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President's Message

Dear Colleagues

It has been an honor and a privilege to serve as your president. It is hard to believe that my two years in office has come and gone so quickly. The time has been challenging, yet extremely rewarding. It is difficult for me to summarize in a single letter the incredible experiences I have over the past two years, but I can say that I have accomplished the goals I set out to achieve. To learn more about our accomplishments, you can find the annual report under the "Membership" section in the NACN website.

To share just a few highlights:

- Joining NACN has been made easier through our newly launched website. Its' user friendly and efficient interface has helped to increase our membership from 200 to over 500;
- Two successful conferences;
- Regular publication of our newsletter;
- The NACN has joined various Catholic organizations in signature support of an Amicus Brief filed to the US Supreme Court. Through this, we show our support of religious freedom for employers being forced by the U.S. Department of Health and Human Services to provide abortifacient coverage to their employees. The decision of the Supreme Court will be rendered this June.
- The NACN also was party to a successful amicus brief in support of Texas state law, which was opposed by Planned Parenthood in *Planned Parenthood v. Abbott*. In this case Planned Parenthood challenged Texas' safety provisions for chemical abortion, and the requirements for hospital admitting privileges for abortionists.

It goes without saying that running the association would not be possible without the hard work and dedication of a number people. My great appreciation goes to the members of the board for their support, commitment and working alongside of me throughout my term. Their time commitment is commendable considering this is a volunteer position and most of us have full time jobs. Most importantly, my thanks go out to you, the members, for all of your support over the years. Without you the Association would not exist.

Lastly, I ask that you welcome and support Diana Newman as our new president along with all of the new board members. I would like to take this opportunity to wish her every success in her new role as president. I'm sure Diana will relish the challenge and take NACN to new heights.



Please continue to be a supportive member, stay involved and help us spread the word about who we are and what we do. We truly have a wonderful organization with a strong commitment by members that will move us forward. I have enjoyed serving as your president. It was a wonderful journey.

Many blessings,

Alma Abuelouf

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.



2014 – NACN-USA CONFERENCE - THE ART OF NURSING: BEYOND TECHNOLOGY
WAS HELD MARCH 21-23, 2014, NASHVILLE, TN
MILLENNIUM MAXWELL HOUSE & AQUINAS COLLEGE



Board & Committee Members - Mary Pellizzari, Marie Hilliard, Maria Kneusel, Diana Ruzicka, Alma Abuelouf, Martha Baker, Patricia Sayers, Maria Arvonio



Manda Mitchell, Brigid Prosser (DC-CUA), Carrie Stupka (TN-Aquinas College), Keandra Lao (NJ), Amanda Schrenk (AL-UAH)



Front-Mary Pellizzari (IL) & Jan Salihar (IL), 2nd-Amanda Schrenk (AL)
 3rd-Brigid Prosser & Manda Mitchell



Bishop Choby, Saturday, 22Mar2013, Dominican Motherhouse



Margaret Fink (CA), , Keandra & Effie Lao (NJ), Patricia Sayers (NJ)



Brother Ignatius Perkins, OP (TN) & Dr. Debra Hanna (NY)

SYNOPSIS OF CONFERENCE PRESENTATIONS

KEYNOTE ADDRESS:



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

When nurses mention moral distress today, they usually refer to their own distress, not to the moral distress of patients and family members. The aim of this speech was to discuss moral distress in a way that would help Catholic nurses see that moral distress is a universal experience and to show how it might look when we encounter patients and their family members experiencing moral distress. Before discussing the details of moral distress, however, the speech began with a short audio-visual meditation on Psalm 130, also called the De Profundis.

Out of the depths I cry to You, O Lord! Lord, hear my prayer. O let Your ear be attentive to the voice of my pleading.

In our lifetimes, we’ve encountered cases that have been steeped in moral controversy. I just need to recite a few names: Karen Ann Quinlan, Nancy Cruzon, and Terri Schiavo. These cases are well-remembered because they were among the most controversial of their time, and because they were cases about the right to a natural death and the right to a natural life. These cases show us that moral distress can occur for the people on each side of the issue, because on each side of these controversies, people have strong values and opinions that they do not want harmed. This is the essence of moral distress. It is a type of suffering that involves our values. It is also a type of suffering that is not easy to reveal to others. Some of the writings of Pope John Paul II, and of nurse scholars such as Florence Nightingale and Hildegard Peplau, were used to show that there has already been a great deal of consideration, within the Roman Catholic Church and within the discipline of nursing, about how to see, understand and engage with people who are experiencing moral suffering of any kind. According to Pope John Paul II, suffering is often seen as fulfilling the justice due to God. He also said that another way of looking at moral suffering is to consider it a test of our love for and our fidelity to God, in much the same way that Job was tested. Psalm 130 ends with a prayer praising God’s mercy. Likewise, after presenting some of her research on moral distress, Dr. Hanna ended the speech with excerpts from the Diary of St. Faustina. In those excerpts, St. Faustina wrote of the conversations that different souls have with Our Lord, who is the Divine Mercy, the Divine Physician. The conversations were between the Divine Mercy and a Sinful Soul, a Suffering Soul, a Despairing Soul, a Soul Striving for Perfection, and finally, a Perfect Soul. In each case, Dr. Hanna presented the excerpt from the Diary and then gave an example from clinical practice of the ways that patients’ spoke about their own illnesses. She also mentioned ways that she responded to her patients that would be consistent with this idea of God’s Merciful love that wants to be spent in healing our ills. This speech set the

tone for this year’s conference. It began by presenting moral distress as a universal experience that all people might have. It ended with particular ways we might see our patients’ experience of moral distress and how we, as Catholic nurses, might respond.

Debra Hanna, PhD, RN

Associated Professor, Division of Nursing
Molloy College, Rockville Centre, New York 11571



FERTILITY HEALTH LITERACY

In the Catholic worldview fertility is seen as a gift, not as a disease. Protecting this aspect of health is sometimes a challenge in current U.S. culture even though there are over a million infertile U.S. couples. Ways in which fertility is treated as a disease was reviewed by Dr. Barron. But interestingly, a new paradigm of approaching fertility has emerged. Looking beyond pregnancy outcome, reproductive health is also sensitive to behaviors and conditions that are associated with cardio-metabolic disease later in life for **both** men and women.

For the nurse who does not necessarily see patients for fertility issues, Dr Barron presented 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. Therefore, lifestyle factors and their effect on each gender were reviewed. For example, for every 20 pounds a man is overweight, his risk of infertility increases by 10%. Obesity in women can be associated with Polycystic Ovarian Syndrome and irregular cycles. Information was given regarding modifiable risk factors and promoting fertility health through sleep hygiene, exercise, and nutrition. The presentation was condensed from two articles:

Barron, M.L. (2013) Fertility literacy for men in primary care settings. *Journal of Nurse Practitioners*. 9, 155-160.

Barron, M.L. (2013) Fertility literacy for women in primary care settings. *Journal of Nurse Practitioners*. 9, 161-166.

Mary Lee Barron, PhD, APRN, FNP-BC

Associated Professor & Director, Advanced Nursing Practice Programs
Saint Louis School of Nursing, 3525 Caroline Mall, St. Louis, MO 63104

ENCOUNTERING CHRIST, UNITED AS CHURCH, SENT BY THE SPIRIT



Pray with Archbishop Gustavo Garcia-Siller as he consecrates the Archdiocese of San Antonio to the care of the Holy Spirit at the Vigil of Pentecost, June 7th at St. Rose of Lima Church at 7pm, and during the Erection of the Cross of the Apostolate 8am, Pentecost Sunday at the San Fernando Cathedral, 115 Main Plaza, San Antonio, Texas. **Offer a rosary, adoration, thoughts & prayers.**

http://www.archsa.org/documents/Holy_Spirit_Consecration_Statement.pdf



TEEN STAR® - SEXUALITY TEACHING IN THE CONTEXT OF ADULT RESPONSIBILITY

Following the removal of all legal restraints to abortion by Roe-Wade and Doe- Bolton January 22, 1973 one and a half million abortions were recorded in the US in the year following. More than one third were performed on teenagers. No one thought that teen pregnancy was a good thing but beyond counseling the already pregnant teen the dominant approaches were, and are, either to teach abstinence or provide contraceptives. Neither helps the teen to integrate their now present biological capacity for motherhood into their emerging self understanding. Publicly funded Abstinence Education under Title V is directive and provides no means of experiencing the bodily signs of fertility let alone integrate the physical reality and the emotions mediated by the cycle's hormones into one's self concept, while contraception simply isolates sex from procreation. In that event, the body is simply an entity to be manipulated for one's desires. But we are embodied persons. Saint John Paul II has called the body the "quasi-sacrament of the person." And since the Second person of the bl. Trinity assumed a human body, he bestowed infinite value and dignity on it.

Teen STAR utilizes the physical signs of fertility to integrate the social, emotional, intellectual and spiritual aspects of sexuality into one's person. When that happens both boys and girls pull away from group pressure and begin to make their own decisions. Minors require parental permission to participate in the program which has developmentally appropriate curricula for early, middle and late adolescence. Physiology is taught in gender separated groups. Class meetings are weekly for two semesters. Anonymous exit questionnaires have consistently shown support for maintaining or returning to abstinent behavior. Since refraining from premarital intercourse not only prevents premarital pregnancy but also sexually transmitted infections, Teen STAR was funded by USAID under the PEPFAR (Presidents Emergency Program for AiDS Relief) in Uganda and Ethiopia from 2006-2012. The 6-7 month long program was delivered by trained teachers to in and out-of-school teens and young adults. The program graduated 29,733 Ethiopian and 27,238 Ugandan students. Girls generally required 3 cycles to discover and own their fertility, while males deepened self-knowledge. 2-3 year post program behavioral outcomes among available groups include: 80% female, 20% male, 32% age 16, 45% age 18 years. Of 96.5% virgins at entry, 4% initiated intercourse during or after the



program; last coitus >1 year by 33.3%, 7-12 months ago by 16.7%. this compares well with women's median age at first intercourse: Uganda - 16.8 years, Ethiopia - 16.1 years.

Active Teen STAR programs from Austria, Canada, Chile, Croatia, Ethiopia, France, Germany, Italy, Korea Slovakia, Spain, Switzerland, Uganda and USA comprise the International Teen STAR Association while smaller programs in 18 other countries are growing.

Dr. Hanna Klaus (Sr. Miriam Paul)

Teen STAR Program

4400 East West Highway #911, Bethesda, MD 20814

301-897-9323

teenstarprogram@earthlink.net

www.teenstarprogram.org

UPCOMING EVENTS 2014

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

*****JUNE*****



June 2-6, TeenSTAR Teacher Training Workshop, St. Louis University School of Nursing, 3525 Caroline Street, St. Louis, MO 63104, Contact: Hanna Klaus, M.D., hannaklaus@earthlink.net. Phone: 301-897-9323

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

June 21 – July 4 – Fortnight for Freedom – Freedom to Serve sponsored by the USCCB. www.Fortnight4Freedom.org

*****SEPTEMBER*****

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*****

October 5-19, **Extraordinary Synod on the Family** convoked by Pope Francis to be held in the Vatican. Theme: The pastoral challenges of the family in the context of evangelization.

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.

DEVELOPING NURSING STUDENTS' SPIRITUAL AWARENESS THROUGH SIMULATING END-OF-LIFE CARE OF A CATHOLIC PATIENT



Nursing education today focuses on assessing and treating physical and psychological disorders. Much emphasis is placed on psychomotor skills. Students are likely to neglect their patients' spiritual needs due to lack of education or discomfort in discussing various belief systems. While private religion-affiliated colleges require completion of units in religious education, students might only have exposure to certain belief systems. In general, religious education in nursing programs is scant and clinical experience in caring for a patient with strong religious values might be non-existent in the life of a nursing student. And yet, the American Association of Colleges of Nursing (AACN) has identified cultural sensitivity, which includes awareness and respect of customs, traditions, and belief systems, as essential in developing and implementing nursing curriculum.

Simulation experience: We created a simulation experience using an actor who portrayed Irene Banaag, a 78-year-old Filipina, Catholic woman with end stage colon cancer. From work with previous scenarios, the students had discussed pathophysiology, pharmacology, and had practiced skills using Irene Banaag. In the newly-created scenario, Irene had returned to the hospital in a state of rapid decline. Her devout Catholic daughter and formerly Catholic son were in disagreement about how to proceed with Irene's care. The son and daughter agreed to a family meeting with the charge nurse, social worker, and Irene's parish priest. Students began by reviewing Irene Banaag's electronic health record and providing simple comfort care. A priest from the local parish came to the lab to meet with Irene Banaag and family members. The priest administered Sacrament of the Sick and then participated in the family conference. Students played the parts of family members, social worker, and, along with the priest, read from a created script. The students, faculty, and priest discussed care of Irene following the scenario and case conference.

Outcome: Two outcome measures were examined: Student satisfaction with learning and student knowledge about care for the Catholic patient at the end of life. In order to evaluate students' knowledge about care of a Catholic patient, students completed the researcher-developed instrument, Spiritual Care at the End of Life Questionnaire, which contained questions pertaining to belief system, customs, and traditions around end-of-life care for Catholic patients. Students also completed a satisfaction survey. Students knowledge scores improved after the simulation

experience and they gave high ratings to the opportunity to work with actor and priest to learn more about end of life care for a Catholic patient.

Margaret Fink, Ed.D, RN

Associate Professor & Clinical Simulation Center-lead faculty
Dominican University, 50 Acacia Ave, San Rafael, CA 94901

Becker, A.L. (2009). Ethical considerations of teaching spirituality in the academy. *Nursing Ethics*, 16(6).

Boswell, C., Cannon, S., & Miller, J. (2013). Students' perceptions of holistic nursing care. *Nursing Education Perspectives*, 34(5).

Eaton, M., Floyd, K., and Brooks, S. (2012). Student perceptions of simulation's influence on home health and hospice practicum learning. *Clinical Simulation in Nursing*, 8(6), e239-e247.

Robinson-Smith, G., Bradley, P. K., & Meakim, C. (2009). Evaluating the use of standardized patients in undergraduate psychiatric nursing experiences. *Clinical Simulation in Nursing*, Vol (5), e203-e211.

Selman, L., Harding, R., Gysels, M., Speck, P., & Higginson, I.J. (2011). The measurement of spirituality in palliative care and the content of tools validated cross-culturally: A systematic review. *Journal of Pain and Symptom Management*, vol 41,(4).

Abstract from a Member's Article.

View the full text article online in the
Members Section at www.nacn-usa.org

CULTURAL COMPETENCY, AUTONOMY AND SPIRITUAL CONFLICTS RELATED TO REIKI/CAM THERAPIES: SHOULD PATIENTS BE INFORMED?



Abstract: The use of complementary and alternative medicines (CAM) such as Reiki is on the rise in healthcare centers. Reiki is associated with a spirituality that conflicts with some belief systems. Catholic healthcare facilities are restricted from offering this therapy because it conflicts with the teachings of the Catholic Church. However, hospitals are offering it without disclosing the spiritual aspects of it to patients.

This article will address the ethical concerns and possible legal implications associated with the present process of offering Reiki. It will address these concerns based on the Joint Commission's Standard of Cultural Competency and the ethical principles of autonomy and informed consent. A proposal will also be introduced identifying specific information which Reiki/CAM practitioners should offer to their patients out of respect of their autonomy as well as their cultural, spiritual, and religious beliefs.

Arvonio, Maria Marra. Cultural competency, autonomy and spiritual conflicts related to Reiki/CAM therapies: Should patients be informed? *The Lincare Quarterly* 81(1) 2014, 47-56.

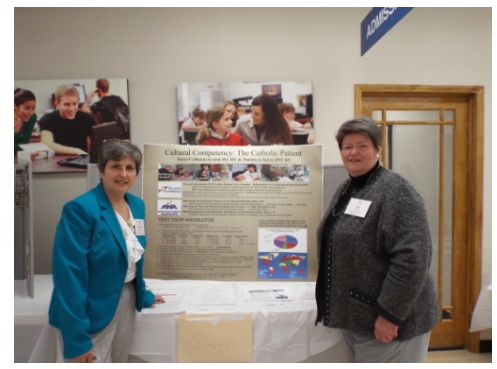
POSTER PRESENTATION



The Efficacy of Natural Family Planning to Postpone Pregnancy – Brigid Prosser (DC)



Certifying Nurses as Catholic Care Specialists
Maria Kneusel (CO)



Cultural Competency-The Catholic Patient
Maria Arvonio (NJ) & Pat Sayers (NJ)



The Efficacy of Natural Family Planning to Postpone Pregnancy: An evidence-based approach for Title X clinics

Brigid Prosser, BSN, RN, MSN candidate

NFP

Natural Family Planning (NFP) is defined in the encyclopedia of bioethics as a form of Fertility Awareness Based Methods of family planning in which "intercourse is avoided entirely during the fertile period and mechanical contraceptive methods are not used at any time in the cycle" (Policar, 2004)



Benefits of NFP

- Low/no cost \$
- Drug Free with no harmful side effects
- Teaches what is healthy / normal
- Can be used throughout the reproductive life cycle
- Improves Communication
- Self management skills
- Respectful of patient beliefs

Problem

Although almost 1/4 of American women use NFP, less than 0.5% of women seen at Title X clinics currently use NFP (Fowler, Lloyd, Gable, Wang, & McClure, 2012). Yet, 1/5 of American women reported being interested in NFP when informed about their options (Stanford, Lemaire, & Thurman, 1998). As nurses, it is our responsibility to provide accurate information about fertility care to all of our patients including patients at Title X clinics.

Healthy People 2020 Goals

- Healthy People 2020 has as a main goal to "improve pregnancy planning and spacing, and prevent unintended pregnancy" specifically through preconception counseling (HHS, 2010).
- Family Planning's 3rd objective is to "increase the proportion of publicly funded (Title X) family planning clinics that offer the full range of ... methods of contraception".
- Healthy People 2020 also set goals to "increase the proportion of pregnancies that are intended" and increase the proportion of female adolescents who receive formal instruction on abstinence" (HHS, 2010).
- NFP education could potentially aid in reaching these goals.

Population/Setting

Title X clinics provide family planning services to five million women annually, including half of all low-income women in the United States (Kelly et. al., 2011). The population served by title X clinics is overwhelmingly female, primarily between the ages of 18 and 35, of whom 58% are white and 19% black, with 29% reporting being Hispanic (Fowler et. al., 2011).

Methods of NFP studied

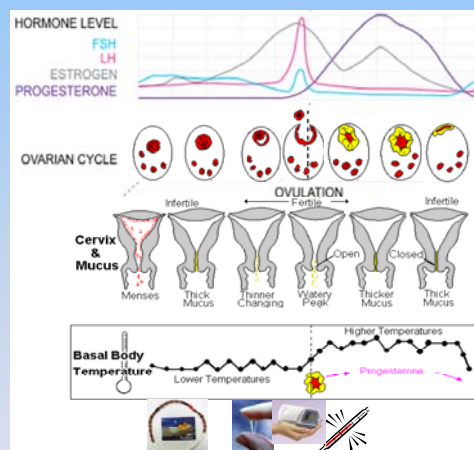
Method	Description of Method		Pros	Cons
Standard Days method (SDM)	A standardized calendar-type method defining days 8-13 fertile for women with cycles averaging 26-32 days		Easily taught with CycleBeads, app only requires LMP date	Only for women with regular cycles
Billings Ovulation Method (BOM)	Mucus based FAM requires daily charting of cervical mucus observation		Can lead to a medical Dx, online training, app available	Requires some training and daily charting
Creighton Model	Modified more advanced and scientific BOM requiring training		Can Help lead to medical Dx	Requires extensive training and daily charting
TwoDay Method	Simple algorithm: if you had fertile mucus today or yesterday, you are fertile		Can be taught in a single office visit, no charting	Doesn't determine peak day or follow cycle
Sympto-Thermal Method (STM)	Cervical mucus observation & basal body temperature (BBT) to define beginning and end of fertile time		Can pinpoint beginning and end of fertile window, app available	BBT readings daily at same time in AM, chart BBT and mucus
Marquette Method (MM)	Cervical mucus observation and hormonal monitoring		More modern	Costs, check urine 10-20 days/cycle

Results

Method	Author and year	Size and Population	Pearl index perfect use	Pearl index typical use	JHU Evidence rating
Standard Days method (SDM)	Arevalo, Jennings, & Sinai, 2002	478 women with cycles between 26-32 days in Peru, Bolivia, Philippines	4.8	12	3A
Billings Ovulation Method (BOM)	Indian Council of Medical Research Task Force on NFP, 1996	2059 couples in rural and urban India, mostly Hindu and 1/3 of whom were illiterate	1.1	10.5	2A
Creighton Model	Howard & Stanford, 1999	242 couples at a University clinic in the USA mostly white college grads.	0.14	17.12†	3A, 3C†
TwoDay Method	Arevalo, Jennings, Nikula, & Sinai, 2004	450 women in Guatemala, Peru, Philippines	3.5	13.7	2A
Sympto-Thermal Method (STM)	Frank-Herman, Heil, Gnath, Toledo, Baur, Pyper, & Freundl, 2007	900 fertile sexually active women age 19-45 with regular cycles in Germany	0.4	7.47	2A
Marquette Method (MM)	Fehring, Schneider, & Barron, 2008	204 women throughout USA	0.6	10.6	2A

† this number is not reliable and this number is evidenced at 3C, but the perfect use index number is 3A.

The Scientific Basis of NFP



Methods

The literature was searched to find at least one original large prospective trial of sexually active fertile couples who intend to postpone pregnancy via NFP for each method. Effectiveness is measured using the PEARL index, which is the number of pregnancies per 100 woman years.

Application

Nurses, especially those working at Title X clinics, have the obligation to inform patients of their family planning options using accurate evidence-based options. The evidence shows that all methods studied were at least 95% effective when used properly, so any of the above methods can be recommended to women as effective ways to prevent pregnancy if used correctly. Discussions should include the woman's motivation, pros and cons of each method, ability to be trained, and personal preferences. Within the context of a 5 min. office visit, any woman can be effectively taught the TwoDay Method or Standard Days Method. Training in the other methods should be referred to a trained instructor in the area.



NIGHT SHIFT MEDITATION

Months ago now, the idea came to me to write a meditation for night-shift nurses. I put it off and put it off and put it off. However, after working 5 out of 6 night shifts in a row, I'm finding tonight that my body isn't just flipping automatically back into sleeping at night and being awake during the day. And so, I've decided, no time like the present!

Two main ideas about night-shift nursing have struck me in prayer, and the first has to do with keeping vigil. In the same way that Christ asked his apostles in Matthew 26:40 to keep watch with Him the night of his agony in the garden of Gethsemane, we as nurses often "keep vigil" with patients who are near death.



One particular night, a patient on comfort care was developing the Cheyne-Stokes breathing pattern that signaled imminent death. I remember getting out all the supplies to bathe him with his mother, so that he would be clean in his last moments and when family members came to see his body after death. I was reminded of the woman who anointed Jesus' feet in



John 12 with the costly perfumed oil. When she was rebuked by one of the disciples, Jesus responded that she had been anointing Him for his burial. It was no costly perfume oil that I used that night, but as I rubbed baby oil over my

patient's body, and noted the tender care with which his mother did the same, I could not help thinking about the privilege we as nurses have, to watch with many individuals through their last night, to care for them in the hour before they pass from this world to the next.

The other idea that struck me has to do with watchfulness and waiting. Psalm 130, verse 6, reads "I will wait on the Lord more than watchmen wait on daybreak." Before I started working nights, this verse made me think of a solitary man guarding a warehouse in the wee hours of the morning, walking up and down the rows with a flashlight, preventing thieves from coming in.

Now, I think of the time when I got a patient transferred to me from the floor after she coded. Because of various medical conditions that she was born with, her family provides her care in-home 24 hours a day, 7 days a week, 365 days a year. I did not think anything of it at first, but the night after the code, her parents



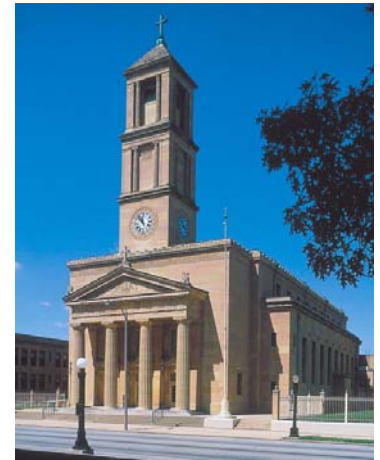
went to the waiting room to sleep for the first time in who knows how long. And it struck me later that they placed tremendous trust in me, to care for their daughter competently, confident that I would notify



them immediately if anything went wrong. And I realized, I too am a watchman. That those parents felt comfortable enough to leave their daughter's care in

my hands, MY HANDS!, floored me. But they're not just my hands, because every night as I drive into work, I pass right by a cathedral. And as I pass, I pray for His life and light and love to be known in my hospital.

Working night shifts is often, no, nearly always, exhausting. Even when nothing's going on, there's something unnatural about being awake in the middle of the night. Mentally and physically, I come home from work ready for a hamburger, a shower, and bed. But to think of the good that comes from Him through me, through each of us, amidst the exhaustion of night shift nursing- that's beautiful.



**Cathedral of the
Immaculate Conception,
Diocese of Springfield, Illinois**

Anne Marie Dust, RN, BSN
Neuro-science Intensive Care Unit ICU

*Anne Marie received the NACN-USA
nursing student scholarship in 2010.*

The above is a night shift meditation she wrote for Nurses' Week.

Thank you Anne Marie for sharing this beautiful meditation.

May God bless you.

DECISION POINT

Confirmation Preparation

(a wonderful review for the New Evangelization
for ALL Catholics – View online at URL below)

Released in April by Dynamic Catholic and provided free online is the confirmation preparation program, "Decision Point." Developed by Matthew Kelly and his team at Dynamic Catholic, it is their hope

"that this program will not only prepare young Catholics for the Sacrament of Confirmation in a dynamic way, but also teach and inspire them to respond and cooperate with God's grace in all the circumstance of their daily lives, long after their Confirmation has passed."

The program has received an *Imprimatur* from His Excellency Archbishop Dennis Schnurr of the Archdiocese of Cincinnati

<http://dynamiccatholic.com/confirmation/>

REGIONS & LOCAL COUNCIL – NEWS



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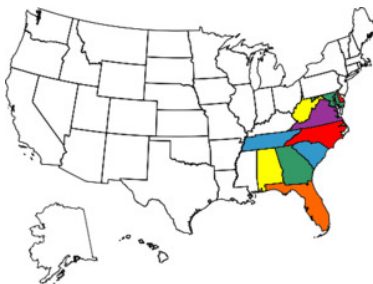
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Baltimore, MD
tbboyle@aol.com

Judie Boyle reports, "We have the opportunity to set up a table with the CMA here in Baltimore at a medical symposium which the Archbishop William E. Lori of Baltimore is hosting."



MIDWEST REGION

(ND, NE, OK, MN, WI, IL, KY, MO, AR, SD, KS, LA, MI, IA, IN, MS, OH)

MW Regional Representative
Martha Baker, PhD, RN, CNE,
ACNS-BC
Republic, MO
marthabaker54@gmail.com

Council of Catholic Nurses of the
Diocese of Joliet, IL
Bernice Judd
Wheaton, IL
bdsdmj@gmail.com

The Council of Catholic Nurses for the Diocese of Joliet will be awarding a \$500.00 scholarship at their June Mass and Luncheon. The Keynote speaker is Kathie Blanchfield, PhD who will present: "Nurturing Spiritual Strength for Self and Others."

Council News

Let us know what is
happening with your
council, send news for next
newsletter deadline
August 15, 2014.

MIDWEST REGION (cont'd)

Council of Catholic Nurses of the
Archdiocese of Chicago
Margaret M. (Peg) Olson, RN, BSN
Chicago, IL
peg.olson@att.net

The Council of Catholic Nurses of the Archdiocese of Chicago held a mass and luncheon in celebration on Nurses Week on Sunday, May 18th. The Holy Sacrifice of the Mass was held at 9:30 at Holy Name Cathedral followed by the luncheon at Bella Luna Café. All family and friends were welcomed to join with the nurses in celebration.

60th Anniversary

of the Council of Catholic Nurses of the Archdiocese of Chicago

When: July 26, 2014, 10am-3pm

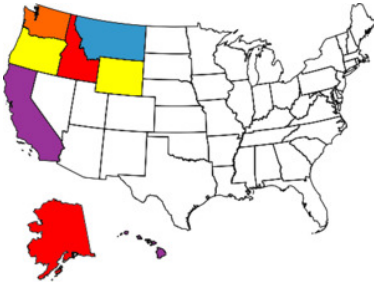
Where: Sacred Heart Church, 8245 West 111th Street, Palos Hills, IL 60465.

Peg Olson writes, "Please join us for Mass and Celebration of the 60th Anniversary of the Council. On July 26th, 1954 Samuel Cardinal Stritch initiated the Council of Catholic Nurses of the Archdiocese of Chicago to provide a support structure for the Catholic nurse and to help in nurturing the growth of their spiritual faith.

RSVP by July 12, 2014 to Peg Olson (773-274-7534) peg.olson@att.net.

Council of Catholic Nurses of Lake
County, IL
Ginny De Reu
Libertyville, IL
catholicnurses@nacn-usa.org

Madonna University Council of
Catholic/Christian Nurses
Sister Victoria Indyk, CSSF, PhD,
RN
Livonia, MI
svictoria@madonna.edu



NORTHWEST REGION

(WA, OR, ID, MT, WY, AK, HI, CA)

NW Regional Representative
Mary Ann Haeuser, MSN, RN,
FNP

San Rafael, CA

haeuser@comcast.net

San Francisco Council of
Catholic Nurses

Mary Ann Haeuser, MSN, RN,
FNP

San Francisco, CA

415 454-0979

Haeuser@sbcglobal.net



SOUTHWEST REGION

(NV, UT, CO, AZ, NM, TX)

SW Regional Representative

Jane Cardea, PhD, RN

San Antonio, TX

catholicnurses@nacn-usa.org

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 your Regional Representative or the NACN-USA office at

catholicnurses@nacn-usa.org

Resources for starting a local council are at www.nacn-usa.org under: "About Us" / Local Councils

COUNCIL OF CATHOLIC NURSES
of the
ARCHDIOCESE of CHICAGO

July 26, 2014 10AM – 3PM

SACRED HEART CHURCH
8245 WEST 111 TH STREET
PALOS HILLS, IL 60465

Please join us for Mass and
Celebration of the 60th
Anniversary of the Council.

On July 26th, 1954 Samuel
Cardinal Stritch initiated the
Council of Catholic Nurses of the
Archdiocese of Chicago to
provide a support structure for the
Catholic nurse and to help in
nurturing the growth of their
spiritual faith.

RSVP by July 12th 2014 to Peg
Olson (773 274-7534
(pegolson@att.net))

Prayer for the 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 you sons 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.





RELIGIOUS LIBERTY UPDATE

by Dr. Marie Hilliard, RN, PhD, JCL

NACN-U.S.A. continues to impact health care policy at the national and state level.

The NACN is a signatory to an *Amicus* brief before the U.S. Supreme Court in support of the religious freedom of *Hobby Lobby* and the *Conestoga Wood Company*, in their suits against the U.S. Dept. of Health and Human Services' Contraceptive Mandate. These two secular companies, owned by families who hold their moral positions as inviolate, do not want to be complicit in the provision of abortifacients to their employees. The case has been heard and a decision should be rendered by June 2014.

This spring, the Fifth Circuit Court of Appeals ruled on the side of Texas and upheld the safety standards to protect woman from abortionists, by enhancing standards of care as they pertain to admitting privileges for abortionists, as well as the regulation of abortion-inducing drugs: *PLANNED PARENTHOOD OF GREATER TEXAS SURGICAL HEALTH SERVICES, et al., v. ATTORNEY GENERAL GREGORY ABBOTT, et al.* It was a significant win. Americans United for Life's *amicus* brief was filed on behalf of American Association of Pro-Life Obstetricians & Gynecologists, Christian Medical Association, Catholic Medical Association, Physicians for Life, National Association of Pro Life Nurses, National Association of Catholic Nurses, and The National Catholic Bioethics Center. See: <http://www.aul.org/2014/03/fifth-circuit-court-of-appeals-upholds-cutting-edge-protections-for-women-from-dangerous-chemical-abortion-drugs-as-well-as-life-saving-clinic-regulations/>.



UNITED STATES CONFERENCE OF
CATHOLIC BISHOPS

FORTNIGHT FOR FREEDOM- JUNE 21-JULY 4, 2014 FREEDOM TO SERVE

The *Fortnight for Freedom: Freedom to Serve* will take place from June 21 to July 4, 2014, a time when our liturgical calendar celebrates a series of great martyrs who remained faithful in the face of persecution by political power—St. Thomas More and St. John Fisher, St. John the Baptist, SS. Peter and Paul, and the First Martyrs of the Church of Rome. The theme of this year's Fortnight will focus on the freedom to serve the poor and vulnerable in accord with human dignity and the Church's teaching. www.Fortnight4Freedom.org Text the word FREEDOM (or LIBERTAD) to 377377 for updates.



NATIONAL CATHOLIC CERTIFICATION PROGRAM IN HEALTH CARE ETHICS

The National Catholic Bioethics Center (NCBC) is now accepting registrations for our 2014-2015 [National Catholic Certification Program in Health Care Ethics](http://www.ncbcenter.org/document.doc?id=604). The program will begin its 10th year in September, and the 6th year of our collaboration with Holy Apostles College and Seminary through which participants may earn up to 9 graduate credits. Those credits may be applied to a Master of Arts degree in theology with a concentration in bioethics from Holy Apostles.

If you believe this program would enhance your work, please consider participating. Perhaps you know someone else you would like to recommend to the program. Please feel free to pass this information on to them. The format of instruction has been designed for busy professionals in that only two personal contacts are required: A two-day seminar at the beginning of the program in either New Orleans (September 12-13, 2014) or Philadelphia (October 3-4, 2014), and a one-day case studies seminar at the end of the program in Philadelphia.

Please feel free to take a look at this year's program brochure at <http://ncbcenter.org/document.doc?id=604>

If you are unable to participate in the Certification Program, you may be interested in attending one of the two-day seminars associated with the program. Feel free to register for one of the weekend intensives, occurring in New Orleans and Philadelphia.

Please note that if you are interested in registering for our full Program **and** receiving college credit, you must apply through Holy Apostles Seminary.

The program will culminate with a required intensive one-day seminar of case studies at the NCBC offices in Philadelphia on May 2, 2015.

If you require any additional information, please visit our website at www.ncbcenter.org.



THE NATIONAL CATHOLIC BIOETHICS CENTER



ETHICAL ISSUES REGARDING CONSCIENTIOUS OBJECTION IN HEALTH CARE

PREPARED BY THE ETHICISTS OF THE NCBC
FEBRUARY 2013

“Abortion and euthanasia are . . . crimes which no human law can claim to legitimize. There is no obligation in conscience to obey such laws; instead there is a grave and clear obligation to oppose them by conscientious objection.”—John Paul II, *Evangelium vitae*, n. 73.

“Catholic health care organizations are not permitted to engage in immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide and direct sterilization.”—USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), n. 70.

❖ SUMMARY ❖

- *Conscientious objection* is the refusal to submit to a legal norm that is considered unjust, i.e., a legal norm that is opposed to a precept of the natural moral law and is so perceived by the moral conscience.

Characteristics of Conscientious Objection

- Conscientious objection implies an act of omission, of not doing something that the individual is legally bound to do.
- It is not a response to a permissive law; it is a response to an obliging law that is in general coercive, to which the objector claims an exemption. To object to a law that allows the health care worker to either perform or refrain from performing an action would be neither necessary nor rational.
- Conscientious objection is grounded on religious, ethical, or axiological motivations, not political ones. This means that the conscientious objector does not intend, by the act of objecting, to change a law or a social system, only to be exempted from a legal duty. This is the main difference between conscientious objection and civil disobedience.
- Conscientious objection is a consequence of the fundamental right to freedom of conscience, which is granted by the constitutions of most democratic nations.
- Conscientious objection is not unlimited: the objector has to admit that he cannot object to everything, and he has to acknowledge the right of the authority to balance his objection with other goods that are at stake.
- Conscientious objection requires that the objector not be subject to discrimination or punishment for objecting.

Kinds and Extension of Conscientious Objections in Health Care

- There are two types of participation in an evil act that should be avoided: (1) *Direct participation* includes such acts as directly performing abortions or assisting with them, directly killing embryos, directly engaging in euthanasia, and directly participating in acts of sterilization. (2) *Indirect participation* includes administering anesthesia or performing laboratory tests required for an abortion; prescribing or dispensing abortifacients, contraceptives, or euthanasia drugs; performing related nursing activities; conducting research that makes use of human biological material of illicit origin; and supervising or fulfilling administrative duties for personnel who perform such acts.
- *Extension* refers to the concrete activities to which conscientious objection can be applied, and it should be as broad as possible, including not only direct participation but also indirect and even remote participation.

❖ FAQs ❖

Question 1. Is conscientious objection an outrage against democracy?

Reply: No, it is a consequence of democracy. There are different types of resistance to a norm, and some of them can become threats to democracy—for example, active or passive resistance or even, in some cases, civil disobedience. Conscientious objection, when it is correctly applied, never opposes the foundation of a constitutional democracy.

Question 2. Is conscientious objection a merely subjective claim?

Reply: No, conscience is a subjective or individual act of practical reason, but its judgment is based in natural moral law. Most precepts of the natural moral law are known to all, and all of them can be shared by all. Practical reason—the use of reason to decide how to act—also utilizes many other types of knowledge, such as professional (legal and scientific) knowledge.

Question 3. Can I object to anything?

Reply: No, conscientious objection has some “natural limits,” defined specifically by

- The common good
- The fundamental goods and rights of other citizens

Question 4. What happens if my conscientious objection is not respected by the positive law?

Reply: It often happens that a certain case of conscientious objection is not granted by a concrete positive law. This does not mean that the conscientious objection is not legitimate: in principle, conscientious objection is directly protected by the constitutions of those nations that respect fundamental human rights, which include freedom of conscience, religion, and ideology.

Question 5. Who can carry out conscientious objection?

Reply: This is a problem of the extent of conscientious objection. All health care workers are called on not to engage in or cooperate with evil. The obligation to object is proportional to the proximity to the action that is judged as evil. For instance, the physician who is expected to directly perform an abortion is absolutely compelled to conscientious objection, but so is the nurse who is expected to assist him and the pharmacist who is required to dispense abortifacient drugs.

❖ RESOURCES ❖

P. Agulles, “Cabe la objeción de conciencia en una sociedad moderna?” *Vida y ética* 13.1 (June 2012): 117–136. Reproduced by permission.

G. M. Tomás y Garrido, “Conciencia y objeción de conciencia,” *Persona y bioética* 16.1 (January–June 2012): 32–42. Reproduced by permission.



CICIAMS UPDATE

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

The National Association of Catholic Nurses - U.S.A. is privileged to have two of its members as panelists at the CICIAMS XIX World Congress: *Protecting Family Life: the Role and Responsibilities of Nurses and Midwives*, in Dublin, Ireland, September 23-26, 2014. Ms. Alma Abuelouf, NACN-U.S.A. president will be commenting for the Pan-American region on “The Family of Carers of the Elderly.” Dr. Marie Hilliard, Northeast Regional Representative of NACN-U.S.A., will be commenting for the Pan-American region on “Protecting Family Life.” NACN-U.S.A. is proud of our members as they continue to impact family health from a global perspective.



FAMILIES AS CARERS FOR THE ELDERLY IN PAN AMERICA

by Alma Abuelouf, BSN, RN,

About one in every seven, or 13.7%, of the population is an older American. With this expected population growth to 20 % by 2030 many of us in the upcoming years will

be faced with primary or secondary caregiving for a loved one. Study shows, that four in 10 U.S. adults are now caring for a sick or elderly family member as more people develop chronic illnesses and the population ages.

Although family caregiving has always been a natural and normal obligation, changes in demographics, workforce patterns, health care and service delivery have resulted in a dramatic change in its extent and complexity. Ms. Abuelouf comments explore the different options and trends in caring for elderly in United States. These trends would be similar for Canada, as well as a number of South American countries, however, not all. But in countries where the extended family remains the norm, the burden on caregivers, could even be greater, especially as birth rates decline. These factors will be addressed.



PROTECTING FAMILY LIFE IN PAN AMERICA

by Dr. Marie Hilliard, RN, PhD, JCL

The very first encyclical of Pope Francis, *Lumen fidei*,¹ speaks of the importance of the family to

the wellbeing of society: “The first setting in which faith enlightens the human city is the family.” (LF, 52) Pope Francis calls upon this truth in the preparatory documents to the Synod of Bishops on “Pastoral Challenges to the Family in the Context of Evangelization,”² to be convened in October 2014. It is not irrelevant that the Nineteenth World Congress of the CICIAMS is focusing on *Protecting Family Life: The Role and Responsibilities of Nurses and Midwives*. Never

before have the challenges to family life been so great, especially as telecommunication allows for both the positive and negative influences on family life to have their global impact; and never before have the responsibilities of nurses and midwives for fostering the wellbeing of the family been so challenging. This is very true for nurses in Pan America.

There are many diverse cultures in North and South America (Pan America), even within the Catholic community. Each of these cultures offers their special gifts, which are sacred to the protection and advancement of family life as ordained by God. However, with the advancement of telecommunication, even in the poorest of communities, both the positive and negative forces of the first world countries, such as the United States, impact family life throughout the Western Hemisphere.

Undoubtedly family is being assaulted by a secular relativism that has denigrated the sacred principles by which the family life of each of our cultures has been sustained, and even thrived, not only spiritually, but also physically and economically. The principles of family unity, solidarity and fidelity are being eroded and replaced by an individualism and self-gratification, which has led to a breakdown in both family, and individual, health and wellbeing. Sexual mores are dictated by these new pseudo-principles, putting all at risk, especially children. Two parent families are no longer the norm in many cultures. Pornography is epidemic, and human trafficking, even of children, is a sad reality. Sexually transmitted diseases and teen pregnancy are treated as the norm, to be facilitated by the pseudo-treatments of “safe-sex.” The very “treatments” designed by governments to address these social and public health ills are causing them to thrive.

What are needed are programs that reinforce the positive family values from our very diverse cultures that have allowed our families to flourish. As Pope

PROTECTING FAMILY LIFE IN PAN AMERICA

by Dr. Marie Hilliard, RN, PhD, JCL (cont'd)

Francis has stated: "Absorbed and deepened in the family, faith becomes a light capable of illumining all our relationships in society." Francis continues by showing us this way of faith:

At the heart of biblical faith is God's love, his concrete concern for every person, and his plan of salvation which embraces all of humanity and all creation, culminating in the incarnation, death and resurrection of Jesus Christ. Without insight into these realities, there is no criterion for discerning what makes human life precious and unique. Man loses his place in the universe; he is cast adrift in nature, either renouncing his proper moral responsibility or else presuming to be a sort of absolute judge, endowed with an unlimited power to manipulate the world around him. (LF, 54)

References

¹ Pope Francis, *Lumen Fidei*, The Light of Faith (Vatican City, 2013)

² Archbishop Lorenzo Baldisseri, secretary general of the Vatican's Synod of Bishops. "Preparatory Document: *Pastoral Challenges to the Family in the Context of Evangelization*," III Extraordinary General Assembly of the Synod of Bishops (Vatican City, 2013).



by Marylee J. Meehan, RN, MA

As a member of the Pontifical Council for Health Care Workers (for Pastoral Care), I attended the recently held *Eighth Plenary Session* of the Council held in Rome. The Session opens with the celebration of Holy Mass by His Eminence Cardinal Peter Parolin, Secretary of State at the Vatican. Mass is celebrated at the tomb of St. Peter in the Basilica of St. Peter.



REPORT OF THE EIGHTH PLENARY SESSION PONTIFICAL COUNCIL FOR HEALTH CARE WORKERS (FOR PASTORAL CARE)

After Mass, we have a break and then proceed to the Audience Hall where the Holy Father, Pope Francis



receives us. We meet him individually, which is an incredible event in my life, and each of us is photographed with him and we are given a gift of a rosary. The address our Holy Father presents is in

Italian and we are to receive a printed copy in English once it is translated.

The Plenary Session is for three days. Its purpose is to review the past, look at the present and explore possibilities for the future of the Council for the next five years. The President of the Council, His Excellency, Msg. Zygmunt Zimowski, Archbishop, presides over the sessions. We are reminded that the contents of discussions at the session are confidential.



As we progress through the three day sessions, H.E Msg. Mupendawatu, Secretary of the Council, reports on the "Good Samaritan Foundation", gives an update on the next celebration of the World Day of the Sick in 2016 in the Holy Land and shares a history of the International Committee of Catholic Health-Care Institutions. Fr. Augusto Chendi, M.I., Under Secretary, reports on the updating of *The Charter for Health Care Workers*. Msg. Zimowski, among other reports, updates us on the **International Conference on Autism (November 20-22, 2014)** and requests proposals for the subjects for the next International Conferences.

Before leaving for this Eight Plenary Session, I put out a call for CICIAMS members for spiritual and moral issues they would like to contribute to this important Session. Passionate responses come from the Pan American Region (USA) and the English Speaking African Region of CICIAMS. Some of these responses are given at the Session and all of them are later sent by mail at the request of Msg. Zimowski. In addition, Msg. Zimowski said, "Our strongest organization is CICIAMS... and they are the only member at the World Health Organization".

It is always an extreme honor to represent all Catholic nurses around the world at these very prestigious Council meetings.

The Holy Father asked me to pray for him. I told him I already do pray for him and will continue to do so. May I ask you to join me and pray three Hail Marys every day for our Pope Francis? Grazie.



NATIONAL ASSOCIATION OF CATHOLIC NURSES – USA

2013- 2014 HIGHLIGHTS FOR ANNUAL REPORT

March, 2013

- Face-to-face NACN-USA Board Meeting conducted prior to national conference to complement monthly telephone conference meetings
- National two-day conference in Nashville, TN provided opportunities for presentations by nationally-recognized speakers and members of the association. 50 Attendees
- Over \$600 collected from the Silent Auction to support the scholarship fund.
- Conference major sponsors: Ascension Health Chief Nursing Officers – St. Louis
The Catholic Health Association - United States & Aquinas College
- Alma Abuelouf, NACN President was interviewed by National Catholic Reporter regarding NACN and the conference

April, 2013

- Spring Newsletter published

May, 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 to discuss the development of a council of Catholic Nurses in the diocese.
- Alma Abuelouf, NACN President called in “The Friday Live” to talk about NACN & support Pat Sayers and Maria Arvonio in their effort of establishing NACN council- Diocese of Trenton NJ.

June, 2013

- Work started on new website
- Successful meeting for San Francisco Archdiocese Council
- Summer newsletter published

July, 2013

- Signature support on filed an Amicus Brief with other Catholic Organizations to the US Supreme Court in support of Arizona ban on abortion after 20 weeks gestation
- Approval received for Father Michael Whyte to be the Chaplain of NACN-USA
- Planning for 2014 conference started

August, 2013

- New website up & running
- Newsletter receiving positive responses

September, 2013

- The Ethics & Spirituality Committee had meeting; point of interest is work has started on ethics Q&A for the newsletter
- Fall Newsletter published

October, 2013

- 112 new members
- New NACN-USA website is receiving positive responses
- Second Meet & Greet was held in support of forming a NACN Trenton Diocesan Council in New Jersey
- Dr. Diana Newman, NACN President- elect was interviewed by Msgr. Kieram Harrington of Brooklyn, NY on the radio show “In the Arena” and the topic was “Health Care and the Church

November, 2013

- Dr. Jane Cardea, SW Regional Representative represented NACN-USA at the National Catholic Partnership for Disabilities
- New NACN-USA portable banner donated by member
- Dr. Marie Hilliard and Brother Ignatius Perkins O.P. were selected to the Advisory Committee to update the American Nurses Association Code of Ethics.
- Ethics & Spirituality Committee promoted Novena to the Immaculate Conception for the intention of NACN-USA. Published in Winter Newsletter & via Mail Chimp.

December, 2013

- Winter newsletter published
- Convention free publicity in Diocese of Jackson, MS, Nashville, TN, Little Rock, Memphis & Knoxville
- Letters sent to all Bishops about NACN & conference

February, 2013

- Convention free publicity provided by CHA.

March 2014

- The National Catholic Bioethics Center and the National Association of Catholic Nurses-U.S.A. 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.

Regions Report

- Local Council Status

Within the 5 NACN-USA regions, there are 7 local councils and 2 additional councils in formation as follows:

	Local councils	Councils in Formation
Northeast Region	1	1
Southeast Region	1	1
Midwest Region	4	0
Northwest Region	1	0
Southwest Region	0	0
Total	7	2

The Local Councils in formation are:

Diocese of Trent Council of Catholic Nurses, Trenton, NJ

Maria Arvonio & Patricia Sayers

elishaspirit2003@yahoo.com & sayerspa@sn.ruthers.edu

Baltimore Council of the NACN (Temporary name) Baltimore, MD

Current point of contact - Judie Boyle

tbboyle@aol.com

Interest & queries from Alaska, Huntsville, AL Tallahassee & Citr, Florida

Southwest Regional Report:

Initial efforts to establish interest in formation of a Council in San Antonio is underway. Two personal letters via email or postage were sent to members listed in national membership file to establish better communications across the regional area.

Membership Report

- February 2014 Total members- 493; 301 current up to date with dues

Financial Report:

Major Expenses:

Website development:	\$6,915
Website related: Domain etc.	\$298
Directors & Officers Liability Insurance	\$609

Balance as of February, 2014	\$29,300
Scholarship	\$2,655

CICIAMS - The International Catholic Committee of Nurses and Medico-Social Assistants

WORLD CONGRESS, 23-26 SEPTEMBER 2014, Dublin Ireland

- Alma Abuelouf, President & Dr. Marie Hilliard, NE Regional Representative will be representing NACN-USA. Both will be part of Round Table presentation.
- Marylee Meehan will be attending the Pontifical Council for Health Care Workers (Pastoral Care) PCHCW meeting **March 24-26, 2014** at the Vatican.

Submitted by:
Alma Abuelouf, BSN, RN, FCN
NACN President



National Association of Catholic Nurses-USA
c/o Diocese of Joliet
Blanchette Catholic Center
1655 Weber Road
Crest Hill, IL 60403

Our Mission: The National Association of Catholic Nurses, U.S.A. gives nurses of different backgrounds, but with the same Roman Catholic values, the opportunity to promote moral principles within the Catholic context in nursing and stimulate desire for professional development. This approach to Roman Catholic doctrine focuses on educational programs, spiritual nourishment, patient advocacy, and integration of faith and health. As we continue to share our faith and values with each other, and with other healthcare providers, we simultaneously reach outward to the larger Church and also our communities, as we offer support to those in need.

Objectives:

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



*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:

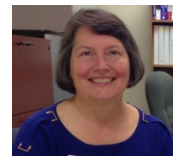
Winter (published in December): November 15

Spring (published in March): February 15

Summer (published in June): May 15

Fall (published in Sept.): August 15

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



NACN MEMBERSHIP:

Current 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.

