



JUST NEWS

We answer God's call to transform human hearts and to make way for the Reign of God.

November 2003

Office of Justice and Peace

Focus on

Aging & the Dying Process

In this issue

ART of Justice & Peace	2
Pastoral Perspective	3
Resources	3
Sowers of Justice News	4
Catechist Connections	4
Issues of Aging & Dying	5-6
Calendar	7
Ecology Corner	7
The Gift of Listening	8

Inserts:

Resources on Death Penalty, World AIDS Day, and the 2004 World Day of Peace



Featured Web Site:

SeniorNavigator

<http://www.seniornavigator.com>

A wide range of health & aging resources for Virginians. Includes financial concerns, legal questions, assisted living & housing, exercise programs, and support groups.

In Search of A "Good Death"

By Michael Stone, Diocesan Respect Life Coordinator

"People are not afraid of death; they are afraid of dying." This comment from a woman who assisted in the suicide of her terminally ill husband summarizes the attitude of many toward the human process of aging and dying.

Dr. Eldad Ben-Eliezer argues that, more than we fear pain and suffering, we fear the "indignity" of having to be washed and fed like an infant, or worse still, to enter second childhood and babble incomprehensibly.

"Death with dignity" is the motto of many who work for assisted suicide. But what does "dignity" mean in the face of suffering and death?

According to Dr. Ben-Eliezer, if we define human dignity as a competent adult who can care for one's self till the end of life, we degrade human beings who do not reach this standard -- those with Down syndrome, cerebral palsy, and other conditions. Yet those who care for such special people give witness to the great contribution of love and acceptance that they bring to the world.

We must recognize that, even with the best and most sensitive medical care at the end of life, the dying person will inevitably face suffering, if not in body then in mind and spirit. Dr. Ben-Eliezer believes that, by accepting this "humiliation" of suffering and dependence on others, our true human dignity is realized. He argues that we who choose the "easy way out" of suicide end up losing our innate human dignity.

What does "dignity" mean in the face of suffering and death?

Suffering & Meaning

Our modern secular culture tends to believe that life has meaning only insofar as we can be "productive" or enjoy meaningful personal experiences (i.e., love, sex, travel, or study). If this is the case, then how can suffering have any value or meaning? Our society is bent on minimizing discomfort and maximizing pleasure.

The Catholic tradition has a distinctly different view of life, meaning, and suffering. As a people of faith, we believe that the suffering and death of Jesus results in resurrection. Catholics have always believed that the Cross gives all of us the opportunity to have our suffering serve a redemptive purpose.

(Continued on page 2)

(Continued from page 1)

As a people of faith, we understand that suffering is not the greatest evil. It is far worse to do harm to others than to suffer harm, and worst of all to do lethal harm to a human person made in God's image and likeness.

The process of dying can be a graded experience for critically ill people and their caregivers. The Catholic tradition has long considered care of the sick and dying to be a corporal work of mercy, like feeding the hungry and visiting the imprisoned.

This care shares our humanity with those who are most vulnerable. Neither their dignity nor our own depends upon health, wealth, or power. Our human dignity rests solely in the fact that we are all created in God's image and likeness.



Medical Decision Making

The Church teaches that our life on earth is a great good. But we are also called to enjoy eternal life with Christ after death. We are obliged to take ordinary or "proportionate," but not extraordinary or "disproportionate" means to preserve our mortal lives.

Refusing disproportionate means to preserve life is not suicidal, even if death results from this decision. In some cases, medical treatments have disadvantages that outweigh their benefits.

Our tradition recognizes the moral legitimacy of sound pain management, even if a secondary effect may be to shorten life (i.e., giving drugs to ease suffering in a terminal illness).

Dr. Carlos Gomez, a pain relief expert at the University of Virginia Health

System, says that many doctors receive inadequate training in pain management techniques.

He observes that patients, whose unrelieved pain distorts the fabric of their lives, need strong pain control in the same way a diabetic needs insulin in order to function properly.

Only recently have physicians begun to appreciate that unrelieved pain can hasten death, writes Dr. Gomez. Pain can weaken the patient, suppress his or her immune system, and induce depression and suicidal feelings. It keeps patients from living a dignified life with families and friends.

In a study of terminally ill people cited by Dr. Gomez, patients who received painkilling drugs or sedatives to relieve pain and other distress lived longer than the patients who did not receive drugs.

(Continued on page 5)

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The ART of Justice and Peace for Parish Justice & Peace/Social Ministry

Issue: Aging & Dying

ACT to serve human needs, giving issues a human face:

- ◆ Develop a parish partnership with your local hospice, promote its services with your parishioners, and recruit volunteers to participate in its programs.
- ◆ Explore formation of a parish BeFriends Ministry that trains volunteers to visit parishioners suffering from illness, grief, or loneliness. For details, contact Dennis Beeman at (804) 359-5661 or <dbeeman@richmonddiocese.org>.
- ◆ Recruit parish youth to visit sick & elderly people in nursing homes or hospitals.

REFLECT on social causes & principles of faith:

- ◆ Encourage your Minister of Religious Education to offer adult education sessions on topics like care for aging parents, advance medical directives, and hospice.
- ◆ Invite advocates for the elderly in your community to discuss the needs of aging people with your parish Justice & Peace/Social Ministry Committee.
- ◆ Ask your parish Pastoral Council to read and reflect on the U.S. Bishops' Pastoral Message, *Blessings of Age: Growing Older Within the Faith Community*.

TRANSFORM social structures:

- ◆ Ensure that your local community has zoning ordinances that welcome nursing homes and group homes for the elderly.
- ◆ Join the diocesan Parish Legislative Advocacy Network (PLAN) and urge your elected representatives to fund home & community-based care for the aging..

A Pastoral Perspective: The Church and the Elderly



Excerpts from Pope John Paul II's October 1998 Address to the Conference of the Pontifical Council for Health Workers

Our times are marked by the fact that people are living longer, which, together with the decline in fertility, has led to a considerable aging of the world population. ...

[T]he elderly should not be considered merely an object of concern, closeness and service. They have a valuable contribution to make to life. Thanks to the wealth of experience they have acquired over the years, they can and must be sources of wisdom, witnesses of hope and love ...

[S]ociety must have a renewed awareness of solidarity between generations: a renewed awareness of the sense and meaning of old age in a culture only too dominated by the myth of productivity and physical capacity. We must allow the elderly to live with security and dignity, and their families must be helped, even economically, in order to continue being the natural place for intergenerational relations. ...

It is necessary to develop charitable strategies that put a priority on the dignity of the elderly and that help them, as far as possible, to maintain a sense of self-esteem lest, feeling they are a useless burden, they eventually desire and ask for death. ...

Turing now to all the elderly of the world, I wish to say to them: dear brothers and sisters, do not lose heart: life does not end here on earth, but instead only starts here. We must be witnesses to the resurrection! Joy must be a characteristic of the elderly; a serene joy, because the time is coming and the reward that the Lord Jesus has prepared for his faithful servants is approaching. ✚

Resources on Aging & Dying

Church Documents

U.S. Bishops, *Blessings of Age: A Pastoral Message on Growing Older Within the Faith Community*, 1999.
<http://www.usccb.org/laity/blessings/english.htm>

Pope John Paul II, *Letter to the Elderly*, 1999.
<http://www.usccb.org/laity/olderpersons.htm>

Books

Ira Byock, *Dying Well: The Prospect for Growth at the End of Life*, Riverhead Books, 1998.

Herbert Hendin, *Seduced by Death: Doctors, Patients, and the Dutch Cure*, W.W. Norton & Company, 1997.

Henri J. M. Nouwen, *Our Greatest Gift: A Meditation on Dying and Caring*, Harper, 1995.

Wesley J. Smith, *Forced Exit: The Slippery Slope from Assisted Suicide to Legalized Murder*, Spence, 2003.

Medical Treatment & Ethics

Diocesan brochure:

Medical Dilemmas and Moral Decision Making
<http://www.richmonddiocese.org/medmor.pdf>

New York State Task Force on Life and the Law, *When Death Is Sought: Assisted Suicide and Euthanasia in the Medical Context*, 1994.
<http://www.health.state.ny.us/nysdoh/provider/death.htm>

Web Sites

USSCB Resources on Euthanasia & Assisted Suicide
<http://www.usccb.org/prolife/issues/euthanas/index.htm>

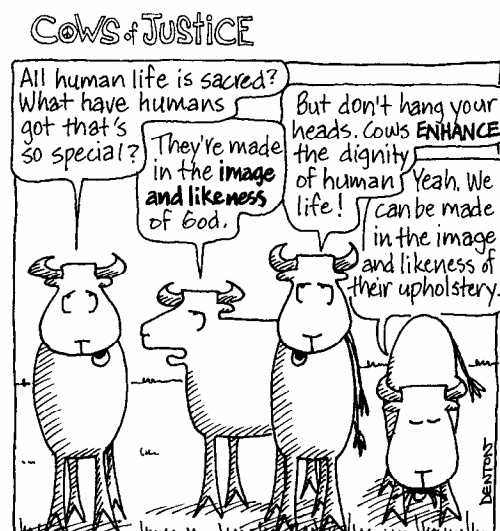
DyingWell.org
<http://www.dyingwell.org/>

Euthanasia.com
<http://www.euthanasia.com>

International Task Force on Euthanasia & Assisted Suicide
<http://www.internationaltaskforce.org>

Key Themes of Catholic Social Teaching

1. **Life and Dignity of the Human Person**
2. Call to Family, Community, and Participation
3. Rights & Responsibilities
4. Option for the Poor and Vulnerable
5. Dignity of Work and the Rights of Workers
6. Solidarity
7. Care for God's Creation



Human Life & Dignity

- Human life is sacred, and every person is precious.
- The dignity of the human person is the moral foundation of society.
- The sanctity of life and the dignity of the human person is the foundation of Catholic social teaching.
- People are more important than material things.
- The moral measure of every social institution is whether it threatens or enhances the life and dignity of the human person.

Sowers of Justice Seedlings

*Activities of
the Catholic Community and
Friends Working for the Common Good*



Elder Care in Richmond

By Lory Osorio

Our aging population, concern for family caregivers, and the trend to community-based and in-home care provide rich ministry opportunities for parish communities.

Cathedral parish was one of five congregations that founded Circle Center Adult Day Services 27



years ago. Circle Center provides care six days a week for frail older adults who live at home, but need health and social services. Program participants have Alzheimer's or Parkinson's disease, stroke, diabetes and similar debilitating conditions.

One third of Center clients are 85 or older, and 95% are nursing home eligible. All live with family caregivers who work or need respite from the constant demands of providing care.

The Cathedral has supported Circle Center in many ways over the years. Parishioners serve on the board of directors. Donations fund scholarships for indigent elders. The Advent Giving Tree gives hygiene products for the Center's bathing program.

Parish young adults have painted. Knights of Columbus have trimmed shrubs and laid patio bricks. Charles, now five years old, and his mother have visited twice a month since he was an infant. Peter brings his tool box to fix whatever is needed.

Many gifts have made Circle Center Adult Day Services a model that other congregations could replicate. For info about the Center, contact Lory Osorio at (804) 355-5717 or <losorio@circlecenteradultday.org>.

Immigrants & Globalization

By Steve Colecchi & Neil Walsh

In late September and early October *Sowers* events in Richmond and Tidewater focused on globalization.

Holy Family in Virginia Beach gave overnight hospitality to 60 people on the Immigrant Worker Freedom Ride. Local folks shared prayer, learning, & solidarity with riders who told their stories of immigration.

In Richmond supporters welcomed four buses of immigrant workers to the Cathedral. Union members escorted riders down the aisle, the sanctuary draped with union banners.

Speakers call for the right of undocumented workers to legalize their status, reunify with family members, have a voice on the job, and enjoy full protection of their civil rights. Bishop Sullivan participated in an interfaith prayer service, and a joyful crowd filled the Cathedral plaza.

Sowers in Richmond and Tidewater co-sponsored globalization talks, "Our Hemisphere Is Not For Sale." Marco Antonio Torres, a Mexican labor organizer, and Graciela Moneagudo, an Argentine activist, spoke of the harsh impact of globalization on their native countries.

Congregations Unite!

On October 7, nine Catholic parishes in Hampton Roads joined fifteen other congregations at an uplifting Covenant Celebration for Empower Hampton Roads. Nearly 800 people of different races and faith traditions committed their congregations to work for social justice and public policy change in Hampton Roads.

Catechist Connections: Justice and Formation

By Debbie Stollery

This feature offers ideas for catechetical ministers to make connections between this issue's theme and their parish faith formation work.

For CATECHETICAL LEADERS:

Read church documents on end of life issues, aging, and the dignity of life. Share the diocesan brochure on *Medical Dilemmas and Moral Decision-Making* with your parishioners.

Learn the demographics of your area and offer formation experiences for the elderly in your parish or region.

For CATECHISTS of Children:

Share stories of parents and grandparents, healthy and sick. Point out the importance of the elderly in other cultures. In prayer remember those who have gone before us, linking them to the communion of saints. Help children understand that we are who we are because of our elders.

For CATECHISTS of TEENS:

This age group is ready to dialogue about the tension between suffering, dignity of life, and issues like euthanasia and assisted suicide. This is a great topic for an inter-generational dialogue that surfaces emotions & cultural messages.

Then put these into dialogue with Jesus' emphasis on the dignity of all and church teachings on life, euthanasia, and assisted suicide.



For ADULT FORMATION:

Provide storytelling times for adults to share experiences of aging parents. Have seniors share stories of aging with younger people. Gather adults for theological reflection on the "sandwich generation", bringing into play the seamless garment of life. Provide supplemental reading in publications like *Catholic Updates* that deal with issues of life and death. Offer a storytelling and prayer time for those who have lost parents.

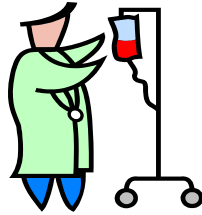
Aging & the Dying Process

(Continued from page 2)

The Threat of Assisted Suicide

Some people confuse euthanasia and assisted suicide with allowing a loved one to die of natural causes. They often believe anything that shortens life is euthanasia. However, there are clear moral differences.

Euthanasia is deliberate termination of life in order to end to a person's suffering, with or without the person's consent. In **assisted suicide**, people take their own lives with the help of someone else (e.g., a doctor provides lethal drugs for patients to kill themselves).



Unfortunately, the state of Oregon legalized assisted suicide in 1997. To many supporters of this policy, suffering is an evil worse than death. They see the issue as one of individual freedom. It is time for the debilitated elderly and terminally ill, they argue, to be freed of involuntary suffering and dependency through assisted suicide.

However, only 34% of frail elderly people support assisted suicide, but 60% of their relatives do. A clear majority of the following people -- the elderly, those who are physically and mentally ill and experiencing pain, the poor, and ethnic minorities -- oppose assisted suicide.

In fact, those most likely to support assisted suicide are white, male, wealthy, educated and in good health. A 1998 study by the Center for Policy Research in Boston revealed that 16% of U.S. oncologists surveyed admitted to having performed euthanasia.

The data suggest that the move toward physician-assisted suicide is driven not by people wishing to end their own lives, but by those wishing to end the lives of others!

Many medical experts wonder if assisted suicide could lead to killing people for economic reasons. Cost control influences the care of the dying more than anything else.

Without access to affordable medical care, the poor may soon be forced to "choose" suicide instead of expensive extended care. It is easy to see how the "right" to die could become a death sentence for the most vulnerable.

One hospital physician who ended his patient's life without her consent admitted, "It could have taken another week for her to die. I needed the bed." [Source: *At Issue: Physician Assisted Suicide*, Greenhaven Press, Inc. 1998]

In contrast to these disturbing trends, the church offers a clear moral vision toward a "culture of life." In his 1995 encyclical letter, **Evangelium Vitae**, Pope John Paul II writes:

Even when not motivated by a selfish refusal to be burdened with the life of someone who is suffering, euthanasia must be called a false mercy, and indeed a disturbing 'perversion' of mercy. True 'compassion' leads to sharing another's pain; it does not kill the person whose suffering we cannot bear. (§ 66)

The Holy Father says that any request for euthanasia from a dying patient "is above all a request for companionship, sympathy and support in the time of trial. It is a plea for help to keep on hoping when all human hopes fail." (§ 67)

Thankfully, the medical profession has strongly opposed physician-assisted suicide. The American Medical Association, American College of Physicians, American Nurses Association, American Geriatrics Society and a others have condemned the push for assisted suicide.

The Work of Death

The Catholic tradition does not view the dying process as a useless experience. A death that allows us the time to come to terms with our lives and those with whom we have lived it -- to thank and be thanked, to forgive and be forgiven -- is a "good death." It can allow us time to deepen our relationship with God.

Dr. Ira Byock, past president of the American Academy of Hospice and Palliative Medicine, outlines the common needs of dying people:



- Complete their legal & financial affairs;
- Achieve a sense of meaning about life (i.e., telling one's stories, transmitting knowledge & wisdom);
- Experience love of others;
- Complete relationships with family & friends (i.e., express gratitude, regret, acceptance, & forgiveness); and
- Surrender to the transcendent, to the unknown.

According to those who work with the dying process, most terminally ill people don't want the easy way out. They cling to life; they cherish their time on this earth.

The "quick fix" of euthanasia cannot address the needs of dying patients. People confronting death need purpose, care, compassion, and love urgently as trivialities fall away and the great questions of life become unavoidable.

Dr. Anneke Maendel challenges people of faith. We must make relatives, elderly neighbors, and colleagues feel so wanted and needed that they will not want to die. Instead of shunning the dying or making them feel like a burden, we must surround them with love. ✚

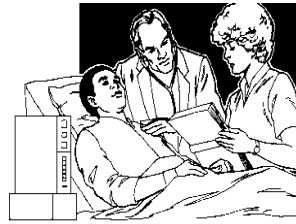
More Articles on Aging & Dying

The Hospice Movement

Material from Virginia Association For Hospices

The term "hospice" is derived from a medieval word for a place of shelter for travelers on long journeys. Today, the hospice provides shelter for people on their final journey toward death.

The term "hospice" was first applied to specialized care for dying patients in 1967 at St. Christopher's Hospice outside London. The first hospice program in the U.S. began serving patients in 1974.



Today over 2,100 hospice programs in all fifty states offer comprehensive hospice care. It is estimated that hospice programs serve more than 200,000 terminally ill persons and their families each year.

Hospice services are available to persons who can no longer benefit from curative treatment. Most receive care at home. Services are provided by a team of trained professionals -- physicians, nurses, counselors, therapists, aides, and volunteers -- who provide care and support services not only to the patient, but to the entire family.

The medical orientation of hospice is toward symptom management and pain control. Hope of remission and cure is never abandoned, but the focus is on creating an environment in which the patient and family can find fulfillment in the remaining days they have to share. When a patient dies, bereavement counseling is extended to the family for at least one year.

The patient is usually referred to hospice by the primary physician. However, referrals are also made by family members, friends, clergy, or health care professionals. +



Virginia Association For Hospices

This non-profit group promotes hospice care and supports the needs of terminally ill patients and their families.

There are 59 local hospice programs in places as diverse as Bedford, Clifton Forge, Colonial Heights, Emporia, Galax, Gloucester, Harrisonburg, Hot Springs, Lexington, Newport News, Onancock, Portsmouth, Radford, Rocky Mount, Salem, South Boston, and Tappahannock.

For a complete list of hospice programs, contact:

P.O. Box 1353, Wytheville, VA 24382

Phone: (276) 686-6448

Web: <http://www.virginiahospices.org>

Euthanasia in the Netherlands

Material from the U.S. Catholic Conference of Bishops

One country is a laboratory for voluntary euthanasia. In 1973, Dutch courts began to set guidelines for acceptable euthanasia. The courts set standards to be followed in order for physicians to avoid prosecution.

The first and foremost standard is that euthanasia must only be performed at the voluntary, explicit, and persistent request of the patient. The Dutch are adamant on this point, rejecting the phrase "involuntary euthanasia."

Over time Dutch physicians have begun to decide when it is time for their patients to die. The Dutch government's 1991 study found 2,300 cases of voluntary euthanasia, 400 cases of assisted suicide, and 1,000 cases in which physicians killed their patients without their request.

There were over 8,000 cases in which physicians gave their patients massive doses of morphine and other pain-killers with the intent of causing death; and 61% of these doses were given without the patient's request. When these are added in, the country of "voluntary" euthanasia has more cases of patients killed without their consent every year (5,941) than of patients killed with their consent (5,459).

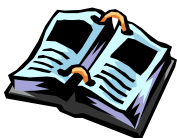


In 1973 the Dutch parliament quietly published reporting forms in which physicians report their cases of voluntary and involuntary euthanasia. The implication was that if you report your case and show that you have followed guidelines, you will still be protected from any liability. Minister of Justice Hirsch Ballin assured critics that a physician wishing to kill a patient without his or her request will first have to consult one other physician.

Many old people now fear Dutch hospitals. More than 10% of senior citizens who responded to a recent survey which did not mention euthanasia, said that they feared being killed by their doctors without their consent. One senior-citizen group printed wallet cards telling doctors that the cardholder opposes euthanasia.

The Netherlands -- with a population of 16,150,511 -- has only three hospices, or one for every 5,383,504 people. In contrast, Great Britain, which bans euthanasia, has a hospice for every 324,835 persons.

Most Dutch medical schools offer bioethics classes where euthanasia is considered an option. In 1993 the Dutch Pediatric Society issued guidelines for killing infants. The Dutch Society of Pharmacology sends a book to new doctors that includes euthanasia-inducing poisons. +



CALENDAR

November

8 Celtic Spirituality: Rooted in the Earth. 10am-3pm at Shalom House in Montpelier. Sponsored by Sowers Ecological Network. \$25 registration includes lunch. Contact Appalachian Office of Justice & Peace at (276) 762-5050 or <cmcbrien@richmonddiocese.org>.

11 "Face to Face with Your Legislators" 7-9pm at Ginter Park Presbyterian, Richmond. Sponsored by Richmond chapter of VICPP and *Sowers of Justice*. Contact VICPP office at (804) 643-2474 or <office@vicpp.org> for details.

14 Pregnancy Loss & Unresolved Grief: Post-Abortion Trauma & Healing Seminar. Day (9am-4pm) and evening (6-9pm) sessions at Epiphany Catholic Church, Richmond. Presented by Theresa Burke, PhD, founder of Rachel's Vineyard Ministries. Fees: \$30 (day), \$10 (evening), or \$40 (both). Contact Kay Marie Geiger at (804) 330-3137 or kmgeiger@comcast.net>.

15 Living in the State of Poverty Simulation Workshop. 9am-1pm at Christ the King, Norfolk. \$5 fee includes lunch. Contact Rebecca Ing at (757) 623-5672 or <chiming@whro.net>.

18 The High Cost of Being Poor. 11am-2pm at Blessed Sacrament, Harrisonburg. Focus on tax reform, child care, welfare, health care, & food stamps. \$10 fee includes lunch. Contact Rosie Flax at (804) 359-5661 or <rflax@richmonddiocese.org>.

21-23 Demonstration to Close the School of the Americas. At Fort Benning in Georgia. Visit <www.soaw.org> for details.

23 CCHD Collection Sunday.

CCHD is the domestic anti-poverty program of the U.S. Bishops. Visit the CCHD web site at <www.usccb.org/cchd/> for information.

30 World AIDS Day Interfaith Service of Healing. 2:00pm at Cathedral of the Sacred Heart, Richmond. For more information, contact Kathleen Kenney at (804) 359-5661, ext. 129 or <kkenney@richmonddiocese.org>.

December

12-14 Advent Retreats with Jack Jezreel in Virginia Beach, Mechanicsville, Charlottesville, & Roanoke. See insert for details.

13-14 Fair Trade Festival. Food, crafts, & more on Saturday & Sunday afternoons at Sacred Heart Church, Norfolk. Contact Neil Walsh at (757) 625-6763 or <np.walsh@verizon.net>.

25 Catholic Charities Christmas Collection. Catholic Charities of Hampton Roads & Commonwealth Catholic Charities benefit.

January 2004

1 World Day of Peace. This year's theme is *International Law: A Path for Peace*. See insert.

26 Catholic Advocacy Day at the Virginia General Assembly. See insert. At St. Peter's Catholic Church, Richmond. Contact Steve Colecchi at (804) 359-5661 or <scolecchi@richmonddiocese.org>.



April 23-25, 2004

Parish Social Ministry Regional Assembly in Portsmouth. Great speakers and justice & peace workshops. **Save the dates!!!**

Ecology Corner

In each issue of *Just News*, we present some facts and/or reflections on our current ecological crisis.

Urban "Sprawl"

Sprawl is defined as "Unplanned urban growth that happens outside the existing infrastructure."



What is wrong with sprawl? When population grows, resources necessary for the support of these people -- living space, food, clean water, etc -- increases. As humans take up more space, other living things are pushed out or destroyed. As a result, the quality of life suffers for humans and other creatures alike.

In the last 20 years, Colorado has lost 1.5 million acres of rangeland to development -- over 1,100 square miles per year.

U.S. cities with the least sprawl include New York, Jersey City, Providence, San Francisco, and Honolulu. Metro areas with the most sprawl include Riverside-San Bernardino, Greensboro/Winston-Salem, Raleigh/Durham, Atlanta, and Greenville/Spartanburg (SC).

Urban sprawl contributes to the imperilment of 188 of the 286 threatened or endangered species in California. Road construction alone imperils 84 of these species. California's last known grizzly bear, the official state animal and symbol, was killed around 1922

Green Lawns & Pollution

North American lawns occupy more land (about 32 million acres) than any other "crop," including wheat! One hour spent mowing the lawn with a gas-powered mower produces as many emissions as 50 hours driving a car. Americans use 10 times the fertilizer and pesticides on a lawn than the average farmer on crops.



SOURCE: *The Reporter Magazine*, Fall 2003

For information about the Ecological Network of *Sowers of Justice*, contact Clare McBrien at (276) 686-5039 or

The Life-Giving Gift of Listening

By Chaplain James J. Fedor

In ten years as the Health Care Minister at Church of the Holy Family in Virginia Beach, I have listened to the stories of many people who are aging and dying. These stories of aging and dying speak of a journey that has special meaning to each one telling that story.

Many don't take the time to listen to these narratives. We are too busy or afraid of what we might hear. Perhaps there is a message that we don't want to hear, but need to hear.



However, if we can take the time and walk through our fears, we might be surprised at the gift we can be, as well as the gift we can receive, from that aging or dying person.

I detested history when I was in school; it was just too dry. I have now discovered that listening to the person in front of me is like a history book coming alive. What a gift!

The stories are filled with life experiences -- career, marriage, home, spouse, tending gardens, raising a family, tragedy, loss, life and death, failure and success. With these experiences come many accompanying emotions -- joy, sadness, happiness, pain, relief, excitement, peace, fear, resolution, and acceptance.

I learned many lessons from these stories. An 86 year old woman, speaking about her husband's death 18 years earlier, shares that she still has her moments and that it's okay. What a beautiful way to speak of grief as a gradual healing process that becomes a part of our life story, not an event to get over.

People discover a deep sense of peace by baring their souls and reconciling themselves with their God and with loved ones. I describe such an experience as "being on sacred ground." It is a powerful and humbling moment. Such an experience allows them to move on serenely to their final destination.

The stories go on. I hope that you will have the opportunity to discover some of them on your own journey. When you are ready to take the time to listen, you, too, will hear the story. +

The January 2004 issue of Just News
will focus on the theme of
Justice in Haiti: Beyond Twinning.

The deadline articles is December 15, 2003.

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Advent Retreats December 12-14, 2003

Join *JustFaith* program founder,
Jack Jezreel, for mini-retreats on
the theme of "*Sustaining a spirituality of
God's justice for the long haul.*"

Retreats to be held in Virginia Beach,
Mechanicsville, Charlottesville, & Roanoke

See insert for details!