Peace be with you

The light of Christ shines on all of us from conception to natural death. Because of this every human person has a dignity that deserves unconditional love from all. I have the privilege to drive my grandson to day care twice a week. I cannot tell you the joy I feel when I open the door and Connor is there looking intently at me. It makes my heart melt. I can clearly see and feel the unconditional love he has for his Papa and the love I have for him.

This is the love you show to people you minister to, an unconditional love. A love that does not judge, a love that does not question, a love that just is. I was told a long time ago to enter into the “muck” with those you minister to, do not try and fix, just walk with them. Just Love them.

I hope you all have a wonderful summer. Please make sure to take time for yourself and families. Enjoy the unconditional love that others have for you. Be assured of my prayers this summer as I recuperate from my knee replacement surgery

Jim
Listen

Come to the Waters of Healing
A Retreat for Hope & Healing After Abortion

Fall 2019 Dates:

¨Saturday, September 28, 2019
¨Saturday, October 19, 2019
¨Saturday, November 16, 2019
9:00AM – 5:00 PM

“My spirit was broken and as far as I knew beyond repair. I was living a decision that I will regret for the rest of my life. I was haunted by the choice and consumed with feelings of remorse. During the retreat, I realized the lasting impact of forgiveness. I knew God had forgiven me, and now I needed to forgive myself.”

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
SAVE THE DATE

A NIGHT 4 LIFE

WEDNESDAY, JUNE 19, 2019
6:00 PM
Veterans Memorial Stadium
850 Hancock Street, Quincy, MA 02170

Join Us for a Night of Celebration of Life

The program will include:
A keynote speaker, personal witness, praise music and a time for prayer in Adoration with the offering of the Holy Rosary for LIFE!

Sponsored by:
The Flatley Foundation
The Daughters of Mary of Nazareth
Sacred Heart Men's Prayer Group

www.Night4Life.com

KEYNOTE SPEAKERS
Jason Scott Jones
Cathy “Ki” Morrissey
Mother Olga of the Sacred Heart
Rev. Matt Williams

PRAISE MUSIC
Delmore Worship
Let Your Voice Be Heard!
Say NO to Expanded Abortion Access

The Massachusetts State Legislature will consider passing into law two deeply troubling bills this legislative session. They are identical in text but differ slightly in their titles. The first, (House Bill 3320) is “An Act removing obstacles and expanding access to women’s reproductive health”. The second, (Senate Bill 1209) is “An Act to remove obstacles and expand abortion access”. Current law would be dramatically changed by:

1) Expanding abortion access, including late-term abortions, during the nine months of pregnancy for virtually any reason.
2) Eliminating requirements that late-term abortions be performed in a hospital.
3) Eliminating the requirement that provides medical care to a child who survives an abortion attempt.
4) Eliminating the requirement that a minor under the age of 18 have the consent of a parent, guardian, or the courts.
5) Expanding state funding for women who cannot afford the procedure.

How can your voice be heard?

Contact your legislators, let them know you are a Massachusetts voter, and say NO on Abortion Expansion! Log on to www.macatholic.org and follow the links to find contact information for:

- Your individual State Senator and Representative via zip code link.
- Members of the Joint Committee on Judiciary who will consider House Bill 3320.
- Members of the Joint Committee on Public Health who will consider Senate Bill 1209.

For individuals without internet access, please call the Massachusetts Catholic Conference at 617-746-5630 for legislative contact information.

“We, the Roman Catholic Bishops of the four Dioceses of Massachusetts, call on our elected officials to carefully consider the consequences that these bills would bring to the lives of infants, parents, families and the citizens of the Commonwealth. We urge all people of good will, regardless of what faith they practice, to vigorously oppose these extreme measures.”

1 Statement of His Eminence Seán P. O’Malley, OFM, Cap., Archbishop of Boston; Most Reverend Robert J. McManus, Bishop of Worcester; Most Reverend Mitchell T. Rozanski, Bishop of Springfield; Most Reverend Edgar M. da Cunha, SDV, Bishop of Fall River
April 11, 2019
The Massachusetts Legislature will be considering two proposed laws (HB3320 [https://malegislature.gov/Bills/191/H3320](https://malegislature.gov/Bills/191/H3320) and SB 1209 [https://malegislature.gov/Bills/191/S1209](https://malegislature.gov/Bills/191/S1209)) that, if enacted into law, would have the following devastating effects:

- Expand abortion access, including late-term abortions, during the nine months of pregnancy for virtually any reason.
- Eliminate the requirement that late-term abortions be performed in a hospital.
- Eliminate the requirement that provides medical care to a child who survives an attempted abortion.
- Eliminate the requirement that a minor under the age of 18 have the consent of a parent, guardian, or the courts.
- Expand state funding for women who cannot afford the procedure.

How can your voice be heard?

1) Contact your local Senator and Representative and let them know that you are opposed to these two bills and that you are a voter in their district.

Also encourage your family, friends, and neighbors to take the same action. A zip code based link to your two legislators can be found here: [https://malegislature.gov/StateHouse/Contact](https://malegislature.gov/StateHouse/Contact)

2) Contact the members of the Joint Committee on Judiciary.

This committee will be considering HB 3320. Although a hearing date has not been set, please let the committee members know that you oppose HB 3320. A link to the committee members can be found here: [https://malegislature.gov/Committees/Detail/J19](https://malegislature.gov/Committees/Detail/J19)
3) Contact the members of the Joint Committee on Public Health.

This committee will be considering SB 1209. Although a hearing date has not been set, please let the committee members know that you oppose SB 1209. A link to the committee members can be found here:

https://malegislature.gov/Committees/Detail/J16

Finally, check back often. This page will be updated when the two committees set the hearing dates.

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**Supportive Care Coalition**

The Coalition is a group of Catholic health care systems (and the Archdiocese of Boston) who work together to promote excellence in palliative care. They have a part of their website dedicated to Physician Assisted Suicide:

https://supportivecarecoalition.org/mission-and-ethicsblog/2017/10/31/9txbedbaz6znIqko4gd3b0kIx39a08
Prayer for Life to
Our Lady of Guadalupe

Oh Mary, Mother of Jesus and
Mother of Life,
We honor you as Our Lady of
Guadalupe.

Thank you for pointing us to Jesus
your Son,
The only Savior and hope of the
world.

Renew our hope in him,
That we all may have the courage to
say Yes to life,
And to defend those children in
danger of abortion.

Give us your compassion
To reach out to those tempted to
abort,
And to those suffering from a past
abortion.

Lead us to the day when abortion
Will be a sad, past chapter in our
history.

Keep us close to Jesus, the Life of
the World,
Who is Lord forever and ever. Amen.
Recently I stumbled across a 2016 article written by a Christian pastor by the name of Rev. Amy Butler, about her late term abortion experience, and why her choice, although difficult to make, was the ‘right thing’ for her and her family (Her words, not mine). As I read her words, I experienced a sadness for her, because although I disagree with her choice, I do understand that she has experienced a significant loss. I also felt frustration, at the medical community and society as a whole, for perpetuating the Culture of Death that Saint John Paul II discussed in Evangelism Vitae (1995).

Assuming the events occurred as she wrote, and are not simply her perspective, Butler’s ‘choice’ was fueled by a terrible encounter with her obstetrician:

“Everything seemed to be going well…Until one routine appointment toward the end of the pregnancy when the doctor looked and looked at the sonogram images, was silent for too long, then told me to hang on…” She went on to report that her doctor left the room, and then, a steady stream of other doctors entered the room, looked at the screen, then left without speaking to her. Next: “…all the doctors came in the room together, stood around the bed, and told me that my baby was severely developmentally compromised; that she would die at birth, if not before, after a very short, excruciatingly painful few minutes of life; and that continuing the pregnancy to full term would be very dangerous for me. It’s your choice, of course,” they told me. “You can terminate the pregnancy and deliver the baby now, or wait.” (Butler, 2016).

I lack the words to describe the emotions I felt when reading this. How can we expect women to choose life, when they are handed descriptions such as these? How can anyone think ‘choice’ is even possible here?

My sadness and frustration gave way to anger, when I read Butler’s rationale for choosing a late term abortion: “For me it was important that the baby not experience pain, and that we have a little ability to say our goodbyes in as safe and loving way as we could. … I had a choice, and I chose to make the hardest decision and carry the pain of that decision with me for my whole life to ensure that my child didn’t suffer” (Butler, 2016).
Research suggests fetuses’ (a convenient, clinical word that just might make us forget that it is an unborn baby) neurological systems may be sufficiently enough developed to respond to ‘noxious stimuli’ by 22 weeks or earlier, possibly even by 16 weeks’ gestation. By her own words, Butler was “toward the end” of a seemingly uneventful pregnancy. She does not indicate how many weeks’ gestation she had reached, but ‘toward the end’ certainly implies a gestation of greater than 22 weeks. “…it was important that the baby not experience pain”, and yet she consented to a procedure that would undoubtedly cause pain to the very same baby.

I marvel at the absurdity of the arguments put forth by the pro-choice side, and Rev. Butler’s example does nothing to negate that absurdity. Rather, she further fans the Pro-Life flame with her concluding comment: “Join me in building an America where every child has what she needs…” It seems to me that every child needs to be permitted to share in the respect and dignity given by God to every person, born or unborn.

References


While I am a Prison Chaplain, my wife is a hospice nurse. After 25 years in hospice she has a wealth of experiences – some would make you weep for joy, others would make you weep for other reasons. My experience in prison, while not as long as hers, has resulted in similar experiences.

What I’ve realized over time, is the importance of our relationship as it relates to our jobs - our ministries, if you will. As husband and wife we leave each other every day and go to work; and come home each evening bringing with us that day’s joys, and that day’s pain. On occasion one of us will be filled to that overflow place where it can’t be held inside anymore and we would be compelled to talk – and the other compelled to listen. We would never share confidences, or names, or the confidential things our professions require we retain. With that said, sharing about the situations we encounter, and the “heat of the battle” is a recognition that, as chaplains, we feel the pain of those we serve and the healing of being heard and being able to share is emotionally therapeutic.

The importance of having someone with whom you can vent, someone who loves you and can understand your need to express your frustration, or joy, or resentment, or - - - (put yourself and your feelings into that sentence) is invaluable.

Often, after a long day with men behind bars that are awaiting trial, who know in their hearts that they will be spending a long time behind these bars, there is a temptation to surrender to the hopelessness of the situation. Carrying that burden I come home to a woman who has been providing nursing care to cancer patients where the hopelessness is on a whole different scale. There will be no healing, the end is in sight – in fact a peaceful end is the goal. Her nursing, however, goes beyond the patient at death’s door, and includes the friends and family that have been providing care and comfort on a daily basis. They have a different kind of pain – and their stories need to be heard – by my wife. When she comes home, despite what she may have encountered that day, we sit together. I shake my head and share my grief for a 19 year-old who will probably spend the next 50 years of his life behind bars for a violent crime taking someone’s life. She listens, and with her support I am able to get up the next day and go back to jail. It gives me pleasure to know that it goes both ways and that there are days where I have been able to bring her the same peace she brings me.

As Chaplains in hospitals, or colleges, or prisons, each of us will, at times, be put into situations that can be deep dark valleys – or bright sunlit mountain tops. For our own well-being it is important to feel free enough to share those experiences and use them to lift ourselves up – or to be lifted up despite them. Clearly, this ‘emotional triage’ is an essential component in supporting chaplains in the midst of the battle, and the institutions for which we work provide it – to a point. However, the support we have from those who love us is a support on an entirely different level. By far, it is this support, rooted in love that enables us to continue serving. For many, without that support we could not do what we do.
Potential Healthcare Policy Endangers Nurses

By Marc Massery (Apr 2, 2019)

We all know the term "euthanasia." That's when a doctor is allowed by law to end a person's life by a painless means, with the approval of the patient and his or her family.

We all know the term "assisted suicide." That's when a doctor assists a patient to commit suicide, if they request it.

But a new name for suicide has arrived on the scene, and it could put nurses in moral danger.

Recently, the American Nurses Association (ANA) has drafted a policy called "The Nurse's Role When a Patient Requests 'Aid in Dying.'" Through aid in dying (AID), this policy would require nurses to standby and not intervene as a vulnerable patient willingly commits suicide.

Marie Romagnano, RN, the founder of Healthcare Professionals for Divine Mercy, an apostolate of the Marian Fathers, is not pleased. She points out that the ANA has historically opposed any and all nurse participation in suicide as an unethical practice. That includes physician-assisted death or "aid in dying," which is legal now in eight jurisdictions: California, Colorado, District of Columbia, Hawaii, Montana, Oregon, Vermont, and Washington.

"As a nurse, if the patient asks, 'Will you help me die?' To that question, my answer is 'no,' on all accounts. 'I cannot help you with that.' I would try to find out, 'What are you afraid of?' Most are afraid of pain, afraid of dying. Most don't want to be a burden on their family. They think the quick and easy way out is suicide. But that's not the answer."

The good news is, this policy is only in draft form. Healthcare professionals and the general public have the chance to comment on the draft until April 8, 2019.

The ANA, a Silver Spring, Maryland-based organization that represents 4 million nurses, argues there's a difference between euthanasia, which is illegal in the United States, and AID. In the draft, ANA writes, "The term aid in dying can be confused with the term euthanasia. There is a key distinction between the two terms. Laws that allow aid in dying permit the adult patient with terminal illness and capacity for medical decision making to self-administer oral or enteral medication to end suffering when certain criteria are met."

In other words, if a patient expresses a desire to commit suicide, instead of recognizing this as a cry for help for the patient to receive psychological support, according to ANA, nurses would be required to "remain non-judgmental when discussing end of life options with patients, who are exploring AID."

Continued on next page
Potential Healthcare Policy Endangers Nurses

By Marc Massery (Apr 2, 2019)

ANA continues, "At no time should the nurse advocate for or against the patient’s decision. If present during AID, the nurse promotes patient dignity as well as provides for symptom relief, comfort, and emotional support to the patient and family."

In this way, ANA could make it policy that nurses can and should be accomplices in wrongfully taking the life of an innocent human being. In the same document, unbelievably, ANA recognizes the immorality of nurses or doctors killing patients by means of euthanasia.

ANA says, "Euthanasia, which is not legal in the United States, occurs when someone other than the patient administers medication in any form, with the intention to hasten the patient's death. Euthanasia is inconsistent with the core commitments of the nursing profession and profoundly violates public trust."

But according to one healthcare professional, Dr. Carolyn Laabs of Milwaukee, Wisconsin, "There is no moral difference between euthanasia and AID, and nurse involvement should be absolutely prohibited in both. Whether the nurse finds a physician who writes the lethal prescription, picks up the lethal drug at the pharmacy, or hands the cup of lethal drug to the patient for him to drink (AID) or whether the nurse holds that same cup to the patient's mouth so that he ingests it (euthanasia), the nurse is responsible for the death of the patient, either as an accomplice (AID) or as an agent (euthanasia)."

Marie Romagnano is worried for the rights of the conscience of healthcare professionals, as well as the safety and well-being of patients.

"Because of the nurse's position of trust and the fact that the patient is asking them to do this, that violates the code of ethics and the basic premise of nursing," she said.

She continued, "My comment to nurses is, 'Don't get into this type of conversation. Bring it to pastoral care and bioethics department of the institution. Bring it to the authorities that can aid the person in the best way. Whether it's the minister or a priest or the family. Nurses absolutely cannot be involved in aiding patients to die. That's wrongfully taking the life of an innocent human being and the patient is committing suicide."

Life Issues Forum: When a Friend Is Considering Abortion
JULY 13, 2018

If someone shared with you that she was pregnant and hadn't ruled out having an abortion, would you know how to respond? Although the first instinct may be to convince her that abortion ends a baby’s life, hearing facts is not the first thing she needs. Research shows that many women in a pregnancy crisis think, "This is the end of my life as I know it.” To face the challenges before her, your friend needs to know you care about her for her own sake and she is not alone.

First listening to your friend will help build trust and facilitate openness. Eventually, when she knows you truly care about her and she trusts you, you can share the truth in love. You can share facts about abortion, her own intrinsic worth, and the practical help and support available so she can choose life for herself and her baby.

Consider the four steps of the L.O.V.E. Approach™*: Listen and Learn, Open Options, Vision and Value, and Extend and Empower.

L Listen and Learn
First, prioritize listening over speaking. You don't have to worry about whether you may say something "wrong," and you don't need to have all the answers. Start by listening to her story.

Ask her about her feelings, thoughts, values, beliefs, and wants. Do not interrupt, except to ask her to expound, when appropriate. Ask open-ended questions, and confirm what you think you are hearing.

O Open Options
When her story is fully shared, it is your turn to provide factual information, always in a loving and caring way. You might share about the reality of abortion and the wounds that typically result. As they relate to her life, you might share experiences about having a baby, adoption, and marriage. It's most helpful to keep the focus on her.

V Vision and Value
Awaken a vision in her for a healthier life (a vision she may never have had, or that may have dimmed). Help her value herself differently. She is a special creation, worthy of love. Reassure her there is always hope and she is not alone. She can make positive, life-giving choices. She can do it.

E Extend and Empower
Provide practical help and support. Her local pregnancy help center (heartbeatinternational.org/worldwide-directory, . . ) can offer consultation, lists of community resources, and ultrasound services. Consider keeping such lists of resources in your car, purse, or wallet. Help her plan next steps.

The L.O.V.E. Approach™ is a way to bring Christ's love at a crucial life-saving and life-defining moment. We are created to walk with and support one another. May we not hesitate to reach out in love.

This issue of Life Issues Forum has been adapted and shortened from the 2017-2018 USCCB Respect Life Program brochure by the same name: www.usccb.org/l-o-v-e.

*The L.O.V.E. Approach™ is trademarked by Heartbeat International, Inc. and may not be adapted or modified. The L.O.V.E. Approach™ is used in "What to Do When a Friend Is Considering Abortion" with permission from Heartbeat International, Inc.

Let your voice be heard—say no to expanded abortion in Massachusetts

Massachusetts Catholic Conference

https://www.macatholic.org/news-article/let-your-voice-be-heard-say-no-expanded-abortion-massachusetts