

National Association of Catholic Nurses USA



NACN-USA, c/o Diocese of Joliet, 425 Summit St, Joliet, IL 60435

www.nacn-usa.org



Summer 2013 Newsletter

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Conference Proceedings (Part 2)

CATHOLIC NURSES ON THE FRONT LINES:

CHRIST'S MINISTRY IN ACTION

Held March 1-3, 2013, Nashville, Tennessee

President's Message

Dear Colleagues,

I hope you all have an opportunity in the next few months to relax and enjoy some of the splendour this season offers.

We continue to provide you with the conference proceedings in this summer issue of our newsletter. We hope that the topics will be valuable to all in your practice as Catholic nurses.

We have seen an increase in new memberships. Thank you for joining NACN and on behalf of the board we welcome you. We realized that there have been problems with renewals on line. We apologize for the inconvenience and ask for your patience as we continue to resolve these issues to bring you a more updated version of NACN website.

We have made great progress, especially with the newsletter but the work never ends. I want to encourage each of you to be more involved. This is YOUR organization and NACN needs you, your input, your thoughts, your abilities, your skills. Step up and volunteer for a committee – or two. We are still looking for volunteers to plan the 2014 conference. The committees are as follows: Chair or Co Chair; Program Development; Contact hours, Silent auction and Publicity.

If you've never volunteered before – this is your time. We are in this journey together.

Blessing always,

Alma Abuelouf, BSN, RN

President



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
- 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.



Mark Your Calendar

2014 NACN Conference
**The Art of Nursing:
Beyond Technology**
April 4-6, 2014
Nashville, Tennessee

Call for Abstracts page 11
Due Oct 15th
Volunteer Opportunities p11

PRESENTATIONS

(continued from Spring edition)

ALTERNATIVE THERAPIES: A CATHOLIC RESPONSE: REGARDING REIKI AND YOGA

by Maria Arvonio RN BSN MA

Hospitals are increasingly offering complementary and alternative medicine (CAM). Barnes, Bloom and Nahin identified in the 2007 *National Health Statistics Report* that "...almost 4 out of 10 adults had used CAM therapy in the past 12 months.¹ O'Reilly's report in the *American Medical News*(2011) noted that one in five hospitals offered Reiki.² Many of these therapies are rooted in Eastern spiritual beliefs which conflict with the teachings of the Catholic Church, but this information is not being disclosed to patients. This concern was addressed at the National Association of Catholic Nurses-USA Annual Meeting and Conference in March 2013.

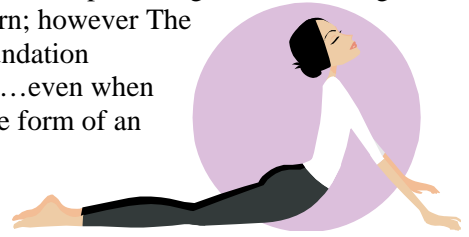
Nurses are obligated to protect patients' spiritual, religious and cultural practices in accordance with *Standard No.3 - Practice for Culturally Competent Nursing Care*.³ In addition, The Joint Commission (TJC) standard of care RI.01.01.01 (2012) obligates hospitals to safeguard and support their patients' cultural, spiritual and religious beliefs.⁴ They suggest that hospitals consider removing religious objects from a patient's room if it conflicts with the patient's spiritual/cultural practices.⁵ In addition, The United States Conference of Catholic Bishops (USCCB) issued a document in March 2009; banning Reiki from being offered at any facility identified as Catholic.⁶ Despite these standards and the USCCB's document, CAM practitioners are not disclosing this information to patients when offering the therapy. Lack of disclosure causes a barrier preventing patients from making an autonomous and informed consent when choosing CAM therapies.

Many attempt to dissociate these therapies from any specific spiritual/ religious practices, but there are reports which disclaim their views. Pamela Miles, a Reiki Master, indicated in *Reiki: A comprehensive guide*, that Reiki is based on spirituality which focuses on healing the patient's body, mind and spirit.⁷ In addition the National Center for Complementary and Alternative Medicine (NCCAM), a governmental agency authorized to facilitate studies on CAM therapies, identified Reiki as a type of CAM that stems from an Eastern belief system.⁸ Reiki training is also linked to spiritual practices. A Reiki Master transfers the energy to students during an attunement process which is a spiritual ceremony accompanied by spirit guides and reports of psychic phenomenon.⁹

Yoga is also associated with spiritual beliefs. The Pontifical Council for Cultural and the Pontifical Council for Interreligious Dialogue indicated that it was linked to New Age beliefs which conflict with the teachings of the Catholic Church.¹⁰



Some Catholics believe that practicing "Christian Yoga" eliminates this concern; however The Hindu American Foundation (2009) "claims that "...even when practiced solely in the form of an exercise, it cannot be completely delinked from its Hindu links".¹¹



The goal of the presenter was to inform nurses of the spiritual links associated with some CAM therapies. This information will help them abide by the *Standards of Practice for Culturally Competent Nursing Care No.3*. Those who attended should be equipped with the necessary knowledge to inform patients how some CAM therapies such as Reiki and Yoga, are associated with specific spiritual and religious practices.

References & full presentation available from Maria Arvonio at elishaspirit2003@yahoo.com

¹ Barnes, P.M., Bloom, B. & Nahin, R.L. (2008 December 10). Complementary and alternative medicine use among adults and children: United States, 2007. *National health statistics reports*; no.12. Hyattsville, MD: National Center for Health Statistics.

² O'Reilly, K. (2011, October 4). Demand drives more hospitals to offer alternative therapies. *AMEDNEWS.COM* Retrieved from <http://www.ama-assn.org/amednews/2011/10/03/prsd1004.htm>

³ Expert Panel on Global Nursing & Health. (2010, December 30). *Standards of practice for culturally competent nursing care: Executive summary*. P.7. Retrieved from http://www.tcn.org/files/Standards_of_Practice_for_Cultural

⁴ The Joint Commission. (2012, January 1). Rights and responsibilities of the individual (Standard RI.01.01.01). The Joint Commission E-dition. Retrieved from http://www.umdj.edu/mdstfweb/the_joint_Commission/Rigst%20

⁵ The Joint Commission. (2010). *Advancing effective communication, cultural competence, and patient centered-care: A roadmap for hospitals*. Oakbrook Terrace, IL: The Joint Commission. Retrieved from <http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf>

⁶ Committee on Doctrine United States Conference of Catholic Bishops. (2009, March 25). *Guidelines for evaluating Reiki as an alternative therapy*. Retrieved from <http://www.usccb.org/doctrine/publications.shtml>

⁷ Miles, P. (2006). *Reiki: A comprehensive guide*. New York: Penguin Group.

⁸ National Center for Complementary and Alternative Medicine. (2012). *Backgrounder: Reiki: An introduction*. Retrieved from <http://nccam.nih.gov/health/reiki/introduction.htm>

⁹ Rand, W.L. (1998 March). *Reiki the healing touch: First and second degree manual*. Southfield, MI: Vision Publications.

¹⁰ Pontifical Council for Culture & Pontifical Council for Interreligious Dialogue. (2003). *Jesus Christ the Bearer of the water of life: A Christian reflection on the "New Age"*. In *L'Osservatore Romano- The weekly edition in English*. 13/20 August. Baltimore, MD: The Cathedral Foundation.

¹¹ Hindu American Foundation. (2009). *HAF Site.Org*. Retrieved from <http://www.hinduamericanfoundation.org/media/pr/yoga-hindu-origins>

A Christian should not use a "socially mannered language", prone to hypocrisy, but speak the truth of the Gospel with the transparency of a child. There is no truth without love; love is the first truth.

Lesson drawn by Pope Francis from morning Mass, Tuesday, 4 June in Casa Santa Marta.



Add to your iPhone home page and read excerpts from Pope Francis' daily homilies at: <http://en.radiovaticana.va/index.asp>

PRESENTATIONS (cont'd)

ALTERNATIVE THERAPIES: THERAPEUTIC TOUCH

A CATHOLIC RESPONSE

by Patricia A. Sayers, RN, DNP



The Catholic response to Therapeutic Touch is grounded in core Catholic values and beliefs. Awareness of the core Catholic beliefs can be found in Pope Benedict XVI's declaration of the year 2012 as *The Year of Faith*. When addressing a general audience Pope Benedict stated, "...the truths that have been faithfully passed down to us ..." can be found "in the Creed, in the Profession of Faith ..." (Pope Benedict, 2012).

Throughout the history of the Church, *The Apostle's Creed* has guided the faithful. Consider the first three beliefs. Catholics believe in 1) one God the Father the Almighty, maker heaven and earth, 2) Jesus Christ His only begotten son, 3) who was born of the Virgin Mary.

The Apostle's Creed

33 AD	45-90 AD	115AD	200AD
Jesus Christ	Pentecost	New Testament	Ireneaus Tertullian

THE OLD ROMAN CREED AS QUOTED BY TERTULLIAN 200 AD

- (1) Believing in one God Almighty, maker of the world
- (2) and His Son Jesus Christ,
- (3) born of the Virgin Mary
- (4) crucified under Pontius Pilate,
- (5) on the third day brought to life from the dead,
- (6) received in heaven,
- (7) sitting now at the right hand of the Father,
- (8) will come to judge the living and the dead
- (12) through resurrection of the flesh

Catholic Encyclopedia

Sayers, P. (2013) NACN Conference

Scripture, Tradition, and the dogmatic pronouncements of the Church.

No preacher of the Gospel has the right to proclaim the Gospel according to personal theories he may happen to have. He proclaims the Faith of the apostolic Church and not his own personality or his own religious experience.

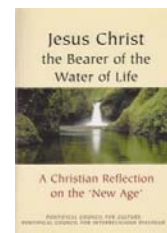
INTERNATIONAL THEOLOGICAL COMMISSION
CATHOLIC TEACHING ON APOSTOLIC SUCCESSION (1973)

When asked which was the greatest of the Commandments Jesus proclaimed "You must love your God with all your heart, and with all your soul, and with your mind. This is the greatest and the First Commandment" (Mathew 22: 17-19). The First Commandment is "YOU SHALL HAVE NO GODS BEFORE ME" (Deuteronomy.5:6-21).

Therapeutic Touch is a healing practice developed by two theosophists; Dora Kunz (1909-1999) a fifth generation clairvoyant, healer and past national president of the Theosophy Society of America and Delores Krieger RN PhD, a lifelong theosophist (Kunz & Kreiger, 2004). Theosophy Society of America was founded by Helena Blavatsky. Blavatsky is recognized by some as the mother of the modern New Age movement (Mau, 2009). Blavatsky's teachings were highlighted in the Theosophy Society publication entitled *Lucifer, A Theosophical Magazine*. Today the Theosophy Society of America's Lucis Trust supports the Arcane School which teaches New Age Discipleship (Lucis Trust, 2013).

From the New Age astrological perspective humans are leaving the Christian Age of Pisces and entering the New Age of Aquarius (Pontifical Council for Culture, Pontifical Council for Interreligious Dialogue, 2003). New Ager's believe Christianity will fade and be replaced by the enlightened consciousness of the New Age. Esoteric and gnostic teachings of New Age discipleship are intended to hasten the coming of the New Age.

The Vatican (2003) document "Jesus Christ the Bearer of Living Water" instructs Catholics in the history of the esoteric and gnostic foundations of the modern New Age movement. Essentially, the esoteric (understood by an initiated few) and gnostic (mystical knowledge of the enlightened) practices and beliefs of the New Age movement are not new. They preceded, paralleled, and continuously challenged Christianity over the years. The Pontifical Councils warn Catholics not to engage in New Age practices. Therapeutic Touch is recognized as a modern New Age practice (Pontifical Council for Culture & The Pontifical Council for Inter-religious Dialogue, 2003).



Nurses who practice and teach TT may not be aware of the pantheistic foundations of TT which are in conflict with the belief in a one and personal God (The First Commandment). Furthermore, the common position that TT and other New Age therapies are religiously neutral to Christianity is questionable as their adoption is perceived by New Ager's as hastening the coming of a non-Christian Era. From a cultural competency perspective, Vatican's documents opposing the practice of TT among Catholics beckons TT practitioners to respect the varied perspectives, values, and behaviors of Catholic patients. Finally, upon investigation of the historical roots of TT, the belief system underlying TT, and the Vatican's teachings regarding TT, I denounced my past involvement in the practice of TT and sought the Sacrament of Reconciliation.

I urge Catholic supporters and practitioners of TT to take a few moments and read the provided references.

Yours in Christ,

Patricia Sayers RN DNP

References:

- 1) Blavatsky, H & Collins, M. (1887-1888) *Lucifer, A Theosophical Magazine*, London George Redway, York Street, Covent Garden. Vol 1, No. 1, p. 1
Retrieved from: Blavatskyarchives.com/luciferreprints.htm
- 2) Kunz, D & Krieger, D. (2004) *The Spiritual Dimension of Therapeutic Touch*. Bear & Company. Rochester, Vermont.
- 3) Libreria Editrice Vaticana (1997) *Catechism of the Catholic Church* (2nd ed.) United States Catholic Conference, English Translation, CCC.2117 pp. 513-514).
- 4) Lucis Trust (2013) *Arcane School Training of New Age Discipleship*. Lucis Trust, NY, NY
Retrieved from: www.lucistrust.org/en/arcane_school
- 5) Mau, M. (2009) *Madame Blavatsky Mother of the New Age Movement*. A Screen Play. The Sanctus Gymanus Foundation. ISBN -10 4978483524 ISBN-13 978-0978483524
- 6) Pontifical Council for Culture, Pontifical Council for Interreligious Dialogue (2003) *Jesus Christ the bearer of living water, A Christian reflection on the New Age*.
Retrieved from www.vatican.va/pontifical_councils/interelg/documents/rc_pc_interelg_doc/20030203_new-age_en.html
- 7) Pope Benedict XVI (2012) *The Year of Faith*. Introduction. Libreria Editrice Vaticana General Audience, St. Peter's Square.
Retrieved from: www.vatican.va/holy_father/benedict_xvi/audiences/2012/documents/hf_ben-xvi_aud_20121017_en.html



RENEW YOUR MEMBERSHIP TODAY

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

HEALTH LITERACY: IMPACT ON CARE

The National Center for Family Literacy states “literacy is at the root of a person’s ability to succeed, and the family is at the heart”. Our emphasis is on family literacy for a simple reason – study after study shows that family, home and community are the true drivers of a child’s education” (1). This definition may establish the foundation for each nurse to integrate literacy and health literacy tools into their daily practice.

The Catholic nurse, by incorporating aspects of the spiritual and corporal works of mercy into their practice, strengthens this foundation. Thus each patient is treated with dignity while ensuring the understanding and comprehending of health care instructions.

The National Institutes of Health state “areas commonly associated with health literacy include: patient-physician communication; drug labeling medical instructions and medical compliance; health information publications and other resources; and informed consent” (2).

The utilization of health literacy tools, such as teach-back, brown bag medication review and communicating clearly, provides the nurse the opportunity to create a safe environment where patients and their families feel free to ask questions (3).

The teach-back method, also known as the ‘show-me’ or ‘closing the loop’, is one of the easiest ways to close the gap of communication between clinician and patient. It is a way to confirm that you have explained to the patient what they need to know in a manner that the patient understands. Patient understanding is confirmed when they explain it back to you.

The ‘brown bag review’ of medications is a common practice that encourages patients to bring all of their medications and supplements to medical appointments. The brown bag analogy comes from patients bringing their medications in a brown paper lunch bag. This medication review is an opportunity to discuss and review the medications the patient is taking; to answer their questions and to verify the reason they are taking the medications. This process assists in decreasing medication errors and harmful drug interactions.

Communicating clearly reinforces the importance of patient safety while encouraging each patient to be an active participant in their care.

Health care in the United States is not an easy road to travel. As Catholic nurses, we have a moral and ethical responsibility to ensure each patient understands their health care every step of the way since every person is entitled to safe, quality care from the time of conception until the time of natural death.

As Blessed Mother Teresa stated “be faithful in small things because it is in them that your strength lies”.

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References

- (1) <http://www.famlit.org/>
- (2) <http://www.nih.gov/clearcommunication/healthliteracy.htm>
- (3) <http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf>

Resources: <http://www.usccb.org/>

The U.S. bishops have called a Fortnight for Freedom, a two-week period of prayer and action, to address many current challenges to religious liberty including the:

- Deadline for religious organizations to comply with HHS mandate (Aug 1, 2013);
- Supreme Court rulings that could redefine marriage (June)
- Religious Liberty concerns in areas such as Immigration and Humanitarian services.



March for Civil Liberty
Selma, AL - 1965

Please visit www.fortnight4freedom.org for more information on this important time of prayer, education and action in support of religious liberty!

Prayer for Protection of Religious Liberty

O God our Creator, from your provident hand we have received our right to life, liberty, and the pursuit of happiness. You have called us as your people and given us the right and the duty to worship you, the only true God, and your Son, Jesus Christ.

Through the power and working of your Holy Spirit, you call us to live out our faith in the midst of the world, bringing the light and the saving truth of the Gospel to every corner of society.

We ask you to bless us
in our vigilance for the gift of religious liberty.
Give us the strength of mind and heart to readily defend our freedoms when they are threatened;
give us courage in making our voices heard
on behalf of the rights of your Church
and the freedom of conscience of all people of faith.

Grant, we pray, O heavenly Father,
a clear and united voice to all your sons and daughters gathered in your Church
in this decisive hour in the history of our nation,
so that, with every trial withstood and every danger overcome --- for the sake of our children,
our grandchildren,
and all who come after us ---
this great land will always be "one nation, under God, indivisible, with liberty and justice for all."

We ask this through Christ our Lord. Amen

POSTER PRESENTATIONS

(continued from Spring edition)

SIMULATION-BASED EDUCATION IN GENERAL ENDOTRACHEAL ANESTHESIA

by JoAnn Ramos-Alarilla MSN, CRNA, LTC, USA (Ret)



Introduction:

A military anesthesia nursing graduate program instituted innovative simulation educational initiatives in 2005. The program produces over 90% of the Army's nurse anesthetists, wartime critical specialty.

Capstone Performance Improvement Project:

The Student Registered Nurse Anesthetists (SRNAs) participated in the Doctorate in Nursing Practice project that examined the effectiveness of simulation-based training in general endotracheal anesthesia (GETA).

Clinical Problem:

- Heightened military exigencies required some new graduates to deploy within three months after clinical residency
- Need for an accelerated and intensive clinical preparation
- Need to examine the effectiveness of the program's simulation-based training in general endotracheal anesthesia

Intervention: Simulation sessions in GETA using a Performance Assessment Objective (PAO) tool

Comparison: SRNAs' PAO scores Phase 1 (didactic) compared with Phase 2 (clinical) scores

Outcomes: Increased SRNA proficiency in general endotracheal anesthesia and two anesthesia related crisis events and Standardized PAO critical elements;

Method:

Phase 1 (didactic): PAO tool used in simulation sessions conducted in four separate one hour sessions followed by a debriefing:

- Teaching: First and third sessions
- Testing: Second and fourth sessions (videotaped)
- PAO scores obtained from the PAO evaluations

Phase 2 (clinical): PAO tool used to evaluate SRNA performance at the end of 90 days

Data Analysis: Non-statistical significance (Pearson r) in SRNA performance, but Phase 2 faculty comments suggested correct intervention or verbal response by SRNAs' managing two acute anesthesia events-Laryngospasm and/or Bronchospasm

Recommendations: PAO tool incorporated into the USAGPAN Quality Improvement program with annual reviews by Phase 1 & 2 cohort.

Establish intra- and inter-reliability of the PAO tool. This project plan may serve as a precursor for further study.



LOVE EACH PILGRIM AS CHRIST: SERVING AS A NURSE WITH

THE NORTH AMERICAN LOURDES VOLUNTEERS
by Diana Ruzicka, RN, MSN, CNS, COL, USA Retired

Recognized by the Vatican as a Public Association of the Christian Faithful, the North American Lourdes Volunteers (NALV),

accompanies Special Needs Pilgrims to Lourdes, France three or more times a year. Regularly scheduled pilgrimages for ill, wounded and disabled are in May, June and October.

Assisting souls to Heaven through accompanying bodies to Lourdes is the objective of NALV. The pilgrimage is a true spiritual journey of healing and peace.

Volunteer medical practitioners and nurses provide supportive care throughout travel and stay in Lourdes. Nurses interview pilgrims and families to design supportive care plans (SCP) which outline the care, supplies, medications and durable goods required during international travel and stay in France. Pilgrims and volunteers reside at



the Accueil Notre Dame, a Sanctuary facility overlooking the Grotto providing specialized shared hospital-bed accommodation and meals. The spirit of each pilgrim is enriched through morning and evening prayer, processions, daily mass, spiritual direction, Sacrament of

Anointing and Reconciliation. Nurses offer loving supportive care for all pilgrims, especially focusing on their US airport departure pilgrimage family. Additionally, they serve "on-call" and assist in a morning and evening "supportive care clinic" on a rotational basis. The heart of their charism is love in the spirit of family. The answer to any question is love and the solution to any problem is found in the Gospel. North American Lourdes Volunteers demonstrates Christ's Ministry in Action.

www.LourdesVolunteer.org, info@lourdesvolunteers.org





Effect of an Osteoporosis Education Intervention on Osteoporosis Knowledge in Veiled Postmenopausal Arab Muslim Women and Assessment of Osteoporosis Risk Factors in this Study Population Using Heel Bone Density Tests and Vitamin D Level Screening: A Pilot Study

Sr. Victoria Marie Indyk, PhD, RN, Associate Professor of Nursing, Madonna University and Madonna University Nursing Students:
Israa Berro, Zahra Shajira, Ahlam Toma, Alia Bazzi, Assma Almassmari, Alida Spatz, Veronica Marshall, Karol Cadorin, Ronia Abdallah, and Sr. Josepha VanCamp

Background:

Osteoporosis is a preventable and treatable disease process that causes physical problems such as fractures, pain, and deformities of the spine, loss of height, disability, immobility, and even death. (NOF, 2012)



Deficiencies in Vitamin D may cause:

- * Rickets in children
- * Osteomalacia and osteopenia
- * Osteoporosis in both adults and children.

Vitamin D deficiency occurs from a variety of causes including:

- * Lack of sun exposure
- * Lack of vitamin D in the diet
- * Impaired endogenous production
- * Drug interactions
- * Certain disease states (Holick, 2011)

The International Osteoporosis Foundation (2009) reported that populations across the globe are suffering from the impact of low levels of vitamin D.

Heavily covering Islamic dress create serious potential health concerns for Islamic migrants in countries away from the equator such as Canada, the United States, Europe, Canada, and Australia (Hagenau, et al., 2009; Hanley & Davison, 2005)

Study Purposes:

1. Examine the effects of an osteoporosis educational intervention on osteoporosis knowledge in veiled postmenopausal Arab Muslim women.
2. Examine heel bone density tests, vitamin D levels, and the effect of select personal factors and behavior characteristics of this population related to osteoporosis.

Study Design:

- Descriptive, Quasi-Experimental
- Pretest and Post-test Educational Intervention using 23 Question True/False/ Don't Know Knowledge of Osteoporosis Test (TKO) (Indyk, 2012)

Setting:

- Two local Mosques in Southeastern Michigan: N= 53



Islamic Center of America
Dearborn, MI
(Wearing Hijab)

35 Participants:
Ages: 42-87 years
Mean Age: 57.7 yrs.



Iman Islamic Center
Detroit/Hamtramck
(Wearing Niqab)

18 Participants:
Ages: 48-80 years
Mean Age: 56.1 yrs.

Demographics: (53 participants)

Years in America: **Mean 12.68 yrs.**
(Range 7 days to 40 years)

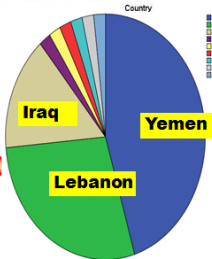
Years Wearing Hijab: **Mean 42.6 years**
(Range: < 1 year to 76 years)

Years of Formal Education: **Mean 7.02**
(Range: 0 to 23 years)

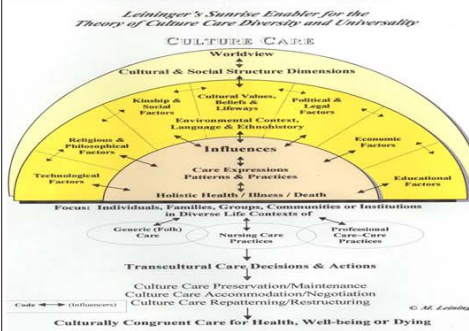
Country of Birth:

Yemen 24 (45.3%)
Lebanon 15 (28.3%)
Iraq 8 (15.1%)
Palestine 1 (1.9%)
Syria 1 (1.9%)
Saudi Arabia 1 (1.9%)
Africa 1 (1.9%)
Bahrain 1 (1.9%)
Missing Info 1 (1.9%)

Total 53 participants



Leininger's Theoretical Model:



Results:

Vitamin D Levels using ZRT Finger Stick Test:

	Vitamin D2 Level	Vitamin D3 Level	Total Vitamin D Level
N =	53	53	53
Mean:	10.29*	12.05**	20.49*
Minimum -	4.0*	-4.0*	-4.0*
Maximum	45.3*	36.8*	56.1*

*(D3 Reference Range is 32- 100 ng/ml)

** (D2 Reference Range - <4 ng/ml)

Heel Bone Density results Achilles III Ultrasometer*:

Osteoporosis* Osteopenia* Normal*

Dearborn			
Site # 1	n = 3 (N = 35)	n = 16 (45.7%)	n = 16 (45.7%)
Detroit/Hamtramck			
Site # 2	n = 1 (N = 18)	n = 4 (22%)	n = 13 (72%)
TOTAL:	n=4 (N=53)	n=20 (37.7%)	n= 29 (34.8%)

* Following WHO (1994) T-Score equivalents:
Osteoporosis- T-score = SD < - 2.4
Osteopenia - T-score = SD -1 to -2.4
Normal- T-score = SD > -1

Pre and Post Test Results:

Participants showed an increase in Post test scores as demonstrated by Paired T-Tests =

t (47)= -4.9**, p (2-tailed) = .000

Correlation Statistics from Pre to Post Test are also significant: =

r (23) = .831**, p (2-tailed) = .000

Osteoporosis was significantly correlated to:

Length of Time Wearing Hijab=r (53) = .305, p =.026*

Vitamin D3 Level = r(53) = .439, p(2 tailed)= .001**

Significant Findings for Pearsons Correlations:
Presence of Vitamin D3 * Vitamin D2 =

-.454**, p(2 tailed)= .001**

USDHHS (2004) Risk Assessment Multiple regression showed T scores related to:

Risk Factor:	Unstandardized Coefficients	β	SE	t	p
AGE		.45	.26	4.39	.000**
Underweight		.68	.31	2.23	.035*
Menopause					
before age		.82	.23	3.49	.002*
Takes OP risk					
meds		-.262	-.09	-2.54	.009*
Never took					
enough Calcium		-.563	.19	-2.93	.006*

Conclusions:

- 1) Statistically significant changes noted in the pre and post test. Low literacy level of participants required assistance of Arab-speaking Muslim nursing students which may have altered the responses on the pre and post- tests due to the language fluency of the Arab Muslim nursing students.
- 2) 96% of the participants had low to deficient levels of Vitamin D levels.
- 3) The presence of osteoporosis was significantly related to Length of time wearing a hijab, Vitamin D3 level, Age, Being underweight, Never taking enough calcium, Menopause before age 45 and Number of OP Risk Meds

Acknowledgements: Funding for this research was obtained from Madonna University: Title III Federal Grant Strengthening Institutions and Faculty/Student Professional Development Grant. In addition, private donations were used for the testing supplies.



FORMATION OF

MORAL COMMUNITIES OF CLINICIANS*

*This topic is part of a paper presented at the conference *Catholic Principles in Health Care: Are They Compatible in a Secular Society* sponsored by Aquinas College, Nashville, Tennessee and John Carroll Catholic High School Birmingham, Alabama on 27 April 2013. Copies are available by contacting the author.

Introduction. Today's health care environment is becoming increasingly overwhelmed by moral relativism fueled by the collapse of the citadel of ethics and the erosion of a moral compass, high technology, financial algorithms, and the governmental encroachment on the free exercise of one's conscience rather than on the dignity of the human person who is suffering and sick and in need of healing. An informed review of the emerging regulations of the Patient Protection and Affordable Care Act, approved in January 2010, fraught with obligatory rules that violate the freedom of conscience, the exercise of religious liberties, the requirement for faith-based organizations to follow the law regardless of their mission, and the use of an Independent Payment Advisory Board (e.g. the Death Panel) are only a few of the threats to human dignity and the healing relationship now memorialized in this law.

The epidemic and exponential influence of these forces on the current health care delivery system has led to the systemic violation of the dignity of the clinician (and ultimately that of the sick person), created moral distress among clinicians, alienated persons from receiving needed care, oftentimes resulting in the collapse of the healing relationship. Guided by the teaching of the Catholic Church these violations can be addressed and corrected by applying the Church's moral tradition in health care and by reaffirming the principle of human dignity as the moral center of the healing relationship between the person who seeks hope and healing and the clinician who promises to care and to heal. This work, protecting human dignity and freedom of all persons, remains at the critical center of the Church's health care ministry and the New Evangelization.

Dehumanization of the Clinician. Within the current health care system is the growing phenomenon of the dehumanization of the human person. Dehumanization in health care has become the focus of attention particularly in the rapid evolution of health care services and hyper-specialization in technology, accelerating costs, new barriers to access for health services especially for the uninsured and underinsured, the evolution of a disease-centered health care system, the unequal distribution of health services especially for those who are voiceless: children, the ill who cannot afford to pay for care, the elderly, persons of color, and those persons marginalized by the stigma of their illness or life style. While it is beyond the scope of this paper to explore the full range of underpinnings of this growing global epidemic, we can say that dehumanization in health care is enveloping every aspect of human life - individuals, families, communities, political bodies, societies and cultures.^{1, 2, 3, 4}

Faces of dehumanization of the human person appear in different forms, for example, consumerism, commodification and fungibility of the human person as a disposable item, the uninsured, exposure of the sick to untoward risks in providing care in unsafe environments, severe shortages in nurse staffing and the growing presence of moral distress among clinicians.^{5, 6, 7, 8, 9}

The phenomenon of dehumanization is being fueled by an ethical paradigm called moral relativism that embraces a set of personal and subjective standards that are applied independently in each situation; reductionist thinking; radical objectification; and the disappearance or absence all together of a universal set of standards, moral norms or principles that are understood as being consistently good or evil regardless of circumstances. The prevailing ethical paradigm diminishes the intrinsic dignity of the human person, violates autonomy and freedom of conscience and the right to make informed choices grounded in the natural law and a moral code that affirms and protects this dignity.

Dehumanization is the result of a constellation of causes, for example:

1. the relentless pursuit of technological competencies and the diminution of interpersonal communications, that threaten human caring and the promotion of human flourishing, the telos of human dignity, and by treating the sick as data cohorts in actuarial financial algorithms;
2. curricula in health professions education programs that focus largely on the science and treatment of illness and disease and minimize the important value of forming a healing relationship, interpersonal communications and the humanities in forming the whole person;
3. treatment decisions that discriminate on the basis of age, color, culture, religious preferences, moral values, station in life, the ability to pay for services and disease states;
4. moral distress and moral malaise among clinicians that leads to addictions, depression, marital and family discord, emotional burnout, suicidal thoughts and behaviors, resignation and burnout, inadequate formation of conscience, dubious informed consents, unreported clinical errors, accidents and deaths;

As a result, these variables militate against the moral center of health care, the personhood of both the one searching for healing and the other who promises to heal physically, spiritually and psychologically. This is dehumanization of both the person who is sick and the one who promises to heal. The effects of moral relativism in health care leave us with a profound question of cosmic proportions: who do we, as individuals, as citizens, a society, as a world community, really care about? Are we willing to actively advocate for change that will ultimately protect the unwanted and the unloved in our midst?

Development of Moral Communities of Clinicians. In response to the growing threats of dehumanization and the demise of the healing relationship, the formation of moral communities is offered as one of three important and integrated strategies. (An extended presentation of the other important components, the moral formation of the clinician and the formation of healing relationships, are found in the full presentation).

Re-claiming the dignity of the human person and the re-humanization of the clinician can be accomplished by the development of supportive moral or intentional communities of clinicians. Often times, society holds clinicians in great positive regard, especially respectful of the knowledge and positive power they possess to bring healing and hope to the sick and dying. Clinicians, too, experience this sense of power and autonomy, yet they are also subject to being vulnerable when faced with ethical dilemmas for which easy solutions are elusive or unclear all together.

According to Haas, a unique component of Pope Benedict XVI's conceptual model is the value of the "shared experience of the community of which one is a part."¹⁰ This component has significant importance for the moral development, continuing formation and clinical practice of clinicians in preventing and reducing moral distress and effectively promoting positive changes needed within the health care professions to re-claim human dignity as the first principle of health care. With the demands placed on clinicians in practice settings today, the unparalleled development in health care technology and the growing phenomenon of moral relativism in our culture, there is often little time to seriously reflect on the myriad of moral challenges that impact upon the practice of medicine and nursing.

What is proposed is the development of local support groups of clinicians who can form moral communities in order to provide immediate and continuing support, advice and counsel, for example, on urgent clinical issues in health care; on how to prevent and respond to moral distress in clinical practice; how to develop or re-establish moral courage when confronted with conflicting and difficult issues; on the process for establishing and sustaining healing relationships with persons in need of health services; and influencing positive change in the legislative and regulatory arenas.

Gathering together clinicians who share a common commitment to the moral tradition of the Church and who possess a rich collection of narrative experiences that can be shared, provides the needed support of a community of faith where the presence of the *Digitus Dei* is ever in their midst. It is within this context and discourse where the moral tradition of the Church can be better understood and embraced by clinicians who wish to practice within the Church's tradition. Forming moral communities of clinicians to provide the forum to address their common concerns, to support one another in their decisions in light of the teaching of the Church and to develop strategies that promote moral courage, especially in re-shaping the current tenets of the Affordable Care Act, when confronted with conflicting issues, is an example of where the Church is dynamically

alive and effective in proclaiming its Gospel of healing. This is an excellent example of the vocation of the clinician.

Health Care Services and a Preferential Option for the Human Person. As clinicians committed to the Catholic health care ministry, we are the privileged inheritors of a centuries-old moral tradition which has proclaimed its historic commitment to the dignity and freedom of every person since the time Christ walked among lepers and the despised of his own time. The work of the initial and continuing formation of clinicians aimed at reaffirming their own human dignity and freedom, and that of those entrusted to their care, enhancing a healing relationship with the sick while working for positive change in health care systems, must engage a new propaedeutic if these efforts are to bear fruit and be sustained. This work is deeply centered in the Church's teaching mission and the New Evangelization, not simply to teach but to proclaim Jesus Christ by one's words and actions, that is, to make oneself an instrument of his presence and action in the world.¹¹ Women and men who collaborate in the Church's healing ministry as clinicians are authentic ministers of the Gospel.¹²

As I have written elsewhere:

The care of the sick, the highest form of the *Imitatio Dei*, when viewed in partnership with Jesus, the author of all life, is a very special aspect of the stewardship of creation because it cares for the summit of creation, human persons, nurturing the life that is in them, easing the pain that diminishes them, and accompanying them in their ultimate journey.¹³

Let us continue this noble work of caring for the masterpieces of God's creative act.

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An earlier version of this work, *Dehumanization of the Clinician and the Demise of the Healing Relationship*, was published in *The National Catholic Bioethics Quarterly*, Vol. 8, No. 3, August 2008

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⁹ H.T. Englehardt, Jr. & F. Jotterand (Eds). E.D. Pellegrino, "Commodification of Medical and Health Care," *The Philosophy of Medicine Reborn: A Pellegrino Reader* (Notre Dame, Indiana: University of Notre Dame Press, 2008): 101-126.

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¹¹ Congregation for the Doctrine of the Faith. *Doctrinal Note on Some Aspects of Evangelization* (December 3, 2007)

¹² U.S. Conference of Catholic Bishops, "Co-Workers in the Vineyard of the Lord," (Washington: U.S. Conference of Catholic Bishops, 2005).

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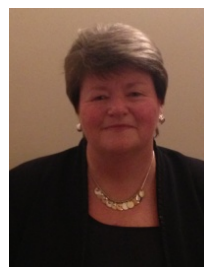
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FORMING A DIOCESE OF TRENTON COUNCIL OF CATHOLIC NURSES – CATHOLIC RADIO, WFJS

by Maria Arvonio RN BSN MA
& Patricia A. Sayers RN DNP

On Friday, May 3, 2013, Patricia Sayers RN DNP and Maria Arvonio RN BSN MA, facilitators of the Diocese of Trenton Council of Catholic Nurses, were interviewed on "The Friday Live" Catholic Radio program hosted by Mr. Jim Manfredonia and his wife Cheryl. The purpose of the interview was to discuss the development of a council of Catholic Nurses in the Diocese of Trenton. Ms. Sayers gave a brief summary of the history and mission of the National and International Organization of Catholic Nurses.



Mr. Manfredonia asked what precipitated their desire to develop a council in New Jersey. Ms. Sayers voiced the need for Catholic Nurses to be more grounded in their faith and to openly support religious liberty and freedom of conscience in nursing. "My particular journey to the NACN-USA" said Dr. Sayers "was prompted by the expectation that as a nursing supervisor I would be asked to oversee New Age therapies at the bedside. At one time I was a student of therapeutic touch. However, I later learned that therapeutic touch was categorized by a Vatican Council as "New Age" which conflicts with the teachings of Jesus Christ."



Mrs. Arvonio noted she was inspired to help develop a council due to nurses voicing concerns of fears related to being asked to offer therapies against their faith or praying with their patients. She stated, "Nurses are often afraid to pray with their patients for fear of offending their patient or losing their job. Spirituality, however, is part of nursing care. According to standards of care, they are obligated to obtain the patient's permission, but they should never be afraid to offer prayer". Mrs. Arvonio emphasized that nurses should call a priest when a Catholic patient is dying, "nurses are often afraid to call a priest if the family is of a different faith, but our primary obligation is to the patient".

The goal of the Diocese of Trenton's Catholic Nurses Council is to provide an opportunity for fellowship while

attending educational programs and spiritual retreats. A "Meet and Greet" meeting is planned for Saturday, June 15th. The location and time was not announced pending confirmation. Marie Hilliard MS, MA, JCL, PhD, RN, the NE Regional Representative NACN-USA as well as the Director of Bioethics and Public Policy for The National Catholic Bioethics Center, was invited to be the guest speaker for the first meeting.

Ms. Sayers and Mrs. Arvonio concluded by offering their sincere thanks to Bishop O'Connor, the Bishop of Trenton. They indicated they were blessed by his support. He facilitated a meeting with Terry Ginther, the Executive Director for Pastoral Life and Missions and John Kalinowski, Director of the Department of Pastoral Care who were responsible for the opportunity to be interviewed on the Catholic radio station.

REGIONS & REGIONAL COUNCILS



MIDWEST REGION (cont'd)

Council of Catholic Nurses
of Lake County, IL
Ginny De Reu
Libertyville, IL

Madonna University Council
of Catholic/Christian Nurses
Sr. Victoria Indyk, CSSF, PhD, RN
Livonia, MI

svictoria@madonna.edu

NORTHWEST REGION

NW Regional Representative
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FNP

San Rafael, CA
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San Francisco Council
of Catholic Nurses
Mary Ann Haeuser
San Francisco, CA

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SOUTHWEST REGION

SW Regional Representative
Jane Cardea, PhD, RN
San Antonio, TX

jcardea@sbcglobal.net

Local and regional Councils are affiliated with NACN-USA, yet are independent entities.

For information about our affiliated councils currently under formation, or to inquire about starting a local council, please contact us at:

catholicnurses@nacn-usa.org

NORTHEAST REGION

NE Regional Representative
Marie Hilliard, RN, PhD, JCL
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Fall River Diocesan
Dolores Santos
Hyannis, MA

SOUTHEAST REGION

SE Regional Representative
Pat Jenkins, RN
St. Petersburg, FL

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Mid-South Area Association of
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MIDWEST REGION

MW Regional Representative
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ACNS-BC
Republic, MO

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Council of Catholic Nurses
of the Diocese of Joliet, IL
Jan Salihar
Wheaton, IL

janetsalihar@sbcglobal.net

Council of Catholic Nurses
of the Archdiocese of Chicago
Mary Anna Gercius
Chicago, IL



WORLDWIDE EUCHARISTIC ADORATION **SUNDAY, JUNE 2, 2013**

With the Theme: **“One Lord, One Faith”** chosen to testify to the deep unity that characterizes it in this Year of Faith, Pope Francis led the Church in the 1st Worldwide Eucharistic Adoration from St. Peter’s Basilica, Sunday, 2 June from 5:00pm-6:00pm local time.



1st Prayer Intention of the Holy Father: “For the Church spread throughout the world and united today in the adoration of the Most Holy Eucharist as a sign of unity. May the Lord make her ever more obedient to hearing his Word in order to stand before the world ‘ever more beautiful, without stain or blemish, but holy and blameless.’ That through her faithful announcement, the Word that saves may still resonate as the bearer of mercy and may increase love to give full meaning to pain and suffering, giving back joy and serenity.”

2nd Prayer Intention of the Holy Father: “For those around the world who still suffer slavery and who are victims of war, human trafficking, drug running, and slave labour. For the children and women who are suffering from every type of violence. May their silent scream for help be heard by a vigilant Church so that, gazing upon the crucified Christ, she may not forget the many brothers and sisters who are left at the mercy of violence. Also, for all those who find themselves in economically precarious situations, above all for the unemployed, the elderly, migrants, the homeless, prisoners, and those who experience marginalization. That the Church’s prayer and its active nearness give them comfort and assistance in hope and strength and courage in defending human dignity.”

CICIAMS 80TH ANNIVERSARY **ON MAY 15, 2013** by MaryLee Meehan, RN, MA

The International Catholic Committee of Nurses and Medico-Social Assistants (CICIAMS) is eighty years old. Today the organization is just as vibrant and relevant as it was back in 1933.

Today we have four active regions, Africa, Asia, Europe and Pan America. The Oceanic Region needs to be renewed. Recent regional conferences were held in Asia/Singapore and Africa/Zambia.



Europe/Ireland will be hosting the World Congress in Dublin, September 2014.

As NACN, USA is a member in CICIAMS, we are required to collaborate in communion with the mission of CICIAMS. As CICIAMS is an international Catholic organization we are required to collaborate in communion with two Pontifical Councils at the Vatican. The first Council is the Pontifical Council for the Laity (PCL), which requires that the family be the first priority of any lay organization. The second Council is the Pontifical Council for Health Care Workers (Spiritual Care) (PCHCW). H.E. Archbishop Monsignor Zigmunt Zimowski is President of this Council and he is very pleased with the present

status of NACN, USA, inclusive of our working in collaboration in communion with the United States Conference of Catholic Bishops. I have the honor of being a member of the PCHCW and I too am very proud of today’s status of NACN, USA.

The XIX CICIAMS Congress held every 4 years is scheduled for September 23-26, 2014 in Dublin, Ireland. <http://www.ciciams.org/> ; General Secretariat, St. Mary’s Bloomfield Avenue, Dublin 4, Ireland, Email: ciciams@eircom.net

In our next newsletter there will be information regarding encouraging the celebration of World Day of the Sick, February 11, 2014, 2015, and 2016. In the meantime, let us continue to be “soldiers of Jesus Christ” in our work place.





CALL FOR ABSTRACTS

The National Association of Catholic Nurses
Annual Conference April 4-6, 2014
Nashville, Tennessee

The National Association of Catholic Nurses-USA (NACN) seeks abstracts relating to pro-life, pro-family nursing and related topics across the lifespan. Abstracts may be completed works or works in progress representing nursing administration, nursing practice, nursing education or nursing research. A title page including name(s) and credentials of authors, title of project, type of organization, date of submission must be submitted. The abstract must be 300 words or less submitted without identifying information except for the title of the project.

Two grants will be awarded in the amount of \$500.00 and \$1000.00. Grant recipients must present their project at the 2014 NACN conference. Acknowledgement of NACN funding must be included in all publications and presentations of the projects. Student submissions are welcomed if accompanied by a faculty support letter.

Guidelines for proposals:

<u>Administration:</u>	<u>Nursing Practice:</u>	<u>Nursing Education:</u>	<u>Research:</u>
Title of Project	Title of Project	Title of Project	Title of Project
Rationale	Rationale	Rationale	Rationale
Conceptual Framework	Conceptual Framework	Conceptual Framework	Conceptual Framework
Problem Addressed	Problem Addressed	Problem Addressed	Methods
Setting	Setting	Setting	Subjects
Population	Population	Population	Setting
Intervention (management strategy)	Nursing Intervention	Educational Strategy	Instruments
Outcome	Outcome	Outcome	Data Analysis
Budget	Budget	Budget	Results
			Budget

Abstracts must be submitted by October 15, 2013. Grant recipients will be notified by November 15, 2013. Presenters are responsible for expenses including travel related to the conference.

Abstracts may be submitted to Dr. Diana M. L. Newman at dianadoc@comcast.net.

VOLUNTEER OPPORTUNITIES

As the board moves forward to accomplish this year's goals, we cannot stress enough the need for each NACN member to be actively involved.

Members are who help our organization to achieve its full potential.



2014 - CONFERENCE COMMITTEES

Needed Now for Conference Planning & Preparation:

Chair or Co-Chair

Program Development

Contact Hours

Silent Auction

Publicity

Volunteer at catholicnurses@nacn.org



NACN STANDING COMMITTEES



By-Laws
Membership & Elections
Ethics & Spirituality
Newsletter & Publicity
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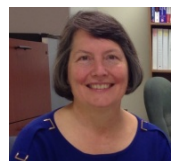


EDITOR'S NOTE: Mail or email your submissions to: Diana Ruzicka, 185 River Walk Trail, New Market, AL 35761;
DianaRuzicka53@aol.com

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

Winter (published in December): Nov 15
Spring (published in March): February 15
Summer (published in June): May 15

Fall (published in September): August 15



THE WAY OF ST. JAMES: NURSE'S STYLE

by Jeannine Gaudet

Seven years ago I had a conversation with a Doctor who came from the area around Santiago, Spain. He told me about the Way of St. James, a pilgrim trail that has been traveled since the 9th Century. The conversation sparked something in me, but because my two youngest children were still at home, I put it onto my "Bucket List". In 2011 I had a health scare. I was 67 and learned that it is a gift from God to have good health! I decided that it was time to use that gift. I decided to take a walk!

I am a Catholic Faith Community Nurse, and in my training I learned that everyone should be looked at as "Mind, Body, and Spirit". I decided that if I was going to walk the 500 mile Way of St. James, I needed to approach it the same way. My mind, body and spirit would be walking as a Pilgrim on the Way of St. James.

For the "Mind" part of my adventure, I knew I had to learn all I could about the walk. I bought some books and did some research on the internet. I found out that the Way of St James has a very well-marked trail, available to me through books and online information. I did a lot of reading and bought an excellent Guide-Book with everything I needed to know about the trail. I was ready to find my way.

For the "Body" part I did some homework and some physical work. I decided that in order to walk 500 miles, I needed to WALK. I started a training program that included walking up and down hills, and some workouts that strengthened my leg muscles. Eventually I was walking several miles, on varied terrain, with a backpack. I also did a lot of studying about how to take care of my body. I learned that my feet were sacred! I learned how to prevent injuries like blisters and tendonitis and I learned how to treat them if I failed. I learned about hydration and foot care. I learned about the equipment I would need and I did my best to gather the items that would make it possible for me to accomplish the journey. I was as ready as anyone could be!



I especially paid attention to my Spirit. My Pilgrimage to Santiago was above all else a spiritual journey. I wanted to be able to hear the word of God as I traveled. I read about the Pilgrims of old, who set out on a long journey from places all over Europe because they wanted to honor their God and hear

His message. They had a much more difficult journey than the one I had chosen. I wanted to hear what they had to say. Was it worth the sacrifice?

I chose to meditate on my way using the Lectio Divina method. I made a journal that had a scripture on every page. I did not choose the scripture with any particular plan. I simply read scriptures and included the ones that spoke to me. I put one on each page of my journal. As it turned out, when I reached the last day of my walk, I also reached the last day of my journal. God knew more than I! Each day, I read my scripture in the morning before I set out on my day's walk. Throughout the day I meditated on the scripture and listened to what it had to say to me. At the end of the day, I wrote in my journal the messages I received during my walk. To this day I am amazed at what I heard and wrote. At first I didn't always understand the message, but as my Camino experience expands, I learn more every day. I also wrote a "Mission Statement" for my journey. It was the foundation for my walk. I asked for forgiveness for any failings I had as a mother. I asked that my children would not be held accountable for any shortcomings they may have because of my weaknesses.

Traveling to a foreign country is never simple. Traveling alone with no ability to speak a foreign language is difficult. Starting a quest with no knowledge of what would happen is terrifying! I felt that terror as I looked out of the window of the airplane carrying me across the ocean. I arrived in Paris and traveled to Lourdes, the Marian shrine that I had chosen as the front bookend of my journey. I almost missed my train and I got hopelessly lost as I walked from the station in Lourdes to the center of town. But eventually I found my hotel. When I arrived at the Grotto the next day, it hit me. I was in Lourdes. I was at the place where the Mother of my God appeared to Bernadette Soubirous. It hit me like a brick. I sat down and cried for over an hour as I repeated rosary after rosary for all of the people that I loved. I spent two days praying at the various shrines. I walked the hills behind the church and I prayed. Then I took a train to St. Jean Pied de Port. I was ready to start my Camino.

Before I even arrived at St. Jean, I started meeting other pilgrims. I met a mother and son from Texas who were on a very special journey. The son had completed several deployments to Iraq. He had chosen not to go home until he had "gotten rid of the demons". I knew he would never leave me behind so I asked if I could accompany him as we traveled through the mountain pass on the first day. He was my hero for the next two days. When I reached Pamplona, I left him and his Mom to work out their healing journey and set out by myself. I met many pilgrims from all over the world as I walked. But one came upon me around my 6th day and I knew she and I were destined to make the journey together. She was an Irish lady, full of energy and strong. We discovered after our initial conversation that we both had six children, we were the same age, our husbands

(continued on page 14)



INTOLERANCE IN THE NAME OF TOLERANCE

by Bishop Mario Toso, S.D.B.
Secretary for the Pontifical Council for
Justice & Peace



Presented at the High Level Conference on Tolerance & Non-discrimination, May 21-22, 2013 in Tirana, Albania held under the auspices of the Organization for Security & Co-operation in Europe (OSCE)

This year we celebrate 1700 years of the Edict of Milan, issued in 313 A.D. by Emperor Constantine, one of the most important documents in history related to freedom of religion. With this decree the persecution of Christians finally ended, Christianity was legalized and religious freedom was granted and guaranteed for all throughout the Roman Empire.

It is regretful, therefore, to note that across the OSCE region a sharp dividing line has been drawn between religious belief and religious practice, so that Christians are frequently reminded in public discourse (and increasingly even in the courts), that they can believe whatever they like in their own homes or heads, and largely worship as they wish in their own private churches, but they simply cannot act on those beliefs in public. This is a deliberate twisting and limiting of what religious freedom actually means, and it is not the freedom that was enshrined in international documents, including those of the OSCE beginning with the 1975 Helsinki Final Act, stretching through the 1989 Final Vienna Document and the 1990 Copenhagen Document, and including the 2010 Astana Summit Commemorative Declaration.

There are many areas where intolerance against Christians can clearly be seen, but two stand out as being particularly relevant at present.

The first is intolerance against Christian speech. In recent years there has been a significant increase in incidents involving Christians who have been arrested and even prosecuted, for speaking on Christian issues. Religious leaders are threatened with police action after preaching about sinful behaviour and some are even sentenced to prison for preaching on the biblical teaching against sexual immorality. Even private conversations between citizens, including expression of opinions on social network, can become the grounds of a criminal complaint, or at least intolerance, in many European countries.

The second area where intolerance against Christians can clearly be seen is in regard to Christian conscience, particularly in the workplace. Throughout Europe there have been numerous instances of Christians being removed from the workplace simply for seeking to act according to their conscience. Some of them are well known since they have come even before the European Court of Human Rights.

It is remarkable that after centuries of struggling for freedom of conscience, some citizens of the OSCE region in the 21st century are now being forced to choose between two impossible scenarios: they can abandon their faith and act against their conscience, or resist and face losing their livelihood. Participating OSCE States must therefore guarantee that intolerance and discrimination against Christians is ended, enabling Christians to speak freely on issues that the government or others may find disagreeable, and act on their consciences in the workplace and elsewhere. Discrimination against Christians – even where they are a majority – must be faced as a serious threat to the whole of society – and therefore should be fought, as it is done, and rightly so, in the case of anti-Semitism and Islamophobia.

Particular attention should be also paid to the widespread vandalism targeting churches and Christian cemeteries. Insulting or mocking graffiti, broken windows, burnt down, desecrated or devastated places of prayer and worship, damaged or smashed tombstones, in particular tombstone crosses, have been noted throughout the OSCE region. All these acts are not just harmless incidents committed by irresponsible teenagers or mentally disordered persons, as it is often claimed, but rather a result of a premeditated plan and should be therefore treated as a clear hate message and hate crime against Christians who are represented by, and who identify with, those symbols of their faith.

Intolerance in the name of “tolerance” must be named for what it is and publically condemned. To deny religiously informed moral argument a place in the public square is intolerant and anti-democratic. Or to put it another way, where there might be a clash of rights, religious freedom must never be regarded as inferior. On the other hand, the issue of religious freedom cannot and should not be incorporated into that of tolerance. If, in fact, this was the supreme human and civilian value, then any authentically truthful conviction, that excludes the other, would be tantamount to intolerance. Moreover, if every conviction was as good as another, you could end up being accommodating even towards aberrations.

As for the prevention and response to intolerance, discrimination and hate crimes against Christians, my Delegation believes that it should be seen in close connection with the promotion of religious freedom. The right to believe in God and to practice that belief is a fundamental human right, one that is central to the OSCE commitments.

In conclusion, I just wish to express the Holy See’s confidence that this High-Level Conference will contribute to the development of concrete and effective proposals to fight intolerance and discrimination, as well as hate crimes and incidents against Christians.

UPCOMING EVENTS – 2013

June 16-22 – Special Needs Lourdes Pilgrimage, North American Lourdes Volunteers; To serve as a nurse, companion or caregiver or as a pilgrim, contact: info@lourdesvolunteers.org. Special Needs Pilgrimages are held annually April/June/Oct.

June 21 – July 4 – 2013 Fortnight for Freedom; www.fortnight4freedom.org

September 9 – 2013-2014 National Catholic Certification Program in Health Care Ethics (12 credits). Begins with 2-day seminar in either New Orleans or Philadelphia & ends with 1-day case studies seminar in Philadelphia. Weekly readings & assignments (3-4hrs/week). Teleconferences & online discussions with instructor & fellow students. Register by Aug 31, 2013 www.ncbcenter.org or 215-877-2660.

October 13-19 – North American Lourdes Volunteers, Special Needs Lourdes Pilgrimage; To serve as a nurse, companion, caregiver, or as a pilgrim, contact: info@lourdesvolunteers.org. Special Needs Pilgrimages are held annually April/June/Oct.

October 15 – NACN Abstract Submissions Due (See “Call for Abstracts” on page 11).

November 1-3 – The National Catholic Partnership on Disability (NCPD) Conference, Houston, Texas. *The Partnership 2013: Where Faith and Disability Meet*, www.ncpd.org. Dr. Marie T. Hilliard, Northeast Regional Representative to the Board of Directors, is one of many nationally known experts who will be presenting at this significant national event on the Church’s ministry with, and to, persons with disabilities. Dr. Hilliard will be presenting on how society is fostering a culture that is hostile to those deemed to be less than perfect: The New Eugenics: Eliminating the “Undesirable.”

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



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*Our Lady of the Immaculate Conception,
Our Patroness, Pray for us!*

THE WAY OF ST. JAMES: NURSE'S STYLE (cont'd from page 12)

were named Bill and we were both on a spiritual journey looking for forgiveness. We decided to walk as a team. We didn't walk side by side but each day we started with a rosary, we kept each other in sight, and at the end of the day we shared our experiences. We took care of each other when we fell and we lifted each other up when it was needed. She will be my friend for a lifetime!

The actual journey can't be described in such a short article. It was everything I dreamed and more than I ever expected. Arriving



at the Cathedral in Santiago and attending the Pilgrim Mass was the experience of a lifetime.

Later I went to Fatima to add another Marian shrine as the other bookend for my journey. It was in Fatima that I finished my Marian retreat and completed a general confession. I certainly felt like a new creation when I headed back over the ocean.

I have been home for several months but the meaning of the journey is just now starting to fill my life. I cannot thank God enough for such an experience. I had a little bit of Heaven here on earth.

My work as a Faith Community Nurse played an important role in my Journey. I took a walk as a person who has a Mind, Body, and a Spirit. Because of my "Trinity", I became a real Pilgrim. Like so many Pilgrims who have set out on a journey seeking their God, I came into a space where my God was right there, in my sight, in my life, in my soul. I will never be the same.