

## Editorial Comments

I bring you greetings from CICIAMS General Secretariat and from the International president, Geraldine Mcsweeney. We are sorry for bringing this year's edition of our CICIAMS News a bit late. One of the reasons for this is the fact that the year 2018 was our congress year, and we dedicated much of our time and energy towards making sure the congress and elections succeeded. Thanks to God the congress had come and gone successfully. The full report of the congress is published in this edition of CICIAMS News.

In this Christmas edition of our news bulletin, we wish to draw the attention of our numerous readers to the contents of the papers presented at the xx world congress under the theme ***“Education for sustainable health, engaging development: Respecting life.”*** The papers which were rich and quite educating should also be made to be impactful. We need to educate ourselves. We need also to educate others, because education is one sure way of achieving sustainable health and development, and as recorded by one of the articles, *“My People perish for lack of Knowledge”*. Attempts toward implementation of the suggestions made at the congress at our different levels of service therefore would go a long way in making the congress more impactful and result oriented.

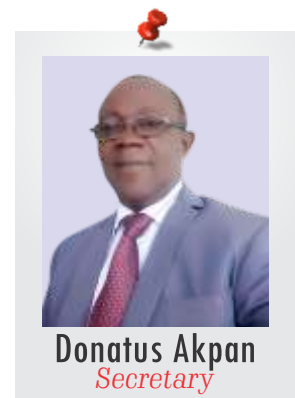
Also in this edition we bring you the news of the first beatification of a lay nurse which CICIAMS was invited to be actively involved and was represented by the International president, Geraldine Mcsweeney.

We are grateful to Dr. KhosiMthethwa, the Chairperson of the professional committee and members of her committee, for their role in making sure this CICIAMS NEWS is published. We thank all those whose articles are published in this edition. May God continue to inspire you.



As we settle down to read our News, CICIAMS wishes you all a merry Christmas and a new year full of hope and commitment to move CICIAMS forward.

HAPPY READING!





# CICIAMS XX WORLD CONGRESS REPORT



## INTRODUCTION

CICIAMS XX World Congress was held from 4<sup>th</sup> to 7<sup>th</sup> September 2018 at the Riverside Majestic Hotel, Kuching, Sarawak, Malaysia.

The theme of the congress, **Education for Sustainable Health: Engaging Development, Respecting Life**, was inspired by some of the 16- health related United Nations Sustainable Development Goals (SDGs). It provided a valuable platform for professional discussion and critical examination of these goals from a Catholic perspective. It was felt that to achieve sustainable health globally people need to be adequately educated and nurses and midwives as major stakeholders in health care were in strong positions to carry out this task.

The congress was hosted by the Catholic Nurses Guild of Malaysia, who were so enthusiastic to welcome over 300 participants from the active regions of CICIAMS namely Europe, Asia, Pan America and the English-speaking Africa. From Europe, there was attendance from Ireland, England and Wales and the Netherlands. Asian countries present were the host Malaysia, Singapore, India, Japan, Korea, Pakistan, Thailand, Hong Kong and Brunei. From Pan America, there were participants from the USA, Mexico and CICIAMS new member association – Canada, while Nigeria, Kenya, Zambia, South Africa, Eswatini Kingdom were present from English – Speaking Africa. A total of 307 participants registered for the congress comprising 137 from Malaysia, and 170 from other countries.

CICIAMS was honoured by the presence of the Prefect of the Dicastery for the Promotion of Integral Human

Development His Eminence Cardinal K. A. Peter Turkson; the Archbishop of Kuching, His Grace Simon Poh; His Grace Most Rev Joseph Salvador Marino, the Apostolic Nuncio to Malaysia and Bishop Cornelius Sim, President of the Commission for Pastoral Health Care of the Bishops Conference of Malaysia, Singapore and Brunei. CICIAMS International Ecclesiastical Assistant, Rev. Fr. Thomas Nairn OFM and national and branch chaplains of some of CICIAMS member associations were also present. In attendance was a past Malaysian Ambassador to the Vatican, Tan Sri Bernard Dom Pok.

## OPENING MASS, TUESDAY 4<sup>TH</sup> SEPTEMBER 2018

The congress opened with a Concelebrated Mass on the evening of Tuesday, 4<sup>th</sup> September 2018 with His Eminence Cardinal K. A. Peter Turkson as the chief celebrant. In his inspiring homily, Cardinal Turkson said Jesus Christ provided sustainable health and therefore charged Catholic Nurses, as ministers of life, to follow the example of Christ by educating their clients and respecting life. It focused the participants minds and placed the theme of the congress in context.

Mass was followed by a welcome dinner. It was a warm reception of excellent cuisine accompanied by performances of songs and dances by members of the Malaysian Guild which were enjoyed by all. Both the Mass and dinner were fitting starts to the congress. It ended with night prayers.

## Wednesday 5<sup>th</sup> September 2018.

The day commenced with morning prayers.





## OPENING CEREMONY

The opening ceremony was quite colourful. It started with the arrival of Mr Datuk. Amar Doughlas, Uggah Embas, the Deputy Chief Minister and Minister for Modernization of Agriculture, Nature and Regional Development and the procession of the platform party to the hall. The Malaysian and Sarawak anthems were played. A prayer led by Archbishop Simon Poh was followed by a roll call and parade of flags of participating countries. The beating of a ceremonial gong by Mr Datuk Amar Doughlas Uggah Embas and Cardinal Peter K A Turkson marked the formal opening of the congress.

## PROFESSIONAL SESSION

***Sustainable Development was the theme of the first day***

### ***Morning session – International Perspectives***

The first keynote speaker was Cardinal Peter K A Turkson who addressed the topic ***Integral Human Development and the Role of Catholic Nurses in Health Promotion***. He said the mission of the Dicastery is to promote the scientific and pastoral response of the Holy See to the question related to human dignity, (justice and peace), development, migration, health care, charitable works, care of creation and apostolates of the See. He described development from a holistic approach and said that development should be all embracing and should not be restricted to economic growth. According to him, development is for all people, is about the whole human person and other feasible models of social integration and does not foment inequality. He said development covers all aspects of life - personal, political, cultural spiritual, social, economic and extends to people of every age.

Cardinal Turkson also reminded participants that the Catholic health care mission is rooted in the healing ministry of Christ in fidelity to the mandate of Christ and after his example, as shown in the Gospels of Luke 9: 2 – 6 and Matthew 10: 1 – 8.

He said Catholic Nurses have a deep and profound calling to serve and provide quality care to all people especially the most vulnerable, advocating and caring for the poor and the marginalized. In doing this he said nurses must take holistic and compassionate approach, recognizing the whole person, his inalienable dignity, rights and needs. He charged participants to respect the sacredness of human life from conception to natural death and to see Christian love as the animating principle of health care and to see healing and compassion as a continuation of the mission of Christ.

The second keynote speaker, Professor Andrew Kiyu of the Faculty of Medicine and Health Services,

University of Malaysia, Sarawak, spoke on the topic ***Nursing and Sustainable Development: our responsibility, our future, our choice***. In his presentation, Professor Kiyu identified three pillars of sustainable development namely: economic development, social development and environmental protection. He said these three pillars are interdependent and mutually reinforcing. He listed what needs to be sustained to include nature, ecosystem, resources, our environment, culture, people, economy, society, among others. He identified three levels of roles of nursing in sustainable development – planet, global, workplace, personal and family. Globally he said the roles are embedded in the 17 Sustainable Development Goals. In the work place it involves healthcare services while at the personal level we should reduce the amount of waste we create, recycle whenever possible, reuse materials whenever possible and to rethink the materials we use and those we throw away. He encouraged participants to always think globally and to act locally. Professor Kiyu suggested four principles of sustainable clinical practice as identified by the Campaign for Greener HealthCare which include disease prevention and health promotion, patient education and empowerment, lean service delivery, and preferential use of treatment options and medical technologies with lower environmental impacts.

### ***Afternoon Session – Welfare issues of Children and Youth: Regional/National Perspectives***

This session took the form of a round table discussion with a speaker from each CICIAMS region. The first speaker from the Association of Catholic Nurses of England and Wales, Ms. Janet Muchengwa, spoke on the topic ***Welfare Issues of Children and Youth - the UK Perspective***. Janet in the presentation saw stable family life as paramount for learning and development of children, as well as the healthy functioning of the wider society. She identified difficulty in securing early emotional attachments in families as the result of long term difficulties of children relating with other people and antisocial behaviours. Other factors which contribute to children's antisocial behaviour included absence of a stable father and women taking serial partners, marital breakdown, social isolation and poverty. She said despite these challenges, professionals such as midwives and health visitors who work with children and their families are always available to ensure better health for children particularly in the foundation years, by addressing risk factors likely to result in future problems. She said safeguarding of children in the UK remains paramount through all levels. Services such as the healthy child programme, among others, have been put in place to safeguard the health and lives of children.



Speaking **from the Nigerian perspective**, Mrs. Rosalyn Okoobo, said that the Government of Nigeria has put in place many programmes to safeguard the welfare of children and youths. She mentioned some of these that included Enactment of the Child Right Act, inauguration of the Children Parliament, creation of a National Youth Policy, as well as the Ministry of Youth Affairs. She referred to some of the many problems affecting the youths for example poverty, discrimination, child abuse, right to education, child marriage and female genital mutilation. She said the poor economic situation affects the youth more as there is high rate of unemployment which compels some of them to engage in antisocial behaviours such as robbery, kidnapping, drug abuse, cultism and militancy.

Maria Louisa Alvarez Ledezma, from Mexico addressed ***Childhood and Youth, Victim or Protagonist, of Modernity.***

In her presentation, she identified some of the challenges to young people in Mexico, for example violence, child marriage, teen pregnancy, lack of good nutrition and erroneous reproductive health education, a situation she says affects the right of these young ones to enjoy their welfare. She said children and youth suffer injuries resulting from abandonment, rejection, humiliation, betrayal, indifference and injustice. She opined that given this ugly scenario action is needed because addressing the welfare of children and young people is an emergency. She said children must be universally recognized as human beings and "we should leave a better legacy for children and young people".

Ms Janet Chong from Singapore spoke on ***Welfare Issues of Children and Youth in Singapore.*** In her paper Ms. Chong said the main areas of focus are children beyond parental control. She cited many acts and conventions used in this regard in Singapore, such as the UN Convention on the Rights of the Child, Children and Young Person's Act, Compulsory Education Act, and Youth at Risk Programmes. She said the Ministry for Social and Family Development empowers children and youth by providing them with conducive environment to grow and develop into good citizens and socially responsible adults. She maintained that under the Compulsory Education Act, parents who fail to send their children to school may be guilty of an offense with stipulated penalties ranging from fines and or imprisonment. Protection under the Children and Young Person's Act safeguards protection, care and rehabilitation of children and young persons who are below the age of 16 years

She also said in addition to the above, pastoral care is fully integrated throughout the teaching and learning in the structural organization of the school system, to

meet the personal and social wellbeing and academic needs of students and staff.

There followed open discussion.

**MASS:** The day ended with a concelebrated mass with the Papal Nuncio to Malaysia, Most Reverend Joseph Salvador Marino, as the chief celebrant. After the Mass, participants went for a cruise and dinner along the Sarawak River.

## **DAY2: THURSDAY 6 SEPTEMBER 2018.**

The theme for the day was ***Holistic Care.***

The day started with Morning Prayer led by Fr. Aloysius Fidelis, National Chaplain, Catholic Nurses Guild of Malaysia.

It was followed by the first plenary presentation titled ***The Catholic Tradition: Respecting the Spirit as we Heal the Body.*** The speaker was CICIAMS International Ecclesiastical Assistant, Reverend Father Thomas Nairn OFM. In his presentation, Fr. Nairn quoting from the New Charter for Health Care Workers (Vatican City, 2017) identified nursing as part of the pastoral and evangelising activities of the Church which according to CICIAMS Ethics Guidelines (2014), must be a way of life and as a relationship, and must be practiced using technological and ethical responsibilities. He said in nursing, the dignity of the sick person as well as his/her rights must be respected regardless of circumstances or social status. He said the whole person must be taken account of to include physical, spiritual, emotional and social, since respect and care go together.

He sees the nurse as being in the centre of care, conscience, and respect. He said life is a precious gift from God and must be respected and cared for until its natural completion. These according to the paper implies that the patient should be given spiritual support, must be told the truth and should be provided with whatever information is necessary to help him understand his or her condition.

The second plenary paper was presented by Dr Theresa Cheong, CICIAMS Asian Regional President. It was titled ***Promoting Holistic Health Globally.*** In her paper, Dr Cheong highlighted some of the efforts made by the United Nations to provide holistic health care globally e.g. the universal definition to health, the Alma Ata declaration of health for all by the year 2000, the involvement of national governments and other sectors as well as independent organizations and prioritizing health as a vital resource for social and economic development. She identified eight dimensions of wellness, namely: social, emotional, spiritual, intellectual, physical, financial,



environmental and occupational dimensions.

The third plenary paper was presented by Ms Matseliso (Tshidi) Morigihlane from South Africa. It was titled ***Achieving Sustainable Societal Mental Health***. She defined mental health as a state of wellbeing in which every individual realises his/her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make contributions to his/her community. She said causes of mental ill-health are classified into biological and environmental factors. She identified the biological factors as brain structure, genetic neurochemistry or neurochemical, while the environmental factors include chronic stressors like economic hardship, trauma, child abuse, and family or relationship problems. She also said low quality lifestyle due to poverty as well as substance abuse are also etiological factors. She said according to WHO reports, 25% of the total world population suffer from mental or neurological disorder at some point in their lives. She therefore suggested that to reach sustainable mental health there should be policy change in adaptability to community needs, and effective collaborations with all stakeholders. There should be a shift in cultural and societal norms. She also suggested strong leadership as early childhood interventions which focus on social and emotional learning and development.

#### **Afternoon Session - Round table 2 *Welfare Issues of the Elderly – Regional/National Perspectives***

The first speaker of this session was Mrs. Susan McGoldrick from Ireland. In her paper, titled ***Welfare Issues of the Elderly: Framework for Positive Ageing - an Irish Perspective***. She said welfare issues of the elderly are among the most important challenges for humankind. Quoting from Dr Gabar of Canada, she said to build a framework for positive ageing in our society, we must ensure positive environment for our children and youths. She also said to care for the elderly, we must be aware of the various physical, mental, spiritual and psychological factors which are so often the conditions in which the elderly find themselves. She said for both children and elderly where they live, learn, work and play have bigger impacts on their health. According to her, policies that are in place where people spend most of their time e.g. homes, offices, schools, communities make it easy or hard to live healthy lives. She identified most of the health issues affecting the elderly to include: malnutrition, cognitive challenges, physical injury, sexually transmitted diseases, sensory impairment, oral health problems, dementia, bladder and bowel challenges. She suggested ten tips for better ageing – exercise, healthy diet, no smoking, social engagement with others that have a positive attitude, regular medical check-ups, protect one's eyes, avoid exposure

to sun, get sufficient good quality sleep, get good financial advice.

The second speaker in this session was Dr Marian Nowak, CICIAMS Pan American Regional President. Her paper was titled ***Insuring the Welfare of Elderly in Pandemics, Disasters and Conflicts***. In her presentation, Dr Nowak classified public health emergencies in two – Natural and Man-made. She identified the natural ones as hurricanes, floods, fire, snowfalls, storms and so forth, and cited many countries which have been affected by one natural disaster or the other such as Japan, Philippines, USA. She also highlighted the man-made disasters to include terrorism, toxic spills, explosions. She went on to suggest strategies for care givers of the elderly in times of disasters namely hospital care and community care. She said in caring for the elderly the mind, body and spirit must be considered. She suggested a coalition of care with agencies or groups like Public Health Departments, Ageing Services Groups, Faith –based and community based organisations, volunteers, social services agencies, transport agencies, registries, and medical facilities.

Dr Gcinile Buthelezi from Swaziland (now Eswatini Kingdom) presented her paper on the ***Issues of the Elderly from the Swaziland perspective***. She described the elderly people who are over the ages of 60 years as senior citizens, saying that such people are usually highly respected. She said 5% of the total population of the Eswatini Kingdom, about 55,000, are senior citizens and are well taken care of by the government, by way of free medical services and government appointments. She saw old age as a blessing from God and said one should never be afraid of ageing, but rather should start preparation for old age in the teens.

Dr Buthelezi said the role of a nurse in caring for the senior citizens should emphasise social and personal care, the nurse has responsibility to show kindness and respect for the elderly and to see Christ especially in the elderly.

Professor Sidiah John Siop of Malaysia spoke on the topic ***Issues and Challenges of the Old People's Health***. In her presentation, she identified issues and challenges of older people to include chronic diseases, and co-morbidities, cognitive and memory impairment, functional disability, dependency on health care and ageism. She identified some of the chronic diseases of older people namely: hypertension, hypercholesterolemia, as well as diabetes mellitus. She said diseases like obesity, incontinence, dementia, depression, arthritis, cataract, kidney diseases and cardiovascular diseases are also common.





She however saw religiosity as a key element of strength, hope and disposition in the life of older people and therefore suggested that in caring for these people, spiritual dimension must be taken into consideration. She said a caregiver must listen, provide the needed comfort and must be present in times of pain and suffering to establish a coping strategy as the needs arises. In doing this, their heterogeneity of experiences must be considered regardless of their health status. The caregiver must address the inequalities that underlie their diversity and must avoid ageist stereotypes and preconceptions. She said older people should be empowered to adapt and shape their challenges and social change.

There followed discussion after which there was concelebrated Mass presided over by His Lordship Bishop Cornelius Sim, President, Commission Pastoral Healthcare of the Bishops Conference Malaysia, Singapore and Brunei.

#### **Hospitality Night:**

The hospitality night took place at the poolside of the Grand Magherita Hotel, Kuching. It featured songs, dances and display of the rich cultures of the participating countries, as well as dinner and was greatly enjoyed by all. It ended with night prayers.

#### **Day 3: Friday 7<sup>th</sup> September 2018**

The day started with morning prayers.

#### ***The Role of Health Care Professionals was the theme for the day.***

Dr Patricia Sayers, USA and CICIAMS Representative to the UN/DPI, was the speaker for the fourth plenary session. Her topic was *Nursing Role in Aging Populations, Fertility and Replacement Migration: A Global Update*. She defined fertility health as a state of complete physical, mental and social wellbeing and not merely the absence of reproductive disease or infirmity. It deals with the reproductive processes, functions and systems at all stages of life. She said family planning as an aspect of reproductive health is promoted as a key to achieving all the Sustainable Development Goals – economics prosperity, women empowerment, workforce participation, environmental protection, improved material and child health. She observed that reproductive health modalities being promoted in the society violate Catholic and other values, beliefs and teachings and advocated for a change and adoption of modalities in keeping with Catholic teachings such as Billings and Marquette. She specifically highlighted roles of Catholic nurses engaging in fertility health/awareness. She advocated for certification of nurses in evidence-based methods consistent with Catholic teachings, accessibility and affordability clinics and that services should be cultural sensitive.

For the ageing, she said geriatric nursing skills and services must be expanded. Nurses should promote

health and safety in the home environment/communities and suggested the assistance and contributions of the elder nurses in this direction.

She called for the involvement of nurses in planning healthcare systems for migrants and for provision of incentives for nurses who engage in migrant services. For urbanization, she said the presence of Nurses in urban areas should be fortified and that they should be involved in planning.

The third-round table discussion session was on the topic *Role of Nurses and Midwives in ensuring Sustainable Public Health Development in the Contemporary World: Regional/National Perspectives*.

In her presentation that addressed the *Global Perspective* of the topic, Mrs. Anne Kabimba, Kenya and CICIAMS Chairperson of the Midwives Committee, said the role of nurses and midwives in public health dates to historical, biblical and political contexts and that these roles start before a woman becomes pregnant and continues through life of the woman and extends to the family and the community, adding that this is a call and a unique type of service. She further said that the roles extend beyond the sick and includes advocacy, community organisation, health education, political, economic and social reforms and collaboration. She identified some public health development indicators namely; socially/mentally articulate health workforce, working health system, quality and equitable maternal health, advocacy, effective communication network, reduction in air pollution, reduction in noise, low infant mortality. She said today nurses and midwives provide care with public health population focus. They also identify health needs and problems and respond to them accordingly. They support populations of all ages with different needs and expectations. She also said the care activities of nurses and midwives in public healthcare include; disease and health protection, outreach/screening, assessment of health needs, referral/follow-up, building community capacity, case management and care planning, health promotion intersectional collaboration and partnership, social marketing and policy enforcement among others.

In doing this according to the paper, they must adapt and adopt the intervention strategies, use evidence-based nursing and midwifery practice and protect the integrity of public health research.

In her presentation titled *A Challenge for every Nursing Profession* Maria de Jesus Arzabata, from Mexico, said health is no longer a personal matter but a public concern because it is essential for the individual, as well as the society. She observed that the international community has in recent times noticed that 3,000 million people live with less than two dollars a day, thereby placing them in extreme poverty and at



risk of ill-health. Every year 3 million children under five years of age die because of inadequate health conditions, accidents and intoxications, despite advances made at various levels – national, regional and international. In the Latin America and the Caribbean regions for example, the main challenges as observed by Maria, are related to the high level of inequality, violence and insecurity, thereby making access to education and health services difficult. She said a healthy population is a national resource. Therefore, she believed if nurses at individual and collective levels value their work and focus all their strengths on specific aims of the Sustainable Development Goals. These goals could be achieved. She said to achieve this, nurses must concentrate their efforts on the priority areas with attention on the community.

From the **India Perspective**, Sr. Sarla Macwan, said that the challenges faced in terms of population health and wellbeing are huge and said for this reason every nurse and midwife is called to be an Angel of Mercy. She identified some of the public health challenges that include sexual abuse, natural disasters, violence, poverty and drug abuse. She also pin-pointed patriarchy with its attendant attributes as constituting a major public health challenge which makes the role of nurses and midwives quite demanding. She said nurses need to be adequately trained to be able to face these challenges. She said when the nurse has deepened the understanding of herself and others; she will be the change that she would like to see in others. She sees a nurse as a care provider, educator, advocate, manager, collaborator, leader and researcher. She said public health nurses are trained to carry out the following essential services: monitor the health status of the community to identify potential problems, diagnose and investigate health problems, inform, educate and empower people on health issues especially those at risk, mobilise community partnership, develop plans and policies that support individual and community health, enforce laws and regulations that protect health among others. She called on all Catholic nurses to reflect and think on how to make public health more sustainable.

This round-table session was followed by a **Peace Appeal** from Ms Ikuno Yamaguchi from Japan. It featured a presentation on atomic weapons. In the presentation, Ms Yamaguchi recalled the devastating effects of the atomic bomb in Hiroshima and called on world leaders and everybody to do everything possible to prevent a reoccurrence of such a disaster and to discourage the use of all forms of nuclear weapons.

Another interesting session towards the end of the congress as featured the recitation of poems by Ms Bridget Eu, Malaysia. The poem titled **An Art of Empathy in Nursing** was quite interesting and

educating. It called on nurses to always be empathetic with their patients.

In her **Review of the Congress**, Dr Khosi Mthethwa, Chairperson of CICIAMS Professional Committee, rounded it all up with a concise summary of the whole congress. The synopsis was a piece of intellectual work. She used the occasion to express appreciation to the members of the Catholic Nurses Guild of Malaysia and congratulated them for successfully hosting the congress.

**A vote of thanks** on behalf of the participants to the Catholic Nurses Guild of Malaysia was proposed by Mrs Lucy Wang'u Thang'a, President of CICIAMS English Speaking Africa Region. Mrs Wang's Thang'a paid tribute to the excellent organisation, welcome, hospitality of the hosts, the ideal venue and the accurate information about the choice of accommodation provided prior to the congress.

There followed the announcement of the **results of the elections** for membership of CICIAMS Executive Board by the International President Ms Geraldine McSweeney, who also chaired this closing session. She announced that in an election conducted during the General Council Meeting of CICIAMS on the 4<sup>th</sup> September 2018, Mr. Donatus M. Akpan from the Catholic Nurses Guild, Nigeria, was elected to the position of Secretary General and Ms Mary Dolan, from the Irish Catholic Nurses Guild, was elected as CICIAMS Representative to the WHO respectively, both for a second term of office. She also presented the Executive Board members present to the house and thanked them for their commitment to the work of CICIAMS.

The admission of the **National Association of Catholic Nurses – Canada** as a Member Association of CICIAMS at the General Council Meeting was announced and welcomed.

### CLOSING MASS

The closing mass took place at St. Joseph Cathedral, Kuching. His Grace Archbishop Simon Poh, the Archbishop of Kuching, was the chief celebrant. In his homily, he again thanked all participants for accepting to come to Malaysia. He appreciated the Malaysian Catholic Nurses, for their hard work and wished all participants God's travelling mercies as they returned to their various countries.

Generally speaking, and from comments by many participants, the congress was well organized and successful. The Malaysian Nurses were simply wonderful! To God be the Glory.

**Donatus M. Akpan**  
*Secretary General*



## **"MY PEOPLE PERISH FOR LACK OF KNOWLEDGE" (HOS. 4:6)**

***HOSEA 4:6 "MY PEOPLE PERISH FOR WANT OF KNOWLEDGE. SINCE YOU HAVE REJECTED KNOWLEDGE, I ALSO WILL REJECT YOU FROM MY PRIESTHOOD; SINCE YOU IGNORE THE LAW OF YOUR GOD, I, TOO, WILL IGNORE YOUR CHILDREN".***

**I**n our world today, one cannot but wonder and be amazed at how many good and well-mannered people fail to keep up the current events that have great potentials to adversely affect their lives and those of their families, the environment in which they live and yet fail to take action. I must say that this topic is one that many of us either as leaders of God's people or as parents are very familiar with and have quoted severally to drive home a particular point.

There are those who have made deviation in teaching part of their lives and as such they take undue advantage of the sheep that have been entrusted into their care. For us within the Church, we are called to listen actively to the 'Teaching Office – Magisterium', this is very important that we might be guided rightly. In every diocese we are and are functioning, we must listen to the authority of the local Church where we carry out our work of touching lives.

Hosea 4:6 "My people perish for want of knowledge." Here God is referring to what they should learn from the Sacred Scripture; from the priests and the prophets. They will be destroyed spiritually first. The lessons the people of Israel failed to learn, we are to learn and their mistakes, we are called to correct only on the condition that we shall listen (One of the greatest problems of our time – listening).

It becomes very important therefore to ask the question: What is the "knowledge" that Israel lacked that led to their destruction? The answer to this question has been provided by the prophet Hosea in chapter 4: 1-2 ....

**"Hear the word of the Lord O Israelites; for the Lord has accusation to bring against the inhabitants of this land. There is neither**

**faithfulness nor mercy, nor knowledge of God in the land; only perjury, lies, murder, theft, adultery, and violence, with continual bloodshed".**

The knowledge that was lacking then and still lacking in our world today is the "Knowledge of God". The Catechism of the Catholic Church no 1.1 on the "The life of Man" tells us that "God calls man to seek him, to know him, to love him with all his strength". The life of man therefore begins with God who journeys with us in this world that we might return to Him if only we cooperate with His grace. If we are lacking in this knowledge then we are headed for destruction.

Today, we might ask ourselves if this knowledge is still very much available to us. The answer is in the affirmative. It is still very much available but it is contained in a book. Opening the book is the choice that we must all make so as to benefit from the innumerable blessings therein. We must be courageous to do this!

**Bishop Peter Olukayode Odetoyinbo in his 2018 Pastoral Letter to the priests, religious and laity of Abeokuta diocese titled "Go Into The World And Preach The Good News" (Mk 16:15)** says that the content of the knowledge that prevents people from perishing definitely is the knowledge of God, His plan for our salvation is through the Mission and teachings of the Church. Bishop Odetoyinbo maintains that if knowledge is to be understood in its deepest context, it evokes the concept of intimacy. To know will mean to be intimate with God and the Church (p.15). The knowledge that we receive from the Church equips us to profess faithfully our Christian faith always bearing in mind our identity in Christ while working for our salvation.





St. Paul did say “Knowledge puffs up, but love edifies.” This however should not be used for someone to have no knowledge and to keep themselves ignorant. (In this incident he is speaking of dealing with unbelievers i.e. both idols and food.)

Yes, knowledge can puff up if it is not accompanied with grace. Pride can set in and make someone think they are so important that they are indispensable. Paul who had a deeper knowledge of the gospel (by his own experience) was assured to be kept humble. He was prevented by the Lord from being puffed up

In 2 Cor 12:7 “Lest I become proud after so many extraordinary revelations, I was given a thorn in my flesh, a true messenger of Satan; to torment me lest I become proud.”

In our world and time today, many in Christian churches teach what appeals to them and such teachings help to destroy the people and removing from them anything that will make them use their reasoning faculty in any way that will benefit them. Our ancestors the Israelites of old were destroyed for lack of knowledge. They often blindly followed their wayward teachers and prophets, who led them astray into the worship of false gods against the commandments of the Lord. These supposed leaders led the people into murder, stealing, adultery, fornication, and other heinous sins. Judah was finally destroyed in 70 AD and God established His Church through the Supreme Sacrifice of His son, Jesus. God still destroys those who refuse to listen to Him and learn of, and practice, His ways. We must all be on the watch out and St. John says in his epistle test even what we hear from the pulpit.

If we feed our communities and Christian assemblies with the 'truth'; truth will be spoken everywhere. Another similar position that has been popularized is that Christ put an end to sin for those of us who now believe in His name, and so there is no more sin; meaning we do not sin any more. This 'assumption of many overseers and pastors' are based on the wrong interpretation given to 1 John 3: 9, That we are no longer sinners because God calls us saints. The Evangelist wrote prior to this statement that if you say you have no sin

you call God a liar. That's serious I think!

There are too slogans invoked today that are not doctrinal at all: “by his stripes I am healed,” they decree what you speak is what you will have Based on Jesus stating if you say to this mountain, 'Be removed and be cast into the sea,' it will be done. "And whatever things you ask in prayer, believing, you will receive." (Matt 21:21-22)

This is not instructing you to just have some faith speeches. Please which was the last mountain you saw thrown into the sea? For the removal of obstacles, the Lord Jesus instructed us to pray. Which means we are trusting God for both the result and the timing. Without the larger picture of the context one cannot get the details right.

For us today, we call it faith when it is not faith but positive thinking. Christian leaders today have succeeded in turning faith into a power that is wielded by human desires, living us with sorcery and not Christianity.

Another trend is that we can do greater miracles than Jesus because it says greater works than these you will do. Even if one ignores the apostles as his audience (which proved they did the miracles recorded by scripture.) This must be understood with other statements.

In Luke 7:28 we have it thus "But, I tell you, although no one born of woman is greater than John, the least in the kingdom of God is greater than he."

The question to be answered is how we are greater; John is the greater prophet because he introduced the messiah to Israel while the other prophets spoke of him. So how are we greater than John? Jesus qualified this by saying, "Truly, I say to you, the servant is not greater than his master, nor is the messenger greater than he who sent him" (John 13:16).

In John 14:12-14 we have another faith – speech saying "Truly, I say to you, he who believes in me will do the same works that I do; he will do even greater works than these, for I am going to the Father. And everything you ask in my name, I will do, so that the Father may be glorified in the Son. If you ask me for anything in my name, I will do it".

The question before us today is “Have



we seen anyone who has performed better and greater miracle than the Lord Jesus?” We all must be careful how we run after miracle centres (The more you see, the less you understand....For miracles; many have sold their souls to the evil one).

We all need to invest our time in studying the Word of God for ignorance of His Word is ignorance of God Himself (St. Jerome). The second epistle of St. Peter chapter 2 must be studied thoroughly today by our Catholic faithful so that we can all guide against these false teachers that are everywhere around us. They twist the Scripture to boost their ministries effectiveness.

Here are some their gifts to our Christians today; majorly they have changed our language

- “I am strong when they mean to say I am ill or sick”. None of the sick who came to Jesus in the Scriptures proclaimed what was not. In John 5:1-9, Jesus healed the man who had been sick for 38 years (meant to jump into the pool). The man did not proclaim himself strong. So also the leper in Lk 5:12 “Lord, if only you want to, you can make me clean” (He never proclaimed himself cleansed).
- “Not my portion”. Whose portion then? God has been turned into a magician of a sort.
- “Receive your car keys and millions in your bank accounts before dawn” (Stupidity of the highest order where an intelligent person becomes a fool under the guise of religion). Laziness has become the perfume of many Christians who are seated comfortably waiting for the fulfilment of their prophecies.

As Catholic Nurses, let us all collaborate with our various parish communities to organise health seminars, periodic blood pressure/blood sugar and those you may consider prevalent in your domain. These could be organised twice a year in the parishes as services coming from the Nurses' Guild.

In conclusion, we dwell on the book of Sirach 38:1-15 **“Give due honour to the physician, for you need him, and it was God himself who established him. Healing, in fact, comes from the Most High; the gift of healing comes from the Sovereign. The Physician's expertise gives him prestige, and wins for him the admiration of the powerful. The Lord created the medicinal herbs which grow on the earth, and these a sensible person will not despise. Remember that he used a simple wooden rod to purify water, so that his power might be known to everyone. It is he who gives knowledge to men, so that he might be glorified in his mighty works; the physician uses it to heal and comfort, the pharmacist to make his mixtures. In that way the Lord's work never ceases and well-being prevails on the earth.** My son, when you are sick do not be anxious; pray to the Lord to heal you. Give up bad habits, keep your hands unsoiled, and purify your heart from all sin. Offer incense and a memorial gift of fine flour, and rich offerings according to your means. **Then consult the physician; remember that he was established by the Lord, so do not disregard him, for you need him. There are cases when good health depends on physicians, for they, too, will pray to the Most High to grant them the grace to relieve and to heal, in order to save life.**

We Nurse! Unto Christ!

AUGUSTINE MEDAIYEDU-AMBROSE, CMF  
ABEOKUTADIOCESE

#### BOOKS CONSULTED

1. Catechism of the Catholic Church
2. 2018 Pastoral Letter of Bishop Peter Olukayode Odetoynbo
3. The New community Bible (Catholic Edition).





# EDUCATION FOR HEALTH:

## WHO'S RESPONSIBILITY? A PARENT'S PERSPECTIVE

### INTRODUCTION

Education is described by the Oxford Advanced Learners Dictionary, 6<sup>th</sup> Edition as “*A process of teaching, training and learning to improve knowledge and develop skills*”. It is clear from the foregoing that education has as its primary purpose the imparting of knowledge or the acquisition of skills which ultimately will engender growth, development and or improvement in either a person, a home, an organization, institution or state.

Health is defined in the same Dictionary aforementioned as “*condition of a person's body or mind*”.

Relating education to health, therefore, one may define the concept of Education for health as the process of teaching, training and learning which ultimately should lead to improvement in the condition of a person's body and mind.

As human persons, we operate largely within the home and work environment but for purposes of this discourse, we shall restrict ourselves largely to the home environment.

The home is usually the place where we live and its appurtenances. This includes the immediate environment of the place where we live.

The home is the fulcrum of most of our activities. This is because it is from the home that we set out for school, work, journeys and other activities external to the home.

That is probably the reason why in spiritual terms the home is regarded as the domestic church where basic norms and or teachings are imparted. It is at the home front that positive or negative values can be inculcated into individuals.

When these values are imparted, the result of the knowledge acquired will then manifest when one encounters the outside world.

As a domestic church, the home is expected to be the primary constituency for education on positive values. These positive values could come in different forms, shapes and manners which could be summarized as value systems and education for health is a major component of a properly structured home front.

Health Education or education for health therefore is the process of educating people particularly in the homes and within families about the many advantages inherent in being knowledgeable about keeping to positive health habits and practices.

The world health organization defined health education as “*comprising of consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual and community health*”.

We therefore can safely posit that the promotion, maintenance and

restoration of good health is the primary purpose of education for health.

### PURPOSES OF EDUCATION FOR HEALTH

From the foregoing, it is incontrovertible that Education for health is very important for many reasons, some are highlighted below:-

- a. It motivates people in the home to take interest in living a healthy life.
- b. It ensures an environment that is free of health risks.
- c. It increases knowledge of members of the household on health issues and the need to work for a healthy home.
- d. It helps to keep members of the household free of health challenges.

### A. MOTIVATION

The home is made up largely of individuals and other living and non living things. The admixture of different types of individuals and possibly domestic animals challenges the health of the environment and a strict adherence to education aimed at ensuring a healthy environment serves as motivation for everyone in the home to consciously and deliberately work for a home and individuals that are health conscious and this ultimately results in a healthy family.

Proper and adequate education on the need to have a healthy environment has the potential to motivate people in the home front to engage in further research into ways and means of creating a



much better living environment for members of the household or community.

The exposure to information technology has helped over the years to motivate families to acquire knowledge by providing for them more than adequate information which will equip them with all they require to drive whatever interest they may have in improving their living conditions and creating in them a sense of responsibility for positive health conditions for themselves as individuals, as members of families and also as communities.

In communicable disease control, health education commonly includes an appraisal of what is known by a specific population about diseases, an assessment of habits and attitudes of the members of the home or larger community as they relate to spread and frequency of diseases and the presentation of specific means to control and prevent noticeable health challenges.

As parents, we have been placed in a very unique position in our respective homes to serve as the motivators in chief for education for health. In this position, we have the unique opportunity to influence the health habits of members our respective households by setting the stage for the development and sustenance of positive and enduring behavioural patterns. A writer once said that *"in this intervention, parents serve three roles; providing support, serving as role models and setting limits"*

## **2. ENSURING AND ENVIRONMENT FREE OF HEALTH RISKS**

As parents, we have been placed in the unique position of ensuring that we properly educate members

of our respective households on the need to create, nurture and sustain a clean and hazard free health environment. The importance of this role is further highlighted in the realization of the fact that homes are populated largely by humans, some of who are children who by their nature are very active and who engage in a lot of physical and potentially health challenging activities like running, jumping, riding bikes and engaging in other physical activities.

It is, therefore, in realization of the foregoing that, as parents, we are to ensure that our living environments are conducive to the proper growth and development of our children and other members of the household. We are to ensure that our environments are regularly kept very clean and safe. This could be done by several means which include sweeping, washing, fumigation, grass cutting, dusting etc.

We must realize that ensuring a healthy environment is a never ending assignment for parents and other members of every home. The importance of creating and sustaining a clean, conducive and danger free environment cannot be over emphasized. As parents, we must continue to reinvent the wheel by constantly updating our knowledge of ways and means of keeping our homes and environment clean and we must also constantly pass the knowledge acquired to members of our households.

## **3. INCREASE IN KNOWLEDGE OF MEMBERS OF THE HOUSEHOLD ON HEALTH ISSUES**

In most home particularly homes that are populated by children; there is the tendency to be hyperactive. It therefore becomes

the duty of the parents to moderate the hyperactivity in the children by providing necessary guidance and adequate tools and necessary information to guide the children on health related matters.

Umberto Eco, Italian novelist and semiotician once positioned that *"learning does not consist only of knowing what we must or can do, but also of knowing what we could do and perhaps should not do"*. Applying the above to our roles as parents we must remember also the evergreen words of Thomas Carlyle, Scottish historian and writer who stated as follows *"Do the duty that lies nearest thee, which thou knowest to be a duty. The second duty will already become clearer"*.

The above wise words call us as parents to wake up to our responsibilities of providing adequate knowledge to members of our households and communities about the continuous need for all in our homes to be knowledgeable about the need to take care of our health and to create and nurture healthy living habits. We must ensure that all within our home environment are properly equipped with the necessary knowledge on how to keep our homes clean, to keep our health in top shape and to lead hazard free lives. The list of the knowledge to be passed to members of our household on health education is clearly inexhaustible but we can highlight just a few.

- 1) Brushing of our teeth properly in the morning and at night and after meals
- 2) Taking our baths regularly particularly in the morning and before bedtime
- 3) Washing our clothes and under wears regularly and drying them appropriately.
- 4) Cooking our food properly





and in very hygienic environment

5) Washing our utensils before and after use

6) Sweeping and dusting our homes regularly and fumigating our environment as regularly as possible.

The list is endless and as parents we must not be deterred. For it is in keeping to all the above that we would be able to create and sustain a healthy and happy family.

#### 4. HELPING TO KEEP MEMBERS OF THE HOUSEHOLD FREE OF HEALTH CHALLENGES

Proverbs 22:6 calls our attention very succinctly to our responsibilities as parents. The biblical passage read *“Train up a child in the way he should go; even when he is old he will not depart from it”*

The aforementioned passage can be related to the topic under focus. In all of our daily activities particularly as relate to our health, it is very important that parents take considerable time and commit

considerable efforts into the training of their children and other members of their respective households on the need to be conscious of the fact that health issues should be taken very seriously and no effort must be spared in ensuring that every member of the family takes adequate steps to stay healthy.

Timothy 4:10-11 admonished us that *“This is why we work hard and continue to struggle, for our hope is in the living God, who is the savior of all people and particularly of all believers. Teach these things and insist that everyone learns them”*

I am sure we are all very familiar with the popular sayings that “health is wealth” and cleanliness is next to godliness”. These wise sayings if put in proper context will continuously challenge each and every one of us to our unique position of being able to influence the health of our children and family members by the choices we make, the examples we set and the rules we lay down.

We must therefore at all times realize that within the home environment, we as parents owe both a legal and spiritual duty to teach our children and family members the virtues of staying healthy and the best way to do this is to lay constant emphasis on education for health.

#### CONCLUSION:

We have highlighted in the foregoing passages different vistas of education for health, with emphasis on the role of the parents.

It is the argument of this writer that no home will be able to achieve good and sustainable health if the parents in the home do not wake up to their responsibilities.

We therefore call on all parents to take issues of education for health very seriously in order to ensure, overall good health and well being of every member of the family.

**Emmanuel Iloba Ksm**

## CRESCENDO

Following the resignation of Mrs. Annemarie Vlaegnyck, as CICIAMS representative on the board of crescendo and while the international president wrote to Crescendo to inquire if the new representative must be French speaking, an individual member of CICIAMS, Beatrice Van Dorsser, from the Netherlands, applied to represent CICIAMS on the board of Crescendo. Having had the approval of the Executive Board, Beatrice Van Dorsser, is now the new CICIAMS representative to the Board of CRESCENDO. Incidentally, Beatrice's appointment coincided with the Board meeting of Crescendo which she graciously attended.

Beatrice speaks and understands French and has also been a committed member of CICIAMS for many years. She has also been very active in the field of care for the elderly since 1990. CICIAMS congratulates her on this new assignment and wishes her well.

# BEATIFICATION OF THE FIRST LAY NURSE

On 28 April 2018 CICIAMS International president, Geraldine Mcsweeney, was honoured to accept the invitation of the Catholic Nurses and Midwives Association in Krakow to the Beatification of the first ever lay nurse, Hanna Chrzanowska, at the Basilica of the Divine Mercy, Krakow, Poland, and to be an active participant at the ceremony. It was a wonderful privilege for CICIAMS. Blessed Hanna was an exemplary person – a nurse, teacher, social activist, and author with a deep spirituality and an awesome wit. On 29 April, the 45<sup>th</sup> anniversary of her death, there was a Thanksgiving Mass in St Nicholas Church where Blessed Hanna's remains lie. Great credit is due to the Association in Krakow for collecting all the evidence necessary that permitted the cause for Blessed Hanna's canonisation to be opened and for their tireless work undertaken to bring her to the stage of Blessed. Please God, she will be canonised someday soon.

## History

- 1902: 7 October, birth, in Warsaw, Poland to a Catholic father & Lutheran mother
- 1912: Moved to Krakow and attended the High School run by Ursuline Sisters
- 1919: Red Cross course to help victims of the Polish Bolshevik War
- 1920: Studied Polish language & literature at Jagiellonian University
- 1922-1924: Warsaw School of Nursing
- 1924: Studied Community Nursing in France & Belgium
- 1925: School of Nursing established in Krakow
- 1929-1939: Edited *Polish Nurse* 1<sup>st</sup> professional nursing journal
- 1935: Actively participated in preparing 1<sup>st</sup> Nursing Act
- 1935: Vice chair Polish Association of Professional Nurses
- 1937: Formation of the Catholic Union of Polish Nurses
- 1940: Father died in Sachsenhausen concentration camp
- 1940: Brother, Soviet POW, killed in Katyn Woods by Soviet troops

## During WWII

- Care of refugees, prisoners and displaced persons



**Blessed Hanna Chrzanowska**  
1902 – 1973

- Liaison officer between the Benevolent Committee in Krakow and the Germans
- Involved in various secret and illegal activities e.g. rescuing and sheltering Jews, Soldiers and Polish Resistance fighters
- Care of orphans, including Jewish children, finding foster families
- Organised summer-camps outside Krakow for youngsters
- Established food and milk banks for starving children
- Worked tirelessly, frequently risking her health and life

## After WWII

- Vice-Principal of the reopened School of Nursing
- Head Department of Community Nursing, Krakow School of Nursing
- 1946: UNRRA Scholarship to USA – community & home nursing
- Taught nursing teachers on community health,





- Warsaw
- Emphasised educating young nurses in a spirit of authentic service to the sick, treating patients with dignity and paying attention to physical and spiritual needs
- 1956: Became a Benedictine Oblate of Tyniec Abbey
- 1957: Her practice of Catholicism and her influence on young nurses was not approved and she was moved as Director, to Psychiatric School of Nursing in Kobierzyn, outside Krakow
- 1958: Fired from that position after a year and entered retirement.

#### After retirement

- 1960: Her best-selling book on community nursing was published
- Organised professional nursing care and social services for lonely, abandoned, elderly or

- Organised education classes retreats and pilgrimages for health care workers and their assistants
- Worked closely with Karol Wojtyla, 1957-1973! **Cause&for&Canonisation&** 1998: Catholic Association Nurses and Midwives in Krakow submitted petition to Cardinal Franciszek Marchalski, Archbishop Krakow to open the cause for her canonisation! 2015: Pope Francis declares Hanna Venerable! 2017: 7! July, Pope Francis approved a miracle attributed to her paving way for beatification! 2018: 28! April! Beatification, Basilica of the Divine Mercy, Krakow, Poland!

#### Miracle

- Zofia Szledak-Cholewinska, friend and nurse
- Ruptured non-medically and non-surgically treatable aneurysm of the brain – 2001
- Coma x 6 weeks then no evidence of cerebral trauma. Full use of her limbs and speech
- Doctors had no explanation for her cure
- The rest of the story – Both physical life saved and her soul

#### St Nicholas Church (the Nurses Church)

- Blessed Hanna's remains
- Thanksgiving Mass on 29 April 2018, 45<sup>th</sup> Anniversary of her death

**Feast Day:** 28 April 2018

#### Blessed Hanna was:

- A lay person, a high-class professional, who drew from the depths of Christian spirituality, living in close relationship with Christ.
- Realised this relationship with Christ through service to the sick
- Gradually came to realise that in caring for the sick and those who suffered, she was serving Jesus Christ Himself.



Left to right: Gosia Brykczynska, nurse and author; Geraldine McSweeney, CICIAMS; & Marie Romagnano, Nurses for the Divine Mercy.

disabled and chronically sick independent of the inefficient socialist health care system (Parish Nursing)

- Supported by the Church, nuns, students, family and neighbors.
- Pioneer of Hospice in Poland
- Organised holidays and retreats for housebound patients – helped them rediscover joys of life and gave them strength to bear their daily cross.
- Custom of celebrating the Holy Mass in the homes of the sick
- Pastoral visits to the homes of the sick and housebound - worked closely with Priests.

#### St Pope John Paul II:

- She was the incarnation of Christ's blessings, "especially the one which says Blessed are the merciful." (at her funeral)
- "This is a very important matter. Watch it." (to the postulator)
- "She was always very close to my heart," (during a meeting with the Szlenkier family, relatives of Hanna Chrzanowska)

#### Sources:

<https://hannachrzanowska.pl/> accessed & adapted 9 May 2018  
Brykczynska, Gosia, author of books on Blessed Hanna Chrzanowska



## Anti Nuclear/Atomic Weapons – by Ikuno Yamaguchi ( JCNA President) with assistance by Fr. Ken Sleyman (JCNA Chaplain) and Theresa Maria TojiPio (JCNA nurse member, Nakajima Tsuchia Clinic Hiroshima)

Greetings to all my fellow CICIAMS members, I came here today as a nurse and as a mother to voice out my appeal for disarmament of nuclear and atomic weapons, to bring peace to the world. Nuclear and atomic weapon filled with dangerous radioactivity, 73 years ago in Japan, ruined our cities and destroyed many lives. I am grateful for this opportunity granted by CICIAMS 20<sup>th</sup> World Congress in Malaysia to speak to all of you about this important topic. I hope with the reading of my message, which is enhanced by a moving DVD from the Hiroshima Peace Park Museum, entitled “*A Mother's Prayer*” you will share my passionate appeal for peace by the disarmament of nuclear and atomic weapons.

My zeal for the disarmament of nuclear and atomic weapons ignited 3 years ago when I was placed in charge of the National JCNA National Conference held in Hiroshima City. I was a branch Leader of JCNA members nearby. At that time, we chose as the title for our conference: “*Longing for peace: choosing to live now.*” This title captured our resolve for peace in reflecting back upon the terrible ill-effects of radiation on the citizens of Hiroshima, 73 years ago. I invited priests, doctors and survivors of the atomic bomb to the conference to help educate us JCNA nurses about the topic. After hearing the presenters, we all pledged to an anti-nuclear and atomic weapons declaration: “Nuclear and humans cannot exist safely together. Therefore, we members of JCNA have decided to stand against nuclear weapons, nuclear power, and all aggressive acts utilizing nuclear energy.”

I come from Hiroshima, the first atomic-bombed city in the history of mankind. During World War II, Hiroshima was the main military base in Japan for strategizing the take-over of Asia.

Japanese soldiers left from Hiroshima to fight in different countries around Asia. Because of that difficult history, it is possible to imagine why some people outside of Japan were not so negatively affected by the news of the bombing of Hiroshima. However, it is argued by many, that Japan at that time, was on the brink of losing the war, and perhaps surrendering, yet the western allies persisted in attacking Japan on the morning of August 6, 1945 at 8:15 in the morning, with the atomic bomb nicknamed “*Little Boy*.” For us Japanese, knowing the background, the bombing screams of cruelty against humanity; the height of sadness.

The pain and sufferings caused by the dropping of the atomic bomb on Hiroshima can be sensed and visualized to some degree by the DVD images. So please pay attention to the DVD playing alongside Mrs. Yamaguchi's impassioned speech. The “*Little Boy*” uranium bomb immediately killed 140,000 people and an additional 100,000 people were killed by the after effects of the radiation sickness. And, the day after the bombing, black rain fell in the suburb which was contaminated with radioactivity, and subsequently caused more suffering on the citizens of Hiroshima and killed even more people. Some of the victims were terribly disfigured by burning effects of the explosion, and their ugliness evoked disgust and repulsion by healthy persons. Many

of the survivors developed a type of Leukemia needing hospitalization and unfortunately some people did not have compassion upon them and thought them lazy because of their inability to assist with the recovery after the war ended. All victims of the bomb were supposed to receive free medical service support from the government, but it seems the distribution was not well organized and some victims reported not having received such assistance. There was so much fear of the radiation in the aftermath of the explosion that people would lie about their origins to Hiroshima out of fear that prejudice might result in their not being able to get married, enter certain schools, obtain good jobs, etc. From my research, I became aware that these same effects were suffered by the victims of the plutonium bomb, nicknamed “*Fat Man*” dropped on Nagasaki on August 9, 1945. We just cannot imagine clearly the extent of the pain and suffering experienced by the survivors and victims and families of these two atomic bombs. It was indeed horrific and changed their lives forever. The radioactivity emitted by the atomic bomb blast is an invisible killer of life that inhabits its victims until the half-life of the radioactive material is finished, though few survived to that point in the course of the disease from radiation contamination.

73 years later, victims of the atomic bombs continue to live in emotional and physical pain. Their heroic stories should make us aware that even nuclear power is a danger to life on the planet. The great Eastern earthquake on March 11, 2011 damaged the Fukushima nuclear power plant in that area



releasing radioactivity into the environment contaminating fish, fruits, rice and vegetable products in that area. For years these products were unable to be ingested causing physical, emotional, psychological and economic problems to the citizens in the affected areas. Food products coming from that area are strictly monitored for radiation levels dangerous to human health. The reports from that area about radiation are not announced officially by the government which is also a problem. Even though, in Japan nuclear power remains the greatest source of power for daily life in the country. Plutonium is the active radioactive material in these nuclear power reactors and it is dangerous. It seems we are using a type of power that we cannot fully control, and passing it on to the next generation for their life energy source, albeit dangerously. Sadly, I must report that in spite of Japan's treacherous history with atomic bombs and nuclear power disaster that our country has refused to sign the International Anti-Nuclear Weapon Treaty in 2017 which was spearheaded by ICAN (International Campaign to Abolish Nuclear Weapons), an NGO working to stop the proliferation of nuclear weapons on the planet earth.

The problem is that nuclear weapons are powerful, both as an actual weapon of mass destruction but also a useful powerful tool in the political and diplomatic realm for security purposes. A good example of this nuclear-power-politics is the recent news about president Trump in the USA and the leaders in North Korea and in Iran. Even though these countries are relatively tiny, because of the presence of nuclear weapons **their** country's image of power increases significantly. For us in Japan who have experience the devastating explosion of "**Little Boy**" in Hiroshima, and "**Fat Man**" in Nagasaki and the destruction of our cities, it is frightening to imagine that there are now 14,900 nuclear

weapons in arsenals around the world waiting to be used. St. John-Paul II reflecting upon the problem of nuclear weapons said that "creating and storing nuclear weapons is tantamount to preparing for war and should someone push the button, all humanity will be destroyed." As St. John-Paul II prophesized 30 years ago, now in 2018 all humanity is facing this dangerous point in our human history.

Personally, for me living close to the aftermath of the first atomic bombing site in Hiroshima, Japan, I could never use or encourage others to use a similar nuclear weapon to solve our interpersonal or international conflicts. The bombing of Hiroshima really did not solve problems, it created new ones and people are still suffering from them. In order to create a peaceful world, we must say "no" to both nuclear weapons and nuclear power. When Hiroshima was recovering after the bombing of the city to remember the loss of life of its citizens, a peace

Memorial Park was built right in the area of the great destruction to remember all the people that used to live there. The park gives respect to those who lost their lives and inspires visitors to live in peace and try to stop war by encouraging a ban to nuclear and atomic weapons. I encourage you all to make a pilgrimage to my city of Hiroshima not as a tourist but as an anti-war, pro peace activist to educate yourselves about our experience with pain and suffering from the effect of the atomic warfare to save life and prevent unnecessary suffering on our planet for future generations. We Catholic Nurses must make efforts to bring the healing love of Jesus and Mary to those afflicted by hate and violence and do what we can to create a healthy human environment without dangerous nuclear weapons and power; our power must be the power of love. As a mother and as a nurse I hope that the next generation will have to be imperiled by nuclear weapons or nuclear power. Thank you.

## CICIAMS ADMITS NEW MEMBER ASSOCIATION

CICIAMS welcomes the National Association of Catholic Nurses NACN – Canada as a member of CICIAMS. Their application for membership was submitted in July 2018, with all relevant credentials and was approved and recommended to the General Council by the Executive Board at its meeting held on the 3<sup>rd</sup> of September 2018, in Kuching, Malaysia based on the recommendation of the Executive Board, the General Council at its meeting on the 4<sup>th</sup> of September in Malaysia approved the admission of the National Association of Catholic Nurses Canada as a member of CICIAMS. The Association has Dr. Frieda Chavez as President and Yvonne Parent, as Secretary. CICIAMS wishes them well.