

International President:

Dr. Khosi Mthethwa, PhD, RN
Eswatini

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Diana Ruzicka, MSN, RN
USA

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Nigeria

President, African Region

Rosalyn Okoobo, MHPM, RN
Nigeria

President, Asian Region

Francisca Malantin, RN
Malaysia

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Dr. Margorita (Gosia)
Brykczynska, PhD, RN, OCV
England

President, Pan American Region

Dr. Marian Nowak, DNP, RN
USA

Chair, Ethics Committee

Ms. Joyce Asufi, RM, RN
Nigeria

Chair, Committee on the Family

Sr. Cecilia Adache, OSF
Nigeria

Chair, Midwives Committee

Representative to CINGO
Dr. Anne Kabimba, PhD, RN
Kenya

Chair, Professional Committee

Ms. Stella Chisunka, DNE, RN
Zambia

Chair, Statutes Committee

Ms. Jane Buncuan, MN, RN
Malaysia

Rep. to United Nations (UN)

(DGC/ECOSOC/ UNICEF)
Dr. Patricia Sayers, DNP, RN
USA

Representative to Crescendo

Ms. Béatrice van Dorsser, BN, RN
The Netherlands



From the International President's Desk

My dear brothers and sisters, I have the singular honour to greet you all around the globe as we begin the year 2023. I think it is very important for us to thank God for His love and mercy, for the gift of life and all the opportunities and experiences we have had in the previous year.

Regardless of what we may have gone through I would like us for this year to realize God's Providential love in every situation in life. As I reflect on this, I am reminded of a story I once read about a wealthy man who was once seen driving his Lamborghini car through the streets of a busy city. As he stopped at parking lot, curious pedestrians remarked at the driver, you are driving such an expensive car but didn't you notice that your rear window is broken! The man responded, "There is a reason for continuing to drive with the broken glass, the broken windows remind me of God's Providential love". He then continued to narrate the story on how his windows were broken.

He was once passing through a street zipping across in his luxurious car, when suddenly he heard a crushing sound from the back of his car, and realized that a stone had been thrown at his car. With anger he got out the car to see who had thrown the stone at his car. He discovered it was a small boy who pleaded to him in tears and said, "Sir look at my younger brother he is paralyzed, I was trying to help him cross the road and a fast moving bike ran over him. I called out to many people for help, but none cared! Finally, out of desperation I decided to throw a stone at the first vehicle to come in order to get help for my injured brother sir, I am sorry that your expensive car is damaged."

The man with tears in his eyes responded; "My car windows are broken, but they are also a reminder that sometimes, we have to allow God to break certain things to remind us that we need to stop and help, also that we need to depend on God in all aspects of life."

Dear brothers and sisters are I would like us to reflect briefly on the broken windows in our lives, which could be as a result of tragedies and calamities that may have hit our lives, when untimely incidents and unexpected twists have taken place in our lives. Though difficult to comprehend, perhaps, a deeper reflection will help us realize that such "Broken Windows" are a sign of God's Providential Love.

I would like to conclude by requesting all of us to keep in mind our values and objectives as an organization. These are the values that we will collectively cherish and which will guide us as we relate to each other and do our work; the priority areas of technical focus; the strategic operations that will facilitate our working efficiently and lead us to achieving results; and the communication mechanisms for effective collaboration internally among ourselves and externally with other Lay organizations of the church as well as our strategic partners. May I wish you all successful and meaningful commemoration of this year's International Day of the Sick.

May I thank you all for the good work you are doing in different parts of the world, starting with my executive board and committee, the general council and the entire CICIAMS Family. I am confident that, working together, we can make the CICIAMS leadership and members more proactive, effective and accountable.

God Bless Us All.

Dr. Khosi Mthethwa, PhD, MPH, BeD, DipM, RN

Message of His Holiness Pope Francis XXXI World Day of the Sick (11 February 2023)

“Take care of him”

Compassion as a synodal exercise of healing

Dear brothers and sisters!

Illness is part of our human condition. Yet, if illness is experienced in isolation and abandonment, unaccompanied by care and compassion, it can become inhumane.

When we go on a journey with others, it is not unusual for someone to feel sick, to have to stop because of fatigue or of some mishap along the way. It is precisely in such moments that we see *how* we are walking together: whether we are truly companions on the journey, or merely individuals on the same path, looking after our own interests and leaving others to “make do”. For this reason, on the thirty-first World Day of the Sick, as the whole Church journeys along the synodal path, I invite all of us to reflect on the fact that it is especially through the experience of vulnerability and illness that we can learn to walk together according to the style of God, which is closeness, compassion, and tenderness.

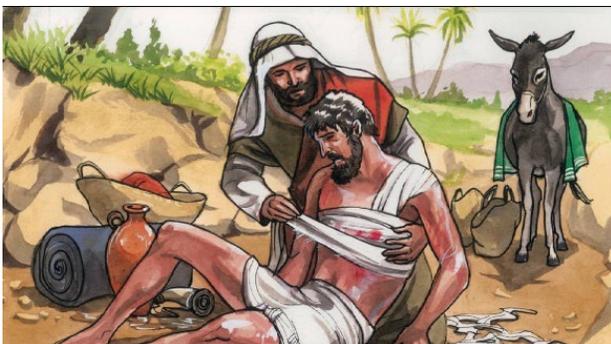
In the Book of the Prophet Ezekiel, the Lord speaks these words that represent one of the high points of God’s Revelation: “I myself will be the shepherd of my sheep, and I will make them lie down, says the Lord God.. I will seek the lost, and I will bring back the strayed, and I will bind up the injured, and I will strengthen the weak [...] I will feed them with justice” (34:15-16). Experiences of bewilderment, sickness, and weakness are part of the human journey. Far from excluding us from God’s people, they bring us to the centre of the Lord’s attention, for he is our Father and does not want to lose even one of his children along the way. Let us learn from him, then, how to be a community that truly walks together, capable of resisting the throwaway culture.

The Encyclical *Fratelli Tutti* encourages us to read anew the parable of the Good Samaritan, which I chose in order to illustrate how we can move from the “dark clouds” of a closed world to “envisaging and engendering an open world” (cf. **No.** 56). There is a profound link between this parable of Jesus and the many ways in which fraternity is denied in today’s world. In particular, the fact that the man, beaten and robbed, is *abandoned* on the side of the road represents the condition in which all too many of our brothers and sisters are left at a time when they most need help. It is no longer easy to distinguish the assaults on human life and dignity that arise from natural causes from those caused by injustice and violence. In fact, increasing levels of inequality and the prevailing interests of the few now affect every human environment to the extent that it is difficult to consider any experience as having solely “natural” causes. All suffering takes place in the context of a “culture” and its various contradictions.

Here it is especially important to recognize the condition of loneliness and abandonment. This kind of cruelty can be overcome more easily than any other injustice, because – as the parable tells us – it only takes a moment of our attention, of being moved to compassion within us, in order to eliminate it. Two travellers, considered pious and religious, see the wounded man, yet fail to stop. The third passer-by, however, a Samaritan, a scorned foreigner, is moved with compassion and takes care of that stranger on the road, treating him as a brother. In doing so, without even thinking about it, he makes a difference, he makes the world more fraternal.

Brothers and sisters, we are rarely prepared for illness. Oftentimes, we fail even to admit that we are getting older. Our vulnerability frightens us and the pervasive culture of efficiency pushes us to sweep it under the carpet, leaving no room for our human frailty. In this way, when evil bursts onto the scene and wounds us, we are left stunned. Moreover, others might abandon us at such times. Or, in our own moments of weakness, we may feel that we should abandon others in order to avoid becoming a burden. This is how loneliness sets in, and we can become poisoned by a bitter

sense of injustice, as if God himself had abandoned us. Indeed, we may find it hard to remain at peace with the Lord when our relationship with others and with ourselves is damaged. It is crucial, then, even in the midst of illness, that the whole Church measure herself against the Gospel example of the Good Samaritan, in order that she may become a true “field hospital”, for her mission is manifested in acts of care, particularly in the historical circumstances of our time. We are all fragile and vulnerable, and need that compassion which knows how to pause, approach, heal, and raise up. Thus, the plight of the sick is a call that cuts through indifference and slows the pace of those who go on their way as if they had no sisters and brothers.



The World Day of the Sick calls for prayer and closeness towards those who suffer. Yet it also aims to raise the awareness of God’s people, healthcare institutions and civil society with regard to a new way of moving forward together. The above-quoted prophecy of Ezekiel judges harshly the priorities of those who wield economic, cultural, and political power over others: “You eat the fat, you clothe yourselves with the wool, you slaughter the fatlings; but you do not feed the sheep. You have not strengthened the weak, you have not healed the sick, you have not bound up the injured, you have not brought back the strayed, you have not sought the lost, but with force and harshness you have ruled them” (34:3-4). God’s word is always illuminating and timely; not only in what it denounces, but also in what it proposes. Indeed, the conclusion of the parable of the Good Samaritan suggests how the exercise of fraternity, which began as a face-to-face encounter, can be expanded into organized care. The elements of the inn, the innkeeper, the money and the promise to remain informed of the situation (cf. *Lk* 10:34-35) all point to the commitment of healthcare and social workers, family members and volunteers, through whom good stands up in the face of evil every day, in every part of the world.



These past years of the pandemic have increased our sense of gratitude for those who work each day in the fields of healthcare and research. Yet it is not enough to emerge from such an immense collective tragedy simply by honouring heroes. Covid-19 has strained the great networks of expertise and solidarity, and has exposed the structural limits of existing public welfare systems. Gratitude, then, needs to be matched by actively seeking, in every country, strategies and resources in order to guarantee each person’s fundamental right to basic and decent healthcare.

The Samaritan calls the innkeeper to “take care of him” (*Lk* 10:35). Jesus addresses the same call to each of us. He exhorts us to “go and do likewise” (*Lk* 10:37). As I noted in *Fratelli Tutti*, “The parable shows us how a community can be rebuilt by men and women who identify with the vulnerability of others, who reject the creation of a society of exclusion, and act instead as neighbours, lifting up and rehabilitating the fallen for the sake of the common good” (No. 67). Indeed, “we were created for a fulfilment that can only be found in love. We cannot be indifferent to suffering” (No. 68).

On 11 February 2023, let us turn our thoughts to the Shrine of Lourdes, a prophetic lesson entrusted to the Church for our modern times. It is not only what functions well or those who are productive that matter. Sick people, in fact, are at the centre of God’s people, and the Church advances together with them as a sign of a humanity in which everyone is precious and no one should be discarded or left behind.

To the intercession of Mary, Health of the Sick, I entrust all of you who are ill; you who care for them in your families, or through your work, research and volunteer service; and those of you who are committed to weaving personal, ecclesial, and civic bonds of fraternity. To all, I impart my heartfelt blessing.



Rome, Saint John Lateran, 10 January 2023

FRANCIS

Are you a Nurse who is Catholic or a Catholic Nurse?

On August 27, 1935 at the International Catholic Nurses’ World Congress held in Rome, His Holiness Pope Pius XI addressed the 2000 nurses assembled at Castel Gandolfo. After expressing concerns about paganism and materialism penetrating everywhere, His Holiness stated, “Therefore you must be first and foremost and at all costs, full of the spirit of spirituality, of Christianity, of the Christian supernatural... We can never give to others that which we do not ourselves possess... And the treasure which your assistance must bring to the infirm is precisely that of spirituality, of the supernatural.” He expressed the importance of nurses also bringing material bodily comfort and having technical expertise. However, first and foremost we must possess the Christian supernatural? Here are 5 Catholic disciplines recommended by Our Lady. Might we adopt these?

Scripture / Eucharist / Rosary / Fasting / Confession
 (Daily Reading) / (Every Sunday) / (Daily) / (Twice weekly) / (Monthly)

Regional Presidents in Action – Featured Asian Region



Ms. Francisca Malantin
Asian Region President

My sharing on how I have organized CICIAMS Members of the Asian Region.

When I was elected as Regional President of CICIAMS Asia, the first thought that came to mind was the humongous task that I was facing as I wondered how qualified I was to be the CICIAMS Asian Region President.

I prayed for direction and I remained in constant communication with the former National Chaplain of the Catholic Nurses' Guild of Malaysia, Rev Fr Aloysius Fediles, who has constantly given me advice and guided me in the way forward.

After taking over from the former Asian Regional President, Dr. Theresa Cheong, I initiated communication with all the members of the Asian Region, introducing myself to their respective Presidents. I created a forum for communication through WhatsApp since most of them are able to be contacted via text message on the "WhatsApp" application.

There are 9 CICIAMS member countries in Asia:

- | | | |
|--------------|---------------|--------------|
| 1. Malaysia | 4. Japan | 7. India |
| 2. Singapore | 5. Pakistan | 8. Hong Kong |
| 3. Korea | 6. Bangladesh | 9. Thailand |

I recently tried to connect with Taiwan but have not yet been successful in getting them to renew membership with CICIAMS. I was not able to communicate with Philippines as there was no response.

I was able to be in close contact with the nine member association National Presidents, through emails and through WhatsApp text messages. We conducted discussions and exchanged ideas. Each member association president shared their Association's activities.

I tried to keep as close at heart my pledge to fulfill my role as Regional President of CICIAMS Asia, to learn and share methods for recruitment, retention and growth of their members, from there we could focus on the strength and improve on the weaknesses.

I was very happy to be able to have a discussion with the member association from the CICIAMS Asian Region during the CICIAMS XXI World Congress. There were representatives from 4 countries of the Asian Region who attended the Congress. We were able to share on their respective ideas on how their process of recruitment, retention and growth of their members was successful and also the challenges encountered.

We discussed the CICIAMS Vision and Mission and suggested conducting a workshop on the Vision and Mission in order to devise a plan of action on how to build each National Association. These plans of action were to be reviewed regularly: short term, in a year and in three years.



Nurses' Day Celebration
Catholic Nurses Guild (CNG) - Malaysia



Singapore CNG Spiritual Retreat, Batam Retreat Center
26 & 27 Nov 2022, led by Father Johnson Fernandez

I asked the leaders of the Member Associations to focus on the three pillars:

- | | | |
|--|---|--|
| 1. The Professional Commission:
Education, practice and research.
Members are to remain current and relevant in their field of practice. | 2. The Spiritual Commission:
Members are to remain close to God and organise a monthly Mass for all their members. The Mass is the binding force in the Association. | 3. The Social Commission : Each Association is to organise outreach, road shows and a family day to remain close together. |
|--|---|--|



Spiritual Seminar – Korea Catholic Nurses’ Association

The Catholic Nurses Guild India has also started a Zoom prayer meeting. They also conducted an award ceremony recognizing outstanding nurses performance. CNG Malaysia started a 24 hour rosary prayer for the protection and support of all front liners throughout the world. It is still ongoing. Singapore conducted a Lentent retreat via Zoom. Malaysia conducted Seminars via Zoom. Nurses Empowering Nurses was conducted by CNG Malaysia as one of the programs to celebrate Nurses Day. Sharing all these activities on the Whatsapp platform has encouraged the other members to conduct similar programs in their own region.

I was not able to conduct any virtual meeting since the beginning of my term of office, my main form of communication was via whatsapp and via email. I remain in constant contact with the members through these forums.

I am happy to share with the rest, our members vision for the future. Most countries aim to strengthen their ties and network by collaborating with members of different healthcare associations in their respective Dioceses in various activities. It is good that they conduct activities in their respective Dioceses as it is easier to conduct activities in smaller groups rather than at the National level.

- Empowering Nurses to live the Gospel Values, through Seminars on Spirituality, Leadership Retreat, Pilgrimage;
- Conducting Professional Seminars to build nurses competency. Improving professional qualities.
- Encouraging Nurses to do voluntary work especially on Palliative care, care for the elderly.
- National leadership to visit CNG Branches in their respective countries.

I encourage each region to continue sharing their activities through the Whatsapp group that I have created. I am very happy to say that all the Presidents of each region that I serve have communicated very well through this platform and through email.

In His Service
Francisca Malantin



Spirituality Seminar for Young Nurses



President, CICIAMS Asian Region discussion with members from Singapore, Korea, Malaysia and Bangladesh

CINGO Forum, Rome, Italy



On behalf of CICIAMS, Dr. Anne Kabimba attended the Catholic Inspired NGO (CINGO) meeting held in Rome, December 2-3, 2022. CINGO is a forum for Catholic Inspired Non-Governmental Organizations to meet and collaborate. There were 112 in attendance.

The meeting began with a discussion of the major societal changes and challenges. The global society in facing rapid transformation making it challenging to define core priorities for the CINGO forum: education, family, health etc. Following identification of priorities, forum members discussed what steps and advocacy actions should be taken in regards to intergovernmental policies (e.g. abortion, climate change issues, the young generation, social media, education and emerging vulnerabilities – pandemic, war in Ukraine and its effects, the refugees and migrants). The first day concluded with recognition of the importance of promoting the centrality of the human person and international solidarity towards a new education paradigm focusing on civil responsibility.

The objective of the second day was moving forward in collaborative models. Attendees discussed core challenges (e.g. laws, politics etc.) and how to move forward in collaboration. The importance of preserving a Catholic identity in pluralistic platforms (e.g. Catholic Doctrine and church teaching, what about the gay narrative, stem cell implantation, invitro fertilization, cloning etc.).

Dr. Kabimba worked with the thematic group on Health and Family which identified:

- **Challenges:** emerging pandemic/epidemic, euthanasia, abortion, maternal and child mortality, COVID-19, HIV, etc.
- **Prospects:** role of family in health, environment and chronic diseases care, vulnerable groups: women, children, disabled, displaced, etc.
- **Way forward:** Collaborate with
 - Christian-based Organization / health facilities in family / health issues
 - organizations working with human trafficking, gender-based violence
 - youth: substance use/abuse
 - mental health issues
 - the aged, chronic diseases/conditions

How does CICIAMS benefit from participating in the CINGO forum?

- ❖ Papal and International recognition
- ❖ Identification with Collaboration platforms
- ❖ Advocacy in human health and wellbeing
- ❖ Share contributions to policies
- ❖ New knowledge (research) and synergy.

GCF-GCD Forum, Online



The Global Coalition of Friends of the Geneva Consensus Declaration (GCF-GCD) was born out of a need for collaboration among like-minded NGOs on constructive, conservative women's health policy worldwide, that is uncompromisingly pro-life, pro-woman, and pro-family. The Institute for Women's Health (IWH), the organizers, calls this vision Optimal Women's Health.

The GCF-GCD seeks to move upstream from the abortion issue towards a positive vision for Optimal Women's Health for all women everywhere, and aims to do that by promoting the Geneva Consensus Declaration (GCD) of which 37 nations are now part and NGOs in every country are collaborating in promoting its principles.

The Global Coalition of Friends of the Geneva Consensus Declaration (GCF-GCD) strives to achieve the following objectives:

- Convene relevant NGO partners to establish and maintain relationships beneficial to Optimal Women's Health;
- Advance an integrated domestic and international Optimal Women's Health policy and action plan as a constructive (rather than reactionary) vision for what pro-life, pro-woman, pro-family societies could look like; and
- Promote authentic Optimal Women's Health policy worldwide through shared best practices, research-based strategies, and leveraged mutual strength.

Dr. Anne Kabimba attended the initial online meeting of the GCF-GCD on August 31, 2022 recommending further collaboration by CICIAMS with this esteemed group.

On December 15, 2022, Sister Cecilia Adache, OSF, Chairperson, Committee on the Family met online with the coalition. In attendance were 56 participants from various countries and continents. The purpose of the meetings was to partner with like-minded NGOs to be able to implement globally the vision of upholding the rights to the highest attainable standards of health for women; to promote women's essential contributions to health and strength of the family and to express the essential priority of protecting the right to life.

Their commitment includes:

- To work together to ensure the full enjoyment of all human rights and equal opportunity for women at all levels of political, economic and public life
- To improve and secure access to health and development gains for women including sexual and reproductive health which must always promote Optimal Health, the highest attainable standard of health without including abortion. *(cont'd)*



Caring for Patients in the Context of Canada's Culture of Death: Catholic Nurses Advocate Restrictions on Euthanasia

Helen McGee, RN MN CPMHNC
President, NACN-Canada

The National Association of Catholic Nurses-Canada (NACN-C) launched in 2018 in response to nurses' moral distress over the Supreme Court of Canada's 2015 [Carter v Canada \(AG\)](#) decision. The Carter decision removed Criminal Code sanctions for physicians who administered euthanasia to people whose suffering was considered grievous and irremediable and who consented to the procedure. Medically administered death is usually performed in Canada by lethal injection and is euphemistically known as "MAiD" or "Medical Assistance in Dying".

Strangely, the decision was based on the right to life protected in Canada's Charter of Rights and Freedoms. The Supreme Court justices argued in Carter that people with health conditions considered grievous and irremediable might have to cope with suffering by ending their lives sooner than they wished to unless they had access to euthanasia. *Carter* allowed the federal government one year to enact legislation regarding how it would be implemented. Provincial governments have also been involved in implementing the decision, since the provinces are responsible for regulating, funding, and administering health care. Some provinces developed systems where referral for medically induced death could be made through a central "telehealth" service that provided advice and access to a wide range of health services. However, in Ontario a physician or nurse practitioner referral is required to access medically induced death.

Each province's professional bodies are responsible for disciplining health care professionals who contravene their ethics standards and "professional obligations" documents. Two recent court cases in Ontario dealt with the issue of physicians who declined to refer patients for controversial procedures for reasons of conscience. The courts decided that patients' right to access controversial procedures superseded physicians' right to freedom of conscience, even though the latter is protected under Canada's Charter of Rights and Freedoms.

Tragically, the criteria for euthanasia and its incidence have relentlessly increased in Canada since 2016. Medically induced death accounted for 3.3% of all deaths in 2021. This is an increase from 2.5% in 2020 and 2.0% in 2019, according to the 2021 [Third annual report on Medical Assistance in Dying](#). Rates of death by euthanasia increased most rapidly in the provinces of Quebec (to 4.7% of all deaths) and British Columbia (to 4.8% of all deaths) when compared with 2020.

The National Association of Catholic Nurses-Canada has made submissions to politicians at both federal and provincial levels. The association advocates protection of our patients and our freedom of conscience in collaboration with physician, Indigenous, disability rights, and faith-based groups. For example, on March 23, 2017, two founding board members of NACN-Canada addressed an Ontario legislative committee regarding freedom of conscience. [This record](#) from March 23, 2017, provides an early example.

NACN-C's network of like-minded groups has been instrumental in finding opportunities to advocate for patients and nurses. At the same time, NACN-C supports nurses who experience moral distress related to working alongside the culture of death and promotes organizations that address the issues that underlie requests for euthanasia, such as [Horizons of Hope](#) and [Compassionate Community Care](#). NACN-C also prays that God will grant Catholic nurses educated in secular universities the grace to learn and live Catholic teaching regarding the beginning and end of human life. NACN-C's goal is to act on nudges that the Holy Spirit presents even when the prospect of legislative and regulatory change seems bleak.

In a recent example, NACN-C was invited by a colleague to respond to the College of Physicians and Surgeons of Ontario (CPSO). CPSO had proposed tightened obligations on physicians to make "effective referrals" for controversial procedures and to provide unsolicited information about those procedures to patients. Ontario's Deputy Minister of Health invited NACN-C's president and a physician colleague to meet with her, the chief nursing officer, and their staff members after receiving NACN-C's letter about the CPSO proposals in November 2021.

NACN-C asked that the province override CPSO's proposals with legislation to prohibit health professionals from providing unsolicited information about MAiD. In addition, since legislation requires that the underlying health condition be identified as the cause of death even though MAiD is the direct cause of death, NACN-C requested transparency on death certificates. This way, any association between MAiD and subsequent deaths by suicide in families can be studied. Finally, NACN-C advocated delay and restrictions in the implementation of federal legislation regarding MAiD for mental illness as the sole underlying condition. NACN-C's physician colleague recommended the telehealth referral system as a substitute for the effective referrals currently required by the CPSO and described what it meant to her patient when staff of a community agency provided unsolicited information about euthanasia.

NACN-C and its physician colleague were enfolded in prayer by members of the CICIAMS executive committee as they prepared to meet with Ontario's Deputy Minister of Health. May we all continue to pray for the people of Canada and around the world where euthanasia is a threat to the dignity of all people, made in the image of God.

In Memoria



Bernie Spillane. It was with great sadness that the members of the Catholic Nurses Guild of Ireland and many CICIAMS Associations learned of the death of Bernie Spillane on 1st May 2022. Bernie had been diagnosed with cancer in 2018 and from that time she knew her time on earth was limited. She was blessed with a deep faith throughout her life. Her sufferings which were many over the ensuing four years were carried without complaint, with great fortitude and acceptance.

Bernie had been a registered general nurse and a registered midwife. During the 1950s she undertook her general nurse training in Peamount Hospital and in the Meath Hospital in Dublin. This was followed by midwifery training in the National Maternity Hospital in Dublin, an area that she chose to specialise for the remainder of her career. She was initially employed as a staff midwife and progressed through clinical nurse manager to assistant director of midwifery. In that hospital and following her retirement she was a member of the Linen Guild, a charity that raises money through donations and fund-raising events, to provide emergency assistance to mothers and babies in real need who attend the hospital. She was also a member of the Meath Hospital past nurses' reunions.

Bernie was an active member of the Catholic Nurses Guild for over 40 years. She held positions of National Secretary, Midwives Commission member, and general committee membership. Bernie was very generous with her time and skills and was always one of the first to volunteer when work needed to be done. She was never known to refuse any task requested of her.

Bernie was International Treasurer of CICIAMS from 2008 – 2012. Over the years she attended many CICIAMS congresses and conferences including those in Belgium, Mexico, Zambia, Dublin and Swaziland. She was a member of the organising committee for CICIAMS XIX Congress held in Dublin in 2014.

Outside of nursing Bernie was a keen golfer that, until her illness, she played at least once a week. She also enjoyed music concerts and socialising with her wide circle of friends. She was always kind and courteous often being described as 'a perfect lady'.

Bernie is survived by her sister, Julie, nieces and nephews. She is greatly missed by her family and the members of the Catholic Nurses Guild of Ireland.

Ar dheist Dé go raibh a hanam dílis (May her faithful soul be at the right hand of God).

Geraldine McSweeney

GCF-GCD Forum (cont'd)

- They reaffirm that there is NO international right to abortion nor any international obligation on the part of states to finance or facilitate abortion consistent with the long-standing international consensus that each nation has a sovereign right to implement programs and activities consistent with their laws and policies.
- Build our health system capacity and mobilize resources to implement health and development programs that address the needs of women and children in situations of vulnerability and advance universal health coverage.
- Advance supportive public health policies for women and girls as well as families including building and healthcare capacity and mobilizing resources within our own countries, bilateral and multilateral
- To support the role of the family as fundamental to society and as a source of health support and care
- Engage across the UN system to realise this universal values recognizing that individually we are strong but together we are stronger.

Valerie Hubor President/CEO and her team (Gloria Wertjes, Angela Gandra) expressed that participants should show support for the Geneva Consensus Declaration on Promoting Women's Health and Strengthening the Family and urging that they want more nations and people to strongly support women reaching the highest attainable outcomes for health, life, dignity, and well-being throughout their lives. www.thegcd.world



To CICIAMS Regional Presidents, Member Association President, Committee Chairs and members, we must ask, **“How can I help my society to value family life?”** Let's ask ourselves this questions and implement the answer in our workshops, policy development and how we live our daily life. Thank you, Sister Cecilia Adache, OSF for representing CICIAMS.

The Business of the Organization

CICIAMS Official Documents & Links

CICIAMS Statutes and Standing Orders:

www.ciciams.org/ciciamsreports.html

CICIAMS Ethics Guidelines and Principles of Practices for Catholic Nurses: www.ciciams.org/ethicscommittee.html

Member Associations: www.ciciams.org/linksliens.html

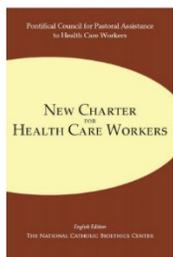
Executive Committee:

www.ciciams.org/executivecommittee.html

CICIAMS Executive Committee Reports - 2022:

www.ciciams.org/executivecommittee.html

The New Charter for Health Care Workers



was updated and published in Italian by the Pontifical Council for Pastoral Assistance to Health Care Workers was published in 2017. On behalf of the Council, the United States National Catholic Bioethics Center translated the guideline into English and has made it available FREE of charge online at:

<https://www.ncbcenter.org/store/newcharter>

The CICIAMS International Presidents served on the Council until 2017 when it was combined to form the Dicastery for Integral Human Development.

Calendar of Events



31st World Day of the Sick, 11 Feb 2023

CICIAMS Officers 17 Feb & Executive Board Meeting, 18 & 19 Feb 2023, Rome

International Midwives' Day, 5 May 2023

International Nurses Day - Nurses with Global Impact, Inc. Awards, United Nations, 12 May 2023 10am-2:30pm
<https://nurseswithglobalimpact.org/>

Annual Meeting of Moderators of Ecclesiastical Movements and New Communities, Dicastery for Laity, Family & Life, 22 June 2023, Rome

3rd World Day for Grandparents and the Elderly 23 July 2023 (4th Sunday of July, close to the feast of Sts. Joachim and Anne, the grandparents of Jesus)

World Youth Day, Lisbon, Portugal 1-6 Aug 2023

109th World Day of Migrants and Refugees, 24 Sep 2023

7th World Day of the Poor, 12 Nov 2023

2024 - Regional Conference - Kenya*

2026 - CICIAMS XXII World Congress - Thailand*

*Begin the VISA process EARLY



CICIAMS Mission

§ 1. CICIAMS Mission Statement: Informed by the moral and social teachings of the Church, CICIAMS is committed to the following:

- Giving Christian witness in our lives through guiding and supporting Healthcare workers internationally
- Developing a positive vision of life from conception to death
- Representing Christian and professional values in our work with other national and international associations
- Coordinating the work of member association in their efforts to evangelise the ethos and ideals of the nursing profession
- Promoting the initiation of and participation in professional research and development towards the achievement of optimum care and wellbeing
- Respecting the religious convictions of others and accepting their rights to practice their beliefs



CICIAMS AIMS

- Representing the professional & Christian interests of its members
- Promoting members' spiritual welfare & ethical values
- Promoting health & social measures of health in line with Catholic principles and professional development
- Promoting cooperation among member associations

Send News to the CICIAMS Secretary General at:

CICIAMSInternational12@gmail.com

Next newsletter deadline: 15 March 2023

May your day be richly blessed