



Mike Mergen/Photo Intern

Archbishop Desmond Tutu addresses an audience of 1,400 in Rochester.

Archbishop wins raves

By Rob Cullivan
Staff writer

ROCHESTER — Dramatic changes in South Africa during the past decade point to the hand of God moving through human affairs, said Anglican Archbishop Desmond M. Tutu, the famed anti-apartheid activist and Nobel Peace Prize winner.

"In many ways the Scriptures came alive," Archbishop Tutu said of the anti-apartheid struggle. "They seemed to have been written with our specific condition in mind."

In a rousing sermon-like speech, the retired-archbishop of Cape Town, South Africa, wowed an Oct. 3 luncheon audience of 1,400 people who gave him several ova-

tions at the Rochester Riverside Convention Center.

The luncheon was one of several highlights of the Sept. 30-Oct. 4 conference of Catholic Charities USA, the national network of church social-welfare agencies. Catholic Charities of the Diocese of Rochester was host for the annual event.

Archbishop Tutu received CCUSA's Vision 2000 Award at the end of the luncheon in honor of his work to end racial injustice and foster racial reconciliation in his homeland.

Archbishop Tutu, 68, used a mixture of jokes, biblical quotations and anecdotes to illustrate his belief that faith in a just God helped black South Africans overcome the legalized discrimination that marked their

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Trends alarm disabled people

Just a few months ago, a 9-year-old British girl in Sheffield, England, was denied consideration for a heart transplant because she had Down syndrome.

Peter Singer, an Australian philosopher who does not consider the killing of babies with developmental disabilities to be morally objectionable, began this fall as professor of bioethics at Princeton University.

U.S. Attorney General Janet Reno ruled last year that Oregon does not violate any federal laws with its state law — the only one of its kind in the country — that permits euthanasia.

Disabled people see trends they find quite alarming — both for themselves and for the wider society.

After all, they note, Germans with physical and mental disabilities were also among the first victims of Adolf Hitler.

"Advocates of the culture of death sometimes subtly, often directly, make use of society's impatience and dread of human vulnerability and disabilities," observed Mary Jane Owen, executive director of the National Catholic Office for Persons With Disabilities.

"When we fear our shared fragilities, their strategies begin to make sense," said Owen, whose Washington, D.C.-based organization was created in 1982 to implement the Pastoral Statement of U.S. Bishops on People With Disabilities.

Owen is concerned that disabled people will become a growing target for "abortion, assisted suicide, euthanasia and rationing of medical and rehabilitation services," she said.

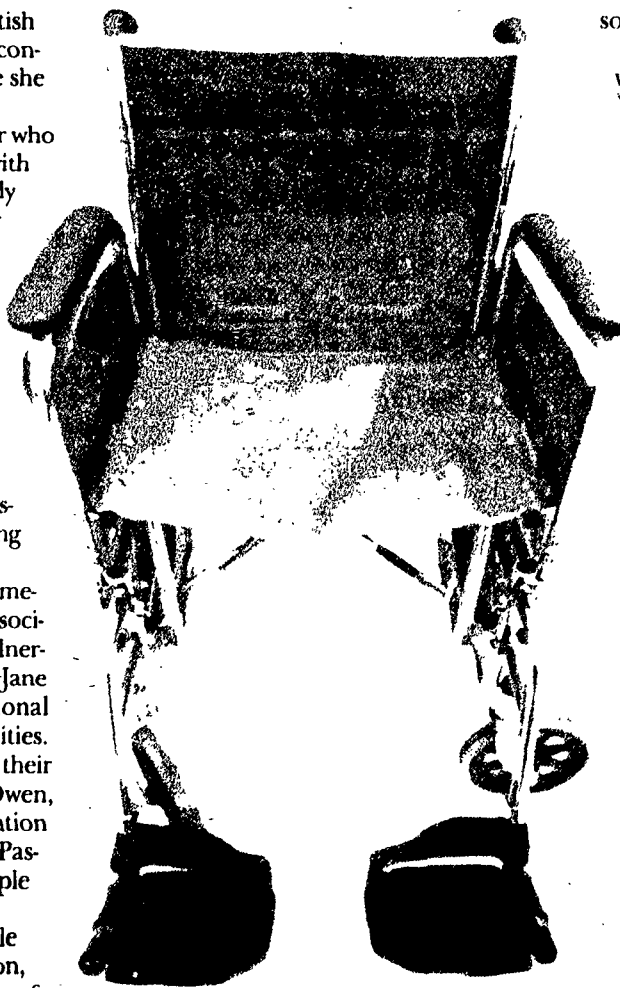
Dr. John Schiavone of Elmira observed that society has become increasingly tolerant of morally objectionable material on television and the Internet. In such a climate, he said, it's more likely that the Peter Singers of the world will gain acceptance for their views.

"There are indicators that (killing disabled babies) could become more pervasive — something that's not only unethical, but ungodly," remarked Schiavone, a self-described pro-life activist and doctor of internal medicine at St. Joseph's Hospital.

Singer wrote in his book *Practical Ethics*: "Killing a defective infant is not morally equivalent to killing a person. Sometimes it is not wrong at all." Singer also suggested that parents be given the first four weeks of a disabled infant's life to decide if they want it to live.

Singer's appointment at Princeton has sparked protests by student groups as well as Not Dead Yet!, a national coalition of persons with disabilities who oppose euthanasia.

Whether the targets were babies or adults, James Mulrone said that any form of legalized euthanasia would be troublesome for per-



sons with disabilities such as himself.

"I find (euthanasia) abhorrent. It would open up the door — I can see people abusing it, saying 'Let them go' and withholding health care," said Mulrone, a parishioner at Our Mother of Sorrows Church in Greece. Mulrone, 63, has depended on a wheelchair since breaking his back in a swimming accident in the late 1950s. Both his legs were amputated in 1992.

However, there's another side to the discussion on euthanasia and persons with disabilities. What if they are being kept alive by such artificial means as a ventilator, and choose to have their life-sustaining treatment ended?

That issue took center stage in Rochester — and spread internationally — in August. Bill White, 50, died at Strong Memorial Hospital on Aug. 13 after having lived there for 30 years as a quadriplegic. White had sought to have his ventilator treatment discontinued, sparking controversy over the legality and morality of his wish, and whether his desire to die was granted too readily because he was disabled.

In Mulrone's view, opinions divide sharply on end-of-life issues for the disabled. Contributing factors, he said, include interpretation of church and civil laws; mental and emotional

capacity of a patient to make clear decisions; and a patient's perceived quality of life.

"It's so much of a sticky wicket," Mulrone said. "Everybody has to remember, each of us are unique and individual. But when you make laws, it's for groups. How do we break it down for individuals?"

Catholic perspectives

The Catholic Church's stance on end-of-life issues is quite clear, according to Father Joseph Brodnick, chaplain at St. Joseph's Hospital in Elmira. He referred to the U.S. bishops' 1994 "Ethical and Religious Directives for Catholic Health Services," which builds on previous church teachings and states, in part:

"A person has a moral obligation to use ordinary or proportionate means of preserving his/her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive ex-

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