

ARCHDIOCESE OF BOSTON
66 BROOKS DRIVE
BRAINTREE, MASSACHUSETTS 02184-3839

January 2019

Dear Pastors, Administrators and Parish Staff,

Pope Francis says in his 27th World Day of the Sick Message,

“You received without payment; give without payment” (*Mt* 10:8). These are the words spoken by Jesus when sending forth his apostles to spread the Gospel, so that his Kingdom might grow through acts of gratuitous love.

On the XXVII World Day of the Sick, to be solemnly celebrated on 11 February 2019 in Calcutta, India, the Church – as a Mother to all her children, especially the infirm – reminds us that generous gestures like that of the Good Samaritan are the most credible means of evangelization. Caring for the sick requires professionalism, tenderness, straightforward and simple gestures freely given, like a caress that makes others feel loved.”

I would like to add to this Message by saying thank you for your hard work and dedication in providing the love of Christ to those in need.

Please find below a list of attached information you can use to support your ministry to the sick:

- Pope Francis’ Message for the Twenty-Seventh World Day of the Sick 2019
- Roman Catholic Health Care Proxy
- Anointing of the Sick brochure
- List of RCAB Hospital Chaplains
- Resources

Thank you for the wonderful work you are doing in bringing the love and healing of Christ. Our Office is here to support your needs in this ministry. Please do not hesitate to call or email at 617-746-5842 or Jgreer@rcab.org if there is anything we can do to help you.

Blessings,

Deacon James F. Greer MAPT, CT
Director

Chaplaincy Programs
Archdiocese of Boston

**MESSAGE OF HIS HOLINESS POPE FRANCIS
FOR THE XXVII WORLD DAY OF THE SICK 2019**

"You received without payment; give without payment" (Mt 10:8)

Dear Brothers and Sisters,

"You received without payment; give without payment" (Mt 10:8). These are the words spoken by Jesus when sending forth his apostles to spread the Gospel, so that his Kingdom might grow through acts of gratuitous love.

On the XXVII World Day of the Sick, to be solemnly celebrated on 11 February 2019 in Calcutta, India, the Church – as a Mother to all her children, especially the infirm – reminds us that generous gestures like that of the Good Samaritan are the most credible means of evangelization. Caring for the sick requires professionalism, tenderness, straightforward and simple gestures freely given, like a caress that makes others feel loved.

Life is a gift from God. Saint Paul asks: "What do you have that you did not receive?" (1 Cor 4:7). Precisely because it is a gift, human life cannot be reduced to a personal possession or private property, especially in the light of medical and biotechnological advances that could tempt us to manipulate the "tree of life" (cf. Gen 3:24).

Amid today's culture of waste and indifference, I would point out that "gift" is the category best suited to challenging today's individualism and social fragmentation, while at the same time promoting new relationships and means of cooperation between peoples and cultures. Dialogue – the premise of gift – creates possibilities for human growth and development capable of breaking through established ways of exercising power in society. "Gift" means more than simply giving presents: it involves the giving of oneself, and not simply a transfer of property or objects. "Gift" differs from gift-giving because it entails the free gift of self and the desire to build a relationship. It is the acknowledgement of others, which is the basis of society. "Gift" is a reflection of God's love, which culminates in the incarnation of the Son and the outpouring of the Holy Spirit.

Each of us is poor, needy and destitute. When we are born, we require the care of our parents to survive, and at every stage of life we remain in some way dependent on the help of others. We will always be conscious of our limitations, as "creatures", before other individuals and situations. A frank acknowledgement of this truth keeps us humble and spurs us to practice solidarity as an essential virtue in life.

Such an acknowledgement leads us to act responsibly to promote a good that is both personal and communal. Only if we see ourselves, not as a world apart, but in a fraternal relationship with others, can we develop a social practice of solidarity aimed at the common good. We should not be afraid to regard ourselves as needy or reliant on others, because individually and

by our own efforts we cannot overcome our limitations. So we should not fear, then, to acknowledge those limitations, for God himself, in Jesus, has humbly stooped down to us (cf. *Phil 2:8*) and continues to do so; in our poverty, he comes to our aid and grants us gifts beyond our imagining.

In light of the solemn celebration in India, I would like to recall, with joy and admiration, the figure of Saint Mother Teresa of Calcutta – a model of charity who made visible God’s love for the poor and sick. As I noted at her canonization, “Mother Teresa, in all aspects of her life, was a generous dispenser of divine mercy, making herself available for everyone through her welcome and defence of human life, of those unborn and those abandoned and discarded... She bowed down before those who were spent, left to die on the side of the road, seeing in them their God-given dignity; she made her voice heard before the powers of this world, so that they might recognize their guilt for the crime – the crimes! – of poverty they created. For Mother Teresa, mercy was the ‘salt’ which gave flavour to her work; it was the ‘light’ that shone in the darkness of the many who no longer had tears to shed for their poverty and suffering. Her mission to the urban and existential peripheries remains for us today an eloquent witness to God’s closeness to the poorest of the poor” (*Homily, 4 September 2016*).

Saint Mother Teresa helps us understand that our only criterion of action must be selfless love for every human being, without distinction of language, culture, ethnicity or religion. Her example continues to guide us by opening up horizons of joy and hope for all those in need of understanding and tender love, and especially for those who suffer.

Generosity inspires and sustains the work of the many volunteers who are so important in health care and who eloquently embody the spirituality of the Good Samaritan. I express my gratitude and offer my encouragement to all those associations of volunteers committed to the transport and assistance of patients, and all those that organize the donation of blood, tissues and organs. One particular area in which your presence expresses the Church’s care and concern is that of advocacy for the rights of the sick, especially those affected by pathologies requiring special assistance. I would also mention the many efforts made to raise awareness and encourage prevention. Your volunteer work in medical facilities and in homes, which ranges from providing health care to offering spiritual support, is of primary importance. Countless persons who are ill, alone, elderly or frail in mind or body benefit from these services. I urge you to continue to be a sign of the Church’s presence in a secularized world. A volunteer is a good friend with whom one can share personal thoughts and emotions; by their patient listening, volunteers make it possible for the sick to pass from being passive recipients of care to being active participants in a relationship that can restore hope and inspire openness to further treatment. Volunteer work passes on values, behaviours and ways of living born of a deep desire to be generous. It is also a means of making health care more humane.

A spirit of generosity ought especially to inspire Catholic healthcare institutions, whether in the more developed or the poorer areas of our world, since they carry out their activity in the light of the Gospel. Catholic facilities are called to give an example of self-giving, generosity and solidarity in response to the mentality of profit at any price, of giving for the sake of getting, and of exploitation over concern for people.

I urge everyone, at every level, to promote the culture of generosity and of gift, which is indispensable for overcoming the culture of profit and waste. Catholic healthcare institutions

must not fall into the trap of simply running a business; they must be concerned with personal care more than profit. We know that health is relational, dependent on interaction with others, and requiring trust, friendship and solidarity. It is a treasure that can be enjoyed fully only when it is shared. The joy of generous giving is a barometer of the health of a Christian.

I entrust all of you to Mary, *Salus Infirmorum*. May she help us to share the gifts we have received in the spirit of dialogue and mutual acceptance, to live as brothers and sisters attentive to each other's needs, to give from a generous heart, and to learn the joy of selfless service to others. With great affection, I assure you of my closeness in prayer, and to all I cordially impart my Apostolic Blessing.

Vatican City, 25 November 2018

Solemnity of our Lord Jesus Christ, King of the Universe.

Francis

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ROMAN CATHOLIC HEALTH CARE PROXY

1. APPOINTMENT OF HEALTH CARE AGENT AND ALTERNATE

I, _____, residing at _____, Massachusetts,
NAME OF PRINCIPAL STREET CITY

appoint _____,
NAME OF HEALTH CARE AGENT AREA CODE & TELEPHONE NUMBER

residing at _____, as my Health Care Agent ("Agent")
STREET CITY/STATE

to make health care decisions for me as authorized in this Health Care Proxy according to Chapter 201D of the General Laws of Massachusetts, including any future amendments ("Chapter 201D"). Capitalized terms used and not defined in this Health Care Proxy have the meaning specified in Chapter 201D.

If for any reason _____ is unavailable, unwilling, incompetent, or
NAME OF HEALTH CARE AGENT

otherwise disqualified under Chapter 201D to act as my Agent and is not expected to become available, willing, competent or qualified to make a timely decision given my medical circumstances, I appoint

_____, residing at _____,
NAME OF ALTERNATE AGENT AREA CODE & TELEPHONE NUMBER STREET

_____, as my Agent.
CITY/STATE

2. WHEN MY AGENT'S AUTHORITY TO MAKE HEALTH CARE DECISIONS ON MY BEHALF BECOMES EFFECTIVE

My Agent is authorized to act on my behalf only if and when my Attending Physician determines, as provided in Section 6 of Chapter 201D, that I lack the Capacity to Make Health Care Decisions or to communicate my decisions. A notice that such a determination has been made must be given orally and in writing (a) to me, if there is any indication that I could comprehend the notice, (b) to my Agent and (c) if I am in or transferred from a mental health Facility, to the director of the Facility.

medication. Nutrition and hydration should always be provided when they are capable of sustaining human life, as long as this is of sufficient benefit to outweigh the burdens to the patient. 5. The Catholic patient should have the opportunity to receive the sacraments and appropriate spiritual care. 6. Respect for unborn human life requires that life-sustaining treatment be extended to a dying pregnant mother if continued treatment can benefit the child. 7. Suffering is a mystery. The role of medicine is to relieve the suffering of the sick by diligent research and compassionate treatment. Suffering which cannot be alleviated can become redemptive when united with the suffering love of Christ.

FOR MORE INFORMATION, CONTACT:

My Agent's authority will end if and when my Attending Physician determines that I have regained the Capacity to Make Health Care Decisions and will resume if it is again determined that I lack such capacity.

Notwithstanding my Attending Physician's determination that I lack the Capacity to Make Health Care Decisions, if I object to any decision made by my Agent, my decision will prevail unless a court of competent jurisdiction determines that I lack the Capacity to Make Health Care Decisions.

SUMMARY OF CATHOLIC TEACHING: 1. All human life is sacred, from the moment of conception to the time of natural death. 2. All human beings, regardless of physical or mental abilities, share an equal human dignity meriting both respect and protection. 3. Persons are obligated to take reasonable care of their own health by preserving and nurturing it with appropriate and ordinary (proportionate) means. But, no one is obligated to use extraordinary (disproportionate) measures to prolong life, that is, measures offering no reasonable hope of benefit or measures involving excessive hardship. 4. An agent can never be authorized to deny basic personal care every patient can rightfully expect such as bed rest, hygiene, and appropriate pain

3. SCOPE OF MY AGENT'S AUTHORITY

My Agent is authorized to make any and all Health Care decisions for me that I could make on my own behalf, including decisions about life-sustaining treatment, subject to any limitations described herein. My Agent may make Health Care decisions for me (a) only after consultation with my Health Care Providers and consideration of acceptable medical alternatives regarding diagnosis, prognosis, treatments and their side effects, and (b) according to my Agent's assessment of my wishes as stated in this Health Care Proxy, or as otherwise known to my Agent, including my religious and moral beliefs or, if my wishes are not known, according to what my Agent determines to be in my best interest.

I also authorize my Agent

- (a) to receive any medical information regarding me or my Health Care, including any confidential medical information that I would be entitled to receive, and to disclose the information to others;
- (b) to arrange my admission to or discharge from any Facility, even if against medical advice;
- (c) to contract for any Health Care for me at my expense, without incurring personal liability for the payment of any Health Care;
- (d) to employ and discharge Health Care Providers and related support personnel; and
- (e) to do all things necessary to carry out the intent of this Health Care Proxy, including granting any waiver or release from liability required by a Health Care Provider, signing any documents relating to a refusal of treatment and pursuing any legal action in my name and at my expense to force compliance with my wishes as determined by my Agent.
- (f) PLEASE LIST OTHER SPECIFIC AUTHORIZATIONS HERE:

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FOR MORE INFORMATION, CONTACT:

4. MY WISHES REGARDING HEALTHCARE DECISIONS AND EXPRESS LIMITATIONS ON MY AGENT'S AUTHORITY

I direct that my Agent make Health Care decisions for me which are consistent with authentic Roman Catholic ethical, moral and religious principles and based upon my profound respect for life and my belief in eternal life. I direct my Attending Physician(s) and the Facility where I am a patient, provide me with proper medical treatment and care including, but not limited to:

- (a) appropriate pain relieving medicine in an amount to alleviate or suppress my pain, but not calculated specifically to cause or hasten my death;
- (b) food and water to sustain my life, including when provided by artificial means, and including when I am diagnosed as having a chronic and presumably irreversible disabling condition—(sometimes described as a

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“persistent vegetative state”)—and I am reasonably expected to live if given food and water; however, my Health Care Agent may consent to discontinuing food and water when they no longer provide reasonable hope of prolonging my life or relieving my suffering, or they may be discontinued when their provision or the means of providing them causes me significant discomfort or imposes other excessive burdens on me or my family;

- (c) standard comfort care appropriate for any patient suffering from illness, injury or disease; and
- (d) [if I am pregnant] treatment or care necessary to benefit my unborn child, even if such treatment or care shortens or prolongs my life when I am diagnosed as having a terminal condition;
- (e) PLEASE LIST OTHER WISHES HERE:

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Notwithstanding the above, I also specifically limit my Agent's authority as follows (if the following space is not filled in, then there are no express limitations):

5. SACRAMENTS AND SPIRITUAL CARE

I direct my Health Care Agent, in consultation with my family or with a priest or chaplain, to afford me with the opportunity to receive the Roman Catholic sacraments (Anointing of the Sick, Confession and Holy Communion), and appropriate spiritual care.

6. REVOCATION

This Health Care Proxy will be revoked if:

- (a) I sign a subsequent Massachusetts Health Care Proxy; or
- (b) I notify my Agent or one of my Health Care Providers orally or in writing or by any other act showing a specific intent to revoke this Health Care Proxy.

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7. SIGNATURE OF PRINCIPAL

I, _____, by signing this Health Care Proxy declare that I understand its
NAME OF PRINCIPAL

contents and the effect of this grant of authority to my Agent, that I sign it willingly in the presence of each of the

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FOR MORE INFORMATION, CONTACT:

undersigned witnesses, and that I sign it as my voluntary act for the purposes expressed, this _____ day of

_____, _____
MONTH YEAR

SIGNATURE OF PRINCIPAL

8. WITNESSES

We, the undersigned, have witnessed the signing of this document by the principal or at the direction of the principal and state that the principal appears to be at least eighteen years of age, of sound mind and under no constraint or undue influence. We have not been named as Health Care Agent or alternate Health Care Agent in this document.

WITNESS ONE: _____

WITNESS TWO: _____

NAME (print): _____

NAME (print): _____

STREET: _____

STREET: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

TELEPHONE: (_____) _____

TELEPHONE: (_____) _____

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FOR MORE INFORMATION, CONTACT:

Massachusetts Catholic Conference □ 66 Brooks Drive, Braintree, MA 02184
Phone: (617) 746-5630 □ E-mail: staff@macatholic.org □ Web: www.macatholic.org

What are “Last Rites?”

“**L**ast Rites” refers to the reception of Holy Communion by a person near death. It is called “VIATICUM” (food for the journey). It is a beautiful sacrament and can be repeated over several days as the person nears death. Viaticum may be administered by any Catholic pastoral minister or special minister of communion as well as by a priest.

Office of Chaplaincy Programs Staff

Deacon James Greer MAPT, CT
Director

JGreer@RCAB.org, 617-746-5842

Karen M. Farrell, MAM

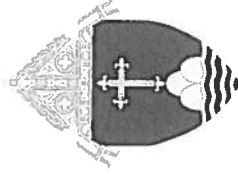
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Karen Wenger, MS, RN, FCN

Faith Community Nurse Educator

kwenger@RCAB.org, 617-746-5841



To sign up for our e-mail list (Chaplaincy Programs) and to receive our “Listen” newsletter please go to www.flocknote.com/boston

Websites

<http://www.bostoncatholic.org/ChaplaincyPrograms>

<http://www.bostoncatholic.org/HealthCareMinistry>

<http://www.bostoncatholic.org/CollegeCampusMinistry>

<http://www.bostoncatholic.org/PrisonMinistry>

<http://www.bostoncatholic.org/Bereavement>

<http://www.bostoncatholic.org/ParishNursing>

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ANOINTING OF THE SICK

A HEALING SACRAMENT



“Is anyone among you sick? He should summon the Priest of the church, and they should pray over him and anoint [him] with oil in the name of the Lord and the prayer of faith will save the sick person, and the Lord will raise him up. If he has committed any sins, he will be forgiven.”
~James 5:14-15

Archdiocese of Boston
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Time Brings Changes

Some centuries later, a rite for the anointing of the sick appeared.

This rite assumed that the community was gathered and the sick person was generally able to be restored to health.

Meanwhile, people began putting off the sacrament of Penance until their death bed because it could be received only once.

Therefore they couldn't receive the sacrament of the sick until they had confessed and been reconciled to the Church.

Since both sacraments would therefore often occur at the time of death, the Anointing of the Sick unfortunately became associated with dying.

Church teachers who knew only of this practice began to explain the anointing as a preparation for death (rather than a prayer for the sick).

The Result

Even though the official teaching of the Church urged people not to wait until the time of death to receive the anointing, in practice most people did wait. Some families even waited until the dying person was unconscious before calling a priest.

What had been a sacrament for the sick became incorrectly known as the "Last Rites" and many of us grew up with images of the priest anointing the dying person, even anointing someone who had died.

Today—The Proper Practice

Anointing of the Sick is for the seriously sick. A person need not be in danger of dying. The beginning of serious illness is the best time to request the sacrament. It may be repeated during the length of a long illness or during a new illness change as the elderly struggle with the infirmities of age.

THERE IS NOT AN ABSOLUTE OR EMERGENCY REQUIREMENT FOR THIS SACRAMENT.

The purpose of the sacrament is to unite the one who is sick with the suffering, death and resurrection of Christ so the sick may know the healing presence and love of the Lord, be strengthened in faith and experience the support of the Church.

The Sacrament is a prayer, normally celebrated with sufficient time and suitable surroundings. Parish communal celebrations of this sacrament present an ideal setting. This is especially true as health care moves more to home and local settings and as priests are less available in hospitals.

THE SACRAMENT IS FOR THE LIVING. THE CHURCH DOES NOT PERMIT THE ANOINTING TO BE GIVEN TO ANYONE WHO HAS ALREADY DIED.

There are other prayers and rites available in the official prayers of the Church for those who are near death or who have already died.

Who May Celebrate These Prayers?

Parish representatives and members of hospital pastoral care departments are properly trained and appointed to provide the prayers and nonsacramental rites for the sick or the dying.

As in the past, the priest is the proper minister for the sacrament of the Anointing of the Sick. The priest is to be called when available in any serious moment and especially should the sick desire the sacrament of Penance (Reconciliation). If a priest is not available please remember that the Anointing of the Sick is not required nor absolutely necessary for a peaceful death. Other pastoral ministers can provide the prayers appropriate at the time of death.

Chaplain	Phone	Hospital
Benoit Thibault	978-922-3000x2790	Beverly Lahey
Anne Millington	617-313-1755	BID Milton
Christine Smith	508-830-2626	BID Plymouth
Fr Andrew Nkwocha	617-414-7560	Boston Medical Center
Fr Ignatius Nze	617-638-6851	Boston Medical Center
Sr Barbara Harrington	508-941-7000 x2550	Brockton Signature
Sr Theresa Carlow	617-381-7202	Everett Hospital of the CHA
Fr Elias Ojomah	617-983-4856	Faulkner
Lorraine Barrett	781-744-8800	Lahey Hospital
Fr Fabian Ezenwa	781-744-8800	Lahey Hospital
Fr Arthur MacKay	781-744-8800	Lahey Hospital & Metro West
Craig Gibson	978-683-4000	Lawrence General
Fr Charles Hughes	781-979-3011	Lawrence Memorial
Fr Henry Ogbuji	617-955-4372	Longwood Area
Fr Charles Hughes	781-979-3011	Melrose/Wakefield
Mary Harrison	617-499-5206	Mount Auburn
Sr Ellen Reilly	781-297-1302	New England Sinai
Marlene DeLeon	617-243-5990	Newton/Wellesley
Sr Virginia Scally	978-741-1215 x7698	North Shore Medical
Fr Desbele Kahesay	617- 340-8589	South Shore
Fr Sandry Matondo	978-851-7321x2889	Tewksbury & Mt Auburn
Fr Janusz Chmielecki	617-636-9172	Tufts Medical Center
Dr. Mary Beth Moran	781-756-2295	Winchester Lahey

2019 WORLD DAY OF THE SICK

RESOURCES FROM THE ARCHDIOCESE OF BOSTON
OFFICE OF CHAPLAINCY PROGRAMS

Substance Abuse

<http://aarpss.org/>

<https://rosary4recovery.org/>

Bereavement

<https://www.bostoncatholic.org/Bereavement/>

Dementia/Alzheimer's

<https://www.bostoncatholic.org/Bereavement/>

Faith Community Nursing

<https://www.bostoncatholic.org/ParishNursing/>

Palliative Care and Advance Care Planning

<https://www.bostoncatholic.org/PalliativeCare/>

Pastoral Care to Sick and Homebound and Health Care Ministry

<https://www.bostoncatholic.org/HealthCareMinistry/>

Pastoral Notes Anointing of the Sick

<https://www.bostoncatholic.org/Offices-And-Services/Office-Detail.aspx?id=12522&pid=464>