

The Pulse

OF CATHOLIC MEDICINE



CATHOLIC
MEDICAL
ASSOCIATION

FEBRUARY 2016 VOLUME 2 ISSUE 1

THE YEAR OF MERCY ISSUE

MEDICAL
MERCY

A CALL TO SEE
CHRIST IN
OTHERS

DR. WILLIAM TOFFLER

His personal
witness of loving
until the end

PLUS

ST. CAMILLUS DE LELLIS

A Model of Medical Mercy

4 WAYS TO
BECOME
"MISSIONARIES
OF MERCY"
IN MEDICAL
SCHOOL

MAKING A
MERCIFUL
DIFFERENCE
IN THE BIG APPLE:
ONE DOCTOR, ONE CENTER



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the 2015 CMA
Conference

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CATHOLIC MEDICAL ASSOCIATION



DEAR CMA MEMBERS AND FRIENDS,

I would like to first thank all who helped, prayed for, and attended our annual conference in Philadelphia. Our theme was “Healing the Wounded Culture: Bringing the Wholeness of Healing to Humanity.” I believe this theme reflects the goal of the Year of Mercy announced by Pope Francis. You may ask what mercy has to do with healing.

During the conference, we learned about the wounds that are presented to us in and through our patients as seen in the three types of wounds: body, mind and spirit. We discussed wounds from contraception, abortion, infertility, same-sex attraction, divorce, pornography, sterilization, assisted reproductive technology, sexually transmitted diseases, euthanasia, sexual addiction, evil, vices and much more. The 600 participants also learned many approaches to relieve these sufferings, bring healing, and ‘deliver’ those who we care for in our offices, clinics and hospitals.

These prescriptions; these orders; these healings, however, need to be delivered with mercy — the same mercy that Christ brings to us. As St. Maria Faustina has revealed in her diary, there are two doors to God’s heart, one of mercy and one of justice. God loves us all and we are called to love all. This includes loving our patients, especially those most wounded.

Vinny Flynn, a prominent Catholic author and speaker, teaches seven secrets to mercy: First, God has a plan; second, holiness is not an option; third, you need to improve your image; fourth, God loves backward; fifth, ‘Prodigal’ doesn’t mean bad; sixth, always pray, even now and then; and seventh, the Eucharist is the source and summit of all mercy. It is through these ‘secrets’ that we each can become more holy, and bring that holiness and Divine Mercy to each of our patients.

As I look at the year ahead, I hope to achieve four goals. First, to increase membership; second, to increase education; third, to increase student and resident involvement; and lastly to create an environment within the CMA where holiness and mercy can emanate more fully from our organization out into the culture of death. This begins with each one of us personally dying to ourselves, and being filled with the Holy Spirit and the same mercy as Christ. Then we will be able to reflect the ‘image of God’ to each other and to each and every one of our patients, who is in need of God’s mercy. So, ask for mercy, be merciful, completely trust in Jesus, and receive the sacraments as often as possible.

Thank you and may God continue to give us His Mercy,

Lester A. Ruppertsberger, D.O., FACOOG
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DEAR CMA MEMBERS AND FRIENDS,

This issue of *The Pulse of Catholic Medicine* is focused on “Medical Mercy” in observance of the Extraordinary Jubilee of Mercy, in which Pope Francis asks us to reflect upon the corporal and spiritual works of mercy, and put them into practice with a renewed dedication.

It is obvious that you practice the corporal work of healing the sick in living out the vocation of medicine. As physicians and medical professionals, your vocation is to allow Christ the Divine Physician to heal through the agency of your medical knowledge, and practice so that the loving mercy of Jesus for the sick is found and experienced through you.

Yet how often do you recall that you have the opportunity to also practice the spiritual works of mercy, especially those of counseling the doubtful, instructing the ignorant, and admonishing the sinner? Today when some in the name of medicine erroneously think they are being merciful by enabling such sins as abortion, contraception and euthanasia, to name a few, they bring only injury, both physically and spiritually, to their patients.

In contrast, as the articles of this issue reveal, you are called by Christ to give witness to medical mercy by refusing to compromise the moral integrity of medicine. You are in the position to speak Christ’s truth to those who, whether patients or colleagues, are doubtful about or ignorant of what is authentic and morally sound health care, and thereby can charitably steer them away from the sins of the culture of death. Where they lack the light of the Gospel of Life, you can be agents of mercy filling their minds with the splendor of truth. It is an act of mercy on your part to evangelize in this regard.

In carrying out this vocation of mercy, it is necessary to remember why we are called to mercy in the first place as our Holy Father highlights in *Misericordiae Vultus*, the papal document outlining the meaning of the Year of Mercy. There he reminds us that “Jesus asks us also to *forgive* and to *give*. To be instruments of mercy because it was we who first received mercy from God. To be generous with others, knowing that God showers His goodness upon us with immense generosity.”

My prayer for you during this year of the Extraordinary Jubilee of Mercy is that, through your witness, those who lack the light of truth of what authentic and morally upright health care is will receive it, and therefore, in your supplying the truth they will experience mercy and a changed heart.

Sincerely in Christ,

Fr. Gutowski

Fr. Matthew J. Gutowski

NATIONAL CHAPLAIN

Loving Until the End

One Physician's Compassionate Witness

By

JANE KEMMEY SCHNEIDER

AS HE ENTERED THE HOSPITAL ROOM OF A WOMAN who had been diagnosed with heart failure, Oregon family medicine physician and CMA member Dr. William Toffler prepared to introduce himself with his customary friendly greeting.

"Oh, I already know who you are," he recalled the patient telling him.

The patient went on to inform him that she was acquainted with his work as a leader in the fight to oppose physician-assisted suicide because she had been on the competing side as a member of the Hemlock

Society, the right-to-die organization that had supported its legalization. It became legal in Oregon in 1998.

Toffler, a professor of family medicine at Oregon Health and Science University, recalled gently telling her that he was not there to debate the issue of assisted-suicide, but rather to take care of her. The patient then revealed to him that, due to her condition, she planned to end her life with physician-assisted suicide.

Toffler said that he turned to ask the patient's daughter, who had been sitting quietly on the bed, how she felt about her mother's plans to end her life. Initially the daughter sidestepped the question by saying, "Well, it's her choice" and "It's whatever she wants to do," he recalled.

Toffler kindly persisted though: "I know you want to respect your mother's choice, but how do you feel?"

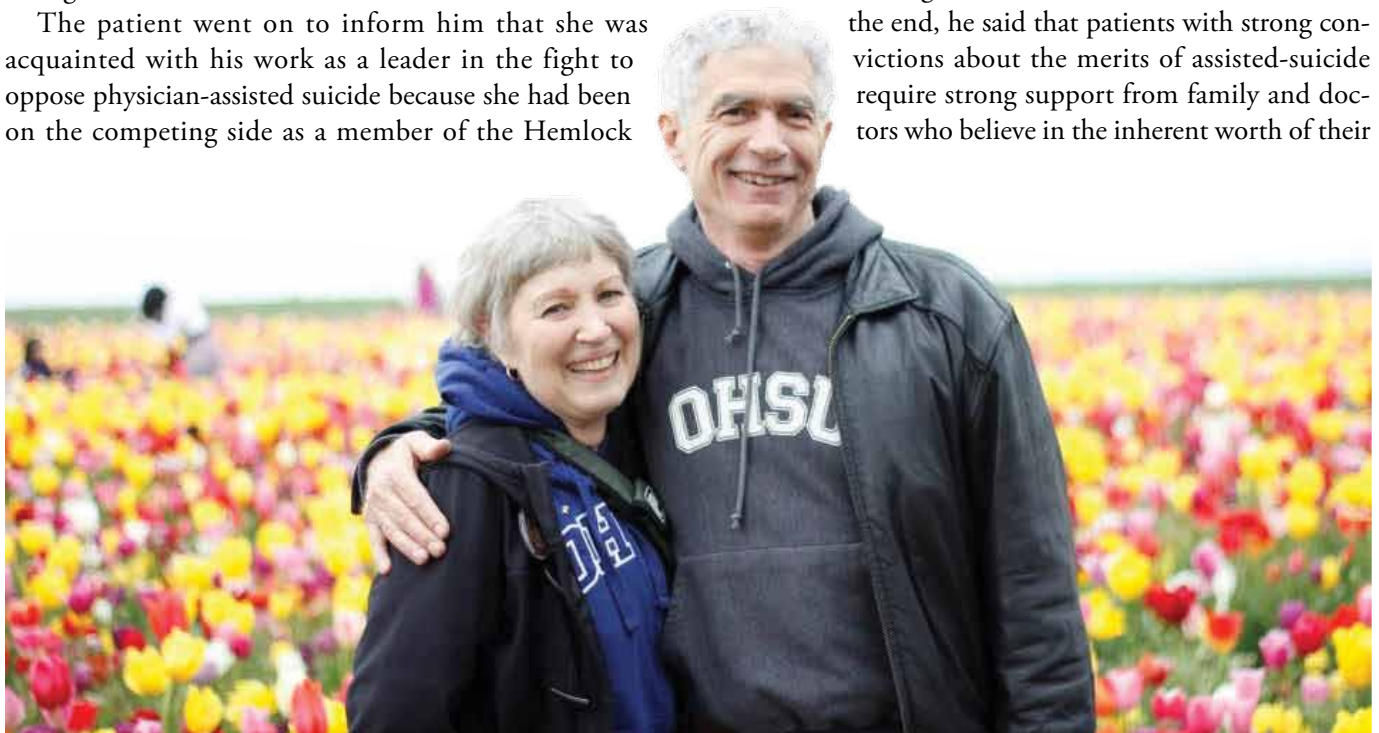
With that the daughter revealed her true sentiments: "Well, I don't want her to do that; I want her to be around for as long as she can be."

Toffler recalled that the daughter's words were met with a scowl from her mother.

"I see you are a very independent person and you don't want other people telling you what to do," Toffler said to the patient. "But you know why your daughter is saying this, don't you? She's saying this because she cares about you; in fact, it's because she loves you and she doesn't want you to be gone."

With this the patient's scowl turned to a smile and she nodded her head in understanding.

Although Toffler never knew how she died in the end, he said that patients with strong convictions about the merits of assisted-suicide require strong support from family and doctors who believe in the inherent worth of their



lives, and who will not be utilitarian about living and dying.

“The reality is that being value-neutral about someone killing themselves is not compassionate; it’s dispassionate,” said Toffler, founder of Physicians for Compassionate Care, an organization dedicated to upholding the truth that all human life is inherently valuable. “We’re not islands and how we react has everything to do with the choices people make.”

Toffler has experienced firsthand the challenges and joys of providing comfort to loved ones who were terminally ill. When his father was diagnosed with Parkinson’s, Toffler and his wife of 40 years, Marlene, decided to construct a 1,400 square-foot addition to their home in Portland in order to care for his parents. After his father’s death, they continued to care for Toffler’s mother, who suffered an increase in dementia symptoms and overall decline in her health because of the loss of her husband. Toffler remembered experiencing more quality time with his parents in the last three years together in his home than he had experienced in the 30 years before when they had lived more than 1,200 miles apart.

“My dad and I did things together that we couldn’t possibly do living miles apart,” he explained. “The thing that brought us together was his increasing debility. Had he been fully able like he had been for the first 80 years of his life, then we still would have lived miles apart seeing each other for a few days twice a year.”

While Toffler said he would not wish debility, particularly advanced Parkinson’s, on anyone, he believed that it was through that illness that he and his family had the opportunity to be close to one another in a way that was very special. He recalled the blessing of his children learning how to help older people with their needs through the care of their grandparents, particularly his father, who would need assistance with ambulating and bodily hygiene.

“There were challenges at times,” recalled Toffler, “but there was also great joy and togetherness that never would have happened had we never had that debility.”

Later, when Marlene’s father was diagnosed with a brain tumor, they moved him and her mother into their home as well. Both in-laws eventually died peacefully surrounded by



Toffler, Marlene and their seven children. Finding inspiration in Mother Teresa’s belief that no one should die alone, Toffler has cherished the experiences of being near his family members at the time of death.

“The opportunity to be Christ-like to one another is extraordinary,” he said.

The most difficult challenge for Toffler came when Marlene was diagnosed with uterine cancer, which eventually led to her death in 2014. Toffler cared for Marlene through each stage of her five-year illness, and with their children, supported her through all of her suffering.

When a collapsed vertebrae in her back impinged on her spinal cord and created intense pain, they consulted with a young surgeon who asked Marlene what she wanted him to do for her. She replied that she wanted to see her son graduate from college, and he assured her that he would help her.

“She went through the surgery very well,” said Toffler, who recalled that the pain from her recovery was nothing compared to the pain of the metastatic lesion that had caused the collapse of the vertebrae. He deeply appreciated that the surgeon did not say “you’re going to be gone in six months so I don’t think you should have the surgery; it’s futile.” In a month they were able to go on a flight to Dallas to see their son graduate — a memorable trip that was very important to them and to their son.

“We had experiences we would never have had if she did not have a terminal illness,” he said, “because when you have one, everybody behaves differently. I behaved differently. Everything becomes small stuff when you know your time is limited. My wife and I would sometimes argue, but in the last five years of her life I only remember having one argument that lasted only minutes. Soon we were both apologizing, asking for forgiveness over the little thing we were arguing about.”

Through his experiences with both his patients and loved ones, Toffler has learned the importance of being supportive in the face of suffering, and of expressing to the terminally ill that they will not be abandoned. He stressed

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Dr. Anne Nolte

A “Missionary of Mercy” *in the Heart of* the Big Apple

By

ERIN MAGUIRE

A WOMAN IN HER EARLY 30s, WHO HAD FIVE MISCARRIAGES, went through the doors of the National Gianna Center for Women’s Health and Fertility in Manhattan one month after it opened hoping for some answers. She had already seen three world-renowned doctors specializing in treating miscarriages, who told her she had bad luck and needed in vitro fertilization. She had a file an inch and a half thick, but no diagnosis.

For Dr. Anne Nolte, co-founder of the National Gianna Center and a CMA member, the woman’s experience was not uncommon in the field of in vitro fertilization.

“They give women potent hormones to shut down naturally functioning systems, and don’t get to the bottom of the issue,” she said. “They use the same potent hormones to bypass the issue with IVF, which destroys six to seven embryos for every baby born, and helps only 3 percent of patients conceive. It is highly ineffective, completely destructive, and overlooks medical problems that can have other health implications for the woman.”

On the other hand, there is NaProTechnology, which is a women’s health science that works with a woman’s reproductive system to find the underlying causes to such issues as infertility, yielding a higher success rate than IVF, and

doing so in a compassionate and holistic way.

“Because of the Church’s teaching in medical ethics, doctors discovered this approach in NaProTechnology where we can help patients like this woman,” she said.

Sure enough Nolte was able to diagnose the patient with a hormone deficiency, and once the low progesterone was corrected, she went on to conceive naturally and carry two children to term with plans to have a third.

Providing a pro-life alternative to women struggling with infertility like this patient was one of the driving forces behind co-founding the National Gianna Center.

Nolte had become increasingly aware of and moved by two observations during her years of medical training: Catholic women and families seeking to use natural family planning or obtain treatments in line with Catholic teaching are an underserved patient population; and patients lacked positive alternatives to birth control, abortion and in vitro fertilization in their medical care.

“I feel that inherent in the vocation of every doctor is to stand up in defense of human life, and therefore actively work to bring about an end to abortion,” she said. “I became convinced that we will not be able to bring about an end to abortion without a paradigm shift in the field of OB/GYN.”

So when she was invited to start a center in midtown Manhattan that would offer such alternatives, she knew in her heart that it would be one way to begin that shift.

“When it came to the Gianna Center, my initial reaction was, ‘There’s no way I’d ever move to New York City.’ But a



friend of mine, who proposed the idea to me, said, 'Just pray about it; you never know what God is asking of you.' Through prayer, I realized this was what God was asking of me, and I prayed that if He opened the doors, I would do what I could to make it happen," she said.

In the end, Nolte faced many challenges, but it was clear that in a city of 8 million people, a pro-life, pro-faith medical center like this was desperately needed, and Ronald Rak, the chief executive officer of St. Peter's Health Care System in New Brunswick, New Jersey, agreed. He offered to take the center under the hospital's wing and by doing so made it possible for the Gianna Center to take off not only in Manhattan, but also in New Brunswick, where her colleague, Dr. Kyle Beiter, went to run a second location for the Gianna Center.

At the Center, patients not only receive general medical and gynecological care, but also training in the Creighton Model FertilityCare System, a method of natural family planning that is natural and morally licit to achieve or postpone pregnancy; and access to medical and surgical treatments that

cooperate completely with the reproductive system through Creighton's NaProTechnology. The center also provides early pregnancy care for women facing unplanned pregnancies. But perhaps the greatest asset of the center is the type of care patients receive, where Nolte and her colleagues forego rigid appointment time-slots to listen with compassion.

"When patients come to us, whether it is because they are suffering from the deep pain of infertility; or because they have a serious reason to avoid pregnancy, but their fertility chart just doesn't make sense; or because they are facing an unexpected pregnancy, they are frightened, overwhelmed and in pain," Nolte said.

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THE CATHOLIC DOCTOR

Sharing in the Ministry of Accompaniment with Persons Experiencing Same-Sex Attraction

By

FR. PHILIP G. BOCHANSKI

POPE FRANCIS GIVES US THE framework for how we are to approach medical mercy: “In life, God accompanies persons and we must accompany them, starting from their situation.”

This is the approach that forms the framework for my full-time ministry, providing pastoral care and support to Catholics who experience same-sex attraction, and have made a decision to live a chaste life. While every person is called to chastity, for most that means living either in a faithful marriage or as part of a community of consecrated religious or ordained clergy. For single people living in the world, in particular those experiencing same-sex attraction, a chaste life presents specific challenges, especially when such a life seems to result more from unchosen circumstances than from an experience of being called by God.

As a priest, I walk with these brothers and sisters to help facilitate God’s spiritual healing, but the ministry of accompaniment is not the exclusive territory of priests, of course. As Christians we walk together, but in a unique way Catholic health care professionals share in this ministry as physical healers, called as they are to be intimately involved in the lives of their patients, concerned with healing wounds and seeking the health of the whole person: body, mind and spirit.

When it comes to caring for those experiencing same-sex attraction, the Catholic Church teaches that no person can be “adequately described by a reductionist reference to his or her sexual orientation,” and urges those who care for people who experience same-sex attractions to recognize that “every person has a fundamental identity: the crea-



ture of God, and by grace, His child and heir to eternal life” (Congregation for the Doctrine of the Faith’s *Letter on the Pastoral Care of Homosexual Persons*, No. 16). Authentic accompaniment and care for the person then, whether such care is pastoral or medical, begins with this recognition of the profound dignity and identity of each brother or sister in Christ.

With that in mind, I would like to encourage Catholic physicians to take an active role in ministering to their patients who are living with same-sex attraction, focusing on three important aspects of the doctor-patient relationship: compassionate, attentive listening to the experience and needs of the patient; an

honest presentation of the truth of the patient’s situation; and a long-term commitment to accompanying and encouraging the patient to walk the path of holiness.

ATTENTIVE LISTENING

Few tools are as immediately identifiable with the physician or nurse as the stethoscope, and for good reason: a healer’s first task is to listen closely to the patient. Taking histories or examining problem areas, the Catholic doctor must pay close attention to what the patient reveals, listening as much to what is left unsaid as to the spoken narrative.

Every human heart carries desires and needs, as well as wounds and burdens. For people experiencing same-sex attractions, these often have to do with relationships: issues of self-esteem and self-image; connections with family and friends, both at an early age and at the present moment; questions of acceptance and belonging; fears about loving and being loved.

The Catholic physician is well aware of the toll that stress takes on a person’s mental and bodily health, so listening for sources of emotional pain is an essential part of treating the whole person. More importantly, the relationship that

develops when a doctor takes the time to listen to the larger story of a patient's experience is itself an important step to healing whatever relational wounds may be there.

SPEAKING TRUTH LOVINGLY

Once a Catholic healer has listened to the needs of the patient's heart, the next step is to respond with generosity and honesty. Like Saint Paul, we seek to "speak the truth in love" (cf. Eph 4:15), saying "only the good things men need to hear, things that will really help them" (Eph 4:29). Surely some of what needs to be said will be the instructions and warnings that the doctor often needs to give: for example, of the particular health concerns facing men who have sex with men, or the importance of screening for depression or other emotional health concerns. At other times, the doctor will need to correct the assumptions that are part of the common wisdom of the secular culture; for example, by recognizing the psychological realities underlying gender dysphoria, and insisting on the importance of treating it with psychological rather than surgical means.

Such frank discussions may provoke conflict with one's employing institution or professional association. However, the Catholic health care professional is in a unique position to impart these truths to the patient, who will often accept and trust them more readily coming from his doctor than he would from the Church. Focusing the discussion on the positive outcomes for physical and mental health that can be expected from chaste living may help to mitigate potential backlash. It will also make the message more effective in the long run if the doctor is perceived to be hopeful and concerned for the patient's happiness and fulfillment, rather than judgmental of the patient's choices or identity.

CHALLENGE AND ENCOURAGE

The Catholic doctor also has the opportunity to speak a word of challenge and encouragement to the patient who is not living chastely. A well-placed question — "In general, are you happy with your life the way it is?" — may draw a defensive response in the short term, but is often the catalyst for greater self-awareness and an honest look at one's life choices. When the question is part of an ongoing relationship of trust it can lead to opportunities for discussion and witness. "Why did you ask me about being happy?" the patient may say, giving the Catholic doctor a chance to speak about the freedom that comes with chaste living. "Well, in my own life, I know that when I'm living chastely,

"The Catholic health care provider is in a unique position to impart these truths to the patient, who will often accept and trust them more readily coming from his doctor than he would from the Church."

I feel better about myself. I feel freer, more authentic and healthier in my relationships. That's what I ultimately want for you, too."

By contemplating the mystery of the individual, and seeking to give attention and care to the many needs of the body, mind and heart, we help a person to love and accept himself or herself, and to hear and live out the plan God has for his or her life. In doing so we provide not only healing, but also the strength and encouragement that each person needs to walk the path of holiness, marked out for us by the footsteps of Christ.

Father Philip G. Bochanski is the Associate Director for Courage International and member of the Catholic Medical Association.

ST. CAMILLUS DE LELLIS

A Model of Medical Mercy



By

BISHOP JAMES D. CONLEY

CAMILLUS DE Lellis was a soldier. In fact, he was a mercenary.

He stood six-and-a-half feet tall, and by the time he was 25, in 1575, he bore the

scars of a hardened combat veteran. He was a gambler, and a brawler. Until the Lord called him to repent.

Camillus was injured on the battlefield; he suffered a leg injury that never completely healed. His injury took him off the battlefield, and he spent months as a laborer at a Franciscan friary. Camillus saw something in the friars he had never seen on the battlefield. He saw that they were joyful; and that service to the poor gave their lives meaning. Camillus saw the face of Jesus Christ in those selfless friars, which led him to repent of his sins.

He tried to join the Franciscans, but his leg injury required too much care. He eventually ended up in a hospital in Rome. There he saw that the sick were treated without dignity — their caregivers went to great lengths to avoid the worst cases, and when the poor could not pay for treatment, they were expelled.

Camillus watched the sick being discarded as inconve-



“St. Camillus de Lellis knew that treating the sick as Jesus Christ himself — in accord with truth, dignity and charity — is the call of the Gospel.”



SUBLEYRAS, PIERRE. *Camillus De Lellis Tends the Wounded in the Hospital of the Santo Spirito in Rome During the Flooding of the Tiber in 1598*. 1745.

nient and unworthy of mercy. He remembered the words of Jesus: “I was sick, and you visited me.”

As Camillus convalesced from his injury, he began to visit other fellow patients. Even after he left the hospital, he returned to spend time visiting the sick. He prayed with them, he washed their wounds; he comforted them as they died. Soon other men joined in his ministry, and a religious order, the Ministers of the Infirm, was founded.

The Ministers of the Infirm became known as the Camillians. They lived near hospitals, and cared for the sick. When the plague broke out in Rome, they went from house to house, praying with the sick, washing their sores and administering treatments. When wars broke out, they went unarmed on to the battlefield, hauling the injured to safety and treating their wounds.

Members of the Camillians died because of their close contact with the sick. They often contracted the diseases they treated. Camillus told them to expect that they would suffer for suffering people. He told them that suffering with the sick was suffering with Jesus Christ.

He urged them, as they tended to the dying, to love them mercifully by healing or comforting them. “More love in those hands, brothers,” Camillus would encourage, “the Lord needs more love from our hands!”

St. Camillus de Lellis was a missionary of medical mercy. He was unafraid to risk his life for suffering people. And he did it because he saw Christ in the sick — he saw their dignity. St. Camillus knew that to love the sick was to treat

them as they truly were — as children of God, as brothers and sisters in Christ.

Each one of you is called to be a missionary of medical mercy. You are called to give selflessly in imitation of Christ, the Great Physician. And you are called to practice medicine in truth — to treat patients as children of God, in accord with their dignity, and for the sake of their salvation.

Today, medical care often disregards the dignity of patients. Treating fertility as a disease, or gender as a social construct, or suffering as an evil to be avoided at all costs disregards the dignity of patients. Mercy — true mercy — is to practice medicine, selflessly, in a way that helps the patient to live as a child of God, in accord with the truth. You are called, especially in this Jubilee Year of Mercy, to help your patients live in accord with Divine Law, and with their dignity. You are called to comfort them in suffering, without counting the cost. You are called to be present to the poor and rich alike.

St. Camillus de Lellis knew that treating the sick as Jesus Christ himself — in accord with truth, dignity and charity — is the call of the Gospel. In the Year of Mercy, may we hear that call as well.

The Most Rev. James D. Conley is the Episcopal Advisor for the Catholic Medical Association and the Bishop of the Diocese of Lincoln, Nebraska.



1. CMA Immediate Past President Dr. Peter Morrow presenting Dr. Les Ruppensberger with Papal Blessing. 2. John R. 5. Dr. Les Ruppensberger. 6. Dr. Pedro and Amelia de Guzman. 7. Drs. Luis Jimenez and Rebecca Peck. 8. Philosophical medical students and residents after the White Mass at the Cathedral Basilica of SS. Peter & Paul. 11. Drs. Peter Morrow and Bill Williams presents Fr. Philip Bochanski with the Linacre Quarterly Award. 14. Executive Director Mario Dickerson presenting student Luke Bramlage with one of the poster session awards. 17. Keynote Speaker Gianna Jessen. 18. Evangelium. 20. Drs. Margie Campbell Sweeney and Helen Kraus. 21. Speaker Damon Owens, Executive Director of Theology of the Body.

HEALING THE WOUNDED CULTURE

By MARIO DICKERSON

From seeing conference chair Dr. Les Ruppensberger leading the Duffy String Band while doing the Mummer Strut at the welcome reception to witnessing the electrifying testimony of abortion survivor and keynote speaker Gianna Jessen, there was no question that the 84th Annual Education Conference was an unforgettable event.

The three-day conference featured nationally renowned speakers, who explained the science behind wounds of the body, mind and spirit, as well as best practices for healing those wounds. Dr. Les and Betty Ruppensberger, co-chairs, ensured that the prayer filled days also provided plenty of time for renewal and fellowship.

Awards included the Outstanding Guild Award pre-



PHOTOS 2, 3, 4, 10 & 16 BY LITTLE WAY PHOTOGRAPHY • ALL OTHER PHOTOS BY JOHN HARTMAN.

1. Dr. Robin Goldsmith with Outstanding Guild Award. 2. The Duffy String Band. 3. Dr. John Hartman with the CMA "Pope Francis". 4. Drs. Ashley Fernandes and Natalie Rodden present medical award winner Dr. Doris Fernandes with Dr. Les Ruppersberger. 5. Dr. Peter Morrow and Barbara Kletschka. 6. The Body Institute.

sented to Dr. Robin Goldsmith of the Saint Gianna Molla Guild of Northeast Wisconsin, putting it forth as a shining example to follow; the Linacre Quarterly Award presented to Fr. Philip Bochanski for his articles appearing in the medical journal; and the Evangelium Vitae Award presented to Dr. Doris Fernandes for her victory protecting the conscience rights of physicians.

Philadelphia provided the perfect venue for this conference, immediately following the World Meeting of Families and Pope Francis' historic visit to the city, with conference goers having the opportunity to pose for a picture with "Pope Francis," or at least the next best thing.

The pictures above only give a glimpse as to what an incredible conference this was. However, the conference

can only truly be experienced in person to understand why these annual meetings are so important to our members and have garnered so much praise for providing inspiration and the tools required to practice as "missionaries of mercy" in the medical profession. It is the interaction and conversation with the speakers, volunteers, clergy, religious, deacons, sponsors, exhibitors, and over 600 attendees that makes it such an incredible experience. You will have another opportunity to see for yourself at the 85th Annual Conference in Washington, DC on October 13-15, 2016. I hope you join us.

Mario R. Dickerson is the Executive Director of the Catholic Medical Association.

How to Become “Missionaries of Mercy” in Medical School

By

ANNE-MARIE CARPENTER

IF YOU ARE A CATHOLIC STUDENT AT A secular medical school, you have likely experienced uncomfortable scenarios where your faith is put to the test. Undoubtedly you are left asking yourself the following questions: “When should I speak up in interactions with peers or professors who oppose Church teaching? Can forming friendships with these classmates be interpreted as condoning their actions?”

I do not actually have the answers to these questions. It is a daily struggle to discern how to best represent the Catholic Faith, maintaining a balance between delivering truth and offering love while still getting a decent grade in professionalism. Oftentimes I flail my arms in confusion, but thankfully we have a Church that guides us in navigating these all-too-turbulent waters.

In working through these difficult topics, we can turn to Pope Francis’ Papal Bull introducing the Year of Mercy. Our Holy Father states, “It is absolutely essential for the Church and for the credibility of her message that she herself live and testify to mercy.” He pleads with us to become “missionaries of mercy” in our daily lives, which essentially means carrying our faith into the classroom and the clinic with courage and prudence. Before sending out these missionaries, however, he offers several wise words, paraphrased here that will be helpful tools out in the field:



KEEP A CLEAN HOUSE.

To be couriers of mercy and truth, our spiritual lives need to be in order. Falling in love with Christ every day as a first priority will naturally attract others due to the joy, peace and serenity that are found therein. Our Pope further emphasizes the role of practicing the corporal and spiritual works of mercy, as well as maintaining an attitude of cheerfulness as ways of bringing others to the truth.

ACKNOWLEDGE THE PERSON BEFORE ADMONISHING THE SIN.

This profound exhortation from the Pope can be quite challenging: “Human beings, whenever they judge, look no farther than the surface, whereas the Father looks into the very depths of the soul. To refrain from judgment and condemnation means, in a positive sense, to know how to accept the good in every person.” Similarly, my mom always says, “Hate the sin, not the sinner.” Regardless of the transgressions or attitudes of the other, we should approach every human person with respect, love and a welcoming demeanor.

“Human beings, whenever they judge, look no farther than the surface, whereas the Father looks into the very depths of the soul. To refrain from judgment and condemnation means, in a positive sense, to know how to accept the good in every person.”

— POPE FRANCIS

HAVE COURAGE WHEN CALLED TO BE COUNTER-CULTURAL.

C.S. Lewis said, "Courage is not simply one of the virtues, but the form of every virtue at its testing point." It takes courage to raise your voice in a hostile environment. The Pope continues, "We need prudence, vigilance, loyalty, transparency, together with courage, to denounce any wrongdoing." When your cheeks flush, your heart races and your conscience tells you to speak, call upon your guardian angel and ask for the grace to approach the circumstance with humility and veracity.

KEEP MOVING FORWARD.

A young army officer recently shared with me several heartbreaking stories of battles lost under his command in Afghanistan. When I asked how he coped with his fears upon entering hostile territory, he said, "You have to address each situation in the moment. You can't think

too much of what happened or what's going to happen. Stay focused. Accept that you are never truly in control." These same precepts apply to the spiritual battles we are fighting now. As defenders of His Church, we communicate God's truth when we submit to His will without turning back.

Summarized from the Papal Bull, these points lay the foundation for a successful mission of mercy in medical school. During this Jubilee Year, let us bring Christ with us into our classrooms and clinicals, praying the words of John Henry Cardinal Newman: "Let me preach [Christ] without preaching, not by words but by my example, by the catching force, the sympathetic influence of what I do, the evident fullness of the love my heart bears to You."

Anne-Marie Carpenter is the vice president of the Catholic Medical Association Student Section. She is currently in her second year of the MD-Ph.D. program at the University of Florida in Gainesville.

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BE NOT AFRAID

Evangelization through Residency Interviews

By

BRIAN BAMBERGER, M.D., MPH

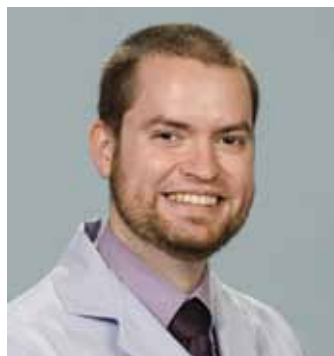
TO BE HONEST, I LIVED IN FEAR throughout most of medical school.

Medical education itself is a high stress environment — what with block examinations, clerkships, boards constantly looming over your head. There's a fear of failure. There's self-doubt and anxiety. Yet, my greatest fear was if I could fully live out my Catholic Faith while training to be a physician. Would I violate my conscience? Would I be expected to participate in interventions I knew were contrary to Church teaching? Worse yet, would I have the courage to proclaim our Catholic Faith clearly when confronted by a classmate, supervising resident or attending physician?

I attended a public medical school where a politically liberal leaning culture pervaded our curriculum. Elective abortions were standards of care at its termination clinic. Contraception was encouraged, and IUDs in pediatric patients were becoming the norm. Our bioethicist routinely brought in advocates of euthanasia.

Ironically, this culture made me grow as a Catholic and as a physician as I had to be in constant dialogue with those with differing opinions. My best friend in medical school led the local Medical Students for Choice. My physician mentor proclaimed that referral for abortion was mandated for those who had conscience objections. They, and so many like them, were good-hearted people who truly wanted to help the underserved, impoverished and vulnerable. It was our visions of *how* to help that were drastically different.

I came to realize the importance of living my faith, not only for the salvation of myself and my patients, but also of my colleagues. The foundation of evangelization is relationship and without a firm foundation in friendship, I would never have had long conversations about contraception



and end-of-life care with that pro-abortion friend.

Residency interviews came with their own anxieties and fears. I was saddled with hundreds of thousands of dollars of student loan debt. Trends in recent years showed increasing rates of unsuccessful candidates in The Match. I feared that my faith and my intent to be an NFP-only physician would decrease my ability to match in my chosen specialty. Should I let programs know in

advance? Or, when matched, have a conversation with the program director? Prayer and reflection led me to discern that I *should* disclose my refusal to prescribe contraception or give referrals for abortions during interviews. Yet at my first interview, I was having second thoughts.

With only 15 minutes to interview with the program director, rationalizations for not doing so kept running through my brain: *Don't make a bad first impression. Talk about your qualifications and your extra-curricular activities. Don't be labeled a religious fanatic.*

My anxieties, second thoughts and fears were wiped away when the program director told all applicants that contraception was dispensed at the hospital and clinic. At this Catholic hospital. The justification? They had found an ethical loophole. I was galvanized. At that moment, I knew I had to discuss my NFP-only status. I prayed for courage to follow through, for inspiration to find the words.

When I had my 15 minutes with the program director, we began with the usual back and forth: my interest in the specialty; my interest in the hospital; my qualifications; the unique experiences on my CV. At the end, he asked if I had any questions.

And so I began:

"As you probably can discern from my *Curriculum Vitae*, I am a man of faith — and that faith is a large part of who I am. Personally, I view this characteristic as 'value added,' as it inspires me to provide the highest quality, compassionate, patient-centered care possible. It is what led me to devote

two years of service to the homeless and underserved as an AmeriCorps volunteer — and, it will likewise lead me to provide the same level of compassionate care during residency. However, it also provides an ethical framework for my practice of medicine — boundaries of services which I would be able to provide. An example of such a boundary is the prescription of oral contraceptive pills (OCPs). I would not be able to prescribe OCPs for family planning purposes, but I would be able to counsel regarding all forms of contraception, as health education is something I highly value. In addition, I would be able to talk to patients regarding natural methods of family planning, ‘fertility awareness based methods,’ or FABM, a topic which is not well taught in many medical schools. The goal in all of this is not to force my beliefs upon patients, but rather to provide medically appropriate care while staying true to my conscience. Would this be possible at your program?”

He told me that in his 15 years as program director, no one had asked him that question. *Not once.* He told me that he constantly gets asked the reverse — of applicants wanting to prescribe contraception, but worried they wouldn’t be able to do so at a Catholic hospital. He repeatedly assured me that I would be able to be a NFP-only physician in their program.

I saw that exchange as seeds of evangelization. And, so, I began proclaiming my Catholic Faith and disclosing my NFP-only intent at each interview or if I was unable to do so in person, I did so in communication after the interview day.

The supportive responses I received from programs was a complete surprise. I discovered places where NFP-only residents had flourished at public university hospital systems. I found program directors with a great desire to learn more about my viewpoint, and how I could become a part of their residency. At one public university program, I talked with the program director in detail about how to implement a policy in clinic that would preserve my NFP-only status. Our communications went on for several weeks. I was humbled by his openness. I may not have changed anyone’s mind, but I like to believe that I got them thinking about these issues and, hopefully, paved the way for future residents. By the end of interview season, only a few programs had given me negative responses.

As Pope Francis stated, “the New Evangelization is this: to be aware of the merciful love of the Father so that we also become instruments of salvation for our brothers. This awareness, which is sowed in the heart of every Christian from the day of his baptism, calls for growth, together with the life of grace, to bear much fruit...”

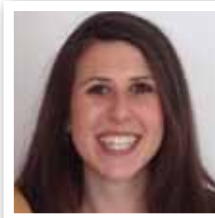
From this understanding, we must evangelize the culture of medicine by living our faith, by proclaiming the Truth. We must be in dialogue with our colleagues, and be fearless when the Holy Spirit moves us to speak to them because, as the Holy Father notes, to evangelize, “calls for courage, creativity and determination to undertake ways that have yet to be explored.”

Dr. Brian Bamberger is the president of the Catholic Medical Association Resident Section.

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DR. BRIAN BAMBERGER ON “MATCH DAY” WITH HIS SISTER MARIE FRICANO, NIECE EMMA AND NEPHEW JOEY AT THE AON BUILDING IN CHICAGO, FRIDAY, MARCH 21, 2014.



NORTH DAKOTA

THE BISMARCK GUILD

The Bismarck Catholic Physicians Guild welcomed their newest member, pharmacist Alison Black, at the annual White Mass last October, where Bishop David D. Kagan officiated.

Local professionals were honored during the Mass held at the Cathedral of the Holy Spirit, where Black was also sworn in by the Guild's chaplain, Msgr. Tom Richter.

The Bismarck Guild was formed in February 2010 and has 14 members. Each member that joins the Guild signs an oath on the altar during the White Mass to solemnly

swear to uphold the values and principles of the Bismarck Catholic Physicians Guild, which in steadfast fidelity to the teachings of the Catholic Church upholds the principles of the Catholic Faith in the science and practice of medicine.

We strongly support our North Dakota medical students, who are encouraged and assisted in becoming CMA members and attend the annual CMA conference. Currently, we have four meetings per year, plus one business meeting. Also we meet with pre-medical, pre-nursing and nursing students at the University of Mary.

For more information contact Guild President Dr. Raymond Gruby at rgruby@me.com.



NEVADA

THE SOUTHERN NEVADA GUILD

The Southern Nevada Guild held its first White Mass last October at the Guardian Angel Cathedral in Las Vegas. Our celebrant was Bishop Joseph A. Pepe and concelebrants were Msgr. Gregory W. Gordon, our chaplain, and Father Gustavo Cruz, the rector of the cathedral. The Mass was well attended and enjoyed by all with plans to make the White Mass an annual event.

The Guild also had its first meeting last November at

St. Anne Catholic Church in Las Vegas, where we prayed Vespers and consecrated the Guild to the Sacred Heart of Jesus. Discussion was held regarding the direction of the Guild and upcoming events. We had refreshments and time for fellowship.

In January we had Mass followed by a dinner and social also at St. Anne's with more events like it planned throughout the year.

For more information contact Guild President Dr. Sharon C. Frank at sfentmd@aol.com.



SAINTS MOLLA AND MOSCATI GUILD

In August 2015 the Ss. Molla and Moscati Guild of Tulsa was chartered to serve eastern Oklahoma. The Guild was formed primarily to support local Catholic physicians in growing in sanctity, and to provide solidarity and community in an increasingly hostile health care environment.

We had our first White Mass with Bishop Edward Slattery in January 2015, where the Religious Sisters of Mercy in Tulsa blessed us with their singing. The Mass had a great turn out with over 100 attendees. It will be an

annual event.

We have worked with Bishop Slattery to publish an online Catholic physician directory on the Diocese of Tulsa website. We have also formed prayer partners, pairing physicians so that they can daily pray for one another.

Our regular gatherings consist of dinner and a speaker with future plans that include a retreat at nearby Clear Creek Monastery and a “Basics of Ethical Decision Making” conference. Please keep our members in your prayers.

For more information, contact the Guild at tulsacma@gmail.com.



SAINT GIANNA MOLLA GUILD OF NORTHEAST WISCONSIN

During the 2015 World Meeting of Families, Dr. Gianna Emmaneulla Molla joined the St. Gianna Molla Guild of Northeast Wisconsin for a very special evening. Following dinner, Dr. Gianna gave a once-in-a-lifetime talk about her saintly mother, her family and her faith. Dr Gianna is the fourth child of St Gianna, the patron saint of our guild.

On November 3, 2015, the Saint Gianna Molla Guild sponsored an event focusing on “Protecting the Dignity of Human Life: Examining the Faithful Practice of Catholic Medicine.” The featured speakers were Fr. John Girotti, who spoke on Catholic theological principles regarding the dignity of the human person, and Dr. Scott Stillwell, who discussed his practice of family medicine in a new faithfully Catholic clinic.

For more information contact Guild President Dr. Robin Goldsmith at sgmgnew@gmail.com.



Report from Rome

THE FEDERATION OF INTERNATIONAL CATHOLIC Medical Associations (FIAMC) conducted its annual board meeting in Rome on the 31st of August 2015. I had the pleasure of representing the United States and, along with my Canadian Colleague Martin Owen, M.D., we served as representatives of the newly incorporated Region 5 of North America. Representatives of all 6 Regions from Africa, Asia, Oceania, Europe, North America and Central/South America, respectively, were in attendance.

FIAMC President John Lee, M.D., who is from Singapore, presented his annual report on the state of the organization, which highlighted many of the challenges facing Catholic doctors. Limited resources continue to plague the delivery of Catholic Health Care in the Third World. Dr. Lee gave a moving testimony to the success of several CMA-sponsored mission hospitals operating in Indochina thanks to the efforts of his colleagues from Oceania in Region 3.

In the West, mounting pressure from the secular culture threatens the long-held principle of Conscience Rights for Health Care Providers. Professor Margaret Sommerville from the McGill University School of Law was in attendance to brief the board on the status of Rights of Conscience and physician-assisted suicide in Canada.

Spaniard Dr. Jose Maria Simon presented the newly revised FIAMC website (<http://internationalfiamc.blogspot.com>) and introduced Belgian Vincent Kemme, who will be keeping the FIAMC Bioethics webpage constantly updated.

Several board members had the pleasure of attending a meeting with Archbishop Zygmunt Zimowski, president of the Pontifical Council for Health Pastoral Care, and his staff to discuss how FIAMC can work more closely with the Holy See on Health Care related initiatives. Plans are underway to host a one-day program for medical students at World Youth Day in Krakow this summer.

Finally, our CMA Episcopal adviser Most Reverend James

Conley was able to visit with executive secretary Sivija Vasilj at the FIAMC's Rome office in October. As the CMA continues to grow in the United States, opportunities to expand our international involvement with FIAMC will remain a high priority.

Jack Lane, M.D.

CMA Past President

SAVE THE DATE

Mark your calendars for these upcoming 2016 CMA events:

- ▶ **June 9-12:**
Mid-Year Meeting at the University of St. Mary of the Lake in Mundelein, Illinois
- ▶ **June 20-26:**
Medical Student and Resident Bootcamp at St. Charles Borromeo Seminary in Overbrook, PA. A day has been added to the beginning of the Boot Camp to provide spiritual formation.
- ▶ **Oct. 11:**
A Day on the Hill: CMA members will visit with legislators in Washington, D.C.
- ▶ **Oct. 13-15:**
2016 CMA Annual Educational Conference in Washington, D.C.

Visit www.cathmed.org for more information about these events.

We hope to see you there!



Extraordinary Jubilee of Mercy

DECEMBER 8 2015 — NOVEMBER 20 2016

“NO ONE HAS PENETRATED THE PROFOUND MYSTERY OF THE INCARNATION LIKE MARY. HER ENTIRE LIFE WAS PATTERNED AFTER THE PRESENCE OF MERCY MADE FLESH. THE MOTHER OF THE CRUCIFIED AND RISEN ONE HAS ENTERED THE SANCTUARY OF DIVINE MERCY BECAUSE SHE PARTICIPATED INTIMATELY IN THE MYSTERY OF HIS LOVE. MAY THE SWEETNESS OF HER COUNTENANCE WATCH OVER US IN THIS HOLY YEAR, SO THAT ALL OF US MAY REDISCOVER THE JOY OF GOD’S TENDERNESS... AT THE FOOT OF THE CROSS, MARY, TOGETHER WITH JOHN, THE DISCIPLE OF LOVE, WITNESSED THE WORDS OF FORGIVENESS SPOKEN BY JESUS. THIS SUPREME EXPRESSION OF MERCY TOWARDS THOSE WHO CRUCIFIED HIM SHOW US THE POINT TO WHICH THE MERCY OF GOD CAN REACH. MARY ATTESTS THAT THE MERCY OF THE SON OF GOD KNOWS NO BOUNDS AND EXTENDS TO EVERYONE, WITHOUT EXCEPTION. LET US ADDRESS HER IN THE WORDS OF THE *SALVE REGINA*, A PRAYER EVER ANCIENT AND EVER NEW, SO THAT SHE MAY NEVER TIRE OF TURNING HER MERCIFUL EYES UPON US, AND MAKE US WORTHY TO CONTEMPLATE THE FACE OF MERCY, HER SON JESUS.”

-POPE FRANCIS

Pope Francis has instructed that special indulgences be available for the faithful through the duration of the Year of Mercy. The requirements to do so are as follows:

FOR ABLE-BODIED CATHOLICS:

- Take a pilgrimage. Make a journey to your local Holy Door (a physical portal in your local cathedral, shrine or other designated Church) or to one of the Holy Doors in the four papal basilicas in Rome.
- Go to confession.

- Receive the Holy Eucharist.
- Make a profession of faith.
- Pray for the pope and for his intentions.
- Perform a spiritual or corporal work of mercy.

FOR THE ELDERLY, CONFINED AND THE ILL:

- Pope Francis said that they may obtain the indulgence by “living with faith and joyful hope this moment of trial,”
- Receiving the Eucharist,
- Or by attending Mass and community prayer, “even through the various means of communication.”

When she encounters these patients, she sees herself during a time of deep suffering in her own life and offers them the same thing a friend offered her during that time: the gift of mercy and accompaniment. Her friend could not solve her problem, but simply abiding with her in the suffering made a world of difference.

“One of the greatest acts of mercy is listening and caring without judgment,” Nolte said. “By giving patients our undivided attention and time, listening to them with love, becoming a partner in problem-solving and, most of all, just by promising to hang tight with them in their moment of suffering, we get to be another Christ to them.”

However, Nolte is very aware that giving that kind of time is detrimental from a financial standpoint.

“To deliver high quality, compassionate health care, which is in line with Catholic teaching and places the patient as a person in the center of the doctor-patient relationship, takes time — a significant amount of time,” Nolte explained. “Unfortunately, the way health care is set up, time spent with patients is the most poorly reimbursed by health insurance companies.”

She notes that doctors nationwide feel this strain and are likely financially penalized for doing what is best for the patient.

“As a doctor, you have to overcome this by being faithful to what is right — to giving the patient the time and attention they need and trusting that God will take care of the details. For the Gianna Center, He has done just that,” she said.

It also means actively engaging the insurance industry, as well as state and national legislatures to change this reality, which is exactly what she is doing as part of the Center.

In addition to her work with the Gianna Center, Nolte also serves as president of the New York Metropolitan Guild of the CMA, where she works with three other guild officers to provide monthly meetings from September to April for education in medical ethics and spirituality, and fellowship

“By giving patients our undivided attention and time... and, most of all, just by promising to hang tight with them in their moment of suffering, we get to be another Christ to them.”

following the noon Mass at St. Catherine of Sienna Church in NYC. She has also spoken at local medical schools at the invitation of Catholic medical students.

“I became a CMA member when I was still a medical student, and I credit the Philadelphia Guild for getting me through medical school with my sanity intact,” Nolte said. “I feel committed to continue to give what I received when I was younger.”



JOHN HARTMAN

Dr. Anne Nolte with Dr. Angela Lanfranchi and Dr. Joseph Stanford at the 2015 CMA Conference in Philadelphia, PA.

Nolte was also recently appointed to the United Nations as the main representative of the Federation of International Catholic Medical Associations, the nongovernmental organization, also known as FIAMC, which has the opportunity to influence global policy at the UN. She was appointed by Dr. Kevin Murrell, a past-president of the CMA and long-time delegate to FIAMC.

“Global health care and the rights of women are among the most important topics discussed [at the U.N.] each year,” Nolte said. “In this role, I hope to be able to bring in our national experts from the CMA to speak to the solid foundation that Catholic medical ethics provides to any health care policy; and, in the area of women’s rights, I personally hope to be a voice bearing witness to the truth that women’s rights should not be reduced to access to abortion and birth control.”

Whether on a local or international level, with a patient, medical student or government official, Nolte keeps one thing in mind: as a physician she has daily opportunities to meet Christ in those she serves and be an instrument of mercy and love.

Erin Maguire is a freelance writer living in the Philadelphia area.

the need to reassure them that they will be helped with symptoms as they arise including their fears and anxieties. When patients express their feelings and concerns about the end of life, a tremendous opportunity exists for physicians to listen with empathy and to delve deeper, he said.

“When people say, ‘I might as well be dead,’ maybe they mean nobody cares about me,” he explained. “When they say, ‘I’m afraid to be on a respirator,’ maybe they are asking if they will ever come off or whether they will be trapped. When they can talk, you become a part of their support system.”

Toffler recalled his mother’s occasional expressions of frustration and anxiety expressed in the question “Why doesn’t God take me?” In such situations, Toffler said that the best response is to help them with their anxiety and to help alleviate the pain with appropriate medications, not by assisting with the ending of their lives, which, he called the wrong paradigm and a corruption to the medical profession.

“I believe my patients are important even when they sometimes don’t believe that they are,” Toffler said. “I see a lot of people, virtually every day, who may have some problem with their own self-image, with their sense of self-respect. My goal, whether they’re terminal or not, is to help them appreciate the reality of their importance. We need to recapture and help others understand that being with people who are suffering is being truly compassionate.”



JOHN HARTMAN

Dr. William Toffler with friends Dr. Steve White and Sr. Mary Gretchen Hoffman, R.S.M., M.D. at the 2015 CMA Conference in Philadelphia, PA.

Toffler pondered what it says to people like his wife who choose to live their lives fully to natural death, to claim that it is more dignified to take an overdose.

“I see now more than ever how God has the right plan for us even though it involves suffering,” he said. “Jesus told us to embrace suffering and be ready to ‘pick up your cross and come follow me.’ This is not an archaic notion; it is life-giving. It is paradoxical from the human point of view, but from God’s point of view this tiny trip on earth is but a fleeting moment of eternity.”



Dr. William Toffler and his wife Marlene with their children and grandchildren during the 2014 Christmas season.

“I see a lot of people, virtually every day, who may have some problem with their own self-image, with their sense of self-respect. My goal, whether they’re terminal or not, is to help them appreciate the reality of their importance.”



WORCESTER GUILD

PRESIDENT DR. MARK ROLLO AND VICE PRESIDENT DR. PAUL CARPENTIER JOINED AN ECUMENICAL PANEL OF PHYSICIANS TO TESTIFY BEFORE THE MEMBERS OF THE BOSTON STATEHOUSE AGAINST PHYSICIAN-ASSISTED SUICIDE. TOGETHER WITH THE OTHER MEMBERS, WHICH INCLUDED DR. WILLIAM LAWTON, A PROTESTANT CHRISTIAN NEPHROLOGIST, AND DR. LAURA LAMBER, A MORMON PALLIATIVE ONCOLOGIST, THEY MET WITH SEVERAL LEGISLATORS AND PRAYED BEFORE THEY TESTIFIED AT THE OCTOBER 27, 2015 HEARING, WHICH WAS STANDING ROOM ONLY. THE BILL TO LEGALIZE PHYSICIAN-ASSISTED SUICIDE IS STILL IN COMMITTEE.



PHOENIX GUILD

THE PHOENIX GUILD HOSTED ITS ANNUAL WHITE MASS BANQUET ON OCT. 17, 2015, WHERE THE MOST REV. JAMES D. CONLEY WAS GIVEN THE EVANGELIUM VITAE AWARD. BISHOP CONLEY WAS THE KEY NOTE SPEAKER AND IS PICTURED HERE WITH MOST REV. THOMAS J. OLMSTED, THE BISHOP OF THE DIOCESE OF PHOENIX, ALONG WITH CMA MEDICAL, DENTAL AND PHYSICIAN ASSISTANT STUDENTS, FELLOW DR. NATALIE RODDEN, GUILD CHAPLAIN FR. ZYGMUNT MAZANOSKI, AND DR. MARÍCELA P. MOFFITT, THE FACULTY ADVISOR FOR THE CATHOLIC MEDICAL STUDENTS AT THE UNIVERSITY OF ARIZONA.

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Ours is a profound joy that goes deeper than a smile; rather it lights a fire within, bringing peace to the soul. We have all experienced that kind of joy. Now is the time to share it with others.



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