

HEALTH PASTORAL CARE IN THE CHURCH

Pontifical Council for Health Pastoral Care

One of the most important tasks of the Pontifical Council for Health Pastoral Care is to guide people in issues concerning Pastoral Care in Health. The aim of this study is precisely to answer the question: “What do we mean by the Council for Health Pastoral Care?”

After a preliminary consideration on the meaning of Pastoral Care in Health, we will discuss three issues, namely: what is the present situation of Health Pastoral Care worldwide, the positive and negative aspects; the meaning of Health Pastoral Care, according to the evangelical and pontifical proposal and the elaboration of the proposals by the Council and, lastly, what should practically be done in this field, what are the challenges, the proposals, the ways to be followed and the answers.

Starting from this perspective, we are going to offer some guidelines that seem to be important for the planning or enhancement of the organization of Health Pastoral Care within the Catholic Church. There may be several levels, but the content does not change, it will always be Health Pastoral Care. Certainly, suggestions can be accepted for its organization and enhancement at the level of the Bishops’ Conferences, Dioceses, Parishes, as well as by the religious Orders and Congregations that work in collaboration with the Bishops in the field of Health Pastoral Care worldwide.

PRELIMINARY REMARKS

1. Biblical Foundations

A general answer as to the meaning of Health Pastoral Care can obviously come from the Word of God. It is the Lord who tells us what Health Pastoral Care is, and all our reflections can only be a development of what He tells us.

In general, we can say that chapter 10 of John’s Gospel, where Jesus Christ tells us that He is the Good Shepherd (Jn 10, 1-21), offers us the primary approach to understanding the whole of Pastoral Care. In synthesis, we can say that he focuses on three fundamental features: He speaks to his sheep and they listen to his voice; He feeds his sheep, to the point of giving his life for them; and He gathers them in the sheepfold, where they should all converge and where He defends them against the wolves.

To be able to understand the link between the Church and Health, we need to analyse the mission of the disciples and apostles. In Luke chapter 10, the disciples are sent to heal the Illnesses (Lk 10, 9) and in Mark chapter 16, when Christ finally sends the apostles he tells them to heal the Sick (Mk 16, 18).

If we now wish to put these two concepts together, Pastoral Care and Health, and see how we could carry out Health Pastoral Care, we can join John’s chapter 10 with Mark’s chapter 16 (as well as Luke’s chapter 10). Reading them together we see that Health Pastoral Care consists in curing the sick and making them hear Christ’s voice, in feeding them to the point of giving our life for them, in gathering them all in Christ’s sheepfold and in defending them against the wolves.

I. THE PRESENT SITUATION

The first question that we ask ourselves now concerns the current situation of the Health Pastoral Care in the Church.

Looking at the statistics, we realize that today there are 114,738 Catholic Health Centres worldwide. These include asylums, clinics, children's homes, re-adaptation and rehabilitation centres, mother and child centres, etc. 5,246 are real hospitals. Many of these centres have been set up at the level of parishes, others at the level of dioceses, while others are national and are directed by Bishops, religious Orders and Congregations, or by charities.

It is worth noticing that in almost all Bishops' Conferences there is a Department for Health Pastoral Care, directed by a Bishop appointed "ad hoc" by the same Bishops' Conference.

In addition to this, there are various Associations for Health Pastoral Care: chaplains, men and women religious, physicians, nurses, pharmacists, volunteers, hospitals, who are all in close contact with health care authorities, at diocesan, national and world levels.

In the whole World we have 114, 738 Catholic health Pastoral Centres, of which 5,246 hospitals, 17,530 Dispensaries, 577 Leprosaria, 15,208 Hospices, 9,616 Children's homes, 10,939 Nurseries, 13,485 Marriage Advice Centres, 31,312 Social education and re-education Centres, 10,825 other Institutions. Distributed by Continents we have: 15,619 Health Pastoral Centres in Africa, 40,583 in America, 20,322 in Asia, 35,929 in Europe, and 2,285 in Oceania.

If we focus in the actual situation of Catholic Health Pastoral Centres in Great Britain we have: 11 Hospitals, 1 Clinic, 181 Hospices, 39 Children's homes, 40 Nurseries, 101 Marriage Advice Centres, 151 Centres for social education or re-education, and 23 other Institutions¹.

1. Positive Issues

Everything mentioned above is positive, however, we would like to underline in particular the presence of Bishops in charge of Health Pastoral Care in each Episcopal Conference, the efficacy of international Associations of catholic doctors and nurses, the starting of a union of hospitals operating within the Catholic Church, the union of hospital Chaplains and the interest of several Bishops' Conferences in Health Pastoral Care, manifested to this Pontifical Council, during their "*Visita ad Limina*."

2. Negative Issues

A first negative issue that one observes in Health Pastoral Care is that of secularism. Because of the latter, pain, suffering and death are concealed or presented in a distorted manner. Quite often, a false idea of the virtue of Charity is introduced, that is, presented as mere philanthropy, so as to gain acceptance in the contemporary world. Many times, Health Pastoral Care is obscured by shades of pain, making it lose an essential element that should characterize it, that is, faith in the Resurrection. If both faith and charity fail, the virtue of hope too is weakened and, instead of celebrating Jesus Christ's victory over pain and death, Health Pastoral Care is merely focused on charity and compassion.

¹ Annuarium Statisticum Ecclesiae 2005, pp. 355-366

II. WHAT IS HEALTH PASTORAL CARE?

GOSPEL PROPOSAL

If we wish to deepen the answer we have been suggesting in our opening remarks, we can succinctly consider four points: a general review of healings accomplished by Jesus Christ; the enumeration of the basic elements derived from these healings, in order to carry out Health Pastoral Care according to the Gospels; the evangelical way that we can design on the basis of such elements, so as to actually implement Health Pastoral Care the synthesis of this way in the model of the "Good Samaritan".

1. General View of Healings in the Gospels

In the Gospel of Mark, we come across the following miracles: the healing of Peter's mother in law, the healing of the paralytic, who is brought down through the roof, the resurrection of Jairus's daughter, the healing of the woman with a haemorrhage, the man with a withered hand, the deaf and dumb, the blind man from Bethsaida and of the leper.

Matthew reports the healings of the Centurion's servant, of two blind men, of the deaf and dumb and of two blind men from Jericho.

In Luke, we meet the resurrection of the son of the widow of Naim, the healing of the humpbacked woman in the synagogue, of the dropsy sufferer and of 10 leprous men.

John reports the healing of the Centurion's son, the paralytic from Bethsaida, of a blind man and the resurrection of Lazarus.

On the whole, the Gospels report 22 miracles, but it is evident that for the synoptics, many times different evangelists refer to the same miracle.²

2. Basic elements for the Pastoral of Health in the Gospels

Reflecting on these narratives we can identify the following elements that, having been developed by Jesus Christ when he healing the sick, will always be present in Health Pastoral Care accomplished according to the Gospels. We enumerate the following: touching Christ, seeing Christ, hearing Christ, the resurrection, salvation, life, theological virtues of faith, hope and charity, prayer, praise, thankfulness, friendship, compassion, forgiveness, personal identification of the sick and tact. In summary, there are fifteen major levels in Christ's approach to heal the sick, which should be considered when outlining the direction to be taken by Health Pastoral Care in the evangelical way.

3. The Evangelical Way for Health Pastoral Care

If we now wish to outline, on the basis of the above elements, the way that Health Pastoral Care should take, in order to follow in the footsteps of Christ, the Good Shepherd, in healing the sick, we could say that the way for Health Pastoral Care consists in realizing the vital link between the world of health care and Jesus Christ, by showing His salvific presence as a source of love and as a way to master life. In this Health Pastoral Care, it is necessary to hear and see Christ and be full of hope for the resurrection. Each one should

² Mt 8, 5-13; 9, 27-31; 12 2-23, 20, 29-34; Mk 1, 29:32, 40-45; 2, 1-12; 5, 21-43; 7: 31-37; 8, 22-26; Lk 7, 11-17; 13, 10-13; 14, 1-6; 17, 11-19; 22, 50-51; Jn 4, 46-54; 5, 1-9; 9, 1-7; 11, 38-44.

be fully friendly, tactful and should identify with each patient; should be compassionate, forgiving, remove any form of alienation and strive to see that Health Pastoral Care converges both in the Resurrection of the Lord and in one's own. In order to follow this way, the three virtues of faith, hope and charity should be revived, deepened by means of prayers of petition, commendation and gratefulness to the Lord.

4. A practical synthesis of the Gospel Proposal

The practical synthesis can be reached if we see in the parable of the Good Samaritan (Lk, 10, 25-36) Christ himself (the emblem of our Pontifical Council).

Eight elements can be identified in this parable: (i) the Good Samaritan is fully conscious of the reality, he sees the wounded man; (ii) He feels compassion, he is touched; (iii) He treats him, he puts vinegar and wine in his wounds; (iv) He shares his property, he puts the wounded man on his horse; (v) Entrusts him to competent people, he puts the wounded man in the care of hotel owner, (vi) He spends his money and gives him two coins, he is completely generous, (vii) If anything lacks...; (viii) He checks the results when he returns.

PONTIFICAL PROPOSAL

How does the Teaching of the Church, especially Popes John Paul II and Benedict XVI, view the evangelical proposal on Health Pastoral Care?

The answer can be found especially in 7 Documents: "*Gaudium et Spes*", "*Dolentium Hominum*", "*Pastor Bonus*", "*Salvifici Doloris*", "*Message for the Year 2000*" (Message for the World Day of the Sick in the Jubilee Year – ***Specially the concept of health***, n.13-), "*Novo Millennio ineunte*" and the Address of Pope Benedict XVI to the Pontifical Council for Health Pastoral Care, on the occasion of its XX International Conference and its VI General Assembly.³ In these documents, the Popes establish the tasks of the Pontifical Council in the field of Pastoral Care in Health, and finally the Pontifical Council itself. This is also valid for the particular churches.

Pope Benedict XVI insists in the renewal and deepening of the pastoral proposal in Health Care that take into account the growing mass of knowledge spread by the media and the higher standard of education of those they target. One must form the conscience in a deep and clear way, especially in genetic applications in order to ensure that every new scientific discovery will serve the integral good of the person, with constant respect for his or her dignity. Therefore, it is necessary to have trained and competent consultants, to update the training of pastors and educators to enable them to take on their own responsibilities in conformity with their faith, and at the same time, in a respectful and loyal dialogue with non-believers is the indispensable task of any updating in pastoral health care. Pastoral Health care must guarantee a prompt response to the expectations by each individual of effective help. Therefore, one must study the proper methodology to bring help to persons, to families and to society in order to ensure an incisive presence of the

³ *Gaudium et Spes* 10; *Salvifici Doloris*, 26; *Pastor Bonus*, 152-153; *Dolentium Hominum*, 2-6; *Message of the Holy Father for the World Day of the Sick for the Year 2000*, n. 13, in *Dolentium Hominum* 42 (1999) 9; *Novo Millennio inenute*, 28-58; *Address of Pope Benedict XVI to the Pontifical Council for Health Pastoral Care on the Occasion of the XX International Conference on the Human Genome*, 19 November 2005. *Address to the Pontifical Council for Health Pastoral Care on the Occasion of its VI General Assembly*, March 22, 2007

Church at the pastoral level. It is necessary to combine loyalty and dialogue, theological deepening and the capacity of mediation.

The pastoral healthcare worker continues the action of the Good Samaritan and putting the inalienable right of each person to health care at the heart of his or her work. But the driving force of the professional pastoral healthcare worker is Love.

The Encyclical “Deus Caritas Est” and the Apostolic Exhortation “Sacramentum Caritatis” find a special application in the care of sick people: the Eucharist is this force of Love. At the hospitals, the Chapel must be the heart that pulses, in which Jesus offers Himself to the Father for the life of Humankind. The Eucharist given to the sick, with respect and with spirit of prayer is the vital sap that comforts them and infuses in their souls the interior light to live with faith and hope the conditions of the sickness and the suffering⁴.

The pontifical proposals are particularly the following: to offer guidance on Health, focusing on the actual problems of pain, disease, suffering, death and life; centred on the Eucharist, to unite health care professionals, bishops, chaplains, doctors, nurses, pharmacists, administrators of health care centres, volunteers etc.; to be in touch with particular Churches, with international, national, regional and local organisations working in the field of Healthcare; to be up to date with problems of health: on scientific, technical, legal and political levels.

If we want to organize these pontifical proposals according to Health Pastoral Care as described in the opening remarks, then they should be ordered according to the characteristics mentioned: listening, feeding and uniting. These characteristics are the foundation of the three ministries existing in the Church: that of the Word, of Sanctification and of Communion, according to which and in the direction of which we are now going to organize the magisterial teaching.

1. The Word

It is the Teaching of the Church on fundamental issues, such as life, death, pain, disease, anxiety, etc.. John Paul II and Benedict XII note that at the centre of the teaching on Health Pastoral Care we find Jesus Christ who suffers in those suffering; our suffering is His suffering and, because of this, is transformed into the joy of His Resurrection. As a result, health appears as a tension towards harmony, which is understood and lived thanks to the love of the Holy Spirit, since the Holy Spirit is the only one that can unite us with Christ.

Therefore, in Health Pastoral Care, both formation and profound study of the essence of the human condition are extremely important. The ethical and religious formation is indispensable, in the Seminaries, as well as in Catholic Universities and in the elementary Catechesis. Moreover, the reality of health care systems and their orientations in different countries should be thoroughly studied and special attention should be given to their proposals in the various programs on health care, which they intend to carry out.

⁴ Cfr. Benedict XVI, *Address to the Pontifical Council for Health Pastoral Care on the Occasion of the XX International Conference on the Human Genome*, 19 November 2005. *Address to the Pontifical Council for Health Pastoral Care on the Occasion of its VI General Assembly*, March 22, 2007

In the above-mentioned address of Pope Benedict XVI to the International Conference of the Pontifical Council for Health Pastoral Care, the Holy Father insists on the renewal and deepening Health Pastoral Care, keeping in mind the current developments in knowledge of health care issues, as diffused by Mass Media, and the high level of education of the people to whom they are addressed. Consequently the Pope says that it is necessary to carry out a clear and profound formation of human consciences and to enlighten them, especially as regards the Ethics of Biogenetics, in order to guarantee that each new scientific discovery may serve the integral good of the person, always in full respect of his individual dignity. It is therefore evident that Health Pastoral Care should count on competent and well-trained advisers. Within Health Pastoral Care, it is absolutely necessary to offer to update Priests and Educators on these issues, so that they may assume their responsibilities, in line with their faith, in a true and respectful dialogue with non believers. In such a way, our own expectations, along with our need of assistance, can be adequately guaranteed and met. Health Pastoral Care should also study the proper methodology to assist people, their families and society as a whole, so as to ensure an incisive presence of the Church in this pastoral field. It will be necessary to combine the loyalty to the doctrine of the Church with openness to dialogue with the contemporary health world. As a result, we should carry out a deep theological study of all these issues and increase our capacity of mediation.⁵

As a result, it is extremely important to take a stance in the new Frontiers and be up-to-date in the scientific, technical and legal novelties, at a local, national and world level.

2. The Sanctification

Health Pastoral Care manifests the solicitude of the Church for the sick and the suffering. It also requires special attention to health care workers. Pastoral Care in Health should always start from the Face of Jesus Christ, at the same time agonized and glorious and should accomplish the Redemption that Christ offered us, both in the illness and in death itself. Pastoral planning should include the way to sanctification in the Health Pastoral Care. It should start from the holiness of life, prayer, the sacraments of the Eucharist and Reconciliation, Grace, and the Word of God. It should make us converge in the in the Communion of the Trinity.

3. The Communion

To accomplish communion in Health Pastoral Care, it is necessary to coordinate it in an intelligent way: all the Associations of Health Care Workers should be properly coordinated and contacts should be kept with the local Churches and with Healthcare Organizations, whether they are catholic or not, at local, national and international level.

Operational Synthesis

If we wish to summarize the pontifical proposal for Pastoral Care in Health, we could state that its task is to show the concern of the Church for the sick and the suffering, through its doctrine, coordination, its contacts and research activity.

⁵ Cf. Benedict XVI, *Address to the Pontifical Council for Health Pastoral Care on the Occasion of the XX International Conference on the Human Genome*, 19 November 2005. cf. Also: *Address to the Pontifical Council for Health Pastoral Care on the Occasion of the VI General Assembly of the Dicastery*, March 15, 2007

ELABORATION OF THE PONTIFICAL PROPOSAL BY THE COUNCIL FOR HEALTH PASTORAL CARE

In agreement with the evangelical Proposal, as interpreted by the Holy Father in the above-mentioned form, the Pontifical Council for Health Pastoral Care proposes one general Objective and three specific goals for Health Pastoral Care.

General Objective

The general objective is: ***“Promote, orientate, develop and coordinate the Pastoral of Health in the Church according the Teachings of the Holy Father, to face the challenges that emerge today in the World of Health”.***

Specific Goals

These specific goals should be ordered in agreement with the organization envisaged in the pontifical proposal, that is, on the basis of the three ministries of the Church: Word, Sanctification and Communion.

Goal of the Word

“To enlighten, through the Gospel, the world of Health, illness and death, transmitting to it the strong testimony of the Resurrection”.

In this goal, we wish to highlight in particular the virtue of Hope, in order to answer to the envisaged problem of immanent secularism. We do not want to remain in a deistic type of transcendence, but rather in a transcendence revealed by Christ, by means of His death and resurrection.

Goal of Sanctification

“To sanctify both the sick and the healthcare workers, so that they may be united to Christ’s death and resurrection”.

In agreement with the Holy Father’s teaching it is our goal to evangelize the world of sickness and health, by integrating what is missing in the Passion of Christ, because this is the only way to respond to the absurdity of death and the effects of pain and diseases.

This goal is mainly the goal of prayer, whereby we ask Christ to take up our death, suffering and pains in His own Passion and death, thus offering us the only possible and true health. In this goal, we obviously realize that health is not merely made up of wellbeing, but rather of happiness, which is actually reached whenever we head towards the harmony of life, by taking the only possible way, that is accepting the cross and living in the Crucified Christ. This life is only possible if Christ gives it to us, that is when He takes upon Himself our death in His death and the all the evil of the world. It is the meaning of Christ who comes to take away the sin of the world. This union is effected by the Holy Spirit. Therefore, the goal of the Health Pastoral Care is to raise prayer, so that the Holy Spirit may give us health, by joining us in Christ, dead and risen.

Goal of Communion

To coordinate Health Pastoral Care, in order to accomplish the ecclesial communion.

Our task in Health Pastoral Care is solidarity. The one sheepfold mentioned by Christ when he appeared to us as the Good Shepherd (Jn, 10) is built upon the image, in the Holy Trinity, where life is the supreme harmony in the infinite mutual donation. Through this it is possible to achieve the union of all in Health Pastoral Care, by accomplishing a reciprocal loving donation, in order to actually implement a Pastoral Care in Health that brings life in abundance.

In this way, Christ builds His Body, which is the Church, whereby each one of us, according to the measure of his own donation, receives the Spirit to accomplish his mission in this form: *“making the truth in love, may grow up in all things into Him who is the head - Christ – From whom the whole body, joined and nit together by what every joint supplies, according to the effective working by which every part does its share, causes growth of the body for the edifying of itself in love.”* (Eph 4, 15-16). This is the way of realizing in Health Pastoral Care the union of all pastoral workers among themselves and with Christ dead and risen.

III. WHAT SHOULD BE DONE?

With regard to the realisation of this Pastoral Care in Health, I would like to mention the four following points: challenges, general proposals, ways and answers.

1. Challenges

One of the challenges consists in guiding it. As we already said, it is not mere philanthropy or even a feeling of solidarity and compassion for the disabled or suffering humanity, or a mere social commitment that we have towards the poor and unprotected. The challenge consists in proclaiming it according to the Goal of the Word, as we noted above. It is the proclamation of the Lord's resurrection. That is to say that we do have answers to the most profound problems of mankind and therefore to death. Today, we usually say that a respectful silence is more valuable to delicately accompany these people, in front of unbearable situations. But saying that reveals a lack of faith, when do have answers, or better, if we do have the answer of Christ dead and risen.

Another challenge consists in promoting it. We may get the impression that somewhere this Pastoral Care, once a real priority, is now starting to be forgotten. It is too often absent from pastoral plans. Here, we are perhaps running into the problem of secularism, as we mentioned earlier.

The third challenge consists in trying to unify the Health Pastoral Care in the Church. We are trying to accomplish this, or, rather, we have always accomplished this, but we now need to increase coordination at all levels: international, national, diocesan and parish.

2. General proposals

Generally speaking, these proposals refer to the first challenge related to coordination. We shall refer later to the two other challenges.

We propose to organize Health Pastoral Care in each country; to keep in touch with the Pontifical Council; to have a diocesan, regional and national coordination.

3. Ways

We wish to point out four different ways we should follow in the field of Health Pastoral Care. First of all, to offer guidance on the meaning of health, suffering, the problems raised by the new age we are living in, the complex problems raised by Bioethics, by the relationships between Globalization and health, by Economy, by Politics and by Health. Second, to collaborate with the various health workers, such as doctors, nurses, pharmacists, volunteers, hospital administrators, Bioethics Committees, etc. Third, to favour the development of Sanctuaries, where many people go to pray also for their health, catholic Schools of medicine, Schools for Nurses, Health Organizations, both catholic and non catholic, public and private. Fourth, to accompany people in asserting their rights to health care; in keeping up to date with the most recent advances in science and technology and in Biogenetics; in facing problems of socialization or re-privatization of medicine; in dealing with emerging diseases, such as AIDS or Drug Addiction, or re-emerging ones, Tuberculosis and Malaria and other diseases that are sexually transmitted.

4. Answers

Proceeding in this way, we can already find the answers for those who are working in the field of Health Pastoral Care. We could even be more concrete, by identifying fields of action in each one of the ecclesial ministries, in Health Pastoral Care.

Regarding the Word, we should develop a sound and profound Theology on Pastoral Care in Health and work closely with the catholic Schools of medicine; we should both publish and stimulate the publication of studies focused on key problematic issues raised by modern society. We need a pastoral Guide for health care workers and we should promote, organize and direct meetings, conferences and research in all fields of interest, especially today, that of Bioethics.

Regarding Sanctification, we should further revitalize the Sacrament of the Anointing of the Sick, emergency Baptism, especially in paediatric hospitals, Viaticum, the celebration of the Sacrament of Reconciliation and, whenever necessary, of Marriage. We should make use of the various existing rituals for the Pastoral Care in Health, and make them available to those who need them. It is necessary to increase the number of liturgical celebrations both for the sick and for the staff in healthcare institutions. It is necessary to increase prayer, especially by the sick people themselves. In accordance with the invitation of the Holy Father in the year 2003, the recite of the holy Rosary is to be privileged. There is the Union of sick missionaries who offer their sufferings in the form of prayer for the spread of the Kingdom of God.

Regarding Communion, it is necessary to encourage the above Union of the sick, of the Chaplains devoted Pastoral Care in Health, of catholic doctors, of catholic nurses, of pharmacists, of hospital administrators, of volunteers in the Health Pastoral Care. The Union of Catholic Hospitals is also very important.

There is a need to promote the celebration of the World Day of the Sick, addressed to the whole world. We should intensify the guidance in these areas by means of social communication tools; we should defuse statistics, for our mutual assistance, use the

Internet, know the various existing websites, make the appropriate connections, use more easily the press, the radio and the TV.

We should especially take care of sick people who have been victim of the above-mentioned diseases: AIDS, drug addiction, tuberculosis, malaria, chronic diseases of the third age and cancer; we should increase palliative care and follow the correct procedures for organ donation, etc.

A very special role is played by “The Good Samaritan” Foundation, created by Pope John Paul II at the end of his life and confirmed by Pope Benedict XVI, the purpose of which is to assist financially the poorest and less protected sick people worldwide.

CONCLUSIONS

As a conclusion to all we have said above, we can state that Health Pastoral Care represents the ecclesial call to harmonize death and life. This apparent paradox and contradiction can only be accomplished by the Holy Spirit, when He joins together the suffering mankind with Christ, so that Christ Himself assumes this suffering and this death, incorporating them in His own passion and death. This union accomplished by the Holy Spirit is not limited here, rather by uniting us to the suffering Christ he at the same time unites us to the risen Christ. Thus Spirit unites one to the victorious Christ, who re-creates the whole Universe, and accomplishes the eternal Decree of the Father, that is total harmony, by pacifying, through the blood of Christ, all that is on the earth and in the heavens (Col 1, 20).

Therefore, Health Pastoral Care is not a mere project of charity in favour of the sick, but rather a profound penetration in the essential mission of the church, a task that Christ has assigned to His disciples and apostles. To accomplish this Pastoral Care a profound faith is needed, along with an efficient charity and a hope capable of standing any challenge. This is the only way to accomplish God’s plan for the Health Pastoral Care, which consists in the imitation of the life of Holy Trinity: “Making the Truth in Love” (Eph. 4, 15).

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