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16555 Weber Road, Crest Hill, IL 60403

President's Message

Dear Colleagues,

As you read this newsletter the NACN board is finalizing all the details for the conference in Nashville. We are also in the Season of Lent and spring will be sneaking up on us (although it seems impossible from all this snow and ice). I look outside in my yard and I can see the forsythias' yellow bloom a sign of spring in the Mid-south.



As nurses we have a unique opportunity to pray for people at vulnerable times in our patients' lives. But it is also in this interaction that we may find Catholic beliefs and values come in conflict with the beliefs and values of our patients, patients' families, staff and the institution. These situations can be challenging, unsettling, frustrating, and even distressing for us who cares deeply in a Christ-like way. At these times we need each other for support and affirm our beliefs and NACN to serve as a voice for all of us. Our presence serves as reminder of Christ and the relationship He calls us to, especially during Lent, a time of year in which we focus on the sacrificial nature of our faith.

Blessings Always,
Alma



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.

NACN-USA SCHOLARSHIP

For NACN-USA members who are students in nursing programs, or who desire to attend a nursing program or a non-degree offering program applicable to nursing, may apply for this scholarship. One scholarship of \$1,000 is available annually. Scholarship Award applications must be submitted by **June 30**.
Apply on line www.nacn-usa.org.



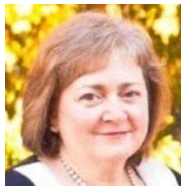
Sign-in to the Member Dashboard section. Scholarship Award Application & Guidelines are on the bottom right: Member Only Pages

See you in Nashville at the NACN Annual Meeting
NACN-USA 2014 Conference, Nashville, TN, March 21-23, 2014
"The Art of Nursing: Beyond Technology"
(Register online at www.NACN-USA.org)

CONFERENCE SESSION DESCRIPTIONS

THE ART OF NURSING: BEYOND TECHNOLOGY, MARCH 21-23, 2014, NASHVILLE, TN

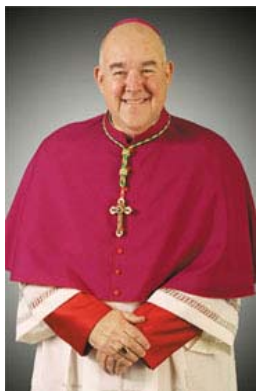
MILLENNIUM MAXWELL HOUSE, 2025 ROSA L. PARKS BLVD. 800-457-4460; WWW.MAXWELLHOUSEHOTEL.COM; GROUP CODE: 1404CATHOL



NURSING AN INVISIBLE ILL: HOW NURSES CAN “SEE” PATIENT’S MORAL DISTRESS

presented by Debra Hanna, PhD, RN

This session will present several elements of research on moral distress that can help nurses understand if patients might be experiencing moral distress. Selected writings of nurse scholars regarding healing interventions and of St. Faustina on Divine Mercy will be explored.



SATURDAY MASS WITH

THE MOST REVEREND DAVID R. CHOBY, DD, JCL, BISHOP OF THE DIOCESE OF NASHVILLE

DOMINICAN SISTERS OF SAINT CECELIA MOTHER HOUSE CHAPEL



CARING AND CONSCIENCE IN CONFLICT presented by Dr. Marie Hilliard, RN, PhD, JCL

This session will explore the foundations of the ministry of caring, which is nursing, and analyze current social and political factors that have the potential of violating the consciences of nurses.

Recent legislative and judicial actions impacting religious freedom of those in the healing professions will be explored.

FERTILITY HEALTH LITERACY

presented by Mary Lee Barron, PhD, RN

This paper is based on the Health Literacy Skills Framework which illustrates how peoples' knowledge motivation and competence to access understand and apply health information can impact men and women's fertility. The purpose of this presentation is to provide the nurse who does not necessarily see patients for fertility issues with a concise guide of current information. Nurses are in a key position to educate patients on those issues that not only affect the patient's fertility but his/her general health.



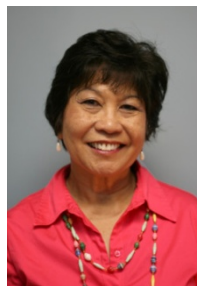
TEENSTAR

presented by Dr. Hanna Klaus, MD (Sr. Miriam Paul)

Most messages kids receive about sex limit themselves to making sure that the act is “protected” and that the person is not coerced. Their body is simply an instrument to that end.

But when youngsters observe and understand the biomarkers of their fertility and begin to explore the meaning of possessing sexuality and fertility they view themselves as embodied persons and develop self-confidence. They are far less vulnerable to peer pressure. Those who are not yet sexually involved generally do not begin activity, while one to two thirds of both male and female participants discontinues intercourse. Behavioral outcomes will be presented.

HOW LOCAL COUNCILS SUPPORT OUR CARING



MINISTRY
presented by
Alma Abuelouf, BSN,
RN, FCN
and
Jane Cardea, PhD, RN



DEVELOPING NURSING STUDENTS’ SPIRITUAL AWARENESS THROUGH SIMULATING END-OF- LIFE CARE OF THE CATHOLIC PATIENT

presented by Margaret Fink, Ed.D., RN

This paper addresses the State of the Art Teaching Strategy of Simulation to assess the ways in which nursing students address spiritual needs of patients. Concepts of spiritual care and conflict resolution for the Catholic patients' family members who were not in agreement about the end-of-life plan of care are addressed. This paper addresses cultural sensitivity, an Essential component of Nursing Education according to the American Association of Colleges of Nursing. (AACN). This paper was awarded a 2014 NACN Grant.



CARE OF THE AGING: IN THE STEPS OF THE DIVINE

PHYSICIAN presented by Sister Mary Diana Dreger, OP, MD

The older adult brings a unique set of challenges to the healthcare arena. At the same time, these challenges provide opportunities for the Catholic healthcare professional to witness to the love of Christ, the Divine Physician. No less than in other populations, good medical practice proves to uphold good moral practice. Specific medical and moral issues common in the older patient will be identified and considered

PANEL: MEMBER ENGAGEMENT ON THE FUTURE AND HOW WE IMPACT IT.



Marie Hilliard, RN, PhD, JCL, Diana Newman, EdD, RN



Jane Oyler, MSN, RN, NE-BC; Jane Cardea, PhD



SUFFERING

BY DIANA M. L. NEWMAN, EDD, RN

The Feast of Our Lady of Lourdes, February 11, 2014 brings to mind the suffering souls who go to Lourdes, France to seek God's intervention for their suffering.

Nursing needs to address suffering in patients and families who suffer grievously around issues at the beginning and end of life. Indeed if suffering was not present, would pregnant women seek abortion? Or, if suffering was not involved at the end of life, would assisted suicide be considered? This essay emphasizes how suffering is a key topic in the life issues that are so topical today.

Suffering can be addressed by educating patients so that they can make informed choices (Spitzer, 2000). Nursing science provides a framework for nursing practice to engage the patient's family and community in helping the patient to make a life affirming choice. When patients make life affirming choices they enhance the culture.

Many patients and family are asked to make choices about health conditions and treatment options about which they are not fully cognizant. Suffering may make them less able to comprehend the information. Nursing plays a key role in educating patients and families about the outcomes of the choices they make.

Education for making choices involves helping patients come to terms with the circumstances that will exist when choices are made; it involves helping patients reflect on their purpose in life and how they achieve happiness for themselves and their families. Educating for choices can help patients recognize the good in suffering even though it may not be clearly seen at the present moment.

Suffering can enhance the patient's life experience by increasing humility as one becomes detached from one's ego; it can increase compassion, forgiveness, increase the ability of the patient to make contributions to others, enlarge the perception of the most important aspect of life, increase the ability for the patient to love and help the patient contribute to the common good.

Nursing interventions that focus on what the patient is looking for and what he/she is living for help the patient make choices that are life affirming. Preconceived ideas may block the patient's ability to love, grow and change. Suffering changes patient perceptions so that new information may be considered. Suffering encourages patient to question his/her assumptions and enhances the meaning of the experience by the patient exploring what he/she may not perceive. It can also help patients attend to the value of others.

Suffering can help patients become less self-focused (I am the only one in this situation). It can help one question one's own assumptions about others and increase respect and compassion for others. By lessening one's assumptions of perfection about self, the patient can confront his/her weakness and accept

weaknesses in others. As one deals with suffering in a life affirming way, one becomes more empathetic and increases his/her connectivity to others.

Nurses can empower patients and families who suffer around the life issues to make life affirming choices leading to love. The lack of this intervention can lead to patients who are fearful, cynical and skeptical.

REFERENCES

Spitzer, R.J. (2000). *Healing the culture. A commonsense philosophy of happiness, freedom and the life issues.* San Francisco: Ignatius Press.

SUFFERING OR HAPPY TIMES: OUR JOURNEY TO LOURDES DURING THE FLOOD

BY DIANA L. RUZICKA, RN, MSN, CNS-BC



Last year my husband asked me to accompany my mother-in-law to Lourdes. Little did we know that this journey would involve a missed connection in Paris followed by miraculous boarding of the domestic flight, delayed arrival of luggage and the rising of the Gave River. We were blessed by a spiritually enriching journey and a share in the poverty of St. Bernadette Soubirous.

This was my fifth time to Lourdes with the North American Lourdes Volunteers (NALV) with whom I serve as a nurse accompanying ill and disabled pilgrims to Lourdes who would otherwise not be able to make the journey. NALV is currently the only hospitality outside of Europe recognized by the sanctuary of Lourdes. On this journey, however, I decided to serve as a companion focusing only on the needs of my mother-in-law, or so I thought.

Our first adventure occurred due to weather or traffic over Paris. We were re-routed north and therefore arrive late for our connecting flight. The Chair of our Special Needs Advisory Committee, a young man with quadriplegia and another young wheelchair bound pilgrim sat by the ticket counter as the President of the Hospitality attempted to rebook our 11 wheelchair bound pilgrims and accompanying nurses, physicians, companions and caregivers on the first available flight. As they were booking us into a hotel for the night a wheelchair bound religious sister accompanying us on the journey led the group across the room in praying the rosary. At the completion of the rosary, suddenly a pilgrimage member came from the desk and exclaimed that we were on the next flight and needed to get to the gate. The people who actually had boarding passes for the flight stood in dismay as our group was placed on the flight south and their seat numbers were penciled onto our old boarding passes.

Discovering that the luggage had not accompanied us, after a short delay to fill out claim tickets, we boarded the bus from Pau to Lourdes a little lighter. Everyone remained in good humor as we were refreshed with Lourdes water brought by several members of our advance team and student volunteers who greeted us at the airport.

We arrived at the Accueil Notre Dame (hospital bed facility on the sanctuary grounds) to the beautiful singing of the advanced team who had made all our beds and prepared the floor for our arrival. We were tired but very thankful. With no luggage but our carryon bags, toiletries were shared. Needs were made known and others attempted to meet those needs. We pilgrims experienced the poverty of Bernadette and the generosity of our neighbor. Little did we know there were more adventures and miracles to follow.

The rain was pouring, the mountain snow was melting and the Gave River was rising at an unprecedented rate. Through the grace and hospitality of the Sanctuary staff, we were able to remain in the Accueil as many of the hotels in town were evacuated and tourists sent home. As the water rose, and flooded the ground floor, the elevators were locked on the 5th floor and power transferred to the emergency generators on the roof top. Our leader quickly reviewed the emergency plans for water, electricity, evacuation, oxygen and communication. We all worked together to refine those plans. We then awaited the transition to emergency power. Would the generator kick in? Remembering how the “Sun Danced at Fatima” (same woman, different dress), Sister and Father led us in a rosary. In the morning we were greeted by blue sky and the waters began to recede.

One hospitality with a person on a ventilator chose to depart, others cancelled their arrival leaving only the Americans and the Irish. So what did we do? Party with the Irish of course. We sang and danced and shared snacks one evening. Even with all these adventures, we were able to hold a candle light rosary procession joined by a French woman. We processed on our rooftop overlooking the grotto and basilica. We celebrated mass daily with our three priests and one seminarian. We had access to the Sacrament of Reconciliation, learned the history of Lourdes through a “virtual pilgrimage” and washed with Lourdes water. Some even experienced emersion just as in the grotto baths with the help of the volunteers and the makeshift portable hospital bath.

A special treat was a trip to Bartres, the mountain town where Bernadette worked on the farm, watched children and tended sheep for Marie Lagues in exchange for being taught the Catholic faith. In Bartres we also were able to venerate a relic of St. Bernadette.



June 2013 - The rising of the Gave River in Lourdes, France



June 2013 - The waters will recede



The Immaculate Conception Basilica & Crypt Church

Towards the end of the week the engineers had established that the structure of the Immaculate Conception Basilica was safe and we celebrated mass there and in the Rosary Basilica. We experienced many blessings, at least two miracles, great friendship, and a holy pilgrimage.

www.lourdesvolunteers.org

**DEATH WITH DIGNITY:
LESSONS FROM SAINT VINCENT FERRER**

BY MARIA KNEUSEL, RN, MSN

There is plenty of talk in healthcare about “death with dignity”. Typically, the discussion revolves around two concepts: *autonomy* and *quality of life*.

Autonomy has been explained as the patient’s right to guide his or her own healthcare without interference from others (Beauchamp & Childress, 2009). The principle of autonomy is an important one which, correctly applied, honors God’s gift of free will. It has also led to important developments such as the use of Advanced Directives. Unfortunately, the right to autonomy can be abused. Today it is often interpreted as a right to have *any* healthcare request granted, even when it ignores the worth of the human person, such as the request for assisted suicide.

The concept of quality of life (QOL) has been around for a long time. Its aim is to identify how a person’s life is impacted by health changes. Sadly, however, QOL has become a way of deciding which lives are worth living. QOL, as it is currently used, deceives us into thinking that the worth of a person’s life is dependent on health status, cognitive ability, or any number of QOL “indicators”. For example, a common definition of QOL reads:

“Subjective quality of life is about feeling good and being satisfied with things in general. Objective quality of life is about fulfilling the societal and cultural demands for material wealth, social status, and physical well-being.” (Quality of Life, GDRC, 2011)

In today’s health care environment, therefore, given the way autonomy and QOL are interpreted, “death with dignity” means that people get to die on their terms, whenever they feel dissatisfied, or become unable to fulfill societal or cultural demands.

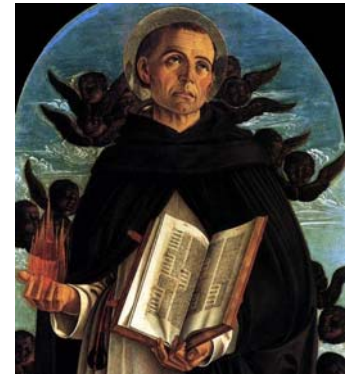
Should Catholics embrace this corrupt idea of a holy and happy death? Perhaps we can find some answers in the words of Saint Vincent Ferrer (1350-1419), who composed a set of declarations which he made daily in preparation for his own holy and happy death. We may call these declarations his Advanced Directive. Among Saint Vincent’s declarations we find the following:

“I solemnly declare that I desire to live no fixed period of time, but only as long as it pleases God to permit me to live.”

“I solemnly declare that I am trying to die without despair, without vainglory in my works, without any doubts in matters of Faith; and that I clearly understand that one drop of the divine blood of my Lord, shed upon the wood of the cross, would suffice to redeem the whole human race, if it so pleased the Divine Goodness.”

“I solemnly declare that, if through faintheartedness, because of the fear of the Divine Judgment which I must undergo after death, or through weakness of will, I should fall into despair or into any doubt concerning Faith, which God forbid! I, being of sound mind, reject it now for then, and I desire it to be considered involuntary; for this will never happen voluntarily or after due deliberation.”

Following the example of Saint Vincent Ferrer, let us redirect our thinking and recognize that, “death with dignity” is not about getting our way. It is not about feelings, or social expectations. Death with dignity is about recognizing our dependence of God, trusting in Him, and desiring heaven above all things. Death with dignity can only occur when we are able to say to God, as Christ did when His own death approached, “Your will be done”.



REFERENCES

Beauchamp, T. L., & Childress, J. F. (2009). *Autonomy. Principles of biomedical ethics* (6th ed., pp. 99-148). New York: Oxford University Press
Quality of Life (2011) *Quality of Life Research Center* –Denmark. In GDRC (The Global Development Research Center). Retrieved from: <http://www.gdrc.org/uem/qol-define.html>
The Declarations of Saint Vincent Ferrer: To be Made Daily for the Hour of Death. Retrieved from: <http://www.saintmichaelarchangel.com/StVinFer.htm>

Calendar						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

UPCOMING EVENTS - 2014

MARCH

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

March 24-26, 2014 – Pontifical Council for Health Care Workers, Vatican. Provide input to MaryLee Meehan. maryleejmeehan@aol.com

April 14-21, Easter Lourdes Special Needs Pilgrimage. Nurses, Physicians, Companions & Caregivers Needed. www.lourdesvolunteers.org or info@lourdesvolunteers.org

June 14-24, St. Marianne Lourdes Special Needs Pilgrimage. Nurses, Physicians, Companions & Caregivers Needed. www.lourdesvolunteers.org or info@lourdesvolunteers.org

September – National Catholic Certification Program in Health Care Ethics. Watch website for 2014-2015 brochure and dates of 2-day seminars. <http://www.ncbcenter.org/certification>

September 23-26, 2014, CICIAMS XIX World Congress, Dublin, Ireland. www.catholicnurses.ie

October 12-18, St. Bernadette Lourdes Special Needs Pilgrimage. Nurses, Physicians, Companions & Caregivers Needed. www.lourdesvolunteers.org or info@lourdesvolunteers.org

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

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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



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Baltimore Council of the NACN
(temporary name)
Current point of contact - Judie Boyle
Baltimore, MD
tbboyle@aol.com

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).

MID-SOUTH AREA ASSOCIATION OF CATHOLIC NURSES NEWS



For the last 4 years the Mid-South Area Association of Catholic Nurses (MSAACN)
has collected money to support the St. Vincent DePaul Ministries.

This year they collected \$550.

Shown here Jackie White (L) MSAACN President presenting \$550 to
Gloria Hyden (R), President of St. Vincent De Paul Memphis District.

CICIAMS UPDATE

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



CICIAMS comes under the approval of the President of the Pontifical Council of the Laity. As an international Catholic organization, we are instructed that our first priority needs to be the family. The CICIAMS XIX World Congress theme is on *PROTECTING FAMILY LIFE: THE ROLE AND RESPONSIBILITIES OF NURSES AND MIDWIVES*. It will be held September 23-26, 2014 at the All Hallows College, Drumcondra, Dublin, 9. Please check the CICIAMS web site ciciams.org for more information.

There will be a CICIAMS General Council Meeting, which will be held before the Congress. National presidents (or their substitute) and three other members per country will be invited to attend this meeting. Usually other members may attend but may have to sit in the back rows. I suggest all who will be attending the Congress plan on arriving one day early and attend this important meeting. You will become more knowledgeable about the working and importance of CICIAMS around the world. [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]

PONTIFICAL COUNCIL FOR HEALTH CARE WORKERS (PASTORAL CARE) **(PCHCW)**

In 1985, His Holiness Pope John Paul II initiated the formation of this council. H. E. Monsignor Zygmunt Zimowski is the President of the council. There are 35 members and 40 advisors. I am a member of NACN, USA and a member of the Council representing Catholic nurses around the world.

The Council has an annual International Conference in Rome every November. You all are qualified and I encourage each of you to attend this prestigious conference. Information for the conference comes in early October and you will have access to the information on our national web site.

Every year in June there is a conference with specific topics. It is only open to those who have a specific position in relationship to the topic.

The *World Day of the Sick* is celebrated every February 11th the Feast of Our Lady of Lourdes. Every three years a major celebration takes place somewhere in the world. In 2016, this celebration will take place in Nazareth.

You also may attend this event. Each year the Holy Father sends us a message regarding the World Day of the Sick. Please see the 2014 message if you have not already read it.

The Holy Father has requested the Pontifical Council meet to discuss plans for the future of the Council. The meeting will take place just before our national conference, March 24-26, 2014 at the Vatican. **If you would like to send comments to me regarding your thoughts regarding Catholic nurses and their spiritually as well as the sick we minister to, I would be happy to receive them at maryleejmeehan@aol.com.**

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

MESSAGE OF THE HOLY FATHER ON THE OCCASION OF THE 22ND WORLD DAY OF THE SICK (11 FEBRUARY 2014)

Faith and Charity: ***"We Ought to Lay Down Our Lives for One Another"***
(1 Jn 3:16)

Dear Brothers and Sisters,

1. On the occasion of the Twenty-second World Day of the Sick, whose theme this year is *Faith and Charity: "We Ought to Lay Down Our Lives for One Another"* (1 Jn 3:16), I turn in a special way to the sick and all those who provide them with assistance and care. The Church recognizes in you, the sick, a special presence of the suffering Christ. It is true. At the side of – and indeed within – our suffering is the suffering of Christ; he bears its burden with us and he reveals its meaning. When the Son of God mounted the cross, he destroyed the solitude of suffering and illuminated its darkness. We thus find ourselves before the mystery of God's love for us, which gives us hope and courage: hope, because in the plan of God's love even the night of pain yields to the light of Easter, and courage, which enables us to confront every hardship in his company, in union with him.

2. The incarnate Son of God did not remove illness and suffering from human experience but by taking them upon himself he transformed them and gave them new meaning. New meaning because they no longer have the last word which, instead, is new and abundant life; transformed them, because in union with Christ they need no longer be negative but positive. Jesus is the way, and with his Spirit we can follow him. Just as the Father gave us the Son out of love, and the Son gave himself to us out of the



WORLD DAY OF THE SICK MESSAGE (CONT'D)



same love, so we too can love others as God has loved us, giving our lives for one another. Faith in God becomes goodness, faith in the crucified Christ becomes the strength to love to the end, even our enemies. The proof of authentic faith in Christ is self-giving and the spreading of love for our neighbours, especially for those who do not merit it, for the suffering and for the marginalized.

3. By virtue of Baptism and Confirmation we are called to conform ourselves to Christ, who is the Good Samaritan for all who suffer. “We know love by this, that he laid down his life for us – and we ought to lay down our lives for one another” (1 Jn 3:16). When we draw near with tender love to those in need of care, we bring hope and God’s smile to the contradictions of the world. When generous devotion to others becomes the hallmark of our actions, we give way to the Heart of Christ and bask in its warmth, and thus contribute to the coming of God’s Kingdom.

4. To grow in tender love, and a respectful and sensitive charity, we have a sure Christian model to contemplate: Mary, the Mother of Jesus and our Mother, who is always attentive to the voice of God and the needs and troubles of her children. Mary, impelled by God’s mercy which took flesh within her, selflessly hastened from Galilee to Judea to find and help her kinswoman Elizabeth. She interceded with her Son at the wedding feast of Cana when she saw that there was a shortage of wine. She bore in her heart, throughout the pilgrimage of her life, the words of the elderly Simeon who foretold that a sword would pierce her soul, and with persevering strength she stood at the foot of the cross of Jesus. She knows the way, and for this reason she is the Mother of all of the sick and suffering. To her we can turn with confidence and filial devotion, certain that she will help us, support us and not abandon us. She is the Mother of the crucified and risen Christ: she stands beside our crosses and she accompanies us on the journey towards the resurrection and the fullness of life.

5. Saint John, the disciple who stood with Mary beneath the cross, brings us to the sources of faith and charity, to the heart of the God who “is love” (1 Jn 4:8, 16). He reminds us that we cannot love God if we do not love our brothers and sisters. Those who stand with Mary beneath the cross learn to love as Jesus does. The cross is “the certainty of the faithful love which God has for us. A love so great that it enters into our sin and forgives it, enters into our suffering and gives us the strength to bear it. It is a love which enters into death to conquer it and to save us... the cross of Christ invites us also to allow ourselves to be smitten by his love, teaching us always to look upon others with mercy and tenderness, especially those who suffer, who are in need of help” (*Way of the Cross with Young People*, Rio de Janeiro, 26 July 2013).

I entrust this Twenty-second World Day of the Sick to the intercession of Mary. I ask her to help the sick to bear their sufferings in fellowship with Jesus Christ and to support all those who care for them. To all the ill, and to all the health-care workers and volunteers who assist them, I cordially impart my Apostolic Blessing. FRANCIS



RELIGIOUS LIBERTY UPDATE

by Dr. Marie Hilliard, RN, PhD, JCL

The National Association of Catholic Nurses-USA and the National Catholic Bioethics Center have partnered with five other

organizations (*Amici*) committed to religious liberty. They have filed a friend of the court brief (*Amicus*) brief to the United States Supreme Court in support of *Hobby Lobby*, and *Conestoga Wood Specialties*.

The religious liberties of these two companies are being violated by the U.S. Department of Health and Human Services, which under the Affordable Care Act is requiring employers to provide contraception and abortifacient coverage as part of their employees' health insurance plans (*HHS Mandate*). *Hobby Lobby's* owners are Christians who oppose the abortifacient drugs and devices included in the *HHS Mandate*, as do the Mennonite family who owns *Conestoga Wood Specialties*. Based on the destructive, post-fertilization effect of “emergency contraceptives” and the coercive, unconstitutional actions of the Government to compel these family businesses to pay for those life-ending drugs and devices, the *Amici* are urging the Supreme Court to respect the religious freedom guaranteed by U.S. *Religious Freedom Restoration Act* and the *First Amendment* of our constitution.





MY FAITH KEPT ME STRONG

BY DENISE A. QUAYLE, RN, MSN

It was the fall of 2008 and I was due another routine mammogram. I had faithfully had a mammogram done every fall for the last 10 years since I was in my early 40's, and thankfully they were all negative. The last few years I was told I had dense breasts, but that many women had that condition. Thinking they were all negative in the past, I began to wonder if this year I would skip the annual test. Who liked getting their breasts squeezed so hard that it caused pain? Who liked baring their breasts to strangers every year? Certainly not me.

As I delayed scheduling the mammogram, however, I began to rethink my position. The test wasn't that bad and besides, it only lasted for a few seconds. So I scheduled the test and because of my work schedule, had to reschedule. Finally I had it done and thought it was over for another year, but I was wrong. The women's center called a few days later and asked me to come back. When I asked why, I was given some excuse, but I knew this could not be good. I did go back and before I had time to put my right arm through the sleeve of my gown, the doctor came into my room and told me I had a 50 per cent chance of having cancer because she saw a lesion in my left breast which looked suspicious.

The news was a shock to me. The only history I had was an aunt on my fathers' side and a second cousin. I had an exam with my gynecologist recently, and he did not feel anything. I didn't feel anything! How could this be? I barely heard the rest of what she told me, except that I was to schedule myself for an ultrasound, and possibly a biopsy. I left the building realizing very quickly my life had been changed forever. As a nurse I knew what was coming: ultrasound, biopsy, possible surgery, chemotherapy, and depending on the type of surgery, radiation. By the time I got home, I had myself dying within the next few years. I thought of a co worker who recently died from breast cancer and thought I would be like her. I cried when I told my husband. I dreaded telling my children.

To make a long story short, the ultrasound revealed a 1.4 cm lesion in my left breast, when biopsied, was positive for cancer. I had a lumpectomy, followed with chemotherapy and radiation. The complete treatment lasted for seven months. The surgery went well, and the chemotherapy made me tired, but I tolerated it without problems. The radiation was the most humiliating experience of my life, and I swear I will never go through anything like that again. Yes, I lost my hair and could not stand to look at myself in the mirror when I was bald. I wore my wig everywhere and for about five months after the chemotherapy was completed, until I couldn't stand it anymore. By the August of 2009, however, the treatment phase was over and I began to recover and slowly return to a routine life.

All this sounds terrible and those who read this wonder how does one get through this experience? The answer for me was my faith and the support it gave me. At first, I felt I

couldn't even pray about the situation. After feeling sorry for myself and asking God why He let this happen to me, I became angry. I grew up faithful to Him, attending Mass every Sunday, and frequently during the week. I prayed the rosary daily along with other routine prayers, went to reconciliation regularly, raised my children in the faith, and basically did everything I was taught to do. Was this the way God treated His faithful servants?

But then I came to realize I was facing this dilemma all the wrong way. Instead of being angry and asking why, I needed to work with Jesus and Mary, ask for their support, and face this disease head on. I began to tell everyone of my situation and ask for their prayers. I sought out prayers that asked for healing and prayed them every day. I attended Mass almost daily, as being on a leave from work, I could do so. I compared my suffering with that of Jesus, and thought if He could suffer and die for me on the cross, then why couldn't I suffer this for Him? I remember reading at some time that those who Jesus calls to suffer are special, and should accept their suffering, as the saints, and unite their suffering to make up for the sins of the world or their own. So with this new attitude I found myself becoming stronger and slowly accepting of what had happened to me. No, I still did not like it, but was more accepting of it.

As the months went by I did very well. I felt the prayers and support of so many helping me, as I went through each phase of treatment. It is difficult to express the strength I felt. I knew all the prayers assisted me to remain strong, and the fact that I was going through the therapy with hardly any side effects was amazing. Even the physicians and nurses repeatedly told me how good I looked and how well I was doing. By the end I looked so good that besides my hair being lost, I appeared healthy and did not look as though I just went through chemotherapy and radiation. I returned to work about half way through my radiation treatments, quit wearing the wig in August, and returned to my routine way of life.

I consider myself one of those lucky ones. I was diagnosed, treated, and I am a five year cancer survivor. I did not do this alone, as the prayers and support of family and friends gave me strength. But it was my faith that held me, as Mary held the Christ Child in her arms that first Christmas morning. It was my faith in Jesus that healed me and continues to play a vital part each time I go for another follow up test to be sure the cancer is not back. I learned to accept what crosses Jesus sends because I know He never sends one you can't handle. He is with me through whatever happens, and is my support and comfort.





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*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:
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