

Chaldeans in Iraq 'all in danger'

CHALDEAN Catholics who remain in Iraq "are all in danger. They never know if they will be killed or kidnapped today or tomorrow", said Chaldean Bishop Ibrahim N Ibrahim.

"To be honest, we don't see any future for the Christians in the Arab countries. Not only Iraq, even Syria, even Lebanon, even Egypt," he said.

There were 650,000 Chaldeans in Iraq before the 2003 US-led invasion into Iraq.

Today, there are 250,000-300,000 - the same number now living in North America, said Bishop Ibrahim, head of the Southfield-based Eparchy of St Thomas the Apostle.

His brother bishops in Syria and Lebanon, host countries for Iraqi refugees, agree with his assessment of the dangers to those still in their home country.

They all knew Chaldean Archbishop Paulos Faraj Rahho of Mosul, Iraq, who was killed in March 2007.

They also knew the three priests who have been killed.

And half of the priests now in Baghdad know what it's like to have been kidnapped.

"I fear our future," said Chaldean Bishop Antoine Audo of Aleppo, Syria.

New leadership at CWL



NEW FACE: Outgoing treasurer Denise McCaffery with new president Loretta Chester and outgoing president Moya Potts.

By SHARYN MARCHANT

LORETTA Chester will take over as president of the Sydney branch of Catholic Women's League in 2009, with current president Moya Potts stepping down after six years in the role.

Although her final term as president is coming to an end, Moya will remain on the executive committee as immediate past president. She will also continue to be involved with the CWL at state level.

"It's time for me to allow some new processes to occur, but I will remain involved, happily so," she said.

"Fr Ray Farrell, our spiritual director, has been a great supporter during my time here, celebrating our Masses and providing wonderful spiritual guidance, and I'm grateful for that."

Although hesitant about stepping down because "anything that you've been involved in for so long is hard to let go of", Moya is confident the CWL will flourish under the president-elect.

"Loretta has lots of experience, and the history and formation of

the league to draw on," she said.

"She will bring her own talents to the job and will be a wonderful leader for our members."

The two have been friends since 1973 when they were training to be nurses. They were also members of Marian Group, a branch of the CWL for young women.

Loretta, who has previously been associated with the Friends of St Mary's Cathedral and the Festival of Flowers, is looking forward to the challenges of leading the CWL, including a move to garner younger members.

"I am going to visit the parishes and remind them what the CWL does and who we are, and just take things slowly at first to gain an understanding of what parishes and priests need from our organisation."

She is eager to continue the CWL's opposition to bioethics issues including RU486, euthanasia, late-term abortion, cloning and stem cell research.

This year will also see a new treasurer at the CWL Sydney office, with Sally Fennell replacing treasurer of four years, Denise McCaffery.

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Call to Govt for 'one-stop shop' entry into aged care

By DAMIR GOVORCIN

CATHOLIC Health Australia (CHA) has called on the Commonwealth Government to create a consolidated 'one-stop shop' that provides entry into residential and community aged care.

CHA also said the Commonwealth Government needs to consolidate the aged care assessment teams (ACAT), and needs to be the principal provider, not the states and territories.

"At the moment the Commonwealth Government fund ACAT, but it doesn't run them and doesn't have a method of monitoring how the ACAT bar works," CHA chief executive officer Martin Laverty said.

"As a result we get these inconsistencies such as time delays and different decisions.

"And most importantly it's hard for a consumer to find their way to an ACAT and to navigate the choices that they can consider."

He added: "Because we don't think we're going to need aged care, because we think we're going to be healthy and not going to need support we don't make ourselves aware until its crunch point.

"When its crunch point there is an emotional burden on the individual and family about their decisions they're making.

"Our system doesn't provide the opportunity for information, advice and choice in an accessible manner

at this time of crisis."

In its submission to the Senate Inquiry into Residential and Community Care, CHA said the current system offers "limited choice to consumers and no guarantee of continuity of care as their needs change".

"We have asked the Commonwealth to create a consolidated one-stop shop that provides entry into residential and community aged care," Mr Laverty said.

"At the moment there are 115 aged care assessment teams around Australia. It's their job to assess a person to decide if they are eligible for aged care, and if so what type of care they need.

"But we're finding that those ACAT are not working sufficiently as they could. In some parts of Australia there is delay.

"For example an ACAT will assess someone as being of high-care need and when they get into a residential aged care facility they are re-assessed and it's an entirely different outcome."

He added: "In the course of a week a person's needs cannot change so dramatically and time and time again we see this happening.

"So with this evidence that ACAT are not working efficiently we're asking the Commonwealth to take the leading role in providing ACAT teams, but not just to stop there but to also create within the community an entry point where an individ-

ual or their family can go and get advice on what the options or choices are.

"The system at the moment doesn't provide choice. Most importantly, the opportunity of in-home community care needs to be given greater profile."

Mr Laverty said last financial year there were 250,000 Australians in residential aged care, and there were 64,000 who were assessed as being eligible, but took up in-home community care.

"Those 64,000 that were staying at home in their own environment could have gone into residential care, but they choose to stay in their home," he said.

"We have to change that ratio so that there's more opportunity for people to stay in their own home if they choose.

"There will always be a place for residential aged care and there will always be a growing demand for home aged care. At the moment the choices are not as obvious and achievable as they need to be."

Other key recommendations in CHA's submission include: allow for flexible delivery of aged care services responsive to the needs of the individual; require residential aged care facilities to publish bed rental amounts and give consumers more payment choices; fund an acceptable minimum standard to ensure the poor are not disadvantaged, and abolish existing system of allocating aged care places.