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From the International President's Desk

It is very important and proper for us to thank God Almighty for the successful, 2022 CICIAMS XXI World Congress; that was held at The National Shrine of Our Lady of Czestochowa in Doylestown, Pennsylvania, The United States of America. This magnificent congress was hosted by the National Association of Catholic Nurses, U.S.A., through prayer dedication and commitment. We want to thank them. They were able to mobilize support from donors, volunteers, our Catholic Church leaders and many other people. We would like to thank them all for sacrificing their valuable time and resources to support us. May the Lord of all gifts bless them all richly.

On behalf of all members of CICIAMS, I would like to thank the congress organizers who, led by the Holy Spirit, selected a theme that is most appropriate for the contemporary time: "United in Faith, United in Mission." All the speakers who made presentations to the congress adequately addressed the theme for our understanding and appreciation.

The take home message for me is from Psalm 61:2, "*from the end of the earth I will call you, when my heart is overwhelmed and weak, lead me to the rock that is higher than I*" (a rock that is too high to reach without your help). When hikers get lost and they are trying to figure out exactly where they are, they look to go higher. A higher outlook point gives them a better perspective. I think the same applies to us as Catholic Nurses and Health Professionals. Sometimes it is hard to see where we are going because of limited vision. We sometimes become overwhelmed and confused by our challenges and unsure where to go next because we do not have the right perspective. In order to get God's perspective, we need to spend quiet time with God; going higher, hike past ingratitude, climb above doubt and discouragement. It is when we try to seek higher expectations and higher hopes that we can begin to get a new perspective. When this happens, we will see God's plan for our lives, clearer than ever before,

I know that we are all concerned about dwindling membership in our associations. limited financial resources as well as the emerging ethical dilemmas affecting our work. I would like to challenge all of us, to earnestly pray with faith and say "Lord with your help we will not focus on our challenges. Instead, we choose to climb higher and rise above them."

Dr. Khosi Mthethwa, PhD, MPH, BeD, DipM, RN

Are you a Nurse who is Catholic or a Catholic Nurse?

On August 27, 1935 at the International Catholic Nurses' World Congress held in Rome, His Holiness Pope Pius XI addressed the 2000 nurses assembled at Castel Gandolfo. After expressing concerns about paganism and materialism penetrating everywhere, His Holiness stated, "*Therefore you must be first and foremost and at all costs, full of the spirit of spirituality, of Christianity, of the Christian supernatural... We can never give to others that which we do not ourselves possess... And the treasure which your assistance must bring to the infirm is precisely that of spirituality, of the supernatural.*" He expressed the importance of nurses also bringing material bodily comfort and having technical expertise. However, first and foremost we must possess the Christian supernatural? Here are 5 Catholic disciplines recommended by Our Lady. Might we adopt these?

Scripture / Eucharist / Rosary / Fasting / Confession
(Daily Reading) / (Every Sunday) / (Daily) / (Twice weekly) / (Monthly)

United in Mission, United in Faith



The CICIAMS XXI World Congress was held at the National Shrine of Our Lady of Czestochowa in Doylestown, Pennsylvania, The United States of America (USA) and hosted by the National Association of Catholic Nurses, U.S.A. (NACN-USA). Present were nurses, priests, religious sisters and presenters from all four CICIAMS regions: African (Eswatini, Ghana, Kenya, Nigeria, Rwanda, Zambia), Asia (Bangladesh, Japan, Malaysia, South Korea, Singapore), Europe (England & Wales, Ireland, Italy, The Netherlands, Poland) and Pan American (Canada, Mexico, USA). Attending via Remote Link were Pakistan, South Africa, Tanzania, Thailand. Honored guests included Cardinal Turkson (Vatican City State), Bishop Coffey (Archdiocese of the Military Services, USA), Sister Emanuela Edwards (Missionary of Divine Revelation, Rome, Italy), Fr. Gerald E. Murray (Pastor, Holy Family Church, NYC, EWTN Commentator) and Immaculee Ilibagiza (Survivor Rwanda Holocaust).

The theme chosen for this World Congress was, *United in Mission, United in Faith*. Day #1 began in the Upper Church with welcoming remarks from Fr. Marcin Cwierz, Prior of the Shrine of Our Lady of Czestochowa, CICIAMS International President, Dr. Kohsi Mthethwa, PhD, RN (Kingdom of Eswatini) and the introduction of Dr. Patricia Sayers, DNP, RN, (USA), President, NACN-USA and co-Chair for the XXI World Congress.

Soon followed the source and summit of our Christian faith, The Holy Sacrifice of the Mass. The opening procession was spectacular with nurses carrying their national flags with the addition this year of banners with images of the Blessed Virgin Mary from Marian apparitions around the world.





The flags and banners were followed by dignitaries and special guests, priests from around the world, Bishop Coffey and Cardinal Turkson. It was an awesome and holy sight to behold.

With all nourished by Our Lord Jesus Christ in the Holy Sacrament of the Altar, Peter Cardinal Turkson then provided a Global Address to Catholic Nurses titled, *Rooting Nursing and Medico-Social Assistance in Authentic Human Ecology*.

Within the scheme of Integral Ecology which includes Natural Ecology, Human Ecology, Social Ecology and the Ecology of Peace, Cardinal Turkson specifically expanded on Human Ecology which is of great concern to Catholic nurses. The Christian nurse must protect and promote the personhood and dignity of human beings. The Christian nurse, midwife and medico-social assistant must exhibit faith in action, a faith that makes its power felt through love, a love that puts the human person at the center of all thoughts and actions. They must see all human life as a gift and protect it from all forms of debasement. See the diagram below for key point and contact your Regional President for a copy of Cardinal Turkson’s excellent presentation which is also available at www.ciciams.org/ciciamsreports.html.

Keynote Address – Cardinal Peter Kodwo Appiah Turkson

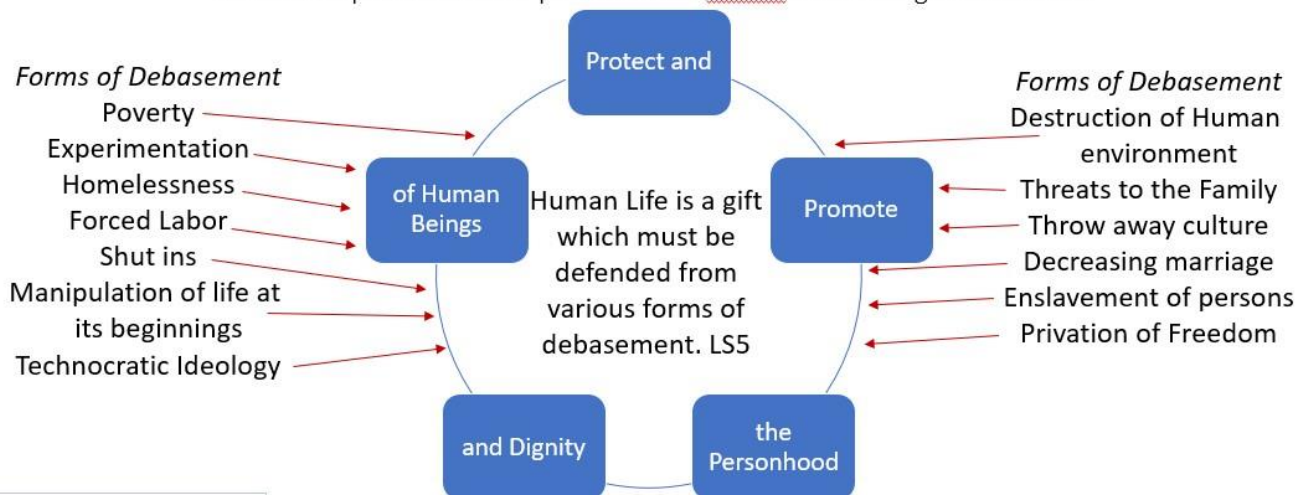
Chancellor of the Pontifical Academy of Sciences and the Pontifical Academy of Social Sciences
 Prefect emeritus of the Dicastery for Promoting Integral Human Development

Rooting Catholic Nursing and Medico-Social Assistance in Authentic Human Ecology

The Christian Nurse and Medico Social Assistant exhibit:

Faith in Action: Faith that makes its power felt through love.

A love that put the human person at the centre of all thought and action.



The Church’s Mission
 Is the Mission of Truth
 Truth of Faith
 Truth of Reason

The Body is God created – accept it, care for it & respect it

Human Ecology: Includes, “respecting each of God’s creatures and respecting the environment in which we live. It means protecting people, showing loving concern for each and every person, especially children, the elderly, those in need, who are often the last we think about. It means caring for one another in our families:..... It means building sincere friendships in which we protect one another in trust, respect and goodness. **Integral Ecology** = Natural, **Human**, Social, and of Peace ([Laudato Si](#))

For copies of Cardinal Turkson’s presentation at the CICIAMS XXI World Congress, contact your Regional President

Nursing: When & Where Science Meets the Supernatural – Day #1



Eucharistic Miracles of the World
740 AD – Lanciano, Italy to
2008 AD - Sokółka



Dr. Annamea Hein
“Always to be united with Jesus,
That is my life’s programme.”
Bl. Carlo Acutis



Our Lady of Kibeho –
Rwanda
28Nov1981-28Nov1989



Immaculee Ilibagiza

Dr. Annamea Hein presented the work of Blessed Carlo Acutis who assembled an extensive collection of Eucharistic miracles around the world: www.miracolieuucaristici.org. She described three Eucharist miracles: Lanciano-750AD, Buenos Aires-1996 and Tixtla-2006. In each instance the Blessed Sacrament was shown to be live cardiac tissue with AB blood type. She concluded with a video from Daniel J. Sanford who, on November 12, 1998, filmed an inflamed, pulsating, bleeding host in the tabernacle in Betania, Venezuela which can be viewed on YouTube. Email magdoc@me.com to bring the traveling display to your parish.

Immaculee Ilibagiza, survivor of the genocide in Rwanda shared the story of the Blessed Virgin Mary’s appearance at Kibeho, Rwanda where she called for the conversion of the people, requests the renewed praying of the Seven Sorrows rosary and predicting a horrible catastrophe if they failed reform their lives. <https://www.immaculee.com>



Our Lady of Revelation – Rome,
Italy, 12Apr1947



Sr. Emanuela Edwards, MDR



Our Lady of Akita – Japan
4Jan1975-15Sep1981 & 2019

Sr. Emanuela Edwards (Italy), of the Missionaries of Divine Revelation, shared the appearance of the Blessed Virgin Mary who, on April 12, 1947, appeared to an anti-clerical Protestant, Bruno, who had been radicalized during the Spanish Civil War, believed that the problems of the world were all the fault of the Holy Father and, therefore, want to harm him. At Tre Fontane, the three fountains, in Rome, Our Lady first attracted his three children. He found them at a grotto knelt in prayer saying, “Beautiful Lady, beautiful Lady, beautiful Lady.” Our Lady called Bruno back to the Catholic Church saying, “*You persecute me enough now. Return to the purifying, to the Gospel.*” She spoke with him for about an hour. She said that, “*The Hail Mary’s you say with faith and love are like golden arrows to the heart of my Son.*” “*Be missionaries of the Word of Truth.*” “*Marshall yourselves under the banner of Christ.*” Sister Emanuela shared the importance of praying the Holy Rosary, “The Holy Rosary is a Bible on a string. The whole Scripture, the life of our Lord passes through our hearts/minds.” “*Go to the heart of Jesus and visit him here in the tabernacle.*” “*Go to my Eucharist Son and warm Him with your love.*”

Father Ken Sleyman, MM presented Our Lady of Akita. In the Diocese of Niigata, Japan, several women joined together following World War II forming a community dedicated to prayer later called the Handmaids of the Holy Eucharist. From a statue of the Blessed Virgin Mary, tears fell 101 times from January 4, 1975 to September 15, 1981. On April 22, 1984, Bishop Ito issued a pastoral letter regarding the statue of Our Lady of Akita which stated: 1) One cannot deny the supernatural and unexplainable events concerning the statue of the Blessed Virgin Mary in the exconvent of the Handmaids of the Holy Eucharist. Nor do we find in them any elements contrary to Catholic faith and good morals. 2) Consequently, I authorize throughout the entire diocese which I am charged, the veneration of Our Lady of Akita, while awaiting the Holy See publication of a definitive judgment on this matter. Her message was similar to that of Our Lady of Fatima.



Our Lady of Czestochowa – Poland



Gosia Bryckzynska, PhD, RN, OCV



Our Lady of Guadalupe – Mexico
9Dec1531-12Dec1531

Dr. Gosia Bryckzynska, PhD, RN, OCV shared the miraculous story of the picture of the Blessed Virgin Mary and the child Jesus painted by the evangelist, painter, and physician, St. Luke. In the 14th century, a Polish duke brought the Pauline Fathers from Hungary to Poland and planned to give them this icon. The icon was pulled on a cart by oxen. The oxen stopped at Czestochowa indicating the location of their monastery. Many miracles were attributed to the icon. Heretics attempted to destroy the icon and cut it with a sword. To this day, even though it has been painted over, the scar continues to appear on her cheek. When the Swedish Army swept through central Europe and attacked the monastery, the friars prayed to Our Lady of Czestochowa and the Swedish Army departed. One of the kings of Poland dedicated Poland to Our Lady of Czestochowa, “You are our Queen.” All the subjects of Poland are subjects to the Queen of Poland.

On December 9, 1531 on Tepeyac Hill in Mexico City, Juan Diego, encountered Our Lady of Guadalupe, who asked him to tell Bishop Juan Zumaraga that she wanted a church to be built in the place of the apparition, “*Juanito, the smallest of my children, I am the ever perfect holy virgin, Mary, Mother of the true God, for whom we live, I strongly desire that a temple be built here for me so that I can show and give all my love, compassion, help and defense to all the inhabitants of this land and to all who involk and trust in me. Go to the palace of the Bishop and tell him I want a temple at this place. Go ahead and put all your effort into it.*” The bishop asked for proof of the apparition and on Tuesday, December 12, 1531, the Mother of God instructed Juan to collect flowers at the top of the hill in his tilma and present these to the bishop. When he opened his tilma, the miraculous image of the virgin was on the tilma, at the same time Juan Diego’s uncle was healed and saw the Blessed Virgin. Sofia Diaz, RN, nurse in Guadalajara, shared that in March 2016, her kidnapped son was returned safely through the intercession of the Virgin of Guadalupe. Sofia said, “Remember the wisdom of the Virgin, ‘*Aren’t you by chance in my love, what more do you need?*’”



Our Lady of Good Help – USA, 9Oct1859



Mary Pellizzari, RN
Co-founder, NACN-USA



Our Lady of Good Success of the Purification - Ecuador
1599-1634 by Patty Baylog, BS, RN, DM

Mary Pellizzari shared the story of Our Lady of Good Help. The Blessed Virgin Mary appeared to a young Beligan girl near Champion, Wisconsin, USA on October 9, 1859 and asked that she teach the children their catechism in this new untamed country. Our Lady of Good Help told Sr. Adele Brise to pray for the conversion of sinners, live and deepen her faith through the Sacraments and teach the children the Catholic faith to prepare for the reception of the Sacraments (evangelization) and not to be afraid because she would help Adele. Let us do likewise and trust Our Lady to help us.

Patricia Baylog, BS, RN shared the Blessed Virgin Mary’s appearance to Mother Mariana de Jesus Torres from 1599-1634 in Quito, Ecuador, where a sculptured statue of the Blessed Virgin Mary under the title of Our Lady of Good Success of the Purification was miraculously completed by Archangels, Michael, Raphael and Gabriel and St. Francis. The Blessed Virgin Mary revealed the dogma of the Immaculate Conception, told of a future great leader of Ecuador, the events that would befall the world and the Church in the 19th and 20th centuries, and the triumph of her Immaculate Heart. On her last apparition, February 2, the Feast of the Presentation, at 3am in the chapel, the sanctuary light went out. Mary explained that there is going to be corruption of customs, great immorality, blasphemy and heresy. The innocence of children will be targeted to bring corruption over the earth. When everything seems lost, Our Lady said, “*I will come down from heaven with my son...*” On January 16, 1635, Mother Mariana died very peacefully.



Trzebinia – Bl. Hanna center rear with Archbishop Karol Wojtyła - Retreat for Homebound



“...You appeared among us as the embodiment of the beatitudes of Christ from the Sermon on the mount – especially the one that says, Blessed are the merciful...”

Funeral sermon of Pope St. John Paul II
4 May 1973



Translating remains to St. Nichols Church
Helena Matoga, MS, RN, Vice Postulator for the Cause, Tadeusz Wadas, DN, RN, MSC and Izabella Ćwiertna, President, Krakow Branch, Polish Association of Catholic Nurses & Midwives



The Catholic Nurses and Midwives Association’s role in the Canonization Process of Blessed Hanna Chrzanowska was presented by Dr. Gosia Brykczyńska (United Kingdom) and Mme Izabella Ćwiertna (Poland).

A canonized saint is a member of the Catholic church, who is regarded by the faithful to be holy and who the church subsequently confirms – through a formal process – to be in heaven and therefore can intercede for us. This is part of the doctrine of the communion of the saints. The church does not ‘make’ saints, it merely acknowledges what Divine Wisdom accomplishes. The canonization process enables the canonized saint to be formally included in the litany of saints and the canon of the Holy Sacrifice of the Mass. Three conditions are needed for sainthood: the will of the people, the will of the church, the will of God. On December 4, 1995, the Association of Catholic Nurses and Midwives (Krakow branch) formally petitioned Cardinal Franciszek Macharski, Archbishop of Krakow, to open the canonization cause of Hanna Chrzanowska, RN. On April 28, 1997, Archbishop Alberto Bovone, Prefect of the Congregation of the Causes of Saints (CCS) in Rome, issued the Nihil Obstat which paved the way for the Diocesan phase of the process to begin. On October 3, 1998, Rev. Antoni Soltysik, parish priest of St. Nicholas Parish in Krakow was appointed postulator of Hanna Chrzanowska’s cause. On October 10, 1998, he formally



wrote to Cardinal Macharski to start the canonization process. On November 3, 1998, at 9 a.m. in the Bishop’s chapel of Franciszkanska Street the first session of the canonization tribunal took place and Mme Helena Matoga, MA, RN, one of the last nursing students of Hanna was named the Vice-postulator for the cause. Everything Hanna Chrzanowska wrote, both professional and spiritual, was read and scrutinized. The Diocesan Phase lasted five year and included testimonies of 72 witnesses given under oath to Mme. Helena Matoga. Statements were taken from 1 bishop, 6 priests, 9 religious sisters and

56 lay persons including patients and volunteers. Eight national and church archives were accessed and examined plus 34 private archives. The Diocesan phase concluded in 2002. For the Roman phase, Archbishop Stanislaw Dziwisz nominated Monsignor Mieczyslawa Niepsuh as the Roman postulator of the cause on July 26, 2006. Cardinal Dziwisz personally underwrote the next phase of the canonization expenses. As secretary to Bishop Karol Wojtyła (Pope St. John Paul II), he knew Hanna personally. On January 11, 2008, the CCS confirmed the legal and authentic status of the diocesan phase. The Posito prepared in Rome was 700 pages. On September 30, 2015, the CCS confirmed that Hanna lived an exemplar life and practiced heroic virtues and His Holiness Pope Francis accepted the finding declaring Hanna a Venerable Servant of God. The next things needed was a miracle through the intercession of the Venerable Servant of God and recognized by both a medical and a theological commission. A miracle had occurred in 2001 when Zofia Szlendak Cholewinska, who had suffered a catastrophic burst aneurism, a massive heart attack and was unconscious for six week, experienced a complete and immediate recovery, both physical and spiritual, after prayer of her nursing colleagues. On April 6, 2016, the remains, of Venerable Servant of God Hanna Chrzanowska, were moved into a new bronze sealed coffin and placed in the crypt of the church of St. Nicholas in Krakow. The Beatification ceremony took place at the Divine Mercy Shrine in Lagiewniki, Poland on April 28, 2018. Blessed Hanna Chrzanowska, RN’s remains are in an alabaster sarcophagus donated by the nurses throughout Poland. Now we await the approval of miracle #2.



Integration of Catholic Teaching: Individual, Family and Community – Day #2

The second day of the XXI World Congress began with all praying the Holy Sacrifice of the Mass and the Holy Rosary. Morning presentations focused on spiritual care, right of conscience and informed consent.

Dr. Kim Dong Yeon, PhD, RN from Catholic University of South Korea presented a retrospective study of 422,733 patients admitted to Seoul St. Mary hospital from April 2011 to September 2018 and found that 51,423 (12.2%) received a spiritual nursing diagnosis (e.g. anxiety, risk for suicide, self-esteem disturbance, hopeless, interrupted family process, powerless, ineffective personal coping, dying process, fear, spiritual anguish and sadness). A spiritual nursing diagnosis was more prevalent in persons over 80, female, those who had a religion, were married, undergoing an operation, stem cell transplant, chemotherapy verses not. Researchers rated the top 10 nursing problems and share the top ranked nursing interventions for spiritual care. For comprehensive information, contact Kim at vonma98@naver.com.

♥ Nursing Plan and Intervention on Top 10 Rank according to Spiritual Nursing Diagnosis

Rank	Spiritual nursing plan & intervention (%)				
	Anxiety	Total 52,369	Rank	Powerlessness	Total 97,155
1	Provides a comfortable environment	243,537 (22.6)	1	Encouraging emotional expression	19,847 (20.4)
2	Treats with an interested attitude	223,483 (20.8)	2	Assess helplessness	11,288 (11.6)
3	Acknowledge anxiety	120,863 (11.2)	3	Continuous expression of interest	9,276 (9.5)
4	Identified helpful resources	104,196 (9.7)	4	Encouraging activities	7,323 (7.5)
5	Empathy	100,452 (9.3)	5	Provides emotional support to know that you are respected, understood, and cared for	5,567 (5.7)
6	Listening attentively	59,820 (5.6)	6	Check vital sign	4,171 (4.3)
7	Encourage emotional expression	55,976 (5.2)	7	Supporting in a uncritical manner	3,636 (3.7)
8	Educate carers to encourage support	35,941 (3.3)	8	Observe eye contact during conversation	3,562 (3.7)
9	Apply and encourage relaxation and conversion therapy	34,600 (3.2)	9	Helps you understand what you can do for yourself	3,391 (3.5)
10	Stay together	14,115 (1.3)	10	Active listening to expressions of emotion such as helplessness, fear, and anxiety	2,359 (2.4)

ASSET – Model of Spiritual Education for Nurses

A=Auctioning
S=Spirituality and
S=Spiritual care
E=Education and
T=Training in nursing

Dr. Anna Cerra DNP, RN, Chief Nursing Officer at Yale New Haven Health described **Spiritual Practices to Enhance Nurse Resiliency**. She shared that resilience is developed through our intentional spiritual practices, our relationships and our education (Leslie, et al., 2017). Resilient nurses achieve a greater feeling of work/life balance and have an increased sense of professional accomplishment, a decrease in burnout, increased job satisfaction, are more engaged staff and have improved patient outcome. Dr. Cerra described signs of Spiritual distress according to Narayanasamy, 2004: feelings of anger or hopelessness, feelings of depression and anxiety, difficulty sleeping, feeling abandoned by God, questioning the meaning of life or suffering, questioning beliefs or sudden doubt in spiritual or religious beliefs, asking why this situation occurred and seeking spiritual help or guidance. Next, she presented methods to provide spiritual care: prayer, silent prayer, encouraging spiritual rituals, referring to support groups, communication skills, holding patient's hand, self-awareness, building trust, providing hope, being a catalyst for spiritual growth, and clergy referral (Saunders, et al, 2016). To build resiliency in staff she created a 90-minutes didactic course on spirituality using the ASSET model. The goal is to offer this course with every orientation.

Christopher Kelly, BA, RN, CEN, EMT-B discussed the evolution of right of conscience and conscientious objection. He presented heritage ethics as opposed to modern ethics. He shared that is U.S. Constitutional Law, the Supreme Court of the United States affirmed that religious rights are not merely private belief, but involve life practices as well. Therefore, nurses possess a strong legal basis for refusing to participate in or make referrals in regards to medical interventions which violate their moral beliefs.

Maria Arvonio, MA, BSN, RN, presented the importance of informed consent specifically as this relates to new age therapies (e.g. yoga, reiki, healing touch, therapeutic touch, Tai Chi) which are based on Taoism, Buddhism and/or theosophical teachings instead of Christian belief. Key Magisterial teachings referenced were *Jesus Christ: The Bearer of the Water of Life: A Christian reflection on the New Age* (2003) and Joseph Cardinal Ratzinger, Prefect of CDF, October 1989, "*Letter to the Bishops of the Catholic Church Aspects of Christian Meditation*" and *Catechism of the Catholic Church* (2116). Maria Arvonio published a Spiritual Consent Form for CAM therapies in 2014 in *The Linacre Quarterly*, Vol. 81. She shared that Alternative and Complimentary Therapies for Catholic patients include Holy water, the Eucharist, Christian meditation, the Divine Mercy Chaplet, Reading Scripture, Praying the Holy Rosary, Eucharist Adoration, and the Sacrament of the Anointing of the Sick. She concluded with the words of Pope St. John Paul, "*Allow the light and healing presence of Christ to shine brightly through your lives. In that way, all those who come in contact with you will discover the loving kindness of God.*"

Integration of Catholic Teaching: Individual, Family and Community – Day #2 (cont'd)

In the afternoon, **Dr. Cami Jo Tice Harouff, DNP, APRN, FNP-C** of East Texas, USA, presented their efforts to start a Catholic charitable health clinic in Texas. Their clinic is a 501(c)(3) nonprofit charitable-based health clinic committed to the merciful healing ministry of Jesus Christ... “to love kindness (HESED), and to walk humbly with your God” (Micah 6:8). The object of the clinic is to 1) strengthen the nursing response to the Papal call for solidarity in faith and action among Catholic nurses (Pius XI, 1935), 2) promote integration of Catholic teachings within evidence-based nursing practices, education, research, policies and health care ethics, 3) identify individual, family and community best practices of nursing, which impact health from any point in the life cycle (conception to natural death in accordance with Catholic doctrine) and 4) identify necessary and appropriate actions to start a charitable-based Catholic health clinic in a local community. Healthcare is the work of the Church to preach, teach and heal and care for the whole person: body, mind and spirit. A vocation – When God called Abraham, He did not give him all the details. In essence, He said, “Come, follow me in this sanctified relationship (covenant).” The vision is healthcare providers living first as Catholic/Christians (i.e. disciples of the Lord Jesus Christ, and then through their vocations. Next, they identified community partners: medical, legal, financial, communication/marketing, social work/case management, behavioral health, therapists and spiritual care. Currently Cami Jo is a one-woman-show completing the patient intake, vital signs, medication history, physical exam documentation, insurance referrals etc. However, she believes that great leaders often start at the bottom and learn how to do all the work to be more transformational. In a desire to increase access to healthcare among vulnerable populations they make house calls, provide fertility-awareness based method of instruction and make referrals. Payment is hybrid: insurance, free/discounted, self-pay. Future goals are 5-year business plan, board expansion, grant writing to increase capital, long term supporters, prayer supporters.



Don't be afraid of small beginnings...
Dr. Tim Gray

"Keep moving forward."
Fr. St. Junipero Serra



Sister Cecilia Adache, OSF, RN, RM, RPHN, BNSc, MPH, CFCP, FCE presented the **Creighton Model FertilityCare System and NaProTECHNOLOGY** which she implemented in Nigeria. Infertility has become alarming and of great concern. It has led to an increase in divorce, polygamy and decreased family values and ties. While working with over 500 couples and women, Sr. Cecilia sought a solution to the question many ask, “If the Church does not support IVF, what has the Church put in place for its own?” The goal of NaProTechnology is to restore reproductive health by treating the underlying causes of infertility. The Creighton Model is a natural method that can be used to both avoid and achieve pregnancy. Sr. Cecilia encouraged Catholic Nurses to become FertilityCare Users and Providers completing the 13-month program followed by certification by the American Academy of FertilityCare Professionals

DiAnn Ecret, PhD, RN, Kathryn Grauerholz, MSN, NP, ACHPN, RN; Tracy Winsor, MPA, BA – “Pre-Natal Unexpected Diagnosis” 88% of the mothers and 83% of fathers experience a prenatal diagnosis as a traumatic experience regardless of the severity of the anomaly diagnosed. They presented Brann, Bute & Scott (2020) methods for delivering Unexpected Antenatal News: 1) Use patient centered dialogue for effective communication, 2) Avoid medical jargon, 3) Allow time and space for processing, 4) Determine the patient’s understanding, 5) share options for early pregnancy loss. They then presented an adapted SPIKES mnemonic for perinatal loss: S-Set-up-arrange setting and remove distractions, P-Perception-decipher current knowledge of situation, I-Invitation-explore readiness to hear diagnosis, K-Knowledge-articulate diagnosis/prognosis, E-Empathic response and S-Strategy – review next steps. They concluded with the Trauma-Informed Care (TIC) Model – a strengths-based framework, which recognizes the complex nature and effects of trauma and promotes resilience and healing.



*Be kind and
compassionate to one
another, forgiving each
other just as Christ God
forgave you.*
Ephesians 4:32

*If you want others to be
happy, practice
compassion. If you want
to be happy, practice
compassion.*
Dalai Lama

Dr. Nancy Jaskowak Cresse, DNP, RN, ANP-C. In her presentation, “**Compassion in Healthcare as Antidote for Stress and Burnout: A Review of the Literature.**” In 1992 the term “compassion fatigue” was coined. The problem is not opening up to pain, its how we manage opening up to pain. We have control... it’s how much we let in... separate self from others. But don’t limit caring. It’s important to open up to pain: that exists in our own life and in others lives. It’s not possible to care too much. In research at Stanford Compassion Curriculum Training, it was found that it is easier to have compassion for others than self. They reported that in Eastern cultures, teaching begins with teaching compassion of self. In Western (American) cultures, teaching evolved to begin with compassion of others, then self. With the act of RECEIVING compassion: the person offering compassion’s reward center lights up on scan and the person receiving compassion’s pleasure center lights up. Compassion comes from the inside offering: tenderness, stability of will, attention on person suffering, sense of hope & optimism, courage & patience, sense of humility. Cultivating compassion is essential to flourishing, and the source of optimism, patience and meaning. What is the treatment for “burnout”? It is not escapism. It is: care more, lean in, don’t just look in the computer, SEE the person, offer a kind word, tell them you will be here for them all shift, tell them you will try to answer any question or fear they have, get them a blanket, pat their hand, tell them you care...

Dr. Natalie Cyphers, PhD, RN and Deborah Whittaker, EdD, RN of DeSales University, Division of Nursing presented “**United to Take Action Against Addiction.**” The purpose of their study was to identify predictors of readiness/willingness of the community and the church to address addiction using the Church Addiction Response Scale (CARS), a 27-item willingness and readiness subscale. Of 197 respondents three items indicated a willingness/readiness to address addiction: 1) being older, 2) having close friends/relatives with addictions in the present/past and 3) reporting greater religious commitment. When only church attendees (N-161) were analyzed age, was no longer significant. If respondents expressed the following views, they were more willing/ready to address addiction: 1) money spent helping people who are trying to overcome addiction is money well spent, 2) people who are addicted to substances are valuable, 3) past experience can drive someone to misuse substances. One item predicted lower willingness/readiness: addiction treatment isn’t very effective.

Ideas for Your Parish

- Education for your parish on:
 - +Addiction
 - +Use of naloxone (Narcan) for opioid overdose
 - +Using Poison Control for questions about poisoning and medication interactions
 - +Identifying early s/s of substance use disorder
 - +Resources available in the community
- Promote safe disposal of expired and unused medications
- Encourage families to provide support to one another
- Walk in Christ’s love with one another

Framework to Improve Dissemination of Healthcare Information:

- Safety
- Trust & Transparency
- Peer Support
- Collaboration
- Empowerment / Voice / Choice
- Culture/ History

Dr. Natalie Cyphers, PhD, RN; Deborah Whittaker, EdD, RN, Bridget Hamilton, MPH. In their presentation “**Healthcare & Faith Unite: Communicate, Collaborate,**” they proposed the SAMHSA’s (Substance Abuse and Mental Health Services Administration) tenets of trauma informed practice be adapted for broader application to improve communication within, with and through church groups and the faith community. The six key principles of this form of communication are listed to the left and adapted as follows: 1) Safety: Open, non-judgmental communication, bidirectional, 2) Trust & Transparency: Trusted individuals act as liaisons; Facilitators can coach groups on trauma informed perspective, 3) Peer Support: Those with the lived experience contribute and support. 4) Collaboration: Differences don’t need to be barriers, prevent misunderstandings, find common ground. 5) Empower/Voice/Choice: What is included on health education materials; message aligns with tenets of faith, is understandable and valued by faith community and 6) Culture/History: Seek to understand both church and scientific community.

Lisa Fuchs, RN, **Comunita Cenacolo, Walking Together from Darkness to Light.** Founded in 1983 by Mother Elvira Petrozzi, Comunita Cenacolo provides a free, fully residential program assisting people suffering from addiction, depression, low self-esteem and a lack of direction to change their lives. The Community journey is defined as a “School of Life”. The community depends and lives totally on the Providence of God. Community life is based on the Catholic Sacraments, however, do not need to be Catholic to join community life. Information for entering the program is available in the United States at www.hopereborn.org. Mother Elvira has established community in many countries.

Integration of Catholic Teaching: Individual, Family and Community – Day #2 (cont'd)

Diana Ruzicka, MSN, MA, MA., PHN, RN, Redemptive Suffering. Diana shared information from her Master in Theology Thesis: *Redemptive Suffering in the Life of the Church: Offering Up Your Daily Suffering to Cooperate with Christ in Redeeming the World*. Observing the increased use of morphine and other opioids towards the end-of-life when persons were not in pain, in doses that exceeded that require to relieve the pain or when another more appropriate intervention for the pain was indicated, Diana searched to understand St. Paul's statement, "Now I rejoice in my sufferings for your sake and in my flesh, I complete what is lacking in Christ's afflictions for the sake of His body, that is the Church" (Colossians 1:24). She concluded with the thesis statement: "Suffering, when offered up by an act of the will with love in union with the suffering of Jesus Christ in His passion and death on the cross, has both natural and supernatural effects that serve to redeem ourselves and others and build up the Body of Christ." Her presentation continued as she described the Church's teaching on redemptive suffering quoting from the Declaration on Euthanasia and the writings of Pope St. John Paul II and Pope Benedict XVI.

- Suffering, especially suffering during the last moments of life, has a special place in God's saving plan
- It is in fact a sharing in Christ's passion and a union with the redeeming sacrifice which He offered in obedience to the Father's will.

Declaration on Euthanasia, CDF, 1980



Virtual Class – January 2023

Bonnie Blachly, MN, RN, CEOLD, Mori Memento Ministry Program: Birthing Your Soul into Eternal Life. Bonnie Blachly, a Parish Nurse, shared a program she implemented at St. Mary Magdalene Parish in Everett, Washington implemented in her local parish for people with life-limiting or life-ending conditions, people who care for them, people who want information from a Catholic perspective and people who will be praying for them. The phases covered were: 1) preparation, 2) actual dying, 3) post death. While healthy she instructs people to complete their advance directive, review the ethical principles for Catholic Health Care Workers and plan their funeral. When they have a life-limiting or -ending condition, she recommends completing provider's orders for life sustaining treatment (POLST), verify what is most important to them, ensure their documents are in order and legacy footprint project – which addresses the physical, psycho-social and spiritual soul. Topics covered when someone is actively dying include: how the body dies, the sacraments: reconciliation, anointing of the sick, viaticum and prayers for the dying. For after death, she addresses: prayers & the Prayer Brigade, funerals, WAVES support group. Her next in-person class is in October and it will be provided virtually in January 2023. Parishnurse@smparish.org

Sister Marivincet (Mihyun Park), PhD, RN. The Education Effort for Parish Home Care Nurses to Facilitate End-of-Life Care for Older Adults in Communities. After a brief overview of the history of Parish Home Care Nursing in Seoul St. Mary Hospital, Sr. Marivincet presented a pilot study for an advance care planning program in South Korea. In 2021 Park et al had found that increased completion of advanced directives and advance care planning discussions resulted in improved: patient's or surrogate's satisfaction, congruence with care preferences, and increased hospice enrollment while patient's or surrogate's difficulty in decision-making and hospitalization decreased. Additionally, patient's physical comfort increased while existential distress and surrogate's stress, anxiety and depression decreased. Regarding healthcare providers, comfort with death issues and knowledge increased showing evidence for advanced care planning for older adults. The process for advance care planning involves: 1) A preparation step, 2) Assess illness representation, 3) Educate about Life Sustaining Treatments, 4) Elicit a patient's values of end-of-life care, 5) Discuss a goal of care using a hypothetical scenario, 6) summarize the conversation and provide information on a legal advance directive. (Note, the institute will not honor an advance directive that is contrary to Catholic teaching). After the CLOSE program was offered, home care nurses improved in knowledge of advanced directives, confidence in assisting patients with AD and attitude toward AD. However, role perception decreased. Sr. Marivincet concluded that: 1) there is a critical need to implement ACP for older patients with chronic disease and their surrogates in Korea, 2) ACPs can improve the quality of end-of-life care and 3) ACPs should be integrated into routine primary care for older adults. Additionally, nurses who have established trust relationships with patients and their surrogates might be appropriate for delivering ACP intervention after training.

Communicating and Listening to Our Seniors' voices about End-of-life care"

Hanol-jigi: a person who is very close with the self; who listens and respects the patient's wishes for his/her own end-of-life care.

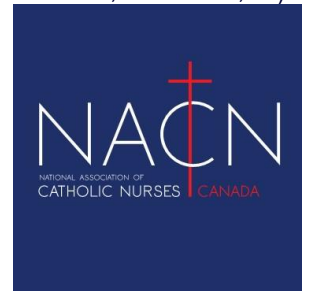
Global Cooperation and Collaboration: A Call for Action – Day #3

“When I was with my trafficker, I went to hospitals, urgent care clinics, women’s health centers, and private doctors. Not one time was I ever asked was I “okay”. Most times the doc wouldn’t even turn around and look at me.”
Jasmine, survivor



Deborah O’Hara-Rusckowski, MBA, MTS, RN, DM, Human Trafficking, shared the horrors of human trafficking, a \$150 billion worldwide industry with 40 million persons trafficked worldwide and 71% sexually exploited (half being children). Three out of every 1,000 persons are trapped in jobs which they were coerced or deceived. Human trafficking includes organ, labor, child and sex trafficking. Up to 88% of victims seek medical care and treatment while being trafficked and clinicians often misdiagnose these individuals and miss the signs due to lack of training and knowledge. Of this 68.3% were seen at an emergency department. The new Malta Human Trafficking Program: 1) Educates through OnWatch, an online survivor led training program for individuals interested in volunteering (<https://www.iamonwatch.org>), 2) Establishes Safe Houses, 3) Trains Orthodox Catholic Sisters who live in the Safe Houses, 4) Ensures Catholic Healthcare is available to victims/survivors and children 5) Identifies and develops properties, 6) Helps fundraise, 7) Prays for all the Sisters, Clinicians and Staff who will help the women go from Victims to Survivors! The Human Trafficking Hotline in the USA is 1-888-373-7888 or Humantraffickinghotline.org

Helen McGee shared the process and challenges in establishing the National Association of Catholic Nurses-Canada in her presentation **“NACN-Canada: Early Years.”** In creating the statutes, issues that needed to be addresses included: 1) Patron Saint, 2) Mission, 3) Objectives: Prayer, Mentorship, Advocacy, 4) Membership structure, 5) Compliance with Catholic Teaching, 6) Governance: Board duties, election, voting, 7) Meeting frequency, notice; 8) Affiliation with CICIAMS, 9) Finance: dues, dissolution, 10) Spiritual oversight. Challenges encountered included: Adding members, board turnover and succession plan, communication (i.e. website, newsletter, twitter, Facebook etc.), and orientation of board members. COVID-19 caused virtual meetings. Financial issues included: Incorporation as a not-for-profit, purchase of Directors’ and Officers’ Insurance, Charitable Status. External requirements such as CICIAMS fee payment, safeguarding of Minors and Vulnerable Persons and Recurring and Ad Hoc requests needed to be addressed. Future issues NACN-C plans to address are 1) limit euthanasia expansion, 2) ethical vaccine development and 3) conscience protection. In addition, NACN-Canada plans to collaborate with other (i.e. physicians, St. Monica Institute), join other’s meetings, support nurses, patients and families at risk and make time for prayer, reflection and connection with allies. We are very grateful to Helen McGee and NACN-Canada for candidly sharing their activities and challenges encountered while forming a new national association.



Ethel Corduff, RN, in her presentation, **Historic Encounters of Irish Catholic Nurses in Ireland & Abroad**, gave an enlightening presentation which began by introducing two nurse saints. St. Brigid (453-523), the patron saint of healers, midwives and newborn, and her nuns cared for the sick, particularly lepers. St. Dymphna, patron saint of mental illness was born in Ireland in the late 6th century to a heathen Irish prince who eventually murdered her in Gheel, Belgium where she had fled. In Belgium, St. Dymphna, shared her Christian faith and cared for the mentally ill. Religious orders established in Ireland, who cared for the sick there and abroad, included: Alexian Brothers, Brothers of Charity and Brothers of St. John of God. In the early nineteenth century, religious orders of nuns cared for the sick. Mother Mary Aikenhead (1797-1858) established the Irish Sisters of

Charity in Dublin, Catherine McAuley (1787-1841) established the Irish Sisters of Mercy. Both orders became worldwide. Florence Nightingale was influenced by the nursing nuns from the Sisters of Mercy and wrote, “For what training is there compared to the Catholic nun.” Mother Frances Bridgeman (1813-88) from County Clare, Ireland oversaw the nuns she brought from Ireland to provide nursing care at the Scutari Hospitals during the Crimean War. There she conflicted with Florence Nightingale who objected to her full control of the nun nurses and objected to their religious practices as she considered they were trying to convert patients. Florence did have a lifelong friendship with Mother Clare Moore (1814-1884) whom she also nursed with in Crimea. She consulted her on many nursing and spiritual matters as evidenced by about fifty letters from Florence Nightingale to Mother Clare in the Bermondsey Convent Archives. Many nurses traveled to Britain, the United States and Australia for employment. In her book, mentioned above, Ethel Corduff describes the contributions and challenges of Irish nurses in Britain. In fact, The Catholic Nurses Guild of Great Britain founded in 1897, was very concerned about the difficulty of the nurses attending the Holy Sacrifice of the Mass on Sunday.



Geraldine McSweeney, DNT, DHSA, Med, FFNRCSI, CICIAMS Past President (2018-2022) in her presentation **“History of CICIAMS,”** shared that CICIAMS, is an International Private Association of the Faithful, doted with juridical personality according to canons 298-311 and 321-329 of the Code of Canon Law. Between 1900-1925 Catholic Nurses Guilds formed in various countries. In 1928 nurses met in Switzerland and proposed the creation of an International Catholic Professional Nursing Organisation. In 1933, The International Study Committee of Catholic Nursing Association was founded in Lourdes, France. The Committee extended its work and increased the number of members associations from 1933-1939 which was disrupted with the advent of World War II (1939-1945). During this time, the 1st International Congress was held in Rome in 1935 and attended by 2,000 nurses. His Holiness Pope Pius XI addressed the Congress. In 1937, the 2nd International Congress was held in London. After World War II, in 1946, the Committee resumed activities. With the shortage of doctors, some registered nurses were trained as “medico-social assistants.” In 1950, the first post war congress was held in Rome where the organization name was changed to: CICIAMS (Comite International Catholique des Infirmieres et Assistantes Medico-Sociales). As an international committee formed between the National Association of Catholic Nurses of various countries, the CICIAMS Statutes of 1972 required nurse members to hold a legal diploma and be registered in their own provinces or states. In addition to “full member” association, participating members included Catholic schools and colleges of nursing and Catholic persons of high standing representing nursing. The CICIAMS 2014 statutes allowed, in addition to nurses and midwives, health workers and member types included: Full Member Associations, Associate Members, Individual Members and Honorary Members, the last three without voting rights. On March 6, 2015, CICIAMS was recognized by the Vatican as an International Private Association of the Faithful under Canon Law. At its height in the 1970, CICIAMS had 70+ member associations. In 1954, Quadrennial Congresses were held. Initially these were five days in length (1954-1986) and now three (1990-present) with the purpose of networking, support, spirit of Christian collegiality, exchange information relevant to nursing, midwifery, ethical and health issues. In 1958 the CICIAMS regions were created with Regional President elected to the Executive Board. The role of the regional president: 1) represent their regions, 2) support the associations within their regions, spearhead congresses relevant to issues in their region every four years between world congresses. Since 2022, the regions are: Africa, Asia, Europe, Pan America. The CICIAMS has relations with the Dicastery for Laity, Family and Life, Dicastery for Promoting Integral Human Development and the Secretariat of State. In 1947 CICIAMS established NGO Status with the Catholic Centre for International Co-operation. CICIAMS collaborates and affiliates as with the United Nations Department of Global Communication (UN/DGC) and the Economic and Social Council (ECOSOC) (1956-present), CRESCENDO Board (2003-present), International Labour Organisations (ILO) (2004-present), Forum of Catholic Inspired NGOs (CINGO) (2008-present), and dialogues with FIAMC (International Federation of Catholic Doctors), FIPC (International Federation of Catholic Pharmacists) and Mater Care International.

Repose of the Soul – BCNG President, Ms. Agnes Halder

At the CICIAMS XXI World Congress, on behalf of the Bangladesh Catholic Nurses Guild (BCNG), Fulkumari Rozario expressed deepest sorrow and feelings for departed President of the BCNG, Ms. Agnes Halder, who started the initiative to attend the CICIAMS World Congresses with large groups of Catholic nurses from Bangladesh.



Agnes Halder answered God’s call on January 31, 2022. Her burial was on February 2, 2022 (Feast of the Presentation of Jesus in the Temple and the Purification of the Blessed Virgin Mary), in Bangladesh.

When Agnes was 12 years old, in 1975, she was an under undergraduate, during the Liberation War of Bangladesh. Her family gave her in marriage to a Catholic man. When she was two months pregnant, her husband was killed by the Pakistani Army along with ten of her greater family members and villagers.

As she was a vulnerable and helpless pregnant woman, the nun sister’ congregation, missionaries gave her shelter. She did volunteer work with the Catholic team, gave birth to her only daughter, and completed her further education. She was influenced by the sister congregation of Maria Bambina to do nursing education and she completed her basic nursing, BSN and MPH.

Her whole life was full of sacrifice. She was happy, lived a chaste and holy life and did not remarry. This made it possible for her to dedicate her life to charitable and Christian good works. She was very simple, humble and obedient.

She worked as a clinical nurse, nurse teacher, and charitable volunteer along with serving at top levels of the Central Committee of BCNG. At the time of her death, Ms. Agnes Halder was serving as the very dedicated President.

Ms. Halder was registered as a member of BCNG since 1989. She was elected twice as president, the first term 2018-2020, and the second time, 2020-2022, for a total of 4 years.

- As a President, her last wishes were to build a Grotto of the BNCG Patroness, “The Queen of Lourdes” in the BCNG office campus where the villagers gather and pray for their healing, recover from their sickness and sufferings and get benefits. She started the grotto but could not complete it.
- She also wished for Catholic nurse education assistance.



The BCNG solicited donations to continue these two initiatives of Ms. Agnes Halder and presented a video in her memory.

Books by Members available at the CICIAMS XXI World Congress



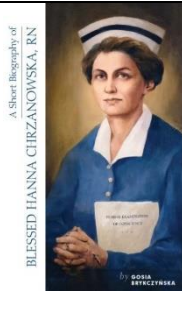
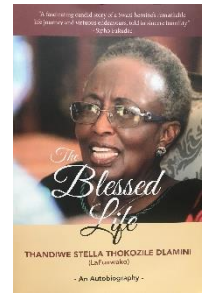
Ireland's Loss Britain's Gain: Irish Nurses in Britain from Nightingale to Millennium by Ethel Corduff is the first history of Irish nurses in Britain. (United Kingdom)

Available at:

<https://rainbowvalleybooks.com/irish-nurses-in-britain> or www.amazon.com

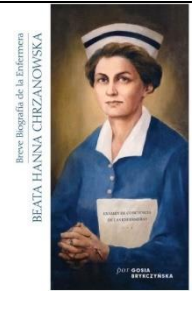
The Blessed Life: An Autobiography by Thandiwe Stella Thokozile Dlamini (LaFunwako). A fascinating candid story of a Swazi heroine's remarkable life journey and virtuous endeavours, told in sincere humility. (Eswatini)

Copies may be available at the 2024 CICIAMS African Region Meeting (Kenya).

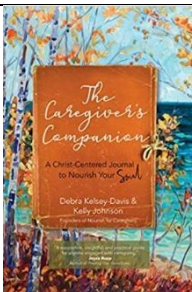


A Nurse of Mercy: Blessed Hanna Chrzanowska, RN by Gosia Brykczynska. The story of the first lay Catholic registered nurse to be beatified. Available at: <https://shopmercy.org/blessed-hanna-chrzanowska-rn-a-nurse-of-mercy.html> (Poland/United Kingdom)

A Short Biography of Blessed Hanna Chrzanowska, RN available in both English and Spanish. <https://shopmercy.org> (search "Hanna"). Spanish version released at the CICIAMS XXI World Congress.



The official Association of Polish Nurses and Midwives website on Blessed Hanna: <https://hannachrzanowska.pl/en/>

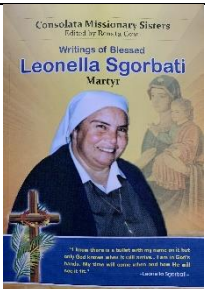
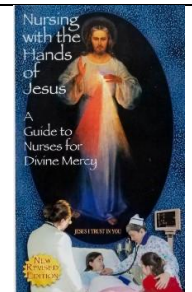


A Guided Journal for the Caregiver's Soul by Debra Kelsey-Davis & Kelly Johnson, founders of Nourish for Caregivers whose mission is to support and empower caregivers through the gift of faith, (USA)

<https://nourishforcaregivers.com/book-landing-page/>

Nursing with the Hands of Jesus: A Guide to Nurses for Divine Mercy by Marie F. Romagnano, MSN, RN, CCM is the first spiritual guide for nurses on how to use The Divine Mercy message and devotion with the sick, injured and dying. A practical "how to do it" pocket-size book specifically for RN's who can receive 10 Contact Hours! (USA)

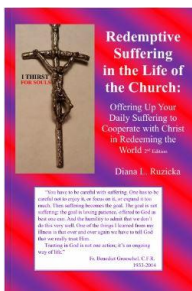
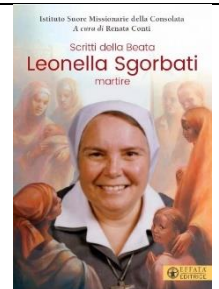
<https://www.thedivinemercy.org/healthcare/manual>



Writings of Blessed Leonella Sgorbati, Martyr by Renata Conti. English version is available only in Kenya and may be available at the 2024 CICIAMS African Region Meeting (Kenya). Consolata Missionary Sister, Nurse Midwife and Instructor, Sr. Leonella worked in Kenya for 40 years and was martyred in Somalia after establishing a nursing program. (Kenya / Italy)

Scritti della Beata Leonella Sgorbati martire available in Italian at:

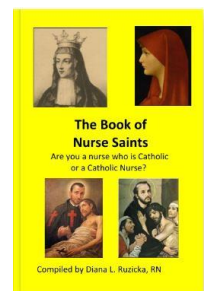
<https://leonella.missionariedellaconsolata.org/nuova-pubblicazione-gli-scritti-della-beata-leonella-sgorbati-martire/> (Italian)



Redemptive Suffering in the Life of the Church: Offering Up Your Daily Suffering to Cooperate with Christ in Redeeming the World by Diana Ruzicka, MSN, MA, MA, PHN, RN describes the Church's teaching on redemptive suffering while chronicling the end-of-life of a friend who died of metastatic pancreatic cancer.

Our Lady of Fatima: 1917-2022, (2nd ed.) booklet compiled by Diana chronicles the events related to the 1917 appearance of the Blessed Virgin Mary at Fatima, Portugal to the March 25, 2022 consecration of Russia and Ukraine to the Immaculate Heart of Mary by His Holiness Pope Francis.

The Book of Nurse Saints: Are you a nurse who is Catholic or a Catholic Nurse? contains biographies of nurses declared Saints, Blessed, Venerable, Servant of God and Martyrs from 399AD to 2022. www.lulu.com/spotlight/Ruzicka (USA)



Send information on nurse saints, blesseds, venerable, servant of God and martyrs to Diana.Ruzicka@gmail.com

Have you written a book of interest to Catholic nurses, send a jpeg picture of the cover and a brief summary along with your name and credentials. As with CICIAMS, books must be faithful to the teachings of the Magisterium. Email information to: ciciamsinternational12@gmail.com

The Business of the Organization

CICIAMS Official Documents & Links

CICIAMS Statutes and Standing Orders:

www.ciciams.org/ciciamsreports.html

CICIAMS Ethics Guidelines and Principles of Practices for Catholic Nurses: www.ciciams.org/ethicscommittee.html

Member Associations: www.ciciams.org/linksliens.html

Executive Committee: www.ciciams.org/executivecommittee.html

Calendar

13 November 2022 - World Day of the Poor

11 February 2023 - World Day of the Sick

18 & 19 February 2023 - CICIAMS Executive Committee Meeting

23 July 2023 - World Day for Grandparents and the Elderly (4th Sunday of July, close to the Feast of Sts Joachim and Anne, the grandparents of Jesus)

2024 - Regional Conference - Kenya*

2026 - CICIAMS XXII World Congress - Thailand*

*Date to be determined; Begin the VISA process EARLY.

Mark your calendar

African Region Congress in Kenya in 2024
CICIAMS XXII World Congress in Thailand in 2026
Hope to see you there!!!

The CICIAMS Executive Committee meets 2 days prior and General Council meets the day prior to both meetings. National Presidents should plan to attend or send representatives. Apply for VISA's early, if required.

CICIAMS Mission Statement

Informed by the moral and social teachings of the Church, CICIAMS is committed to the following:

- Giving Christian witness in our lives through guiding and supporting Healthcare workers internationally
- Developing a positive vision of life from conception to death
- Representing Christian and professional values in our work with other national and international associations
- Coordinating the work of member association in their efforts to evangelise the ethos and ideals of the nursing profession
- Promoting the initiation of and participation in professional research and development towards the achievement of optimum care and wellbeing
- Respecting the religious convictions of others and accepting their rights to practice their beliefs

CICIAMS AIMS

- Representing the professional & Christian interests of its members
- Promoting members' spiritual welfare & ethical values
- Promoting health & social measures of health in line with Catholic principles and professional development
- Promoting cooperation among member associations

Member Association, Associate Member and Individual Member Subscriptions are due by June 30 each year.

These funds are integral to the functioning of the organization.

Contact the Secretary General with questions.

May your day be richly blessed

Send News to:

The CICIAMS Secretary General at:

CICIAMSInternational12@gmail.com

Next newsletter deadline: 15Dec2022

