

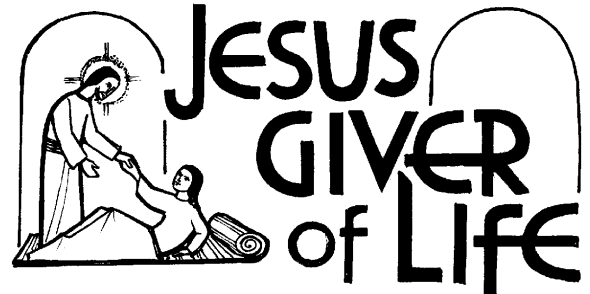
Parish OF THE ENGLISH MARTYRS Goring Way

27.06.2021

Father Liam O'Connor, 37 Compton Avenue, Goring-by-Sea, West Sussex. BN12 4UE
Presbytery 01903 242624 / Church repository 01903 506890
Email: emgoring@english-martyrs.co.uk Website: www.english-martyrs.co.uk
Deacon Gary Bevans 01903 503514
Arundel & Brighton Diocesan Trust is a Registered Charity No: 25287

Thirteenth Sunday of the Year

Saturday	26 th	6.00 pm	Intention of Mary Murphy
Sunday	27 th	8.15am	The Doll Family
		10.30 am	Maureen Clark RIP
Monday	28 th	9.30 am	The Parish
Sts Peter & Paul	29th	9.30 am	Peter Toner & Anne Toner Rip
		7.30 pm	Intention of Breda O'Connor
Wednesday	30 th	9.30 am	Intention of Lily McCluskey
Thursday	1 st	9.30 am	Intention of Anthony Cleere
Friday	2 nd	9.30 am	Holy Souls
Saturday	3 rd	6.00 pm	Nicholas Murphy RIP
Sunday	4 th	8.15 am	Sheila Harris
		10.30 am	The Parish
		6.00 pm	Polish Mass



SATURDAY: Reconciliation: 10.15–10.45 am and 5.15 – 5.45 pm

TODAY'S READINGS: Wisdom 1:13-15; 2:23-24; 2 Corinthians 8:7,9,13-15; Mark 5:21-43

NEXT WEEK'S READINGS: Ezekiel 2:2-5; 2 Corinthians 12:7-10; Mark 6:1-6

COLLECTIONS: Church: £240 + £73 digital collection. A Day For Life: £108 Thank you for your generosity.
Next Sunday there will be a Second Collection for Peter's Pence (NOT Gift Aided)
Tuesday is the Feast of St Peter and St Paul – a Holy Day of Obligation

PLEASE REMEMBER IN YOUR PRAYERS: Pat Potter, Valerie Halley, Pat Duggan, Anne O'Halloran, Tony Grana, Sister Raymond, Liz Harvey, John Smith, Mick Brouder, Eileen Beech, Ian Threlfall, Thomas Duggan, Len Argent, Sister Catherine Lai, Justin Gould, Rose Little, Lelia Murray, Mary Murphy, Anne Steere, Margaret Birch, Lita Yong, Patrick Ryan, Brenda Peazold, Mary Wessel, Gina Palermo, Elizabeth Hoskins, Joan Cutmore, Gordon Milne, Alfred Deacon, Roni Horstead, Ronnie Tyler, Bill Hogg, Breda Schlimgen, Michaela Finn, Winifred Lyons, Yvette Allen, Kerry McStravick, Lydia Van Melsen

2. THOSE WHO HAVE DIED RECENTLY and those whose anniversaries occur about now: Paul Simmons, Gerard Madden, Doreen Knowlton, Michael McGuire, John Richards, Mary Lankester, Patricia Hale, Michael Coughlan, Yvonne Hutchinson, Mary Foreman, James Ashby, Michael O'Connor, Michael Weight. *May they rest in peace and rise in glory.*

3. OUR HEARTFELT THANKS TO CHRISTOPHER WILLIAMS for the work he has done for the Parish over many years as Chairman and Treasurer. In recognition of all the voluntary work that he has done for the Church throughout his life-time he will be presented with the Benemerenti Medal at the 10.30 Mass next weekend. This will be followed by a small Covid-safe reception in the Barn.

4. GRANDPARENTS' PILGRIMAGE TO THE SHRINE AT WEST GRINSTEAD: All Grandparents, or honorary grandparents, are invited to join Bishop Richard for our annual pilgrimage to West Grinstead on Wednesday, 7th July, from 10 am. This is always a lovely event. It is a day to meet other grandparents and share the joys and excitement of this wonderful vocation. There will be opportunities for Mass, Adoration, Reconciliation, Stations of the Cross, Rosary, and a visit to the Secret Chapel (flat shoes advised). Packed lunch needed. Drinks provided. Please carshare as limited parking. To book a place please contact: katherine.bergin@abdiocese.org.uk

5. CAFOD UPDATE: Thanks to your support, CAFOD has been helping communities around the world cope with the pandemic. Just in Zambia, in the past year, our reports show we've been able to reach 1,234,200 people with messages on COVID-19, provide 13,312 people with access to safe water, train 392 frontline health workers from Zambia's 11 dioceses on how to prepare and respond to COVID-19 in their local communities and donate over 1000 handwashing hygiene stations in communities to support handwashing measures. Thank you for standing alongside people in Zambia and for supporting people in more than 30 other countries worldwide.

6. WE THANK Bernie Stickley for agreeing to be Parish Charman, David-Wynn-Davies to be Vice-Chairman and Verona Burgon for taking on the role of Treasurer.

7. MARY'S MEALS: We need Toothbrushes, Colouring Pencils and Crayon. Many thanks to all who so generously contribute to these backpacks as they enable children to go to school and be fed a nourishing meal.

8. TURNING TIDES (WCHP): Items needed: Cereal bars, Sugar, Coffee, Small Juices, Cooking Oil, Squash, Carton Milk, Crisps. Also Hand Sanitisers, Liquid Soaps, Shampoo, Toilet Rolls, Kitchen Rolls, Toilet Cleaner, Washing Powder, Washing Liquid, Cream Cleaner, Black Sacks, Sandwich Bags, Ante-Bac Spray, Cereal Bowls, Small Tents, Bath Towels. Single Duvets. Men's Jeans, Jogging Bottoms, (Small/Medium) Men's Boxers (New please) Many thanks to those who are so generous in their donations.

FATHER LIAM SAYS: The recent G7 meeting in Cornwall fell far short of the promised billion free covid-19 vaccinations to the world's poorest countries. Since two vaccinations are needed to immunise each person, substantially less than half a billion of the poorest people in the world will benefit from the G7 initiative. The United States and Britain promised the biggest share of these vaccines.

Britain has decided to cut its foreign aid contribution because of the effects of the pandemic on its economy. This move is popular among many voters who feel that charity should begin at home. The British Government is making much of its generosity in donating surplus vaccines to countries whose health systems are collapsing in the face of the pandemic. But it is silent about how much our National Health Service depends on the numbers of nurses and doctors who are trained in some of the poorest countries in the world and who are encouraged to come and work in this country. Without the thousands of such skilled personnel our Health Service would be in total chaos.

The NHS and the health services of other well-off countries can claim that doctors and nurses from poverty-stricken countries emigrate voluntarily. The outflow of these expensively trained health workers from poor countries has become a flood from the start of the pandemic. When Britain and the other well-off countries boast of how much they contribute to poorer countries they fail to acknowledge how greatly they benefit from poaching precious medical staff from the poorest countries on earth.

Why does not Britain train more British doctors and nurses? Five years ago, the then Health Secretary Jeremy Hunt told the Health Select Committee 'It is interesting that Health Education England estimates that we were training about 6,500 doctors a year and we needed to train about 8,000 a year to be self-sufficient'. Jeremy Hunt was expressing concern not about the damage this was doing to poor countries but that there might not be enough foreign doctors for Britain to recruit. Some experts felt at the time that Mr Hunt's figures were an underestimate of the doctors needed in Britain. The situation since then has got worse.

There is no shortage of people who want to become doctors. If nurses were better paid and provided for, more would be glad to join the profession. Many are disappointed that they cannot get into medical school. The Government should greatly increase the number of places for medical students. The reason this has not been happening is the high cost of medical training. In 2005 this was £220,000 for a doctor and £125,000 for a nurse. Obviously now it would be greatly increased. Medical schools are expensive and the training period is long. Even with its reliance on trained medical staff from abroad the number of doctors in the UK per capita is still one of the lowest in Europe, second only to Poland. A study by the Organisation for Economic Co-operation and Development (OECD) shows that Britain has 2.8 doctors for every 1,000 people, compared with an average of 3.5 doctors across the OECD's 38 member countries.

Britain deliberately trains far fewer doctors and nurses than it needs. It makes up the difference by recruiting great numbers of trained medical staff in impoverished countries where they are already in critically short supply. In Kenya, for instance, twenty million live in extreme poverty on \$1.25. The country loses \$518,000 on every doctor and \$329,000 on every nurse who emigrates to the UK. Britain gives substantial aid to Ghana to fight malaria and reduce infant mortality. But these sums are less than the £65 million that Britain saves by employing 293 doctors and a further £38 million on over 1,000 nurses who have come from Ghana to work here.

Of the 298,000 licensed doctors in the UK in 2021 two-thirds were trained in this country and one third are trained elsewhere. The losers are overwhelmingly poor and middle-income countries in South-East Asia and the Middle East, with the largest number of doctors coming from India, Pakistan, Nigeria, Sudan, South Africa and Ghana. Because of the desperate need for more medical staff during the Covid 19 pandemic, Britain along with other rich countries, has eased visa restrictions and stepped-up active recruitment. Doctors in the Philippines have been retraining as nurses in order to emigrate. That country is now so short of nurses that hospital wards have had to shut down. Britain years ago pledged – under the World Health Organisation's code of practice – to discourage recruitment in countries where there is a critical shortage of health workers and it also pledged to ban any recruitment at all in the 57 poorest countries. That pledge stated that the signatories should create an adequate health workforce of their own through long-term planning, education, training and retention so that they do not rely on the health care systems of poor countries. The UK has failed to carry out these pledges.

We are constantly being reminded that with a disease as infectious as Covid 19, nobody is safe until everybody is safe. Rich countries should not be monopolising vaccine supplies but should help poorer countries to have enough to inoculate their population. This also applies to ensuring that poor countries have sufficient doctors and nurses to look after their people. It is totally unacceptable to continue with a policy of draining poor countries of their badly needed medical work force rather than make proper provision for the medical needs of our own population. This would surely get a big measure of public support and would be an effective way of helping poorer countries rather than further enfeebling them.

(I am indebted to the research of Patrick Cockburn of the Independent)