



The Ethics and Spirituality Committee invites nurses everywhere to join in a **Novena to the Immaculate Conception, November 30th to December 8th** (see page 3)

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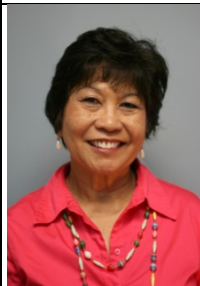
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President's Message

Dear Colleagues,

As we enter into the rich and ancient four-week season of Advent the images of the devastation that Typhoon Haiyan has wrought in the Philippines continues to fill the media. My family has been spared, but it is heart wrenching to watch my fellow Filipinos struggle to survive, mourn the loss of loved ones and everything they own.

During times like this we wonder how can someone ever recover from such tragedy? The magnitude of this tragedy is overwhelming and does not free the victims from despair. I pray that the victims see even a glimmer of HOPE knowing that the world wants to help in any way.

Hope - the message we want to extend to all those affected by Typhoon Haiyan. Hope the message and gift of ADVENT.

Advent passes by unnoticed. It seems that as the weather turns colder and the comforters and quilts come out of storage, the holidays all seem to roll together. Thanksgiving decor begins to compete with candy canes and stockings on the shelf.

This advent season let us challenge ourselves to really savour the mystery. So that when we open ourselves to the firm yet gentle discipline of Advent our hope deepens enabling us more readily to reach out and help others on the way.

Blessings Always,
Alma



Congratulations To:

Dr. Marie Hilliard, RN, PhD, JCL, NACN board member and to Brother Ignatius Perkins, OP, PhD, FAAN, RN, Dean of Aquinas College School of Nursing and NACN member. Both were selected to the Advisory Committee to update the American Nurses' Association Code of Ethics.

Diana Newman, President elect of NACN-USA

was interviewed by Msgr Kieran Harrington of Brooklyn, NY on the radio show "In the Arena" The show aired 10/20/13 and the topic was " Health Care and the Church." Other guests included Dr. Adrian Kerrigan from the CMMB, Christine Hansen from Americans for Prosperity, Dr. David McKalip from Doctors for Patient Freedom, Natasha Baspo, who hosts a Spanish Language Program and Dr. Robin Pierucci a Neonatologist from Michigan. The discussion centered on the impact of Obamacare on many aspects of health care. Many good points were made relevant to personal choices in the free market in light of Church teaching. The participants spoke in favor of strengthening US citizens' rights to choose their own health care options and the importance of maintaining fidelity in the relationships between patients, doctors and nurses. Listen to the show: <http://www.youtube.com/watch?v=KwzSfShuMYc>



Save the Date

NACN-USA 2014 Conference, Nashville, TN, March 21-23, 2014

"The Art of Nursing: Beyond Technology"

(Information & Registration at www.NACN-USA.org), Save the Date cards on page 6).



Fr. Michael Whyte

NACN CHAPLAIN APPOINTED

Most Reverend Bishop Conlon, Bishop of the Diocese of Joliet with the approval of the Most Reverend Henry Mansell Archbishop of Hartford Connecticut has appointed

Father Michael Whyte as Chaplain to NACN. Fr. Whyte is the Pastor of St. Catherine of Siena Parish, in W. Simbury, CT and is Archbishop Mansell's liaison to the Archdiocesan Catholic Medical Association. He is a graduate of St. John Seminary in Boston with Bachelor Degree in Philosophy and a Masters of Divinity and was ordained to the priesthood in 2003.

Prior to entering the seminary Fr. Whyte received a BA in Government and Public Policy and a Masters in Public Affairs in Gerontology. He worked as a legislative aide to then Connecticut Senate Minority Leader George L. Gunther. He worked as contract lobbyist for Miller Brewing Company, Toyota Motors USA and the American Automotive Industry as well as serving as a grassroots lobbyist for national safety belt use laws. As a seminarian he collaborated with Dr. Marie Hilliard as the lobbyist for Connecticut bishops.

As Chaplain Fr. Whyte will assist in promoting the spiritual goals of NACN.

AMICUS BRIEF

HORNE v. ISAACSON BY NACN

The National Association of Catholic Nurses, USA has joined the Association of American Physicians & Surgeons, American Association of Pro-Life Obstetricians and Gynecologists, Christian Medical & Dental Associations, Catholic Medical Association, Physicians for Life, and National Association of Pro-life Nurses in issuing an *amicus* brief in support of Arizona's Petition for Writ of Certiorari to the United States Supreme Court concerning a law to prevent abortions after 20 weeks gestation.

The Arizona Legislature's enactment of H.B.2036, Section 9 was overturned by the Court of Appeals for the Ninth Circuit which refused to recognize the State's interest in protecting women from significantly higher risk of physical and psychological harm and upholding the integrity of the medical profession to make abortion decisions based on the reliable scientific data. The U.S. Supreme Court has been petitioned to review the case for a judgment in favor of the State of Arizona.

NACN-USA NURSING AWARD

by Joan Doherty



Deacon Mariusz Kosla,
RN, CCRN, FACCN

Deacon Mariusz Kosla is the recipient of this year's NACN-USA Nursing award. Deacon Kosla has been a critical care nurse for 18 years and a critical care educator. He has returned to school to pursue his MS which is a requirement for his present position and is enrolled at Sacred Heart University in Fairfield, CT. Deacon Kosla is also married and the father of 2 children. Supporting a family, working full time, attending school can be a huge financial burden. In 2010, he was ordained to the permanent diaconate by Cardinal Francis George in the Archdiocese of Chicago, the youngest deacon in the Archdiocese.

Deacon Kosla plans to complete a certificate in Ethics after his MS. There is such a need in the environment of today's world to maintain the Catholic identity in nursing in order to face the daily challenges. He has always worked in Catholic Health Care and has presented at many local and national conferences, stressing the spiritual roots of nursing. As a deacon, he has brought his nursing experience to the pulpit and spoken about end of life issues, the purpose of suffering etc.

Deacon Kosla recently joined NACN but has been a member of his local Catholic Nurse's Council for many years and was instrumental in enrolling over 25 nurses at his previous hospital. He certainly epitomizes what a Catholic Nurse should be.



The Ethics and Spirituality Committee of the
National Association of Catholic Nurses
invites nurses everywhere to join in a
Novena to the Immaculate Conception



**From:
November 30**

**To:
December 8**
(Feast of the Immaculate
Conception)

Novena Prayer

O Mary Immaculate, lily of purity, I salute you, because from the very first instant of your conception you were filled with grace.

I thank and adore the Most Holy Trinity for having imparted to you favors so sublime.

O Mary, full of grace, help me to share, even though just a little, in the fullness of grace so wonderfully bestowed on you in your Immaculate Conception.

With firm confidence in your never failing intercession, we beseech you to obtain for us the intention of this novena [state your intention here], and also that purity of mind, heart, and body necessary to unite us with God. Amen.

O Mary, conceived without sin, pray for us who have recourse to you.

O Mother of God, by your Immaculate Conception, intercede for us with your Divine Son, and obtain for us from Him, the favor for which we pray. Amen.

Intentions

- For the work of NACN; that it will effectively support Catholic nurses everywhere as they strive to honor their faith in their care-giving work.
- For the members of NACN; that they will live their faith joyfully and courageously as they seek to uphold the dignity of human life in their daily work.
- For the nursing profession; that it will be constantly renewed by God's grace and mercy.



**AFFORDABLE HEALTH CARE:
THE NURSE, THE POOR AND
THE VULNERABLE**

BY DR. MARIE HILLIARD, RN, PhD, JCL

The *Patient Protection and Affordable Care Act (ACA)*¹ is a social policy that has the potential to

significantly impact the autonomy of nurses and their obligations to those they serve. This can be particularly true for those of us who consider our nursing career to be both a vocation and a ministry. In fact, it is undeniable that the history of organized health care is the history of the Catholic Church; and it is a ministry to those we serve, not just Christians or Catholics, but to all of those in need. It is a response to the parable of the Good Samaritan, by which Jesus answers the question of, "Who is my neighbor, whom I must love as I love myself?" In telling the story of the robbed and beaten man, passed by unassisted by the temple priest and Levite, but offered healing help by the despised Samaritan, Jesus, with a rhetorical question responds: "Which of these three, in your opinion, was neighbor to the robbers' victim?" Of course, it is the Samaritan, the outsider, who helped a non-Samaritan when others passed him by. Jesus then admonishes us to, "Go and do likewise."² And thus, Catholic healthcare began, serving all in need, turning no one away regardless of faith or national origin or ability to pay.

Secular history textbooks tell the story of the first organized nursing effort as that of Saint Benedict in 500 A.D., and the first organized system of health care delivery as that of the Hospitallers founded in 1113 A.D to assist pilgrims during the Crusades.³ In our own United States the great corporal works of mercy of the heroic women religious led to the Catholic Church currently sponsoring more health care than any other entity except for the government, serving over 88 million patients annually.⁴ In fact, the first hospital west of the Mississippi River was founded by Saint Elizabeth Ann Seton's Sisters of Charity in Saint Louis, Missouri in 1830.⁵

Yet, public policies continue to redefine our Catholic ministries as licensed agencies of the government, with no claim to the very rights protected by the United States *Constitution* and its First Amendment.⁶ One prong of the legal principle of the separation of church and state, contained in the First Amendment and known as the Establishment Clause, is being misapplied to trample on the rights that are guaranteed protection by another prong of the First Amendment, the Free Exercise [of religion] Clause.

As the Yale University constitutional law professor, Stephen Carter states:

For the most significant aspect of the separation of church and state is not, as some seem to think, the shielding of the secular world from too strong a religious influence; the principal task of the separation of church and state is to secure religious freedom.⁷

The evidence of this attack on religious freedom is growing, negatively impacting not only health care agencies, but even more dangerously, nurses, and consequently our patients. For when nurses are experiencing coercion of conscience, they cannot fulfill their obligations as patient advocates. The attacks on the consciences of nurses are growing:

- Toni Lemly lost her full-time position for refusing to administer emergency contraception. Her agency refused to grant a reasonable accommodation for Ms. Lemly's religious beliefs. It took four years for Ms. Lemly to receive justice.⁸
- Cathy Cenzone-DeCarlo, a surgical nurse at Mount Sinai Hospital, in New York, despite providing all appropriate notice to her employer on hiring of her conscientious objections, was forced to assist at an abortion.⁹
- Eight nurses initially were disciplined by Nassau University Medical Center, in New York for refusing to assist in abortions. Fortunately their labor union supported them and the decision was reversed.¹⁰ A similar action was threatened by the University of Medicine and Dentistry of New Jersey, which also was reversed after legal recourse was threatened.¹¹

Unfortunately, there is little evidence of professional associations supporting the rights of conscience of health care professionals. In fact, the evidence demonstrates just the opposite. For example, The American College of Obstetricians and Gynecologists issued a statement, "The Limits of Conscientious Refusal in Reproductive Medicine," which requires physicians in resource-poor areas who object to abortion to either cooperate in the abortion through referral processes, or to locate their practices near an abortion provider, and in an emergency to perform the abortion.¹² Even more upsetting is the statement by the Religious Coalition for Reproductive Choice, *In Good Conscience: Guidelines for the Ethical Provision of Health Care in a Pluralistic Society*. This document admonishes that the law should not be overridden by positions of conscience that are based in religious beliefs.¹³ But most disconcerting is the statement pertaining to conscientious objection in the American Nurses Association's *Code of Ethics for Nurses with Interpretive Statements*:

Where a particular treatment, intervention, activity, or practice is morally objectionable to the nurse, whether intrinsically so or because it is inappropriate for the specific patient, or where it may jeopardize both patients and nursing practice, the nurse is justified in refusing to participate on moral grounds. Such grounds exclude personal preference, prejudice, convenience, or arbitrariness. Conscientious objection may not insulate the nurse against formal or informal penalty.¹⁴

What is intrinsically morally objectionable is questionable; and the nurse is left with very little recourse from penalty.

Enter into this scenario the *Patient Protection and Affordable Care Act* (ACA). The ACA has many wonderful provisions: benefits to those with pre-existing conditions; prohibition against lifetime caps on reimbursement for care; allowing adult children to remain on their parents' insurance policies until twenty-six years of age; providing Medicaid enrollees with disabilities community based care; fixing the "Donut Hole" in Medicare Part D; Free Well Baby care; and expanding Medicaid coverage to persons with incomes up to 138% of the poverty level.

We have seen, however, that the implementation of the ACA has not been without its problems. A major concern is that the number of persons who will be enrolling in Medicaid could find themselves without providers, since one-third of surveyed family physicians have indicated an unwillingness to accept new Medicaid patients.¹⁵ The reimbursement rate for Medicaid is 58 cents on the dollar. And despite the fact that the federal government has increased reimbursement for those caring for new enrollees, it is estimated that by 2022 there will be over twenty-one million new enrollees in Medicaid.¹⁶ Combining this with the planned cuts to hospitals in Medicare by 155 billion dollars by 2020,¹⁷ anticipated growth of the elderly population to twenty percent of the population by 2030,¹⁸ and the growing number of physicians indicating an intent to retire in the next five years,¹⁹ the question remains, who will care for our patients; and how will hospitals absorb the number of patients on Medicaid and Medicare that have no other provider? Already the fiscal impact on hospitals is being seen with the forecast of significant employee layoffs. How can nurses be patient advocates, especially for the poor and vulnerable who need their care, when their own jobs are being threatened?

And never before has our advocacy been more needed. The fear is that there will be a disincentive to treat patients, since the ACA provides for penalties for hospital readmissions (within 30 days for the same diagnosis), payment rate setting by an Independent Payment Advisory Board, a Physician Quality Reporting system that rewards both quality as well as cost containment,²⁰ and a temporary reduction, and then prorated funding for hospitals that provide a disproportionate percentage of uncompensated care.²¹ Research has demonstrated that only 25% of readmissions are preventable,²² and safety net hospitals, serving the uninsured are most vulnerable to these penalties.²³ Based on community needs surveys these hospitals are required to implement, they could be penalized, or even lose their tax-free status if their community's uninsured rate drops by 45%.²⁴

Nursing is a vocation that is mission driven, not money driven. When the focus is removed from beneficent care to the bottom line, the role of nurse as patient advocate is eroded. Again, the nurse becomes subject to a belief that all ethics are reduced to what is legal, rather than what is moral. And while the ACA has language to protect the nurse from having to directly assist in abortion or assisted suicide, definitions of what this entails are missing. Furthermore, the Church Amendment, which states that no entity receiving certain federal funds may discriminate against personnel for

refusing to participate in any lawful health service, is not contained in the ACA, despite numerous attempts to have such language included. And since the ACA does support programs that provide abortion on demand such provisions clearly are needed. Furthermore, there is absolutely no protection for nurses who do not wish to provide abortifacients and contraception; and part of the ACA mandate by the U.S. Department of Health and Human Services (Contraceptive Mandate²⁵), not only requires employers to provide such coverage to employees, but also requires counseling for their use.

Blind obedience has consequences, not only for nurses, but especially for their patients. All one has to do is to examine the atrocities by the hands of medical researchers that led to the Nuremberg Trials.²⁶ What is legal never is necessarily ethical or moral. Nurses must be free to exercise their consciences if they are to fulfill their roles as patient advocates, especially to the poor and vulnerable who need their care. What is at stake is the right of nurses, especially Catholic nurses to exercise their First Amendment right to the free exercise of religion as provided for by the Free Exercise Clause. Yet when such attempts are made by nurses, they are mistakenly accused of violating the separation of church and state, specifically the Establishment Clause of the First Amendment. Nothing could be further from the truth. The Establishment Clause states that there will be no state religion. However, there is increasing evidence that there is a state religion, called secular relativism. And the threat from such a misunderstanding of the legal principle of the separation of church and state is real. One is left to ask: will nurses, in such an environment, report denial of care, non-admissions for care, or other violations of beneficent care based on economics, when to do so they will be accused of introducing into their patient care values based upon their faith, in violation of the separation of church and state? Will nurses continue to have their employment threatened for standing up for professional practice that respects all of human life, and in so doing be accused of violating the separation of church and state? The evidence suggests that in all of these scenarios, the role of the nurse as patient advocate and as an advocate for the professional right to conscience is eroding, all based on a faulty understanding of the separation of church and state. While the Establishment Clause states that there is to be no state religion, equally important is the Free Exercise Clause, which prohibits a violation of religious freedom, not just in places of worship, but in the public square. This misunderstanding is having dismal consequences not only to value-based nursing practice, but also to recipients of nursing care. In fact, such a misunderstanding of the provisions of the First Amendment of the United States Constitution are having a wide-spread impact on society. For as the constitutional law expert, Stephen Carter has stated: "The potential transformation of the Establishment Clause from a guardian of religious freedom into a guarantor of public secularism raises prospects at once dismal and dreadful."²⁷

Dr. Marie T. Hilliard is a Registered Nurse and Director of Bioethics and Public Policy at the National Catholic Bioethics Center (NCBC). She holds a BSN, MS in Maternal Child Health Nursing, MA in Religious Studies, a Licenciante Degree in Canon Law (JCL) and a PhD



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National Association of Catholic Nurses
NACN-USA

ANNUAL MEETING & CONFERENCE

March 21- 23, 2014 * Nashville TN

“The Art of Nursing: Beyond Technology”

Conference Fees:

\$250 for Members

\$300 for Non Members

\$325 Includes membership to NACN

\$125 Student Rate

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Watch for more details.....

Visit us at www.nacn-usa.org

Reservation Deadline: February 19, 2014

Please mention Group code 1404CATHOL

To receive a special rate of \$103.



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Over the next couple weeks the Bishops will be soliciting responses to questions in preparation for the 3rd Extraordinary General Assembly of the Synod of Bishops with the Theme: "The Pastoral Challenges of the Family in the Context of Evangelization" to be held October 5-19, 2014. **Most parishes must provide input by December 3, 2013.** Contact your priest or bishop asap to provide input to this very important Synod on the Family. A copy of the questionnaire is available at the Vatican website: http://www.vatican.va/roman_curia/synod/documents/rc_synod_do_c_20131105_iii-assembly-sinodo-vescovi_en.html

YEAR OF FAITH CONCLUDES

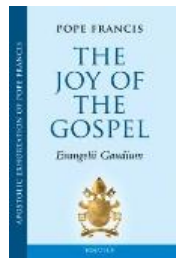


The Year of Faith concluded with the Holy Sacrifice of the Mass on Sunday 24 November in St. Peter's Square at 10.30 a.m., and was marked by three signs intended to highlight the importance of the moment: 1) the exposition of the relics of St. Peter, 2) the delivery by Pope Francis of his Apostolic Exhortation "Evangelii gaudium", and 3) a gesture of charity towards the Philippine population. During the Eucharist, a collection was taken as a contribution by the Year of Faith pilgrims to those affected by the catastrophic typhoon in the Philippines.



EVANGELII GAUDIUM (THE JOY OF THE GOSPEL)

"Pope Francis has issued his first **Apostolic Exhortation** on Tuesday, *Evangelii Gaudium*, translated into English as The Joy of the Gospel. The 224-page document outlines the Pope's vision for a missionary Church, whose "doors should always be open". The Pope speaks on numerous themes, including evangelization, peace, homiletics, social justice, the family, respect



for creation, faith and politics, ecumenism, interreligious dialogue, and the role of women and of the laity in the Church"(from News.VA). Available at: http://www.vatican.va/holy_father/francesco/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium_en.html



¹ Public Law 111 - 148 - *Patient Protection and Affordable Care Act*.
² Luke, 10:37.
³ Catholic Encyclopedia, s.v. "Hospitallers of St. John of Jerusalem" (1907), <http://www.newadvent.org/cathen/07477a.htm>. Last accessed November 14, 2013.
⁴ USCCB, "Catholic Health Care and Social Services," <http://www.usccb.org/about/media-relations/statistics/health-care-social-service.cfm>. Last accessed November 14, 2013.
⁵ Grace L. Deloughery, *History and Trends of Professional Nursing*, 8th ed. (St. Louis: Mosby, 1977), 68.
⁶ "The Constitution of the United States," Amendment 1.
⁷ Stephen L. Carter, *The Culture of Disbelief: How American Law and Politics Trivialize Religious Devotion* (New York: Basic Books, 1993), 107.
⁸ *Lemly v. St. Tammany Parish Hospital*, District No. 1, 22nd Judicial District for the Parish of St. Tammany (filed June 2005).
⁹ *Cenzon-DeCarlo v. Mt. Sinai Hospital*, No. 09-CV-3120 RJD, 2010 WL 169485 (E.D.N.Y., 15 January 2010).
¹⁰ Pete Sheehan, "Nurses Who Refused to Participate in Abortion Discipline," *The Free Republic* (October 25, 2010). <http://www.freerepublic.com/focus/f-news/2500163/posts>. Last accessed November 14, 2013.
¹¹ John Burger, "New Jersey's 'Nurses of Conscience,'" *National Catholic Register* (November 11, 2011). <http://www.ncregister.com/daily-news/new-jerseys-nurses-of-conscience-and-the-assault-on-conscience-rights>. Last accessed November 14, 2013.
¹² ACOG Ethics Committee, "The Limits of Conscientious Refusal in Reproductive Medicine" (385: November 2007). http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Ethics/The_Limits_of_Conscientious_Refusal_in_Reproductive_Medicine. Last accessed November 14, 2013.
¹³ Religious Coalition for Reproductive Choice, *In Good Conscience: Guidelines for the Ethical Provision of Health Care in a Pluralistic Society* (April 2007). <http://disciplesforchoice.blogspot.com/2007/04/rcrc-releases-guidelines-for-ethical.html>. Last accessed November 14, 2013.
¹⁴ ANA, *Code of Ethics for Nurses with Interpretive Statements* (2001), 5.4. <http://www.nursingworld.org/codeofethics>. Last accessed November 19, 2013.
¹⁵ Sandra L. Decker, "In 2011 Nearly One-Third Of Physicians Said They Would Not Accept New Medicaid Patients, But Rising Fees May Help," *Health Affairs* (31:8, 2012), 1673-1679.
¹⁶ Kaiser Medicaid Commission on the Uninsured, *The Cost and Coverage Implications of the ACA Medicaid Expansion: National and State-by-State Analysis* (November 2012), 1.
¹⁷ Oklahoma Hospital Association, "Medicaid Expansion: Understanding the Numbers" (April 16, 2013), 1.
¹⁸ NIH, National Institute on Aging, "Dramatic changes in U.S. aging highlighted in new census, NIH report" (March 9, 2006). <http://www.nia.nih.gov/newsroom/2006/03/dramatic-changes-us-aging-highlighted-new-census-nih-report>. Last accessed November 14, 2013.
¹⁹ The Doctor's Company Market Research, "The Future of Health Care: A National Survey of Physicians" (Feb. 29, 2012), 21.
²⁰ Blue Cross, Blue Shield Association, *Detailed Summary Patient Protection and Affordable Care Act (PPACA)*, P.L. 111-148; *Health Care and Education Reconciliation Act (HCERA)*, P.L. 111-152 (April 22, 2010). https://securews.bcbstn.com/wps/wcm/connect/b32e820043e84754a63fff1fd0b821e/BCBSA_Detailed_Reform_Summary_MASTER_04-22-10.pdf?MOD=AJPERES. Last accessed November 14, 2013.
²¹ Susan Banks, et al, "Changes to Disproportionate Share Hospital (DSH) payments and provision of additional payments for uncompensated care," Association of Corporate Counsel (August 5, 2013). <http://www.lexology.com/library/detail.aspx?g=dbd062da-0066-4bc6-b23a-99ef114b0887>. Last accessed November 14, 2013.
²² Carl van Walraven, MD MSc, et al, "Proportion of hospital readmissions deemed avoidable: a systematic review," *CMAJ* (March 28, 2011). <http://www.cmaj.ca/content/183/7/E391>. Last accessed November 14, 2013.
²³ Jordan Rau, "Hospitals Treating The Poor Hardest Hit By Readmissions Penalties," *Kaiser Health News* (April 13, 2012). <http://www.kaiserhealthnews.org/Stories/2012/August/13/hospitals-treating-poor-hardest-hit-readmissions-penalties.aspx>. Last accessed November 14, 2013.
²⁴ Emily P. Walker, "What's in the Health Care Reform Law," *MedPage Today* (April 1, 2010). <http://www.medpagetoday.com/Washington-Watch/Reform/19361>. Last accessed November 14, 2013.
²⁵ U.S. Dept. of Health and Human Services, *Coverage of Certain Preventive Services Under the Affordable Care Act*, 78 Fed. Reg. 8456 (February 6, 2013).
²⁶ See *International Military Tribunal at Nuremberg*. <http://www.usmm.org/wlc/en/article.php?ModuleId=10007069>. Last accessed November 14, 2013.
²⁷ Carter, 122-123.

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Baltimore Council of the NACN

(temporary name)

Current point of contact - Judie Boyle

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Resources for starting a local council

are at www.nacn-usa.org under:

“About Us” / Local Councils ”

Resources you will find useful:

1. Guideline for starting a council
2. NACN-USA Brochure
3. Sample Newsletter
4. NACN-USA Bylaws
5. Conference Information
6. Article by Brother Ignatius Perkins which explains the importance of developing moral communities of clinicians (p10-12).



Our Mission: The National Association of Catholic Nurses, U.S.A. gives nurses of different backgrounds, but with the same Roman Catholic values, the opportunity to

promote moral principles within the Catholic context in nursing and stimulate desire for professional development. This approach to Roman Catholic doctrine focuses on educational programs, spiritual nourishment, patient advocacy, and integration of faith and health. As we continue to share our faith and values with each other, and with other healthcare providers, we simultaneously reach outward to the larger Church and also our communities, as we offer support to those in need.

Objectives of NACN

- To promote education in Catholic nursing ethics
- To nurture spiritual growth
- To provide guidance, support and networking for Catholic nurses and nursing students, as well as other healthcare professionals and non-healthcare professionals who support the mission and objectives of the NACN-USA
- To advocate for those in need through efforts which integrate faith and health



CICIAMS UPDATE

(Comité International Catholique des Infirmières et Assistantes Médico-Sociales=International Catholic Committee of Nurses and Medico-Social Assistants)

Mark your calendar for the CICIAMS XIX World Congress in Dublin, Ireland on September 23-26, 2014. The Theme is Protecting Family Life: The Roles and Responsibilities of Nurse and Midwives. Hosted by the Catholic Nurses Guild of Ireland, it will be held at All Hallows College, Drumcondra, Dublin 9. The Opening Mass and Welcome Reception will be on Tuesday evening, 23 September. Each of the next three days of the Congress has a subtheme as follows:

Wednesday, 24 September: Family Life: International and Regional Perspectives

Thursday, 25 September: Ethical Perspectives

Friday, 26 September: The Healthy Family

The Preliminary Programme and Registration Form for CICIAMS XIX World Congress are now available on the Catholic Nurses Guild of Ireland's website – www.catholicnurses.ie

<http://www.ciciams.org/>; General Secretariat, St. Mary's Bloomfield Avenue, Dublin 4, Ireland, Email: ciciams@eircom.net

ROSARIES DISTRIBUTED BY POPE FRANCIS AT NOV 17TH ANGELUS ADDRESS



The Pope's Angelus reflections were taken from this Sunday's gospel reading where Jesus warns his disciples of the future trials and tribulations they will face along with the false prophets they will encounter en route. The Pope said the two main messages contained here are: "Firstly, do not be taken in by false messiahs and don't be paralyzed by fear. Secondly, live this time of waiting as a time of witness and perseverance."

He told the faithful that this message from Jesus is just as valid in our present time and encourages us to show "discernment." "Nowadays," he continued, "there are many false saviors who try to substitute Jesus, leaders in this world, fake saints and personalities who wish to influence the hearts and minds of people, especially the young." But Jesus warns us, said the Pope: "Don't follow them." At the same time, Jesus also helps us not to be afraid when faced with "wars, revolutions and natural disasters."



Quoting from Christ's warning to his disciples about "the painful trials and persecutions" facing Christians, the Pope said these trials are an opportunity for witness and stressed they should not cause us to move away from the Lord. Let us spare a thought, he continued, for "our many Christian brothers and sisters who suffer persecution because of their faith. There are so many of them. Maybe, many more than in the early centuries." "We admire their courage and testimony."

In his address after the Angelus prayer, Pope Francis noted that Sunday was the World Day in memory of the Victims of Road Accidents and urged drivers to be prudent and respect the rules, saying this helps to protect both the driver and other road users. He concluded by holding up a small box containing 59 threaded beads of **the rosary** and urging those in the crowd to collect a box from the volunteers distributing it as they left St. Peter's Square. The Pope

described it as **"a spiritual medicine," saying it helps "our souls" and helps "to spread love, forgiveness and fraternity."** (From Vatican Radio Website).

How to pray the rosary at USCCB website: <http://www.usccb.org/prayer-and-worship/devotionals/rosaries/how-to-pray-the-rosary.cfm>



**PRAY THE
ROSARY DAILY**

U.S. Bishops Stand Up for Nurses' Rights of Conscience:

BY DR. MARIE HILLIARD, RN, PHD, JCL

Never has been the right of nurses to exercise conscience and religious freedom in their health care ministry been at so great a risk, from nurses being told they must assist at abortion, to nurses losing their fulltime positions for refusing to administer abortifacient drugs. The U.S. Conference of Catholic Bishops has developed a large initiative to protect our rights as nurses, including information as to how to take action. For more information see:

<http://www.usccb.org/issues-and-action/religious-liberty/>

UPCOMING EVENTS

2014

JANUARY

January 17 & 18 – North American Lourdes Volunteers, 4th Annual Medical & Leadership Meeting, New Orleans, LA. For

medical professional who may want to volunteer to accompany special needs pilgrims to Lourdes. www.lourdesvolunteers.org

*****MARCH*****

March 21-23, 2014 – NACN-USA Conference, The Art of Nursing: Beyond Technology, Nashville, TN, www.nacn-usa.org

We invite your submissions of **UPCOMING EVENTS** that would be of interest to Catholic Nurses.





National Association of Catholic Nurses-USA
c/o Diocese of Joliet
425 Summit Street
Joliet, IL 60435



*Our Lady of the Immaculate Conception,
Our patroness, pray for us!*

EDITOR'S NOTE: We invite you to submit news briefs, prayer requests, poetry, anecdotes, photos, and/or articles that would be of interest to Catholic nurses across the United States.

Articles must be received by the following deadlines to be considered for the newsletter:

Winter (published in December): November 15

Spring (published in March): February 15

Summer (published in June): May 15

Fall (published in September): August 15

Please send your submissions by e-mail to:
Diana Ruzicka, RN, MSN, CNS, COL,
USA (Ret.) Newsletter Editor at DianaRuzicka53@aol.com,
or you may mail submissions to: Diana Ruzicka, 185 River
Walk Trail, New Market, AL 35761



NACN MEMBERSHIP:

Membership dues are \$35/yr and can be paid via the website <http://www.nacn-usa.org/> or a check mailed to the treasurer at: Denise Quayle, 564 Franklin Farms Road, Washington, PA 15301. Please enter the year the dues are for on the check. Thank you for renewing. Welcome for those joining.

