Showing care for everyone in need

CHARITY BEGINS AT HOME

ATHOLIC charity the St Vincent de Paul Society (SVP) asks the powerful question 'Who Cares?' during this vear's awareness month campaign throughout September.

Focusing on loneliness, hunger, material poverty and sickness, the campaign is showing how the SVP's 8000 volunteer members care about people suffering these areas of need.

Communications manager Bryan Allen says: "Who Cares? is the response sometimes elicited by reading about the huge numbers of lonely people in Britain today. This can either arise from despairing cynicism, or genuine bewilderment. We want to show that the SVP cares. Our members make a total of 1200 visits each and every day to people in need. We provide friendship, practical assistance and spiritual care for people in all sorts of suffering."

Often friendship and practical needs come together, in which case the SVP is able to offer different aspects of assistance - both emotional and tangible.

One example of this is Tom. When Tom's wife died after 22 years of marriage he muddled along, unable to express the deep grief he felt. When his cooker also broke down, he felt as if things were conspiring against him. He contacted the SVP, grumbling that his 'dismal pension' wasn't enough to cover the cost of replacing it. SVP members visited to find out exactly what he needed and discovered that the kitchen appliance had very little to do with it.

SVP member Claire says: "The first time we met Tom he was grumpy and embarrassed to be asking for help. We listened to his needs over a cup of tea. We were able to find him a cooker fairly quickly, but far more importantly, Tom has become a very dear friend, with whom we have shared many, many cups of tea. As is so often the case, the cooker was the cover for a much deeper need."

Tom is just one example of how the SVP helps people suffering loneliness and isolation, providing both emotional and practical support to a vulnerable older person on their own.

Hunger is another area of poverty which SVP members work to alleviate. SVP members help combat food poverty through a variety of ways. SVP groups att-ached to churches appeal for food donations from parishioners and make up emergency food parcels for families in need in their communities. Last year SVP member gave out food parcels on over 25,000 occasions.

SVP members often complement the work of the State, providing time and kindness where



government agencies are limited by the pressure of strict targets and funding cuts. Combating food poverty is one of those areas.

One social worker, Barbara, wrote to the SVP expressing her gratitude to members for stepping in to help: "Dear SVP, Just a note to say thank you for responding to my request for a food parcel so quickly. When I arrived at Simon's house and realised he hadn't eaten for three days, I panicked. No other agency I phoned could help until I rang you. The food parcel

will help Simon until we manage to get his benefits sorted. Thank you for offering to help with his debts; I will be back in touch when this initial crisis is sorted.

s social workers we often have to deal with ⊾society's most desperate cases; it's good to know organisations like the SVP exist."

Helping care for people who are hungry, SVP members understand the challenges faced by families and individuals having

older person on to make difficult choices between eating, or heating their homes -

Who Cares? -

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a warm house for them to live in. Fuel poverty – not being able to pay for heating bills - as well as lack of clothing, furniture to make a home comfortable, and lack of transport are all forms of material poverty which SVP members work to prevent.

feeding their children or providing

Last year the SVP members provided material assistance on more than 104,000 occasions. This included furniture, appliances, money, transport, food, clothing, and fuel bill assistance as well as friendship and advice to people on the margins of society. One person the SVP helped was Kirsty.

Kirsty is a young woman who was in dreadful need of help after sleeping rough for several years. When homeless people like Kirsty eventually find accommodation, it is usually unfurnished and often lacks a fridge or a cooker. The grants that used to assist people in making a new flat operational are no longer available in the vast majority of cases. Many people find that they simply do not have the means or support to make independent living viable, and as a result sometimes end up back on the street. When Kirsty was finally given her own small flat after months spent in a hostel or sleeping rough, the only thing in it was a new gas cooker that was not connected to the gas supply. After a lifetime in care, she desperately needed help.

Kirsty's social worker wrote to the SVP, and members quickly found someone to fit the cooker and also provided her with a fridge as well as a bed and bedding. Kirsty has now managed to go back to college and to get a parttime job. She has also become a dab hand with a paintbrush, and her flat, which she has decorated herself, is immaculate.

Another area of poverty which the SVP wishes to raise awareness of, and an area in which SVP members are very active, is sickness. SVP national president Adrian Abel says: "People fall sick for all kinds of reasons and end up in hospital or at home, often on their own and with no visitors. The SVP cares about these people and last year we visited over 14,000 people in hospital as well as countless other unwell people in their own homes. SVP members might drive a sick person to a doctor's appointment, or may visit to pass the time in pleasant conversation, bringing cheer and encouragement."

Anita Boniface

 ↑ he Christ-centred and Vincentian values of the SVP's members mean that they are compassionate, caring and generous which ensures that they provide a merciful and compassionate response the people suffering illness so often need.

■ The SVP's campaign Who Cares? runs throughout September. If you care about poverty, loneliness, hunger and sickness, think about joining or supporting the SVP. To find out more visit: www.svp.org.uk, telephone: 020 7703 3030 or e-mail: info@svp.org.uk



pre-natal screening technique which is expected to lead to a reduction in the number of children born with the syndrome

New test for Down's may lead to abortion increase

AST August it was announced that a new, more accurate, test to detect Down's Syndrome and other chromosomal conditions might soon be introduced in the UK and made available on the NHS.

Unlike the amniocentesis, this new test is a so-called non-invasive test. In other words, it is a simple maternal blood test. So, unlike the traditional amniocentesis, it involves no risk of harming the unborn child or of aborting

it as a consequence of the test. The drawback is that the new test might result in more abortions on

grounds of foetal abnormality. Of course, this is not a drawback for the many women who do not want to carry to term and give birth to a child who might suffer from various debilitating conditions, including a lower than average IQ. Nor presumably, would the health authorities see an increase in abortion on grounds of foetal ab-

normality as social disadvantage. For it might be argued that not only would more abortions on grounds of foetal abnormality spare many families the burden of care for disabled children, but fewer births of disabled children it would also mean savings for the health services.

Additionally, the new test is much cheaper than the traditional amniocentesis. It would cost some £280 per woman tested, compared with £650 for an amniocentesis, according to Mail



Online of 11th August.

Of course, the Catholic Church takes a different view. Donum Vitae, published by the Congregation for the Doctrine of the Faith (CDF) in 1987, tells you that: "A diagnosis which shows the existence of a malformation or a hereditary illness must not be the equivalent of a death-sentence."

And with reference not to prenatal diagnosis but to pre-implantation diagnosis, in Dignitas Personae, published in 2008, the CDF compares the elimination of embryos carrying adverse condition to racial and religious discrimination.

It says this "is a no less serious and unjust form of discrimination which leads to the non-recognition of the ethical and legal status of human beings suffering from serious diseases or dis-

"It is forgotten that sick and disabled people are not some separate category of humanity; in fact, sickness and disability are part of the human condition and affect every individual, even when there is no direct experience of it", the CDF says in Dignitas Personae.

"Such discrimination is immoral and must therefore be considered legally unacceptable, just as there is a duty to eliminate cultural, economic and social barriers which undermine the full recognition and protection of disabled or ill

ome people might, however, justify their choice of abortion on grounds of Down's Syndrome by saying that they are not doing this to save themselves trouble, but they are doing it for the sake of the child itself. They might say that they want to spare the child a poor quality of life.

But in fact people with Down's might not consider their quality of life to be poor. In fact, they may well be very happy. If you go to the website of the Down's Syndrome Association, you find a number of real-life stories that would soon convince you that many people with Down's live happy and fulfilled

Yet it is sometimes suggested that it is irresponsible to bring a Down's Syndrome child into the world when it could have been avoided.

This is the expression of a eugenic

mentality. Any form of eugenics involves discrimination based on the view that that the lives of some individuals are not worth living, or that the lives of some individuals are worthless. It implies that some individuals are not welcome or less welcome than others.

Eugenics, whatever form it takes, means usurping powers over the lives and deaths - of others.

Not content unconditionally to accept the child-to-be as a gift, it would seem that we are increasingly on a quest for the perfect child. The attempt to create the perfect child, or the perfectly healthy child, is an attempt at domination over nature which fails to recognise that none of us are perfect. It is represents a failure to recognise the frailty of all human life.

Saying this is not to say that we should not seek to restore health to the sick or seek to heal the wounded.

Human disease is not a good in itself. But we should not forget that those who suffer may teach us bravely.

And by appealing to our hearts when calling out for care and help, the helpless may also teach us to be more loving. Moreover, we should accept that we

shall never be able to eradicate all disease and human frailty. Frailty and death are part of our human creaturely condition. Allowing imperfection is to accept our creaturely and mortal nature and to make room for all.

It is a condition of a civilised society.

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Please note the new contact details for the Guild: The Guild of Our Lady of Ransom, Catholic National Shrine of Our Lady, Pilgrim Bureau, Friday Market, Wasingham, Norfolk NR22 6EG. Tel: 01328 820 217

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