



73/8

Rome, 2nd March 1973

To all Superiors General
To all their delegates for SEDOS
To all members of the SEDOS Group

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ANNOUNCEMENT

The 38th GENERAL ASSEMBLY will be held on TUESDAY March 6th at 4.00 pm at the Generalate of the Religious of the Sacred Heart (RSC), via Nomentana 118, according to the AGENDA published in Bull. No. 7, page 101.

Mgr. P.M. ROSSANO and Fr. B. MEEKING will both be present with Fr. G. LINSSEN, reporting on the Bangkok WCC Conference on SALVATION TODAY.

Coming Events:

- GENERAL ASSEMBLY -- March 6th -- 4.00 pm -- RSC, via Nomentana 118
- INTERNAL COMMUNICATIONS - " 20th - 4.00 pm - OMI Generalate
- DWG Meeting - " 21st - 4.00 pm - SEDOS Secretariat

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Sincerely yours,

P. L. BANO, fscj

HEALTH TASK FORCE

Sr. Gilmary Simmons, mm, (SEDOS/CIDSE Ecumenical Medical Secretary in Geneva) met members of Sedos Generalates on her way to Rhodesia on February 13, 1973, at 4.00 pm., at the Secretariat. The following were present:

Fr. Bernard Clinch, OCarm; Sr. Bernadette Coebergh, SCMM-T; FR. Sean Coughlan, OCarm; Fr. Georg Lautenschlager, CMM; Fr. Theodore Olsen, SJ; Sr. Françoise Schellemans SCMM-T; Sr. Gilmary Simmons, MM;

In the chair: Sr. Annemarie de Vreede, Chairman of the Health Task Force.

From Sedos : Fr. Benjamin Tonna.

1. Sr. A.M. de Vreede presented Sr. G. Simmons (see annexed report) who explained the purpose of her visit to Rhodesia: the Christian Medical Commission had been invited by the National Conference of Churches and the RC Bishops' Conference to send a team to survey the health services in view of improving cooperation between Protestant, Catholic and Government initiatives. And thus meet the real needs of the people. Sr. Simmons was one of a team of four who would bring together the local health operators.
2. A questionnaire had been sent out and an itinerary planned by a local committee. Sr. Simmons asked specific questions about the details of this itinerary and those present (most of whom had spent several years in Rhodesia) provided answers, often suggesting names and places not listed on the programme.
3. In particular they pointed to areas where the coverage of the health services was very poor. It was also emphasized that Western standards were not necessarily the most effective: there were vast rural areas where a nurse could do a lot. And there are many local nurses. And, of course, they cost less than doctors.
4. It emerged that the survey team would move towards educating all to the total needs of the community. The health services would fit in into this frame. This was in line, it was pointed out, with what had been happening - with Church clinics and services growing as an integral part of the mission station compound.
5. The local culture was, of course, very important. Witch doctors are still very busy. Because they are close to the people. The thrust of our education services should not be to enforce our standards but to improve self awareness and self reliance.
6. Ecumenism seemed to be making real, even if not too spectacular, progress. The CMC initiative would certainly push it a bit further.

B. Tonna

REPORT OF ACTIVITIES FOR SEDOS/CIDSE

ECUMENICAL MEDICAL SECRETARY IN GENEVA, SWITZERLAND

January - December 1972

Sister Gilmary Simmons, MM MD

Functions of this Secretariat

1. facilitate communications
2. coordinate activities relating to health.
3. deepen cooperation between the CMC and the SEDOS group of missionary congregations engaged in medical work
4. liaison between the Geneva Secretary of SEDOS, who also acts as a staff consultant for the Christian Medical Commission of the World Council of Churches, and the SEDOS Health Group Secretary in Rome.

This brief report is intended to express appreciation to those who have contributed to the support of the services of this secretariat and to share with you a brief cross section of the activities in 1972. The successful efforts of CIDSE/ SEDOS in securing financial support for the services of the medical secretary in Geneva have made possible much of this work, and it is hoped that additional financial support in 1973 will permit the continuation of similar activities.

Miscellaneous Activities from Geneva Office serving interest of SEDOS and other Catholic Agencies and Institutions

1. Meetings in Geneva for personal consultation with Catholic, Protestant and Orthodox medical missionaries (travelling through Geneva). Exchange of information and publications concerning health care and the churches' work in medicine, community health and development. This is sometimes part of their formal orientation for overseas mission. These visits average one or two per week.
2. Exchange of information and publications with medical coordinating agencies in over 16 countries, as well as liaison with the Catholic Medical Secretary of the Episcopal Conference in countries where such secretariats exist.
3. Distribution of documents published by the CMC and by SEDOS to a wider circulation of Catholic, Protestant, Orthodox and voluntary agencies requesting information on the church's role in health care throughout the world.
4. Personal contact and correspondence with the Secretariat for Promoting Christian Unity in Rome as well as with the Catholic observer consultants appointed by SPCU to attend annual meetings of the Christian Medical Commission of the WCC and to study ways for further cooperation between the Roman Catholics and the CMC.
5. Meetings with the staff of Catholic Relief Services, Geneva, to share information on Community health and nutrition programmes which are ecumenically staffed and coordinated with government programmes in the developing countries.

6. Participation in seminars aimed at the orientation of medical personnel for overseas service with the church:
 - a) German Institute for Medical Mission (DIFAM) in Tübingen; joined by Catholics
 - b) A similar orientation conducted at the Missionsärztliches Institute in Würzburg, Germany
 - c) Medicus Mundi International.
7. Attendance at the World Health Assembly and Executive Board meetings of the World Health Organization.

Activities outside of Geneva

1. Survey of church-related health services in Botswana, January-February 1972
2. Second Conference for Coordinators of Church-Related Medical Work in Africa, Blantyre, Malawi, 20-25 Feb. (Misereor grant to cover expenses of Catholic participants did not include Sr Gilmary Simmons' expenses)
3. Feasibility study for community nurse training centre in Muscat-Oman (church-government cooperation), 7-15 April
4. General Assembly of Medicus Mundi, Nijmegen, Netherlands, 13 and 14 May. Theme: Preparation of Medical Personnel by the Churches for Overseas Service.
5. Preparation and Participation in 5th annual meeting of the CMC, Berlin, 8-13 June
 - a) Sr Gilmary Simmons
 - b) travel expenses of three Catholic consultants appointed by SPCU
6. Trip to Prince Leopold Institute for Tropical Medicine, Antwerp, 6 Sep, regarding joint feasibility study with CMC. (Request of Cardinal Léger Foundation, Gabon/Montreal)
7. CMC participation in meeting with the Catholic Mission Council of Switzerland, Fribourg, 22 September. Report of ecumenical medical activities. (See enclosure)
8. Trip to Nicaragua and Bolivia to survey church-related medical programmes and to assist the churches in planning of medical services in the context of the government health plan.

The Christian Medical Commission is a specialized commission of the World Council of Churches which was mandated to deal specifically with the network of church-related medical work around the world. It is estimated that there are over 2000 church-related hospitals and over 600 institutions providing training of one kind or another in this field.

It is stated that the ministry of healing is motivated for all Christian churches in terms of Jesus Christ. The medical work of the Church historically has been oriented toward individual care in a hospital setting. Over 90 percent of medical mission activities are hospital-based. They have done work of a very high quality, and many thousands of workers have given their lives in healing service.

However, despite the devotion and quality of service, there are a number of problems which face those institutions today and make it difficult to continue the care which they gave and continue to give. In addition to the problems faced, there is the basic issue of the extent to which such programmes, despite their unique achievements, meet men's actual needs.

First, the causes of ill health have a wide range, which includes a hostile environment, malnutrition, poverty, ignorance, social deprivation and overly large families. While hospital treatment is essential for the care of some problems, it offers little for others.

The need for reorientation of Christian medical work requires that the churches turn their attention in the direction of comprehensive health care of man, his family and his community. The needs are not simply to relieve suffering and heal diseases but also to promote health and prevent disease. The Christian Medical Commission has accepted this as part of its task.

Among other areas in which assistance is needed and given by the CMC to churches, governments and communities is that of stimulating and working for greater cooperation and coordination.

Another step is that of assisting and helping to develop competencies in national churches, mission boards and donor agencies for planning and evaluating health programmes which meet health needs in ways that reflect the best use of resources.

As a general principle underlying proposals for new directions is that immediate progress toward all objectives and in all areas is unrealistic. Felt needs for change in institutions and areas of activities must provide appropriate local involvement in the transition process.

The development of comprehensiveness in the delivery of health care is viewed in at least three dimensions:

1. A spectrum in types of service ranging from treatment and rehabilitation to prevention and health promotion (including health education and improved nutrition).
2. The health services network ranging from specialized institutions and general hospitals to health centres, subcentres, community-wide services and the home.
3. The human resources available for health care ranging from the involvement of concerned church members, whether professionally trained or not, in home and community and the extremely important and urgently needed auxiliary and middle-level health workers, to generalist and specialist professionals.

Cooperation and coordination are two of the keystones on which change is built.

Since its beginning in 1968 the Christian Medical Commission has enjoyed a close and growing working relationship and cooperation with Catholics who are involved in medical and health care activities.

In 1965 the Joint Working Group of the Catholic Church and the WCC was formed to examine mutual relationships and to explore possibilities for closer collaboration in various fields, and in 1970 the question of how medical work could be more effectively coordinated was studied. In June 1971 the Joint Working Group noted that the proposal of the Exploratory Committee for a revised mandate for the Christian Medical Commission, providing for fuller participation of concerned agencies on the Roman Catholic and WCC sides, was found premature by the Roman Catholic authorities and could not, therefore, be implemented at that time. The Roman Catholic authorities, however, agreed that ways should be explored to continue and intensify the present collaboration.

Cooperation and participation has taken the following forms:

1. participation at the annual meetings by consultant members and consultant-observers. (At this year's annual meeting, June 1972, four Catholic observer-consultants were appointed by the Secretariat for Promoting Christian Unity.)
2. cooperation in the promotion of national and regional coordinating health agencies.
3. collaboration in the development of and participation in workshops, seminars and consultations in the field, particularly in the developing countries.
4. In June 1972 at the annual meeting of the CMC there was an expressed desire to continue close cooperation and to seek new ways to establish participation on a more permanent basis. After having discussed several alternatives, it was recommended that as a next step the Secretariat for Promoting Christian Unity be invited to appoint members to the Christian Medical Commission on a basis thought to be appropriate. Expenses involved in possible membership are to be met by Roman Catholic sources.

For many years the CMC has enjoyed a close relationship with SEDOS and its member institutes (a private group of Catholic mission institutes cooperating closely with national episcopal conferences), and through this cooperation there has been a growing and widening of Catholic participation in ecumenical health care activities in the developing countries. Examples of this can be cited in Malawi, Zambia, Ghana, Tanzania, Botswana, Papua-New Guinea, where the churches engage in joint planning both among themselves and collectively with governments through national coordinating bodies. Somewhat less organized but rather extensive cooperation exists in India, Taiwan, Philippines, Kenya, Uganda, Ethiopia and Zaïre.

SEDOS and CIDSE have been very helpful in initiating and seeking financial support from Catholic donor agencies to cover the Catholic participation in the above ecumenical activities sponsored by the CMC.

In July 1972 SEDOS efforts were successful in securing financial support for the services of a SEDOS/CIDSE ecumenical medical liaison secretary in Geneva, who is a consultant to the CMC. This will facilitate communication and deepen present cooperation between the CMC and the SEDOS group of missionary congregations engaged in medical work.

INTERNAL COMMUNICATIONS

The Task Force for Internal Communications met at the Generalate of the Oblates of Mary Immaculate, on 19th. February 1973 at 4 pm.

Present were : Fr. Moody, pa - Fr. Tescaroli, fscj - Fr. Hubenig, omi - Fr. Peeters, msf - Sr. Schellings, rscj.

In the Chair: Sr. A.M. Ooschot, scmm-M.

From SEDOS : Miss A. Fernandez.

The meeting opened with a presentation by Fr. Moody of the study he had prepared on Community Living. (See Appendix)

Fr. Moody began his presentation by a step-by-step background. He had started, he said, with an attempt to aid Vatican Radio by injecting there a missionary message. The first effort had produced a two-page bulletin of missionary news.

The problem remains, however, that SEDOS is a Service of Documentation with its weekly bulletin, the reports of its working groups and its "special items" or "situation reports".

It is really up to the SEDOS Executive, it was stated to redefine more clearly the focus of this Documentation Service. Meanwhile, there is an evident lack of communication both within the various Institutes and within the SEDOS circle itself.

The frequency of such studies was also considered. The suggestion was made that two or three in-depth studies of greater length per year would be sufficient and would be a real help. They could in a very practical way show what others are doing, how they are doing it and the success or difficulties they have encountered. Others thought that something more regular, complementary and adapted to the missions would be of greater effect.

It was then suggested that possibly the two approaches could be coordinated by producing a series of 2 sheet-appendices featuring concrete experiences. At the end of six or twelve months these could be synthesized into a major in-depth documentation.

The group decided that three pages already prepared should be added to this report for publication in the SEDOS bulletin.

The next meeting will be at the OMI Generalate on March 20th, when a further study on Community Living will be examined.

Common Effort Documentation Sheet: APOSTOLIC COMMUNITY.

Preliminary Note:

- a) This compilation is made at the request of Fr Al Hubenig omi, was agreed on by the Group at the January 1973 meeting, and is edited by Fr Moody pa.
- b) The term "Apostolic community" lends itself to ambiguity, and so some material contributed by Sr Annemarie Ooschott scmm and by Sr Lufthildis sSps could not be incorporated: both Sisters foresaw this possibility. For some, "apostolic community" implies returning to a life resembling that of the primitive church - "holding all things in common etc"; for others it means any form of common life according to rules approved by authority in view of exercising an evangelical apostolate.
- c) The fact that this question has been raised in the context of social communications and that it took the form of a request for documentation is significant. It is an indication in itself of our poor communications inside the Institutes (where documents are filed without being brought to the attention of staff, or where departments do not keep one another informed) and within the Sedos circle (where the person to person relationships that facilitate exchanges are far from being easy and frequent.

THE BASIC DOCUMENT on this matter at this atage is the USG report of the 10th Reunion at Cavaletti, 24th-27th May, 1972. This groups the reports from institutes and reports of exchanges between the Generals, who included those of the following SEDOS member-institutes: fscj, sj, cfx, fsc, msc, sm, cicm, mhun, msf, svd, cm, sds. There were other participants of importance in the missionary context, notably the Benedictines, Franciscans, and Salesians.

e.g. as to content:

White Fathers, pp 18-19

"A certain uneasiness was felt about the rigid and juridical concept of the community which did not answer any more the modern need of sharing and communication, of dialogue and participation... The fact of doing everything according to a common timetable and in common rooms could not hide the frequent lack of genuine community life.....

The unity of the community is assured less by detailed rules and centralised government than by communication and sharing at all levels. Missionary communities have to be open to other partners in the mission work even they may not be members of the institute....

Whence the need for each community and for the society at large to find forms of community life adaptable to the ever-changing missionary situation."

In the exchange that followed, we find this:

"Il n'a pas d'opposition possible dans nos instituts entre communauté et vie apostolique. La communauté est apostolique. La visée et le travail apostolique établissent l'unité; la communion est ainsi fruit de l'action elle-même.".... and also

"For apostolic (as opposed to monastic) institutes, the apostolate does not harm community life. Rather community life sustains or supports the apostolate. Apostolic life for them is part of the very nature of religious life. Nevertheless the problem remains of harmonizing apostolic life and community life."

At the Cavalletti meeting, Fr Vincent Couesnongle op gave a synthesis of the reports from the Institutes. On page 12 of this we read:

"66. De toute façon, ce qui prime désormais ce sont les exigences de l'apostolat. La mission commande. Mais en même temps, on prend de plus en plus conscience que les communautés doivent être en elles-mêmes de vrais signes, de vrais témoins d'une possibilité de rencontres et de fraternités humaines, ce qui revient à vouloir être les témoins de l'amour et de Dieu lui-même. Même si on ne le dit pas en ces termes, on est très sensible au fait que dans une civilisation de consommation qui réduit l'homme à une pure fonction, une communauté et un style de vie sont des signes perceptibles, sont "signifiants" dans la mesure où ils sont capables de permettre et de promouvoir une véritable communion des personnes dans la coresponsabilité."

Again from the same on page 29 we find:

"... ce ne sont pas d'abord les exigences de l'observance qui expliquent ces changements comme jadis, mais plus immédiatement les besoins de la pastorale actuelle."

Other portions of this document of particular value in our present context are the chapters headed: experiments-research, and Detailed example of Lazarists in Panama.

Further Documentation of special value:

White Sisters - Dossier-sharing n°3 (Dec.1971) Unity and pluriformity in our communities

Marianists - Etude de la mission de la Maison, partIV p.53.

This document is not all relevant but this particular section is a comment on ongoing study/adaptation in the context of Stat.XIII of the Constitution.

Sacred Heart Sisters - Towards solidarity and participation - "Information" 7/9/72 pages 8-9

White Fathers - Petit Echo n°615 (1971) pp 23-27 "Turning a community into a team" by Fr J.Grosjean

and outside the Sedos Institutes:

Vida Religiosa vol.32 n°224 (1972) La Vida de Comunidad

This is the abridged synthesis of the Cavalletti meeting mentioned above and of special interest are the parts dealing with the FSC, the PA, the ensuing USG dialogue, and Fr Couesnongle op. It is all in Spanish.

Spiritus n°41 (1970) p.180 Différents types de communauté

pp.218-219 Communauté et Mission - questionnaire d'enquête

pp.220-225 Recherches communautaires actuelles - R. Ageneau

n°46 (1971) pp.280-293 Projets et expériences communautaires

pp.293-302 Vers des communautés nouvelles

Pro Mundi Vita 41 (1972) 36pp. Nouvelles Formes de Vie Communautaire

PMV Note Spéciale 12 (mai 1970) pp.21-23 Vie commune

Supplément - Vie Spirituelle n°100 (1972) esp.Ton Nuij "Orientation des communautés de Vie" pp 30-36

Théologie de la Ville - J.Comblin p.385 "La fonction communautaire est une et la fonction apostolique est autre."

EXAMPLES contributed by members of the working group:

- 1.Sister Lufthildis s p s: "In general the social activities of the Sisters are influenced by, or rather motivated by the general trends in the Church as well

as by government policies. They give priority to the care of the poor and underprivileged classes of society, in both urban and rural areas. They are no longer limited to work in schools, hospitals, orphanages, asylums; the Sisters tend to exchange work in these institutions for that in out-of-the-way places."

The Sister gave examples: Sister Lourdes, a native of the Philippines, who since May 1970 has been working in the diocesan radio station at Bangued, Province Abra and who says "To bring the Christian message into daily life, both in subtle and in direct ways is an enjoyable job for a missionary."

Sisters Myra and Felisa who moved out of Diamante, Argentina, to work among the poor and illiterate inhabitants of a group of islands in the delta region of the R. Parana; they cover 5 islands with everything from social development projects to the promotion of outback tourism.

Sister Fides in Brazil who is "pastor" of 4 industrial centres about 15 miles apart and is catechist, catechetical organiser, leadership animator; now she is turning her experience and contacts to the production of religious radio programmes for diocesan radio.

2. Sister Annemarie Ooschott scmm, sent the following significant account:

"In Afghanistan at Jalalabad, the Medical Mission Sisters started a new involvement in 1970. Four Sisters, two of them of Indian and two of American nationality, are working as members of the Indiana-Loma Linda University Medical team. Their stipends are paid by Misereor. Recently they wrote about their community life and prayer: "Community prayer consists of daily communion services within the community and weekly ecumenical services with the other team members. Since there is only one priest in the country (for the embassies at Kabul), we have to be content with Mass in our home about once a month. Other times one has to go to Kabul to attend the liturgy (distance, 3 hours by bus). As there are not many opportunities for outside involvements we four are together much of the time. This enables us to have frequent informal discussions and sharings. Our social life includes both Afghan and foreign friends and Afghan and Christian celebrations."

"In Afghanistan all Indians are thought to be Hindus. Therefore, unless they inquire most people of Jalalabad assume that sisters Mary and Rosaline are Hindu. The Indian team members are appreciated for their generous love, but would you call it "a love of Christ" if the beholder is not aware of their Christian commitment? The fact that we four MMS, two Indians and two Americans, a doctor and three nurses, are living together in one house adds to our witness the element of the intrinsic value of all men, regardless of nationality, status or creed. Our concern that the patient with no money or status be not turned away is known by all. There is an admonition in the Koran to "look upon all people as through one eye". The Muslims recognize our witness to the intrinsic value of all men. Recently a team member was told: "You are a good Moslem. Your life is according to the Koran." The fact that the team is international and ecumenical allows us to be more open. We are less threatening to the Afghans as they do not associate us with any one religion or political group.

Finally we want to say as a group that the word "witness" does not really mean that much to us. We think our concern should be to simply live a truly Christian life. This is all we are asked to do. Ultimately it is God who enables men to recognise Him through the lives and work of others."

Editor's footnote: It would seem that the difficulties are largely legalistic or academic, outside the normal stress of recognition, communication and sharing.

NEWS FROM AND FOR THE GENERALATES
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1. VISITS OF GENERAL COUNCILS

SM - The five members of the General Administration of the Society of Mary (Marianists): Frs. Stephen Tutas, Noël le Mire, Juan Ramon Urquia and Bros. P. Monti and G. Schnepf, will make two team visits to the Marianist African missions during the coming months. February 19 to March to West Africa: Ivory Coast, Togo, Brazzaville and Nigeria; April 3-20 to East Africa: Kenya, Malawi and Zambia.

SA - Sr. Marie-Josée will leave for Algeria March 6th (for about 6 weeks).

Sr. Anna-Maria and Sr. Jeane-Marie will visit France in March-April.

Sr. Arlene will visit Yemen in March (about one month).

2. AGRIMISSIONE invites you to participate in a group discussion of food and nutrition at FAO, 9.30 to 12.30 hours on March 13-20, in English, with the following program:

1. The importance of the right food for a full human life.
2. Food needs for different life periods.
3. Food problems in a given place (lack of food, of money, of knowledge).
4. Food and nutrition programmes.
5. Role of the missionary sister.
6. Role of FAO in food nutrition programmes.
7. Role of World Food Programme.
8. Services given by AGRIMISSIONE.

3. CESTA - A comprehensive course on Credit Cooperatives and a Seminar on the role of Credit Cooperatives in the process of socio-economic development of developing regions. A two hours course every Saturday afternoon (4.30 to 6.30) from February 24 to mid April. Seminar: 5/4: 9-12 and 15.30-17.30. Open to clergy and religious (men and women) at FAO main building. Language: English. Please contact Rev. B.B. Coutinho, tel. 679.17.46, or: ANGELICUM, Largo Angelicum 1, 00184 Roma.

4. Gérard CIPARISSE, belge, 35 ans, parle français, anglais, italien, néerlandais (espagnol, allemand), lic. Louvain, Namur, etc., mission d'études au Sénégal, Zaïre, Burundi, FAO, etc. cherche emploi à Rome. Contacter le Secrétariat de SEDOS, tel. 57.13.50.

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REQUESTS FOR DOCUMENTATION RECEIVED BY THE SECRETARIAT DURING THE MONTH OF FEBRUARY 1973

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A - From the Institutes: (continued)

9. Models of reports on field visits.	MSF
10. Religious life in Africa.	IMC
11. Translation system: ideas and referrals.	IMC
12. Ideas for a basic collection on reviews on the Mission in Africa, Latin America, and in general.	IMC
13. Follow up on the Chapter decisions on the Constitution: ideas.	IMC
14. Rhodesia Pastoral Centre: referrals, contacts, ideas, models.	SJ
15. Consultancy on how to design an internal questionnaire.	OSU
16. Funding micro-realizations - referrals and ideas.	CM
17. Reprints of selected requests.	SDB
18. Structure of Formation programmes	PIME
19. Reprint of request no. 2 (73/51)	CM
20. Soutien du Clergé en mission: pistes de recherches, situation	CICM
21. Bibliography on african spirituality	SJ

DIARY - FEBRUARY 1973

- 1 - Fr. Lucas, of Ghana, visits the Secretariat for orientation re- his future ministry.
- 5 - Fr. Ulrich sj, Director of the Pastoral Centre of Rhodesia, spends the evening with Fr. Tonna.
- 6 - The Budget and Staff Committee spend the day at the Secretariat.
- 7 - Fr. Tonna dines at the CM Council.
- 8 - Fr. Tonna sees the Salesian Council at their new Generalate, via della Pisana.
- 13 - Sr. Gilmary Simmons MM, meets a group interested in Rhodesia. She was on her way there for a survey of health services.
- 14 - Fr. Tonna meets FMM Capitulants, Grottaferrata.
- 15 - Fr. Walsh MM calls at the Secretariat.
- 16 - Mgr. Pirovano PIME, invites Fr. Tonna for lunch.
- 19 - The Executive Committee meets at the SEDOS Secretariat.
 - The Task Force for Social Communications meets at the OMI Generalate.
- 21 - The WG-Development meets at SEDOS.
- 25 - Fr. Tonna dines with Fr. Steinhilber, SSC Superior General.
- 26 - Fr. Tonna calls at the RSC's and SSpS.
 - Sr. Josephine FMM of Jakarta visits the Secretariat.
- 27 - Sr. Pilar SSpS of Manila visits the Secretariat.