

U.S. Bishops Meet In Washington, D.C.

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Council directives concerning establishment of pastoral councils in all dioceses.

Last year, the advisory council — a 50-member body comprising bishops, priests, religious and laity — had the task of determining whether a National Pastoral Council should be established to help the work of the Church in this country.

An advisory council report noted that about half the U.S. Dioceses have or are developing pastoral councils and suggested these might serve as models for the proposed national body.

The bishops elected Cardinal John J. Krol of Philadelphia to a three-year term as the second president of the National Conference of Catholic Bishops (NCCB).

He succeeds Cardinal John Dearden of Detroit, the first prelate to hold the office in which the occupant becomes the principal voice of the Catholic hierarchy in the U.S.

Cardinal Krol received 130 (or 52 per cent) of the 250 votes cast by bishops at their semiannual meeting. Five other prelates were nominated.

Other nominees and their votes were as follows:

Bishop Joseph L. Bernardin, general secretary of the U.S. Catholic Conference, 89 votes; Cardinal Terence Cooke of New York, 22; Cardinal John Carberry of St. Louis, 4; Co-adjutor Archbishop Leo Byrne of St. Paul-Minneapolis, 4; and Archbishop Humberto S. Meeiros of Boston, 1.

Cardinal Dearden, the outgoing president of the National Conference of Catholic Bishops and the U.S. Catholic Conference, reviewed his five years in office in his presidential report.

He described the five years as a "crisis of transition," of adaptation, (and) of growth for the Catholic Church, a "crisis inevitably and often experienced by the People of God in their movement from one historical epoch to another."

Cardinal Dearden listed four "positive achievements" which have been of "special significance" during the five years he has led the two organizations:

- The "promising reorganization" of the U.S. Catholic Conference which has "enhanced" its ability to "deal with issues in its sphere of competence." The NCCB "committee system has made it possible for us to address ourselves directly to many crucial issues with which formerly we could deal only partially..."

- Establishment of the U.S. Catholic Advisory Council through which priests, religious and laymen "are able to collaborate with us" in decision-making "to a degree that has been impossible until now..."

- Development of "closer relationships between our conference and the national hierarchies of other countries, especially those of Latin America and Canada. Our Inter-American Bishops' meetings are a forum for the continuing exchange of information and ideas among the Bishops of the hemisphere..."

- The Campaign for Human Development, an "extraordinary initiative" of the American Catholic Church, offering "visible testimony at the national level" of the Church to the "eradication of causes of poverty in our country..."

The 64-year-old cardinal also set forth four "Broad areas of concern," items of business that are still before the Con-

ference, each embracing "many specific challenges and opportunities."

"Among the most pressing issues confronting the Church in the U.S. today is the inter-relationship of persons within the Church — between Bishops and Priests and between both of these and the laity...."

"The time has come," Cardinal Dearden said, "to heal any breach that may exist," especially between bishops and priests, "to close any gap that may be present in the relationship" between them... "We must set ourselves to honest, open, collaborative effort on both sides with the common good of the Church in mind."

A full-time theological advisor to the conference staff has been authorized although the post remains as yet unfilled. "Through this, we can more effectively establish ongoing communications with our theologians. Their insights, coupled with our sense of pastoral awareness, will help make clearer our common vision of the Conference's fundamental role and orientation."

"We need to increase still further the conference's effectiveness as an instrument for promoting collaboration, both among ourselves and also between ourselves and others" he said. The cardinal pointed specifically to better collaboration within regions "to bridge whatever gap there now may be between action at the local level and action at the national level..."

He added that "we need to take a fresh look at the question of when and how we communicate to the American Church and the American nation. It may be that our present procedures for preparing and issuing statements are cumbersome and fail to take into consideration the complexity of speaking effectively to people at a time when so many voices, through so many media, are clamoring to be heard."

"Possibly, too, through the adoption of new procedures and new approaches, we could enhance the value of our meetings as a medium of communication, an occasion for furthering understanding of our goals and purposes. Certainly, as teachers in the Church, we cannot rest content that our duty is entirely fulfilled until Christ's message is heard and heeded at every level of the Church and society..."

On another front, the bishops voted to admit the press and other "auditors" to its semi-annual meetings in April.

By a vote of 144 to 106, with three abstentions, the U.S. bishops approved a resolution from a subcommittee which recommended that "top-flight, qualified and approved members of the working press and communications field" be admitted to sessions.

The plan provides for "executive sessions" when deemed necessary.

Thursday Deadline

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Scene as U.S. Bishops meet. (RNS)

Bishops Issue Directives For Catholic Hospitals

Washington, D.C. — (RNS)— A list of 43 "ethical religious directives for Catholic health facilities" was adopted here by the American bishops at the semiannual meeting of the U.S. Catholic Conference.

The seven-page document updates a similar statement adopted in 1954, the changes including the addition of a preamble and two directives concerned with the transplantation of organs from living and deceased donors.

Bishop George N. Guilfoyle of Camden, N.J., chairman of the Department of Health Affairs which drew up the document, said at a press briefing that the directives are intended as a "teaching" device rather than as a code to be imposed.

Asked if the directives would have more force than a mere advisory, Bishop Guilfoyle replied that the approximately 775 Catholic hospitals to which the document is directed could lose diocesan approval if the directives were not followed.

Among the directives are the following:

- "The directly intended termination of any patient's life, even at his own request, is always morally wrong."

- "Abortion, that is, the directly intended termination of pregnancy before viability, is never permitted nor is the directly intended destruction of a viable fetus..."

- "Operations, treatments and medications which do not directly intend termination of pregnancy but which have as their purpose the cure of a proportionately serious pathological condition of the mother, are permitted when they cannot be safely postponed until the fetus is viable, even though they may or will result in the death of the fetus..."

- "Sterilization, whether permanent or temporary, for men or for women, may not be used as a means of contraception."

The transplant directives state:

- "The transplantation of organs from living donors is morally permissible when the anticipated benefit to the recipient is proportionate to the harm done to the donor, provided that the loss of such organ(s) does not deprive the donor of life itself nor of the functional integrity of his body."

- Added to the 1954 directive on post-mortem examinations (which must not be begun until death is morally certain) is the following:

- "Vital organs, that is, organs necessary to sustain life, may not be removed until death has taken place. The determination of the time of death must be made in accordance with responsible and commonly accepted scientific criteria. In accordance with current medical practice, to prevent any conflict of interest, the dying patient's doctor or doctors should ordinarily be distinct from the transplant team."

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