and death in society which, in addition to offering today's context new elements for examination, will be able to recover the human visage of those "events," educate people in the values most bound up with health and illness, foster a new social awareness of responsible and solidary sharing in the management of health, help to cultivate new, healthier lifestyles, and multiply gestures of solidarity towards the neediest. The quality of cultural change will be verified best by the criterion of the attention devoted to the latter, and the Church community must always be a pioneer in this regard.

9. Finally, we aim to take on the great challenge of promoting new awareness in the Church community of the therapeutic value of the Gospel—lived out, proclaimed, and celebrated. Among other things, this means to believe firmly that all evangelizing activity—and not only pastoral care in health—is and must be salutary and healing, an embodiment of the loving humanity of God in the world, promoting a new quality of individual and social life, educating for health and illness, sensitive to the central place which in both the Gospel and today's world as well the sick and the poor occupy in the community. This change, in addition to posing new pastoral demands, particularly involves each believer's experience of the Gospel of mercy. Only those who feel healed and liberated profoundly by it are later credible witnesses to its capacity to heal and promote salutary life experiences. Hence it is important that the celebration of salvation through the sacraments, especially in the time of illness, will simultaneously celebrate health and salvation, the solidarity of professionals, the goodness of God, liberation from fear and anguish and sin, the acceptance of death, and the confident gift of oneself in God.

Third Paper:
"That They May Have Life: The Church in the World of Health and Illness"

1. We affirm our will to give impetus today to *evangelization in the world of health and illness,* following the healing action of Jesus Christ and faithfully listening to his command. *The dominant orientations* which should guide the Health Apostolate in Spain (National Secretariat for the Health Apostolate, the organization of National Study Sessions, the celebration of the Day of the Sick, stimulus of the health ministry in the dioceses, and action by pastoral workers) and which we adopt as a reference point for our pastoral endeavors are the following.

a) To recover in the Church awareness of her healing mission in current Spanish society.

b) To understand and build up Christian communities as a source of health open to the salvation of Jesus Christ.

c) To recover the evangelical attitude of Christ towards the sick by promoting more humane and integral care.

d) To find the true place of the Church and the health ministry alongside the neediest and most neglected sick people in society.

e) To evangelize the contemporary health culture by offering a model more faithful to the Gospel values and by shedding ethical light on health problems.

2. We wish to give impetus in the dioceses to more lively and effective awareness of their evangelizing mission in the world of health and illness, developing the health ministry in all its dimensions and ensuring the significant place the sick ought to hold in the diocesan Church. To this end we ask that the Bishop be the first to encourage and stimulate our pastoral work. We shall work towards the creation of a diocesan delegation in every diocese that will effectively spur the health ministry; strive to achieve closer cooperation among all the sectors, groups, and persons (priests, men and women religious, lay pastoral workers, Christian health professionals, and patients who are believers); review and better ensure the Church's evangelizing presence at the health facilities

in each diocese; stimulate awareness in the diocesan Church of the world of health and illness (seminary training program, ongoing education of the clergy, the Day of the Sick, preaching to the faithful); and devote more attention to the vocation and training of pastoral workers (schools for the health apostolate, short courses, study sessions).

3. We shall commit ourselves to revitalizing the evangelizing action of our *parishes* in health care and service to the sick. We are convinced that a healthy and healing parish today can be a privileged place to spur the new evangelization, as a source of a more salutary life in the midst of current society and an announcement of eternal salvation; at the same time we know we cannot build a parish community faithful to Jesus Christ by ignoring precisely those sick men and women to whom He devoted preferential attention. To this end we shall strive to have parishes take on more responsibility in their task of providing health education. We shall devote more attention to the celebration of the sacraments, particularly the sacraments of the sick, as a saving encounter with Christ. We shall stimulate the integration into the parish of all the sick, especially those who are most alone and in need. We shall fraternally share communion and the Word of God with them; we shall seek to enable them to take an active part in the life of the parish community, developing their witness and evangelizing commitment. To spur all of the foregoing, we feel it is indispensable to create a health apostolate team in each parish and devote special attention to the rural parishes.

4. We commit ourselves to stimulating the evangelizing presence of the Church at *health facilities*, developing pastoral organization more effectively. To this end we shall create an evangelizing team at each facility to work out a program for pastoral action and promote the coordinated effort of all (priests, men and women religious, Christian professionals, and the ill). As our main tasks in this evangelizing presence we recognize integral attention to the different needs of the sick, improvement of religious attention and a worthy celebration of the sacraments, cooperation towards making care progressively more humane, more careful attention to Christian health professionals, and closer communication with parishes.

5. We consider that *Catholic hospitals* must be a clear witness of evangelizing service to the sick and a reference point for health care inspired by the Gospel values. We stress the following aspects which ought to characterize us most today: unconditional service to life from conception to natural death, an absence of economic interests and preferential attention to the least favored classes, integral care for patients, humane conditions for workers, and the ethical training and action of personnel.

6. We reaffirm our commitment to construct a *Church closer to the neediest and most neglected of the sick* and more closely identified with their problems and sufferings. To this end we commit ourselves to introducing into the orientations and action of the health apostolate the preferential option for the neediest and most marginalized of the sick. We wish to make this commitment concrete in the following actions: without abandoning the patients cared for, we shall promote preferential attention to those who are excluded from worthy care; we shall spur integration into parishes of the most abandoned sick (particularly the elderly, psychiatric patients, and their families); by this action and our concrete gestures we shall work to create social awareness and a civic attitude which will gradually eliminate discriminatory and marginalizing behavior.

7. We wish to promote a *more committed laity* in evangelizing the world of health care, developing their specific vocation in the midst of society and promoting the dedication of Christian health professionals. To this end we commit ourselves to devoting more attention to the training of lay pastoral workers and spurring their shared responsibility for the health ministry, promoting the creation of lay associations as a more effective channel for the Church's presence in the world of health and illness, giving impetus to the Association of Christian Health Professionals and the aims it proposes to develop its contributions to the Church further (advising pastors, cooperating in training) and its active participation in making care more humane, shedding ethical light on medicine, and creating a health culture more consistent with Christian values.

8. We want the Church to offer her *Gospel light and ethical guidance* to cooperate more effectively towards the creation of a more humane health culture and the promotion of health care which respects and defends the dignity and the rights of every human being. To this end we feel it is necessary to stimulate theologicalpastoral reflection further on health, illness, pain, and death, with the involvement of theologians, catechists, and Christian professionals, to disseminate the Church's thought among both Christians (preaching, catechetical processes) and those in society at large (mass media), to constitute a national Commission or Forum to follow up on and study ethical problems so as to advise the Hierarchy in its pronouncements and disseminate the Church's ethical doctrine in society, to pay closer attention to the ethical training of Christian professionals, to be more concerned about ethically counseling patients and their families, and to promote the improvement of health care by studying different problems and actively taking part in the creation and adequate functioning of ethics committees, commissions on humanity in care, and patient-support services.

The National Congress
on Church and Health
Madrid, September 30, 1994

The Church Projecting Action in the World of Health

At Domus Mariae, the Third National Meeting organized by the National Council for the Health Apostolate of the Italian Bishops' Conference, devoted to "The Church's Project in the World of Health," took place in Rome, April 23-25, 1995.

About 300 people from 90 Italian dioceses attended, representing the regional and diocesan councils for the health ministry, the different Catholic associations working in health (AMCI, ACOS, AIPAS, ARIS, Catholic Pharmacists, etc.), volunteer groups (AVO, AVULSS, UNITALSI, ARVAS, CVSL, etc.), and educational centers (Camillianum, Catholic University, Pastoral Center of Verona).

There 105 priests, men religious, and deacons, 150 lay people, and 45 sisters.

The aims of the Meeting were the following.

1. To foster dialogue among different bodies, associations, and professionals working the field of health.

2. To promote greater cooperation among all the Church groups to avoid fragmentation and the risks of disconnected efforts.

3. To identify clues for action and common projects to give new impetus to the Church's presence in this area.

Though the number of participants at the meeting was relatively limited, the process of preparation sought to involve the greatest possible number of people working to serve the sick in parishes, professional associations, and volunteer groups, at health facilities, and in the diocesan and regional councils.

The national council for pastoral care in health prepared for this purpose a questionnaire as a guide for reflection and deeper examination of certain topics, with a view towards direct, grass-roots contributions to the meeting.

The first part of the questionnaire consisted of a *critical analysis* of the world of health and centered on the following questions.

a) What type of "health" is promoted in society today?

b) What are the "bright" and "dark" spots in the national health system?

c) How is the Church responding to the challenges posed by the world of health?

The second form in the questionnaire was *project-oriented* and aimed to prompt concrete proposals for making health care more humane and promoting evangelization, on the basis of the following pointers.

a) In the light of the critical analysis conducted, what should the *priorities* be towards which the Church ought to orient her efforts? What "values" and "gestures" should be promoted to witness to the Gospel and the Christian tradition?

Different regional groups responded to the appeal by organizing a series of meetings for study and exchange on the topics proposed and by sending their contributions and reflections to the national secretariat.

The meeting itself was structured around three main phases: the three basic papers, a range of informative *communications*, and participation in twelve *interdisciplinary groups*, devoted to the following subjects

1. The sick as main actors and evangelizers
2. Volunteers
3. Cooperation among health professions.
4. The parish, health facilities, and the local area.
5. The elderly
6. The terminally ill.
7. AIDS victims
8. The identity of Catholic facilities.
9. Ethical training at schools.
10. The sick and the family.
11. Chaplains.
12. Ethical problems in the health world.

The meeting, whose *Proceedings* will be published, certainly fostered dialogue and mutual awareness among the members of different professions and those belonging to specific organisms and associations working in this field; indications and proposals emerged from this exchange which will be of use to the National Council in programming the future path of the Church in health.

We include the message of the Council, which summarizes the proposals made at the Meeting.

Orientations

The Health Ministry and the Christian Community

Since the health ministry is an integral part of the Church's mission (*Dolentium Hominum*, no. 1), we strongly hope that our Pastors will foster its inclusion in the normal pastoral care of the Christian community, which is the first and fundamental subject of all pastoral activity.

The Organizational Dimension

Convinced of the importance of structures for communion, stimulus, and coordination among the different Church organisms working in the health field, we request that

— a national office for pastoral care in health be created, with a permanent secretariat and suitable instruments for stimulus and information (a bulletin);

— in all regions and dioceses a council for the health apostolate be established.

Training

So that the creation of a mentality sensitive to health problems will be fostered, we formulate the following recommendations.

— In the formation programs for candidates for consecrated life and the priesthood specific courses on the health ministry should be included, accompanied by supervised practical training at facilities with social and healthcare aims.

— In programs for evangelization, catechesis, and religious formation carried out in parishes and schools (the religion hour), room should be found for reflection on the major areas of life and health, solidarity, and tolerance, in the light of the Christian tradition.

— For the adequate training of health and pastoral workers, other centers, in addition to those already existing, for pastoral training should be established, so as to respond as well as possible to the needs of the different regions.

— In formation programs there should be concern for fostering a mentality open to dialogue so as to favor honest cooperation with all working in the health field, characterized by ethical and religious pluralism.

Bioethics

In a secularized and pluralistic world in cultural, ethical, and religious terms, we feel that the teaching of ethics and bioethics inspired by Christian values takes on priority importance.

We thus regard the following points as necessary.

— The establishment of schools for the teachers of bioethics and professional ethics, with a determination of the criteria for qualification as a professor of these disciplines.

— The promotion of bioethical training at medical schools and of professional ethics at schools for health workers.

— Cooperation in creating "ethics committees" at Catholic and secular health facilities and active involvement in their work. Where this is not possible, individual dioceses should create groups for "bioethical consulting" to serve the different facilities.

— An expert on bioethics should serve on every council for the health ministry.

Catholic Health Facilities

As Church institutions whose aim is evangelization through loving, competent service to the suffering, Catholic health facilities should:

— be clear models for service looking to the centrality of man;

— adapt creatively to the health system's environments through continual updating on both technology and therapy;

— aim to involve lay collaborators in their apostolate, transmitting to them the charismatic inspiration which sustains them;

— be the object of constant verification and engage courageously in reorganization to meet the challenges of new illnesses and new forms of poverty;

— be distinguished for pastoral service, promoting the "chaplaincy" as an institution.

Stimulus and Cooperation

In an ecclesiology of communion the use of all charisms to serve evangelization of the health world should be fostered. To this end we should

— promote the "chaplaincy," calling deacons, religious, and lay people to form part of this work, along with priests;

— rediscover the original vocation of the deacon, centered on service to the poor and the sick;

— maintain the presence of women religious at health facilities, fostering their inclusion in pastoral activities and in the human and spiritual stimulation of personnel;

— make better use of extraordinary ministers of the Eucharist for service to the sick;

— increase attention to health workers' associations and volunteer groups;

— promote an appreciation of the sick as active subjects of evangelization, sustaining the associations which group them together and including them in Church organisms (the pastoral council).

The Local Area and Strategies for Pastoral

Action In considering the expansion of the health ministry from the hospital to the surrounding area as not only an ecclesiological, but a social exigency along the lines of the health reform, we recommend

— a better relationship between pastors and pastoral workers at health facilities;

— a larger role for the family in the care of the sick, the handicapped, the elderly, and the dying;

— the promotion of strategies for participation in local health policy;

— the creation of teams of health workers for home care of the elderly and the terminally ill and the formation of groups of visitors of the sick;

— training and accompanying the workers residing in parish communities.

Conclusion

We entrust these proposals to the good will of all: bishops, priests, deacons, religious, and lay people, with the hope that they will be of use in working out inspired, concrete, and effective pastoral projects.

Rev A. PANGRAZZI, M.I.

FIPC: The Federation's Forty-Fifth Anniversary, Commemorating Far-Ranging Experience and Worldwide Projects

What is FIPC?

"The International Federation of Catholic Pharmacists is an association with scientific, religious, philanthropic, and educational aims bringing together the national associations of Catholic pharmacists.

Included among the OIC—Catholic International Organizations—and in relation to the Holy See, FIPC is the exclusive organ bringing together Catholic pharmacists the world over through their national associations or corresponding members.

In its pharmaceutical work, FIPC acts in collaboration with the Pontifical Council for Pastoral Assistance to Health Care Workers and plays a role as an organ of exchange among the Church's pharmacists and health workers.

Recognized by the ecclesiastical hierarchy, FIPC engages in promoting the values of the Catholic faith taught by the Gospel, Tradition, and the Magisterium of the Catholic Church among its members and in the pharmaceutical profession.

FIPC studies and seeks to resolve from a Catholic standpoint all the questions affecting the practice of the pharmaceutical profession, proposing a Christian solution to them.

A Short History

Created in Rome in 1950, FIPC quickly dealt with the basic questions for the pharmaceutical profession: relations with patients and the pharmacist's social role and position in society, in scientific research, and in the different socioeconomic currents.

In the course of international meetings which are held every two years on different continents, FIPC has been a focal point for very useful exchanges from a human and professional standpoint.

FIPC's international action is increasingly requested, not only with a view towards seeking spirituality in the profession and as a forum for reflection, but also for advice, as a channel for solidarity, and even for training.

FIPC is increasingly becoming a communications and international exchange center for the profession, in the face of the major topics in bioethics and the challenges of access to pharmaceuticals.

FIPC is thus at once a moral body and a center for action to serve pharmaceutics and patients.

By way of the leading subjects which have mobilized its members, FIPC has traced out its main bases for action: "health care to serve all, by means of a profession motivated by solidarity, quality, and ethics."

Aims and Future Activities

FIPC aims to:

— develop pharmacists' sense of responsibility as people united around the world by Catholic morals;

— develop knowledge on health and serving the sick in the light of Sacred Scripture;

— communicate its own concerns to the different national associations;

— by way of international meetings, propose the topics vital to the profession for reflection;

— develop ties of solidarity among the different associations of Catholic pharmacists;

— represent pharmaceutics among the international organizations working in health, whether Catholic or specifically professional;

— prompt the creation of national associations and help them to develop wherever there are Catholic pharmacists.

These are, and will always be, the key points in FIPC's action.

The coming years will be particularly important for the development of our work along two geographical axes: North-South and East-West.

The admission of Cameroon as a full member gives FIPC an anchorage in Africa which will certainly enable nearby countries, where we have corresponding members, to develop considerably We are thinking primarily of Zaire, Benin, Senegal, Nigeria, Ghana, and the Ivory Coast.

The Yaoundé Colloquium in February 1994 and later the First World Day for Bioethics in Yaoundé in 1995 were major African *premières*.

Their resolutions—concerning essential pharmaceuticals, medicine and traditional medicines, pharmaceutical quality, the availability of pharmaceuticals, the creation of a Pharmacy Institute at the university, necessary protection regarding derivatives in clinical research or in the commercialization of the human body, by means of profound bioethical reflection, and a feasibility study for the development of laboratories to manufacture basic medicines—will mark pharmaceutical evolution in Cameroon and neighboring countries.

Our Belgian and French associations are very active in these fields

As regards the East-West axis, it results from the modifications which have taken place in the countries under the hegemony of the former Soviet Union.

Our contacts with the Polish association are now fully developed, and associations are being created in the Czech Republic, Slovakia, and Hungary

To this end the 1995 International Conference was programmed for Vienna and Bratislava, with observers from other eastern countries, and this fact holds promise of new opportunities.

The organization of the profession, reflection on studies, management, and access to medicines and technology will be forthcoming points for our encounters with colleagues in these countries

Our Austrian and German associations are the most highly motivated ones in these fields of action.

Our Spanish branch will help use to renew relations with our correspondents in Central and South America, while our Italian association will have the weighty task of preparing a Congress for the year 2000 and our passage into the third millennium during the Holy Year in Rome.

In addition, the modifications affecting the profession will require closer and closer examination by certain sectors of pharmacy.

The medicines emerging from genetics, from monoclonal biology, and from fermentation will modify traditional distribution

The evolution of populations, pharmaeconomy, and the decisions it spurs will be at the heart of our reflections.

Bioethics, which has prompted the creation of a Bioethics Commission in the Belgian association and in France, has made necessary the establisment of a FIPC Bioethics Commission.

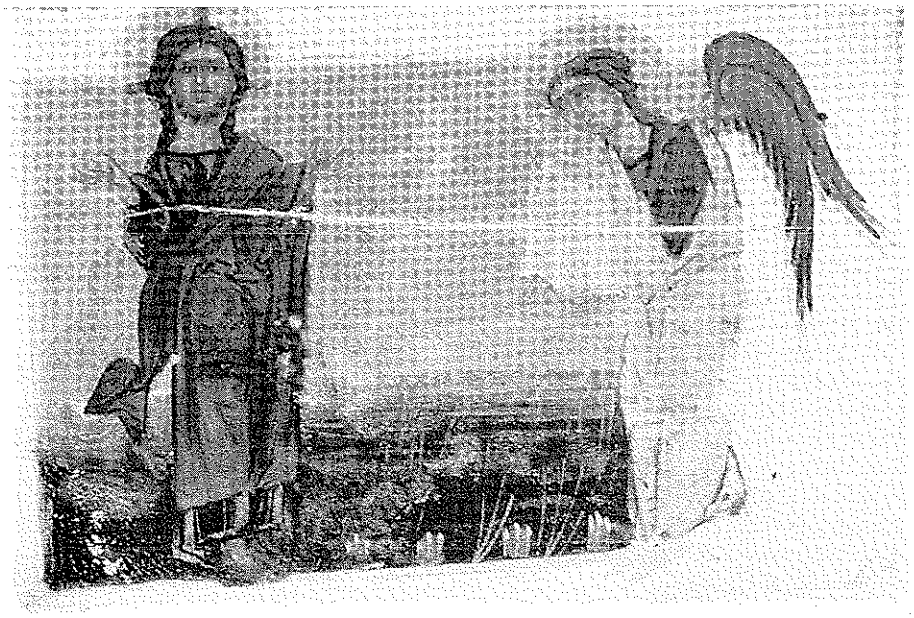
It will mobilize all reflection on AIDS, on the integrity and dignity of the human person, with a right to care and to clinical protection in research, on abortion, on euthanasia, on assisted procreation, on the genome, on the statute of the embryo, on the presence of pharmacists on ethics committees, on the right to conscientious objection, on medicines, and so on

International recognition of our Statute will give us access to world bodies dealing with health or different aspects of our profession.

Our inclusion in other health organisms will be reinforced, and coordination with the associations of Catholic doctors and nurses is under study

FIPC has many projects for the future, proportional to the expectations of thousands of pharmacists and millions of patients around the world who are awaiting service, human consideration, and the hope of charity and solidarity for their health.

ALAIN LEJEUNE
Pharmacist working in the industrial sector, FIPC Executive Committee



Life Serving Life

The Portuguese National Congress on the Healthcare Ministry November 28-December 1, 1995

With 1500 people attending, including twelve bishops (two from Angola) and one hundred priests, the diocesan secretaries for the health apostolate of nearly all the dioceses in the country, representatives of the government, and other authorities, in the amphitheater of the Sanctuary of Fatima, under the presidency of Cardinal Fiorenzo Angelini—accompanied by Rev. José L. Redrado, Secretary of the Pontifical Council—the First Portuguese National Congress on the Healthcare Ministry solemnly opened on November 28

"Life Serving Life" was the theme for the Congress, whose purpose was to celebrate the first ten years of the National Healthcare Ministry in Portugal, foster the continued expansion of this work so as to reach all people in a concrete way, in terms of both prevention and care, and eliminate marginalization in the Church and in society, where all are persons and have their specific task and place

The four days of work witnessed a succession of speakers (a good 49 talks) who, as specialists in their fields, managed to infuse into their audience a desire causing many to state, "It's really time to roll up our sleeves and get to work"

The first day, dominated by the theme of "the Church's responsibility in the field of health," gave participants a global vision of the Church's health-related action in Europe and Portugal. The solemn concelebration sought to stress the presence of health workers—during the Offertory, a group of them, dressed in the garb of the operating room, took the tools of their work to the altar, as an offering on behalf of their absent colleagues as well, carrying behind a large cross borne by two physicians

The focus of attention on the second day was the patient, seen as a person more in need of love than medicines; in the afternoon session it was clear that the Congress had grasped that the Anointing of the Sick is not a sacrament for the dying, but for life.

The ecumenical liturgical celebration was the highlight of the third day. The testimonies of several hospital chaplains and the presence of representatives of other churches conveyed an even greater sense of responsibility for the task of transmitting Christ and serving Christ in the persons of our suffering brothers and sisters.

The concluding day was centered on parish activity to aid the needy. The experience of pastors and lay people in this area"an aspect of healthcare which is not at all easy"opened up horizons and programs for work.

FINAL DOCUMENT

Considerations

1. Today health is very important in the lives of citizens. Global well-being is a major concern for all. Everyone would like to have an additional year of life, and more life every year, with the guarantee of indispensable health for all and a quality of life.

2 The Church cannot remain aloof from this concern, which is generalized She is thus obliged to intervene in health policy. She does so on a worldwide level and must also do so nationally and locally. The Church intervenes in health policy through the healthcare ministry:

— by *denouncing* situations of injustice and discrimination;

— by *proposing* concrete responses to the major deficiencies in the population, especially in the areas of health education, treatment, and social reintegration;

— by *carrying out* organized work at health facilities which in practice consists of a constant appeal for equal opportunity, for access by all citizens to health services, and of treatment and accompaniment, particularly in the care of the disadvantaged.

3 In the health field the Church's influence is exerted through specific channels:

— *witness by Christians* who, in accepting all, serve with professional competence and work with institutions, renewing them and creating conditions of greater quality and efficiency;

— *explicit announcement of values,* with the primacy of justice and charity, which create ethical sensitivity and the guarantee of health services for the human person, who has a right to them;

— *organized action* which fosters greater humanity and evangelization by means of hospital chaplaincies and health apostolate groups in Christian communities;

— *filling in gaps* in social services, especially in the most critical situations, as with support for the sick at risk, the seropositive, AIDS victims, and drug addicts, the accompaniment of seriously and terminally ill patients, and in catastrophes and large-scale suffering.

4 The National Commission for the Healthcare Ministry, faced with this responsibility of the Church, recognizes a need for reorganization, through national and diocesan programs, to respond more successfully to the demands of the new evangelization and the preferential option for the poorest and those suffering most.

Proposals

First Section:
A General Pastoral Approach to the Health Field

1. *To contribute* in the whole Church and in Christian communities to a new mentality where health is the global realization of the person, including

those with physical difficulties, and suffering is not a punishment or even a trial, but a human limit to be overcome—a new mentality which will devote attention to the human problems experienced, especially by the most disadvantaged in the community Particularly prominent in this regard is the Advanced Course on the Theology and Ethics of Health Care recently created at the Catholic University of Portugal

2. *To create* the mechanisms needed so that *humanity in medicine and quality health care* will be the major concern of health professionals, priests, and deacons in all areas of pastoral activity. The pastoral training of young priests is urgent, with university courses in theology and pastoral care, health training, and meetings for added background.

3. *To make better use* of the **World Day of the Sick** to sensitize the whole Church and society to the value of life, even in suffering, and affirm the witness of the sick in the human community

4 *To create* work groups divided according to specific areas which from this point on will begin to exchange ideas on the basis of experience for deep renewal of what the healthcare ministry has done until the present. The groups should be devoted to the areas of *Chaplaincies, Professionals, Volunteers, and Parishes*

These groups should also be formed in *dioceses* to discover existing sensitivity and at the same time benefit from all forms of synergy resulting from local experiences. In 1996 each group will hold local and regional meetings to discuss ideas and seek solutions.

5 *To prepare* educational tools for the tasks foreseen in this apostolate: messages, books, posters, videos, and so on for all the country's dioceses

6. *To project* a General Assembly for the Healthcare Ministry to bring together all the contributions by local and regional meetings; it is scheduled for February 1997, coinciding with the World Day of the Sick, which the Holy Father has decided to celebrate internationally in Fatima, Portugal.

Second Section:
Pastoral Care
at the Hospital

1. *To prepare* a national plan for hospital chaplains so that religious service will not be one person (the chaplain), but be integrated into all hospital services, with a team, a pastoral council, some immediate coworkers, and an institutional relationship with other religious creeds

2 *To ensure* a stimulus for liturgical and community activity by means of necessary equipment and funds and, above all, to give people enough time and room for action within the healthcare context to promote greater humanity and evangelization

3 *To work with* the Ethics Commission and the Commission for Humane Care, which have been established at hospitals, by way of Christian professionals and the Chaplain, too, if requested, and cooperate with the cultural activities organized by different services

4. *To disseminate the Charter for Health Care Workers* at all hospitals, as an authentic manual for ethical-àmoral reflection by professionals in this difficult field of human work

5. *To propose* to the Health Ministry a revision of the Chaplaincy Statute (DR 58/80 and DR 22/90), which, after fifteen years, is no longer up—to—date in terms of pastoral needs.

6. *To promote* volunteer work at hospitals by attracting people, ensuring their basic orientation, working with the group coordinator, evaluating the efforts made, and providing continuing education

Third Section:
Pastoral Care in the Parish

1 *To recognize* that health education is one of the leading tasks for a parish—preparing people for a healthy lifestyle, orienting their emotional and sexual lives, shaping them in social values (a healthy body and a healthy inner life)—by way of catechesis, youth groups, and homilies, when suitable.

2 *To support* the sick at home explicitly, whether they are chronically ill, disabled, recovering from operations, convalescent, seriously disturbed psychically, or terminally ill. Such support includes indispensable social action, devoting time to personal accompaniment, and, of course, spiritual and supernatural assistance.

3. *To work with* programs for solidarity in civil society which require self-giving: blood donation, support for drug addicts and AIDS victims, and so on.

4. *To create* a special catechetical and sacramental group for the Christian sick in the parish who wish to grow in faith and celebrate the sacraments joyfully.

5. *To ensure* the foregoing by means of a parish team for the healthcare ministry, a group of committed Christians for parochial plans and programs in this area of special difficulty.

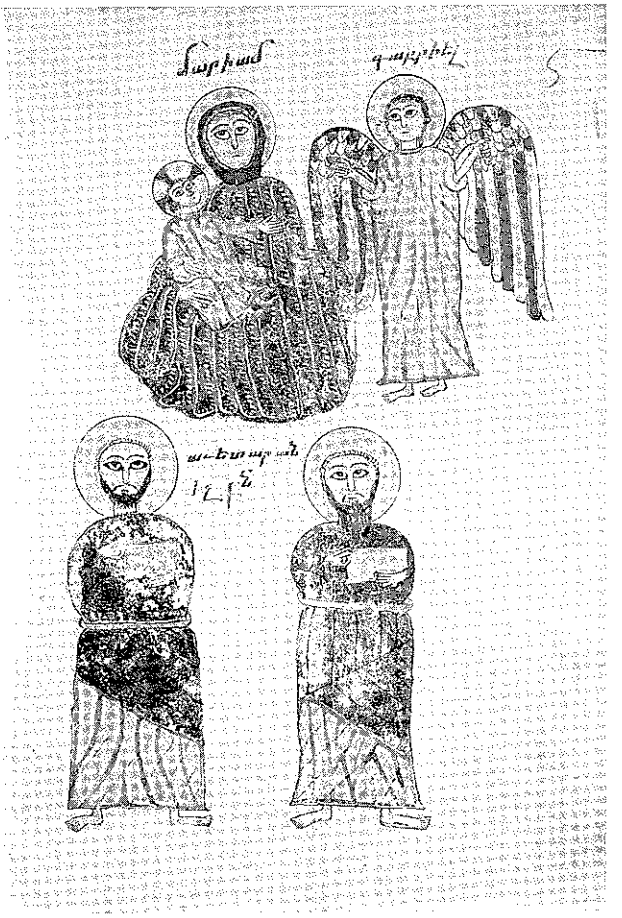
6 *To structure* the training of visitors of the sick and parish volunteers, to capacitate them to accompany the ill in their communities

Fourth Section:
Lay Movements in Health Care

1. *To help* the Associations of Catholic physicians and nurses (AMCP and ACEPS) in all initiatives, trying to support them particularly in starting up movements for the youngest doctors and nurses.

2 *To support* FIAMC and CICIAMS (international organisms), especially since the Holy See has entrusted major responsibilities to them in choosing Professor Oswald and Rev. Feytor Pinto as the President and Ecclesiastical Assistant, respectively, of the International Federation of Catholic Physicians.

Activity of the Pontifical Council



Commemoration of Professor Jérôme Lejeune

Talks

Chronicle

In Commemoration of Professor Jérôme Lejeune on the First Anniversary of His Death

Jérôme Lejeune and the "Gospel of Life"

I had already finished drafting this tribute to or commemoration of Professor Lejeune when, on the eve of its publication, I read the text of the very recent Encyclical by John Paul II[1] *Evangelium Vitae,* on the value and inviolability of human life.

As I continued to read the papal document, I saw Professor Lejeune's profile as a man, believer, and scientist being sketched out, almost in filigree. The profound, solid, and fruitful reflections of the Holy Father on life, "grasped in the fullness of its natural and supernatural dimensions,"[2] are echoed in my very clear memory of Professor Lejeune. It is impossible not to imagine his joy over a text of the Magisterium—though it must be read by him in heaven—which he anxiously awaited on earth, following the period in which it was prepared and brought to maturity. The Encyclical on life was, indeed, requested by the unanimous vote of the Extraordinary Consistory held in Rome, April 4-7, 1991,[3] and Professor Lejeune awaited it as a necessary service to life.

In recalling Professor Lejeune, I shall thus seek to bring together—as if joining the segments of an imaginary sketch—the legacy as a teacher and believer left by our unforgettable friend on the subject of the advancement and defense of life and the teaching of the Pope on this topic central to science and faith.

In thanking Professor Jérôme Lejeune at the conclusion of his masterful statement at the Eighth International Conference organized by the Pontifical Council for Pastoral Assistance to Health Care Workers at the Vatican, in Paul VI Hall, on November 18, 1993, entitled "The Child Is the Future of Society," it spontaneously occurred to me to hail him as a *singer of life.* I did not think that just a few months later he would be leaving us. With the simplicity native to him, Professor Lejeune received this description as a "singer of life" with deeply-moved gratitude. And in the interminable applause which closed that public address was the awareness of thousands attending that they had heard a real master and an exemplary servant of life.

The day after his death, in recalling him for *L'Osservatore Romano,* I entitled the text "A Pro-Life Life." Indeed, I think nothing could summarize the life and work of our great friend better than this heading.

Others will illustrate his merits as a scientist, geneticist, and careful, impassioned researcher. Personally, I would like to reflect a bit on what I would term *rational passion, rational enthusiasm, and faith resting on reason*

in regard to all that in Professor Lejeune's culture and sensibility and in the practice of his profession concerned the advancement and defense of life throughout human existence

We read in *Evangelium Vitae* that "the defense and advancement of life are not the monopoly of anyone, but the task and responsibility of all,"[4] for, the papal document continue, if "there is surely a sacred and religious value in life, it is not at all a challenge for believers alone: indeed, it is a value which every human being can grasp, even in the light of reason, and which thus regards all, necessarily."[5]

I would say that this was, so to speak, Professor Lejeune's "obsession." Recalling a passage from the Gospel of Luke ("Woe to you, doctors of the law, who have kept the key to knowledge for yourselves You have not entered and have kept those wanting to enter from doing so" [11:52]), Professor Lejeune wrote in an essay published posthumously: "The doctors of the law are the new doctors of *the new laws on life*. They, too, hold a part of the keys to knowledge in their hands, but they, too, refuse to enter fully: they use only a part of their knowledge and thus falsify the truth "[6]

The true, most mature cultural backdrop of Professor Lejeune in the area of respect for human life was constituted precisely by awareness of the value at once universal and rational of all that concerns the defense of life In this spirit, while very young, he had read and then signed the *Hippocratic Oath* in its totality And often in private conversations he showed he was acutely aware of the dramatic struggle under way in today's social context between the *culture of life* and the *culture of death* and would repeat that before appealing to the lofty and incomparable support of faith, we believers, too, have the priority duty of bringing to maturity in ourselves and in the environment where we work a sharp critical sense capable of distinguishing the authentic values summarized in the term and concept of life

Among other things he wrote, "Four hundred years before Christ Hippocrates swore, 'I will not prescribe poisons or provide the means for abortion.' This commitment is very significant for us doctors, for at a time when a father could suppress a child at birth and even after, the foundation for medicine was proposed, with the imperative for new doctors not to administer poisons and not to practice abortions."[7] *Evangelium Vitae* echoes him, condemning abortion, euthanasia, and genetic manipulation; it vindicates for Hippocrates the nobility and greatness of having formulated this condemnation even before the Christian message.[8]

And I remember Professor Lejeune's deep emotion when, some years ago, I showed him the reproduction of the Hippocratic Oath which an enlightened medieval copyist (in the thirteenth century) had transcribed graphically in the form of a cross.

Accentuating the inner aspect, but without excluding all the expressions of the testimony, Professor Lejeune spoke of the urgent need to mobilize consciences, convinced that mental laziness, rampant conformity, and unjustified fear become a seedbed for subtle and growing acts of aggression against life as much as, if not more than, the fragile arguments of the exponents of the "culture of death."

Today medicine is perhaps the most significant frontier revealing the exercise of the rationality of the use of man's forces, caught between fighting against man's real enemies and fighting against man himself

Medicine as a service to life is attacked today beyond measure by bureaucracy. On the other hand, we can only hail confidently a return to the Hippocratic origins, with their insistence that love for man always be the soul of competence in implementing service to life. Love, already so great in the conception of the physician of Kos, was raised to a divine value by Christ, the physician of souls and bodies, who, in the figure of the Good Samaritan is presented as a code for behavior, revealing itself to be love for one's enemy as well.

In our time there is increasing awareness of the need for a medicine which regards life not as a simple mechanical functioning, but as the harmony of *soma, psyche, and spiritus*, man's coessential dimensions Life in its totality. Illness is not just the dysfunction of an organ, but a break in the balance of all of man with himself, with the world, and with his relations as a whole.

To advance and defend life means to place oneself in this higher dimension which is at once the goal of scientific achievements and the measure of the real progress of civilization

This *sense of life*, which was characteristic of Professor Lejeune, was expressed according to three aspects which are found in his writings and were also manifest in the consistency of his conduct. He was a strenuous defender of life because he *loved life*, because he *recognized a very lofty destiny therein*, and because he worked *so that this destiny would be implemented in every human being*

He Loved Life

True science, like true art, must be rooted in a deep love for its object. On different occasions, in similar words and phrases, he repeated what we read today in *Evangelium Vitae*: *life is always a good*, and "every human being's love for life develops in joyful awareness of being able to make one's existence the place of God's manifestation, of encounter and communion with Him."[9]

In Professor Lejeune love for life was nourished by knowledge of the laws of life and at the same time was a constant stimulus to deepen this knowledge more and more. A return to balancer between reason and feeling is, on the one hand, the most reasonable attitude and, on the other, the one most truly respectful of feeling. Professor Lejeune always demonstrated, in his life and work, this constant balance between reason and the heart, between knowing and loving, between scientific research and service. His personal life became a mirror of this harmonious basic formulation which could be grasped in his work, within his family, and in that lesson in intellectual humility which, united to uncommon courage supported by his intre-

pid faith, constitutes one of the most precious aspects of his cultural legacy.

The serenity and strength of his *reason* joined to the passion of his *heart* made Professor Lejeune a master in love for life and perhaps the scientist who has been life's most strenuous and fearless evangelizer and defender. These are lessons which can be imparted only if their content is personally and daily experienced in oneself.

When the ethical aspect of medical and scientific questions arose, it was his reason that arrived at the imperatives of the Christian faith and not these imperatives which created disturbance or a crisis for his rational argumentation. And it was love for life—which also became a criterion for conveying a solid, stable scale of human, scientific, ethical, and even religious values—which effected this synthesis and mediated the encounter between reason and faith. Professor Lejeune loved to repeat that the Christian notion of life represents the best framework for the rational notion of life. The former expands into the latter and does not conflict with it—and even less is it antagonistic towards it.

From a methodological standpoint, he was more inclined towards *intelligo ut credam* than *credo ut intelligam*, referring to God, however, the Author of life, both the gift of intelligence and the gift of faith.

Love for life was also a criterion for behavior in Professor Lejeune. He never sought personal success, was unfamiliar with the temptation towards careerism, and abhorred all instrumentalization of his lofty position as a scientist and his profession as a practicing physician. He never sought either easy earnings or, I would add, even necessary earnings. He lived in simplicity, and the disproportion between the value of his person and his virtually nonexistent economic resources was plain to see. I have seen his home, sat at his table on several occasions, and always admired a great poor man in the wealth of his dignity.

He served life in others and never made use of other's lives, and for this reason, too, he has left behind numberless friends and disciples, admirers and witnesses in that hope that many might be his followers and imitators.

In the name of service to life, even in its lowliest manifestation, you ask Professor Lejeune for anything, including sacrifice, for his complete openness was the fruit of an unfading love for life. And it was precisely this pure, strong, unselfish love which made his witness as a researcher, scientist, and servant of life intensely credible.

In his message to the Archbishop of Paris on the occasion of the death of Professor Lejeune, John Paul II recalls that the great scientist did not refuse to be "a sign of contradiction" in the advancement and defense

of life, accepting the consequences of this courageous position.[10] And, in fact, because of the firmness with which he defended the rights of the persons of those conceived, in 1982 he had to renounce large sums destined for his genetic research. We also know that because of his heroic—and Christian—consistency he was in fact denied access to the Nobel Prize; all over the world many people recognized his right to it for his decisive discoveries,[11] including the most celebrated one, made in 1958, when he was just thirty-three years old, which would orient his whole life—namely, the identification of the first human chromosomal anomaly, consisting of the presence in those suffering from Down's Syndrome, of a chromosome responsible for their illness and from that time on designated "Trisomy 21," a discovery which opened the way for a new science, human cytogenetics.[12]

And I inevitably imagine his convinced, mature assent to the words of *Evangelium Vitae* inviting us, in announcing the Gospel of life, "not to fear hostility and impopularity, rejecting all compromise and ambiguity, which would conform us to the mentality of this world,"[13] and to find "lucidity and courage..., clarity and decision...to identify the steps we are called to take to serve life according to the fullness of its truth."[14]

He Recognized a Very Lofty Destiny in Life

With a bit of self-irony, Professor Lejeune sometimes seemed to feel like a man superseded by the times; he regarded himself as the Manzonian earthenware pot among many iron ones; he acknowledged the apparent anachronism of his firm positions in defense of life. However, he suffered because even within the community of believers a good many health workers neglected proper and necessary ethical training in order to face serenely and constructively the growing problems posed by bioethics and consistent firmness in unconditional, constant adherence to the Magisterium of the Church.

The result of this sentiment for him could be only the one indicated by the Pope when he invites us "to begin by renewing the culture of life within Christian communities themselves":[15] an invitation formulated not generically, but "for all the theologians, for pastors, and for all others carrying out the tasks of teaching, catechesis, and the formation of consciences."[16] The major concern, indeed, for Professor Lejeune was, first of all, rather than the ignorance and apathy of the faithful, the superficiality, lack of preparation, and inconsistency of those in the Church with the task and mission of *teaching*.

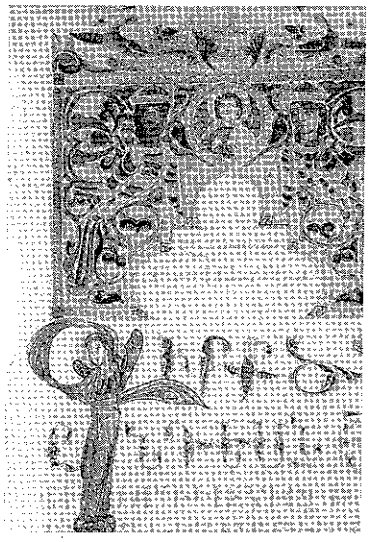
For centuries, he would say, science, from the most varied cultural standpoints, has discerned an end in human life, a end according to which every

problem has a hierarchical place and a solution in respect for the end itself of life. Today extraordinary technological development has rendered the means overwhelming in comparison to the end, which is deliberately neglected, overlooked, and denied, almost as if acknowledging it in every human being might become an obstacle to the exercise of the limitless possibilities of science.

A member of the Pontifical Academy of Sciences and of its Executive Council, he had the joy, before dying, of seeing the establishment of the Pontifical Academy for Life, desired, studied, and prepared by him.

It was in the months of this preparation that my admiration and friendship, already great, became further consolidated: I got to know him more intimately, more deeply, and he seemed to me almost detached from, but not disenchanted by, human events: his love for the Church and particularly for Pope John Paul II stood out; he offered the mortification always received at the hands of many health workers and scientists, but especially some pastors and directors of souls, in being regarded as not only bound to, but even obsessed with the doctrine of the Magisterium of the Church, an irreducible "conservative," whereas he was and humbly knew he was a great and original innovator of science and in science. He thus felt great joy and comfort when I proposed him for appointment as a Member of the Pontifical Council which I am honored to head and when I obtained his recognition as an Honorary Member of the Catholic Medical Association of Italy. He well knew—for he was convinced both rationally and in the light of faith—that in terms of advancing and defending perennial values it is ambiguous, dangerous, and even contradictory to speak of conservatism and progress, for truth, in the mind and heart of man, is *conserved* as it *progresses* by way of knowledge and greater depth.

The threefold aim of the Pontifical Academy for Life, to "*study and provide information and training* on the main biomedical and legal problems related to advancing and defending life, especially in their direct relation to Christian morality and the directives of the Magisterium of the Church,"[17] indeed summarizes what the Pope has described, in Lejeune, as a genuine apostolate of life.[18] And if his Presidency of this new Pontifical organism lasted only very briefly, it united—indeed, anchored—him to the new institution as the cornerstone of an effort open to contributions by all, both believers and nonbelievers, identifying with the primary duty to advance and defend life. This involves the ecumenism of works already wished for by the Second Vatican Council,[19] but which today has become particularly



timely because the clash between life culture and death culture has turned into a clash between civilization and anti-civilization.[20]

And those who knew and frequented Professor Lejeune are well aware that his firmness in defending principles was accompanied by attentive and open concern for all the new and even more complex problems posed by scientific progress. His extraordinary intellectual humility gave him the maximum capability for listening. He practiced dialogue and debate, but never confrontation, intent as he was on never personalizing the problems dealt with even if they directly implicated his work and scientific experiences. The words of *Evangelium Vitae* on the duty of this full intellectual openness are a faithful mirror of his way of understanding research and science.[21]

The esteem which Professor Lejeune enjoyed as a man, as well as a scientist, is witnessed to by the many forms of recognition he received in different countries around the world, the numerous honorary degrees conferred upon him, some missions received from the World Health Organization and the United Nations Scientific Committee, and having been a member and contributor to some of the most prestigious national and international organisms in the medical sciences.[22]

Every Human Being Is the Repository of a Transcendent Destiny

Rational awareness and firm faith in the transcendent destiny of every human being gave shape to the service to life rendered by Professor Lejeune in his fruitful lifetime.

This solidary attitude towards every human life, from conception until natural death, explains Professor Lejeune's courage in bearing witness to his rationally-motivated scientific convictions and his adherence to the Christian faith. His battle against the supporters of so-called "pre-embryo" theory, as well as his initiatives to gain legal recognition for the "personal" rights of those conceived offer, above all, an example of how Christians ought to perceive their involvement in secular reality.

The ongoing clash, particularly in the sphere of the most advanced societies, between the duty to defend and advance life and the supposed right of science to become the arbiter of life and its quality, especially as regards certain human beings makes it more and more urgent for those identifying with the Church's positions to be courageous witnesses to what they say they profess—that is, a sense of life which does not include any form of discrimination. In reality, Professor Lejeune in his activity subscribed to the words of *Evangelium Vitae* "Nothing and no one can authorize the killing of an innocent human being, whether a fetus or embryo, child or adult, elderly, incurably ill, or

in agony ... It makes no difference whether it is the master of the world or the most wretched person on the face of the earth—in the face of moral demands, we are all equal "[23]

In this area problems are taking on planet-wide dimensions today and thus require choices of position which will be confirmed to be decisive for the future of humanity The *global village* is no longer a utopian hypothesis, but is becoming a reality Some choices, however, cannot be put off any further Indeed, if we consider the permissive laws in force in many countries regarding abortion, birth control, euthanasia, and genetic manipulation and at the same time observe delays in norms aimed at supporting the weakest and most defenseless, it must be recognized that the forces of reason and goodness are noticeably lagging behind with respect to the goals to be reached

The mobilization of consciences needs clear reference points which will be all the more effective the more they are embodied in the example of people of great merit in this field

Professor Lejeune may be regarded as a pioneer for both the courage of his witness and the tireless effort lavished upon this, his true apostolate: he in fact left over 500 scientific essays, studied tens of thousands of cases, and rushed all over the world when asked to defend life At the same time, moreover, he was not only consistent in his scientific and ethical positions, but exemplary in his life as a father and spouse, translating the truths he professed into personal conduct

My wish is that his personality will become familiar within the sphere—especially the Catholic one—of health-related science And, personally, I can only hope that, along with Nicolò Stenone, Giuseppe Moscati, and Riccardo Pampuri, Professor Jérome Lejeune will also be recognized as an example f heroic human and Christian virtue in his mission as a servant of life and be pointed to one day by the Church not only for our admiration, but also for imitation by the People of God, above all

I have often wondered how great my debt of cultural as well as spiritual gratitude is to my unforgettable friend Doubtless, during the years of my pastoral ministry in the world of health policy and care I have received much from the heroic example, full generosity, and unselfish openness of numberless lay collaborators On different occasions I have been brought into direct contact with singular and gratifying affinities between the priestly ministry and the service to life provided by health workers at all levels of professional service Well then, while I hope my priesthood has been a support for those working to serve life and in the field of human suffering, I joyfully acknowledge that I have received much from them in terms of example, encouragement, and support

As priests and lay people we are united by the ministry of life, service to life, the synthesis of all the gifts descending from the infinite goodness of God the Creator and Providence May the ministry of life not unite us, however, only in an ideal way, or by a shared acceptance of abstract principles; let it rather be the language of our activity, the meaning of our action It was for Professor Lejeune, who, though not afforded a long life, left an enormous patrimony by his example

Today's commemoration does not seek to be a formal ceremony The Paschal feast coinciding with Professor Lejeune's leaving this earth for heaven, must remain as a call for us to feel our vocation and mission as a witness of courage Professor Lejeune, as if in a testament which is at once cultural and religious, invites us "not to be afraid," for advancing and defending life is the highest and noblest way to remove all fear, which, in its essence, is always a threat to life The overcoming of fear introduces us into the courage of evangelization Consequently, as if against a background of light, reading the Encyclical Evangelium Vitae causes us to hear the "song to life" in a choir, for it is supported and reinforced by the voice of the Magisterium of the Church; Professor Lejeune, particularly in certain special circumstances, did not refuse to be a solitary executor of it—indeed, its apostle

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

[1] JOHN PAUL II, Encyclical Letter *Evangelium Vitae* to Bishops, Priests, and Deacons, Men and Women Religious, the Lay Faithful, and All People of Good Will, on the Value and Inviolability of Human Life (Vatican City, March 25, 1995)

[2] JOHN PAUL II, At the *Angelus* on Sunday, March 26, 1995 In the *L'Osservatore Romano,* March 27-28, 1995, p 1

[3] "The *Extraordinary Consistory* of the Cardinals, held in Rome, April 4-7, 1991, was devoted to the problem of threats against human life in our time After broad, in-depth discussion of the problem and of the challenges posed for the whole human family and the Christian community in particular, the Cardinals, by a unanimous vote, asked me to reaffirm with the authority of the Successor of Peter the value of human life and its inviolability, with reference to current circumstances and the attempts threatening it today" (JOHN PAUL II, Encyclical *Evangelium Vitae* no 5)

[4] " The defense and promotion of life are not the monopoly of anyone, but the task and responsibility of all The challenge facing us, on the threshold of the third millennium, is arduous: only close cooperation among those believing in the value of life can avert a defeat for civilization with unforeseeable consequences "

[5] *Ibid*

[6] "Les docteurs de la loi ce sont le nouveaux docteurs des nouvelles lois de la vie Eux aussi détiennent une partie des clefs de la science, mais eux aussi refusent d'y entrer complètement: ils n'utilisent qu'une partie de leurs connaissances et masquent ainsi la verité" (J LEJEUNE, "Les apprentis sorciers," in *Permanences,* May 1994, no 311)

[7] J LEJEUNE, *¿Qué es el embrión humano?* (Madrid: Rialp, 1993), p 65

[8] "In today's cultural and social context, where medical art and science risk losing their native ethical dimension, [healthcare workers] may sometimes be strongly tempted to become the artificers of a manipulation of life or even workers of death In the face of such a temptation their

responsibility has enormously increased today, and its deepest inspiration and strongest support are found precisely in the intrinsic, indispensable ethical dimension of the healthcare profession, as *the ancient and always up-to-date Hippocratic Oath* previously recognized, according to which every doctor is asked to make a commitment to complete respect for human life and its sacredness" (Encyclical *Evangelium Vitae* no. 89)

[9] *Ibid.* nos. 34 e 38.

[10] Cf. *L'Osservatore Romano*, April 4, 1994.

[11] Cf. G. Morizon H., "Monsieur Lejeune," in *Educación Médica U.C.* Facultad de Medicina, Pontificia Universidad Católica de Chile, no. 12 (1994), 89-90.

[12] "Ses remarquables découvertes *scientifiques*. En premier lieu la plus célèbre, faite in 1958 à l'age de 33 ans et qui devait orienter toute son activité future, à savoir la mise en évidence de la première anomalie chromosomique humaine, consistant en la présence, chez le mongoliens, d'un chromosome 21 surnuméraire, responsable de leur maladie (appelée depuis trisomie 21, découverte qui a ouvert la voie à une science nouvelle, la *cytogénétigue humaine*, au developpement de laquelle il devait contribuer à la suite par toutes une série de découvertes impressionantes..." B. Pulman, "Jérome Lejeune (1925-1994). Hommage," in *Cahiers de la Faculté de Philosophie Comparée*, no. 51, December 8, 1994, 5.

[13] Encyclical *Evangelium Vitae* no. 82.

[14] *Ibid.*, 95.

[15] *Ibid.* no. 95.

[16] *Ibid.*, no. 82.

[17] John Paul II, Motu Proprio *Vitae Mysterium* (February 11, 1994), 4.

[18] Cf. *L'Osservatore Romano*, April 4, 1994.

[19] Second Vatican Council, Decree *Unitatis Redintegratio*, 12. Cf. Constitution *Gaudium et Spes*. 90.

[20] "Service to the *Gospel of life* is, then, vast and complex. It increasingly strikes us as the valuable and favorable domain for effective collaboration with our brothers and sisters in other Churches and ecclesial Communities in the direction of that *ecumenism of works* which the Second Vatican Council authoritatively encouraged (*Unitatis Redintegratio*, 12; *Gaudium et Spes*, 90). It also presents itself as a providential area for dialogue and cooperation with the followers of other religions and with all men of good will" (*Evangelium Vitae*, no. 91).

[21] "...We must promote serious, in-depth exchanges with all, including nonbelievers, on the basic problems of human life, in the places where thought is worked out, as in different professional spheres and wherever man's daily existence is carried on" (*ibid.*, no. 95).

[22] Cf. M. Santos A., "Jérome Lejeune. Perfil científico," in *Educación Médica U.C.*, cited above, 94-96.

[23] *Ibid.*, no. 57.

I Bow to His Memory

I met Jérôme Lejeune when we were in military service. We were twenty-five. He confided to me that he was working on a congenital disease of infancy, *mongolism*, and he thought that in three years he could discover its *mechanism*, though there was not the slightest clue at that time. It took much longer than three years, but it was precisely he, in the end, who discovered this mechanism. At the same time he opened up an entirely new chapter in pathology, involving illnesses due to chromosomal aberrations.

There are few examples of this kind of scientific success announced beforehand and later achieved, thanks to obstinate effort, a systematic deciphering of reality, research conducted in an unknown terrain, and eventual arrival at a result. One day when we were talking he revealed to me certain possible and very rare routes of cancer; the Creator has ordained definite rules which He does not break—that is, he wants the material world to be decipherable. Jérôme Lejeune was a great scientist. He was abundantly deserving of the Nobel Prize, which would have honored French medicine, of which he was an eminent representative. The Prize was not awarded to him for reasons to which I shall return.

But Jérôme Lejeune was not just a great scientist. He was much more. The story of science is peopled with great discoverers who were, however, unprincipled men without courage, or just ordinary men as regards their conduct in life.

We have also known researchers with something in common with Jérôme Lejeune. They had faith; they were convinced that the universe, things and beings, conscience and spirit, could not be the result of chance, but were the sign of a divine project. They sought in their lives to follow the Commandments. But the spirit is still weaker than the flesh! These men have acted in such fashion that their faith has not been an obstacle to their career and has not caused them offenses, torments, or even danger. No one could condemn them. But heroes, we must admit, are exceptional beings, to the point that their memory is conserved by generations.

Therefore, what has gathered us together here is the fact that Jérôme Lejeune was one of these exceptional beings. He had entirely embraced his condition as a believer, with all the consequences deriving from it, and had made the decision to conform his conduct to his faith at any cost. In other times, he would have let himself be burned rather than disavow his faith. In this second half of the twentieth century he exposed himself to the wrath, derision, and scorn of the militant materialists who insulted him, tormented him, and persecuted him with their sarcasm during his whole adult life. They tried to

ruin his career, to keep him from doing research by depriving him of the means necessary for his work, taking young scientists away from him by threatening to marginalize them if they had been his students. But Jérôme never submitted. He continued to expose himself by combatting for respect for life and respect for the living, the weakest, children conceived, but not yet born. He did so in the name of his faith and his principles, openly, brandishing his banner. He did not yield to specious arguments, threats, or intimidation, or to falsely conciliatory attitudes. He had chosen his path once and for all.

During all the years of struggle, with the same rigor he pursued all his other goals—research, on the one hand, on the molecular disorder responsible for the disorders determining trisomy 21 and the molecular means to reduce it; and, on the other, his loving examination of all the children suffering from intellectual or emotional disturbances connected with genetic anomalies.

As for research, he blazed a trail which will be pursued by the *Jérôme Lejeune Scientific Foundation,* which his wife, children, and friends are about to create.

As regards his activities as a physician, we know they were immensely comforting for the children he tenderly loved and for their parents, whom he taught that if the intelligence of their children was compromised, their souls were intact and innocent.

One day Jérôme Lejeune, in the midst of his work, came to say to me, "I have cancer at an advanced stage. I am in the hands of God; do what you can for me!" He passed away a few months later—serene and with the same certainties which had shaped his exemplary life.

You have honored me by requesting these words. It has been a privilege for me to know him and see the life and death of a man who has represented my ideal of sanctity. I bow to his memory and ask him to continue to inspire us.

Professor LUCIEN ISRAËL

Homily by the Most Rev. André Vingt-Trois, Auxiliary Bishop of Paris

Delivered at the Mass celebrated on the anniversary of the death of Professor Lejeune, April 3, 1995.

Readings: *1 K* 3:16-28; *Mt* 25:31-46.

Brothers and sisters, dear friends, the two readings we have just heard, as we have clearly perceived, are particularly clarified by the life and work of Professor Jérôme Lejeune. I would simply like to stress two or three aspects now of great current interest.

The reading from the Book of Kings reminds us of the judgment of Solomon which we are all familiar with, but which some may admire for reasons which are not central to the biblical narrative. What is admirable in Solomon's judgment is not the fact that he found a subterfuge to avoid making a pronouncement. On the contrary, he found the way of the heart, by which he allowed the real mother to reveal herself. What should be admired—and imitated—in King Solomon's behavior is not a kind of abstention, as if it were enough for him to entrust himself to the judgment of others to manifest his wisdom. On the contrary, it is the enormous risk he takes in delivering the sentence that the child should be split in half. This enormous risk is the risk of faith. It is the conviction that the Wisdom of God and his power in man's heart act and are sufficiently efficacious to place the two women before this horrible dilemma and prompt in the heart of the real mother of the child the reaction which will save his life.

The recent Encyclical by Pope John Paul II, *Evangelium Vitae,* recalls this conviction with the power you are familiar with: *human life belongs to no one, not even to those who believe they can dispose of it.* It must be respected in every human being, and particularly in the weakest. And who is weaker than this newborn child? King Solomon put this conviction into practice, not only in making the justest decision himself, but counting on a capacity for conversion, on the human dignity God can prompt with love, on the hope that, in the case of these two women—whatever their lives may have been like (we are told that they have behaved badly)—the real mother would not bear to see her child slain.

It is at the same time a lesson on trust in the power of the Wisdom of God and an example of respect and confidence in following this Divine Wisdom dwelling in the human conscience. We cannot hope to correct the capacity for moral judgment of our contemporaries if from the outset we have given up believing that they are capable of a moral judgment. We cannot hope to make the meaning of life and respect for life itself progress in them if from the outset we have given up believing that God's creation of human freedom has left in every man—whatever his story and itinerary may be—the

imprint of a love that nothing can ever erase, for this love is identified with the meaning of life.

Only those who give up discerning in the human being this imprint of divine creation can imagine that man and woman are capable of gladly making the decision to sacrifice human life. Without this conviction how many men and women would, after a considerable time, have yielded to what bursts like a torrent which no dike can contain: how many would give up in the face of so many invitations to deny life and fail to show respect for the human person? If many men and women continue, in spite of everything, to do their best to acknowledge, advance, sustain, cure, educate, and bring growth to this divine spark reflected in every human person, this can only be to the extent that, together with the resurrected Christ and by means of the power of his Spirit, with the effective comfort given us by the Church, we have the conviction that man is not lost. If we have decided in advance that man is lost, there is no more struggle. All that remains is to withdraw into a protected refuge.

The possibility of our time —and the appeal God makes to us today—is that, intermingling with a society where human life is often worth so little and is often so little respected, we, thanks to our faith, are bearers of a hope making us discover in the hearts of men potentialities which they themselves do not suspect they have. It is this hope which spurs so many people to offer care and love to so many weak, not very productive persons, without merit in the eyes of men. These are the persons Christ entrusts to us.

The Gospel of St. Matthew, which we have heard once again, must be placed anew in this perspective, inasmuch as it, too, opens up a truly contemporary view for us. This Chapter 25 of St. Matthew is entirely devoted to the return of Christ and is made up of three episodes we are all familiar with. The episode of the foolish and wise virgins awaiting the return of the Bridegroom, the parable of the talents, which presents to us God's judgment of those who have received talents—that is, those who have access to the wealth of Divine Revelation—and, finally, this fresco of the last judgment, which is addressed to the "nations"—that is, those who have not had access to Divine Revelation.

This judgment would not be possible if the Truth of God were destined only for believers; it is destined for all men. According to the beautiful title of the Encyclical *Veritatis Splendor*, the splendor of Truth is capable of touching the spirit and the heart of every man of good will, whether or not he is a believer. We must, then, obstinately resist the incessant maneuvers, endlessly repeated, to marginalize the truth of the faith as an exclusively confessional reality. You saw this last week, when the Encyclical *Evangelium Vitae* was published. The way the Pope exercises his Magisterium can be praised, since he has no ambition of telling those who are not among his faithful what the truth about man is! Once this arbitrary separation is established between a truth for Catholics and a truth for others, it is sufficient to enlarge the moat in order to comprehend the most demanding statements as an ideal for the devout. But the Truth the Pope proposes to us is a truth for all men. The conviction animating it, which he expresses and explains, is that by rendering this service to humanity he is addressing the best part of every human being: his intelligence, his good sense, the sense of good and evil, his freedom.

Then, indeed, the Gospel can tell us there is a judgment, for the pagans as well. If you wish to convince yourselves, it will suffice to reread the beginning of the chapter in the Letter to the Romans where St. Paul sets forth the sin of the Jews and the sin of the pagans. "What can be known of God is manifest to them: God Himself has manifested it to them" (*Rm* 1:19). When one defends something as elementary and basic as human existence and dignity, one does not wish for just a few visitors in the sacristy as an audience. One speaks for all men, for every reasonable man of good will.

For this reason it is so important for the credibility of these words from the Church that men and women, following the example of Professor Lejeune, should manifest by their scientific responsibilities the seriousness of the convictions they bear witness to. It is not a question of considering Christian physicians and researchers to be rather like schizophrenics working in their laboratories according to scientific rationality and, on the other hand, living a life of faith, with no communication between the two universes. They are men and women who honestly practice their profession according to the rules proper to their disciplines. When they say something, it is not first in the name of their religion, as if there were one truth in the Church and, on the other hand, another truth of scientific rationality. There is one single truth which is the order created by God and precisely for this reason worthy of respect. It is respect for this order created by God which the Pope calls the way of the Church. It is not that we must follow all the ways which open before us, but we are never so faithful to the mission Christ entrusted to his Church as when we engage"in keeping with our tasks, responsibilities, and special roles"in authentic service to the human being.

We well know that faith is an exceptional force to respond to this mission; we well know that it is an incomparable light to

help us recognize what is often concealed in everyday reality It is not because we benefit from faith to accede to truth that truth is reserved for the language of faith. In my view, it is because the Holy Father busies himself to such a point in his encyclicals not only to speak the truth, but especially to open the way for access to the reality he is indicating and to give human intelligence the chance to identify with this truth which is proposed to it If he thus presents us with so many paths, modes of reasoning, and spiritual, intellectual, philosophical, theological, and exegetical itineraries, it is not to convince us of his encyclopedic knowledge It is to offer every man and woman in this world a door to truth And the one speaking does not know what the best door is. I, who am speaking to you now, do not know what the best door is for each of you Only you can know It is also necessary for me to present you with different doors through which you can enter and take a look, to find out if there is something worthwhile for you in this truth. Something which is not "for you" only by obedience to the teaching of the Church, but which is "for you" because it has reached the depth of your being, because it calls you, in the trenches which human history leaves in memory and conscience, the hidden source of love for life dwelling in every life, unless we abandon all effort and yield to the syndrome of death.

Brothers and sisters, when the Holy Father signed the Encyclical *Evangelium Vitae* last March 25, I thought that Professor Lejeune, certainly close to God, where he must be, was smiling with gratitude and grace Indeed, this Encyclical does nothing but incorporate a considerable doctrinal whole for the Church. It proposes an inestimable word of hope for our society. It does not just sum up all that has already been said in defense of life. It indicates sensitive points where this call of Christian doctrine most perceptibly touches the customs, mentalities, forms of behavior, compromises, weaknesses, and, finally, the sin of our time.

We give thanks to God for this reminder which the Pope offers of the value of every human life. We give thanks to God for the appeal He addresses to humanity to respect the right of the weak so that the violence of the powerful will not be imposed. We give thanks for the trail blazed by Professor Lejeune in basic research, in practicing medicine, and, even more, in his relations of respect and love with the children and families he accompanied. Finally, we give thanks for all those, men and women, who are touched by the appeal for life, and we ask God to give them the strength to be faithful to this appeal. So that it will not just be the effect of a momentary emotion, but prompt the commitment of their lives to come to the aid of every human being Amen!

A Decisive Witness for Our Century

(A letter sent to Cardinal Fiorenzo Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers).

Your Eminence:

Though separated by great distance, I wish to convey my spiritual closeness to Your Eminence and to all those gathering to remember Professor Jérôme Lejeune on the first anniversary of his death.

For the Pontifical Academy for Life this is duty of gratitude towards someone who consecrated the final energies of his earthly life to designing and creating it. Professor Lejeune well understood that it was urgent to join the impetus of scientific progress to love and veneration for life and entrust this effort as a service to the Magisterium of the Church to enlighten consciences and fortify wills. The problems deriving from scientific advances in biology and medicine and from the technical possibilities opening up as a result are situated among the leading moral dilemmas human society faces.

The singular obligation to carry on activity which will be worthy of the memory of this exceptional man weighs upon those of us responsible for continuing Professor Lejeune's initiative in the Academy.

The life of Professor Lejeune was a decisive witness for our century, for he was one of the men who understood that their freedom was rooted in their dependence upon God. He was extraordinarily profound and effective in his scientific work, but anyone who heard him or got in touch with him could see that in his joyful, trusting, simple attitude he made his life and his discoveries into a kind of offering to God, who granted him these achievements. And it was obvious that he perfectly understood the immense responsibility of one who by his science modifies the world: the responsibility for modifying it without destroying it, deforming it, or ruining its nature, acting like someone looking after the possessions of another. When one thinks of Lejeune, the image in the book of Genesis of the first man, placed in the garden of delights to work it and look after it, spontaneously comes to mind The life of a man like Lejeune shows that this attitude, which is necessary, is possible, that this

attitude, which is obligatory, is fruitful.

Truth as an expression of the being of things is the imprint of the Creator. The beauty of the creation shines therein, and the immense attraction of good is exerted by it on the human spirit. That virtue of illuminating and attracting is also shared by truth in science, for it, too, speaks of the being of things. No one who has at some point listened to him can forget the direct and affable way Lejeune conveyed the simple, enchanting message that creation, in the design of God, is good and beautiful, that science, if rightly understood and embraced, is a path of fullness. And neither can one forget his impassioned conviction that it is man's sin which turns his spirit away from acceptance of God's plans and leads it to deny the creation entrusted to his care. That beauty, which is not an adornment to be dispensed with, but the very visage of truth, flowed through the elegance of his words. And that man, blinded by the reality, beauty, and goodness of life, deserved the name which someone gave him: "the singer of life."

This love for life, which is love for man, led him to lavish himself on protecting and caring for the weakest and most helpless of human beings. This eminent scientist's affectionate concern for them was the most eloquent testimony of the unequaled dignity of those creatures, whom a terrible contemporary social perversion leads people to regard as beings to be thrown away. And, indeed, Lejeune's posture in offering love and protection was itself a condemnation of those who wanted to suppress the lives of such children of God.

The passage of a man like Lejeune through this world is, then, also an attempt to restore fully to science its peculiar dignity of access to truth. His life necessarily had to be dramatic, marked by contradiction and struggle, the signs of the witness. Human existence is to be understood not through itself, but through the mystery of the Incarnation. Human action ought to be like a reflection of uncreated light, and it would not be an exaggeration to say that the light coming from science is part of that reflection. Distorting and darkening it as a result of human passions and sin are, then, an example of the rejection of the Light that came into this world and that men did not accept because their works were evil. If people want to use science for domination and pleasure, they are rejecting God, who manifests Himself in his works. We were distant, and sometimes closer, witnesses to the enraged incomprehension and repudiation to which this talented, good man was subjected, simply because he did not yield in defense of life and in proclaiming its rightful value. One cannot be a witness to the Gospel without bearing the Cross, and Lejeune was certainly not an exception.

In doing so, he sealed the truth of what he defended with his extremely personal sacrifice, and in a vigorous, but gentle way he brought out the evil works of men which on the difficult terrain of the biology of human reproduction come to obscure the luminous creation of God. Lejeune accepted the Cross and left us all an enduring witness so that we may be able to live out our science as Christians and make the practice of it a song for the glory of God.

I thus give thanks to God for the opportunity for us to unite in recalling Professor Jerome Lejeune, and I ask Your Eminence to convey my fervent affection to those taking part in the commemorative ceremony.

Respectfully yours,

JUAN DE DIOS VIAL CORREA
President of the
Pontifical Academy for Life

...Thank You, Professor Lejeune

On April 2, 1995, in the Church of the Holy Spirit in Sassia, Rome, during the ceremony commemorating the illustrious Professor Lejeune, who died a year ago, the Baptism has been celebrated of little Domenico Maria, a child just three months old and a symbol, on this occasion, of the Life in defense of which the famous scientist incessantly struggled.

That life which the Lord, by an act of Grace, bestowed upon and entrusted to us parents on December 26—or, to be more exact, nine months before that date. Today, the day of Baptism, that life has been rejoined to the Lord; we re-presented it to Him, ready to be purified and then to undertake a Christian journey through life.

Today we have celebrated Life, the greatest and most mysterious gift of the Lord, a gift that He, out of his great love for man, renews each day.

Today, the first day of Christian life on earth for Domenico, is the first day of infinite life for little Irma, the Bosnian girl, as will be recalled, who shook the world out of its lethargy, out of its cruel, inexorable indifference, with her suffering, drawing the attention of many countries to the atrocities being committed in the Serbo-Bosnian War.

Irma was just five years old when a grenade blasted her, causing such serious damage that it led to her death after two years of suffering. Well then, for the Life of those living, of those who lived briefly, and of those who will never be born because they are not wanted—in short, for Life with a capital "L"—Professor Lejeune always studied and fought.

I never had the pleasure of meeting Professor Lejeune or of even hearing him speak, but I read a book by him: *The Embryo A Sign of Contradiction*.

It is a book which includes the proceedings of a famous trial where Professor Lejeune testified as an expert. A trial concerning a very important event: in the divorce proceedings involving Junior L. Davis and Mary Davis the latter asked to be entrusted with seven embryos conceived in vitro, during the period when she was still living with her husband. It was a question of establishing whether they were human beings or common prop-

erty: if human, their being entrusted to the mother would be possible; if not, the father's request that they be destroyed would be granted.

Professor Lejeune by his testimony managed to refute the thesis of those wishing to demonstrate the existence of a "pre-embryonic" stage at which it was impossible to identify the life of a human being, stressing that the term "pre-embryo" did not exist and had no justification for existence, since the embryo alone was definable as the earliest form of a child and prior to it there was no pre-embryo, but only an egg and spermatozoa.

Only at fertilization of the egg did a new *living being* arise.

Professor Lejeune managed to explain all of this in clear, simple words, though they were scientifically meaningful, for the Truth is clear and simple. The documents and reports presented by experts called by the other side were of no use, for the Truth was there, in front of them, to give them an accounting.

How could anyone imagine that this "first cell," the most specialized one in the world, in continuous, vital, and effervescent transformation, could be denied the status of a living being!

On reading Professor Lejeune's testimony, one gets the impression that one is listening not to a precise, competent scientific opinion, but to a real hymn to life.

I think that today all of us, in the silence of our consciences, should thank Professor Lejeune for the valuable contribution gratuitously offered in defense of life; little Irma, for having taught us with her suffering to protect the gift of life as a good not to be taken at all for granted; and Our Lord, for having given us the Grace of receiving us as his children and of living our Life as such.

FIORENZA BAGNATO

Mrs. Lejeune's Words of Thanks

My thanks to Your Eminence! If Jérôme were still on earth, I think his modesty would suffer over such praise. But from above he must be happy to see that your faithful friendship is eternal, and, if he could speak, he would remember that it was thanks to your courage that he could make himself heard when an international conspiracy had decided to suppress his voice.

Thanks, too, to dear Lucien Israel, a long-time friend. It is to you that Jérôme turned when his illness presented itself, for he was sure of your competence and also knew how much you respect the will of God. You accompanied him devotedly up to the gates of Heaven.

To you, dear friends who are here, I need not say how moved I am to be in your midst. You have been and remain his true friends. Those who, in the adversities of daily life, in the smile of the wounded child, understood and supported him and shared in the only thing that counts: *Love for Life*.

What gathers us together here is not sadness, but that immense hope of Christians, which our Holy Father has brought out so well in *Evangelium Vitae*, which invites us to be the builders of a better world. That will not always be easy—at times it will be quite difficult—but, as Jérôme himself would say, we, too, can say, "We will never stop."

I Am Pleased to Make This Pilgrimage to Fatima

Cardinal Fiorenzo Angelini's homily at the Fatima Basilica commemorating the Five-Hundredth Anniversary of the Birth of St. John of God, June 11, 1995.

Today the Church recalls the greatest and deepest mystery of our faith: the unity of God in the Trinity of Persons: Father, Son, and Holy Spirit.

To celebrate this solemnity, we are gathered here today, as individuals and associations—as persons involved in the vast world of health policy and care. Workers in the health ministry and healthcare professionals seeking to profess our faith by bearing witness to the Gospel of suffering. A Gospel which "the Redeemer Himself initially wrote with his own suffering, borne out of love, so that man will not die, but have eternal life" (Apostolic Letter *Salvifici Doloris*, 25).

This celebration of the Eucharist is a valuable moment to renew our commitment of faith and love: a commitment in the name of the Most Holy Trinity and in memory of a sublime witness to this love, St. John of God.

A mystery of love is the mystery of the Most Holy Trinity, and a mystery of love was the life of St. John of God. But our lives, too, must be a mystery of love, for we have all been baptized in the name of the Father and of the Son and of the Holy Spirit.

The pilgrimage to Fatima, in the presence of Our Lady, the Mother of God and our Mother, seeks to seal our common duty to live out our profession, vocation, and mission with the loving dedication of the Most Blessed Virgin. The Virgin who, in Fatima, wished to manifest Herself in her love and in her pain to remind us that only love is a medicine for pain.

As for the mystery of the Trinity, love in God is a power that generates—the Father; the reality generated as the fruit of love—the Son; the perennial circulation of love between the generating power and the reality generated—the Holy Spirit.

In this mystery our vocation and our mission as ministers of life through service to those suffering are concealed.

Love must inspire our action, which will be the fruit of love to the extent that our relationship with those suffering in body and spirit is built upon love. It was that way for St. John of God, and it must be that way for us, too.

As a witness to the Gospel of suffering, each of us—as an individual and as a member of an association—is called to be a minister of the Gospel of life, as the Holy Father has reminded us in the recent Encyclical *Evangelium Vitae*.

The life and work of St. John of God are extraordinary proof of this truth—that one can serve and heal the pain of the body and the spirit only in the name of life, which is the highest gift of love.

I am particularly happy, dear brothers and sisters, to have made this pilgrimage to Fatima together with you. I have always regarded my responsibility as President of the Pontifical Council for Pastoral Assistance to Health Care Workers as a special opportunity to be close to you—ministers of life and witnesses to the Gospel of suffering.

Our time, characterized by extraordinary achievements serving life, but simultaneously threatened by increasing acts of aggression against life, calls to a clear, courageous commitment.

These are the years which, according to the purpose and initiatives promoted and sustained by the Holy Father, John Paul II, ought to be lived out by us under the sign of the new evangelization.

The world of health policy and care is the most advanced frontier for this evangelization and at the same time the most universal one.

In observing the example of St. John of God, the service we are called to perform must possess certain prerogatives which are a kind of distinguishing sign of the health worker seeking to recognize Jesus Himself in the Good Samaritan.

The distinctive sign is, above all, charity. The flame of charity lit by St. John of God over these last five centuries has spread its warmth everywhere in the world through hospitals found in many nations and by the care of the suffering and sick provided by his followers.

A distinctive sign of our witness must, however, also be a great *humaneness*. In the life of St. John of God, as I recalled last night at the end of the procession, charity was able to take on the most delicate nuances. No therapy is truly effective unless it reaches the spirit of those sick and suffering, unless it encounters their heart, unless it is able to discover the roots of hope in those we care for.

In addition, *a distinctive sign must be full and rigorous fidelity to the directives of the Magisterium of the Church.*

Not a general fidelity, but a clear, transparent, and credible one. This fidelity to the directives of the Magisterium of the Church demands precise knowledge of them and continual examination on our part.

As you know, the Pontifical Council I am honored to head published the *Charter for Health Care Workers* last fall; it gathers together and documents the directives of the Magisterium. The updating of this Charter has already been provided for, with the necessary references to the Encyclical Evangelium Vitae, published last March 25.

This *Charter for Health Care Workers* is the first document of its kind made available to both healthcare and pastoral workers

May it be your concern to get to know and make known this valuable tool for initial and ongoing orientation.

What instruments can enable us to uphold these distinctive signs? They are certainly the following.

— Firstly, *an exemplary Christian life*. Let us never confuse the difficulty of living in an exemplary Christian manner —or our fragility—with inconsistency, a contradiction between words and deeds, between the profession of our faith and our behavior. Exemplary Christian life means to make ourselves recognizable as followers of Christ, in the knowledge that this recognition is a basis for encounter among men and not for division and opposition.

— Secondly, *prayer*, characterized by filial *devotion to Our Lady*.

Experience brings us to observe each day where the help we are able to offer those suffering ends and where the need to call supernatural support to our side begins.

A tireless man, St. John of God was a man of prayer. Indeed, for him prayer meant directing every thought, need, and problem to be faced towards God. Prayer means feeling one's hand is held by the Lord and by Our Lady. And in St. John of God, reference to Our Lady was constant, tender, filial, and trusting.

Health workers who nourish their lives with prayer discover a source of trust for themselves and those they care for.

— Finally, may it be your concern, perceived as a duty, to accompany Christian life with *reception of the sacraments*.

Let moments like the present one not be an exception. The encounter with the Lord in the Eucharistic mystery, when properly prepared for by recourse to the Sacrament of Penance, is the most important way to succeed in living out and bearing witness to our faith.

May Our Lady, who in this place has wished to draw near to mankind in a special way, accompany us and guide us with her motherly love. Amen.

Fiftieth Anniversary of the Creation of the Academy of Medical Sciences

Moscow, November 28, 1994

I am pleased to take part in the celebration of the Fiftieth Anniversary of this prestigious institution, with which the Pontifical Council I am honored to head has had the opportunity to maintain cordial and timely contacts in recent years.

A special greeting, and my best wishes, for the President of the Academy of Medical Sciences, its officers, the distinguished scientists and members who have made possible its research work over the last fifty years, and all those taking part in this gathering.

Without a doubt, much more than letters and the arts, medicine as research and practice refers to something at once sacred, mysterious, and wonderful, to a concept of life where the whole reality of the human condition and of individual and social history over time is summarized.

The very term *Academy*, moreover, included in your institution's name, leads us conceptually to a reality which connoted the divine even in the classical world. Indeed, in the garden of the mythological hero Academus the goddess of reason, Minerva, had planted out the first of the sacred olive trees which embellished it.

A medical Academy, then, is an Academy in the full sense of the term. It is such, of course, precisely because of the object making its activity lofty.

In fact, to the extent that medicine in your prestigious Academy has remained anchored in a vision regarding life as the first and highest of values and service to life in its entirety as the presupposition for affirming every other value, it has realized itself to the maximum degree. The right to the highest recognition of the merits this institution has accrued follows from this, above all.

The Christian vision of life, though nourished by religious faith, meets with and accepts the classical and Hippocratic vision excluding from medicine any assumption or technical achievement translating into a limitation of respect for this primary value. A value which must be served in every human being from birth until natural death, throughout the entire human lifespan.

The Church, involved today on the front line of defense of life, of all life and of the life of each human being, in whatever condition of strength or fragility, considers that in serving life there resides the most effective, immediate, and constructive meeting point between science and faith, between science and any religious vision of the world and man.

If science, in all its manifestations, finds its meeting point in serving life, it can continue to offer its necessary and maximum contribution to the forward path of civilization—indeed, to a greater degree, more organically, and without the danger of painful deviations

In perspective, then, respect for and service to life cannot fail to become a tool for human community and world peace

I am indeed pleased to recall that precisely last March 3 the Supreme Pontiff, John Paul II, established the Pontifical Academy for Life, whose members include scientists and scholars of the most varied ideological backgrounds and also of different religious faiths who nevertheless identity—by way of an explicit Declaration—with the commitment to promote and defend life in the face of all direct or indirect aggression. Scientists and scholars regarding the progress of science and technology as wonderful paths leading together to an increasingly lofty and beneficent affirmation of life

My wish, therefore, is that this noble Academy of Medical Sciences, through cooperation with all the organisms working to serve life and quality of life, will be able to make a valuable and hoped-for contribution. To reach this goal, the Catholic Church remains close to science and continues to give it her broadest support

FIORENZO
Cardinal ANGELINI

The Cross of Christ: Our Only Hope

An address by Cardinal Fiorenzo Angelini commemorating the Three-Hundredth Anniversary of the Birth of St. Paul of the Cross (1694-1994), delivered at a meeting held at the Antonianum, in Rome, January 9-13, 1995

Coincidences, even when casual, always lead to some fruitful reflection.

Your Congress is being held in a period of time still imbued with the joy of Christmas, a joy which should never cause us to forget that even over the grotto of the newborn Redeemer the shadow of the Cross was falling.

The hope announced to men of good will with the birth of the Messiah is the same hope which is nourished by the passion and death of Christ: a single hope, for Christ alone, in rising from the dead, has become the reason for our hope, in the words of St. Paul: "Now Christ has risen from the dead, *the first fruits* of those who have died" (*1 Co* 15:20)

The distinguished speakers who will set forth the topics included in this Third International Congress on "The Wisdom of the Cross" will provide a rich, complex interpretation of the human condition and the historical events of mankind in the light of the wisdom of the Cross.

However, I think I am grasping the spirit of this meeting for reflection and study in stressing a truth of extraordinary pastoral value: a truth which, in my long experience alongside those suffering and pastoral workers, I have been able to discover every day, for in exalting the value of suffering and in service to those suffering Christ reveals the meaning of human pain to its very depth.[1] A meaning which, rooted in the pain redeemed by Christ, translates into a reason for joy and the *only* hope.[2]

Frequently our way of professing and witnessing to Christian faith is subject to contrasting temptations: either to indulge in unmotivated pessimism or to abandon ourselves to superficial optimism. The result is an insufficient or even deformed vision of both man and history because in referring to Christ the Lord we find it hard to embrace the mystery of redemption in its entirety.

The passion and death of Christ cannot be understood without his resurrection, nor can we understand his resurrection without looking at his passion and death. The synthesis is in the Cross; in immolating Himself thereupon Christ was exalted and freed from the condition of slavery He had taken on for our salvation.

"To have the same sentiments as Christ" means to contemplate Him in this mysterious, but also enlightening, wealth of his [3]

The *Cross*, in Christ, is at once the Gospel of suffering and the Gospel of joy. And if St. Paul could declare he experienced joy in tribulations, it was because—in his own words—"Just as the sufferings of Christ abound in us, so, by means of Christ, our consolation also abounds" (*2 Co* 1:5)

The *Cross*, in Christ, is wisdom because it is the synthesis of weakness and strength" both summarized in his work of redemption: "Indeed, we who are alive are always exposed to death on account of Jesus, so that the life of Jesus will also be manifest in our mortal flesh" (*2 Co* 4:11)

The Cross of Christ reveals to us the meaning of pain and its value in life and history, for it is a response to love with love.[5] And only in love—as the saints grasped—does pain become a source of joy, for it assimilates us into Christ: "Come to me, all of you that are weary and oppressed, and I will console you. Take my yoke upon yourselves and learn from me, for I am meek and humble of heart, and you will find rest for your souls. Indeed, my yoke is sweet, and my burden, light" (*Mt* 11:28-30).

The question concerning pain has always challenged man, filling him with anguish. Only in Christ, however, has this question found a reply.[7] And the proof of the authenticity of this response, of its credibility, of its constructive power, is the spirit-

ual joy it generates, a joy generated by loving acceptance of pain and by exalting its value in terms of donation and love

If the history of man and of the human race has always experienced trials and calamities, they seem to threaten us today in a more overwhelming, dramatic way. Our being able to view in real time the world's evils, the incredible sufferings of so many brothers and sisters, makes the statistics of pain particularly chilling

In the face of this pathetic scene, we are called by the Lord Jesus to regard man as the "way of the Church": a way which becomes "special" when man experiences suffering.[8] This is not an abstract position, the acceptance of a principle, but an operative attitude that it is our duty to perceive as a priority expression of our following of Christ, which is, above all, the sharing of his Cross: "All who want to come after me should renounce themselves, take up their cross, and follow me" (*Mt* 16:24)

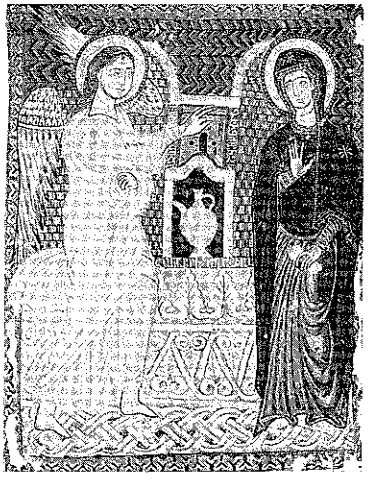
It is an arduous road, but it can be traveled. And that is not all, for it is a road we are called to travel with inner consolation, since, through the Cross, life flows from death; joy, from suffering; and redeeming liberation, from tribulation.

The merits of the *theologia crucis* are well known in deepening understanding of the mysteries of our faith. This theology, however, can and must be fully applied in a pastoral approach based on the Cross, which is an extraordinarily effective announcement of the Gospel since it reaches man in what is at once most human and most universal about him—his pain.

I noted with pleasure that it is the wish of the organizers of this Congress to make it the occasion for a *proposal* "to give mankind a vision of the Redemption of Christ which, while faithful to the truth of dogma, will translate into a cultural language for men today the one and only salvation which Christ the Lord has brought about and continuously brings about"

I believe—and I so believe because, by the grace of the Lord and on account of the responsibilities entrusted to me, I have had the chance to perform my ministry as a priest and bishop in the world of health policy and care—that the healthcare ministry, pointed to by the Holy Father as an "integral part" of the Church's mission at all times,[9] must find in both theological reflection and overall pastoral practice the place corresponding to it.

There is certainly a historical significance in the fact that the current Pontiff has published the first and broadest document on the Christian meaning of human suffering (the Apostolic Letter *Salvifici Doloris*, February 11, 1984) and established the Pontifical Council for Pastoral Assistance to Health Care Workers, which I am honored to head.



A review of the Magisterium of John Paul II enables us to work out an organic theology of suffering, just as his apostolic action is markedly characterized by priority attention to the suffering and the sick.[10]

There is a very close relationship between the theology of the Cross and the theology of suffering, when understood in a Christian way. Deeper examination of this relationship can only contribute to spiritual and moral training—of priests and men and women religious in particular, but also of lay people—which, in today's world, would truly acquire the characteristics of a suitable cultural language.

Current society, tried by unspeakable sufferings affecting two-thirds of mankind, but also marked by hedonism and forms of egoism which represent a new paganism, directly or implicitly asks the Church to take on once again a function of filling in gaps which, in solidarity towards the suffering and in concern for the sick, the new evangelization can manifest in a most credible and effective manner.

The sphere of suffering is the world's most frequently visited temple. The *Cross* of Christ establishes itself today over this temple as the only hope.

An encounter with men through an approach to their pain permits the discovery, elaboration, and application of a method for dialogue which no other field can offer.

Moreover, the theological dimension of this *proposal* cannot escape us.

We read in the Gospel that the Lord, "having called together the Twelve..., sent them to preach the Kingdom of God and to heal the sick" (*Lk* 9:1-2). In joining the concepts of preaching and healing, of announcing the Kingdom of God and bringing health, Jesus, in a hendiadys which is at once religious and psychological, expressed the notion and method of the healthcare ministry, which is a pastoral approach based on the *Cross*, for its meaning and effectiveness derive from the Cross of Christ.

The pagan poet placed on the lips of the unfortunate Queen of Carthage the words *Non ignara mali, miseris succurrere disco*.[11] The school of suffering, learned from the teaching chair of the Divine Master—to whom liturgical and patristic tradition points as the "physician of souls and bodies"—is a school of serving those suffering: a teaching enabling us to draw from the liberating Cross of Christ the hope with which to overcome, in love, the inevitable experience of pain.

[1] "At the same time Christ taught man to do good with suffering and to do good to those suffering. Under this twofold aspect, Christ revealed the meaning of suffering to its very depth" (John Paul II, Apostolic Letter *Salvifici Doloris*, 30).

[2] "May the God and Father of Our Lord Jesus Christ be blessed; in his great mercy he has regenerated us through the resurrection of Jesus Christ from the dead through a *living hope*, for an incorruptible, imma-

culate, unfading inheritance . You are therefore *filled with joy,* even if for the time being you must be afflicted by various trials for a short time, for the value of your faith, much more precious than the gold which, though destined to perish, is still tested by fire, will prove to be for your praise, glory, and honor in the manifestation of Jesus Christ . " (*1 P* 1:3-7).

[3] "Have in yourselves *the same sentiments as were in Christ Jesus,* who, though divine in nature, did not regard his equality with God as a treasure to be jealously kept, but stripped himself by taking on the condition of a slave and becoming like men; appearing in human form, he humbled himself by becoming obedient until death and death on a *cross.* For this reason *God has exalted him* and has given him the name which is above every other name..." (*Ga* 2:5-10).

[5] "But we possess this treasure in clay vessels, so thst it will be seen that the extraordinary power comes from God, not from us We are in fact subject to tribulation on all sides, but not crushed; we are distressed, but do not despair; persecuted, but not abandoned; struck, but not killed, always and everywhere bearing in our bodies the death of Jesus so that the life of Jesus will also be manifested in our bodies" (*Co* 4:7-10)

[5] "The Cross of Christ is the great revelation of the meaning of pain and its value in life and history. .But the Cross invites us respond to love with love....We are not always able to discover in the divine plan the reason for the sorrows marking life's way, but, held up by faith, we can arrive at the certainty that it is a loving plan wherein the whole immense range of crosses, great and small, tends to fuse into the one Cross" (John Paul II, General Audience of March 30, 1983, in *L'Osservatore Romano,* March 31, 1983)

[6] "In the face of the current evolution of the world, more and more people pose or feel with new acuteness the capital questions: What is man? What is ths meaning of pain, evil, and death, which, in spite of all progress, continue to exist? What are these achievements, attained at such a high price, worth? What does man contribute to society, and what can he expect from it? What is there after this life?" (*Gaudium et Spes,* 10).

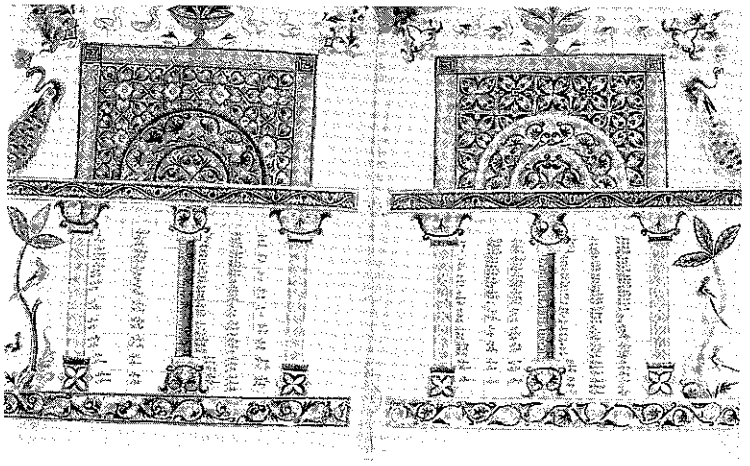
[7] "So, the Church believes that Christ, who died and rose again for all, always gives man, through his Spirit, light and strength to respond to his supreme vocation; nor has another name on earth been given to men by which they can be saved (*Ac* 4:12)" (*ibid* , 10).

[8] John Paul II, Apostolic Letter *Salvifici Doloris,* 3.

[9] John Paul II, Motu Proprio *Dolentium Hominum* (February 11, 1985), no 1

[10] Through the initiative of the Holy Father John Paul II, since 1993, on February 11, commemoration of Our Lady of Lourdes, the World Day of the Sick has been celebrated

[11] Virgil, *The Aeneid,* Book I, v. 630.



Cardinal Angelini's Words of Greeting for Participants in the Twenty-First Congress of the International Federation of Associations of Catholic Pharmacists

Vienna, September 13, 1995

I am happy to have the opportunity to be present among you at this Twenty-First International Congress. I convey a cordial greeting to all the participants and to the President-Magister Edwin Scheer in particular for his greatly appreciated, valuable activity I would also like to express my best wishes to those who will soon be called to orient the future of our Federation.

I fraternally greet dear Abbot Jean-Pierre Schaller as well, your spiritual and doctrinal guide, who represents, and should represent, the Church in your midst.

In the period extending from your last International Congress until the present, something quite important has occurred"I would venture to call it "historic." For the first time, and in a very explicit manner, in a solemn document of the pontifical Magisterium, the Encyclical *Evangelium Vitae* (March 25, 1995), the Holy Father expressly described pharmacists as "health care workers "

The text of the Encyclical in fact states:

"There is a special responsibility entrusted to health care workers: physicians, pharmacists, nurses, chaplains, men and women religious, administrators, and volunteers" (*Charter for Health Care Workers,* Second Edition, Rome, 1995, no 89).

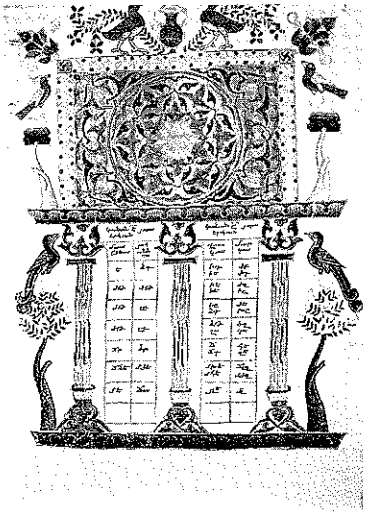
"You are, then, health care workers in a full sense and, as such, act in human and Christian terms as "guardians and servants of human life" (*ibid*, no 89).

Like all other health workers, especially if illuminated by the Catholic faith, pharmacists must be inspired by and grounded in the Hippocratic Oath, in both advancing and defending human life and its quality, an aspect which John Paul II summarizes in this statement from *Evangelium Vitae* You are called to be the witnesses to this Gospel of life, inasmuch as the activity of the health worker is "a form of Christian witness" (cf *Catechism of the Catholic Church,* 2288; *Charter for Health Care Workers,* 1)

In this truth lies the clearest, most precise affirmative response to the task of your Congress The radical changes which have occurred in programming, preparing, and distributing medicines do not at all damage the ethical—and, I would add, pastoral—dimension of your profession and mission

As Catholic health workers, then, it is your grave duty to make yourselves recognizable and to be recognized as such I well know, from direct experience, the responsibilities and difficulties you may encounter in this regard in practicing your profession. If it is true, however, and it is in fact true, that the fundamental human right to life and its quality, with full respect for the dignity of the human person, is, at least in theory, universally recognized today, it is not acknowledged in terms of either the level of practice or the laws in force in many countries.

With the utmost balance, but also with firmness, it is your duty to use all the power provided for by the law to keep faith solidly with your responsibility to advance and defend life, resorting to conscientious objection, for "a norm which violates the natural right to life is unjust and, as such, cannot have the value of law" (*Evangelium Vitae* 90).



You must be examples of fidelity regarding respect for and observance of the teaching of the Magisterium of the Church This is possible if you take to heart the attainment of human, spiritual, moral, religious, and theological preparation adapted to the needs of our time and to the at once noble and serious responsibility of practicing your profession—not to do so would, on the other hand, be inadmissible.

Your witness in favor of the defense of life must not, however, be limited to individual manifestations, but must involve your International Federation as well. Both individually and as a Federation, you are called to play a major role in promoting a mentality and habits which require solid preparation of your moral conscience, which undergoes terrible aggression today in its roots, profoundly and indissolubly linked to life and freedom, which are inseparable goods, in such a way that "where one is violated, the other is in the end violated as well" (*Evangelium Vitae,* 96)

I have always regarded the healthcare family in its different branches as my own family It is an impassioned invitation, too, that I convey to you, Catholic pharmacists, to be fully aware and, above all, proud of your vocation, your mission, and your profession. In this field you must account for your faith and your hope.

The struggle for life is not a struggle in which we tolerate being defeated We must conquer life at a very high price. To become aware of this is the only positive, true, and definitive response to the question posed by your Congress

As always, pharmacists are indispensable today. They are indispensable just as the duty to advance and defend life is and always will be indispensable

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

Homily by Archbishop Donato Squicciarini, Apostolic Nuncio in Austria, at a Mass During the FIPC International Congress

Don Bosco Haus, Vienna, September 11, 1995

Dear Brothers and Sisters in Christ:

As participants in the International Congress of the Federation of Catholic Pharmacists you are gathered around the altar of the Lord, where the "Holy Sacrifice" is made present on which man's complete salvation depends.

The Liturgy of the Word selected for this purpose is dedicated to Mary as the "Source of Salvation and Health."

Mary was, indeed, the privileged collaborator of God, the Creator and Giver of life; of Christ, who through his Passion, his Death, and his Resurrection overcame death and has brought us true life; and of the Holy Spirit, who sanctifies and gives fullness of life

1. A Complete Vision of Life

In the realization of his plan of salvation, God gives us a complete vision of life and lets us understand the sense and mystery of human suffering and its fruitfulness

This vision of God, One in Three Persons, given by Sacred Scripture, finds its expression in Christian literature, Liturgy, and art In Vienna, too, on the *Graben* near St Stephen's Cathedral, you can admire one of the most beautiful monuments dedicated to the Trinity, commissioned by Emperor Leopold I after the plague of 1679

2. The Church's Teaching on the Value of Suffering

These short reflections on the Church's teaching concerning the integral vision of life and the value of suffering are particularly familiar to Catholic pharmacists, since as faithful you can better esteem the gift of physical and spiritual health, appreciate the value of life in its fullness, and motivate service in favor of those in need

These ideas are presented exhaustively in the recent Encyclical *Evangelium Vitae* on the value and inviolability of human life. This document, dated March 25, 1995, proposes to promote a culture of life in avoiding present threats against the life of man, who is made in the image of God and after his likeness (cf. *Evangelium Vitae,* chapter IV).

That task is also a part of your duties, as the Holy Father reminded us in his speech to your International Federation on November 4, 1990:

"*Forms of aggression against human life and human dignity are becoming more numerous, notably through recourse to medication, even though it should never be used against life, directly or surreptitiously.*" The Pope told the Federation of Catholic Pharmacists on November 3, "All aggression against human life must be opposed; the moral code must supersede the laws of the marketplace" (*L'Osservatore Romano,* no. 46, November 12, 1990, p. 4; cf. *Evangelium Vitae,* 88)

These Christian ideas on life invite us not to "*be conformed to this world*" (*Rm* 12:2), which is influencing public opinion and the legislation of various countries at this time. Catholic pharmacists are called to deepen their faith in general, and particularly their courageous choice in favor of life in all its phases and in every situation.

Therefore, it is necessary to be inspired in your daily work more and more by the moral teaching of the Church, which, "*aware of the novelty and complexity of the problems posed by scientific and technological progress, makes her voice heard more often and gives clear guidelines to healthcare personnel, to which group the pharmacist belongs*" (cf. Speech of the Holy Father, no. 4).

Cordial and total consent to the teaching of the Church, to which the preaching of God's Word is entrusted, with its positive tone directed towards fostering life, will allow you, too, to make your own contribution to the renewal of society.

With the help of grace, received from prayer and the reception of the sacraments, you will be able to fulfill your special lay vocation, which is to "*seek the kingdom of God by engaging in temporal affairs and directing them according to God's will*" (*Lumen Gentium,* 31)

In this way you contribute to building the city of man, which has its genuine foundation in respect for the dignity of every human being (cf. *Evangelium Vitae,* 101) and in every person's full development.

3. Service in Favor of Life

The Church encourages you with the voice of Peter's Successor to contribute to the realization of the Plan of Salvation by means of your faith, manifested especially in this service to life. In this way, by doing your specific work in favor of people's physical health, you become collaborators of salvation, realized by Jesus Christ for each and every individual (cf Encyclical *Populorum Progressio,* by Pope Paul VI, March 26, 1967, no 42).

The wish of the Holy Father for Catholic pharmacists resounds in this celebration and becomes a prayer:

"*May the Most Holy Virgin, Mother of goodness and wisdom, guide you along the path of faith and in the service you render to life!*" (cf. Speech of the Holy Father, no. 6)

Sanctuary of Fatima

In the context of celebrations of the Five-Hundredth Anniversary of the Birth of St. John of God, Founder of the Hospitaller Order, the Portuguese National Committee for the Health Apostolate organized a Pilgrimage for Solidarity and Merciful Hospital Care to the Sanctuary of Fatima, June 9-12, 1995.

The pilgrimage was headed by Cardinal Fiorenzo Angelini, accompanied by Rev. Felice Ruffini, Undersecretary of the Pontifical Council for Pastoral Assistance to Health Care Workers, and by a group of physicians and women religious.

On arrival in Lisbon, the group was met at the airport by the Councillor of the Apostolic Nunciature, Monsignor Luigi Pezzuto, by the President of the National Committee for the Health Apostolate and Consultor to the Pontifical Council, Rev Vitor Feytor, and by representatives of the St. John of God Brothers. Later, in Sintra, at Setais Palace, the Cardinal was greeted by the wife of the President of the Republic of Portugal, Mrs. Maria Barroso Soares, and a delegation of civil and military authorities.

The main religious events included in the pilgrimage were a torchlight procession, a prayer vigil, and a Mass.

On the morning of Sunday, June 11, there was a Mass at which Cardinal Angelini presided, and a large group of pilgrims attended, including over 700 patients and many health workers.

During the homily Cardinal Angelini recalled the immense faith which pervaded the activity of St. John of God, whereby he became a faithful disciple of the Gospel of suffering.

In the land of St. John of God, in the land of the apparitions of Our Lady manifesting her Immaculate Heart, the words of Cardinal Angelini rose up on high; he wished to recall the Holy Father, Pope John Paul II, who with all his strength devotes his apostolic effort to defending life among men and making it more fraternal, serving it at all times, especially when it is seen to be most fragile, as in the lives of the sick, the poor, and the needy, thereby rendering us true brothers and sisters who serve the Gospel of suffering to implement at the same time the Gospel of charity. During the Mass, the Anointing of the Sick was a moment of special emotion and reflection for all present.

In the afternoon, at the Paul VI Center in Fatima, there was a concert devoted to the hospital care of St. John of God. The music was composed and directed by Maestro Ferreira dos Santos, with a soloist, piano, organ, and choir of about 300 voices and a seventy-member band.

The following day, in the city of Coimbra, in the company of the President of the Portuguese Bishops' Conference, the Most Rev. Joao Alves, Bishop of Coimbra, an unforgettable encounter took place with Sister Lucia, in the Convent of the Carmelite nuns.

Before leaving Fatima, Cardinal Angelini thanked everyone for the fraternal hospitality, saying, "Fatima is a place of reflection and prayer; our love for Our Lady is strengthened and will certainly be of great help for our apostolate in serving the sick."

ANTONINO BAGNATO, M.D.
Vice President of the Catholic Medical Association of Italy, Rome Branch

VIENNA

The Congress of Hope

The Twenty-First Congress of the International Federation of Catholic Pharmacists took place in Vienna, September 9-12, 1995.

The topic for the Congress was provocative: "Are Pharmacists Still Necessary?" There was broad attendance by the different national delegations: Austria, Italy, Belgium, Spain, Switzerland, Luxembourg, Poland, Holland, France, and Germany.

The first part of the Congress was significant, with a one-day shift to Bratislava after the initial welcome.

The most interesting day was Monday, September 11. The President of the Pontifical Council for Pastoral Assistance to Health Care Workers, Cardinal Fiorenzo Angelini—accompanied by the Council Secretary, Rev. José L. Redrado—made a personal, active, involved, and stimulating contribution.

The day began with a Mass at which the Apostolic Nuncio in Austria, Archbishop Donato Squicciarini, presided; in the homily he elucidated an integral vision of life, the value of suffering, and the task of service on behalf of life.

During the Mass a Message from the Holy Father, conveyed by Secretary of State Angelo Cardinal Sodano, was read. [Both the Message and the homily are included in this issue of our journal—Ed.] There followed a number of very interesting, high-quality presentations on ethical concerns related to the profession and life of pharmacists.

The concluding day featured approval of modifications to the Statute of the Federation (FIPC), presented by the executive committee, and, after being proposed by this committee, the new President, Alain Lejeune—who had been serving as Chairman of the FIPC's Bioethics Commission—was elected.

There will be three Vice Presidents: Lino Mottironi (Italy), Chantal Kelder (France), and Gehor Sicora (Slovakia).

The farewell address by outgoing President Edwin Scheer received a heavy ovation. He recalled the road traveled in recent years. A warm reception was also accorded the closing address by the new president, who presented the projects for the years leading up to the great Jubilee of the Year 2000, which, among other things, will coin-

cide with the Fiftieth Anniversary of the Federation.

He concluded by reading a statement addressed to John Paul II by way of Cardinal Angelini. It expressed our enthusiastic acceptance of *Evangelium Vitae,* our corresponding gratitude to the Pope, and our renewed commitment to be faithful to his words

Dr. LINO MOTTIRONI
Vice President of FIPC

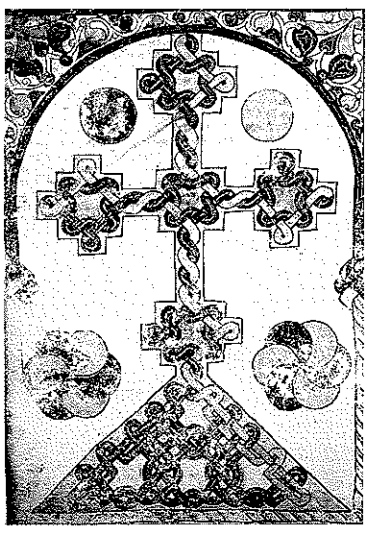
The Ways of the Spirit "in the Footsteps of the Good Samaritan": Chronicle of a Pilgrimage to the Holy Land

In celebrating the tenth anniversary of the establishment of the Pontifical Council for Pastoral Assistance to Health Care Workers and preparing for the Tenth International Conference organized by the Council, November 23-25, 1995, entitled "Vade et Tu Fac Similiter: From Hippocrates to the Good Samaritan," a pilgrimage to the Holy Land was made, October 15-22, 1995, headed by Fiorenzo Cardinal Angelini, President of the Council, together with Rev. José Luis Redrado, O.H., and Rev. Felice Ruffini, M.I., Secretary and Undersecretary, respectively, of the Council, and guided by Monsignor Liberio Andreatta, managing director of the Roman Pilgrimage Institute and of Peregrinatio ad Petri Sedem, with the biblical theme "In the Footsteps of the Good Samaritan: From Jerusalem to Jericho," to rediscover "the triumph of love" of Jesus Christ for humanity, wounded in body and in spirit

The pilgrimage, with about 400 participants, including a numerous group from the Catholic Medical Association of Italy and some women religious from the Benedictine Congregation for Reparation to the Holy Face of Our Lord Jesus Christ, founded by Abbot Ildebrando Gregori and guided by the Mother General, Sr. Maria Maurizia Biancucci, unfolded along the ways and in the places frequented by Jesus, through an itinerary which from the north, Galilee, mountainous and abounding in green hills, with a fertile plain sloping down towards the Lake of Tiberias, 212 meters below sea level, continues along the winding basin of the Jordan River, in the region of Samaria, now the West Bank, as far as the southern extreme of the country, Judea, down to the Dead Sea, at about 400 meters below the level of the Mediterranean Sea.

On the morning of the first day, the visit to the city of Nazareth was particularly stimulating, with the Eucharistic Celebration at the Sanctuary of the Annunciation, on whose walls the biblical phrases which have changed the world's history stood out: "...Et Verbum Caro factum est..., Angelus Domini nuntiavit Mariae" The procession afterwards to the lower part of the church concluded in the Grotto of the Annunciation, forming the back area, dug out of the rock, of Our Lady's house; there one could relive Mary's experience when, on hearing the angel of the Lord's announcement, She replied with the simplest of expressions: "Here I am, the servant of the Lord"

In addition, on the same day the beginning of the eighteenth year of the Pontificate of the Holy Father, John Paul II, was recalled and offered for the protection of the grace of Our Lord; at Nazareth, visits were also made to the Church of the Feeding, devoted to St. Joseph; the Synagogue; the Greek Orthodox Church; the Fountain of Our Lady, where the Holy Family went to draw water; and, in the afternoon, to the city of Cana, where the married couples taking part in the pilgrimage renewed their promises of faithfulness and mutual love; and, proceeding from the city of Haifa, to the mountain of the prophets, Carmel. Finally, a group of physicians, with Cardinal Angelini and his staff from the Pontifical Council, visited Holy Family Hospital of the St. John of God Brothers, founded in 1882, where the invitation was stressed to believe in Charity, for "Charity is obtained by performing acts of Charity."



The second day unfolded in the sites of Gospel events, on the banks of Lake Tiberias, with visits to Magdala and the "Mount of the Beatitudes," where Jesus' wonderful prayer re-echoes: "Blessed are the poor in spirit... Blessed are the afflicted. Blessed are you when you are insulted and persecuted...for my sake.... Great is your reward in Heaven" There were also visits to the Church of the Primacy of St. Peter, with the mass of rock known as "Mensa Christi"; the archeological remains of the city of Capernaum, where Jesus healed many people and where a Mass was celebrated at which a "Yes to Life" was confirmed, from conception until natural death. At the end of the morning in a motor-powered boat we crossed the Lake of Tiberias, with calm waters, where all is silence, except the Word of Jesus, which still echoes in the episode of the miraculous catch of fish.

In the afternoon of the second day we visited the Sanctuary of the Transfiguration on Mount Tabor, which rises, solitary and cone-shaped, up to a height of 600 meters, thickly covered with vegetation. On the walls of the crypt are depictions of the four Transfigurations of Jesus Christ: the Transfiguration of the Divine Child: ". Filius datus est nobis"; the Transfiguration of the Eucharist: "...Ego sum panis vitae"; the Transfiguration of Easter Morning; and, finally, the one on Mount Tabor: "...Fui mortus et ecce sum vivus."

On the morning of the third day, after leaving Tiberias, we

stopped on the banks of the Jordan River, where, facing the slow flow of its placid waters, we renewed our baptismal promise and touched the water to make the sign of the Cross Following the course of the river, we continued our descent towards Jericho, the oldest city in the world, where, amidst its dirt streets and simple houses, the sycamore tree rose up which Zacchaeus used to be able to see Jesus.

Around the city, which had recently become the capital of the nascent State of Palestine, was a rocky, mountainous desert; one notes that a people is desirous of remaining there still and wants to go on living. Having left Jericho, after a few kilometers we made out the rock walls of Qumran, carved out of grottoes and cliffs, where barely four decades ago the Essene manuscripts were found, dating back to 100 BC, containing texts by Isaiah, Habbakuk, and other prophets. Finally, a few kilometers to the south were the clear waters of the Dead Sea, so rich in salts that they do not permit any form of life.

The morning of the fourth day was devoted to visiting the city of Bethlehem, the 'house of bread,' as its name signifies, linked to the wealth of the gifts of the earth on which it rises After a visit to the field of the shepherds, which recalls the beautiful story of Ruth the Moabite, there followed a Mass at the Basilica of the Nativity, which rises over the grotto where Jesus was born; there a silver star recalls, "Here Christ was born of the Virgin Mary."

In Bethlehem Cardinal Angelini also paused for a lengthy visit to Caritas' Hospital for Infants, where children from poor families of any religious creed are admitted and cared for.

Passing through Ein Karem, the city where the Baptist, precursor of Jesus, was born and where Mary arrived to visit her cousin Elizabeth, the group returned to Jerusalem.

At the core of the journey to the Land of Jesus, a visit to the Holy City, Jerusalem, could not be left out—the place where the story of salvation effected by Jesus out of love for mankind began and concluded.

After going up Mount Zion, the pilgrims were able to see the Cenacle and attend the Eucharistic Celebration at the Basilica dedicated to Mary's "Falling

Asleep," where a statue of Our Lady recalls her sweet passing from earthly into eternal life.

The fifth day was devoted to one of the most evocative places in the Holy City, the Mount of Olives. From Gethsemane, where Jesus used to withdraw to pray with his disciples, we passed on to the Garden of Olives, which stands alongside the Basilica of the Agony, with its age-old majesty, where even today the "rock of the agony" is conserved, which recalls Christ's sufferings when condemned to death. Then on to the Church of the Assumption, the Crypt-Sanctuary where Our Lady's resting place is conserved, a venerated site for Christians. Afterwards we saw the Chapel of the "Our Father," where Jesus taught the prayer to the Father which tradition has handed down to us, and the Dominus Flevit Chapel, where every detail recalls Jesus' weeping over the city of Jerusalem, concluding our tour with a visit to Bethany, a little village, the hometown of Lazarus, where his tomb is located. In the afternoon, in the natural setting of Gethsemane, the Via Crucis was held, accompanied by the meditations, station by station, of some of the pilgrims, both lay and religious; it concluded with a reflection by Cardinal Angelini on the profound value of the Resurrection of Jesus for human history

The pilgrimage headed towards its end, on the sixth day, with a visit to the old city of Jerusalem: the Basilica of St. Anne, which celebrates the birth of Our Lady, the Probatic Pool, where at one time the sick of every kind found refuge, the Temple Esplanade, overlooked by the mosques of Omar and Al Aqsa, and, finally, the Weeping Wall, where the Jews gather to pray and hold major civil and religious events

The visit to Jerusalem was completed with a stop at the headquarters of the Institute for Genetics and Gemellology organized by Professor Gedda and encounters with Patriarch of Jerusalem Michel Sabbah and the Apostolic Delegate, Archbishop Montezemolo.

On Sunday morning, before arriving at the airport, there was a final solemn Eucharistic Celebration at the Church of the Patriarchate, at which Cardinal Angelini presided, with words of farewell by Monsignor Adib Zoomot, Chancellor of the Latin Patriarchate.

On the way back, along with Cardinal Angelini we wished to renew the commitment previously made before the Holy Sepulchre: to be better, we must bear courageous witness to our will to defend the values which Jesus has given us through his life. We must seek not to be cowardly, but truthful, alive persons capable of being brothers and sisters to those of any religion, race, or language, capable of becoming his blessed children, just men rather then executioners of justice, bearers of peace and not pacifists, servants of life and not slaves to our own lives, faithful spouses and not fleeting lovers of the Lord Our God.

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