



National Association of Catholic Nurses-U.S.A.

Where *NURSING*, *MINISTRY* and *CATHOLIC MISSION* meet

“Unity in Charity”



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Summer 2019 Newsletter

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Dear Members,

Greetings and blessings to each one of you. May I take this opportunity to ask you to mark your calendars for the NACN-USA **National Meeting on July 15-17, 2020** at Benedictine College in Atchison, Kansas.

The theme is *Rediscovery our roots: Spirituality as a Foundation of Nursing Practice*. Immediately following on July 18 and 19 will be the Amelia Earhart Festival. The College has graciously allowed us to remain in the dormitories. I encourage you to make this a family event and to register early for your room. Thank you to Dr. Bill Buron for graciously serving as the conference committee chair.



Christina Freeman, Bill Buron, Janet Munday at SEEK 2019, Indianapolis, Indiana.

Benedictine College is an excellent site for our national meeting. This year several members also participated in the 1st International Pilgrimage walking in the footsteps of Blessed Hanna Chrzanowska, RN, who was a Benedictine Oblate having professed her vows at Tyneic Abbey founded in 1044 in Poland. AND this year our NorthCentral Regional Director, Jill Zolfo, BSN, RN also professed her vows as a Benedictine Oblate taking Blessed Hanna as her sponsor.

We also shared the story of Blessed Hanna Chrzanowska, RN and information about our International Catholic Nurses organization (CICIAMS= **The International Catholic Committee of Nurses and Medico-Social Assistants - Comité International Catholique des Infirmières et Assistantes Médico-Sociales**) at the celebration of International Nurses' Day at the United Nations hosted by our member, *Deb O'Hara-Rusckowski*, RN, founder of Nurses with a Global Impact (NWGI). This was a beautiful ceremony where nurses from around the world were recognized and awarded for their impact across the globe. Read some of their stories at <https://Nurses With Global Impact.org/Nurse-Honorees/2019-Nurse-Honorees>.

Several members who recently joined mentioned that to advance in their clinical ladder at work, they receive “points” for belonging to a professional nurse’s organization. Hospital nurses, please encourage your colleagues to consider membership in NACN-USA to meet this requirement. Join at <https://NACN-USA.org>.



It is with heartfelt sorrow that I share the passing of two pioneer Catholic nurses. **Eula Sforza**, the 1st President of the National Association of Catholic Nurses and a nurse in World War II was born into eternal life on March 30, 2019 at age 99 in St. Charles, Illinois. Eula also helped establish the Joliet Council of Catholic Nurses and was an active member of the Secular Franciscan Order. With degrees in psychology and community mental health, Eula worked as both a school nurse and emergency room nurse. She received the Living Legacy award at the NACN-USA National Meeting in San Antonio in 2018. Eula authored two books, one about her wartime experiences, “A Nurse Remembers” and another about her family life, “Journey with Arthur.”

In New York **Mary Femia**, a longtime member and president of the Albany Council of Catholic Nurses (ACCN) was born into eternal life October 7, 2018 at the age of 81. See the Special Notice in this issue by Cheryl Hettman, Chairperson of the Archives & History Committee and our Summer 2016 NACN-USA newsletter which featured the Albany Council and the great impact and dedication of Mary Femia. These pioneering, dedicated Catholic nurses are a great loss to this life and leave a legacy of compassion and concern for their fellow man.

Eternal rest grant unto them O Lord and may Your perpetual light shine upon them. May their souls and all the souls of the faithful departed through the mercy of God rest in peace. Amen.

Please remember each in your prayers. Consider praying a Divine Mercy Chaplet and having the Holy Sacrifice of the Mass offered for the repose of their soul on the anniversary of their death annually.

Our Ethics and Spirituality Committee continues to be active addressing life, death and other ethical issues. Carolyn Laabs, PhD, MA, FNP-BC, RN provided persuasive comments on the American Nurses' Association (ANA) proposed statement, "*The Nurses Role when a Patient Requests Aid in Dying.*" There is a move in several states to change the terminology from "Assisted Suicide" to "Aid in Dying" and "Assisted Dying." This was the first step in the marketing strategy that NARAL used in the 1960's to legalize abortion – "Reframe the debate." Colleen Kelly Mast featured this issue on Mast Appeal, her Saturday morning, March 30, 2019 program resulting in an excellent response by her viewers. Listen in the archives at <http://www.AveMariaRadio.net>. In early June, the American Medical Association again considered at its annual meeting a proposal to change their stance from opposed to physician assisted suicide to one of "engaged neutrality." As of this printing, the physicians across the nation maintain the position of opposition in concert with the Hippocratic Oath. Praise God.



Christina Freeman talks with new student members about the benefits, volunteer positions and conferences available in our organization.

Elections – Each year, half the positions on the NACN-USA Board of Directors are open for election. To be eligible to serve, you must be in good standing with the organization, having been a member for at least the previous one year. Terms are for two years for a maximum of 6 years in any one position and a total of 8 consecutive years on the BOD. If you are interested in serving, please complete the “Volunteer/BOD Packet” at <https://NACN-USA.org/about-us/volunteer-to-serve/> and send this along with your curriculum vitae or resume to CatholicNurses@nacn-usa.org. Select the link to the NACN-USA Bylaws at the bottom of the Board of Director page for position duties <https://NACN-USA.org/about-us/board-of-directors/>.

May God continue to bless protect and guide the NACN-USA. Hope to see you in Kansas in 2020!

In Jesus’ Holy Name,
Diana Ruzicka, RN, MSN, MA, MA, CNS-BC
(Nursing Administration & Oncology, Strategic Studies, Theology)
President

The Vatican addresses the Opioid and Addiction Crisis

By Diana Ruzicka, RN, MSN, MA, MA, CNS-BC
NACN-USA President
Chair, Drug Use Task Force

Several members of the NACN-USA attended the International Conference on Opioids and Addiction held by the Vatican Dicastery for Promoting Integral Human Development (IHD) in Nov/Dec 2019. Conference presentations included an overview of the issues, discussion of the various process (gambling, pornography/sex, internet) and substance (opioids, NPS, alcohol) addictions, prevention, education and recovery.



Sr. Juliana, IHD Staff and NACN-USA members-Dr. Pat Sayers, RN (NJ), Ellen Gianoli, RN (CA), Dr. Cynthia Hunt, MD (CA)-CMA, Diana Ruzicka, RN and Maria Arvonio, RN (NJ), November 29, 2018, Paul VI Hall, Vatican City.

Several international friendships/contacts were made with individuals from Angola, Cameroon, Japan, Switzerland, IHD staff, Italy, Ireland, England, Poland, Spain, Taiwan, Korea, Nigeria and more. The team met and enjoyed dinner with the President from the International Catholic Committee of Nurses and Medico-Social Assistants (CICIAMS), Geraldine McSweeney, RN (Ireland) and her contingent.

The team also greeted Vatican Ambassador Callista and Speaker Newt Gingrich at a coincidental meeting at dinner the last evening. Two attendees who serve as CICIAMS delegates to the United Nations had met the Gingrichs at the United Nations two weeks prior (a small world!).



Dinner at Victorio-Vatican Ambassador Callista Gingrich, Dr. Pat Sayers, RN, (NJ), Diana Ruzicka, RN (AL), Maria Arvonio, RN (NJ), Dr. Hunt, MD & Ellen Gianoli, RN (CA), Rome, Italy

Diana Ruzicka, RN (New Market, Alabama), who also serves as the Secretary/Treasurer for the Diocese of Birmingham in Alabama Council of Catholic Nurses (DBACCN) greeted Fr. Ivan Filipovic from the Comunita Cenacolo in Croatia on behalf of the Most Reverend Robert J. Baker, S.T.D., Bishop of Birmingham in Alabama who has in his diocese one of the three Cenacolo Communities for men recovering from addiction.

The meeting culminated with an audience with His Holiness Pope Francis at which His Holiness greeted each of the attendees!

Diana Ruzicka, RN greeting His Holiness Pope Francis, December 1, 2018, Vatican Palace, Vatican City. Cardinal Peter Kodwo Appiah Turkson, IHD Prefect in the background between us smiling.



I would like to use this column to share activities in your area or diocese which are addressing the addiction crisis. Please send a short email describing programs in your area to me at Diana.Ruzicka@gmail.com. Below is a short synopsis of a program for addiction recovery located in Florida and Alabama --- Comuinta Cenacolo.



Comunita Cenacolo is for those recovering from substance addiction. It is a simple, disciplined, family style of life, based on the rediscovery of the essential gifts of prayer and true friendship, sacrifice and faith in Jesus. The spirituality of the Community is centered on the Eucharist and the Blessed Mother. The day is structured around times of prayer, which include Eucharistic Adoration and the Rosary. Also filling the days are work, deep sharing about one's own life in the light of the Word of God, recreation and times of celebration. Comunita Cenacolo was founded by Sr. Elvira in Italy and is now in many countries. In the United States there are homes in Florida and Alabama. Those recovering from addiction depend and live totally on the Providence of God. For more information and to complete an application to enter the program: <https://www.HopeReborn.org/to-enter-community/>

SAVE THE DATE

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History in the Making: The NACN-USA Ad Hoc Archives/History Committee
SPECIAL NOTICE

A Legacy of Faith, Hope, and Love...Mary Femia, RN

By Cheryl Hettman, PhD, RN

Nursing Consultant & Educator; Chairperson, Archives/History Committee;
and Past NACN-USA President, 2010-2012

I recently received word from Joan Ribley-Bock, president of the Albany Council of Catholic Nurses (ACCN), that Mary Femia, the organization's long-time member, past-president of over 30 years, and faith-filled friend had gone to be with the Lord on October 7, 2018 at the age of 81.

It was just a few years ago when the Albany Council had become known to the National Council of Catholic Nurses, U.S.A. (NACN-USA) and was featured in the Archives & History Brief #6 in the Summer 2016 NACN-USA Newsletter. It was noted then, that Mary had been instrumental in leading the group for nearly half of its existence and for sharing her faith, love, and hope for a better world through Catholic nursing. .

Mary knew she wanted to be a nurse at the age of 5 and graduated from St. Peter's School of Nursing in 1958. She lovingly developed a passion for those with alcohol and drug dependence and became certified as an addictions registered nurse in 1996. In the most recent years before her retirement in February 2018, she ministered to those who succumbed to the growing epidemic of deadly heroin addiction in our country.



Mary believed that mind, body, and spirit care were required for the addict to fully recover, and that is what she tried to do in the trenches of addiction and throughout her remarkable career and life as a Catholic nurse. May her soul rest in peace, and may her spirit continue to guide the Albany Council as they walk in her footsteps.

Physician Assisted Suicide and the Position of Engaged Neutrality: A Malicious Deception

Carolyn A. Laabs, PhD, MA, MSN, FNP-BC
Chair, Committee on Ethics & Spirituality

On October 9, 2018, the American Academy of Family Physicians (AAFP) officially adopted a position of "engaged neutrality" on physician assisted suicide (PAS) which was said to be "a personal end-of-life decision in the context of the physician-patient [relationship](#)." Insisting that it must no longer be referred to as PAS but rather as "medical aid in dying," the president of the AAFP argued that, "Through our ongoing and continuous relationship with our patients, family physicians are well-positioned to counsel patients on end-of-life care, and we are engaged in creating change in the best interest of our [patients](#)." As stated by a family practice physician delegate, "We have to understand the power of family physicians...We have an ethical, personal role in our patients' lives. We can't be opposed to something that some people think is valuable. I think we have to have a more neutral stake in this difficult [area](#)." Let's take a moment to examine this change of position and its ramifications.

Thus, to take a neutral position on PAS is to be open to killing patients.

What does neutrality actually mean? On first glance it would appear to be benign. After all, neutral is defined as "not engaged on either side, not aligned with a political or ideological side or [grouping](#)." Certainly it would be nice if medicine were immune to the often intense politicizing and ideologizing that permeates our country. The practice of medicine is a science and an art that traditionally has been based on objectivity, reasonableness and the dictate to, at minimum, do no harm. Even so, politics and ideology have come to pervade the realm of modern medicine, primarily in the form of individual autonomy as supreme and the corrupting influence of moral relativism. The issue of PAS is a prime example of this change of thinking which has become increasingly prevalent since the era of Jack Kevorkian (a.k.a. [Dr. Death](#)). Colloquially, neutral may be considered synonymous with unbiased, meaning free of disproportionate weight in favor of one thing over another in a way that may be [unfair](#).

Philosophically, neutral implies tolerance regardless of how disagreeable, deplorable or unusual a perspective may be; it implies not judging the validity of an opinion and, thus, allowing a platform for all opinions no matter how irrational or malicious they may [be](#). Thus, to take a neutral position on PAS is to be open to killing patients. As the physician delegate testified, the physician must reject the position of being opposed and take on the position that it is allowed if that is what the patient desires. Thus, physicians must convince themselves that killing and not killing are equal in moral weight and, hence, physicians can consider themselves unbiased and neutral in their willingness to tolerate something that, in reality, is contrary not only to the natural moral law but also to the tradition of Hippocratic medicine, not to mention the law of the land. What better example of moral relativism and bias in favor of the primacy of individual autonomy in the name of "neutrality." This is not benign. This is malicious.

What does it mean if the neutrality is "engaged," as the AAFP claims it will be? On first glance it might seem that being engaged would mitigate some of the criticisms of a neutral stance. After all, to be engaged means to be committed and [involved](#) and, so, physicians would not simply be bystanders in PAS but would participate in a way that would allow them to maintain neutrality. However, if to be neutral is to *not* be engaged, as commonly understood, then how is it possible to be engaged in disengagement as the "engaged neutrality" position purports to take? Such a position is nonsensical and a deception. In truth, engaged neutrality in PAS is a commitment to indifference, which is precisely the position one would have to take in order to kill. For a physician to take such a stance on whether their patient should be killed or not, is the epitome of neglect of one's duty as physician and malfeasance toward others. It is a deception to consider it otherwise.

This is not benign. This is malicious

What are the ramifications of the AAFP taking a position of engaged neutrality on PAS? The AAFP is the national advocacy organization for family doctors in the United States. Representatives are appointed to sit at the table with the American Medical Association (AMA) to further the mission and vision of the AAFP and medicine in [general](#). Although the AAFP has abided by the AMA Principles of Medical Ethics which, in regard to PAS, currently state that, "permitting physicians to engage in assisted suicide would ultimately cause more harm than [good](#)," this new position by the AAFP challenges that [principle](#). By the grace of God, at their recent meeting in June, the AMA retained their position of opposition to PAS.

As the AMA continues to meet to discuss PAS, we can expect the AAFP to try to persuade the AMA to change to a position of [neutrality](#).



[Christ the Divine Physician](#)

As Catholic nurses, let us continue to pray, to help others to recognize engaged neutrality as the malicious deception it is, and to be examples of excellence in patient care, so that all of medicine and nursing might remain firm in the commitment to authentically care and not to kill, even if a patient might ask us to, even if a professional organization might claim that we should, and even if the law might say that we can.

History in the Making: The NACN-USA Ad Hoc Archives/History Committee (Brief #10) To Be or Not to Be...A Catholic Nurse?

By Cheryl Hettman, PhD, RN

Nursing Consultant & Educator; Chairperson, Archives/History Committee;
and Past NACN-USA President, 2010-2012

Recently, the husband of a very dear friend of mine passed away after a long encounter with a blood disorder. As I reflected on the last couple of years of his life, filled with ever-increasing complications and care requirements, I suddenly realized the reason he had done as well as he had, for as long as he had, was because his wife – my friend for the past 36 years - is a nurse...but not just any nurse...she is a Catholic nurse! Throughout the time that Jimmy battled his disorder, it was this wonderful, very spirit-filled, Catholic nurse who emulated the Beatitudes and the Corporal and Spiritual Works of Mercy each day with her husband (not to mention, those she serves as a volunteer at the local clinic, and in previous times, as a staff nurse and nursing instructor). Amazingly, Dottie even had the God-given courage and strength to deliver the eulogy at her husband's funeral Mass! Her voice was filled with the love of a wife, but also – unmistakably - with the love and joy of our Lord for His son now called home...a true celebration of Jimmy having lived the Christian life, having fought the good fight, and having reached the goal and finished the race! It was this Catholic nurse...this Angel of Mercy...who followed in the footsteps of the Divine Physician and made a difference...she served the Lord first, and in Him, her husband!

I tell you all this because while reviewing old articles found in *The Catholic Nurse* journal (acquired by our organization from Ursuline College; as noted in Brief #9), it became instantly evident that my friend fit the picture of the nurse portrayed in one of the nearly 65-year-old articles in the second volume (1954). It is a perfect article to share with all of you due to its application to the current culture in our profession, and it also affords me the opportunity to dedicate this Archives/History Brief to my cherished friend, Dorothy (Dottie) Ferrang, M.S.N., R.N., and to honor her husband, James (Jimmy)...may his soul rest in peace until we meet again!

By the way, after you read *The Catholic Nurse* article below (written by Reverend Arthur G. Reskinger), please take time to ask yourself the question posed by the title: “Are you a Nurse who is a CATHOLIC...or are you a CATHOLIC NURSE?” I know for a fact that Dottie is the latter! Are you?

Reference for article below:

Reskinger, A.G. (1954). Are you a Nurse who is a CATHOLIC...
or are you a CATHOLIC NURSE? *The Catholic Nurse*,
2(3), 53-56.

Image on Right: Cover of *The Catholic Nurse*,
1954 (Vol.2, No.3)



Are you a Nurse
who is a CATHOLIC . . .
. . . or are you a CATHOLIC NURSE?

by Rev. Arthur G. Reskinger

A noted educator was addressing a Catholic Lawyer Guild, and startled them in his opening words with the very pointed question: "Am I addressing a group of Lawyers who are Catholic, or a group of Catholic Lawyers?"

This same question, perhaps, can and should be addressed to the readers of THE CATHOLIC NURSE, for there are nurses who are Catholic, and others who are Catholic Nurses.

There is a real basic distinction between these two terms. The former, the nurse who is a Catholic, may not be exactly careless about her religion, in fact, she may even be a good, practicing Catholic, but yet, consciously or unconsciously, she tends to divorce her religion from her work. She frequently closes her eyes to certain troublesome things, finding it easier to conform to the practice and opinions of those with whom she associates. When in a Catholic Hospital, she follows scrupulously the proper rules of morality and nursing ethics; but if she should happen to be in the employ of a non-Catholic institution she finds it convenient to follow the procedures there prevalent.

The latter, the Catholic Nurse, has made her religion a very part of her profession. Her faith and her nursing

duties are so closely associated that they cannot be separated. She brings the fundamentals of Christ's doctrines, faith and morals into nursing itself. She is guided by, motivated by, and strives to live up to the laws and counsels of Christ.

In her eyes (as well as in the eyes of a great part of the world) the nursing profession is one of the very highest, coming very close to the sanctity and vocation of the Religious. To her the nurse is called upon to fulfill the Beatitudes, the Corporal and Spiritual Works of Mercy—in fact, she is called upon to do the very work which lay so close to the heart of her Divine Lord, the care of the sick.

The dictionary defines that little word, "care", as meaning: "to watch over with concern, vigilance and prudence; to feel affection for someone". Hence, nursing must mean "watching over that sick person with concern, with vigilance, with prudence and with affection" — terms clearly applicable to Christ's own treatment of the sick.

The nursing profession, to her, is one rich in tradition and heroism. Whether it has been in the hospital or in the home, on the battlefield or in an area of epidemic, wherever there has been sorrow and suffering, wher-

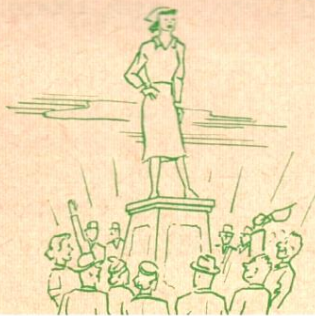
THE CATHOLIC NURSE

ever there has been pain and misery, plague, epidemic, misfortune, disaster, there in the midst of it has always been the nurse, plying her profession of kindness and mercy. She has been aptly nicknamed an "Angel of Mercy". There are people who hate priests and nuns, who distrust doctors and lawyers, but seldom does one find anyone who does not respect and love the nurse—a good nurse.

So high are the ideals of the nursing profession, so noble its tradition, that only she who has followed in the footsteps of the Divine Physician can reach and uphold them. The nurse is marked off from other young ladies in the public eye; she is above them, for she is dedicated to the service of God's afflicted. To them her uniform is as much a religious habit as is that of a Nun.

Therefore, her personal life no longer can be something which concerns herself alone; it is now the concern of the community in which she serves. It has a right to expect and demand that as a representative of Christ in their midst, she be above reproach; it expects and demands that she be kind, charitable, and considerate and good.

The Catholic Nurse is a marked person — whether she likes it or not! She is looked up to—whether she likes it or not! She is on a pedestal—



whether she likes it or not! She is a representative of Christ—whether she likes it or not! And woe to her if she loses sight of this ideal! Woe to her if she lowers this respect and destroys this confidence! She is marked. She is a professional Worker of Mercy, a profession Representative of Christ in His care of the sick — and she must live up to this, or bring upon herself the contempt of her friends and associates!

But how to maintain this almost impossible standard? Prayer, of course, and the frequent reception of the Sacraments, are paramount, but the following also may be of assistance:

In the human body there are commonly mentioned three bones, under which some helpful hints may be found—the Wish-bone, the Back-bone, and the Funny-bone.

1. THE WISH-BONE;

You must definitely fix in your mind exactly what kind of a nurse you want to be—a good nurse, kind and considerate. You must firmly fix in your mind the ideals, which prompted you to enter this profession, and which were daily held up to you during your years in training. You must engrave deeply in your heart the high hope, which you entertained the day you received your prized diploma—the exact goal in life as a Catholic Nurse. That is your "Wish-bone".

2. THE BACK-BONE;

Being the kind of nurse you should be, and want to be, is not as easy as it may sound to the uninitiated. There are hundreds of obstacles and temptations to lower your standards and to compromise your ideals. Among these

is the pay-check, so necessary to keep body and soul together. And yet, when a nurse does her work merely to receive financial reward, she no longer can consider herself a member of a profession. She is then in a business, the business of making money, and like those who are looking for money, she will become cold and business-like. She who makes her salary of primary importance is no longer a nurse, but a mere hireling.

Then there will be the temptation to become careless, to take short-cuts, to hurry through your work; there will be discouragement at the lack of appreciation shown by patients and others; there will be the temptation to a let-down in morals—these and many more are the obstacles to retaining the high ideals of the nursing

profession.

And again, if we may repeat, it is a sad sight to see a nurse, who has permitted herself to become ordinary, to lose sight of the real purpose behind nursing, and who has thus visited upon herself the contempt of the people.

To overcome these obstacles courage of a high sort is necessary, the courage of a real Catholic, the courage of the "Back-bone".

3. THE FUNNY-BONE;

And finally, there is the "Funny-bone". Many are the things to get on the nerves of a conscientious nurse, and cause her moments of depression and discouragement — unless she can keep her sense of humor, unless she can manage to see the funny side of life, instead of the sordid. To keep

one's feet on the ground, and one's head above the fog, she must keep a sense of proportion, a sense of humor.

And in conclusion, may I present for your consideration a few practical points, which experience has shown to be real problems?

A nurse must be careful of her conversation when with non-nurses. She is in much the same position as the priest, who is so surrounded by sin and vice, that there is a temptation to think little of it, to speak about it offhand, and thus to scandalize. Like the priest, the Catholic Nurse must continually remind herself of her high position and calling.

The Catholic Nurse must spiritualize her work. She must offer it up as something meritorious, as it certainly is in the eyes of her loving Redeemer. Remember: "Even a glass of water

given in My name..." She must see — actually see — Christ in the sick, in her patient.

A good nurse can do an immense amount of good. She can, perhaps more than most, "change the world", if she would only seize upon the numerous occasions which daily present themselves. She can be a real "Apostle", as so many of our Catholic nurses really are in fact.

May then, the Divine Physician watch over our Catholic Nurses, His Handmaids, and continue to bless them, keeping their intentions pure, their ideals high. May He never permit them to lose sight of them, nor to debase them, nor to barter them, nor to compromise them, nor that badge of honor which is so beautifully theirs — the uniform!

Expanded Abortion Law in New York: Implications for Nursing

Carolyn A. Laabs, PhD, MA, MSN, FNP-BC

Chair, Committee on Ethics & Spirituality

On January 22, 2019, the 46th anniversary of *Roe v. Wade*, New York Governor Andrew Cuomo signed into law an expansive abortion bill, the "[Reproductive Health Act](#) (RHA)." It would be more accurate to call this bill, the "Destruction and Death Act." That is because destruction and death is exactly what this bill does; destroys the lives of unborn children, deadens the souls of their mothers, and tries to draw the profession of nursing further into the "Culture of Death."

Abortion has been legal in the state of New York since 1970. The RHA now expands New York abortion law to allow abortion after 24 weeks of gestation, that is, for all nine months of pregnancy, thus codifying *Roe v. Wade* into state law. The justification for this expansion is said to be to protect the mother's health. We might assume that health means the same as in [Doe v. Bolton](#), that is, "all factors – physical, emotional, psychological, familial, and the woman's age – relevant to the well-being of the patient," a meaning so vague and broad that it is meaningless. However, because health is undefined in the RHA, health could mean whatever a person wishes it to mean. Hence a woman could abort her baby for any reason or for no reason at all.

The RHA in effect extends the reach of abortion beyond birth. [Section 4164](#) of the New York public health law required that for abortions after 20 weeks a second physician had to be on hand to provide medical care for any infant born alive and that medical records needed to be kept of the efforts taken to care for the infant. Such a child immediately would be afforded legal protection under the laws of the state of New York. The RHA repealed that section and remains silent on what to do in such [cases](#).

To further demonstrate the disregard for human life, the bill removes the word "abortion" from New York's criminal code. Thus physicians and other health care professionals who perform abortions are protected from criminal prosecution. When referring to a victim of a homicide, a person is defined as a human being who has been born and is alive. This means, for example, that if an unborn child dies as a result of an assault on a woman, the woman would be unable to prosecute for the loss of her child. In the eyes of the state of New York, the unborn are nothing and nobody.

If all that is not bad enough, the RHA now allows non-physicians, including midwives and nurse practitioners, to perform abortions. This may be new for New York but, unfortunately, it is not new for other states. Sadly, nurse midwives have been performing abortions in parts of the United States for [years](#). Some even have called midwives, "the [original abortion providers](#)." The [American College of Nurse Midwives](#) (ACNM) takes the position that midwives can and should provide medication abortion and perform manual vacuum aspiration abortion, as allowed by state regulations and credentialing. Furthermore, the ACNM opposes efforts to restrict, ban, or make abortion less accessible and supports policy that would expand scope of practice laws to include advance practice clinicians as [abortion providers](#), which is precisely what the RHA does.

While studies show that nurse midwives and nurse practitioners can perform abortions as "safely" as [physicians](#), killing patients is not something to celebrate but to strenuously condemn. Still, it is being promoted. An APC (Advanced Practice Clinician) [Toolkit](#) has been developed by, among others, the National Abortion Federation, as an "essential resource" for advanced practice clinicians who want to include abortion in their scope of practice. According to the [Reproductive Health Access Project](#), their agenda includes adding abortion care to the "core

competencies" of the ACNM, which are set to be renewed sometime this year. We must resist these efforts.

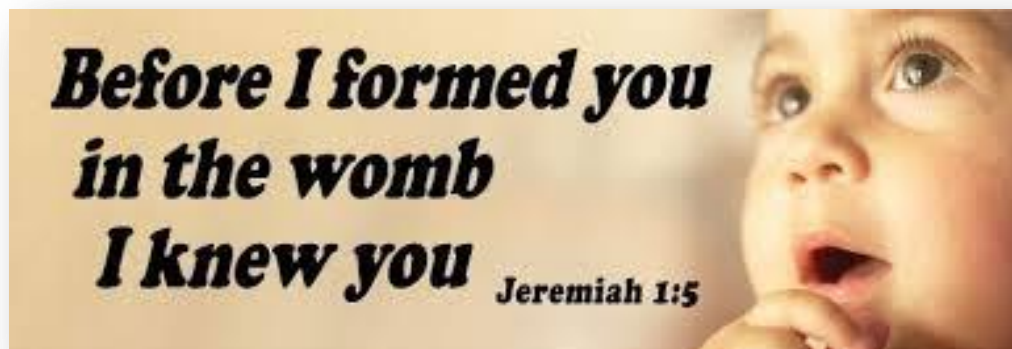
Although the nursing profession in the United States leans in favor of abortion, it tends to disguise its support by using the deceptive terminology of "reproductive health." (Sound familiar?) This is common practice, as even the World Health Organization promotes abortion as part of its "Sexual and Reproductive Health, Human Reproduction [Program](#). Like New York's RHA, the [American Nurses Association](#) considers "reproductive health" to be a right. The ANA acknowledges a nurse's right to refuse to participate in abortion, as long as the nurse accounts for the patient's safety if the patient's life is in jeopardy." However, accounting for patient safety [never includes participation in direct abortion](#), which is absolutely prohibited by the natural law and Catholic teaching. (See [ERD 45](#)). The American Academy of Nurse Practitioners is silent on reproductive health, abortion, and conscience rights of nurses. Perversely, the ACNM supports the nurse midwife whose "conscience" compels them to provide abortions and disapproves of the nurse midwife whose conscience tells them the opposite, claiming such a nurse is morally obligated to promptly refer the patient to someone who will do the abortion.

On its face, the RHA does not say anything specifically about religious freedom and conscience rights. However, the bill claims abortion is a "fundamental right" (Section 2599-AA, 2) and that, "The state shall not discriminate against, deny, or interfere with the exercise of the rights set forth in this section in the regulation or provision of benefits, facilities, services or [information](#)" (Section 2599-AA, 3). According to an analysis by the [Archdiocese of New York](#), "this language poses a direct threat to religious freedom and conscience rights. It gives the state the authority to deny licenses to individuals and institutions that do not provide or cooperate with abortion."

As dire as this sounds, we need to remember that the [Conscience Protection Act of 2017](#) does the following:

- Codifies the Hyde-[Weldon amendment](#) which prohibits federal, state and local governments that receive federal funds from discriminating against those who decline to take part in abortion or abortion coverage.
- Provides a right to take legal action to ensure that those who object to abortion can defend their conscience rights under the Hyde-Weldon, [Coats-Snowe](#), and [Church](#) amendments in a court of law—a remedy that has long been available to victims of other civil rights violations.

So, if you think your right to conscience has been violated, seek support from your state Catholic Conference and file a complaint with the [Office for Civil Rights at the Department of Health and Human Services](#) so that they can investigate your concern.



New York's new abortion law clearly is a horrendous evil, as are all laws that allow the killing of the unborn. Even though some states, such as Virginia and New Mexico, are attempting to follow suit, take heart, as hearts are changing. According to a 2018 [Gallup](#) poll, most Americans think abortion should be illegal, at least in some circumstances, and the vast majority believe abortion in the third trimester should be outlawed.

So we must remain vigilant and stay informed about conscience protection. (The [USCCB](#) offers many resources.) Contact your public officials and encourage them to support bills that protect the right of conscience and the right to life. And please join the NACN and your local NACN councils in working within nursing to resist a culture of destruction and death and promote a culture of hope and life. Most importantly, we must pray - pray for political leaders, expectant mothers, unborn children, and, in particular, for the profession of nursing that it might be true to its vocation, that of being good and faithful servants of God in ministering to the sick, the suffering, and the vulnerable, as we humbly recall His awesome words, "Before I formed you in the womb I knew you..." ([Jeremiah 1:5](#)).

My Personal Take on the International Healthcare Conference in Rome

By Ellen Gianoli BSN, PHN, RN

Four days after completing chemotherapy and radiation, I flew to Rome for the International Healthcare Conference at the Vatican. What is it that goads me to go, and to spend the money?

At the Vatican conferences, it is possible to talk with people from the World Health Organization. It is possible to chat on break with Cardinal Turkson, the head of the Dicastery; and all the while, developing contacts throughout the world, and letting them experience a commoner from California. Questions can get answered, opinions can be shared. This is the place to rub shoulders with the top layer of decision makers and world influencers, as well as the Brazilian nurses who boat most days up the Amazon to render care. Back home, then, I share what I have learned with the nurses at the twelve-bed hospital and the five hundred bed hospital. I can be a better voice to our California legislators and their staff. At state hearings, I can better make the case for a viewpoint. Rome experience helps. The Vatican conference speakers are specialists from across the globe. Exceptional! The topic focus is different each year.

On a single day, we four NACN nurses, went to Confession in Saint Peter's, Mass at the tomb of Pope Saint John Paul II, shook the hand of Pope Frances, and had a visit at a tiny restaurant with the gracious Calista Gingrich, the United States Ambassador to the Vatican. We had said hello upon entering, and when she was done with her dinner, she came and sat a few minutes at our table. That is up close and personal.

As for me, I was the limper at the rear of our little pack. Diana Ruzicka, point man, Patricia Sayers a steady second, Maria Arvonio hanging back, checking on me, and making me take her arm at the steps. She said, "Your lips look a little blue." I said, "It's the lipstick wearing off." Last year, I shared a room with Marylee Meehan, our model of nursing and womanly grace. When lights went out, she would teach me about NACN history, the workings of the Vatican and the like, in the dark until we fell asleep. This year, Diana Ruzicka, braving my opposite style, taught me much also. With her, it was more in the wee hours, before the day began. Five minutes after arriving in our room, she was unpacked and her suitcase empty. At the end of the stay, she said "You never unpacked. You lived out of your suitcase." She marveled at how a person could do such a thing.

Come with us next time. It will expand your view.





Our Mission

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

Objectives of NACN

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



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

Winter (published in Dec.): Nov. 15
Spring (published in March): Feb. 15
Summer (published in June): May 15
Fall (published in September): Aug. 15

Please send your submissions by e-mail to:

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