



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

where *NURSING, MINISTRY and CATHOLIC MISSION* meet
“Unity in Charity”



www.NACN-USA.org

Spring 2020 Newsletter

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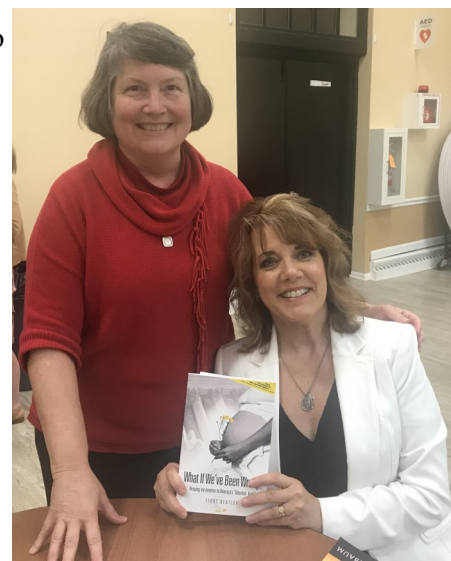
Vacant
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Dear Fellow Catholic Nurses,

As I read the letter of Mary McHugh (NCCN President 1969-1970) in this edition, I am heartened to know that we have so many strong Catholic nurse leaders at both the national and local level, and even the international level! I thank each one of you first for your membership and second for your involvement in a leadership role. To our members, I know many of you are also very busy in your personal and professional lives, raising families, working fulltime and contributing locally in your church, community and professional organizations. We thank you for your membership and sincerely understand that at this point in your life you may not be able to volunteer in a leadership role. Your membership is appreciated. Please invite all your Catholic nurses to join. Those in leadership role, I hope you know how much you are also appreciated. Thank you.

As I reflect back on 1969 and the history of women in the workforce in the United States, unlike the Catholic guilds in the middle ages where women ran guilds and were in coed guilds, I am reminded of my grandmother who had to leave registered nursing training in 1928 because you could not be married and go to nursing school in the United States. Then there was my first Army Chief Nurse, during her time, women could not remain an active duty Army nurse and have a child. The personnel officer had to find her at work to finally get her to sign her discharge paperwork. Thankfully she returned to active duty within 2 years after she and others lobbied congress to change the law. In its early years NCCN membership grew from 58 charter members to 22,000 but dropped to 8,500 by October 1969. It also went from 112 Diocesan Councils to 80. Decreasing membership was thought to be caused by a dues increase, differences in perspectives during these societal times and a lack of leadership in many of the councils. I do not think we can underestimate the “differences in perspectives during these societal time.” To learn more about the concerted effort to change perspective in the Catholic Church and the strategy to do so, I highly recommend Terry Beatley of the Hosea Initiative Hosea4You.org/. She outlines the 8 point strategy used to deceive the United States of America with the lie that abortion is women’s health care and four strategies used specifically against the Catholic Church called “The Catholic Strategy.” I was blessed to hear her speak in Virginia and she was exceptional. A short summary of this is



(Continued on page 2)

available on the May 4, 2019, Mast Appeal on AveMariaRadio.net. Up until 1965, Planned Parenthood literature actually warned women against having an abortion because 1) it kills a human life after it has begun 2) it may make them sterile and unable to have a child when they want to. Not only did these “societal changes” impact the society as a whole, it permeated nursing organizations as a whole. On another show, which I was unable to locate today, a caller in tears explained how they were “handled” during a vote at one of the state nurses association meetings and encouraged NOT to vote if they were against abortion because they should not push their views on others and did not want to make others feel bad. Anti-Catholic sentiment and views contrary to the teachings of the Magisterium permeated society and infected members of the Church, nurses were no exception.

We are very pleased to announce that the National Association of Catholic Nurses, U.S.A. has been selected to host the CICIAMS XXI World Congress, August 2-4, 2022 at Villanova University. On March 9, 2020 this announcement was made across the world with Fr. Donahue, President of Villanova University and Dr. Donna, S. Havens, Dean of the College of Nursing, Geraldine McSweeney, CICIAMS International President (Ireland), Donatus Akpan, CICIAMS General Secretary (Nigeria) and CICIAMS Region Presidents, Lucy Thanga, Africa (Kenya), Theresa Cheong, Asia (Singapore), Mary Dolan, Europe (Ireland) and Marian Nowak, Pan-Americas (USA). With members viewing from Japan, Eswatini, Africa, the United Kingdom, and Canada. I was please to read congratulatory letters from the Papal Nuncio on behalf of His Holiness Pope Francis and the President and CEO of the Catholic Health Association after which Ellen Gianoli, President-Elect introduced our esteemed colleagues from around the world. Many of you may also have viewed the announcement online. This is the first time some of our International leadership was able to connect via video teleconferencing. We are looking forward to projecting the conference around the world using this capability. Thank you Dr. Patricia Sayers, Chair of the NACN-USA CICIAMS XXI World Congress Planning Committee, Maria Arvonio, Co-Chair, Janet Munday, Communications Chair and Regional Director and all the Villanova College of Nursing and University staff for making this such a spectacular event.



Dr. Patricia Sayers (left) and Maria Arvonio (Right)

Open positions for CICIAMS international offices are listed in this newsletter. The ballot for the NACN-USA annual elections will also be forthcoming in April. We are pleased with the slate of candidates though we are still searching for Regional Directors for regions 7, 8 and 9. This is a 2-year commitment which can be extended to a total of 6 years in any one position and 8 consecutive years on the BOD. Please volunteer on the website if you have an interest in helping connect Catholic nurses within your region. Yes, you are qualified.

Registration is now open for the June 16-18, 2020, NACN-USA National Conference at the Shrine of the Most Blessed Sacrament in Hanceville Alabama, founded by Mother Mary Angelica of the Annunciation, PCPA of EWTN. Make sure that when you register you also make the time to attend *At Home with Jim and Joy* on Monday, June 15 beginning at 1130 am. NACN-USA was featured on *At Home with Jim and Joy* on December 4th & 6th. Thank you so very much Mark, Jim & Joy and all the EWTN staff! Check out our new YouTube Channel and watch my interview at https://www.youtube.com/channel/UCLT_f5bDHodCWsrhRYdQ5FQ. We are pleased to announce that NACN-USA will again be featured on the 15th! Thank you to Mark, Jim and Joy Pinto.

While many councils are blossoming into existence across the nation, we are also observing many challenges shared by our individual members. This is especially apparent when Truth is called “hate speech” and results in a requirement for “remedial training.” Additionally, several state legislatures continue to attempt to pass laws promoting assisted suicide disguising it with the term “Medical Aid in Dying.” I am reminded of Cardinal Sarah’s words in his new book *“The Day is Now Far Spent,”* “*At the end of their earthly journey, men do not need a cold, death-dealing syringe. They need a compassionate, loving hand.*” and “*To die with dignity is to die being loved! All the rest is a lie!*” I hope Catholic nurses will remember this in practice. We must not forget the Hippocratic Oath (500BC). This was a pagan oath written well before the time of Christ. Even then they were well aware of the ethics of medicine: “*First to do no harm or injustice. To not administer a lethal injection or perform an abortion...*”.

Lastly, the novel coronavirus (COVID-19). Please pray for each individual affected by the disease, the doctors and nurses caring for them and the general public that they help prevent the spread of this new coronavirus to which man

does not have immunity. Pray that most of the cases are mild and those that are more severe are able to access the appropriate level of health care. For those who will die from COVID-19 or other causes we pray, *“Eternal rest grant unto them O Lord and may Your perpetual light shine upon them. May their souls and the souls of all the faithful departed through the mercy of God rest in peace. Amen”*. And so we do not forget the mighty power of the Church triumphant in heaven whom we have to intercede for us before the throne of God, let us ask, for the world, the intercession of St. Roch. St. Roch (1295-1327) nursed the sick during the plague in Italy and cured large numbers simply by making the sign of the cross on them. He is the patron saint invoked against the Bubonic Plague and other infectious disease. O Blessed Saint Roch, Patron of the sick, Have pity on those who lie upon a bed of suffering. Your power was so great when you were in this world, that by the sign of the Cross, many were healed of their diseases. Now that you are in heaven, your power is not less. Offer, then, to God our sighs and tears and obtain for us that health we seek, through Christ our Lord. Amen. (Repeat the following 3 times) Saint Roch, pray for us, that we may be preserved from all diseases of body and soul.

May God bless you as you care for your patients, students and colleagues, as you improve the health care field through clinical practice, research, education and administration.

In Jesus' Holy Name,

Diana

COVID-19 Resources

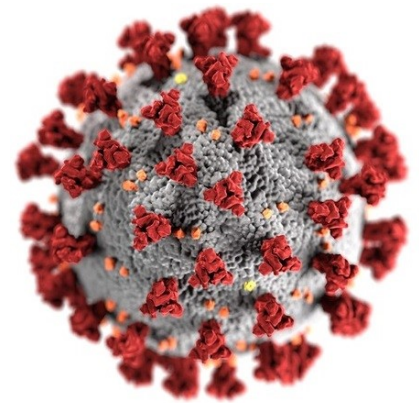
Tracking the incidence of COVID-19

<https://www.worldometers.info/coronavirus>

[Johns Hopkins GIS Data of Confirmed Cases](#)

In the United States, the Center for Disease Control has the incidence by state

<https://www.CDC.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>



World Health Organization

<https://www.WHO.int/emergencies/diseases/novel-coronavirus-2019/>

These websites offer email updates on health security issues, to include COVID-19 from both John Hopkins, Bloomberg School of Public Health, Center for Health Security <http://www.centerforhealthsecurity.org/newsroom/newsletters/hsh/> and the Center for Infectious Disease Research and Policy (CIDRAP) at the University of Minnesota: <http://www.cidrap.umn.edu/>

Commentary on Recent Calls for Comments by the American Nurses Association



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

From time to time the American Nurses Association (ANA) requests public comment on drafts of position statements that are either newly composed or being revised. Depending on the topic and content of the proposed statements, the Committee on Ethics and Spirituality will prepare comments, submit them to the Board of Directors for their review and, once approved, submit them to the ANA on behalf of the NACN-USA. (See, for example, the Fall 2019 Newsletter for my remarks on the ANA's new position on nurse participation in assisted suicide in which the ANA rejects its previous position of opposition.) Sometimes our comments are supportive of the proposed statement, or portions of it, while other times, as in the case of ANA's approval of assisted suicide, our comments hope to persuade them to reconsider altogether. In this issue of the Newsletter, I would like to share highlights of the comments that were approved and submitted to the ANA in regard to two recent calls for public comment, "The Ethical Use of Artificial Intelligence in Nursing Practice" and "Nurses' Professional Responsibility to Promote Ethical Practice Environments."

The Ethical Use of Artificial Intelligence in Nursing Practice

The Committee's review found that the draft of the ANA's newly composed position statement reflects a fairly uncritical and broad acceptance of AI with nursing essentially as bystanders whose role is to help patients accept AI regardless of what it is or does. The statement reflected a fundamental difference between the way ANA approaches the analysis of the appropriateness of AI for nursing and the approach based on Catholic moral principles. The ANA ranks patient autonomy as the primary concern, while Catholic teaching ranks respect for the human person as primary. Even though the ANA claims respect for the dignity of the human person as its first provision in their Code of Ethics, there is a fundamental difference in understanding of the meaning of dignity. For the ANA, it is the patient's autonomy from which the patient's dignity arises. For Catholics, it is the human person having been made in the image and likeness of God from which dignity arises.

The Catholic perspective is that the fundamental principle to remember in AI, as in all aspects of nursing, is respect for the human person. This means we never forget that each patient is a person, not some thing that can be objectified or used, but some one who holds within themselves a dignity that is uniquely human, not assigned but inherent, not limited but immeasurable, not contingent but unconditioned, not expendable but irreplaceable. The same can be said of the nurse. Thus, while AI might assist nurses, AI can never replace the person of the nurse. While AI might perform activities that nurses can do, those activities must never be done in a manner that dehumanizes the person of the patient.

For instance the use of robots is sometimes promoted as a means to provide direct care to patients. However, it is precisely the hands-on activities (e.g., feeding, bathing, medicating, dressing wounds) that express the care and nurturing that is at the core of nursing. If nursing relinquishes these activities to machines, nursing risks losing its identity as a caring profession. Machines are incapable of caring, which is human and relational. Machines are not open to a relationship, they do not possess a free will; in short, they are not and cannot be human, no matter how "human" they might sound or appear, or how much patients, in their vulnerability, might wish them to be. To expect a relationship of emotional support and trust to form on the part of a patient toward a robot, suggests a twisted view of relationships that lacks a proper understanding of the human person. For example, researchers at the University of Southern California scolded people who "bully their robots," claimed that "robots bring out our compassion," and urged building robots with "personalities... [because] surprise keeps a relationship from getting boring... [but warned] don't be creepy!"¹ In actuality, what is creepy is that in the absurd process of trying to humanize machines, the real human is dehumanized. It is precisely because of their vulnerability, that patients, in their seeming "autonomy," might surrender to accepting the "companionship" of a robot. However, it is a failure of society that vulnerable people would be reduced to such a level.

A basic moral test for any AI should be how do the poor and vulnerable fare in its application. In fact, just laws

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¹ Mataric, M. (2019, October 11). "How to build robots people can relate to," The Wall Street Journal, Accessed March 9, 2020 at https://www.wsj.com/articles/how-to-build-robots-people-can-relate-to-11570807206?mod=hp_jr_pos2.

protecting human rights and purporting corresponding responsibilities apply whether or not one is using AI technology. We must never compromise respect for the human person who is central to the work of nursing and carries within them a dignity that is inherent and cannot be diminished regardless of their circumstance, even if that circumstance is through the lens of technology.

In the end, there was more process than ethics in the ANA statement. AI is only an instrument for the nurse's use. It should not replace the nurse, nor should it objectify the patient. Just because technology is there, does not mean that we necessarily and uncritically must use it. While AI may be a tool and, for some things, a helpful one, we must take care not to relinquish the true calling of nursing to the allure and expedience of AI. Nurses should not be merely informed bystanders, as the ANA statement suggested, but should be involved in the development, application, and evaluation of AI so as to advocate for the protection of all human persons and the promotion of the good.

Nurses' Professional Responsibility to Promote Ethical Practice Environments

According to the ANA, the purpose of the statement was to "underscore the nurse's commitment to create, sustain and continuously improve the workplace environment in all facilities where nursing is practiced and to support nurses by offering an array of tools and setting-related resources with which they can fulfill that commitment." A main concern of the ANA was the problem of moral distress and related issues of moral resilience and moral courage. The statement included a list of tools that could be used to assess moral distress and the workplace environment.

The Committee found the statement thin in that the ANA's description of an ethical environment and the importance of the character of the nurse needed deeper grounding. For instance, an ethical environment should be one in which the good is done and pursued and evil is avoided and discouraged. In addition, virtuous nurses are critical, not only to ensure such an environment but also to respect and protect the inherent dignity of every person, safeguard human life, and promote human flourishing. Thus, an environment that allows nurse participation in assisted suicide, as would be permitted by the ANA's most recent position statement on "aid in dying," is not an ethical environment and, so, is ripe for moral distress, the very problem the ANA purports to want to diminish. Moreover, if the ANA expects nurses to use their Code of Ethics as their ethical framework, as the statement asserts, it needs to revise their Code to state that acting with any intent to end the life of a patient is unethical and must never be done even if allowed by law. (Currently, the Code says it just must not be the nurse's sole intent, implying that it may be one of the nurse's intentions.) That is because taking the life of patients or helping patients to take it themselves is never a good and in no way promotes flourishing for anyone. Every person longs to know they are loved and valued unconditionally, especially when vulnerable in sickness or dying. For nurses to participate in "aid-in-dying" sends a message to patients that their life has no value, they are not worth the bother of caring. It is to do evil to patients, nurses, and society that expect nurses to respect their inherent dignity, safeguard their lives until natural death and promote human flourishing even as natural death nears.

The ANA statement barely mentioned conscience protection as important to an ethical environment. Thus, the Committee stressed to the ANA that conscience protection is critical. The ANA was reminded of research that shows that protection of the right to conscience for health professionals is extremely important, not only to the majority of health professionals but also to the majority of the public.² Conscience protection promotes not only diversity in nursing but also assures a sufficient number of nurses in the workforce. This is important, given that it is well known that a nursing shortage contributes to moral distress among nurses who feel they may be compromising patient care due to short-staffing. Hence conscience protection must be supported by nursing at all levels for the good of patients and for the good of the nursing profession.

An organizational culture that promotes and maintains an ethical environment, which would include conscience protection, begins with the leadership. Persons in leadership positions guide the internal culture by creating sound policies and providing an environment that supports ethical decision making by individuals at every level of the organization. All this requires ethics education and formation of nurses at every level, beginning with nursing students and including faculty, clinicians, executives, and boards of directors.

Ethics education must be given a preferential place in nursing curricula, not glossed over, relegated to the back-burner, or addressed only if there is time once "more important" content is covered. Just as nurses should be competent in assessing and managing the clinical condition of a patient upon graduation, so too should nurses be competent in identifying and managing the ethical aspects of their work upon graduation. It is sad to hear nurses say they want to quit nursing soon after they get into the workforce because they encounter ethical problems they had not anticipated and do not know how to resolve in a manner that preserves their moral integrity. The ANA suggests such nurses should resign. However, resignation should be a last resort and nurses should be encouraged and supported to learn how to stay the course and strive to be effective moral agents. Resigning from jobs or from nursing altogether, as many have done,

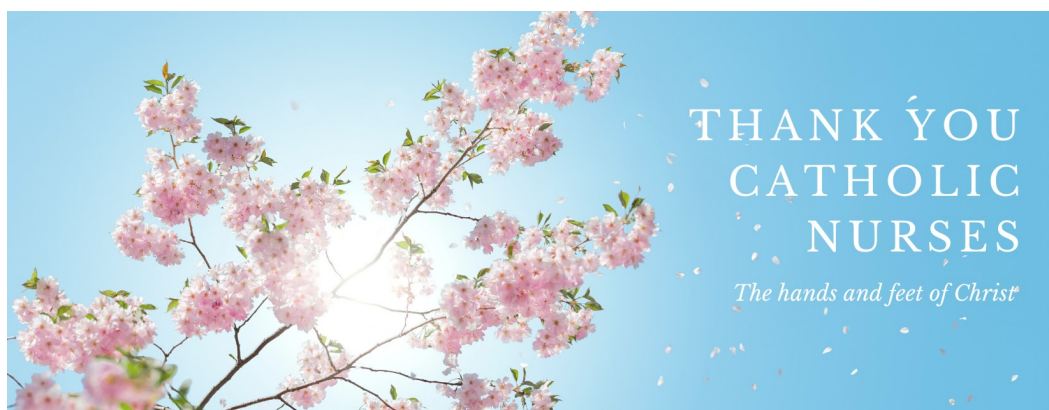
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suggests a failure of the nursing profession to properly educate and support nurses who resort to caving-in to the loudest voice in the room, taking the path of least resistance, or reducing ethics to legalism, that is, to only that which is allowed by law - a morally deficient way to approach ethics. Nursing can and must do better than that if there is to be a truly ethical practice environment.

Final Note

Anyone can submit comments to the ANA. You do not have to be a member of the ANA. You do not even have to be a nurse. So, please do not hesitate to share your thoughts with them when they issue a call, which normally can be found on their website. As of the writing of this article, no final position statement on either of these topics was found on the ANA website.

For some resources on Catholic teaching to guide you in your ethical decision making, please check out the NACN-USA website <https://NACN-USA.org/Resources/Resource-Links/>. As Catholic nurses we are in a unique position to share the Love of Our Blessed Lord with every person we are called to serve, even in, what may seem at the time, ways that are small and insignificant but through the grace of God can be marvelous and transformative.



Bioethical Issues

Free Consultation on Bioethical Issues

THE NATIONAL CATHOLIC BIOETHICS CENTER (NCBC) offers a free consultation service, by a credentialed bioethicist for assistance in addressing an ethical dilemma involving health care or the life sciences. If you have a specific time-sensitive question concerning such a matter that cannot wait until regular business hours, please call: (215)877-2660, 24 hours/day, and 7days/week. Follow the prompts to leave a message and an ethicist will be paged and respond to your call as soon as possible. Online consultation at: <https://www.NCBCenter.org/Consultation/Submit-request/>



History in the Making: The NACN-USA Ad Hoc Archives

History Committee (Brief #13)



Can the Year 2020 Really Hold “20-20 Vision” Insights?

By Cheryl Hettman, PhD, RN
Nursing Consultant & Educator; Chairperson, Archives/History Committee
and Past NACN-USA President, 2010-2012

If you have been listening to or reading comments from most anyone in the media about the current new year 2020, then, like me, it probably got you thinking about the analogy they have been throwing out there about the year 2020 and having “20-20” or “perfect” vision regarding what insights the year ahead might hold. While “20-20 vision” is a matter of anatomy and physiology, the bigger picture of life is far more complex than just our bodily composition and physical function. So, how might this analogy be applied? Often, we can best glean insights from looking at the past - in our personal lives - and as nurses - through analysis of “what was” to help determine forward thinking, best practices, and expected outcomes. But can even doing this render “perfect” vision for today or for what lies ahead? Well, probably not... because there are far too many unknowns in real life. Yet, we can still learn from the past - from the pluses and the minuses - and we can joyfully celebrate and build upon the accomplishments that have been attained, as well as, to embrace the opportunities to do better.

Looking to the past of NACN, we can reflect on one of the final communications of the former National Council of Catholic Nurses (NCCN). As you may recall from previous A&H Briefs, the NCCN officially disbanded in 1970 - now 50 years ago. Mary Anita McHugh (or Mrs. Philip McHugh) was the last in a long line of dedicated Catholic nurses to share her insights as president for the good of the organization and its members. Had she been able to have “20-20 vision” at the time, she might have foreseen that in the year 2020, the leadership of the NACN would be following in her footsteps. But as it happened, just a few months ahead of the official closing of its doors, Mrs. McHugh sent her final letter about the end of the organization to the NCCN council and chapter presidents (cover letter shown below) (NCCN, 1969). In it she did not mention the difficulties the group had been dealing with including a decline in membership, a lack of good leadership in a number of councils that had to call it quits, the organization’s financial hardships, and the other stresses of the times. What was shared, however, was Mrs. McHugh’s sincere sense of encouragement, words of advisement and guidelines for councils/chapters still going forward on their own, and an honest, heartfelt, and humble admiration for and recognition of her fellow Catholic nurses, noting, too, the great privilege she had enjoyed in knowing and serving them! Perhaps, 50 years ago Mary McHugh could not envision the NACN of 2020. Yet, we each have the opportunity to develop the kind of insight she did have that allows us to see and to serve others with “perfect vision” through the eyes of the Christ...as active members of NACN-USA...in our workplaces...in our communities...in our families...and in our world in 2020 and beyond. It certainly cannot hurt to try!

Addendum: While preparing this article, I did an internet search for Mary McHugh. I was excited when her name did come up. However, I was quickly saddened to learn she had gone to her heavenly home on January 17, 2013 at the age of 92. Here is a link to her obituary which I think you will find impressive:

<https://www.Heeney-Sundquist.com/Obituary/4864611>. How I wish I had thought to look her up sooner...just think of all the wonderful insights that might have been gained. And just imagine how many more nurses from the earlier days of our Catholic nursing organizations may still be out there with stories to share while there is still a chance. If you know of any, please inform me so I may contact them, and we can all learn from the visions they may hold!

NATIONAL COUNCIL OF CATHOLIC NURSES

1312 MASSACHUSETTS AVENUE, N.W. • WASHINGTON, D.C. 20005

UNITED STATES CATHOLIC CONFERENCE



December 1969

Dear Council and Chapter Presidents:

My final message as your National President is a CHALLENGE! The Bishops and the entire retiring Board of NCCN hope you will accept it in order to maintain an obvious corporate presence of Catholic nurses within your area.

You are a leader of Catholic nurses within your diocese or a particular segment of that diocese. It now becomes your obligation and your opportunity to spur your members toward evaluating, defining, selecting and accomplishing those apostolic tasks which only Catholic nurses are uniquely fitted to accomplish. The task will not be easy and it involves a shift of responsibility for planning and organization from the national level to the local.

These guidelines are sent to you to help you with the transition. Study all of them. Use them or adapt them according to the needs of the area and the wishes of your members. Support your Regional Conference. If International participation is possible through CICIAMS, the information will be made available to you.

Cardinal Dearden recently wrote of the challenge of the future: "...the world which we are trying to shape reflects the world as we would have it. Together we must accept an era of change as a time of opportunity."

I return to you the honor you have shared with me. Be assured that as an individual, I shall continue to be available to you if you think I can be of assistance.

It has been a privilege to know you and to serve you.

God love you always!

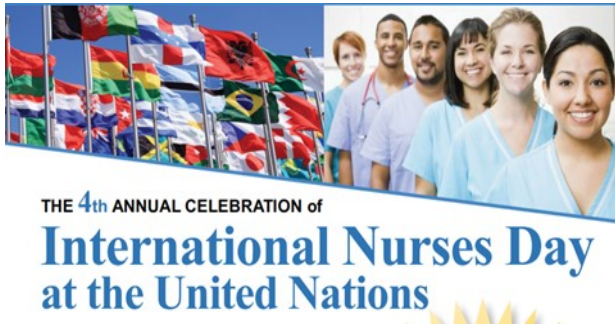
Mary Anita McHugh

Mrs. Philip J. McHugh
President, NCCN
17351 Birchcrest Drive
Detroit, Michigan 48221

MAM:jr

International Day from the United Nations

Friday, May 8, 2020



The 4th International Nurses Day at the United Nations will be held at the Delegates Dining Room, 4th Floor, at the United Nations, New York, New York 10017, Friday, May 8, 2020 from 10am to 2:30pm (EST) sponsored by Nurses with Global Impact. Early bird registration is now open at:

<https://Nurseswithglobalimpact.org/2020-at-the-un/>

NACN-USA members who register to attend should also email Dr. Patricia Sayers, DNP, RN sayerspa@camden.rutgers.edu who will coordinate for a CICIAMS/NACN-USA reserved table(s). Register early. Seats fill up quickly.

Scholarship

\$1000 NACN-USA Scholarship Award

Linda Lopp MSN/Ed., RN, Awards & Scholarship Committee Chair

A reminder that NACN-USA offers an annual scholarship award of \$1000 to eligible students members!

Deadline to receive complete applications is **June 30th**.

Submit the application form and read about the required supporting documents on the website

<https://NACN-USA.org/Resources/Scholarship-award/>



March for Life



A huge thanks to Jamie Shepherd for representing Catholic Nurses at the March for Life in Washington DC, January 2020.

Jamie took the stage on behalf of the NACN-USA when our association was officially recognized on the main stage. Jamie also had many photo opportunities that day with several pro-life advocates. Here is one of our favorites .

Are you interested in volunteering with NACN-USA like Jamie? Send us a note on our website using the Volunteer Form.

Jamie Shepherd, LPN with Abby Johnson, Founder of And Then There Were None.

NACN-USA at Villanova University

On March 9, 2020, the CICIAMS International President, Geraldine McSweeney (Ireland) announced the selection of the National Association of Catholic Nurses, U.S.A. (NACN-USA) as host of the 2022 CICIAMS XXI World Congress at the M. Louise Fitzpatrick College of Nursing, Villanova University, Villanova, Pennsylvania, USA.

The announcement was historic in many ways:

- Catholic nurse leaders from around the world came together at Villanova University M. Louise Fitzpatrick College of Nursing through modern technology both in-person and through the internet.
- CICIAMS leadership from Africa, Asia, Europe and Pan-America presented.
- This announcement simultaneously linked CICIAMS members and member associations throughout the world.
- Recognition of these achievements were acknowledged by the Holy Father Pope Francis through Archbishop Christophe Pierre, Apostolic Nuncio to the United States and Sister Mary Haddad, RSM, President and Chief Executive Officer of Catholic Health Association of the United States of America.



*Diana Ruzicka (left), NACN President
Donna S. Havens (right), Dean of Nursing*



*Janet Munday (left), NACN Reginal Director
Ellen Gianoli, (right). NACN Reginal Director*



*Catholic Nurses prayed the rosary and attended
daily mass at the chapel on campus.*



M. Louise Fitzpatrick College of Nursing



Meet and Learn with Catholic Nurses around the World
7th Congress of the English-Speaking African Region of CICIAMS – September 2020

On behalf of International Catholic Committee of Nurses and Medico-Social Assistants (CICIAMS), the Catholic Nurses Association of Kenya invite you to register for the 7th Congress of the English-Speaking Region.

Theme: *Embracing Nursing Leadership in Non-Communicable Disease Management to Enhance Holistic Care.*

Congress Dates: 9, 10, 11 September 2020,
 Kenya School of Monetary Studies, Nairobi, Kenya
 Excursion Date: 12 September (Optional)

More information: <https://NACN-USA.org/News-events/NACN-USA>

Email questions to: Info@CaritasNursesKenya.org



*Donatus Akpan, RN
 CICIAMS General
 Secretary (Nigeria)*

CICIAMS Requests Articles on the Year of the Nurse and the Midwife

This year 2020, is the year for the Nurse and Midwife. In view of this, we welcome professional articles on the Nurse and Midwife for publication in the CICIAMS NEWS 2020. Your article must not be more than three pages of A4 sized paper and should be submitted by 30th April 2020. Looking forward to receiving articles from you or members of your association. Send articles to CatholicNurse@NACN-USA.org indicating that these are for CICIAMS NEWS 2020.

**CICIAMS XXI World Congress, August 2-4, 2022
 Announced March 9, 2020 Worldwide from Villanova University**



From the host venue, Villanova University M. Louise Fitzpatrick College of Nursing, CICIAMS International President, Geraldine McSweeney (Ireland) announced the selection of the National Association of Catholic Nurses, U.S.A. to host the CICIAMS XXI World Congress in 2022. This announcement was made across the world with Fr. Donahue, President of Villanova University and Dr. Donna, S. Havens, Dean of the College of Nursing, Geraldine McSweeney, CICIAMS International President (Ireland), Donatus Akpan, CICIAMS General Secretary (Nigeria) and CICIAMS Region Presidents, Lucy Thanga, Africa (Kenya), Theresa Cheong, Asia (Singapore), Mary Dolan, Europe (Ireland) and Marian Nowak, Pan-Americas (USA). With members viewing from Japan, Eswatini, Africa, the United Kingdom, and Canada. NACN-USA President Diana Ruzicka was please to read congratulatory letters from the Papal Nuncio on behalf of His Holiness Pope Francis and the Sister Mary Haddad, RSM, President and CEO of the Catholic Association of the United States. After which Ellen Gianoli, President-Elect introduced our esteemed colleagues from around the world. Many of you may also have viewed the announcement online. This is the first time some of our International leadership was able to connect via video conferencing. We are looking forward to projecting the conference around the world using this capability.



Dr. Patricia Sayers, DNP, MSN, RN, CICIAMS UN Representative and XXI World Congress Planning Committee Chair (left) and Maria Arvonio, BSN, MA (HCE), RN (right) at the ordination of Archbishop Nelson Perez' (middle) installation.

This took place on February 18, 2020, in the Archdiocese of Philadelphia (middle) in which NACN-USA will host the CICIAMS World Congress at Villanova University M. Louise

Open Positions for CICIAMS International Offices

The CICIAMS Offices open for election are:

- 1) International President
- 2) President of each CICIAMS Region
 - a. English Speaking Africa
 - b. Asia
 - c. Europe
 - d. Pan-America
- 3) Financial Manager/Treasurer
- 4) Chairperson, Committee on Statutes
- 5) Chairperson, Professional Committee
- 6) Chairperson, Midwives Committee
- 7) Chairperson, Committee on the Family
- 8) Chairperson, Ethics Committee
- 9) Representative to the UN Department of Global Communication & ECOSOC

Looking for a new and exciting way to contribute to Catholic Nursing world wide? Send your self-nomination with curriculum vitae or resume to CatholicNurses@NACN-USA.org with a copy to me at Diana.Ruzicka@gmail.com.

Note the deadlines to submit is June 1, 2020.

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.



National Conference

June 16-18, 2020, Shrine of the Most Blessed Sacrament, Hanceville, Alabama
with option to attend At Home with Jim & Joy at EWTN June 15

Call for Abstracts for Podium and Post Presentations

Submit Abstracts information for review by March 25, 2020, *Feast of the Annunciation of Our Lord*, to:
Dr. Jennifer Hitt at: JHitt@CBU.edu and CatholicNurses@NACN-USA.org

Completion of the Faculty Biographical Data and Conflict of Interest Form is requirement to initiate an abstract review of a presented document and to apply for approval of education conference contact hours the COI form can be found at <https://NACN-USA.org/Conference/>.

Registration \$295 for members, \$345 for non-members and \$125 for students and religious. Register now!



NEWSLETTER

For the next edition, send your submissions to:

ABQRN@hotmail.com and
CatholicNurses@NACN-USA.org

Spring (published in March): Feb. 15
Summer (published in June): May 1
Fall (published in September): Aug. 15
Winter (published in Dec.): Nov. 15



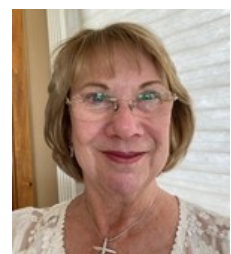
*April Tafoya,
RN, MSN
Newsletter Editor*

NACN-USA Membership

Annual membership dues are
\$50 paid through the website:

<http://www.NACN-USA.org>

Invite a friend to join!



*Suzanne Gullotta,
RN, MHS, FNP-BC
Membership Chair*