

**Homily for the Diocesan White Mass
Saint Francis of Assisi Church
Springfield, Illinois
October 22, 2024**

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Bishop of Springfield in Illinois**

Reverend Father(s), Deacons, consecrated religious, members of the healthcare profession, and my dear brothers and sisters in Christ: It is good for us to be here at this Church of Saint Francis of Assisi as we gather to celebrate the annual White Mass for the Diocese of Springfield in Illinois. We choose this time of year for this Mass because it is close to the feast day of Saint Luke the Evangelist, who was himself a physician according to early Church tradition. In this Holy Mass, we again ask his intercession for God's blessings on all healthcare professionals.

Recently before a parish Mass that I was celebrating for a pastoral visit, the priests and I were in the sacristy preparing for Mass, and since there were extra servers for my visit, we were trying to figure out where everyone would sit in the sanctuary. One of the altar boys said, "I want to sit in the chair on the right side of the bishop." Another altar boy said, "I want to sit in the chair on the other side of the bishop." I looked at the pastor and said, "This sounds familiar!"

In today's Gospel from Saint Matthew (Mt 20:20-28), the mother of the Apostles James and John come to Jesus, requesting places of honor at his right and left side in His kingdom.

Jesus asks them, "Can you drink the cup that I am going to drink?" They said to him, "We can." Here Jesus uses the images of cup and baptism to refer to the suffering that he will undergo. Because the disciples misunderstood what Jesus is talking about, they feel confident they can drink this cup. Nothing could be further from the truth.

Now the other ten disciples are indignant with James and John. At this point, Jesus intervenes and proclaims his corrective teaching regarding discipleship – which is not about seats of honor and glory but rather serving others and giving one's life for others. In other words, discipleship is about imitating Jesus.

The last thing Jesus says is especially important. Jesus tells His disciples that "whoever wishes to be great among you shall be your servant, for "the Son of Man did not come to be served but to serve." This statement is so important that it is included as part of the Roman Catholic rite for the ordination of a priest. James and John totally misunderstood what being a disciple of Jesus means. Glory and honor must be rooted in service.

In our first reading from Saint Paul's Letter to the Ephesians (Eph 4:1-7, 11-13), we are called to strive "to preserve the unity of the spirit through the bond of peace," thus "grace was given to each of us according to the measure of Christ's gift" in different roles "for the work of ministry, for building up the body of Christ."

This is what healthcare ministry is all about: a commitment to serve others for building up the body of Christ.

After the parish visit that I mentioned earlier, I flew to Albuquerque, New Mexico, last week for the Annual Convention of the Canon Law Society of America. I attended not just as a member, but was invited to present a seminar on Sacramental Issues concerning Transgender Persons. Due to the number of people registered for my breakout session, I was asked to give it twice. The first day had 160 people registered and the second day had 120 registered. Since there were about 400 total members attending the convention, that means almost 75% of all those present for the convention attended my seminars, indicating the high interest in this rather novel subject of transgenderism.

In my introductory remarks, I noted a foundational principle that is crucial in properly understanding the role of canon law. In the canon law courses that I have taught over the years, I always emphasize the principle that "law follows theology." We canon lawyers do not sit around thinking up arbitrary rules for people to follow. The laws of the Church emanate from our Catholic beliefs handed on by Sacred Scripture and Tradition. When we say that certain things are not permitted by the Catholic Church, it is important not just to know the rules, but where they came from and the reasons behind them.

It will be important to keep in mind that "gender dysphoria" refers to an involuntary psychological condition that may not be desired and may never be acted upon,¹ while "transgenderism" is a voluntary embrace of a transgender lifestyle.² There is a vast difference between the moral and canonical implications for a person who is struggling to deal with gender dysphoria in a healthy way and someone who has embraced a transgender lifestyle and is unrepentant about having done so. The Catholic Church seeks to accompany the former on their path to spiritual wellness while calling the latter to conversion and repentance with the assistance of God's grace.

Gender dysphoria is a psychological condition in which a biological male or female believes he or she is of the opposite gender or even some other imaginary gender. Proponents of transgender theory argue that gender is fluid and cannot be confined to binary or biological categories of male and female.³

The biological fact is that the sex of a child at birth is clearly male or female, except in rare cases of birth defects. Morally appropriate medical and surgical care may be indicated in such situations. On the other hand, it is harmful and morally objectionable

to introduce hormonal therapy in anticipation of sex-reassignment surgery in situations where a child may be suffering from gender dysphoria, that is, confusion about his or her gender identity.

Moreover, studies have shown that people who have transgender therapy and sex-reassignment surgery are not helped by such procedures, and in fact may become more depressed after such surgery when they discover that sex-reassignment surgery was not the panacea they had hoped for, nor did it bring them the happiness they wanted.⁴ This was the conclusion reached by Dr. Paul R. McHugh, Distinguished Service Professor of Psychiatry at Johns Hopkins University School of Medicine in Baltimore, who discontinued sex-reassignment surgery at Johns Hopkins Hospital when he was psychiatrist-in-chief there. Referring to those who had sexual reassignment surgery, Dr. McHugh said that “their subsequent psycho-social adjustments were no better than those who didn’t have the surgery.”⁵ He also reported on a study showing that the suicide rate among transgendered people who had reassignment surgery is 20 times higher than the suicide rate among non-transgender people. Dr. McHugh further noted studies from Vanderbilt University and London’s Portman Clinic reporting that, among children who had expressed transgender feelings, 70%-80% of them “spontaneously lost those feelings” over time.⁶

The Church teaches that our identities as male and female are part of God’s good design in Creation, that our bodies and sexual identities are gifts from God, and that we should accept and care for our bodies as they were created. A person cannot change his or her biological sex. The sex of an individual is identified in each cell of the body. A person should accept and seek to live in conformity with his or her sexual identity as determined at birth.

In his Encyclical Letter on the environment, *Laudato Si*, Pope Francis wrote, “Learning to accept our body, to care for it and to respect its fullest meaning, is an essential element of any genuine human ecology,” noting that “valuing one’s own body in its femininity or masculinity is necessary if I am going to be able to recognize myself in an encounter with someone who is different. In this way we can joyfully accept the specific gifts of another man or woman, the work of God the Creator, and find mutual enrichment.”⁷

In January of 2020, I issued a Policy on Gender Identity for the Diocese of Springfield in Illinois, which included a Pastoral Guide to accompany the policy.⁸ The Pastoral Guide starts out by noting that it is of paramount importance to handle such situations with gentle and compassionate pastoral skill and concern. All forms of discrimination and harsh treatment must be strongly resisted and corrected. It is also important to recognize the difficulties parents and families face when a child or family member is dealing with gender dysphoria. Family members likely wrestle with a sense of confusion, guilt, and uncertainty over how best to support their loved one; and they

face pressure, either directly or indirectly, from the prevailing culture to celebrate and reinforce their loved one's gender dysphoria and feel compelled to "solve" the problem by surgically and hormonally changing the biological sex of the affected person. Such treatments, especially for children, are invasive and disruptive physically, chemically, psychologically, emotionally, and spiritually.

For the parents of a child who is dealing with this condition, the first priority must be to assist the child in this difficult situation. Fueling the confusion that families face in these circumstances is not merciful. For the sake of the family and the loved one, it is imperative to be clear on the reality of human biology as a gift from God that we cannot change. In this regard, Pope Francis has questioned whether "the so-called gender theory is not an expression of frustration and resignation, which seeks to cancel out sexual difference because it no longer knows how to confront it. Yes, we risk taking a step backwards. The removal of difference in fact creates a problem, not a solution."⁹

The human person is a body-soul union, and the body – created male or female – is a constitutive aspect of the human person. The Pastoral Constitution on the Church in the Modern World, *Gaudium et Spes*, promulgated following the Second Vatican Council, teaches, "Though made of body and soul, man is one."¹⁰ This reality was recently addressed in the declaration *Dignitas Infinita* by the Dicastery of the Doctrine of the Faith. When addressing the dignity of the human person, the declaration states: "In this perspective, dignity refers not only to the soul but also to the person as an inseparable unity of body and soul ... dignity is also inherent in each person's body, which participates in its own way in being in *imago Dei*" ¹¹ The body and soul relationship is likewise addressed in several International Theological Commission documents,¹² as well as in a recent doctrinal note from the USCCB Committee on Doctrine.¹³ Therefore, according to the *Catechism of the Catholic Church*, "Everyone, man and woman, should acknowledge and accept his sexual identity. Physical, moral, and spiritual difference and complementarity are oriented toward the goods of marriage and the flourishing of family life. The harmony of the couple and of society depends in part on the way in which the complementarity, needs, and mutual support between the sexes are lived out."¹⁴ "Each of the two sexes is an image of the power and tenderness of God, with equal dignity though in a different way."¹⁵

With this teaching in mind, the presentation of this truth must be made with love, compassion, and patience. As the policy of the Diocese of Springfield in Illinois states, our schools, parishes and other institutions embrace with compassion those families and individuals with gender dysphoria and patiently supports them in their journey. In this regard, it must be remembered that all of the baptized are called to live a life of holiness, to abide by the will of God for their lives, and to join their sufferings and hardships to the sacrifice of the Cross. In addition, the Catholic community, especially the Church's ministers, are called to welcome and listen to these brothers and sister, and obliged to lead them to further growth in Christ.

However, it must be clear that our schools and Church institutions will refer to such persons with the gender pronouns, along with bathroom and locker room use and sports activities, that acknowledge their God-given biology. Some people may not be willing to agree with this approach, and we need to respect their freedom; but they must likewise respect the Church's duty to adhere to revealed truth if they are to participate actively and fully in our faith community.

Given the gravity of concern regarding gender dysphoria and transgenderism, the Congregation for Catholic Education of the Holy See published a thorough and important study offering guidance on this matter, entitled "Male and Female He Created Them: Towards a Path of Dialogue on the Question of Gender Theory in Education."¹⁶

In their *Doctrinal Note on the Moral Limits to Technological Manipulation of the Human Body*, the Committee on Doctrine of the United States Conference of Catholic Bishops summed up the matter quite well, saying:

The search for solutions to problems of human suffering must continue, but it should be directed toward solutions that truly promote the flourishing of the human person in his or her bodily integrity. As new treatments are developed, they too should be evaluated according to sound moral principles grounded in the good of the human person as a subject with his or her own integrity. Catholic health care services are called to provide a model of promoting the authentic good of the human person. To fulfill this duty, all who collaborate in Catholic health care ministry must make every effort, using all appropriate means at their disposal, to provide the best medical care, as well as Christ's compassionate accompaniment, to all patients, no matter who they may be or from what condition they may be suffering. The mission of Catholic health care services is nothing less than to carry on the healing ministry of Jesus, to provide healing at every level, physical, mental, and spiritual.¹⁷

May God give us this grace. Amen.

¹ <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria#>; accessed October 3, 2024.

² <https://dictionary.cambridge.org/us/dictionary/english/transgenderism>; accessed October 3, 2024.

³ According to the America Psychiatric Association, “The term ‘transgender’ refers to a person whose sex assigned at birth (i.e. the sex assigned at birth, usually based on external genitalia) does not align with their gender identity (i.e., one’s psychological sense of their gender). Some people who are transgender will experience ‘gender dysphoria,’ which refers to psychological distress that results from an incongruence between one’s sex assigned at birth and one’s gender identity. Though gender dysphoria often begins in childhood, some people may not experience it until after puberty or much later.” <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>.

⁴ See, for example:

- “The Dutch Studies and The Myth of Reliable Research in Pediatric Gender Medicine,” Society for Evidence-Based Gender Medicine, January 11, 2023; <https://segm.org/Dutch-studies-critically-flawed>
- Levine, S.B., Abbruzzese, E., “Current Concerns About Gender-Affirming Therapy in Adolescents,” *Current Sexual Health Reports* 15, 113–123 (2023). <https://link.springer.com/article/10.1007/s11930-023-00358-x>
- Nimitpanya P, Wainipitapong S, Wiwattarangkul T, Suwan A, Phanuphak N, Panyakhamlerd K “Evaluation of mental health and satisfaction following transfeminine gender-affirming surgery in Thailand,” *Transgender Health* 7:1, 61–67 (2022) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9829121/>
- John J Straub, Krishna K Paul, Lauren G Bothwell, Sterling J Deshazo, Georgiy Golovko, Michael S Miller, and Dietrich V Jehle, “Risk of Suicide and Self-Harm Following Gender-Affirmation Surgery,” published online April 2, 2024; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11063965/>
- Cecilia Dhejne, Paul Lichtenstein, Marcus Boman, Anna L. V. Johansson, Niklas Långström, and Mikael Landén; James Scott, Editor, “Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden,” published online February 22, 2011; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043071/>

⁵ Paul McHugh, M.D., “Transgender Surgery Isn’t the Solution: A drastic physical change doesn’t address underlying psycho-social troubles,” *THE WALL STREET JOURNAL*, originally published on June 12, 2014; updated May 13, 2016, accessed online August 27, 2024, at http://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120?reflink=desktopwebshare_permalink.

⁶ Lawrence S. Mayer and Paul R. McHugh, Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences–Executive Summary,” *New Atlantis* 50 (Fall 2016): 7–9, <http://www.thenewatlantis.com/>.

⁷ Pope Francis, Encyclical Letter on Care of Our Common Home, *Laudato si’*, May 24, 2015, n. 155, accessed online August 27, 2024, at https://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20150524_enciclica-laudato-si.html.

⁸ <https://dio.org/wp-content/uploads/1667/43/Pastoral-Guide-and-650-Gender-Identity-Policy.pdf>

⁹ Pope Francis, General Audience, Saint Peter's Square, Vatican City, April 15, 2015, accessed online August 27, 2024, at https://www.vatican.va/content/francesco/en/audiences/2015/documents/papa-francesco_20150415_udienza-generale.html.

¹⁰ *Gaudium et Spes* 14.

¹¹ Dicastery of the Doctrine of the Faith, "Declaration 'Dignitas Infinita' on Human Dignity." www.vatican.va/roman_curia/congregations/cfaith/documents/rc_dof_doc_20240402_dignitas-infinita_en.html#_ftn30. (accessed June 27, 2024), 18.

¹² International Theological Commission, "Some Current Questions in Eschatology." www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_cti_1990_problemi-attuali-escatologia_en.html. (accessed June 27, 2024), Part 5. "Communion and Stewardship: Human Persons Created in the Image of God." www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20040723_communion-stewardship_en.html (accessed June 27, 2024); Chapter 2. "'In Search of a Universal Ethic: A New Look at the Natural Law'" www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20090520_legge-naturale_en.html#. (accessed June 27, 2024), Chapter 3.

¹³ USCCB, Committee on Doctrine, "Doctrinal Note: On the Moral Limits to Technological Manipulation of the Human Body," 2023. www.usccb.org/resources/Doctrinal%20Note%202023-03-20.pdf. (accessed June 27, 2024), 2-3.

¹⁴ See *Catechism of the Catholic Church* ("CCC"), §2333.

¹⁵ See, CCC §2335.

¹⁶ Congregation for Catholic Education, "Male and Female He Created Them: Towards a Path of Dialogue on the Question of Gender Theory in Education," Vatican City, 2019, accessed online August 27, 2024, at http://www.educatio.va/content/dam/cec/Documenti/19_0997_INGLESE.pdf.

¹⁷ USCCB, Committee on Doctrine, "Doctrinal Note: On the Moral Limits to Technological Manipulation of the Human Body," 2023. www.usccb.org/resources/Doctrinal%20Note%202023-03-20.pdf. (accessed June 27, 2024), 22.