



Tui Motu

InterIslands

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inside

- *focus on healthcare*
- *the Eden Project*

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Cover picture

The eighth wonder of the world – our 'roving editor' visits the Eden Project in Cornwall (see pages 16-18)

Where have all our young ones gone?

My daughter went to a funeral recently. The young man who had died was in his late 20s, he was a colourful, adventurous person and he embraced life with a passion adding excitement, laughter and love to the lives of all who knew him. He liked to live on the edge and he took risks, but he was cut down, mid flight, by a rare form of cancer with which he battled for six months.

My daughter, like all his friends, was deeply affected by his courageous fight and by his death. For many of them it was a first experience of the death of one of their own age group. For some it was also their first real encounter with their own mortality, the fragility of all life and perhaps the fear of death.

The funeral was in one of the mainline churches, it was packed with people, young and old, who had come to support the family and to say goodbye to their friend. The family carried the day, each of them took part in the service and the young man was given a wonderful farewell. But when it came to the Christian voice, there was a great sense of discomfort. The young felt the words and images the minister chose were entirely inappropriate for their friend. Some of them even said they felt like walking out. Their grief was not addressed by the church in a way they found credible.

I believe most young people seek spiritual answers to the same questions that all the different religions try to answer and have always tried to answer. But today the young are not finding those answers in our Christian churches. This is not because they don't appreciate or identify with the essential messages of Christianity, it is because they find the images and the language archaic, irrelevant even. So what can we do? How can we relay the message in a way that does not alienate future

generations of intelligent, independent thinkers?

I don't pretend to have answers, I only know that my faith and my church have been central in my life for the past 25 years and I cannot imagine life without it. I regret I don't seem to have passed it on to my children.

Personal faith is not something that can be taught and churches (I mean priesthood and membership alike) have the responsibility to 'carry the faith' to be 'centres of faith' ready to open their doors for those who come searching. But how many of us in our churches are prepared for the young uninitiated with all their challenging questions if and when they do come searching?

Health care dilemmas

This issue of *Tui Motu* focuses on health care issues, particularly regarding ethics for Catholic health care providers. Some interesting dilemmas are presented here, which we probably never think about if we are only on the receiving end of health care. These give us a good opportunity to reflect on the role of the Church in the provision of health care.

The centre pages feature an attractive contribution from *Tui Motu's* 'real' editor Michael Hill, describing and illustrating his visit to the Eden Project in Cornwall.

There's a cross section of other subject matter this month, including a challenging biblical reflection and some first-hand experience of the Restorative Justice process as food for thought.

Thank you for having me, *Tui Motu*. I have really enjoyed working with everyone involved. Michael will be back by the time you are reading this.

God bless.

PC

Health care provision is not equally shared...

...not in the 3rd world countries, not even in this country

Many years ago I met up with a New Zealand nurse who was engaged in training Melanesian nurses in one of the nations of the South Pacific. In the course of a long discussion, she said something which has stayed firmly in my mind for 20 years. The hardest issue she had to deal with was not heat or malaria or language or salary. Her first and greatest hurdle was to accept that people regularly died in that small country from illnesses which would never be fatal in New Zealand.

She had to come to terms with the reality that medical provision was not equally shared; that citizens of 'developed' countries could expect radiotherapy, transplants and sophisticated surgical procedures which were beyond the resources of the Health Department that was employing her.

Over the years I have thought often of this nurse, of her frustration and indeed her pain as she watched helplessly while patients died and as she longed for the resources she had left behind in New Zealand. The same issue is taxing the minds of United Nations officials and world leaders at present, as they try to gain access for poor communities, especially in Africa, to the HIV/AIDS medication desperately needed to slow down the epidemic raging on the African continent. Disparities in wealth,

whether of nations or of individuals, cut deeply into a nation's or a person's access to medical treatment.

These are political questions, we are told. Politicians, through their budget determinations, decide what can and cannot be provided. But surely they are ethical questions also? Is it just that we have come to accept as normal such huge disparities between nations? Are there no mechanisms for ensuring a more even spread of skills and resources for the world's peoples? Fred Hollows found a way to ensure that the poorest people in Eritrea or Nepal had access to eye surgery which was readily available to their northern sisters and brothers. Efforts are currently underway to coerce or shame pharmaceutical companies into providing AIDS medication at a more reasonable cost in parts of Africa. So change is possible.

But what of our own society? We all know that there is now a tiered system of access to health. Those who can afford insurance or who have sufficient wealth to pay for it can receive almost immediate treatment. Those who cannot insure or cannot pay the high cost of surgery must wait – sometimes for years. It used to be that they waited for 'non-essential' surgery. But now those who are poor are waiting for treatment even for much more serious

conditions.

The specialists and surgeons who are available to treat the poor are by and large the same specialists and surgeons who are treating the wealthy or the insured. The hours they spend treating the wealthy are hours that they cannot offer to poorer members of our society, who linger on public hospital waiting lists. Even to reach the family doctor is a significant struggle for large sections of our population. Those who do not own vehicles or telephones or who live far from public transport systems do not easily take a sick child to the doctor. Overcrowded or inadequate housing or other poverty indicators contribute to sicknesses for which remedies cannot easily be obtained. Disparity – on a widening scale – is a clear feature of our own health realities.

As we consider various important aspects of health provision and read the perspectives on health care that are presented in this issue of *Tui Motu*, we must not ignore the ethical health choices we are making as a nation. Sophisticated, life enhancing treatments for those who can afford them: suffering, pain and waiting for those who cannot. With whom will we stand? ■

Elizabeth Mackie OP



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Tui Motu-InterIslands is an independent, Catholic, monthly magazine. It invites its readers to question, challenge and contribute to its discussion of spiritual and social issues in the light of gospel values, and in the interests of a more just and peaceful society. Inter-church and inter-faith dialogue is welcomed. The name *Tui Motu* was given by Pa Henare Tate. It literally means "stitching the islands together...", bringing the different races and peoples and faiths together to create one Pacific people of God. Divergence of opinion is expected and will normally be published, although that does not necessarily imply editorial commitment to the viewpoint expressed.

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Response – Foot and Mouth Disease: the theological debate

Professor Mary Grey and Rabbi Dan Sherbok have done well to bring a theological dimension into the debate about foot and mouth disease (*TM* May and June 2001). *Tui Motu* did well to interface these theological concerns with the economic case made by Allan Bryce who is responsible for Animal Biosecurity in New Zealand.

Ecotheology has a contribution to make in the public arena – listening, questioning, engaging in dialogue and sometimes challenging. Ecotheology is concerned with the whole of creation and the totality of relationships – economic, social, political, environmental and spiritual.

Faith and farming practice

Rabbi Sherbok and Professor Grey certainly embodied theology engaging with the world – and getting into trouble for doing so (*Tui Motu* May 2001). I read parts of their article as devotions at a Parish Council meeting and we engaged with it. Ours is a rural parish, with church leadership predominantly involved in farming.

The response at our meeting was lively.

Facts concerning the physical effects of FMD on animals were questioned. New Zealand farmers are accustomed to putting suffering animals out of their misery, if

There is strong support for the work of New Zealand's plant and animal disease surveillance systems. All New Zealanders, together with our plant and animal communities, stand to benefit if our systems are clearly worked out, well publicised and supported by residents and visitors alike. We are a small isolated country which is highly vulnerable in economic and ecological terms if the integrity of our systems is breached. We are the joint beneficiaries of the work done by Allan Bryce and his colleagues.

Professor Grey and Rabbi Sherbok focus the debate on the measures to be taken if and when we have an outbreak of animal disease in New Zealand. Their input helps give equal weight to the ecological and the economic. They challenge the

not with curative action then with euthanasia. We shudder at the trauma of our farming colleagues in the UK, but we understand it in terms of the hard decisions we have made, albeit on a smaller scale.

There was a reaction to labelling the disease as economic – 'only economic' and therefore not worthy of a crisis response. 'Economic' means livelihood and it is assumed that good animal husbandry is part of any long-term economic practices.

But the hardest reaction was in relating faith to this example of farming practice. Hearing Bible texts used to question mass killing in

systems used in the UK because they require large scale destruction of flocks and herds not immediately affected by outbreaks of animal disease.

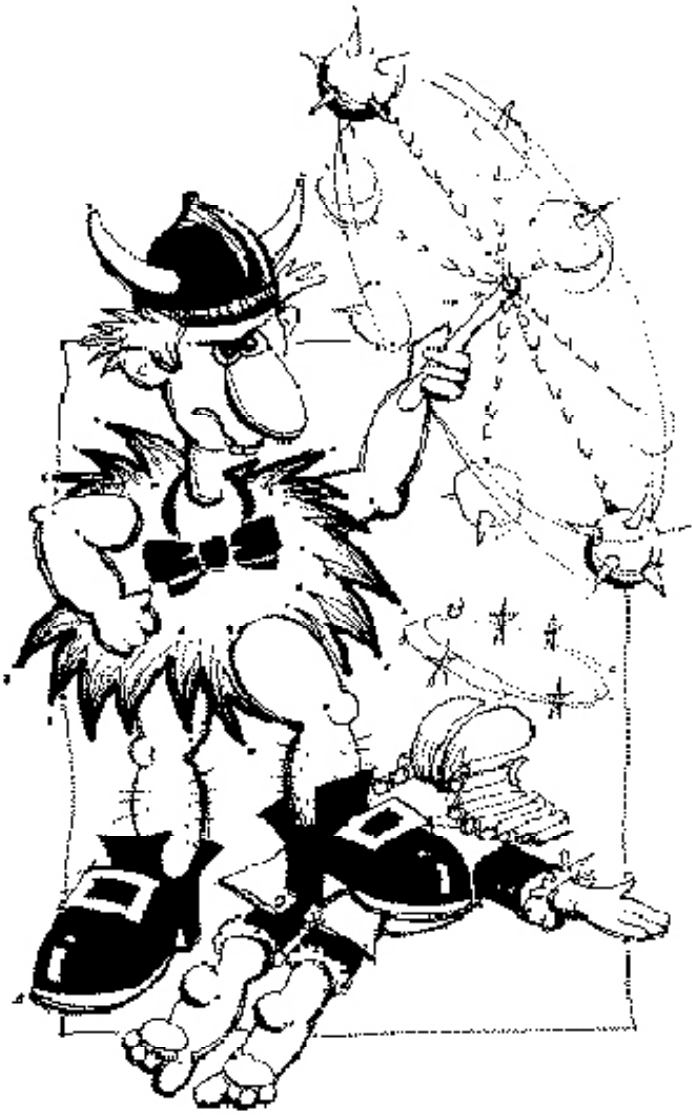
The challenge for New Zealand, and those charged with developing our policies and procedures to deal with outbreaks of animal disease, is to find better ways to balance the ecological and the economic: to find ways to contain animal diseases without embarking on the widespread slaughter of healthy herds and healthy flocks. The debate has begun. Let it continue.

Dr Garth Cant, Christchurch
university geographer & member of
the Canterbury Rural Ministry Unit

response to FMD was immediately felt to be questioning the very basis of stock farming – killing animals for food. I wonder if we see the Bible as an ideal that we can never measure up to in our daily living, as something to retreat to for comfort breaks in the midst of the battle (or simply irrelevant)?

Or is it that its questions are always hard to take? But when we let the Bible put our lives under question, we can come up with better answers.

Robyn McPhail
Parish minister,
St Josephs Church, Methven
& member of the Rural
Ministry Network



GATS....

and the Revolt of the Elites

Mary Eastham

Little or no interest in public services

Such attitudes, however, were not shared by the new corporate and technological elites which gained increasing influence following the post-war period. These elites now “control the international flow of money and information, preside over philanthropic foundations and institutions of higher learning, manage the instruments of cultural production, and thus set the terms of public debate” (*Lasch*, p.39). They feel a far greater loyalty to colleagues around the world than to the ordinary person in their country. Moreover, they have little or no interest in public services simply because they have no use for them.

According to Lasch, “they send their children to private schools, insure themselves against medical emergencies by enrolling in company-supported plans, and hire private security guards to protect themselves against the mounting violence” (p.47). In short, the new elites who have come to wield enormous power do not possess the more ennobling characteristics of traditional elites: responsibility to the common good or obligation to future generations. A new class of well-healed ‘barbarians’ has arrived at the gates of our cities.

The contempt these elites have for the common good is shockingly evident in the goals of the GATS agreement, the latest in a series of international trade deals designed to increase the wealth of economic elites at the expense of ordinary people around the world. According to Canadian activist Maude Barlow, the General Agreement on Trade in Services (GATS), brokered in 1994 at the conclusion of the ‘Uruguay Round’ of the General Agreement on Tariffs and Trade (GATT), intends to make it impossible for governments to run public services on a not-for-profit basis, without the participation of private companies. GATS will allow the World Trade Organisation (WTO) to restrict government actions relating to public services through a set of legally binding constraints. Any government disobeying the rulings of the WTO will face sanctions (*Barlow*, 2001, p.38).



There was a time when the word *elite* was synonymous with ‘aristocracy’. Aristocrats were people with cultural, economic and political privileges because they were born into the upper classes of society. They also had a keen sense of history and social responsibility – in the best of cases – and therefore demanded of themselves high standards of excellence in the service of their cultural ideals. Because they had received much, much was expected from them: *noblesse oblige*.

In his classic work, *The Revolt of the Masses* (1930), Jose Ortega y Gasset dreaded the day the masses would rule the world. Why? Because they possessed no sense of history, nor responsibility to future generations nor self-sacrifice. They wanted it all and they wanted it now. They had done without for far too long.

In his essay, *The Revolt of the Elites*, American culture critic Christopher Lasch puts a new spin on Ortega’s ideas (*Harpers*, 1994). Lasch believed that the mass person Ortega envisioned had not materialised at all. After war and upheaval in Europe, the masses – the working classes – became more conservative, more aware of limits to what was attainable, and keenly aware of the tragic sense of life.

▷▷ This means that governments cannot show any preference for publicly-funded enterprises like education, health and hospital care, social assistance, child care, energy, environmental protection services, real estate, architecture, tourism, postal services, transportation, publishing, broadcasting, libraries, museums – even water – although each of these enterprises provides for a basic human need.

What if GATS succeeds?

If GATS succeeds, the 137 member countries of the WTO will be compelled to open up all public services to the same type of free trade laws that have already struck down health, food safety and environmental laws in many countries throughout the world – in the name of promoting choice and economic efficiency.

Developing countries are particularly vulnerable. Countries unable to service debt repayments to the World Bank or the IMF will be forced to sell off the public utilities to private companies. This will mean ever greater hardship for the poor. Clearly, GATS is intent on destroying what is left of the cherished notion of the common good. And they are succeeding.

Barlow tells us that “over 40 countries, including all of Europe, have listed education within the realm of the GATS, opening up their public education sectors to foreign-based corporate competition. Almost 100 countries have done the same with healthcare” (Barlow, 2001, p.40).

Clearly, the ‘barbarians’ are not simply at the gates of the city; they are taking over the towers and turrets as well. But they have not succeeded completely – not yet. And if citizens’ rights groups can mobilise effectively before the scheduled final agreement in December 2002, it can be defeated as the Multinational Agreement on Investment (MAI) was defeated a couple of years ago, much to the surprise of international finance.

These groups are already engaging in passionate demonstrations against the WTO in order to raise public awareness of the dire consequences of these policies. Note that corporate media branded protestors in Seattle and Sydney as ‘anarchists and anti-capitalists’ without ever informing the public about the substantive issues.

But these ‘anarchists’ may be none other than the voice of the people – citizens’ rights groups, environmentalists and students. They are ‘disturbing the peace’ and risking incarceration in order to protect the commons from being further devoured by corporations.

With our own Mike Moore at the helm of the WTO, it is highly unlikely that New Zealand would launch the same crusade against the GATS that it did against nuclear testing in the South Pacific. And yet, New Zealanders who still cherish the values of the egalitarian society can join forces with other

concerned grassroots organisations throughout the world. An international effort of university, civic, religious and other environmental organisations could defeat the GATS.

A slap in the face of Catholic social theory

The three central categories of Catholic social theory are personalism, subsidiarity and pluralism (Himes, 1993, p.38). The first upholds the dignity of the human person and affirms that the chief responsibility of society is to develop and enrich the person. The second affirms the integrity of grassroots organisations over large, impersonal systems – be they political or economic – because the former emanate directly from the family and, therefore, are more in touch with the needs of the family. The third is concerned with the relationship between state and society in a healthy society.

The principle of pluralism maintains that a wide variety of grassroots organisations – like educational institutions, civic organisations, churches and political groups – are necessary to catalyse informed public debate on the substantive issues affecting all citizens. Adherence to these principles brings about the ‘common good’. The GATS is a slap in the face to all these principles!

The year 2001 might well become the year that conscientised, humanitarian elites throughout the world joined forces to safeguard the fundamental rights to water, a healthy environment, education, medical services etc. – especially for the most vulnerable. We can no longer assume that democratically elected governments actually represent the rights or interests of ordinary people. Thus, concerned citizens must intensify their efforts to persuade political leaders to protect what’s left of the precious concept of democracy *for the people*. ■

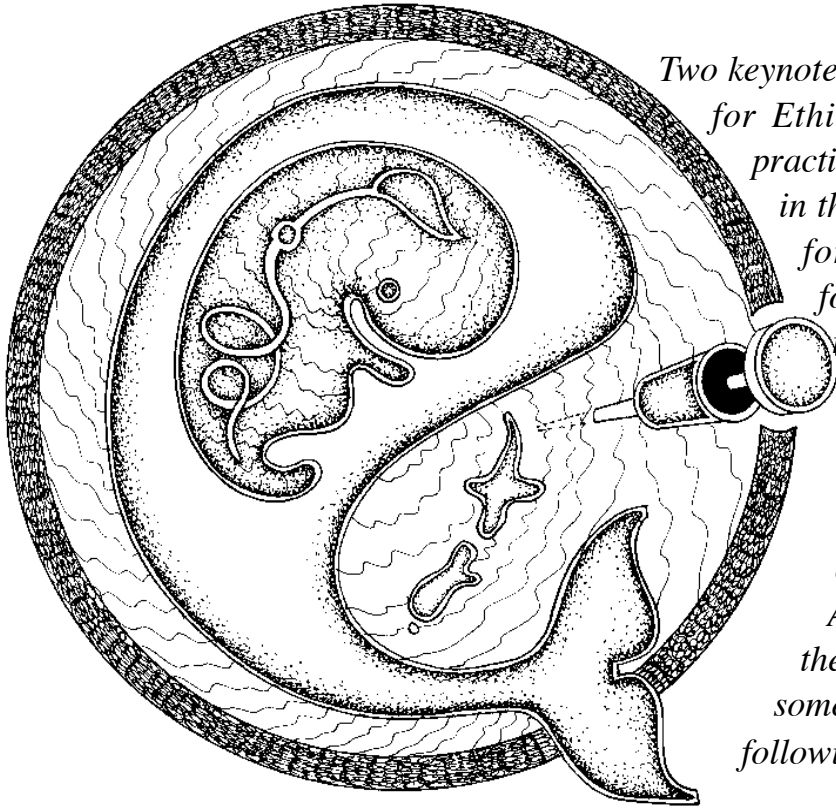
Mary Eastham is a member of the Palmerston North branch of QPEC (the Quality Public Education Coalition)

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Sustaining life in a world of limits

Mercy Health Care's Eighth Annual Conference



Two keynote speakers from Sydney's Plunkett Centre for Ethics in Health Care spoke on codes of practice and the difficulties of the ethical debate in the new millennium. Issues of health care for Maori, hospice and palliative care for the terminally ill and health care in relation to the environment were also topics of the two day conference which was hosted by Te Tairere Oranga Sisters of Mercy Auckland Charities Ltd and held at Waipuna Lodge, Panmure at the end of June. Our Tui Motu reporter in Auckland, Jackie Brown-Haysom, was at the conference and sent us the articles and some of the photographs which appear on the following pages

'Ethical schizophrenia' created need for new Code for Catholic Health Care

It was out of the atmosphere of 'a kind of ethical schizophrenia' that the new Code of Ethical Standards for Catholic Health Care has emerged, the Rev Dr Gerald Gleeson told the Mercy conference. Dr Gleeson, Research associate in bioethics at the Plunkett Centre for Ethics in Health Care, Sydney was a keynote speaker at the conference.

He said that "at one extreme, there is public outrage at the use of drugs in sport, and at the other, there is acquiescence in the use of drugs to prevent or to terminate pregnancy, or in the use of human embryos as a source of therapies to help others. And that it was in this context of ethical confusion that Catholic Health Australia is publishing its new Code.

"The Code is a response to several needs," Dr Gleeson said. "Catholic organisations need a clear statement of the principles that underpin their ministry if they are entering collaborative relationships with other providers who do not share Catholic moral beliefs. A statement of our key ethical

positions should help us to know who we are and what we are about, and help others to do likewise," he said.

A group of Catholic ethicists and moral theologians worked as a steering committee to oversee the Code project and the Plunkett Centre was asked to be responsible for its drafting because it was perceived to be both competent and politically unaligned. The Chairman was Bishop Michael Putney, a distinguished systematic theologian and at the time he was Chair of the Bishops Committee for Doctrine and Morals.

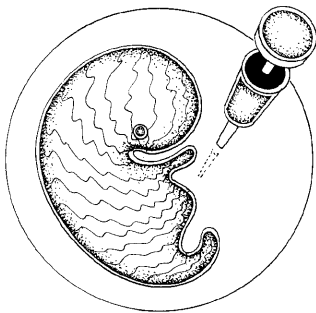
The Code is directed at practitioners and administrators



▷▷ in Catholic institutions and organisations, setting out the standards that are expected of Catholic health care professionals at their best – “a statement of what should be, even if we recognise that practice may not always meet these standards” said Dr Gleeson.

“It was written as an ethical statement, not a medical textbook but drafts were sent out to clinicians to ensure we were not saying anything inaccurate or contrary to sound clinical practice.”

The Code reflects on the key principles underpinning Catholic health and aged care. It provides an ethical judgement on specific issues such as human sexuality, procreation, the beginning of life, the end of life, the care of older people and those with special needs, as well as research and co-operation with other providers.



One of the more complex ethical issues the committee considered was the refusal of medical treatment. Dr Gleeson said that unfettered patient autonomy was not consistent with Catholic teaching, but that paternalism was also unacceptable.

“Our formulation is careful and illuminating: Patients have the moral right to refuse any treatment which they judge to be futile, overly-burdensome or morally unacceptable, and such refusals must be accepted. In addition, health care practitioners may not override any refusal of treatment by a competent patient who is not mentally disturbed, clinically depressed or suicidal, irrespective of whether or not they agree with the patient’s refusal. There is, however, an obligation to prevent suicide when this is possible. This stance highlights a central methodological feature of the Code – that ethical responsibilities be viewed from the first-person perspective.

“They address questions of what I should do in certain situations. If I believe some person is acting wrongly, does that mean I should step in and stop them? Very often it doesn’t. Often I have no right or responsibility to stop others acting wrongly, but that does not mean I have to believe they are right. This is why, in the case of refusal of treatment, our Code highlights the crucial difference between the choices open to a patient and those open to their health care provider. From the patient’s perspective, the judgement concerns the benefits and burdens of various treatment options.”

The dilemma of non therapeutic treatment for children

Dr Gleeson said that one of the most difficult points concerned non-therapeutic interventions on young children, such as removing bone marrow for transplantation to a sibling with leukaemia. Catholic teaching, he said, must address the moral issue of doing something that hurts and/or harms a child while offering it no therapeutic benefit. “We may not wrong one child to do good for another. This is not to say that non-therapeutic interventions on a child are never permissible.”

Steering committee members settled on the following wording: ‘Parents or guardians, taking into account a child’s fears and lack of understanding, should never expose their child to a non-therapeutic intervention which carries a significant risk, or which the child, if he or she were competent, might refuse on reasonable grounds.’

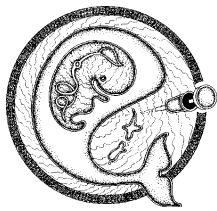
In looking at the treatment of terminally ill patients, especially those who are persistently unconscious or suffering from advanced dementia, Dr Gleeson said that the Pope recently gave a direction that nutrition and hydration should be given ‘to those patients who need them’, leaving the judgement about who ‘needs’ such treatment to clinicians and family. But in the context of current pressure not to give terminally ill patients all the care they need Dr Gleeson said that a majority of the committee wanted to spell out a presumption that nutrition and hydration be provided unless they were contra-indicated because futile or overly burdensome.

Some Catholic ethicists say that the church should get out of health care because, in almost every area, they are in some collaborative relationship with others and running up against fundamental differences of belief. Dr Gleeson said contemporary health care endorses a number of activities that are excluded in Catholic teaching: abortion, reproductive technology and birth regulation, and many approaches to minimising the harmful effects of disordered behaviour.

He said Catholic moralists agree that cooperation and collaboration with others is permissible under certain conditions, but it is difficult to get them to state publicly which particular cases they believe meet those conditions.

“The steering committee for our Code agreed on a consensus statement of the principles of cooperation, including a case study example concerning collaboration by a pathology service, on the grounds that a statement of principles that cannot be applied to actual cases is useless. Time will tell whether those who use our Code find these principles helpful”, said Dr Gleeson.

“Whether we like it or not, some people are resolved to act wrongly, harming themselves and others. Should we accept this and set out to lessen the harms associated with their conduct, or should our primary efforts be directed to getting people to not act wrongly in the first place?”



Religious women at the front in history of Hospice movement

The modern hospice movement owes much to the early work of religious women, according to Jan Nichols, manager of St Joseph's Mercy Hospice in Auckland. Jan Nichols is senior lecturer in palliative care for the Goodfellow Unit and Nursing Division at Auckland Medical School. She has worked in haematology, oncology and palliative care since 1983. She has just been appointed to a national Cancer Control Strategy group.

Ms Nichols told the Mercy conference that in New Zealand, religious women led the way in compassionate care for the dying.

In 1879 the Irish Sisters of Charity established a Hospice for the Dying in Dublin and in 1850 at Bishop Pompallier's invitation, the Order came to New Zealand. At that time this country provided scant care for the chronically ill and dying. A senior doctor later went as far as to express concern that incurables were 'blocking' much-needed hospital beds. Home care for those nearing the end of life soon became an important part of the Mercy Sisters' work. The first half of the twentieth century saw little real improvement in

▷ "In the light of the Vatican's intervention to stop the Sisters of Charity from conducting a medically supervised injecting room for drug users at Kings Cross, Sydney, the Code adopted a studied generality: 'If patients are determined to act in dangerous or self-destructive ways, health professionals may intervene with morally and practically available means to help avoid that harm.'

"Along with these ethical limits we should recognise that Catholic moral tradition at its best has been marked by flexibility and a respect for the uniqueness of particular cases. This is why, for the most part, our Code articulates the principles underpinning sound clinical practice, while leaving application to the clinicians," said Dr Gleeson. ■

Rev Dr Gleeson is also teacher of Philosophy and Christian Ethics at the Catholic Institute of Sydney, priest of the Sydney Archdiocese, member of the national board of the Sisters of Charity Health Service and director of the Garvan Institute of Medical Research.

public provision of care for the terminally ill. In 1904 a commission investigating Auckland's Costley Home, where many of the sick poor were forced to seek refuge, described it as 'reminiscent of Victorian workhouses' with the more able-bodied inmates doing the chores as well as nursing the sicker residents.

By the 1950s the need for a unique place of care of the dying had become imperative for Sr Mary Agnes and the Auckland Mercy community.

Despite New Zealand's reputation for social welfare at the time, much of the care then available for patients with the disease, including the first radiotherapy and cancer clinics, were funded by voluntary groups such as the Cancer Society.

time, much of the care then available for patients with the disease, including the first radiotherapy and cancer clinics, were funded by voluntary groups such as the Cancer Society.

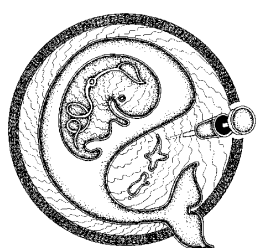
Ms Nichols said, "It is widely believed that hospice care developed in response to poor hospital care, but I have formed the opinion that an even greater influence in New Zealand was the discovery that our cancer services were appallingly substandard. One of the most effective ways to save funds and open up more beds for cancer treatment was to shift the dying out of hospitals. Fortunately for the oncologists involved, both Auckland and Wellington had religious orders willing to take up the challenge." She said that this move saw the opening of the Sisters of Mercy's first legitimate hospice, the St Joseph's Unit, in 1979.

In the early 1990s hospice care won official recognition as a core health service and Regional Health Authorities began to dedicate money to the work.

Ms Nichol said that despite government funding, the hospice's work is still heavily dependent on philanthropic giving and voluntary helpers. She said that inpatient care, and in particular, inpatient death had become a luxury. "To cope with larger numbers of people needing care, the hospice has been forced to put the elderly and the dying at the same location, and much of the service's work is once more being carried out in the community.

"We are challenged to ensure justice in the distribution of limited funds in a time of increasing needs," said Ms Nichol. ■

Dr Bernadette Tobin, a Keynote speaker at the conference, is a foundation director of the Plunkett Centre for ethics in Health Care, Sydney – a joint research centre of the Australian Catholic University and St Vincent's Health Care Campus. This is a condensed version of her address: An argument for Sanctity of Life over Quality of Life



Health care ethics for a new millennium

Catholic health care today is engaged in a massive ideological struggle with an increasingly powerful school of thought.

A leading theorist of this school is Peter Singer, a teacher of philosophy at Princeton University, who announced in 1984 that the 2000-year-old ethic governing decisions about life and death had collapsed, that hardly anyone still believes all human life to be sacred – but is he right?

The traditional sanctity of life ethic expresses the idea that every human being has inherent value. Singer calls this the sin of 'speciesism' – that by maintaining human life as inherently sacred we are making the same kind of mistake we do with racism and sexism – but I want to argue that the ethic to which we are committed is a rationally compelling one. There are various ways of expressing the idea that human life is unique and special, and sacred, but what do they say to us about the right way to

act? For a start they say some ways of acting are wrong in themselves – torture, murder, adultery, breaking a promise, lying, cheating. But the real challenge comes not so much in avoiding the bad things as in striving to act in accordance with the excellences of character and mind of which we are capable.

So what about life and death? And persons and non persons?

What does the quality of life ethic say about life and death? Life-sustaining treatment that is judged to be futile or overly burdensome may be legitimately withdrawn or withheld, and proponents also allow that it is sometimes permissible to do something that will have the foreseeable side-effect of hastening death, such as sedating a patient with end stage cancer in order to relieve symptoms.

When it comes to the distribution of health care, the traditional ethic teaches that justice is favouring and fostering the common good. It recognises that

individuals are such that an aspect of their good is found in friendship, fellowship, and readiness to promote the well-being of others. This ethic says put yourself in the shoes of the weakest person in the community and see what our healthcare system looks like then. It gives preference to the poor, the chronically sick, the disabled, the illiterate and the weak.

The new ethic, as explained by Peter Singer – the quality of life ethic – says we are merely animals of a distinctive kind. Like any animal, human beings are fundamentally satisfaction seekers, driven to achieve satisfaction and avoid pain. Of course not all human beings are capable of pleasures and pain – embryonic human beings and the persistently unconscious for instance – but on the whole, like other animals, we're slaves to our passions, and human reason is just one of the tools we use in the service of those passions.

Because we are satisfaction seekers, this

ethic evaluates human life according to the satisfaction it can deliver. We can work out the value of a life by working out how much satisfaction it delivers (or is likely to deliver) either to the person who lives it or to others. Some lives deliver more satisfactions than others, some do not deliver any satisfactions at all, and some deliver more pain than pleasure. So not only do some lives have more value than others, but some lives are positively 'disvaluable'.

Who, in this ethic, counts as our fellow? According to philosopher John Locke, only beings who are self-conscious are, strictly speaking, persons. Philosopher Michael Tooley extends this argument contending that an organism is a person and thus "possesses a serious right to life only if it possesses the concept of a self as a continuing subject of experiences and other mental states, and believes that it is itself such a continuing entity." On this view it follows that new born infants, the comatose and the demented are not persons, but gorillas, chimpanzees and other higher apes might be.

What view of right action is associated with this quality of life ethic? Singer embraces a 'utilitarian' or 'consequentialist' view, which says we should work out the predictable benefits and losses of any proposed action, calculate the net value and choose the action that will produce the greatest good for the greatest number.

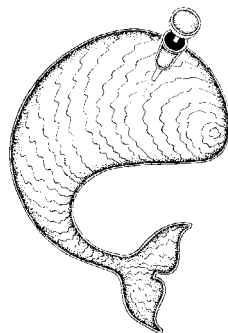
On life and death decisions, proponents of the quality of life tend to agree that there is nothing wrong with ending a life which is bereft of satisfaction, or in which the satisfactions are outweighed by the dissatisfactions.

In distributing health care, consequentialist values are used to work out how much a particular intervention will relieve suffering, and for how long, so money is put into areas giving best long-term results. Generally prevention is to be preferred over cure, and expensive or scarce treatments are only to be available to the very young or to those likely to live very productive lives. Short term services are to be preferred to long term ones,

institutional care is to be eliminated as far as possible, and health care to the terminally ill, chronically disabled and permanently unconscious is to be given the lowest priority.

To see why we are not rationally required to adopt the new quality of life ethic, it will be helpful to see how its proponents have reached their conclusions. For Singer ethics is about putting aside our own desires and self interests to promote the maximum amount of satisfaction for everyone, including animals.

But of course some human beings are too young to have desires, or don't have them because they are unconscious, so we don't have any ethical obligation to respect them. But the higher animals may turn out to have the requisite level of consciousness so their desires should be treated with equal consideration.



No compelling reason

In the end, Singer gives us no compelling reason for believing it is true. Certainly there are important continuities between ourselves and the higher animals, but he never gives us a reason for thinking that the continuities are more important than the discontinuities.

By and large, proponents of the quality of life ethic misunderstand the sanctity of life and think it imposes impossible demands. Singer thinks that the sanctity of life ethic commits us to always save, sustain or prolong life, whenever possible. We know, however, that there are circumstances where it is morally permissible to let someone die, even when we could keep them alive. And, in spite of the general prohibition on taking human life, it may be morally permissible in some circumstances to do even that, for instance as the only way of defending ones self or others.

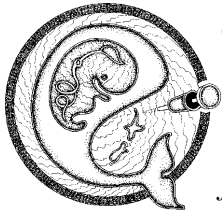
The quality of life ethic is also counter-intuitive. The idea that one's life, and the lives of those one loves are worthy of respect is found in all families and races and nations. Indeed the twentieth century notion of universal human rights is a powerful expression of the sanctity of life because it embraces the idea that some things are owed to all human beings purely by virtue of their being human.

I conclude that the traditional ethic has not collapsed. We are not compelled to agree that some lives are worth more than others, that some lives have no inherent value or that living on is a positive harm to some sick, disabled or unconscious people. We have sound rational reasons for continuing to believe that human life is inherently valuable and sacred. But despite all this, there is and should be some connection in health care decision making between the sanctity of life ethic and thoughts about a patient's quality of life. We do try to improve the situation of patients as they die. We do try to ensure they are as free of pain and discomfort as they can be, and we try to improve the quality of the time they have got left.

When we judge whether further surgery or chemotherapy or other active intervention will be appropriate, we try to measure the benefits of it against the burden it is likely to impose. In that sense we do make quality of life judgements, and we should do. Otherwise we would go around inflicting aggressive and oppressive treatments in a way that condemns people to life that is unreasonably burdensome.

Belief in the sanctity of life and the inherent value of every human being not only allows us to make those kinds of judgements, but it requires us to do so. ■

Dr Tobin is a senior lecturer in Philosophy at the Australian Catholic University and a member of the Australian Health Ethics Committee. She chaired the drafting group responsible for the Code of Ethical Standards for Catholic Health and Aged Care (discussed in Dr Gerald Gleeson's paper).



Pakeha needed a better understanding of Maori ways in order to have effective consultation on health care issues, Dr Jacqueline Allen told the conference.

Dr Allen is a South Auckland GP, co-founder and medical director of Tipu Ora, the Maori mother and child health organisation. She is also founding member of Te Ohu Rata o Aotearoa – Maori Medical Practitioners Association and member of the Royal Commission on Genetic Modification.

Sustaining health in a GM age

With so much going on in biotechnology, we're going to have to make decisions as peoples, and we need to make them in a caring way that everyone can feel comfortable with, where we can have integrity as people, integrity in our own culture and integrity as a nation" Dr Allen said.



Dr Jacqueline Allen (centre with Matthew McMillan, also from the Royal Commission on GM (left) and Fr Wally Te Ua (right).

Although the GM commission held 11 hui at maraes around the country, Pakeha commissioners had sometimes misunderstood, or missed the point, of discussions because they were unfamiliar with Maori protocol and practice, she said.

Pakeha uncomfortable with consensus

Some Pakeha were uncomfortable with the idea that debate would continue until there was consensus, no matter how long it took.

"You talk things out until everybody agrees", she said "but once a decision is made you can move decisively and it's fair because there is no dissent. Pakeha come to a decision very fast but then they're slow to action because

they hear all the dissent and go back through it.

"Humour is also an important, but often misinterpreted, aspect of Maori communication. At a hui at Rotorua one of our finest minds, a top lawyer, stood up and said: "Now, this genetic modification, you know it's not good for Maori spiritually, but if you'd like to come up with a Monterey Pine that matures in 18 years and self prunes...!" and sat down.

That encapsulated very fast the dilemma that Maori were finding, but in the moment he sat down I knew my fellow commission-ers didn't hear him because they dismissed him as a clown.

She said expressions of anger were

also mis-understood by some of the commissioners. "GM naturally brings forward a lot of anger because it brings up issues of power-sharing and who gets the benefits and the inequitable sharing of resources in the past. When I felt that anger being expressed I felt my fellow commissioners pulling back because they didn't understand that that's the Maori way. We bring out

the anger early on and up front. It is the beginning of the discussion. If you combine that with consensus that means that discussion will keep going until reconciliation is reached."

Dr Allen said that the Maori tendency to step back from an issue and take time to think was another area of miscommunication at times. "Often when a group pulls back from a discussion on the marae they're not saying they're giving in. They're saying, 'I'm going away to think about this'. They might be going to marshal strategic resources for the next attack. As a result, a hui that seemed to have been a success, from a Pakeha perspective, could be followed a few weeks later by another where the same

people appeared to take a completely different stance.”

It was also important to understand Maori ways of talking, Dr Allen said. Brevity rather than long oration was often used as a way of emphasising an important point, and some older Maori used an archaic form of the language, rich with Old Testament symbolism that could be missed, even by fluent speakers of the modern form of the language.

Maori perspective on silence

“Maori have an entirely different perspective when it comes to silence too. Silence does not mean that people

are agreeing with what you are saying. It might, but it might not. They might just be thinking about it.”

Dr Allen said problems could arise at hui because of the disjunction between Maori and Pakeha ways of communicating. She said Maori were often unsure which protocol was being followed and in some situations they would resort to silence while they worked it out.

“If we understand how people talk, we can then talk about consultation. With Maori it is important for you to know who you are consulting with. Not just the iwi or the hapu, but sometimes

there are issues between iwi, and you need to be aware of them.”

Accountability was also very important, with some iwi prohibiting anyone going onto a committee that related back to the iwi in any way without being mandated through the runanga. “It stops the situation where somebody gets put onto an advisory committee when they actually know very little about the situation. There needs to be an accountability back, and there also needs to be an acknowledgment that you’re not the expert – you’re just there to facilitate,” Dr Allen said. ■

Exorcising the bogeyman of palliative health care

In the struggle for health care resources, the chronically ill and the dying have often ended up with less than they deserve because their needs are not widely known or understood by either medical professionals or the public, Dr Rod MacLeod told delegates at the Mercy Health Care Conference.

Dr MacLeod is director of palliative care at Wellington’s Mary Potter Hospice.

“The public know all about euthanasia, oncology waiting lists, surgery waiting lists, and so on, but palliative care is the bogeyman they don’t want to hear about. Doctors are taught end of life care for, at most, five days during their training,” he said.

Dr MacLeod said that although there had been hospices in New Zealand for more than 20 years, the country still lagged behind the rest of the world because the quality and availability of care varied widely from region to region. And that up until now there had not really been a national approach to the delivery of palliative care. “Hospice growth

has been dependent on the skill and enthusiasm of local people,” he said.

A newly developed national Palliative Care Strategy, prepared in close consultation with those in the field aimed to address this problem.

Dr MacLeod said that today people are living longer with serious illnesses creating a greater need for palliative care, a care which he said had been shown to be effective in improving the quality of life in terminal illness. “The Strategy aims to ensure that it will be available for everyone who needs it.”

He said that in other parts of the world palliative care is a medical speciality, with both doctors and nursing staff holding qualifications specific to the job. He also said that few of New Zealand’s 40 hospices have specialist staff and that none provide a full range of services for the dying and their families.

“Palliative care provision is complex,” he said. “It embraces the physical, social, emotional and spiritual well being of >>



- ▷▷ a person, as well as reaching beyond to support his or her family, both during the illness and after their bereavement.”

Dr MacLeod said the Strategy grew out of a 1998 initiative by the Advisory Committee on Health and Disability, which saw both St Joseph's Mercy Hospice manager Jan Nichol and himself appointed to a working party investigating the care of the dying. The resulting report identified a need for better access to free palliative care from the early stages of a terminal disease.

“The Ministry of Health, Health Funding Authority and National Health Committee used the working party's report as the basis for joint discussions, which culminated in the publication of the Strategy.

“The Strategy plans a nation-wide, publicly funded service, geared to meet the particular requirements of different ethnic groups. It will come in over the next five to ten years, building on existing services, so specialist palliative care programmes will be available in each region said Dr MacLeod.

He said that in addition to the specialist care centres, all major hospitals will be required to have palliative care teams, to advise and educate on appropriate patient management, and ease the transition from hospital to community care. “All services will be monitored by District Health Boards to ensure a high quality of care is maintained.

“One of the Strategy's key objectives is to raise the profile of palliative care, not only in the community but also among health and disability providers. There is a lot of mis-understanding. Most people don't want to come into a hospice because they think it's going to be sad and gloomy, but actually we get a lot of laughter because people are living, quite literally, on the edge.”

Dr MacLeod said that part of the education campaign would include a greater emphasis on palliative care as part of training for health professionals.

“New Zealand must have a competent workforce in the field of end of life care, Dr MacLeod said. He told the conference that in a country the size of New Zealand it would not be practical to have localised facilities and that regional activities would probably be co-ordinated from an Auckland base.

To ensure that the cost of caring for the dying did not become a burden on families, income support issues were also to be addressed.

“In helping the implementation of this Strategy we value the uniqueness, the spirit, the culture and the autonomy of each individual, we affirm life and above all we show that as a community we care about all the people who live within this country.” ■

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Looking at health care through the eyes earth-centred



TTrue health care must look beyond the needs of individuals and incorporate a caring relationship with the whole earth, the principal of the Catholic Institute of Theology, Fr Neil Darragh told the conference.

Fr Darragh is author of *At Home in the Earth: Seeking an Earth-Centred Spirituality*, former chaplain to Auckland's Samoan community and parish priest at Glen Innes.

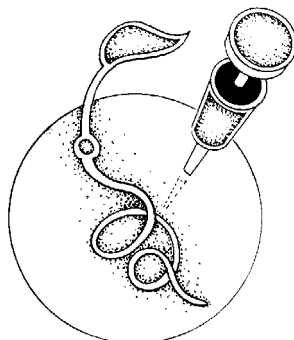
In the past most health care had been animated by a human-centred spirituality, Fr Darragh said, but this was not sustainable because it led to exploitative actions that used up the world's resources and created too much waste. As a result human health was adversely affected by environmental problems such as pollution and climate change, the loss of therapeutic natural environments, the use of food additives, genetic modifications and other technologies with unknown long-term effects and 'violent constructed environments' such as transport corridors and poor housing.

While human-centred spirituality tended to value only those non-human entities that added value to human life, such as pets, farm animals or aesthetically pleasing plants and animals, an earth-centred Christian spirituality accepted the intrinsic value of all things as part of God's creation.

"The rubric of care is one that can usefully be used to indicate the part that humans play within the earth,"

Fr Darragh said. "Most of us do care for more than just humans, but what we are doing here is widening this relationship to a more inclusive and explicit level. A major goal of health care then becomes to enable people to be more fully nurtured by nature, and more involved in nurturing nature by active earth-caring.

"Such caring brings important



consequences for health care workers by enhancing their awareness of the transitional processes of life and death, and helping them understand areas where their lifestyle might contribute to environmental degradation, in contradiction of their professional concern for health", he said.

He spoke of earth-centred spirituality, which he said posed some serious ethical questions for health care workers, however, with the issues of over-population and depletion of resources needing to be balanced against moves to prolong life. This conflict could result in encouragement of euthanasia, the running down of health services in poor economies and services that were driven

by individual 'hard case' arguments. The move away from human-centred values also carried the risks of eroding human rights and promoting eco-terrorism.

Fr Darragh ended by saying "It is inevitable that we have serious ideological threats to human health care as we have known it in recent years. I believe we can readjust our spiritualities and priorities without having to surrender many of the gains of recent human-centred spiritualities by an extension of the concept of care. This extension is not absolutist in the sense that everything has to be treated equally and all questions answered now, nor is it romantic in the sense that all things are seen to be in harmony." ■

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Our roving editor, Michael Hill, visits The Eden Project – gateway into the entwined world of plants and people, showing why we need plants, how we use them, and why we need to look after them

The Eden the Eighth Wonder

Cornwall is one of the remotest corners of Britain. It is like a long toe sticking out into the Gulf Stream and the Atlantic ocean. Its geography gives it the mildest climate in Britain, yet it is subject to violent winter storms because of its exposure to the ocean. At this time of year, exploring its tortuous leafy lanes by car, you launch yourself through serpentine green tunnels in constant dread of meeting other vehicles coming in the opposite direction, some of which are bigger and fiercer than you. The rule of the road is simple: the driver in the worst predicament has right of way.

It is while wandering through this verdant maze that you come upon the Eighth Wonder of the World. You climb up a few miles out of St Austell, one of Cornwall's few real towns, and suddenly you find yourself on the lip of a gigantic disused claypit. There are lots of them about because Cornwall was and still is the centre of china clay mining. In fact the approach has been designed so that the extraordinary expanse of Eden is only slowly sprung upon you.

You start to descend down gently winding ramps with facilities for visitors in wheelchairs and the disabled. And suddenly the vast panorama of geodesic domes and new plantations opens out before you. The quarry that was chosen was nearly worked out: it was vast – some 60 metres deep and the area of 35 football pitches. It is a great, south-facing bowl only three miles from the sea. The perfect spot to build the world's biggest greenhouse. The sceptics will tell you it's a waste of

time and effort, a global con-trick. Just another white elephant like London's Millennium Dome except that it's a thousand miles from anywhere. Yet the visitors flood here in their thousands, and you would have to be a cold fish indeed not to be impressed.

From the entrance you descend gradually to the bottom of the pit through what is still very much in its earliest stage of development: the 'roofless biome', a collection of temperate zone plants which will survive and thrive in the Cornish climate especially in a sheltered hollow. Here are gathered species from the Himalayas to Chile to Australasia as well as the native flora. But you will have to come back in ten or 20 years time to get the full advantage of this.

The outside planting leads you gradually down towards the world's biggest greenhouse – or more accurately, pair of greenhouses. One, the smaller, houses the Warm Temperate Biome; the larger is the Humid Tropical Biome; the two being linked by a long low building housing shops, services and restaurants.

Even if you haven't the slightest interest in plants you cannot help being wonderstruck by the gigantic geodesic domes which house them. The biggest had to be high enough to allow the towering tropical rainforest being recreated within



Project – er of the World

to reach for the skies – as well as wide enough to provide ample vistas for thousands of visitors. You enter it from below and are at once hit by the warm fug. The temperature seldom falls below 29 degrees. As you climb steadily through one warm lush display of plants after another, the temperature rises – but so does the noise of rushing water from a gigantic artificial waterfall which provides spray and humidity. You pass through the islands of Oceania, St Helena, Madagascar, through West Africa until you reach the summit and looking back below, the human visitors appear for all the world like columns of scurrying termites.

Information is fed painlessly as you proceed. Coffee, you discover, is the next most valuable commodity produced in the world after oil and every bean is harvested by hand. Rice is the staple food of half the world's population. We in the temperate 'West' depend on the jungle for commodities as varied as rubber gloves, lipstick, varnishes and chewing gum. Well – perhaps some of those we could well do without! And you learn that in certain parts of W Africa the 'taungya' system of horticulture grows the useful species under trees for protection (as in a deciduous woodland) but the tropical trees rapidly grow up and eventually stifle the undergrowth and return to jungle. Human beings may clear the jungle – but the climax vegetation ultimately returns to dominance. And did you know that wherever humans have formed societies on earth they have always found a plant to cure diarrhoea?

So how do the architects of this wonderland describe



their creation?

It is, we are told, a global garden which showcases plant habitats from around the world. It is a theatre built to withstand all weathers; it is the largest conservatory on earth. But the message it subtly conveys is humanity's total dependence on the plant world. The plants we see gathered there provide the air we breathe; our food, clothes, shelter

– and this is the same whether we are hunter-gatherers in the Kalahari or spend our days shuffling figures in a high-rise office block.

Who built it?

Eden is work of many but the brain child of one: an extraordinary Dutchman named Tim Smit. In his mid-forties, Tim has already had careers as a professional archaeologist, a pop musician and entrepreneur, and the restorer of the fabulous Lost Gardens of Heligan, which are just up the road from Eden. Indeed it was his experience at Heligan which clearly provided the impetus for this much grander project.

The restoration of Heligan strove to "relate the tale of the land workers rather than



▷▷ the landowners, the people who tilled, the gardeners who married innovation with the best practice to keep the soil sweet and productive year after year”, says Tim Smit. And as the restoration drew to a close he and his friends decided to embark on something even more ambitious to celebrate the Millennium. But its philosophy was to be the same.

Tim is the sort of disingenuous Dutchman with limitless enthusiasm and drive but with an uncanny ability for getting other people to do things for him. The Eden Project is a place “where you can look and see the whole of civilisation showing all aspects of life; but the context of the canvas we were painting was plants”.

There are few overt attempts to preach or proselytise. Yet subtly as you wander through its vast displays of plant communities you cannot help reflecting on the balance which is there, a precarious balance which human civilisation can so easily destroy. The ultimate global challenge, says Tim Smit, is “to strike a balance between utilisation and conservation for the sake of a better future”.

Although much of the money to build Eden came from



*Eden is something
which is going to evolve.
It's a living thing, it's
like an organism in
nature...*

*Eden is not a green
theme park; it's not
Disney with dahlias.
There is serious science
and some big ideas,
involving explanation,
interpretation, and
communication*



Britain's Millennium fund, the creators did not hesitate to enlist the help of big business. This is a deliberate strategy to win over the big corporations rather than simply antagonise them. Tim Smit again: “In my view it is by changing the culture of big business you have the best chance of effecting massive environmental and social change. Multinationals have better civil services than any government on earth. There's no point in painting them as devils and leaving them out of the debate.”

The Eden Project has been open since Easter, yet already half a million people have seen it. If you are going on your OE, don't miss it. And don't miss its near neighbour, the Heligan gardens. They have a special interest for New Zealand visitors. But if you can't go this year or next, don't worry. It will be infinitely more interesting in ten years' time than now. As the cheese man says, good things take time! ■

“Eden is far more than a collection of plants. It is about the environment these plants come from, the feeling it gives you, the reverence for the wild places and an empathy, a connection with the people who live in these places, including an understanding of their lives and how they rely on these places for their livelihoods.

“It is about linking this in with how we use their and our environments. Flagging up commonalities between cultures, all our needs and wants, and how this can be achieved sustainably.

“One of Eden's distinctions is that it doesn't stress the differences between people round the world, but the similarities.”

Jo Readman, Eden's Education Co-ordinator



In Search of Belief

I believe in God ... Almighty – the third in a series looking at the Apostles' creed by
Pauline O'Regan and her Christchurch community

We believe that God is almighty, but God's almightiness is not some kind of magic by which we seek to order the world to suit our own desires. If we see God as a ringmaster, we are asking that God use almighty power to change things to suit us, rather than our asking for God's help to change ourselves.

Too often we are looking for physical miracles rather than spiritual ones. We are surrounded every day with all the proofs we could ever need to show that God is almighty. To want God to provide further proof beyond the natural order is its own kind of heresy. God is almighty, yes! Intrusive, no! As we discussed all this, we recalled that a few days before we had heard how a friend of ours had offered to donate a kidney to her sick brother. That seemed to us a wonderful example of humanity working with an almighty God in a miracle of healing.

I believe in God ... Creator

When we say that we believe in God the *Creator*, we are saying, first and foremost, that we ourselves are *creatures*. When we own our creatureliness, we are stating that we are incomplete, that we are sinners, that there are things we neither know nor understand. Yet with God's help we can become complete, we can turn away from sin and be converted, we can grow and develop into fuller human beings. That is our life's work. It is what Paul meant when he said, "In my weakness, is my strength" (2 Cor. 12:10).

But personal development is not the only by-product of a holy consciousness of creaturehood. It brings with it an awareness of our accountability before God. We can no longer look at famine in Africa or bloodshed in the Middle East and complacently expect God

to make things right, as though God were responsible for them in the first instance. No! These things are the logical outcome of human greed or prejudice.

We have, as a people, sinned and we can, as a people, repent and repair the fruit of our sin. We can do something about our own greed and prejudice.

A God who constantly saves us from the results of our own conduct is a God who takes away our human dignity. Any good psychotherapist knows the psychological damage done to human beings when another person is constantly *saving* them from the effects of their own behaviour. So with God.

I believe in ... Heaven

In the *Creed* we say that God created Heaven. Even as we say it we might have to restrain ourselves from looking up to the sky! From early childhood we have carried the ingrained belief that Heaven is a *place*, and in this matter, perhaps more than any other, we have chosen to remain religious children rather than spiritual adults. Heaven is not a place. It is a state of being. It is the total union of the creature with its creator. It is fullness of life and happiness in God.

The Christian tradition tells us that Heaven is perfect union with God, the proper end of a relationship with God begun in this life and consummated in a way we cannot know, at a time we cannot measure hereafter. Aye, there's the rub!

We are talking about *mystery* and we don't particularly like mystery. We'd prefer to believe that Heaven is a place where we'll get every material happiness we were denied during life. That is to diminish a credal belief beyond all measure and to deal a heavy blow to

our spiritual life. Every major religion teaches that Heaven is an immersion in the fullness of Being. Jesus tells us that the Kingdom of Heaven is within us. It's within us because God lives within us and Heaven is our immersion in the life of God.

Heaven is not something we get. It is something we *become* – a happiness beyond all human comprehension.

I believe in ... Earth

God created earth. We can't reiterate that belief too often because, sadly, the Church has too often acted as though it were not part of our belief system at all. For long years it has pitted the material against the spiritual dimensions of human life and the material has stood condemned.

The catechism which influenced generations of Catholics posed the question: What must I take more care of, my body or my soul? We have an enormous leeway to make up to exorcise this dualism, this separation of spirit and matter. Yet the Church which puts the *Creed* on our lips teaches that God created all material things just as God created humans. The earth, like us, breathes the very Breath of God. We have to learn how to love and respect our cities, our countryside, our bodies, the earth itself – all of God's material creation.

The priest-poet, Gerard Manley Hopkins, wrote: *The world is charged with the grandeur of God ...* Here in New Zealand, we have the teaching and writings of our own theologian, Dr Neil Darragh, guiding us to a spirituality that gives meaning to the credal statement: *I believe in God, creator of ... earth.* ■

Community Care...

the Good

We know it happens: the bad news makes the headlines and the good news is often ignored. This seems particularly so in the area of mental health, says

Trish McBride

The word “Raurimu” sends shudders up spines as an example of community care gone wrong. There have been so many tragedies – but they are not the whole story. All is not well in the mental health sector, and recent increases in funding may only help with the overall picture in a small way.

But the fact remains a great deal of fine and successful work is being done, and many people with long-term mental illness are leading lives that ten years ago they could scarcely have imagined. Two places where people’s healing is furthered are *Mana Community Enterprises* and *Porch* residential care facility, both in Porirua City.

From client to counsellor

Liz is in a special position to understand the benefits of coming to the *MCE* workshop as part of rehabilitation from illness. She first came as a client in 1997 after a life-time of trauma and abuse had led to a mental break-down.

“I thought I’d not be employed any more because of being not well, so I came to be a client at *Mana* hoping it would be a stepping-stone towards getting a job. After a while they saw my potential and I was encouraged to take on a part-time position on the staff, then to study for my NZQA Certificate in Mental Health Care. I am now a qualified kaiwhakaruruhau (Maori counsellor). The professionalism I have learned has helped me be stronger and know my own mana, and help others know their mana too. So I’m an encouragement to others, particularly for my people who have been through so much. I tell them “If I can do it, so can you”.

Here they learn values and find out who they can trust. It’s like a whanau. They know they are in a safe environment, and safety has been a rare commodity especially after the trauma of years in hospital. The aroha here is so important – it is a necessary part of their recovery. So for me *MCE* has been the biggest stepping-stone of all”.

MCE has two types of operation, a workshop and an outdoor section. The workshop is in a warehouse where about 35 people with mental illnesses come to work. They are carefully assessed for their cognitive and physical capabilities and guided into tasks and projects that are appropriate to their skill and concentration levels. Some tasks are light assembly work



like tea-light and birthday candle packaging, and cutting wall-paper samples. A recent big contract is the sorting of re-cycling materials for Porirua City Council and The Warehouse.

Vailima is the outdoor section and has another 35 people involved in landscaping, lawns and nursery work. The work done is of high quality and any new work contracts are always welcome. The workers receive a token remuneration.

Over its 12 year existence, *MCE* management and staff have established a culture in which everyone is respected, and social skills are instilled and insisted upon. In the corporate world a job has many functions for employees: it provides a structure for the day – a reason to get out of bed in the morning, a place where one’s skills are valued, a focus for contributing to one’s community, a place for social interaction and support, for learning new skills, and gaining some spending power. The same applies at *MCE* for these men and women, some of whom have spent up to 40 years as patients in hospital. For some of the younger ones there is another factor – perhaps for the first time in their lives they are being consistently valued

as human beings and treated with respect. Stories of horrific childhood abuse abound. Sometimes they saw illness-inducing drug-use as the only way available for them to survive.

By most standards the lives of many of the workers are extraordinarily difficult. To live with a life-pervading illness like depression or schizophrenia is hard enough, but there is also financial poverty and social marginalisation. They live under the scrutiny and to some extent control, of an assortment of medical practitioners and carers within the mental health system, and they experience unpleasant side-effects of medications that make the illnesses more or less manageable. But in coming to work where the prevailing atmosphere is cheerful and calm they find a purpose in their activities, people smile and are kind to each other. These are powerfully therapeutic experiences.

Residential Care

Several of the workers from *MCE* and *Vailima* live at *Porch*, a residential care facility established by Russell and Tricia Fitzgerald in the early 90's when it became obvious that de-institutionalising of patients from Porirua Hospital was imminent. With their years of psychiatric nursing experience they were concerned for the future of patients they knew, some of whom had spent up to 50 years in hospital.

Porch now boasts a new purpose-built complex which houses 20 long-term clients in motel-style units around a delightful courtyard. The Fitzgeralds and their staff provide 24-hour nursing care, monitor medication, and supervise and coach residents in self-care, social skills and budgeting. "After so long in hospital, it can take years to learn the smallest things" said Tricia. "We see a lot more self-respect now, a sense of belonging, and trust."

Another result of the move into the community which excites Russell is that some families have felt able to come back into clients' lives. "They found going up that hospital driveway to visit too hard, but now they can visit family members here in just an ordinary way as equals." He also credits improved medications with contributing to a quality of life some clients had not had for years.

Grant and Barbara, the client representatives at *Porch*, were unanimous in their enjoyment of their life there. Grant said: "This is like a lovely castle – we're very lucky." And from Barbara: "They love me here – that's the main thing." They were both involved in meetings with the local community in an effort to allay the fears of neighbours when *Porch* was being built. "That was sad," said Grant. "We wouldn't hurt anyone."

Part of the family atmosphere at *Porch* is doing what other families do – going for holidays. Recent expeditions have been to Queenstown and the Bay of Islands. "A huge exercise getting it all organised" admits Russell, "but so worthwhile seeing them enjoy all these new experiences." A regular visitor to *Porch* is 'Pop', Russell's father, Francis, who is appreciated like a grandad. He is a retired ambulance officer and also has known some of the clients for many years.

Healing (or in official terms, rehabilitation) does take place – usually by the millimetre. Many clients of both *MCE* and *Porch* have made visible progress over the last few years – in self-esteem, in connecting with others, and gaining skills that others take for granted. A few have moved on to more formal employment or into independent accommodation.

These two organisations provide valuable links in the mental health service and are truly places of 'Good News', though most who work there would not describe it in those terms. The clients are frequently awesome in their courage, cheerfulness and hopes for a better future. The staff are awesome in their patience, good-humour, persistence, professional skills and clarity.



There are two ways they all need the support of the wider community in order to maximise their work. First, by an increase in society's acceptance of and respect for those who have a mental illness, so that rehabilitation is enhanced not hampered. And second, *MCE* needs contracts for either intermittent or continuing work. Businesses who offer these not only make a contribution to the lives of some of God's anawim (afflicted), they get a job done well! ■

Trish McBride is the chaplain at Mana Community Enterprises.



Did God the Father really give Jesus to be 'the one perfect sacrifice for the sin of the world'?

Couldn't that be called Divine Child Abuse?
asks Rev Ian Render, Diocesan Ministry Advisor in Waiapu

Some feminists have been annoying me. I have asked them to be quiet but their words keep repeating in my head. They are giving me a theological problem I would rather not have, and one I can't avoid, especially when I am the one presiding at the Eucharist.

Being Anglican, I may have a range of liturgical options for expressing it, but essentially the presiding priest will address God with some variant of the words: '...you gave your only Son Jesus Christ... to be the one perfect sacrifice for the sin of the world'. It took Joanne Carlson Brown and Rebecca Parker just seven words to nail my discomfort with this belief when they wrote, "Divine child abuse is paraded as salvific" in their essay *'For God so loved the world'*. (Christianity, Patriarchy and Abuse - A feminist critique edited by Joanne Carlson Brown and Carole R Bohn, The Pilgrim Press 1989)

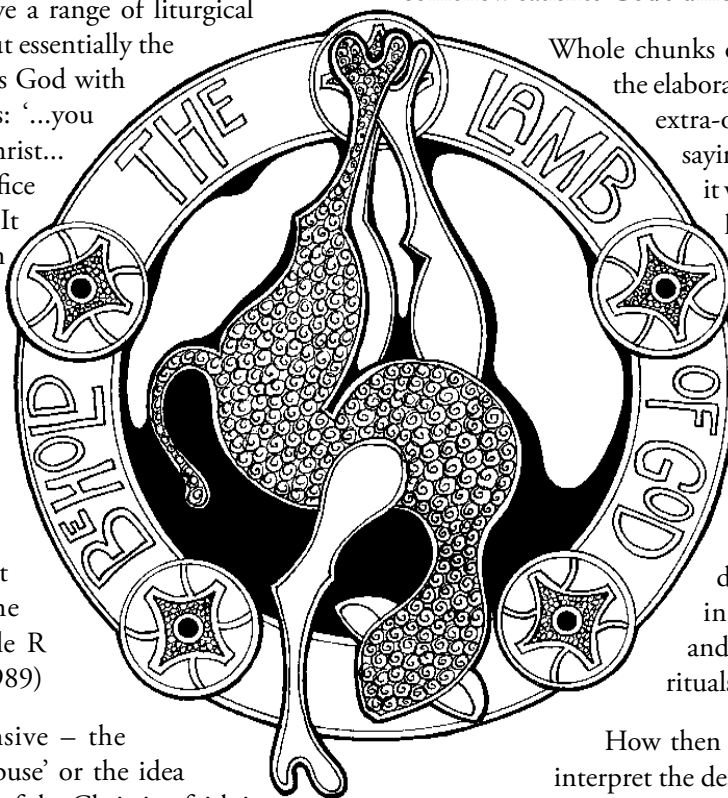
Which is the more offensive – the expression 'Divine child abuse' or the idea that the most central event of the Christian faith is an act of violence actually willed by God for his Son in order to remove the curse of sin from humankind?

Three issues provoke me:

- the idea that somehow a blood sacrifice removes the barrier between God and humankind;
- the moral character of the deity who requires such a solution to the human dilemma;
- the holding up of this model of redemptive suffering as an ideal for all Christians to follow.

Who needs a sacrifice?

We do not belong to a culture that practices cultic sacrificial rituals, and most of us would be horrified at the thought of a bird or animal being slaughtered on our behalf in order to satisfy a demanding God. All the more appalling then, is the idea that the perfect sacrifice of the human and divine Jesus somehow satisfies God's umbrage at sin.



Whole chunks of *Leviticus* may be devoted to the elaboration of the sacrificial cultus, but extra-ordinarily, with one prophetic saying, *Hosea* wipes out the whole of it with the words "I desire steadfast love and not sacrifice". *Hosea* believes that God does not want sacrifices. Furthermore, Jesus himself takes up this quotation and says to his opponents "Go and learn what this means; I desire mercy and not sacrifice". Jesus, then, in line with the prophetic tradition specifically declares God to be interested in our positive moral qualities and not in primitive appeasement rituals.

How then do the New Testament writers interpret the death of Jesus to mean exactly the opposite? Clearly the humiliation of death on a cursed cross needed to be interpreted for Jewish Christians as being in continuity with, and even putting an end to, the sacrificial cultus. This interpretation would have been strengthened by the destruction of the temple in Jerusalem in 70 CE, since it was the only locus of blood sacrifice.

Of course, many cultures have practices of propitiatory sacrifice in order to gain the favour of their deities. But, in theory at least, Christianity has liberated us from superstitious notions. So do we need to retain an interpretation of the death of Jesus as the quintessential example of a blood sacrifice that

pleases God? Do we think that God needs to be reminded of our need for mercy by the representation of this sacrifice on a daily basis? I suggest that more than a few Christians find such notions alien, repugnant and bankrupt. It is clear that Jesus interpreted his own vocation in the light of the Suffering Servant of the later Isaiah. He seemed to be only too aware of the costliness of obedience to his sense of calling. However, this faithfulness does not require us to interpret his death as a propitiatory sacrifice. As Carlson and Brown put it "Jesus chose to live a life in opposition to unjust, oppressive cultures. Jesus did not choose the cross, but chose integrity and faithfulness, refusing to change course because of threat". Such a view is entirely consonant with *Hosea's* declaration: "I desire steadfast love, and not sacrifice".

What kind of God do we worship?

Taken at face value the Biblical record is somewhat troubling. We learn that early on God decides to wipe out the entire enterprise save an ark-load because the whole known world is so corrupt. Later, the Hebrew people become the nation of Israel at the expense of the existing foreign populations. This God is frequently xenophobic and apparently genocidal. After all other attempts fail, reconciliation is achieved by means of a perfect human sacrifice.

It's not exactly a pretty picture, and a human leader who behaved in this way would be justly accused of violating any number of human rights. One could be forgiven for hoping that God's intentions for humankind have been somewhat distorted through a less-than-impartial lens.

In this we may be helped by a reconsideration of the concept of propitiatory sacrifice. The *King James Bible* tells us (in *1 John 4.10*) that [God] sent his Son to be the "propitiation" for our sins. Certainly generations of Anglicans, brought up on the *Book of Common Prayer* have been taught to believe that they are 'constantly provoking most justly thy wrath and indignation against us'.

Fortunately, this crippling belief cannot be adequately supported from the New Testament. Jesus' "atoning sacrifice" of *1 John 4* is properly understood as "expiation"; the means by which a barrier of human sin is removed. Paul the Apostle is clear about this in his first letter to the *Corinthians*: "God was in Christ, reconciling the world to himself, no longer counting people's sins against them".

Perhaps the most troubling issue is the call to Christians to emulate the sufferings of their Master. The New Testament has many references to this vocation, most familiarly perhaps the call [in *Luke*] to "Take up your cross daily, and follow me". Disciples are to be conformed to the Master in all respects, and one is to "crucify the old self". Familiarity with such sentiments should not dull their brutality.

The realities of 20th century warfare, for example, revealed to us that what was sold to the populace as "a glorious sacrifice" often turned out to be nothing more than a life wasted as cannon fodder. Such suffering is to be grieved for and protested against, not exalted.

A significant problem raised by feminist critics is that the call to suffering is predicated on some kind of patriarchal nobility – that everyone is free to choose how to order their lives. But this is not the case. How does this call to Christian suffering sound in a nation with a bad record of domestic violence towards women and children? What does a battered woman or abused child hear in a liturgy or sermon which proclaims our call to suffering? How many women, indeed, have been counselled to remain in abusive relationships for the sake of Christ?

*how does this call to Christian suffering
sound in a nation with a bad record of
domestic violence towards
women and children?*

Is there no other way than this?

We wish to honour Jesus of Nazareth as the Christ of God, for in him we see costly love undeterred by political and religious vested interests. We can celebrate a life truly and fully lived unto and beyond death. So can we find a way of celebration which does not glorify violence, bloodshed and outrage?

Christopher C Rowland, in his commentary on *Revelation* is helpful here. He interprets for us the vision of the exaltation of the 'Lamb who was slaughtered'. He helps us to see that what is being celebrated is not the slaughtering, but the vindication of the victim:

"*Revelation...* is a text about the unmasking of human culture. At its start it reveals the vindication of the Lamb who was slain. ... The gospel unmask the fact that violence lies at the base of all human culture and does so by proclaiming the innocence of the victim. ... Jesus identifies with the victims in his society, and as a result he sets in motion a process of victimisation of himself" (*New Interpreters Bible* volume XII p6 Abingdon Press, 1998).

While many questions will always remain regarding the problem of suffering, we may at least begin by considering what it is we are exalting in the death of Jesus. We might do well to reconsider our liturgical encouragements to suffering and our language about God willing the death of his child on our behalf. Perhaps instead we may formulate liturgies which celebrate the vindication of all who are victims, sing of mercy and steadfast love instead of glorifying bloodshed and human sacrifice, and in our social action have a clear theological justification for the stand we take alongside the abused and violated. ■



A movement of hope

Kay Whelan is the Family Court Co-ordinator in Hastings and secretary of Hawke's Bay Restorative Justice Te Puna Wai Ora Inc. In this article she talks about communities and the restorative justice option

I still remember lying on the beach on Fraser Island in Queensland in 1996 reading Jim Consedine's book *Restorative Justice: Healing the Effects of Crime* (Ploughshares Publications, Lyttelton 1995). I was in Australia especially to visit an old school friend to celebrate our 50th birthdays together. The inspiration provided by Jim's book added another dimension to the beginning of the next decade of my life.

Restorative justice made so much sense to me. Clearly our retributive justice system does not meet the needs of victims. Often District Court criminal proceedings are a game played between lawyers and prosecutors to see who will win. Where is the offender's personal responsibility for the harm caused in this system? Increasing prison populations and re-offending rates cast huge doubts over the effectiveness of imprisonment as a response to offending. Jim's book was a breath of fresh air.

And yet there is nothing new about restorative justice. It was the common-sense way many cultures dealt with their problems. When someone was harmed by someone else the community gathered with these people, stories were told about the harm, regret expressed and ways of repairing the damage agreed. This is also a biblical process involving compassion, repentance, forgiveness, restoration and healing.

Colonisation brought to many countries the British system of retributive justice

in which crime is seen as law breaking, an offence against the state, with the emphasis on establishing guilt and deciding on punishment. Victim participation is minimised.

With my newly-found knowledge I was blessed to meet Frances Melody, a probation officer who had just finished reading Howard Zehr's book *Changing Lenses* (Herald Press, Scottsdale, 1990) and was similarly inspired.

So how could we explore the exciting possibility of the restorative justice conference process being introduced as an option into the adult criminal justice system? Of course we did the obvious when not being sure of the next step – we had a meeting! We invited representatives of those groups who could be interested in this idea including police, probation officers, lawyers and Victim Support.

The positive response was encouraging and our Hawke's Bay group began. A huge amount of work followed in finding funding, establishing procedures and training facilitators. We had support and assistance from Te Oritenga, the first group in New Zealand to offer restorative justice to the adult criminal justice system, and Ted Wachtel from Real Justice in the USA who just happened to be visiting New Zealand in 1997. In 1998 Hawke's Bay Restorative Justice Te Puna Wai Ora Inc was launched.

Since this time our group has provided restorative justice conferences to

offenders and victims within the Court process in a wide range of offences, and now has a facilitator, Jackie Katounas, working at Hawke's Bay Regional Prison to explore restorative justice processes with offenders there.

Facilitators prepare the conference participants very carefully. The conference process is always voluntary for victims and offenders, and will only take place if there is potential for a constructive outcome.

The response from those taking part in conferences has been very positive. Victims are able to tell offenders directly about the harm caused, (about which they are often woefully ignorant) and ask questions. Offenders tell of the circumstances around the offending and express remorse. Support people attending also tell their stories. Participants then consider how the harm can be repaired. Victims often express anger initially and then become concerned about how offenders can make changes to prevent re-offending and creating more victims.

I remember my sense of wonder when I first began hearing how this process led so commonly, and often unexpectedly, to a considerable measure of restoration, reconciliation and healing. It took a substantial number of people using their talents in many ways to develop this service. But it works. The theory is real!! ▷▷

Whakatikatika Prison Project – *‘putting things right’*

Jackie Katounas

The mother shook the hand of the man who had stabbed her son to death and wished him well. She now had some of the answers to questions that had haunted her since her son's death, she could now integrate all the details of her son's last few hours – she felt a deep sense of release.

The young man who had taken her son's life, previously plagued with deep remorse and self-hatred, walked out of this meeting with his head held high. In a few short minutes real healing had begun. The offender and victim had faced each other, had heard each other, feelings had been vented and the process of recovery had been enabled.

This scenario and others like them which I encounter in my work as a facilitator for Hawke's Bay Restorative Justice based at Hawke's Bay Regional Prison, lets me experience the God-given gift of forgiveness on a daily basis. As a committed Christian I feel very blessed to have been led into this area of service, for I have had my own journey with offending and redemption.

At 12 my offending caused me to be sent to a girls' home. By the time I was 16 I had graduated to maximum security at

This process of being inspired by an idea, exploring its suitability for a particular community and, if appropriate, creating something new, is how communities have developed over the centuries. Communities are responsible for their own evolution. Governments can assist and encourage but effective change comes from within, as it does in a personal sense for each of us. We are called to contribute, each in our own unique way, to the community within which we live.

The restorative justice movement for adult offenders is now growing in communities

Mount Eden Prison, followed by 12 years of heroin addiction. I spent many years in and out of prison.

Throughout my career of crime I was never brought to account to the victims of my offending, I never faced the cost that others had to pay for my actions. I had no empathy for the victims of my crimes until I faced my 138th and last conviction when I found out that I knew the victim. Overcome with remorse, I went to the man and asked his forgiveness and offered to get his property back – without knowing it I had begun on the journey of restoration, reconciliation, forgiveness and redemption. This led to my becoming involved with restorative justice which in turn brought about my deliverance to the Lord.

Today my life is unrecognisable to the one I led before. The power of forgiveness and salvation of Our Heavenly Father, through his son Jesus Christ, has truly given me a new life – one which allows me to amend for my past by using it to help others.

I am tailor-made for my work with offenders. I am not intimidated by them or their offences and the humility I feel allows me to work with them without

throughout New Zealand. The Government has begun the court-referred restorative justice pilots in Auckland, Waitakere, Hamilton & Dunedin partly in response to this community movement. A more creative way of dealing with crime is being called for and the Government is listening. The community has led the way.

In a similar manner some schools are beginning to use conferencing as a constructive way of dealing with problem behaviours and suspensions. This is another movement of hope on the horizon. ■



prejudice. Because I have experienced such grace in my life, I am able to extend that to both the victims and the offenders and to their families.

Restorative justice is not a 'soft option' for the offender – it takes a great deal of courage to face the person you have harmed and attempt to put things right. It also takes a great deal of courage for the victim to face someone who has harmed them. I have to be very sure the victims will be safe and will not be re-traumatised.

Of course some victims do not want to be a part of the process – their anger and pain is often too raw or they do not want to revisit their pain. But offenders can still participate in a restorative programme by looking at their thinking and attitudes and putting themselves 'right'. Inmates of this region will be helped in this process by the introduction of *Sycamore Tree* Project a biblical-based restorative justice programme run by Prison Fellowship New Zealand.

The *Sycamore Tree* Programme runs for eight weeks and takes offenders on a process of learning about victim empathy, the power of confession and repentance and finding ways to achieve restitution. Prison Fellowship New Zealand has run the programme three times at Arohata Prison and twice at Rimutaka and the anecdotal evidence suggests that it has had a positive impact.

I am humbled that God has chosen me to be at the centre of the fulfilling ministry of restorative justice. ■

The Voice of the Poet in our Spiritual Journeys

Jacquie Lambert looks at the use and value of poetry in the process of spiritual direction, and in our own personal journey

When God crashes in on your life, seems evidently absent from it, or seems as close as a whisper, have you ever thought about writing a poem to catch it? How little this powerfully expressive medium is accessed in our spiritual journeys. How many of us have a little voice on our shoulder that says, “I can’t understand poetry”, “I’m just not very good at it”, or “I wouldn’t know where to start”. A Chinese poet once said that to “recreate something with words is like being alive twice”.

Language is a creative process that interacts with the people who use it; it has life and it carries life. The power of language is one of God’s greatest gifts to us, albeit at times a twin-edged sword. Language can wound as well as heal, can help companion us on our journey with God or move us away from God. I have found it interesting that within the institutional Church the power of all art forms is beginning to be recognised again, and yet it is a step by step process. Painting, music, dance, drama, sculpture are all becoming slowly more apparent both in our physical church buildings and within liturgy itself. Though the idea of ‘journalling’ has crossed the boundaries from therapy to an accepted reflective tool for spiritual growth, poetry seems to have remained on the fringes, and yet it has historically had one of the most powerfully prophetic voices. Perhaps the institution may not be ready to hear what it has to say!

For many of us, poetry – like other art forms – was abandoned in or after school because we didn’t feel that we had a talent for it, or couldn’t understand it. If you aren’t good at it, don’t bother doing it seems a sad reality for many of us. After the freedom of preschool, we were eventually taught about the so-called ‘rules’ of these art forms, and all of a sudden we felt either talented or not.

We then took on those labels and nourished them tenderly through our lives, repeatedly reminding ourselves what we aren’t good at. Well, the truth is that there are no rules. Conformity is the antithesis of poetry and all the arts, its arch enemy, and yet even in the world of poetry, among those who should know better, there are people who feel a poem has to be a certain way. We have been scared off.

We are all writers or story-tellers, poets, painters and dancers. We have limbs, so we can dance or move in some way. We have words, so we can write. Talent may have a place only when it relates to performing for others, particularly if they have paid to see it! Just because I can’t dance to save myself on stage doesn’t mean that to dance in my living room, moving and singing, isn’t a liberating spiritual and nurturing experience, not to mention amusing!

I like to think of poetry as the unofficial language of religion. I am certainly open to including all the arts in this provocative statement, but I have a particular love for poetry. Poetry is a language of symbol, metaphor and mystery that reflects the universal language of nearly all religions. Imagination is a ‘spiritual faculty’. How else could we ever imagine God, and the possibility of love in our loves? Accessing our own creativity within our own language and in our own stories can lead us on new roads through the landscape of our personal faith journeys.

Poetry, particularly your own, has the power to take you deeper on your spiritual journey. Like all the arts, poetry touches a place that no rational analysis can take you. It is deeply personal and transforming. Sometimes when I am writing I find I don’t even know where the words come from as if it is a partnership with God allowing our faith to speak through our poems in a way not possible in more controlled language.

When you are writing poetry in connection with your spiritual journey, it is vital to understand that the process, like the dance in my living room, is more important than the outcome or final poem. It is not about having a talented, publishable piece of work at the end. It is about connecting with your soul and God in a different way. You are using the process of writing the poem as a working prayer, a way of opening a door to growth and insight. In fact, it may not matter whether the poem is even completed, a single line or image may suffice to give insight.

As a spiritual director, I use poetry within the direction process. Writing a poem about a life or faith experience is

one of the few ways to bring head, heart and gut together at one point. The head is required to deeply consider the event in order to find a word or image to describe it. Memory and understanding are important. The heart is present in reliving the emotional side of the experience, sitting with the feelings. These experiences are then slowly moved around as if in a womb, looked at from different angles, probed and rethought until the right word or image to describe its truth is birthed.

This word or image is not decided on by the head or the heart. It is a gut feeling, an 'aha'. A knowing without any logical explanation that this was how it really felt. This is why a feeling of abandonment by God is not described in just those words, but instead may be imaged as a rusted lock with no key. Or anger as being a cancer of the heart. Or faith as the relationship between lover and beloved as in the *Song of Songs*. It is about what the experience was 'like' rather than the facts of what it was.

Reading the personal poetry of others is like walking on holy ground. It is as if you are listening to their dreams, so deeply into their hearts are they leading you. Poetry that is shared is a partnership. The listener is often affected by the images and relationship to their own spiritual journey. Sometimes we can feel uncomfortable listening to another person's poem about despair, loss of faith, or anger at the Church. Perhaps because they remind us of our own questions at times. Yet all our stories of faith are important, even those of loss of faith. There were some Jewish writers after the Holocaust who felt that poetry and all creative writing was inappropriate after such a shattering experience. Eventually, though, the voices broke through with the understanding that by 'being silent, we lie'.

Poetry, unlike other verbal expressions, is not bound by commonsense or propriety. Poetry is subversive and challenging to the self and to society, but also to the neat institutional packaging of faith sometimes presented in our churches. Poetry says, "BUT!" It has always been prophetic. Look at what the psalms get away with. Since poetry uses metaphor and imagery, no one is ever exactly sure what may be being said so you can get away with a lot more than you could say directly. It gives you, the writer, the freedom to use strong images and comparisons that you couldn't elsewhere.

When a poem is finished, it is a tremendously satisfying and creative feeling. So much energy has gone into choosing the right words and images to convey the experience that the poem becomes a highly potent and personalised work of art. The writer can see their heart and soul exposed on the page, and it is like a piece of jewellery to be treasured.

When I want to revisit an experience, I don't go to my journals, I go to my poems because it is only in those that I can find the truth of what I'm looking for. This is why the process of poem-making can be healing in itself. If we approach it like a prayer, quietly open to the Spirit's guidance, it is a walk

with God. Who is really impacting on that choice of word or image? Is it our head, our instinct, or God? If we sit with our experiences open to the words and images that come, God can speak to us. A prayer is merely a poem to God, and a lyric is poetry to music.

It is a delight for me to see people who have virtually never willingly written a poem be amazed at how they are touched with their first one. If we do not open ourselves to the entry of these types of powerful tools in our spiritual journeys, we may be missing an important piece of the puzzle. We need to get messy with our stories, with our words, with our symbols on this journey of faith because spirituality is messy. It is a messy mix of symbols and pain and joy and unbelief and faith.

When we seek the Mystery, we immediately enter this messy world where language can be both powerful and, at the same time, inadequate and fleeting. This is also the world of the poet. Not only poetry, but all the arts carry the responsibility of attempting to convey mystery in an understandable way to others through the use of imagery and emotional experience. Logic and analysis touch the head to give a mental framework for belief, but poetry and the arts touch the heart and soul to give an emotional 'aha' about that belief.

No doubt we need both, and yet there continues to be a sidelining of the arts to the 'nice to have but don't really understand or have the time for' category in our faith. So the next time you are struck with a touch, or lack thereof from God, perhaps you might take up your pen ... ■

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Word music

A leaf in the wind

by Beatrice J. Hoffmann

Puriri Press

37 Margot Street, Epsom, Auckland

Review: Joy Cowley

Fine poetry is prose distilled to pure essence of truth, and that truth is usually presented in metaphor that goes straight through eye and flesh to touch bone with a cold white fire. The truth is not new. We all have it within us; but often it has not been accessed for a long time, if at all. It is the poet's gift to surprise us with our own knowledge and elicit from us the response, "Yes! But of course! That's how it is!"

Beatrice Hoffmann's poetry draws its truth from the metaphors of nature. Sometimes these reflect relationships. In *Memoried kindness* she writes:

*Of all fleeting things
a rainbow must be least,
most past recall.
Yet as your sunlight glanced athwart
my rain
a luminescent arc
of diapasoned colour sudden stood ...
... Noah's child, I find
hope held within
a mist-frail emblem.*

Other poems proclaim God in nature



Book Reviews

with the kind of word music we associate with Gerard Manley Hopkins. In *Tree meditation*, natural and religious images overlap, metaphor on metaphor on message:

*Sun-compelled
I utter my leaves
my creed that is green:
green fire of grass
precedes my word
confirms and spreads
my creed that is green.
Confessor to travelling
crowds of clouds
in their vestments of rain
with their gospels of light
and a college of choristers
high in my birdlofts
singing their orisons –
I am
tree.*

Poetry with its many layers comes from a richly lived life, and Beatrice Hoffmann (née Studd) has been artist, teacher, librarian, mother, grandmother and always, child of earth, child of God.

This is a spirituality which grows with the seasons and finds its nourishment in the beauty of creation: "*Creation arose through intense delight a reckless generous passion ...*" and "*Beauty being no accident springs pure from its source.*"

But there is no denial of the winter of being: "*Mortality your name is grief except by utmost reach of faith we surpass it and enter in on realms of singing light.*"

Or of the sacrifice that a fullness of living demands: "*Justice is a tool of love but through such flame none pass scatheless.*"

The title of this small treasure of poetry, *A leaf in the wind*, makes an immediate connection with Hildegard of Bingen's *A Feather on the Breath of God*. How appropriate! We suspect that the souls of these poets, Hildegard, Gerard Manley Hopkins and Beatrice Hoffmann, are similar in size, texture

*Beatrice Hoffmann died 2 July 2001
May she rest in peace*

From boyhood to manhood – a superb resource

Between Fathers and Sons

By Michael Smith SJ

Published by Ave Maria Press, Notre Dame, Indiana, 1997

125pp

Price \$US16.95

Review: Mary Eastham

The relationship between fathers and sons is often very strained, even wounded in today's society. In many cases, fathers have not been properly 'fathered' themselves, and thus would never 'consciously' raise their sons the way

they themselves were raised. Thus, they soldier forward, doing the best they can and hoping for the best.

For many a father, adolescence in particular is a time to fear rather than to celebrate. So much could go wrong. The increased incidence of violent behaviour among teenage boys suggests that mainstream society is at a loss to help them become psychologically and emotionally mature men. Indeed, society must shoulder much of the blame for the psychological distress experienced by so many young men. The pressure to achieve and succeed must be crippling for

young men temperamentally unsuitable for the most lucrative career paths. They may 'earn a good living', but at the expense of losing their soul. Today's youth are indeed in peril.

Michael Smith SJ has spent many years pondering and researching these soul-searching issues. Indeed, he has written a superb resource for parishes "to help and encourage fathers to foster the on-going development of their sons into psychologically and spiritually mature men" (p9). His book describes and facilitates a spiritual journey which highlights the importance of a close relationship with Christ.

The programme is written to lend itself to a variety of formats: a programme of six consecutive weeks, a weekend retreat with six focused sessions or three one-day workshops. The resource includes background information for facilitators, concrete activities for individuals, small and large groups, suggestions for prayers, social events, etc.

The book is divided into six chapters/sessions, each exploring a crucial issue in the father/son relationship and in healthy male development. The first chapter/session explores the spiritual dynamism of the father/son bond. It proposes strategies for fathers and sons to evaluate honestly their current relationship and to reopen lines of communication that may have become strained. The whole purpose is to acquire a deeper awareness of the virtue of trust and how it can be rekindled and nurtured if it has been damaged in any way.

Session two addresses the intriguing notion of male archetypes and how this informs the father/son relationship. The four male archetypes are father, seeker, warrior and sage. Archetypes are ways of being human that operate at a deep level of consciousness. This chapter explores how difficult it may be for a man acting through a 'warrior' archetype to relate to an adolescent son acting through a 'sage' archetype – or vice versa. It also puts fathers in touch with 'unconscious' forces driving them, of which they may not be aware. These psychological and spiritual energies can then be named and transformed so that fathers and sons can gain an appreciation of the beauty of each way of being a man.

Chapter three discusses the explosive topic of anger. Since violence among adolescent males is escalating at an alarming rate throughout the world, young men must come to terms with the sources of their anger and frustration, and how to deal constructively with them. This session treats anger as a powerful human emotion that can catalyse either creativity or destruction – depending on how its energies are channelled.

The author discusses four typical responses to anger: passivity, aggression, passive aggression and assertion. Each is analysed in terms of its effectiveness in resolving conflict situations and in facilitating spiritual, psychological and emotional maturity. If you guessed that assertion is the only way of dealing constructively with anger, you are correct. But you may still need to learn strategies for dealing with 'authority'

figures and/or peers.

The fourth session deals with friendships with girls and women. In the words of the author: "Many adolescent boys worry that their efforts to form friendships with girls will only end in failure, embarrassment, social disgrace, or rejection" (p68). How meaningful, therefore, is a session devoted to basic relational skills, the qualities of true friendship *and* impediments to healthy male-female relationships.

The fifth chapter explores the crucial issue of 'identity achievement'. In our society, this process involves seeing oneself in socially acceptable roles, setting career objectives, and learning to be faithful to commitments (p77). Michael Smith draws on a variety of sources to describe how cultures throughout the world have enabled young men to attain identity achievement. He discusses initiation ritual from tribal cultures, the insights of developmental psychologist Erik Erikson and, of course, the wisdom of Christianity. Through this session, fathers and sons can achieve a special intimacy by reclaiming and celebrating important moments in both their lives.

The last session is the blessing ritual. This final meeting allows for mutual affirmation and blessing between fathers and sons who celebrate two related issues. First, fathers celebrate a renewed confidence in their ability to mentor their adolescent sons to maturity. Secondly, sons celebrate a new awareness of what it means to be a man, *and* an appreciation of their father's unique spiritual journey.

Between Fathers and Sons is a unique parish resource that responds to the challenge of training men to be mentors/elders for the next generation. Properly utilised, it may do far more than facilitate the transition from boyhood to manhood for young Catholic males; it may even save someone's life. ■

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2000 year papacy looks set for renewal

The papacy has lasted 2000 years and represents the last of the ancient autocracies. Tsars, Emperors, Sultans and Moguls have come and gone but the papacy endures to this day. With no territories, the papacy is nevertheless hugely powerful with nuncios or ambassadors all over the world.

The incumbent, John Paul II, has enforced the papacy's internationalism by his overseas visits to many countries and has both delighted and enraged Catholics during his twenty year reign. For this reason, he will be the subject of debate for decades to come.

Before being elected, Pope John Paul II was a passionate climber and skier as well as a poet and scholar. He is now an old man but, I suggest, fully aware of his position and responsibilities. At 81 years of age, he must view his papacy, now the sixth longest in history, as nearing the end.

In June he summoned the cardinals to Rome, ostensibly to discuss the future of the Church but also to evaluate his successor. The next conclave cannot be far away.

Last month Pope John Paul retired to the Italian Alps for a brief holiday before his first meeting with George W. Bush. The true charisma or 'gift of grace', which the pope is said to receive, radiates from this man. He may be old and frail, but a billion people around the world believe he is Christ's Vicar on earth, a belief which imposes itself palpably in the dramatic setting of St Peter's. It is in truth an Apostolic Succession which seems near to being renewed again in a new century.

Israel must face reality

An 11-year-old Palestinian boy, Khalil Mughrabi, is the seventeenth Palestinian killed by Israeli troops since the ceasefire drawn up by the US CIA director George Tenet. Nine Israelis

Crosscurrents

by John Honoré

have also been killed. Skirmishes continue between Palestinians and the Israeli army, with loss of life, destruction of property and escalating tensions on both sides. The intifada continues. The Jewish occupation of the Palestinian territories guarantees the continuation of hostilities in the Middle East.

The time has come for the Israelis to recognise reality and quit the territories. The wall of hatred against the Jews in the Muslim world is getting higher by the day. Their only hope is the continued American support in the form of billions of dollars in aid and the American willingness to maintain Israel's military capability.

The Israeli economy, buttressed by American finance, is not self-sustaining. American companies established in Israel will quickly withdraw in the face of continued unrest. The situation no longer represents 'shareholder value'. Israeli and Palestinian negotiators seem incapable of resolving the issue of the Palestinians' permanent status and the violence directed at Israel's occupation of the territories.

For the Palestinians, dismantling the Israeli settlements is the first condition for real sovereignty. Why should the Israeli Arabs continue to tolerate their second class status in Israel? The question of the Arabs self-identity threatens the stability of Israel and this continues to be the core issue which Israel will not address.

In today's situation in the Middle East, nothing short of the appearance of the Messiah (or total war) can save the Jewish identity in Israel. Such intransigence against the Palestinians guarantees the dissolution of Jewish Israel. Perhaps the Jews have fulfilled their role in history.

Perhaps their existence in the Middle East is approaching a time when the price for the support of the state of Israel will be considered too high, even for the USA.

Short skirts or serious debate

I was reminded of Joseph Heller's words this week when finishing off this month's column: "how to remain sane in an insane world".

In the last month the press and, predictably, television, seemed obsessed with trivialities. The dumbing down of the media has resulted in a lack of debate on more serious matters, such as the crisis developing in the underfunding of both health and tertiary education or the last controversial report on tax reform (summarily dismissed by the media as ridiculous). The very occasional in-depth reporting by the media is usually reserved for sports events and sports people. Lurid matters before the courts, murder trials and the like are also given plenty of coverage.

Consider Mrs Hogg's two weeks in the limelight, when short skirts and earrings were of national importance. Then the revelation that she was paid \$1000 a day to sit through the hearings. Consider Jenny Shipley's sudden appearance on the steps of parliament in the above mentioned accoutrements in support of I'm not sure what. Consider the Maori Elder who, after travelling the world to spiritually cleanse embassy buildings and other assorted edifices, tells us, "by the time we get back we need a whole week to recover".

Now all this, like a German joke, is no laughing matter. The third part of this column could have been devoted to any one of these subjects, but who really cares? We are in deep trouble if we don't. ■

The Vatican and Aids prevention

Since AIDS was identified 20 years ago, 58 million people have been infected and 21 million have died as a result. In Sub-Saharan Africa at least one parent of every seven children will have been killed by the disease within the next 10 years and adult life expectancy will have dropped by 20 years. The victims are mainly women and children.

The United Nations held a special session in June to consider how to combat the pandemic. The Vatican was one of 89 states attending and its uncompromising position against the use of condoms has caused a great deal of disappointment and anguish. It bases its opposition on the two papal encyclicals dealing with sexual morality and birth control – *Humanae Vitae* and *Casti Connubii*.

The use of this teaching to forbid the use of condoms in the present AIDS crisis is questioned by many Catholic moral theologians. It is also causing distress to many thinking, practising Catholics and especially to those working at the 'coal face' of HIV care and prevention. These are people committed to the Gospel and they see the Church shutting the

door on one of the most available means of diminishing the cycle of evil perpetuated by AIDS.

Last year, Catholic bishops in Brazil – where AIDS is rampant – suggested that, in the present circumstances, the use of condoms could be regarded as the lesser evil. The Vatican representative at their meeting said "No. Only abstinence is morally acceptable. The use of condoms would mean breaking the sixth commandment."

Surely the two encyclicals quoted (written before AIDS had been heard of), is directed against contraceptive acts, not against condoms or contraceptive pills as such. The strictest theologians agree that a woman can use the pill to help medical conditions such as dysfunctional uterine bleeding. Why cannot condoms be used for purposes other than contraception?

In moral decisions we are always having to weigh up one value against another. Sometimes, in order to protect a greater good we need to act in a way we know is not good, but our action will result in less harm being done. How else could the Vatican enter into diplomatic

relations with countries in which it knows human rights are violated? If using a condom when one partner has HIV is a failure in the virtue of chastity (as Rome's representative in Brazil stated), how is this to be weighed up against the virtue of charity, when another's life would be put at real risk?

Cardinal Hume was once asked whether he regretted the use of condoms as a measure to be taken to promote safe sex. He replied that he "regretted it was necessary".

People who have dedicated their lives to helping those with AIDS are often confused and frustrated by the Church's concern with fine points of moral reasoning. A Mercy Sister doing this work in Edinburgh, said she feels the only principle she really needs is mercy. She is in good company. On April 22 this year Pope John Paul celebrated Divine Mercy Sunday – a celebration he began for the Millennium Holy Year. More than 200 priests, bishops and cardinals concelebrated Mass with him. One of the special prayers offered during the Mass was "for the suffering who wait for a gesture of mercy." ■

Jim Neilan

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Teenage drinking – *who is responsible?*

Napier Cathedral stands at the end of a down-town block that also contains eight or nine bars. Friday and Saturday nights in Hastings Street have been described as “a war zone”. Matters were brought to a head recently by the senseless kicking to death on this street of a young man following a minor misunderstanding over a coat in one of these bars. Local businesses pay for private patrols of the inner city, large sums are to be spent on close circuit television and the City Council is seeking powers to control the consumption of alcohol in public places.

The Cathedral had to close-in one porch, because it was used each weekend as a toilet; and it is quite normal for the clergy to have to wash away the vomit around the main entrances before the 8 am Sunday service. There is an up side. There is now so much activity in that part of town that the number of break-ins to the Cathedral has reduced dramatically, and we gain the occasional full can of beer as we clean up the mess before Sunday services.

It is difficult for middle class adults to discuss teenage drinking without going straight into a pompous and “isn’t-it-terrible-what’s-gone-wrong-things-ain’t-what-they-used-to-be” mode.

I have good relations with the managers of most of the local bars. They help us with security and keep their sound levels down for evening services and concerts. They tell me that the crowds of teenagers that congregate in our part of town, to drink, shout, fight, vomit and urinate, blow their minds on drugs, and generally “have a good time”, have little or nothing to do with the bars. These managers are decent men and I do not doubt their word. So where does the liquor come from?

“Most underage drinkers are getting alcohol from parents and drinking in public places, not on licensed premises,” according

to the police commissioner’s office and the Alcohol Advisory Council. “Young people are not committing offences on licensed premises but in public places,” said Senior Sergeant Laurie Gabities, of the police commissioner’s office. (*Dominion*, 12 July 2001)

A survey by the Alcohol Advisory Council last year showed that more than 60 percent of minors got alcohol from parents and friends. At least a half of this seems to be coming from parents. Only 9 percent said they bought the alcohol themselves. This suggests that the debate about compulsory showing of i.d. cards and whether the age should be 18 or 20 years is not the main issue. It suggests that the issue is not just a teenage problem, but also a middle age problem.

How is it that parents are supplying their underage children with enough liquor to allow them to binge drink? There is massive peer pressure on teenagers to drink. This pressure spins off onto the parents who cannot seem to find the emotional resources to resist that pressure.

Are we looking at a spiritual question here, of parents in their 40’s and 50’s who don’t really know what their values are, who have ambivalent attitudes to alcohol themselves, and pass that on to their children? Result: fuzzy boundaries. Fuzzy boundaries are weak boundaries. And teenagers simply cannot resist pushing against weak boundaries.

As long as the debate remains out there, treating it as a problem for someone else to fix through changed legislation, tougher enforcement, or more education at school, little will change. The beginning of the solution must be at home, where parents need to look at their own attitudes to alcohol, and their own values. ■

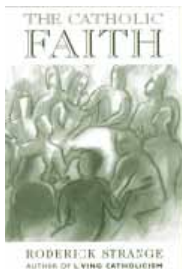
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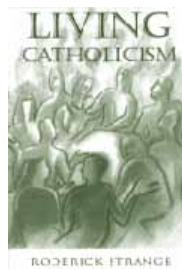
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