Where did the summer go? I feel like it was yesterday that I planted the tomatoes and today the plants are as tall as I am. The corn is growing like crazy and squash is everywhere - all it took was a little water, fertilizer and love.

I spent this past weekend in a Boston Hospital with a family member who was unresponsive and unable to communicate. I had time to think of the work you all do as you bring into the room water, fertilizer and love just in your presence. A presence that every patient, inmate and staff member needs, in order to grow.

As we enter into the fall season and we watch things die, remember you are the love that keeps spirits alive and you are the love that will bring things back to life, eternal, a life that will never end.

Enjoy the warmth of these last days of summer.

Blessings,

Jim

P.S. This newsletter is dedicated to Recovery Month and Suicide Prevention Month (September) and Pro-Life Month (October).
Listen

News From the Vatican
Listen

Celebrating Holy Mass in St. Peter’s Square for the Jubilee of the Sick and Disabled, the Pope called for solidarity and mutual acceptance in a world in which a perfect appearance has become an obsession as well as “big business”.

Please find below the full text of Pope Francis’ Homily:

“I have been crucified with Christ; it is no longer I who live, but it is Christ who lives in me” (Gal 2:19). In these words, the Apostle Paul powerfully expresses the mystery of the Christian life, which can be summed up in the paschal dynamic of death and resurrection received at baptism. Indeed, through immersion in water, each of us, as it were, dies and is buried with Christ (cf. Rom 6:3-4), and remerging, shows forth new life in the Holy Spirit. This rebirth embraces every aspect of our lives: even sickness, suffering and death are taken up in Christ and in him find their ultimate meaning. Today, on the Jubilee day devoted to the sick and bearers of disabilities, this word of life has a special resonance for our assembly.

Each of us, sooner or later, is called to face – at times painfully – frailty and illness, both our own and those of others. How many different faces do these common yet dramatically human experiences take! Yet all of them directly raise the pressing question of the meaning of life. Our hearts may quietly yield to cynicism, as if the only solution were simply to put up with these experiences, trusting only in our own strength. Or we may put complete trust in science, thinking that surely somewhere in the world there is a medicine capable of curing the illness. Sadly, however, this is not always the case, and, even if the medicine did exist, it would be accessible to very few people.

Human nature, wounded by sin, is marked by limitations. We are familiar with the objections raised, especially nowadays, to a life characterized by serious physical limitations. It is thought that sick or disabled persons cannot be happy, since they cannot live the lifestyle held up by the culture of pleasure and entertainment. In an age when care for one’s body has become an obsession and a big business, anything imperfect has to be hidden away, since it threatens the happiness and serenity of the privileged few and endangers the dominant model. Such persons should best be kept apart, in some “enclosure” – even a gilded one – or in “islands” of pietism or social welfare, so that they do not hold back the pace of a false well-being. In some cases, we are even told that it is better to eliminate them as soon as possible, because they become an unacceptable economic burden in time of crisis. Yet what an illusion it is when people today shut their eyes in the face of sickness and disability! They fail to understand the real meaning of life, which also has to do with accepting suffering and limitations. The world does not become better because only apparently “perfect” people live there – I say “perfect” rather than “false” – but when human solidarity, mutual acceptance and respect increase. How true are the words of the Apostle: “God chose what is weak in the world to shame the strong” (1 Cor 1:27)!

Continued on next page
This Sunday's Gospel (Lk 7:36-8:3) presents us with a specific situation of weakness. The woman caught in sin is judged and rejected, yet Jesus accepts and defends her: "She has shown great love" (7:47). This is the conclusion of Jesus, who is attentive to her suffering and her plea. This tenderness is a sign of the love that God shows to those who suffer and are cast aside. Suffering need not only be physical; one of today's most frequent pathologies is also spiritual. It is a suffering of the heart; it causes sadness for lack of love. It is the pathology of sadness. When we experience disappointment or betrayal in important relationships, we come to realize how vulnerable and defenseless we are. The temptation to become self-absorbed grows stronger, and we risk losing life's greatest opportunity: to love in spite of everything!

The happiness that everyone desires, for that matter, can be expressed in any number of ways and attained only if we are capable of loving. This is the way. It is always a matter of love; there is no other path. The true challenge is that of who loves the most. How many disabled and suffering persons open their hearts to life again as soon as they realize they are loved! How much love can well up in a heart simply with a smile! The therapy of smiling. Then our frailness itself can become a source of consolation and support in our solitude. Jesus, in his passion, loved us to the end (cf. Jn 13:1); on the cross he revealed the love that bestows itself without limits. Can we reproach God for our infirmities and sufferings when we realize how much suffering shows on the face of his crucified Son? His physical pain was accompanied by mockery, condescension and scorn, yet he responds with a mercy that accepts and forgives everything: "by his wounds we are healed" (Is 53:5; 1 Pet 2:24). Jesus is the physician who heals with the medicine of love, for he takes upon himself our suffering and redeems it. We know that God can understand our infirmities because he himself has personally experienced them (cf. Heb 4:15).

The way we experience illness and disability is an index of the love we are ready to offer. The way we face suffering and limitation is the measure of our freedom to give meaning to life's experiences, even when they strike us as meaningless and unmerited. Let us not be disturbed, then, by these tribulations (cf. 1 Th 3:3). We know that in weakness we can become strong (cf. 2 Cor 12:10) and receive the grace to fill up what is lacking in the sufferings of Christ for his body, the Church (cf. Col 1:24). For that body, in the image of the risen Lord's own, keeps its wounds, the mark of a hard struggle, but they are wounds transfigured for ever by love.

I have a friend who is a Civil War buff. He participates in activities such as reenactments and Civil War dances, and many of his Facebook posts are related to some aspect of the Civil War. Recently he posted an item called "Our Lady of the Hospital: A Song Dedicated to the Nurses of the Civil War"; the lyrics told the story of soldier's perspective of military hospitals and tents of the era. The song painted a picture of sadness, pain, darkness, and cold. Amidst the description of all of that suffering, were seven words that jumped out at me: "No light but a speck of lamp". The lamp, of course, refers to the lanterns that nurses of the era carried as they made their rounds at night, checking on their patients.

Shortly after the end of the Civil War, a little girl was born in the mid-west, she would later grow up to be one of the best known children's authors of the 20th century. I am referring, of course, to Laura Ingalls Wilder, creator of the 'Little House' series of books. One of those books, "The Long Winter", tells the story of her family's struggle as they battled the darkness, cold, hunger, and undoubtedly sadness of a long, cold, hard winter of almost continuous blizzards. Although the family was essentially isolated from the rest of the townspeople, they supported and encouraged each other through dark days and cold nights. Late in the story, when it seems the winter will never end, and the meager food supplies may well run out, Laura experiences something: "Laura felt a warmth inside her. It was very small, but it was strong. It was steady, like a tiny light in the dark, and it burned very low but no winds could make it flicker because it would not give up."

September is National Recovery Awareness month. Our country has been fighting the 'War Against Drugs' since the Nixon Administration, with varying levels of intensity, treatment and/or punishment, depending on the policies of each specific president. Considering the current opioid epidemic we are experiencing, this war has clearly not been very successful. Over 2000 individuals in Massachusetts died in 2016 as a result of opioid use. What is even more telling, however, is the number of opioid related incidents reported by the Emergency Medical System (EMS). This data is identified by: EMS documentation that the event is a 'poisoning', if Narcan is administered, or if the person reported drug use. In Braintree in 2016, 8 individuals died as a result of opioids, yet there were 122 EMS reported opioid related incidents. In nearby Quincy, 42 people died, vs. 404 incidents, while in my own small town of Carver there were 5 deaths and 52 incidents. These numbers are horrifying, because they represent people who are living the sad, dark, painful misery of addiction. No one chooses to become an addict, and I must say it makes me angry when I hear people say "I don't understand what makes people decide to stick a needle in their arm". The reality is, no one decides to one day just stick a needle in their arm; they arrive there in desperation, in the process of a long, painful, dark journey. I think often we forget that people struggling with addiction are still people, and need compassion and empathy instead of contempt and judgement.

Continued on next page
October is pro-Life month, which many people understand as ‘Pro birth’ or ‘Anti-abortion’. In reality, our ‘Pro-life’ efforts must and do extend far beyond the womb. People struggling with addiction can surely benefit from Pro-life efforts. There is a faith community in Wrentham- Trinity Episcopal Church-which has recently started an initiative called #2069; this initiative is a sign campaign to raise awareness that 2069 Massachusetts residents died of opioid use in 2016. Trinity Church has partnered with the SAFE Coalition in Franklin to raise awareness, and to provide resources for recovery. In our own Archdiocese, there are numerous efforts underway to combat this epidemic, along the entire spectrum of the epidemic: from prevention, to intervention, through treatment and supporting recovery. For example, on October 29th, two other Faith Community Nurses and I will be presenting “Ripple Effects of the Opioid Epidemic: Grandparents Raising Grandchildren & Siblings of Addicts”, a workshop for nurses, to be held at my parish in Carver.

As summer fades into autumn this year, and we journey into Recovery month and Pro-life month I challenge you to ask yourselves: Who around me is struggling with addiction? How can I show empathy and compassion? Can I be the carrier of that speck of lamp, and more importantly, can I help others become aware of their speck of lamp, that warmth inside, that tiny light in the dark that winds can make flicker, but won’t give up? How can I BE Pro-life to a population that is often overlooked?
Our Lady of the Hospital: A Song Dedicated to the Nurses of the Civil War

She sits in our long dark ward
By the light of a shaded lamp,
No sound but the cry of relieving guard
And the sentinels heavy tramp:
No sound but that of relieving guard.
And the wild waves that unceasingly roar
For miles upon miles each side of our ward,
On the level and wasting shore.

We lie here in shadow and gloom,
No light but a speck of a lamp,
And silent, for three hours black as the tomb
Are the songs that late came from the camp;
Chill are these hospital tents and sheds
And then the silence is dreadfully deep,
Save a grown as our wounded turn in their lone beds,
Or talk in their troubled sleep.

Dozens of men – 'twas a sorry sight –
In the trenches I've helped to lay:
Tall, comely lads, in their youth still bright,
And old men with heads that were grey:
There, friends and foes oft are pack'd side by side
Laid on the battlefields' common rough bier,
But I'm thankful at heart, that one poor boy died
With the knowledge that she was near.

The ward is silent again
As our lady resumes her place,
And I see, as I watch her, a patient pain
That is pitiful in her face;
Lily of beauty, too bright for a camp,
O, saint! That ever our sorrows will share!
Now I see by the light of the shaded lamp,
Resources for Addiction

September: Recovery Awareness Month
Listen

Archdiocese of Boston Website Resources for Addiction

http://www.bostoncatholic.org/Pastoral-Themes/Feature-Story.aspx?id=33354

http://aarpss.org/
Listen
Archdiocese of Boston Website Resources for Addiction

Risk Alerts and Communications
A Risk Alert is a service of the Office of Risk Management designed to provide notice of a topic of concern or high risk to the facility, its operation or its people. Periodically, a Risk Alert or other communication is issued to our participants as a warning or reminder of a potential or imminent hazard. The Risk Alert can be in the form of a bulletin, memorandum or email and is designed to make you aware of probable risks or adverse conditions that could cause injury to people, damage to property or financial losses to your institution. The goal is to educate and inform as well as provide useful and proactive measures to help you maintain your property and continue to provide a safe environment.

The sources for Risk Alert communications often come from within our own files, situations and circumstances that arise in one location are often relevant at some time or another in all our locations. A Risk Alert could be weather related, advising our participants to particularly be on-look for or be cautious of certain weather conditions. It could be a reminder to maintain heat in unoccupied or infrequently used buildings or wings so that pipes do not freeze and burst. A Risk Alert can also inform you of an increase in theft and break-ins in your area and ask you to properly secure your property and alert your employees of potential dangers.

Please pay close attention to these alerts and distribute them to your staff so that they may implement the recommended actions. Your feedback on these communications is also helpful in improving the service and evaluating its impact.

We hope that you find these communications helpful and that you use them as you continue to provide valuable services to your community.

http://www.rcabrisk.org/about/risk-alerts

Care with Compassion Resources
Prayer for St. Monica

Presentations
Deacon Caryn Presentation: Grief and Loss After An Unexpected Death
Middlesex County DA Mariann Flynn Presentation: Smiths
Narcotics Training (Montine & College)

http://www.rcabrisk.org/care-resources
Heroin Addiction

The statistics are alarming. More than 100 deaths every month are attributed to opioid overdoses. Many of these began using prescription painkillers. In 2014, more than 240 million opioid pills were prescribed by Massachusetts physicians. There are only 6.1 million residents in the Commonwealth. “Opioid addiction is an epidemic here in the Commonwealth,” Governor Charlie Baker declared before a task force set up to address the issue. “The only debate is what to do and when.”

In March 2016, the Catholic bishops of Massachusetts issued a joint statement echoing the governor’s sentiments. “The abuse and misuse of opioids has become a national and local epidemic that has increasingly been felt in the Commonwealth of Massachusetts in recent years. On average, four people lose their lives each day in this state, due to illegal and legal drug overdoses. It is a disturbing trend that must be stopped,” read the statement signed by all four Massachusetts bishops.

What Can Parishes Do?

For parishes, knowing what to do is not always easy. How can a parish support families experiencing the pain of opioid addiction? What about the people afflicted with addiction? How to provide support without enabling? What about finding used needles on church property?

Father JoeWhite, Pastor of St. Joseph’s in Boston and director of the Archdiocesan Addiction Recovery Pastorals Support Services (ARRPSS), noted that when addressing the issue of addiction, “we in no way ever want to contribute to the stigma of addicted persons or families of addicted persons can experience.”

“Opioid addiction is a complex problem,” and State Senator John Factorio advises parish workers never to touch used needles. Adding that proper disposal should only be done by the police. Fr. White notes that when such items are left on parish or school property, it’s time to reach out to the local community for collaboration and assistance. Many communities host panel discussions and forums that have proven helpful to parishes and collaborators. (See Plot article on the Opioid Crisis Forum.)

What if a church worker or volunteer comes upon someone taking drugs on parish or school grounds?

http://www.rcabrisk.org/heroin

Recovery Month


https://www.recoverymonth.gov/
restorative-justice/crime-and-criminal-justice.cfm

Making a serious commitment to confront the pervasive role of addiction and
mental illness in crime.

Far too many people are in prison primarily because of addiction. Locking up addicts
without proper treatment and then returning them to the streets perpetuates a cycle of
behavior that benefits neither the offender nor society.

Persons suffering from chemical dependency should have access to the treatment that
could free them and their families from the slavery of addiction, and free the rest of us
from the crimes they commit to support this addiction. This effort will require adequate
federal, state, and local resources for prevention and treatment for substance abusers.
Not providing these resources now will cost far more in the long run. Substance
abusers should not have to be behind bars in order to receive treatment for their
addictive behavior.

We need to address the underlying problems that in turn attract drug users into an
illegal economy—lack of employment, poverty, inadequate education, family
disintegration, lack of purpose and meaning, poor housing, and powerlessness and
greed. The sale and use of drugs—whether to make money or to seek an escape—are
unacceptable.

Continued on next page
At least one third of inmates are jailed for drug-related crimes. Many of them would likely benefit from alternatives to incarceration. "Drug courts"—where substance abusers are diverted from the traditional criminal courts and gain access to serious treatment programs—is one innovation that seems to offer great promise and should be encouraged.

Likewise, crimes are sometimes committed by individuals suffering from serious mental illness. While government has an obligation to protect the community from those who become aggressive or violent because of mental illness, it also has a responsibility to see that the offender receives the proper treatment for his or her illness. Far too often mental illness goes undiagnosed, and many in our prison system would do better in other settings more equipped to handle their particular needs.
Listen

Massachusetts Reentry Programs

Massachusetts Department of Corrections - Department of corrections reentry program for the state of Massachusetts.

Boston Reentry Initiative (BRI) - The Boston Reentry Initiative (BRI) is an interagency public safety initiative that helps adult offenders who pose the greatest risks of committing violent crime when released from jail transition back to their neighborhoods. The goal of BRI is to reduce recidivism among recently released high risk violent offenders by providing mentoring services, case management, social service assistance, and vocational development to program participants.

Common Ground Institute (CGI) - The Common Ground Institute (CGI) is a 10-week instrumental program divided into two 5-week modules. Each section is designed to enhance and certify employment skills that will aid our population in making a successful transition back into society post incarceration. The Suffolk County Sheriff’s Department is taking a proactive approach to reducing recidivism, in part, by placing an emphasis on vocational education.

http://www.jobsforfelonshub.com/reentry-programs/massachusetts-reentry-programs/

Coming Home Directory

This report contains both confirmed and estimated data through June 2017.

![Graph](#)

The chart above shows the number of confirmed cases of all intents opioid-related overdose deaths for 2016 (n=1990). This figure represents a 19% increase over confirmed cases in 2015 (n=1670) and a 46% increase over 2014. In order to obtain timelier estimates of the total number of opioid-related overdose deaths in Massachusetts - confirmed and probable - DPH used predictive modeling techniques for all cases not yet finalized by the Office of the Chief Medical Examiner (OCME). Based on the data available as of 07/11/2017, DPH estimates that there will be an additional 120 to 138 deaths in 2015, and an additional 107 to 125 deaths in 2016, once these cases are finalized.
The chart above shows month-by-month estimates for all intents from January 2016 through June 2017. For the first 6 months of 2017, there are 610 confirmed cases of all intents opioid-related overdose deaths and DPH estimates that there will be an additional 330 to 406 deaths.

Rate of All Intents Opioid Deaths

The increase in estimated death rates is slowing year over year: in 2014, there was a 40% increase from the prior year; in 2015, there was a 31% increase from the prior year; and in 2016, there was a 17% increase from the prior year.

Technical Notes

Beginning with the May 2017 report, DPH started reporting opioid-related deaths for all intents, which includes unintentional/undetermined and suicide. This report tracks opioid-related overdoses due to difficulties in identifying heroin and prescription opioids separately. The Department regularly reviews projections as more information becomes available. Information from the Office of the Chief Medical Examiner and the Massachusetts State Police are now incorporated into the predictive model. This additional information has improved the accuracy of the models that predict the likelihood that the cause of death for any person was an opioid-related overdose. DPH applied this model to death records for which no official cause of death was listed by the OCME. The model includes information from the death certificate, Medical Examiner’s notes, and the determination by the State Police of a suspected heroin death. DPH added this estimate to the number of confirmed cases in order to compute the total number of opioid-related
overdoses. Should new information become available that changes the estimates to any significant degree, updates will be posted. Please note that there is rounding of counts for 2015-2016.

**Toxicology Analysis: Fentanyl and Other Drugs**

Fentanyl is a synthetic opioid that has effects similar to heroin. It can be prescribed for severe pain. According to the U.S. Department of Justice, Drug Enforcement Administration’s 2015 Investigative Reporting, while pharmaceutical fentanyl (from transdermal patches or lozenges) is diverted for abuse in the United States at small levels, much of the fentanyl in Massachusetts is due to illicitly-produced fentanyl, not diverted pharmaceutical fentanyl.

The standard toxicology screen ordered by the Office of the Chief Medical Examiner includes a test for the presence of fentanyl. Among the 387 individuals whose deaths were opioid-related in 2017 where a toxicology screen was also available, 315 of them (81%) had a positive screen result for fentanyl. In the first quarter of 2017, heroin or likely heroin was present in approximately 39% of opioid-related deaths that had a toxicology screen. Cocaine was present in approximately 42% of these deaths; and benzodiazepines were present in approximately 57%.

While screening tests can be used to note the rate at which certain drugs are detected in toxicology reports, they are insufficient to determine the final cause of death without additional information. The cause of death is a clinical judgement made within the Office of the Chief Medical Examiner.

**Figure 4. Percent of Opioid Deaths with Specific Drugs Present**

**MA: 2014-2017**

1. This is most likely illicitly produced and sold, not prescription fentanyl
2. Prescription opioids include: hydrocodone, hydromorphone, oxycodone, oxymorphone, and tramadol

Please note that previous estimates may change slightly as DPH routinely receives updated toxicology data from the Office of the Chief Medical Examiner and the Massachusetts State Police.

The percentage of opioid-related overdose deaths where prescription drugs were present has trended downward since the beginning of 2014, when approximately a quarter of deaths with a toxicology screen showed evidence of a prescription opioid. In the first quarter of 2017, prescription opioids were present in approximately 15% of opioid-related overdose deaths where a toxicology result was available. Also notable, the rate of heroin or likely heroin present in opioid-related deaths has been decreasing while the presence of fentanyl is still trending upward.
Listen

Resources for Suicide Prevention
September: Suicide Prevention Awareness Month
Listen


http://www.masspreventssuicide.org/
Deacon Jim Greer is an instructor of QPR and is available to Parishes, Schools, Groups in the Archdiocese of Boston. Contact Deacon Jim at Jgreer@rcab.org or 617-745-5842

Suicide Prevention


Northeast

Samaritans of Merrimack Valley
A program of Family Service, Inc.
430 North Canal Street, Lawrence, MA 01840
Business Line: 978-327-6670
Confidential Crisis Hotline: 1-866-912-HOPE (toll free)
OR 978-327-6670
Teen Help Line: 978-668-8336 (TEEN)
Samaritans Statewide Help Line: 1-877-870-4673 (HOPE)
www.familyserviceinc.com/samaritans
Email: samaritans@familyserviceinc.com
Samaritans of Merrimack Valley, a program of
Family Service, Inc. offers the following suicide
survivor services:
Safe Place
Safe Place is a suicide survivor peer support
group for those who have lost a loved one to
suicide. Safe Place is a place for individuals to
grieve, share difficulties and feelings, and find
support from others who are grieving in the
wake of suicide. Meetings are facilitated by a
peer suicide survivor and are confidential and
free. Safe Place meets at two locations twice
each month:
Safe Place in North Andover meets on the 2nd
and 4th Tuesday of each month from 7:00 p.m.
to 8:30 p.m. at Saint Michael Parish at
196 Main Street.
Safe Place in Beverly meets the 1st and 3rd
Thursday of each month from 7:00 p.m. to
8:30 p.m. at St. John Episcopal Church at
705 Hale Street.
Survivor to Survivor Services
This program provides support services directly
to survivors, either in their home or at work.
Two trained volunteers will go to the home for
a couple of hours to listen, comfort, and help answer questions. This service
provides help in the grieving process in familiar
surroundings. We can provide this service
several times a year. Please call 978-327-6671
for more information.

Statewide

Hospice and Palliative Care Federation of MA
1420 Providence Highway, Suite 277
Norwood, Mass. 02062
Tel: 1-800-562-2973 - (781) 355-7877
www.hospicefed.org
The hospices listed on this website offer
bereavement care for parents grieving the loss of a
child and/or bereavement programs for grieving
children.
Please contact the individual hospice for program
details and schedules.

Online Resources for Survivors

American Foundation for Suicide Prevention
http://www.afsp.org/coping-with-suicide
American Association for Suicide Prevention
http://www.suicidology.org/suicide-survivors
United Community Solutions
http://home.personalhelpcoach.com/welcome/

For more information, please contact:

Suicide Prevention Program
Massachusetts Department of Public Health
250 Washington St. 4th floor
Boston, MA 02108
http://www.mass.gov/dph/suicideprevention
© Distributed by Suicide Prevention Program
Massachusetts Department of Public Health
and AdCare Educational Institute, Inc.
Metro Boston

American Foundation for Suicide Prevention (AFSP) - Greater Boston Chapter
Greater Boston Area:
Phone: 1-800-979-AFSP(2377)
www.afsp.org

Survivor Outreach Program
Through AFSP's Survivor Outreach Program, trained local volunteers are on hand to meet with newly bereaved survivors and their families, listen with compassion and offer reassurance that surviving a suicide loss is possible. We recommend helpful things to read, provide information about support groups and other local resources.

National Survivors of Suicide Day
Each year in November, over 250 simultaneous conferences for survivors of suicide loss take place throughout the U.S. and around the world. This unique network of healing conferences helps survivors connect with others who have survived the tragedy of suicide loss, and provides an opportunity for them to express and share their experience.

Samaritans, Inc.
41 West St., 4th Floor, Boston, MA 02111
Business Line 617-336-0500
Samaritans' Statewide Toll Free Line: 1-877-877-HOPE (4673)
Samaritans: 1-800-252-8336
24 hr. HelpLine: 617-667-0220 or 508-875-4500
www.samaritanshope.org

Grief Support Services
Safe Place is an open peer support group of caring people who have experienced the loss of a loved one to suicide. SafePlace is not a professional therapy group. SafePlace provides an atmosphere of acceptance for exploring feelings that are often not understood by others. It offers a chance to share helpful resources, and to give and get support through the long grief process.
Meetings are held twice a month in Boston, Amherst, Medford, Quincy, Framingham and Worcester.
Meeting information can be found on the website: www.samaritanshope.org

The Survivor to Survivor Network is a program in which trained volunteers who have lost a loved one to suicide are available to visit those who are experiencing a new loss to listen, to talk and to provide support and resources. Volunteers who have

had time to regain their strength and balance after a suicide loss are carefully screened and trained by Samaritans to offer trustworthy support to those who most need it. They visit in pairs, offering emotional strength and practical information. For more information: Contact the Director of Grief Support Services at: safeplace@samaritanshope.org

The Good Grief Program
Boston Medical Center
91 East Concord Street, Boston, MA 02118
Phone: 617-414-4095
www.goodgriefprogram.org
Based on the premise that with crisis comes an opportunity to develop, strengthen and master coping skills, our mission is to train adults, professionals, support families and children so that they may become resilient in the face of loss. We can help in a number of ways. Please call us to find out more about our program.
The Children's Room
1210 Massachusetts Ave., Arlington 02476.
Tel. 781-641-4791
www.thechildrensroom.org
info@childrensroom.org
The Children's Room helps grieving children, teens and families to go on living fully. They serve families from over 75 cities and towns in Massachusetts. They provide education for teachers, counselors, youth workers and other professionals about how children and teens grieve.

Cape Cod and Islands

The Samaritans on Cape Cod and the Islands, Inc.
P.O. Box 65, Falmouth, MA 02541
E-mail: Samaritans@Cizion.net
www.capesamaritans.org
Crisis Lines:
508-545-8900
1-800-893-9900 (Toll Free)
Statewide Toll-Free: 1-877-877-HOPE (4673)
Business Office: 508-548-7999
Safe Place is a peer support group for those who have lost someone to suicide. The facilitators of this group are Samaritan trained and are suicide survivors themselves. Safe Place is a place for dealing with a unique grief that is often not understood by others. It honors and respects the need of those who have lost someone to suicide, it provides unconditional emotional support and it helps survivors gain strength and courage from one another. It is confidential, ongoing, and free to participants.
Ongoing Safe Harbor Support Group on Nantucket and Safe Place Support Groups at Falmouth Hospital and Hyannis Youth and Community Center. Call 508-548-7999 for details.

Central MA

Survivor of Suicide Loss Support Group
This is a Peer Support Group open to anyone 16 or older who has lost someone to suicide. Meetings are led by a Peer Facilitator. For more information please contact: Lynne. kvingedal@heywood.org or call: 978-630-6377
Samaritans Safe Place
Samaritans, Inc. Safe Place Worcester, MA
For meeting information call 617-536-2540 or go to www.samaritanshope.org

Southeast

Samaritans of Fall River/New Bedford
PO Box 1353
627 State Road, Westport, MA 02790
Business Line: 508-673-3777
Toll Free: 1-866-508-4357
Statewide Toll free: 1-877-877-HOPE (4673)
www.samaritans-fallriver.org
Safe Place is a peer support group of caring people who have experienced, and are still experiencing, the pain of a suicide. It provides an atmosphere of acceptance for exploring the emotions and feelings that are often not understood by others. Safe Place offers a chance to share helpful resources, and to give and get support through the long grief process.
Meet the first and third Wednesday of each month. Contact us for times and locations.

Western MA

Forastiere Family Funeral Home
220 North Main St.
East Longmeadow, MA 01028
Phone: 413-734-9139
Free peer-led support groups mainly for survivors of suicide. They meet twice monthly on the first and third Mondays of the month from 6:45 - 9 p.m.

HospiceCare in the Berkshires
677 South Street, Suite 1W
Pittsfield, MA 01201
Phone: 413-443-2994
Fax: 413-443-7814
www.hcb.org

Various support groups are available with professional leadership at no cost. The types of bereavement groups and the number of meetings per month vary according to need. Groups are available for the loss of spouses, children and more. One-on-one sessions are also available. Please call or visit our website for more information.

The Garden: A Center for Grieving Children & Teens
286 Prospect Street, Northampton, MA 01060
Phone: 413-584-7086 x 124
Fax: 413-586-1912
Email: info@garden-cgc.org
www.garden-cgc.org
The Garden: A Center for Grieving Children and Teens provides support groups & grief education for children, teens and their families whose lives have been disrupted by a death. Training in a grief support model for professionals and communities is also available.

The Garden welcomes families from all over Western Massachusetts who have experienced the death of a close family member—mom, dad, brother or sister. We serve families with children ages 5-18 years. There is no charge for our services.

Suicide Bereavement Support Groups
These groups provide a safe place where survivors of suicide loss can share their experiences and support each other. Outreach visits are also available for newly bereaved families who are searching for resources.
For information go to: http://www.berkshirerecallitation.org/resources.html
Samaritans, Inc. Safe Place Amherst, MA
For meeting information call 617-536-2540 or go to www.samaritanshope.org
Resources for Pregnancy Help and Project Rachel

October: Pro-Life Month
Pregnancy Help: Love them Both

“With great affection I urge all future mothers: keep happy and let nothing rob you of the interior joy of motherhood. Your child deserves your happiness. Don’t let fears, worries, other people’s comments or problems lessen your joy at being God’s means of bringing a new life to the world. Prepare yourself for the birth of your child, but without obsessing, and join in Mary’s song of joy: “My soul proclaims the greatness of the Lord and my spirit exults in God my Savior, for he has looked with favor on the lowliness of his servant” (Lk 1:46-48). Try to experience this serene excitement amid all your many concerns, and ask the Lord to preserve your joy, so that you can pass it on to your child.

—Amoris Laetitia, No. 171

Pope Francis wrote this beautiful message to women in his Apostolic Exhortation “Amoris Laetitia”. Sadly, in the culture today, there is very little support for women who chose to continue a pregnancy regardless of the difficulties they may face. The pregnancy could have been either planned or unplanned and then they experience a serious health condition, adverse diagnosis, job loss etc that complicates the pregnancy. She needs help and Pregnancy Help is there to serve her. Without support, these challenges can rob the women of the joy Pope Francis is speaking about.

Do you think you have a pretty good idea of what goes on in today’s society? Are you aware of the world around you? There are all sorts of people around us that remain “invisible” to us. We don’t notice them. In the Gospels some of the invisible people were the poor, the blind and those with leprosy. People just walked by without a glance. But Jesus made a special effort to pay attention and to reach out to those “on the margins” in society. He showed them how much God loves them.

Pope Francis’s hallmark of his pontificate has been to continually remind us to reach out to those in the periphery, to go to those who are in need just as Jesus did.
In a culture which so values individual "freedom" and "choice", a pregnant woman and her unborn child are often relegated to the "periphery" - alone and without support.

One way the Catholic Church is reaching out to this particular group is through Pregnancy Help. Pregnancy Help is a ministry sponsored by the Pro-Life Office of the Archdiocese of Boston. Trained and caring nurses and tri-lingual (English, Spanish and Portuguese) caseworkers are available to assist any woman experiencing unexpected difficulties that arise with a pregnancy. Below is a quick information card that is available for use to explain our services. All materials are available in Spanish and Portuguese as well.

THE CHURCH IN SERVICE TO WOMEN AND FAMILIES:

- Personalized Support for Women Facing Difficult Pregnancies
- Pregnancy Testing & Limited Ultrasound
  - Prenatal Care Referrals
- Assistance with Health Insurance
- Adoption & Parenting Information
- Housing & Social Service Referrals
- Education & Career Information
  - Material Assistance
- Classes on Pregnancy & Baby Care

**Boston**
Phone: 617-782-5151
Text: 617-903-7960

**Brockton**
Phone: 774-297-2233
Text: 617-483-5589

**Metro West**
Phone: 508-651-0753
Text: 508-728-2086

Who in Your Parish Could Use the Services of Pregnancy Help?

- A pregnant college student
- A mother with other children who feels overwhelmed at the news of her pregnancy
- Parents who just found out their teenage daughter is pregnant
- A couple who are devastated to learn that their much-wanted unborn baby may have serious medical problems
- A member of your teen youth group who just had a positive pregnancy test
- A couple experiencing serious economic hardship, job loss or illness during a pregnancy

"When I got pregnant I felt lonely, desperate and confused. It was like being in a dark hole. I heard about Pregnancy Help and they gave me the emotional and practical support to get out of the confusion. I do not have words big enough to match what they do."

- A Pregnancy Help client

For more details go to [https://www.pregnancyhelpboston.org](https://www.pregnancyhelpboston.org)

During this time that is especially devoted to raising the awareness of how we can promote a culture of life and to help moms and dads chose life please consider how you can help someone in need.

- Pray for a greater respect for life and for all who are working tirelessly to peacefully promote life.
- Pray for the staff and volunteers of Pregnancy Help and those they serve.
- Pray for an outpouring of support of prayer and material resources for all centers to provide for their clients as they need.
- Promote the work of Pregnancy Help pregnancyhelpboston.org
  - Post a link on your website to the pregnancyhelpboston.org website
- Have available at your parish, business, or institution Pregnancy Help materials (the pdfs of these materials are posted at http://www.bostoncatholic.org/PregnancyHelp.aspx for your use. If you would like hard copies and please request and we can send them to you).
- A nurse/spokesperson is available upon request to come to your parish, business, and/or institution to speak about how Pregnancy Help can assist those who are in need and how you can help.
- Sponsor a “baby shower” at your parish or business (please contact the Pro Life Office (508-651-1900 or ProLifeOffice@rcsb.org) for more information on what is most needed and how we can help you with this)

“Love them Both” - Your help with the work of Pregnancy Help does more than provide clothes and other help. It brings God’s love to the families seeking help. Clients can see God in the loving care they receive. Here is how one woman expresses it:

“Thank you, thank you, and God bless you. I couldn’t believe how beautiful the clothes are that you gave me for my baby. Everything was there: blankets and diapers – even the things like pacifiers, bottles and lotions. Such thoughtfulness that was put into this that you even thought of those little things. I have been up at night wondering how I was going to have what I needed to take care of my baby. I had nothing. I feel so blessed that God has taken care of me and my baby. Thank you so much and God bless you”.

Pregnancy Help strives to help pregnant women do as Pope Francis so beautifully calls them to do. Please help us to get the word out to all who are in need.
Come to the Waters of Healing
A Retreat for Hope & Healing After Abortion

Fall 2017 Dates:
♦ Saturday, September 16  ♦ Saturday, October 14
♦ Saturday, November 11
9:00AM – 5:00 PM

“Project Rachel led me to a place of forgiveness and mercy. During the retreat, I realized the lasting impact of forgiveness. I knew God had forgiven me, and now I needed to forgive myself. For the first time in 34 years of living, I sat in the chapel and felt connected to God. Through the depth of my pain, I began a lasting relationship with Him.”

_A Project Rachel Retreat Participant_

Sponsored by the Project Rachel Ministry - Archdiocese of Boston

Location is confidential. Requested donation of $10 to cover lunch cost.
Pre-registration is required. Limited to 10 participants.
For more information, contact Project Rachel at (508) 651-3100 or e-mail:
help@projectrachelboston.com
ELI’S REACH: LEARNING TO SEE HOW SUPPORT OF PERSONS WITH DISABILITIES IS A BLESSING AND NOT A BURDEN

A Special Respect Life Month Presentation
By Eli’s Dad, Chad Judice
Author of “Waiting for Eli”, “Eli’s Reach” and “Growing with Eli”
http://www.chadjudice.com

Often in life the weak are used to lead the strong. Special needs children are instruments of God used to make His work in the lives of others visible to them. A father shares the immeasurable impact his son’s imperfections have had on teenage and married couples in troubled pregnancies, infertile couples longing for a child, incarcerated prisoners, and an unexpected medical emergency on Easter Weekend 2011 that led to a bona-fide miracle saving Eli’s life that could lead to the canonization of a saint in the Catholic Church.

Sunday, October 22, 2017
2:00 – 4:00 p.m.
Feast of Pope St. John Paul II
No Admission charge
Our Lady of the Presentation Lecture Hall
680 Washington St., Brighton, MA
(½ mile from Exit 17 – Mass Turnpike)

This event has been made possible by the estate of Anne M. Lennon and is sponsored by Women Affirming Life, The Pro Life Office of the Archdiocese of Boston, and Saint John’s Seminary.

“In God’s plan, nothing happens by chance.”
Pope St. John Paul

For more information please call 508.651.1900 or email ProlifeOffice@rcab.org
Masses of Remembrance and Healing for Pregnancy & Infant Loss

Thursday
November 2, 2017
7:30 p.m.

Bethany Chapel
Archdiocese of Boston
Pastoral Center
66 Brooks Drive
Braintree, MA

Celebrant: Rev. J. Bryan Hehir
Secretary for Health & Social Services - Archdiocese of Boston

Wednesday
November 8, 2017
7:30 p.m.

St. Patrick Church
Lower Church
44 East Central Street
(Route 135)
Natick, MA

A Mass of Remembrance and Healing for Pregnancy & Infant Loss is a liturgical celebration where one can experience the tender and healing love of God. A special invitation is extended to all who grieve the loss of a child/children as a result of miscarriage, stillbirth or abortion. These losses may be recent or extend over many years. A light reception will follow the Mass. Sacramental Reconciliation (Confession) will also be available. For more information, contact:

Pro Life Office - Archdiocese of Boston 508.651.1900, ProLifeOffice@rcab.org
Listen
Archdiocese of Boston Information/Resources for Pro-Life

http://www.bostoncatholic.org/pro-lifeoffice.aspx

http://www.bostoncatholic.org/PregnancyHelp.aspx

http://www.bostoncatholic.org/ProjectRachel.aspx
Several years ago, during the time that the Affordable Health Care Act ("Obamacare") was being debated in Congress, I had occasion to be at supper with a number of fellow Catholics. Not surprisingly, the subject of health care reform came up for discussion. For us Catholics, health care is a basic human right. During the conversation, one of my tablemates suggested that we might have to live with federally funded abortion to get a health care reform bill passed. The rest of the group concurred. I thought about that for a moment and asked, "Would we be as willing to live with a health care bill passed?" The group went silent, then ignored my question. Twice more I asked my question. It was never answered. Neither did my tablemates abandon their suggestion that we might need to tolerate federally funded abortion to achieve a health care reform bill.

From a Catholic perspective, racial segregation and abortion are moral evils. For that matter, so are blasphemy, stealing, calumny, adultery and a host of other actions that violate one's self and one's neighbor. According to Vatican Council II, activities like these are "infamies" that "poison human society" and "do more harm to those who practice them than those who suffer from the injury. Moreover, they are a supreme dishonor to the Creator" (Gaudium et Spes 27).

Is it ever acceptable to promote or tolerate an action that is morally evil, even as a means to a good end? No. Why? Because actions that are evil by their very nature, such as murder or the willful destruction of a person's good reputation, can never be justified for any reason. They are inherently wrong or, as the moral law says, "intrinsically evil." You can never call a bad action "good." As a consequence, abortion is always wrong.

Something very interesting has happened in the past decade. In May 2009, a Gallup Poll reported that for the first time a majority of Americans (51%) identified themselves "pro-life" on the issue of abortion. Only 41% identified themselves as "pro-choice." Those figures have remained fairly steady for the last 8 years. This is stunning. When Gallup first asked the question in 1995, only 33% of Americans identified themselves as pro-life; 56% identified as pro-choice. Something is changing.

Continued on next page
The right to abortion cannot and will not remain the law of the land, because it is inherently wrong. Just as our natural goodness as Americans drove us to overturn the Dred Scott Decision of the Supreme Court, which denied African Americans their human rights by keeping them enslaved, so also will the wrong (not “right”) of legalized abortion be overturned. It is only a matter of time. But time is of the essence. Tragically, more than one million abortions continue to be performed in the United States each year. We need to do something. We need to act.

What can we do? Many things come to mind. Let me mention three. First, now that we pro-lifers are a majority in society, we should be less hesitant about letting others know that we are decidedly pro-life. We need to be less demure and more direct in our speech. My experience is that the more science and medicine advance, the more people are raising serious questions about abortion-on-demand. It is a good time for us to speak up. Second, we should be more forceful with those who represent us in government. It is time that we insist that we be truly represented at the federal, state and local levels. We need to communicate directly, especially with our Senators and Representatives in Congress, on the right to life of the child in the womb. Have I yet taken advantage of this opportunity? Third, we need to be constant in our prayer that the nation will come to a right conscience on life in the womb. Sadly, we are nearing the 45th anniversary of the dreadful Roe v. Wade Supreme Court decision that legalized abortion in the United States. Let us continue to pray fervently and ceaselessly for an end to this specter that hangs over our society.

One day the Lord will ask each of us to tell him what we did for the least among us. By God’s grace and our mutual encouragement may we arrive at the day that we have something very beautiful to tell the Lord of life.
GRÅSP (Grief Recovery After Substance Passing) History

http://grasphelp.org/about-us/grasp-history/

As with everything there is a beginning, a middle and an end. The history of Grief Recovery After Substance Passing (GRÅSP) actually comes in the middle.

The beginning, of course, was the tragically early demise in 1994 at age twenty of our youngest daughter, Jennifer, Caroline. After five years of struggling to overcome addictions, her body said, "enough" with a final misdose of heroin.

For those of you who have also experienced similar scenarios as ours, there is no need to expound upon the years of frustrations, hopes and heartbreaking defeats.

As parents, Russ and Pat decided that they did not want one more child to die as their daughter had, nor one more family to endure the years before this demise. To this end, in 1996 they created "Jenny's Journey" as an awareness program and began to give presentations in schools, for church groups, out-patient and residential substance facilities. In fact anywhere that youth could participate. They travelled within the mid-west as well as their home-state of California. A video was professionally produced with the successful intention that Jenny's story could travel across North America and the world.

Now a strange thing began to transpire with audiences at these presentations. Preparing to leave, adults and even some young people would approach, Pat and Russ to share their family stories of struggles and often ensuing deaths. Many times too, there was an almost physical sigh of body-language in finally being able to confide, with total reassurance, to someone who would understand, parents who had gone through the process.

Because of the video and accompanying facilitator's guide, it was decided that the time had come to answer the other need that Jenny's parents had sought and not found and obviously was needed by many. Support.

There are many excellent support organizations that help grieving parents, partners, siblings and children in all manner of deaths but not one to address the additions of substances whether it is alcohol, prescription or illicit drugs. Too many it is not realized or accepted that addictions are as much a disease as any other medical illness. A misconception is that overdose deaths are suicides. In most cases this is simply not true.

Pat had been contacted by two mothers whose children had passed over from drugs. These mothers came to Pat's home with photographs of their precious ones and with coffee at hand, a box of tissues for the ready tears, a sharing of similar stories began. When that afternoon ended it was decided to meet regularly and form support for other families.

In 2002 Pat and Russ approached the minister with the plan and immediately free use of the church's remodeled carriage house was offered. An ideal gathering place for the little circle of new friends, it was comfortably furnished in soft armchairs and couch and even had a small kitchen area for providing snacks.

Continued on next page
Listen

Continued from previous page

The name took a little more discussion since it was thought to have something easily remembered and yet saying exactly the kind of support group this would be. Especially in the beginning throes of bereavement, many people cannot even say the word death. Like many others, Jenny's parents also felt that when a death occurs it is like passing through to another dimension, a transition into another life. With this in mind, coupled by needing to be specific, plus helping others to cope with all that grief entails, the name became - Grief Recovery After Substance Passing or GRASP.

The website that eventually followed was easier to name: GraspHelp.org and was linked into the already well-used Jenny's Journey.

With help from a local newspaper providing advertising, families, chiefly mothers but also some fathers came to GRASP. Music softly playing, the atmosphere was warm, welcoming and soothing providing solace within a circle where anything could be shared in complete confidence. Where, at times, tears would be mixed with laughter as stories of our beloved children were told. The healing within this room and participants was almost palpable. And that is how the next phase of this remarkable circle was dictated for Jenny's parents.

Like everyone else who met together, one of the first questions was, "where can I buy a book to help cope with this death?". Jenny's parents had sought it in vain as well. Just as there were no support groups for addiction passing's, neither did the guidance books for coping with death mention overdose accidents. Once more, it was not quite accepted or "nice". Their book, "When a Child Dies From Drugs" just had to be written. The book was first published in 2004.

Through the years GRASP has been linked online to many self-help support and resource websites as well as being a founding member of the San Diego Bereavement Consortium.

In 2007 strides in acceptance were made when Pat was asked to be a keynote speaker at the three day Chicago Gathering of Bereaved Parents/USA. This was a landmark step for being the first time substance deaths had a national recognition.

At the start of this account it was said that there is a beginning, middle and end. Well, with GRASP there is no end in the foreseeable future. Unfortunately we continue to have the scourge of substances abuses and until that ceases, deaths will occur and families will need GRASP to help them in coping.

Thankfully chapters are forming in many states to offer solace where there had been none.

In January 2010, GRASP was passed to Gary and Denise Cullen. Pat is right, there is no end to GRASP in sight and we will continue what Pat and Russ started.

Please see the following pages for locations for GRASP in Massachusetts.
Massachusetts Chapters - GRASP

Salem, MA GRASP Chapter
781-593-5224 or 978-354-2860
GRASPNorhShoreMA
1st Thursday of every month 7:00pm – 8:30pm
Salem hospital 81, Highland Ave Salem MA 01970
in Davenport 101 Conference Room

SouthCoast Grasp, Darmouth MA
Darleen Berg
774-202-6330
southcoastgrasp
Meets First Tuesday of each month 6:30PM
Smith Neck Friends Meetinghouse
594 Smith Neck Rd., So Dartmouth, MA
Pre-Registration Required

East Bridgewater GRASP Chapter
Amanda Sandoval
508-742-4409
asandoval
Hillary Dubois
508-542-9401
Meetings will be held on the second Thursday of every month from 7-8 30PM
Community Covenant Church
400 Pleasant Street
East Bridgewater MA 02333

Winchester/Woburn, MA GRASP Chapter
Nancy Maiullari
781-844-2127
Nmaiullari
The Winchester Hospital, Cancer Center at 620 Washington St.
Winchester
Meetings held on the THIRD Tuesday each month from 7:00 to 9:00 pm

Billerica, MA
Nancy Maiullari
781-844-2127
Nmaiullari
Meetings held on the FIRST Tuesday each month from 7:00-9:00 pm
Billerica Town Hall, 365 Boston Rd, Billerica
Please call for information or to pre-register

Charlestown GRASP Chapter
Shannon Lundin
617-726-6855
smiundin
time and location TBA

Western Ma GRASP Chapter
Joanne Sullivan/Patti Ahern
westernm grasp
Grief Support Center
Forastiere Smith Funeral & Cremation
220 North Main Street, East Longmeadow, MA
1st Wednesday of the month 7:30p
starting October 5th

Somerville, MA GRASP Chapter
Michael and Maureen Foster
617-699-0529
fosterhs
Meetings held the second Monday of each month
7:00 – 8:30 pm
Please call or email for information or to pre-register

Norfolk County GRASP Chapter
Suzanne Howard
suzhow
Meetings - 4th Tuesday of each month
Unitarian Church of Sharon, 4 North Main Street in Sharon, MA. 7 pm to 8:30 pm
Please email to preregister

Everett GRASP Chapter
Carol Scalesse
Scalesse
657-365-8230

Bereavement Ministry
Listen

Warning Signs and Risk Factors—Suicide
Most people who are feeling depressed or desperate enough to consider suicide give clues to how they’re feeling. You can be the first step towards help for someone you care about by learning to recognize these clues to suicide risk.

Risk Factors

- Family history of suicide
- Previous suicide attempts
  - Physical illness
- Physical, sexual, domestic, or child abuse
- Relational, social, work or financial loss
- Impulsive and/or aggressive behavior
- Suffering from mental health disorders
- Diagnosed or undiagnosed Mental Illness
  - Homeless students
  - Sexual minority youth
- People who engage in binge drinking or illegal drug use
  - People who have experienced violence

Warning Signs

- Preoccupation with suicide and/or death
- Feelings of sadness or hopelessness, often accompanied by anxiety
- Declining school or work performance
- Loss of pleasure/interest in social and sports activities
  - Sleeping too little or too much
  - Changes in weight or appetite

Some Emotions A Suicidal Person May Feel

<table>
<thead>
<tr>
<th>Depressed</th>
<th>Out of Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confused</td>
<td>Overwhelmed</td>
</tr>
<tr>
<td>Isolated</td>
<td>Helpless (Immediate)</td>
</tr>
<tr>
<td>Worthless</td>
<td>Hopeless (Future)</td>
</tr>
</tbody>
</table>

If you know someone for whom more than one of these is true, she or he may need your help. Not sure how to help? Call The Samaritans at 877-870-4673.

https://samaritanshope.org/get-help/warning-signs/
Many times people refer to the Twelve Steps of Alcoholics Anonymous. Please find the Steps listed below.

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Copyright © 1952, 1953, 1981 by Alcoholics Anonymous Publishing
(now known as Alcoholics Anonymous World Services, Inc.)
All rights reserved.

Listen

September 8
Feast of the
Nativity of the Blessed Virgin Mary

October
Month of The Holy Rosary

November 1
Have a blessed
All Saints' Day!

November 2
All Souls' Day

Fall 2017
Pastoral Care to the Sick and Homebound Workshops

Fall 2017

St. Margaret, Lowell
Wednesdays, September 20 through October 25
6:30 PM to 8:30 PM
Instructor Judy Talvacchia

Our Lady's, Newton
(Need to attend both Saturdays)
Saturdays, September 16 and 23
9:00 AM to 3:00 PM
Instructor Tim Duff

Holy Family, Concord
(Need to attend both Saturdays)
Saturdays, October 21 and 28
9:00 AM to 3:00 PM
Instructor Tim Duff

St Peter, Plymouth
(Need to attend both Saturdays)
Saturdays, November 4 and 11
9:00 AM to 3:00 PM
Instructor Tim Duff

Saint Barbara, Woburn
Dates to be announced for Spring 2018
Instructor Dr Mary Beth Moran

Please Note All Workshops Consist of 12 Hours of Instruction

For Information/Registration please contact
Karen Farrell
kfarrell@rcab.org
617-746-5843
$40.00
OFFICE OF CHAPLAINCY PROGRAMS
Pastoral Ministry Courses
2017 Registration Form

Individual Information

Please Circle: Mr. Mrs. Ms. Rev. Dn. Br. Sr.

Name:
____________________________________________________

Home Address
____________________________________________________

City/State __________________________ Zip Code ______________

Phone (Work) ______________________________

Phone (Home)* ______________________________

Fax: ________________________________

E-mail: ________________________________

Name of Parish/city/town: ________________________________

City where workshop is located: ________________________________

Fee to be paid by: Individual __
Parish __

Location registering for:
Registrations and checks (payable to the Office of Health Care Ministry) please mail to:

Karen Farrell
Office of Chaplaincy Programs
Archdiocese of Boston
66 Brooks Drive
Braintree, MA 02184-3839

Information: 617-746-5843
e-mail: kfarrell@rcab.org

Course Name: Pastoral Care to the Sick and Homebound
Fee: $40
Faculty & Staff

Director of Chaplaincy Programs
Deacon James F. Greer, MAPT, CT
617-746-5842  jgreer@rcab.org

Faith Community Nursing Educator
Karen Wenger, MS, RN, FCN
617-746-5841  kwenger@rcab.org

Administrative Assistant, Office of Chaplaincy Programs
Karen Farrell, MAM
617-746-5843  kfarrell@rcab.org

Registration Form

Please copy and mail to:
Office of Chaplaincy Programs
Archdiocese of Boston
66 Brooks Drive
Braintree, MA 02184
Attn: Faith Community Nursing

- Please include $50 deposit
- Checks can be made to Office of Chaplaincy Programs

Name: ________________________________
Address: ________________________________
State/ZIP: ________________________________
Email: ________________________________
Faith Community: ________________________________

“this Foundations of Faith Community Nursing Curriculum course is based on the curriculum developed through the International Parish Nurse Resource Center, which curriculum is owned by Church Health Center of Memphis, Inc., 1210 Peabody Avenue, Memphis, TN 38104”

Course Dates:

September 23, 2017
October 21, 2017
November 4, 2017
November 18, 2017
December 2, 2017

Saturdays 8:30 AM to 5:30 PM

Office of Chaplaincy Programs
Unit I - Spirituality
- Health, Healing & Wholeness
- History & Philosophy of Parish Nursing
- Prayer
- Self Care for the Faith Community Nurse
- Spiritual Care

Unit II - Professionalism
- Beginning Your Ministry
- Communication & Collaboration
- Documenting Practice
- Ethical Issues
- Legal Aspects

Application Requirements
1. Completed application form
2. Verification of current nursing license (if applicable)
3. Letter of endorsement from pastor or faith community sponsor
4. Personal letter addressing your interest in taking this course at this time. Please include what you hope to gain from this course.

Fee: $400 includes all printed materials, textbooks and Faith Community Nurse pin (May be paid in installments)

All classes will be held at:
Roman Catholic
Archdiocese of Boston
Pastoral Center
66 Brooks Drive
Braintree MA 02184

What is Faith Community Nursing?
The mission of faith community nursing is to intentionally integrate the practices of faith and nursing so that people can achieve wholeness in, with, and through the community of faith in which they serve.

~Church Health / Westberg Institute for Faith Community Nursing

~ Nurses from all faith traditions are welcome to participate ~
Mass for Public Safety Personnel and Families

His Eminence
Sean P. Cardinal O'Malley, OFM Cap. Archbishop of Boston
Main Celebrant
Sunday, October 1, 2017
12:00 PM
Saint Theresa of Avila, West Roxbury

ALL ARE WELCOME

For more information, please visit: http://www.bostoncatholic.org/PublicSafetyMass

Photo by George Martell
The Spiritual Exercises of Saint Ignatius of Loyola

The Spiritual Exercises of Saint Ignatius in Every Day Life (the 19th Annotation Retreat) is available for Catholic adults in a group setting. The Spiritual Exercises extend over the course of twenty-four weeks.

This year the exercises begin on Wednesday November 8, 2017 and conclude April 18, 2018. The group will meet weekly from 10am to 12:00pm at Our Lady Help of Christians, 573 Washington Street, Newton MA.

Father John Sassani and Mary Ann McLaughlin will direct the Spiritual Exercises.
For further information please call 617-686-2287 or email: maryannmclaughlin2@aol.com.

CURSILLO - An Opportunity to Deepen Your Faith
Archdiocese of Boston – Men’s and Women’s Weekends

Cursillo is a short course in Christianity. It is an encounter with Christ in a small community of the Church, in order to deepen your own faith and strengthen your ability to be witnesses of Christ in the world.

The dates for the weekends are:

| Women’s Weekend     | October 26 - 29, 2017 |
| Men’s Weekend       | November 30- December 3, 2017 |
| Women’s Weekend     | March 1 - 4, 2018 |
| Men’s Weekend       | April 26-29, 2018 |
| Women’s Weekend     | October 18 - 21, 2018 |
| Men’s Weekend       | November 29 - December 2, 2018 |

The weekends run from Thursday evening through Sunday afternoon and are held at the Campion Center In Weston MA.

For information and registration, please check the Boston Cursillo Website: www.bostoncursillo.org or call the Chris Graf at 617-332-5548 or email at cmg829@comcast.net.

Meeting Christ in Prayer

Meeting Christ in Prayer is an eight-week guided prayer experience based on the Spiritual Exercises of Saint Ignatius Loyola.

By prayer, reflection and faith sharing Meeting Christ in Prayer can bring people to a new level of discipleship and to a renewed sense of Christian mission. The Meeting Christ in Prayer group meets once a week for eight weeks with Sister Anne D’Arcy. Participants pray with suggested scripture texts daily.

This group will meet at the following times:

FALL - Wednesday mornings: September 27 - November 15, 2017 • 10am – 11:15am
St. Elizabeth Parish, 350 Reedsdale Road, Milton.

LENT - Wednesday mornings: February 21 – March 14, 2018
(Location and time to be determined)

For further information please and to register call: 617-433-5065 or email: Anne.D’Arcy@csjboston.org

Spiritual Direction

The following are available for individual Spiritual Direction. For further information email or call:

Sister Anne D’Arcy CSJ
Anne.D’Arcy@csjboston.org
617-433-5065

Mary Ann McLaughlin
Maryannmclaughlin2@aol.com
617-686-2287

Father Dan O’Connell
fdocconnell@gmail.com
617-244-0608

Father John Sassani
jsassani@shol.com
617-515-1743
MEETING CHRIST IN PRAYER is an eight week guided experience based on the Spiritual Exercises of St. Ignatius.
Sister Anne D'Arcy, CSJ will lead a group this Fall

Wednesday mornings, September 27 through November 15, 2017
From 10-11:15 at Saint Elizabeth Parish, Milton, MA
To register: Call 617-433-5065
Or email: Anne.D'Arcy@csjboston.org

OR

Complete the form below

Name______________________________________________

Address______________________________________________

Email______________________________________________

Parish______________________________________________

MAIL TO:
SISTER ANNE D'ARCY, CSJ
444 CENTRE STREET
MILTON, MA 02186