Evangelizing through medicine

Dr. E. Wes Ely on what happens when a patient says, “Doc, help me die.”
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Dr. Lisa Gilbert, CMA Member

Yes.
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The Catholic Medical Association helps physicians and health care professionals uphold the principles of the Catholic faith in the science and practice of medicine.
The Orlando Guild of the CMA Takes on Human Trafficking & Pornography • 10

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Dear CMA Members and Friends,

This current edition of The Pulse of Catholic Medicine focuses on the theme of evangelization. As Catholic physicians, we are evangelizers by virtue of our baptismal promises and the Oath of Hippocrates. Every patient encounter is a point of evangelization. Pope Pius XII, addressing a group of doctors, makes this quite clear.

“Though the doctor is called in directly to heal the body, he must often give advice, make decisions, and formulate principles that affect his (the patient’s) eternal destiny. It is after all, the man who is to be treated: the man made up of soul and body who has temporal interests but also eternal.”

As we strive daily to uphold the principles of our Catholic faith in the practice of medicine, we are fulfilling our mission to evangelize.

The Catholic Medical Association is similarly engaged in evangelization at the national, state and guild level. We are bearing public moral witness to the critical bioethical issues of our time. St. John Paul II called for an evangelization “new in its ardor, its methods and its expression” and the CMA has wholeheartedly responded to this challenge. We have become medical missionaries on the digital continent, utilizing Facebook, Twitter, Instagram, YouTube and Podcasts. The CMA is also in a collaborative venture to produce a physician driven educational TV series. Our voice is definitely being heard in the public square, countering the flood of false secular rhetoric.

Critical to our mission of evangelizing is securing conscience protection rights for medical professionals. At the very heart of the medical profession is the patient-physician relationship, which is founded on trust; trust that the patient has not only in the good judgment or competence of the physician but also in the good will or conscience of the physician. Without conscience protection this foundation of trust is compromised to the detriment of the patient. We are joining forces with our allies in government and medicine to fight for our rights of conscience that are guaranteed in the First Amendment. We applaud President Trump for restoring conscience protection rights for physicians and health care workers as well as establishing within the Department of Health and Human Services a new division under the Office of Civil Rights responsible for investigating workers’ claims of religious discrimination. As important as this action is, we need to ensure that a future president can not undo these conscience protections by simply erasing this regulation. We need to continue to insist Congress pass the Conscience Protection Act to make permanent our conscience protection rights.

Public advocacy is another realm of the CMA’s evangelization efforts. Our state directors are mobilizing their guilds to promote pro-life legislation and to counter anti-life measures. Their labors are bearing fruit as we are seeing a wave of pro-life legislation being passed by state legislatures. At the national level, we are developing a public advocacy network to facilitate contacts with our respective representatives and senators. Additionally, CMA is working alongside legal advocacy groups by filing amicus curiae briefs in the most important legal cases of the day.

The next generation of Catholic physicians is rising up and the CMA is totally committed to their education and support. We now have student sections of the CMA in over 30 medical schools across the country. The Medical Student and Resident Boot Camp, an intensive mentoring program in bioethics, church teaching and prayer is acclaimed by all as a phenomenal success. Our 5th annual event will take place at Mundelein Seminary, June 17-24.

The CMA’s two longstanding platforms of education and evangelization, the Linacre Quarterly and the Annual Educational Conference continue in their strong and robust tradition. Many thanks to our LQ Editor Emeritus, Dr. Bill Williams for his many years of outstanding service and dedication to the journal and a warm welcome to our new Editor Dr. Barbara Golder. Dr. Golder is passionate about carrying on the tradition of making bioethical principles applicable to patient care at the bedside. “Restoring Healthcare in a Technocratic Age: Building Parallel Structures to Deliver Compassionate Care” is the theme of this year’s annual conference which will be held in Dallas. You will not want to miss this conference with such a timely topic and stellar lineup of speakers.

As we persevere in our efforts to evangelize in our own medical practices and in the Catholic Medical Association, may we be encouraged and fortified by the words of Pope Benedict XVI: “Evangelization is not something optional, but the very vocation of the People of God…”

Sincerely in Christ,

Peter T. Morrow, M.D.
Dr. Barbara Cardona: “I Am a Pediatrician and Grateful Member of the CMA”

By NADIA SMITH

Dr. Barbara Cardona, like many in the Catholic Medical Association, is hard-working and stretched thin in the many ways physicians are in their profession. That is why she was hesitant to get involved with the CMA above attending the yearly national education conference and her participation in her local guild, the Catholic Medical-Dental Guild of Wichita Falls. However, she took a leap of faith and “it has really been a life changing experience,” she said. Dr. Cardona now serves on the Media and Communications Committee, and its Spanish and Shalom Media subcommittees, as well as on the Annual Education Conference subcommittee.

“Being on a committee of the CMA is a great way to evangelize ourselves, our profession, and others,” she said. “The annual conference is a great transformative experience, but working on a committee throughout the year, with other like-minded Catholic physicians, has helped me to grow in my faith and given me tools to better incorporate my faith into my vocation.”

Dr. Cardona first learned about the CMA from a brochure she picked up at her parish. When she went to her first conference, she said she found her “tribe” — others who wanted to be faithful Catholic physicians and were courageous enough to incorporate faith into the art of medicine. And she found something else too: “I am so blessed and extremely grateful to have found the true meaning of my vocation through the CMA.” For that reason, it was easy to want to serve on the conference planning committee so that others could have the same enriching and transformational experience she had. She is also spearheading the effort to have the CMA present at the V Encuentro in September, which is the largest gathering of Latino Catholics in the nation initiated by the U.S. Conference of Catholic Bishops. And likewise having them present at the CMA national conference, also in September, to be held in Dallas, Texas just 25 minutes down the road from where the V Encuentro will be simultaneously taking place.

“Under the leadership of the committee chair, Dr. Paul Braaton, the Media and Communications Committee is putting together quality programming in

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CMA Members Bring the Good News Wherever They Go

By
NADIA SMITH

The aim of the CMA has always been to equip and empower its physicians and medical professionals to not only live their faith in accordance with the teachings of the Catholic Church, but also to allow that faith to direct their ethical integrity and provide the framework for delivering excellent health care. In turn these doctors and health care professionals have been able to become beacons of hope, voices of reason, and examples of compassionate care on the front lines of medicine, where the culture wars are playing out. They bring the Good News wherever they go.

Not surprisingly then we have seen a significant increase in our members being sought out as credible medical experts in international, national and local media outlets. Recently, President Dr. Peter Morrow appeared on EWTN Nightly News to discuss the science behind the pro-life stance and how conscience protection is crucial to safeguard the practice of medicine; Dr. E. Wes Ely, president of the Nashville CMA Guild and member of the editorial board of the Linacre Quarterly, was sought as a contributor for CNN's opinion series, “What it’s like to be me,” (see page 6 for article); Dr. Paul Braaton, past president and a current board member, was sought as an expert for the online publication the Crux on the necessity for Congress to pass the Conscience Protection Act; Psychiatrist Dr. Richard Fitzgibbon, who has worked extensively on excessive anger therapy, was interviewed regarding the Parkland, Florida school shooting for Relevant Radio’s Drew Mariani Show; Dr. Kathleen Raviele, past president, was also interviewed on Relevant Radio for the On Call Show with Wendy Wiese regarding women’s health issues; and Dr. Marie-Alberte Boursiquot, the immediate past president, along with Executive Director Mario Dickerson were featured in a three part series on EWTN’s Church Universal show regarding the CMA’s mission and vision and its far-reaching impact. The list goes on and on. Highlights of other media interviews can be found on CMA’s webpage www.cathmed.org.

“Our voice is definitely being heard in the public square, countering the flood of false secular rhetoric,” said CMA President Dr. Peter Morrow.

The CMA is also initiating its own evangelization opportunities not only through its daily online presence on social media such as Facebook, Twitter, Instagram, and YouTube, but also through its new medical ethics book, newly established Speaker Bureau, and on-going medical mission program.
The CMA has sought to make available a number of its incredibly talented members to enrich any event — conference, lecture, retreat — covering a multitude of topics from medical ethics to Christian discernment and other spiritual topics, as well as a slew of hotly contested moral issues affecting modern medicine. These men and women are spreading the Good News all over the country through the Speaker Bureau. They have been chosen for their extraordinary educational qualifications and for their ability to represent the CMA well. To book one of these members, all it takes is filling out a simple online form found on its website, or contacting the national office.

Members also make their way around the globe to serve the most underserved populations in the world. Through partnerships with the Catholic Medical Mission Board and the Mission Doctors Association, CMA members have gone on several mission trips to provide one of the most basic human rights — access to quality health care — and in doing so literally saving thousands of lives.

“Doing mission work is perhaps one the most fulfilling ways of using the gift of medicine,” said Dr. Lisa Gilbert, who was featured in the last issue of The Pulse of Catholic Medicine on Medical Missions. “I think we become more aware of the plight of the sick, the poor, the marginalized, and more eager and able to respond to His call to love as He loves.”

Dr. Gilbert has been on mission trips throughout Africa, most recently she went to Cameroon with Mission Doctors Association.

In highlighting just some of the ways the CMA is evangelizing through medicine, it is clear that it is filling a void and offering a much needed and desired alternative view on health care.

“Now, at this moment in our history, we believe the Holy Spirit is sending us forth more manifestly,” said Executive Director Mario Dickerson. “We are being sent to share the Good News with those who are seeking authentically Catholic doctors and share their vision for Christ-centered healing; sent to share the Good News with those who are seeking to enact health laws and regulations that uphold the dignity of the person; and sent to share the Good News with those who want truth in medical research and treatments. Like the Apostles, the CMA is being sent ‘even to the ends of the Earth.’”
What happens when a patient says, ‘Doc, help me die’

By
E. WES ELY, M.D.

Editor’s Note: This article, written by Dr. E. Wesley Ely, originally appeared on CNN and is reprinted here with permission. Dr. Ely is the president of the Nashville CMA Guild, and serves on the Educational Conference Planning Subcommittee, as well as on the Editorial Board of the Linacre Quarterly. Dr. Ely is the Grant W. Liddle Professor of Medicine and Critical Care at Vanderbilt University, Tennessee Valley VA GRECC, and the founder of the Vanderbilt ICU Delirium and Cognitive Impairment Study Group.

“But can’t you help me die, Doc?”

My 54-year-old patient was alone in the intensive care unit, with no family or friends in his life. He slumped in his bed, gasping, staring up at me. Admitted with lung fibrosis and pneumonia, he had scars and infection aggressively replacing his airways, despite our best treatments.

As a newly minted doctor years ago, my mind was usually occupied with beeps and buzzers providing me technical information to help calculate choices about patients’ care. Having developed gray hair over many years at the bedside, my first priority is now more straightforward: to hear the voices of the vulnerable people looking up at me from their bed. That is what I try to do as a physician, including, of course, what they tell me in the silences.

I pulled a chair next to his bed so we could talk at eye level. His face was blank. “I want euthanasia. I’m going to die soon, so what’s the point of living longer? I’m just wasted space.”

I felt nauseated. The illegality of euthanasia was not what ran through my mind. Instead I thought about how Paul had lost his sense of personhood. I thought about how I had chosen to become a doctor in the first place. I chose medicine as my calling after a childhood spent in the Deep South: Shreveport, Louisiana. My mother taught English there after my father, an engineer, had left her for another woman. I remember it was so hot that my siblings and I would fry eggs on the sidewalk. No joke. On most days, we’d walk to a nearby bayou and catch baby alligators for fun and fill up coolers with crawfish for dinner. That last part is important because we had no money at all. Dad
wouldn’t pay anything to Mom, who didn’t make much as a teacher. So I started working at the farm of a man who wanted to marry my mother. I worked 14-hour days from about five in the morning doing square bales of hay until seven at night picking vegetables and running the country store.

While I cherish those years and the formation that grueling work provided, I was determined to do something different with my life. Mom told me that Dad had loved math and science, and she taught literature. So I figured it must come naturally for me to split the difference and do something with people, science and the arts. To me, that meant medicine.

I remember our first big assignment in sixth grade was to write a research paper on what we would be when we grew up. I rode my beat-up bicycle to the local library and began reading about how to become a physician: What was the process and what would it all mean? I walked out of the library that day having spent most of my time reading a long medical essay about truth. The author insisted that to be a physician, one has constantly to seek truth about the patient’s diagnosis, the best treatment, and the best way to serve each and every person. What I learned from the essay was that truth doesn’t change depending on our ability to stomach it. As I progressed through Jesuit high school and Tulane, this became a common theme in my pursuit of a life as a doctor: “Wrong is wrong even if everybody is wrong. Right is right even if nobody is right.” Numerous people are credited with some version of this quote, from actors to philosophers to theologians. That sense of truth drove my study and training and my realization that each person’s life has value beyond measure.

I knew long before I met Paul that I couldn’t kill another person just because he or she wanted me to, but I still had to find a way to respond to Paul’s request to die.

‘Just don’t abandon me’

My response came in parts over my days with him. First, I explained that, as his physician, I wanted to be with him through the dying process. I told him that I considered us to be in a mutual covenant. We both had a degree of autonomy that had to be respected, but I would never intentionally harm him. “Paul, our covenant includes my limiting your suffering,” I said. “You are the best judge of when you need more meds for pain, anxiety and breathing. All of us will work day and night to end your distress, but we won’t deliber-

erately end your life.”

With our eyes locked, Paul gave his instruction: “Just don’t abandon me.” And we sat there, as partners.

As a physician, there is no better place to be. Perhaps especially amid the uncertainty, we must learn to partner with each person in the bonds of this two-way relationship. He in need of help and me in need of helping.

Paul was receiving excellent palliative care for his physical symptoms, but it wasn’t enough. It never is. Emotional isolation and despair can cast a shadow darker than disease. Physicians fail our patients on a human level. We forget that our patients are more than the sum of their medical conditions, so I asked Paul about other types of therapy — art, music, spirituality, pets, sunshine — that might help him.

‘He who has a “why” to live can bear almost any “how”’

“I want my music. Can you get me the soundtrack for ‘Lord of the Rings’?” Within minutes we had the songs playing in his room, and his demeanor changed from desolate to alert and engaged. “I love music. It’s always been a motivator, but now ... I don’t know.” He shifted in his bed. “My goals are gone.”

Nietzsche’s words came to my mind, “He who has a ‘why’ to live can bear almost any ‘how.’”

Viktor Frankl, as a physician-survivor of Auschwitz, used Nietzsche’s quote four times in his crucial analysis, “Man’s Search for Meaning.” I think this book should be required reading for medical students.

As with many patients, Paul’s story needed unpacking. “Paul, what did you do in life?”

He smiled and shrugged. “I’m a rare beast: a plumber who acts. I do Shakespeare festivals. You know, ‘The quality of mercy is not strained.’ I’ve been mulling over that line. Years ago I didn’t understand it. I do now. Mercy should not be forced. It’s better as a natural infusion, one person to another.”

I described for Paul the many years I spent alongside my single-mom-turned-Shakespeare-director, helping her cue actors. As we talked, I watched his erratic oxygen levels fall and then partially recover, obliging us to take breaks. Sweat

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MEDICINE IS A SPECIAL AND VISIBLE WAY TO SHARE THE WORD OF GOD THROUGH OUR ACTIONS — TO EVANGELIZE. OUR MEDICAL ART PLACES CHRISTIAN PHYSICIANS IN A UNIQUE POSITION, SINCE OUR GIFTS PARTICIPATE IN CHRIST’S HEALING MISSION. THROUGH THE INCARNATION, CHRIST HAS PROVIDED US WITH BOTH THE MEANS AND THE MODEL BY WHICH THIS OUGHT TO TAKE PLACE.

Determining how to evangelize requires much prayerful discernment. Thankfully, the Catholic Medical Association offers mentorship, peer camaraderie, and structured instruction to aid in this process. For example, it offers the Medical Student and Resident Boot Camp, an immersive retreat that covers ethics, practical problem solving, and conscience formation to prepare us for the challenges we face in medical school and residency.

My practice of evangelization includes fertility awareness education, and the CMA’s Boot Camp helped prepare me for this calling. Since then, I’ve been able to go beyond the classroom and share fertility awareness-based methods (FABMs) with patients and medical professionals through research, policy-writing, and teaching. I hope to help you do the same!

Make your mission of evangelization stronger by following these strategies:

1. **Start at your school or residency:** Is your program lacking a Catholic presence? Find feasible ways to bring a Catholic community to life on your campus. This could include forming a pro-life group, augmenting the curriculum, or inviting a guest speaker to campus. For example, my school’s curriculum made no mention of FABMs; after surveying my class, however, I found that a majority felt we should learn about fertility awareness for our patients’ care. Showing student interest in the topic prompted the course coordinator to include FABMs content in our lectures the following year.

2. **Know the research (and start your own!):** Evidence-based medicine is the universal language of physicians, so you should always be ready to provide a defense of what you know (1 Peter 3:15). Be able to provide references to others, and if the literature is scarce, see it as an opportunity for a new project.

3. **Collaborate:** There are many like-minded organizations that share your mission, and are eager to collaborate. They can provide career networks, research opportunities, and a supportive network for residents and students who want to practice evidence-based medicine in a Catholic way. The CMA is a great way to connect with all of these groups!

4. **Advocate through Policy:** Large medical organizations encourage students and residents to practice advocacy through policy-writing. Often, any member can propose and write a policy statement, which is then discussed and voted on at the annual national meeting. If your policy is passed, the organization then acts on it. For example, I passed a policy in collaboration with the Fertility Appreciation Collaborative to Teach the Science, also known as FACTS. We requested that the American Academy of Family Physicians (AAFP) write a formal letter to the Center for Disease Control (CDC) asking them to update their effectiveness rates for FABMs to reflect the most recent scientific literature. The policy passed and the AAFP did write to the

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COME, FOLLOW ME
My journey of discernment, evangelization, and the crucial role of community

By TUCKER BROWN

I am a fourth year medical student at Thomas Jefferson University and I was recently accepted to St. Charles Borromeo Seminary in the Archdiocese of Philadelphia. As I write, it is Match Week. There is an excitement and nervousness in the air as the class awaits this truly momentous news. I am sure there will be a certain longing come July when I’m not struggling alongside who would have been my fellow interns. But now I am filled with peace and am overjoyed to begin formation with my fellow seminarians. Amid this atmosphere of anticipation, I reflect on my own discernment, how I’ve been evangelized and been evangelizing, and the crucial role community has played throughout my path.

Looking back, I remember a friend in college asking me, “You want to be a Catholic doctor? You know that’s going to be tough, right?” Irritated, I quickly googled “catholic physicians” and found there was in fact an organization of Catholic doctors, the Catholic Medical Association. Reassured, I shrugged off the comment and put my nose back to the grindstone of my premed studies.

But the CMA very quickly became much more than mere evidence that becoming a Catholic doctor was possible, it became the community that showed me how. During my first year, I remember bonding with Dr. Frank Mc Nesby over an idea we shared: starting a Catholic medical student fraternity. We didn’t quite get that off the ground, but in the process of trying, Dr. McNesby led me to Father Shaun Mahoney and the Catholic Center for Young Adults (CCYA) where I now live — undoubtedly, a community that also played a large role in my journey. Only a week after moving into the CCYA, I bicycled 6 or 7 miles up to St. Charles Borromeo Seminary — not for a discernment retreat, but for the CMA Medical Student and Resident Boot Camp.

Aside from the patience and kindness of Linda Donnelly in getting a ragtag, long-haired, first-year med-student-on-a-bicycle situated, what really struck me about the Boot Camp was this: it was clear almost instantly that our common thread was our faith. It seemed as though it was by some weird coincidence that each of us also happened to be in medical school. Throughout the Boot Camp we grew individually and as a community through prayer, strong lectures, and through time spent talking about all we were learning and about the joys and challenges of our journeys thus far. By the week’s end, it felt like home; or dare I say, like Hogwarts to Harry Potter. I was sad to leave this little school of students and doctors who “got it” to go Continued on p19
By LANCE MAKI, M.D.

Did you know that pornography is an integral part of sex trafficking used to recruit and control victims so that every porn user is supporting sex trafficking of women and children according to Polaris, a leader in the fight against this modern day form of slavery? In fact, human trafficking, pornography, abortion and the opioid epidemic are all intertwined.

As a board certified OB/GYN physician, I had never been aware of the human trafficking crisis. There was no training on the subject in residency and there were no CME courses that I was aware of covering this human rights tragedy. But as sex therapists, my wife Kristine and I were aware of the pornography epidemic. For many years, we have realized through our work that pornography is a major problem for both men and women, including among Christians. According to the latest findings, due to the easy accessibility of internet porn, two thirds of men regularly watch pornography, and surprisingly, a third of women do as well. And a significant percentage of users are addicted to it. For many who become addicted to porn, it is a path to far worse things such as having extramarital affairs, watching child pornography, and even deviant behavior such as child molestation and rape. Through our roles in the Orlando Diocesan Human Trafficking Task Force, we also discovered that human traffickers sell women and children into the pornography and prostitution industries making these industries inseparable. But we also know that it is difficult to talk about the evils of pornography because it has become socially acceptable. The key is awareness — awareness of how these industries all interconnect and how pornography use fuels human trafficking. To that end, we knew that we needed to find a way to bring this information to others in the medical community and the general population.

Recently there has been quite a bit of information in the news highlighting Orlando as a high risk area for human trafficking. According to the National Human-Trafficking Hotline, Orlando ranks third in the United States for the number of reports to the hotline, which not only shows there is a hidden crisis here, but also that awareness is working as a growing number of hotels and restaurants post the hotline number for victims and witnesses, and local law enforcement officers have been educated on the warning signs of the crime. Not surprisingly, Orlando is also known as the porn capital of the United States after an in-depth study by Men’s Health Magazine revealed that...
Orlando experiences the highest combined rates of pornography DVD purchases, rentals and online streams and porn searches. We knew that in speaking about the human trafficking crisis, we would need to deal with the pornography issue head on. With that in mind, and as the president of the Orlando Catholic Physicians Guild, I approached Bishop John Noonan of Orlando — who had previously asked my wife and I to help find solutions to the pornography epidemic — about having a lecture on this topic after the annual White Mass. With his blessing, and after several months of preparation, the Guild sponsored White Mass and lecture event was held on Feb. 3, 2018 at Holy Name of Jesus Catholic Church in Indialantic, Florida.

The guest speakers included Jason Jones, the president of the Human Rights Education Organization and of Movie to Movement, and author of “The Race to Save the Century,” who spoke about human trafficking; Bear Woznick, the host of EWTN’s motorcycle based television show “Long Ride Home,” who also spoke about human trafficking, and showed the episode in which the riders picketed suspected human trafficking brothels in Houston; and author and radio host Mark Houck, the co-founder and president of The King’s Men, who spoke about child pornography.

The event nearly sold out with close to 300 attendees. We captured the lectures on film and plan to distribute them to the other guilds of the CMA, as well as to other dioceses to use for awareness and education. Further, Mark Houck was able to speak to two local pastors about support groups for men struggling with pornography, and he is establishing small men’s groups in both of those parishes. Because of the event, we were also able to recruit ten new members to our Guild: not only physicians, but nurses, psychologists, social workers and other concerned parishioners who want to join the CMA in our mission to

**How are the Victims Trafficked?**

The data from the 10,615 victim records give insight into the systems and tactics that traffickers use to conduct their business. Traffickers frequently prey on an individual’s vulnerabilities, and the data spotlight factors that may have placed these victims at risk as well as the variety of tactics used to recruit and trap them in a trafficking situation. Statistics below are non-cumulative.

### Top recruitment tactics

**SEX TRAFFICKING**

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<td>Familial</td>
<td>525</td>
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<tr>
<td>Posing as benefactor</td>
<td>497</td>
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<td>Job offer</td>
<td>29</td>
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<tr>
<td>False promises/fraud</td>
<td>195</td>
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(based on information specified by 2,136 victims)

**LABOR TRAFFICKING**

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<td>False promises/fraud</td>
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<tr>
<td>Smuggling</td>
<td>420</td>
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<tr>
<td>Familial</td>
<td>162</td>
</tr>
<tr>
<td>Posing as a benefactor</td>
<td>110</td>
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</table>

(based on information specified by 1,220 victims)

### Top 5

**RISK FACTORS FOR HUMAN TRAFFICKING**

- Recent migration/relocation: 1,441
- Substance use: 466
- Runaway/homeless youth: 421
- Mental health concern: 356
- Involvement in the child welfare system: 340

**METHODS OF FORCE, FRAUD, COERCION**

- Isolation (including confinement): 2,574
- Emotional abuse: 2,370
- Economic abuse: 2,049
- Threats of any kind: 1,880
- Physical abuse (non sexual): 1,652

**POINTS OF ACCESS TO POTENTIAL HELP**

- Interaction with family/friends: 1,567
- Interaction with law enforcement/criminal justice system: 1,047
- Access to health services: 726
- Access to general social services: 554
- Access to mobile apps or social media: 496
Saint Meinrad Archabbey was the site of the first annual weekend retreat for the Southwest Indiana Catholic Medical Guild. The retreat was held on March 9 - 10, 2018 and led by Benedictine monk, Brother Zachary Wilberding, OSB, MSN, on Medicine and Spirituality: Delivering Difficult News. Besides Holy Mass in the Archabbey church (pictured), retreatants attended evening compline, and morning and noon prayers with the monks, who have chanted the Liturgy of the Hours daily, without fail, for over 150 years in the south central town of Saint Meinrad, Indiana. Most stayed on campus overnight at the guest house where the conference was held and where breakfast and lunch were served, making it very convenient. After the retreat some of the attendees went on a tour of the monastery as well. “Everyone came away feeling enriched by this experience,” said Dr. Peter Rosario, president of SW Indiana Catholic Medical Guild.

Radio Show “Doctor, Doctor”

By NADIA SMITH

Three physicians from the Dr Jerome Lejeune Catholic Medical Guild of Fort Wayne have joined forces to cohost a new medical radio show called Doctor, Doctor. The new show includes all things medical from commentary on recent medical news, to health care tips of the day and medical trivia questions.

“It also is comprised of in-depth interviews — typically with a CMA physician — about a topic of interest that often, but not always, involves the intersection of faith and medicine,” said host Dr. Thomas McGovern.

The show was conceived during the Convocation of Catholic Leaders held by the United States Conference of Catholic Bishops last summer. Participants had the opportunity to network with other apostolates, which is how eight CMA physicians and Sherry Brownrigg, president of the Catholic Radio Association and Cindy Black, executive director of Redeemer Radio, concluded there was an unmet need in Catholic Radio.

“While there were local efforts at putting together Catholic medical radio programs including Dr. Rusty Chavey in Ann Arbor; Dr. Mike Parker and Dr. Will Turek in Columbus; and Dr. Les Ruppersberger in Philadelphia, there was no program with a national presence,” Dr. McGovern explained. “At that meeting, we decided to develop such a program that would draw on the talents of CMA physicians nationwide and Cindy Black offered the studios and expertise of Redeemer Radio in Fort Wayne as a place to launch the program. Thus was born the idea and place for a show.”

Dr. McGovern co-hosts the show with Dr. Andrew Mullally, Indiana state director, and Dr. Chris Stroud, the guild president. It airs every Friday and Saturday at 1:00 p.m. in the Diocese of Fort Wayne-South Bend on Redeemer Radio, and is available world-wide as a podcast on Apple iTunes and Google Play Music, as well as on the CMA and Holy Redeemer Websites.

“Doctor Doctor aspires to serve as a trustworthy source of medical information for Catholics — and everyone else,” said Dr. McGovern. “Our goal is to hone our skills and the final product so that by the end of 2018, other Catholic stations — and perhaps even the Catholic Channel on Sirius Satellite Radio — will air the show.”
Washington

More than a dozen members and spouses of the Spokane-Coeur d’Alene Guild attended the 86th Annual Conference in Denver last year. It was a great opportunity for formation and fellowship. Members returned home energized to continue the work of our Guild.

In October, His Excellency Bishop Thomas Daly and our chaplain Reverend Kyle Ratuiste, concelebrated our annual White Mass at the Cathedral of Our Lady of Lourdes. A well-attended luncheon followed with the opportunity for everyone to meet with Bishop Daly.

In December, the Guild hosted our 5th annual Christmas dinner party for 98 members and guests at the beautiful Historic Davenport Hotel in downtown Spokane. Bishop Daly spoke on the growing hostility to Catholic health care and thanked our members for their steadfastness and courage. Bishop Daly inducted new officers.

In January, the Guild assisted the third Walk for Life Northwest in downtown Spokane. Again, we manned the first-aid station, set up the speaker’s platform and exhibiter booth and helped set up barricades along the route. Despite the cold, members and their families marched behind our CMA banner in a joyous celebration of life.

Under the direction of our new guild president, Dr. Tom de Tar, the Guild will host a spring retreat and a new program of monthly lectures. Scheduled topics include: A surgeon at Calvary, The life of Giuseppe Moscati, Moral Considerations on the Use of Methotrexate for Ectopic Pregnancy, and others. We all look forward to an exciting 2018.

Dr. Al Oliva was one of the guild delegates that attended the CMA conference in Denver.

Florida

The Florida Guilds of the Catholic Medical Association gathered for the 3rd Annual Retreat and Bioethics & Legislative Conference March 23-25 on the beautiful grounds of Our Lady of Perpetual Help Retreat and Spirituality Center in Venice, Florida. The three day retreat featured a one day conference in which members heard presentations on the latest in medical bioethics and Florida legislations affecting pro-life issues and medical conscience protection. Speakers included Sr. Renee Mirkes, OSF, Ph.D., director of the Ethics Division of the Pope Paul VI Institute in Omaha, Nebraska; Donna J. Harrison, M.D., executive director of the American Association of Pro-life Obstetricians and Gynecologists; Jan G. Halisky, JD, chairman of Florida Right to Life PAC; Marco Paredes of the Florida Conference of Catholic Bishops; and Canadian physician Martin Owen M.D., CCFP. The retreat master was Fr. James Blount, SOLT and conference moderator was Fr. Scott Francis Binet, M.D., MI, CMA regional director. The event was a time to bring the guilds throughout Florida together for prayer, fellowship, spiritual growth and a legislative call to action. Dr. Diane Gowski, the Florida state director and organizer of the conference, added, “Our event equipped us with more tools to use as we face the battlefield of medicine.”
The Southwest Florida Guild of the Catholic Medical Association hosted a lecture on the ethical and moral ramifications of the latest scientific and medical breakthroughs making headlines. The event was held on Feb. 6 at the Bell Tower Crowne Plaza Hotel in Fort Myers featuring Father Tadeusz Pacholczyk, Ph.D., director of education of the Catholic Bioethics Center. Addressing 120 people, including physicians, priests, health care professionals, teachers, and more than 20 students from Ave Maria University, Father Tad explained the serious ethical concerns surrounding the recent successful cloning of macaque monkeys in China, which has been celebrated as a scientific breakthrough in the media. The event was covered by the Florida Catholic, the official newspaper of the Diocese of Venice. Dr. Stephen Hannan, the president of the Southwest Florida Guild was quoted as saying, “It is not always easy to talk on these topics, but we all need to maintain a respect for human dignity in all its forms; hopefully this evening will help in that effort.” Dr. Hannan also noted in the article that “it is important for the faithful to have the correct information to evaluate and speak out on current topics of bioethics.”

Three members from the St. Thomas Aquinas Guild recently returned from their annual medical mission trip to Haiti. Dr. Mark Blaser and his wife Nancy along with Chris Pries, an advanced registered nurse practitioner, have traveled to rural Haiti for the past several years. The mission began as a partnership between St. John Vianney Church in Bettendorf, Iowa, and Notre Dame du Rosaire Catholic Church in Jean Denis, Haiti. The group provides basic primary medical care as well as assistance in securing access to clean water and advancing agricultural efforts. A review of the team’s work in January 2018 can be found at sjvhaiti.wordpress.com.

Additionally, the chaplain for our Guild, Father Charles Klamut, has continued to provide excellent podcasts that delve into issues pertinent to a full Catholic life on his show “Pastoral Quotient.” The show includes interviews with CMA notables, such as Sister Mary Diana Dreger OP, M.D., as well as child and adolescent psychologist Dr. Roy Petitfils, and Catholic author Lenny DeLorenzo. His podcasts can be found at soundcloud.com/pastoralquotient, and can also be downloaded as a phone app.

Our Guild also has initiated a monthly column in “The Catholic Messenger,” the newspaper for the Diocese of Davenport, Iowa. The inaugural column, “Catholic Health Care Today,” was authored by Dr. Timothy Millea regarding the issue of physician-assisted suicide, followed by the second column discussing atrial fibrillation by Dr. Michael Giudici. Upcoming columns will include a discussion of a miraculous healing of a terminal sarcoma patient under the care of Dr. Michael Porubcin, among other topics. The columns can be found at catholicmessenger.net/2018/02/practical-basis-for-opposition-to-physician-assisted-suicide.
Leadership Training Meeting, June 21-24, 2018 ~ CME Credits Available
The Conference Center at the University of St. Mary of the Lake (Mundelein Seminary), Mundelein, Illinois
cathmed.org/events/mid-year-meeting

Medical Student and Resident Boot Camp
June 17-24, 2018
The Conference Center at the University of St. Mary of the Lake (Mundelein Seminary), Mundelein, Illinois
Eligible applicants are CMA members currently enrolled in medical school, individuals who will be matriculating into medical school in the summer or fall, and physicians in residency training programs.
cathmed.org/events/medical-student-boot-camp

87th Annual Educational Conference Presented by Solidarity Healthshare, September 20-22, 2018
Restoring Healthcare in A Technocratic Age: Building Parallel Structures to Deliver Compassionate Care
Dallas, Texas at the Renaissance Dallas Addison Hotel
cathmed.org/events/annual-educational-conference

Advertiser, Exhibitor and Sponsor Opportunities:
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LOOK FOR THE CMA AT THESE EVENTS

6th Annual Roman Gala Thursday May 10, 2018 (National Museum of Catholic Art & Library)
At the Embassy of Italy
CMA President Dr. Peter Morrow to be honored.

National Catholic Prayer Breakfast
Join us for the 14th Annual Catholic Prayer Breakfast
Thursday May 24, 2018
Marriott Marquis, Washington, DC
catholicprayerbreakfast.com

8th Annual Napa Institute Conference July 11-15, 2018
A preeminent Catholic Conference bringing together Catholic Leaders for faith, fellowship and community, as we discuss current issues facing our culture and our Church.
napa-institute.org/conference/napa-conference-2018
uphold the principles of the Catholic faith in the science and practice of medicine in whatever capacity they can. We are personally continuing to work as part of our diocesan human trafficking task force and have invited other CMA members to the task force as well. Our Guild has added Human Trafficking and Pornography Education, Prevention and Rehabilitation as one of our top working goals for 2018 and beyond.

Even though the magnitude of the problem is becoming more and more apparent and may even seem to be unsolvable, we in the medical profession must do our part on the front lines. We all need to be trained in the recognition of human trafficking victims and never ignore the symptoms of such patients. We need to also continue to help others become fully aware of its presence in our own communities. As Catholic health care professionals we know that the true solution to such evil can only come with help from Jesus Christ through the Holy Spirit, with the help of our Blessed Mother, her husband Joseph, and St. Michael, St. Benedict, and St. Josephine Bakhita, herself a slave victim and patron of the movement to end human trafficking. We must press on with confidence that Jesus has already won the battle with the enemy and that this latest set of attacks will be thwarted.
partnership with Shalom Media to address current medical issues of interest to the general public, but from a Catholic perspective,” she explained.

Through this collaboration, four CMA doctors will cohost a 12-part television series that will air on the Shalom World Catholic Television Network. Dr. Paul Braaton, Dr. Kathy Berchelmann, Dr. Thomas McGovern, and Dr. Cardona will address various topics on the show including vaccines, gender dysphoria, recreational and medical uses of marijuana, the opioid epidemic, health care reform, and much more. Also, there are plans to start a Spanish series.

Additionally, Dr. Cardona serves on the Communication's Spanish Subcommittee Chaired by Dr. Felix Rodriguez, in which she, along with committee members Dr. Felipe Vizcarrondo, Fr. Scott Francis Binet, and Dr. Gregory Polito, helps ensure the rich resources of the CMA are available to Latino physicians and patients. To achieve that goal, the committee is working on television, radio and print content.

“The Board wants to ensure that CMA resources are available to these physicians and their patients who most certainly would be open to our mission,” Dr. Cardona said. “Making resources available in Spanish is one way to do this.”

She also noted that the Catholic Medical Association would greatly benefit from the wisdom, experience and faith life of more Latino health care professionals in its ranks.

“There are a number of Hispanic physicians who are making history in the United States. Countless more Hispanic doctors are making significant contributions in their local communities,” she said. “Additionally, there are some resources in Spanish that would be of interest to CMA members, and if we could make them available in English, the membership would benefit tremendously.”

The inspiration and renewal she gets from working with the CMA enriches her own work with the Native American community as a pediatrician at Indian Health Service, where she strives to serve and love her patients well.

“My involvement with the CMA has helped me realize that everyone is called, and really has a duty, to share their love of Christ with others. I have had the opportunity to evangelize through the CMA by getting involved with various committees,” she said. “I strongly encourage others to learn more about our organization, join and get involved.”
**EVANGELIZING continued from p8**

CDC, however, since the CDC has not updated its literature, FACTs is collecting signatures for a petition in hopes of showing the CDC that this is an important issue.

Teach others: With a foundation of research, advocacy, and collaboration, you are ready to teach others. Teaching is practice for expressing your ideas in a clear and concise way, as well as equipping others to learn and eventually teach themselves and others. This creates a supportive network of teachers and learners with a common vision. At the end of this month, I will be presenting a lecture to my co-residents on fertility awareness — wish me luck!

Pray and Reflect: After a hard days’ work, take time to reflect on what went well and how to improve your approach for next time. Pray, read the Bible, and receive the Sacraments as you discern your path. Seek the kingdom of God first, and all that you need shall be given to you (Mt. 6:33).

With these approaches, you are ready to evangelize more effectively as a Catholic physician — now go spread the Good News.

Dr. Jojola is the CMA Resident Section Technology Officer, and a third-year chief family medicine resident at the University of California, Davis.

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**2018 Resident Section Leaders**

**President**
Sally (Dierschke) Kurz, M.D.
St. Louis, MO

**Vice President**
Jennifer Perone, M.D.
Galveston, TX

**Secretary**
Dennis Wells, M.D.
Cincinnati, OH

**Communications Director**
Blake Cover, M.D.
Omaha, NE

**Technology Officer**
Cecilia Jojola, M.D.
Sacramento, CA

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**Patents for Embolic Protection Device**

The Kletschka Foundation owns current US and Foreign patents it is willing to contribute to someone committed to developing the embolic protection device that would facilitate the safe collection, compressing and removal of atherosclerotic plaques, thrombosis, stenosis, occlusions, clots and any embolic material or obstruction to vessels. A current prototype and professional expertise are also available.

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or use the “Contact” page at www.KletschkaPublishing.com

DISCERNMENT continued from p9
back out into the world of those who didn’t. And yet, I had been inspired to go out, to live my faith through medicine.

I wish I could say I returned to school seeking out opportunities to share the Gospel. I did share the Gospel, but more or less because it was unavoidable. Faith was simply bound to come up in conversation given the week-long Boot Camp, med student bible studies, CMA conferences, and, well, living in a Catholic men’s house. I think there’s something to that. The CMA was teaching me to put my faith first, that medicine should be one expression of the love we’ve received from God poured out to others. And by focusing on living out my own faith, evangelization first became unavoidable, and then it became more natural and intentional.

Thus far, I have not spoken explicitly about discerning the priesthood. But I think you may have seen traces of God’s promptings and guidance. I think, too, that the most important part of my discernment was made clear, namely, putting first things first. Countless students, doctors, priests, and sisters in the CMA helped me to put my relationship with God before all else. In doing so, or in trying to, I became more and more receptive to the desires that God placed within me. I found my heart breaking for those wounded by sin, both the sin of others and their own. I saw more clearly how so many people do not believe they are loved and I felt the desire to reveal God’s love to them. Through prayer, Scripture, the counsel of many, and spiritual direction, I discerned that God was calling me to follow Him in the ministry of the diocesan priesthood.

You likely have experienced a similar ache at the wounds of another. That ache is probably part of what drew you to medicine as it was for me. Whether you are firmly planted in your vocation or just beginning to really think about it, I am confident that the community of the CMA will help cultivate those desires which God has placed in your heart. I am deeply grateful for how it helped cultivate mine.

2018 STUDENT SECTION LEADERS AND CHAPTERS

President
Kate Kondratuk
Pierre, SD

Vice President
Mary Katherine Montes de Oca
Greensville, SC

Secretary
Robert Ring
Kirkville, MO

Regional Director Coordinator
Michael Thomas Clark
Indianapolis, IN

Technology Officer
Elaine Bilbily
Lexington, KY

Regional Director’s Committee — We need YOU!
Mikey Clark, the CMA Student Section board’s new Regional Directors Coordinator is creating a committee of student leaders to strengthen the sense of community among CMA-SS chapters nationwide and increase outreach to individual members. The group will encourage chapter events, promote student involvement in the national CMA, and equip student section chapters to support members in upholding the principles of the Catholic Church in their medical training. We need motivated student leader representatives on this committee. We need YOU! If you are interested in learning more about this opportunity to serve the CMA-SS, please email students@cathmed.org with the subject “Regional Directors Committee, Attn: Mikey Clark”.

The CMA Medical Student and Resident Boot Camp Applications — NOW OPEN
Applications for the 2018 CMA Medical Student and Resident Boot Camp are open! Visit cathmed.org/events/medical-student-boot-camp. Not only is the Boot Camp moving to the beautiful Mundelein Seminary in IL this year, but we are also planning joint social events with the physician members of the CMA that will be having their Leadership Training Meeting at the same time as the Boot Camp. With activities from the Bishop’s Challenge 5K run to daily Mass with the physician members, this is sure to be an amazing week. Hope to see many of you there!
would build up on his forehead, and, more than once, I worried that our conversation was too much of a strain. But we were unpacking, and it was essential.

**The quality of mercy**

That night I asked Christine, a nurse who loves theater, to sit and talk with Paul. Soon their lives were interwoven, too.

“I think I helped Christine,” Paul said the next day. “My own illness made me forget that one of my ‘things’ is seeing when someone is hurting. And Christine is. She came to help me, but it turns out some really personal things in our background are weirdly similar. I told her my way through the worst of it.” He paused, his thoughts far away.

It seemed like a good time to return to his previous request. “Paul, you’ve asked for euthanasia, and you brought up Portia’s line from ‘Merchant of Venice’ about mercy. Can we talk about these things?” He nodded, and closed his eyes.

“We all want to be here with you in your suffering. I want your opinion: I don’t think injecting you with a lethal drug would be truly merciful, but it would, in every sense of the word, be ‘strained.’ It would be a forced and unnatural ‘false’ mercy. Whenever possible, mercy must also be lifting and healing. I don’t want to abandon those key elements in serving you.”

His eyes opened wide. “Doc, talking with you and Christine about life’s best and worst times has helped. I don’t think injecting you with a lethal drug would be truly merciful, but it would, in every sense of the word, be ‘strained.’ It would be a forced and unnatural ‘false’ mercy. Whenever possible, mercy must also be lifting and healing. I don’t want to abandon those key elements in serving you.”

His eyes opened wide. “Doc, talking with you and Christine about life’s best and worst times has helped.” He took a deep breath, and I heard the whoosh of high-flow oxygen into his nostrils. “Things I confided to Christine are helping her sort through her own struggles. She said she’s coming back tonight, and that means the world to me.”

Then, unwittingly, Paul paraphrased Nietzsche: “When we met, I was afraid of being a burden and not mattering. Now I feel different. I’m not a believer like others, but I guess I remembered the ‘why’ to live.”

Short of a war zone, there are few settings as raw as an ICU. Yet treasured moments of human transformation come when people like Paul rediscover their “why,” even if just for an hour or a day.

‘I’m glad I didn’t miss this time’

I see many paths toward survival in the ICU, and for non-survivors, myriad paths toward death: sudden, prolonged, stuttering, reluctant, stoical — and these paths are dynamic, not static.

It is a rare patient who asks me for euthanasia, but it is nearly universal that dying patients seek help with suffering. Sitting on their beds brings me right up against their fears, the greatest of which is usually not intolerable pain.

Lack of control is what bothers people the most, and it drives most requests for euthanasia, which is predominantly a first-world phenomenon. As we have gained more and more ability to dictate so many aspects of our lives, looking ahead in uncertainty has become something people are not willing to tolerate. As a physician, I find this is a very important “teachable moment” for most patients: helping them (and me) to live in the moment. Whitewashed along a wall in the home for destitute and dying in Kolkata, these words of Saint Mother Teresa became emblazoned in my mind, and I recalled them for Paul: “Yesterday is gone. Tomorrow has not yet come. We have only today. Let us begin.” He nodded in agreement.

Paul reminded me that the best remedy for angst is human relationship and community.

The problem with assisted suicide and euthanasia for Paul — and for others — is that it presented him with an illusion of ‘cure,’ when in reality it would have left him devoid of the healing he received.

And alongside the patient, of course, sits the physician. The problem for me with intentionally administering lethal medications to end the life of another person is that it would rob me as a healer. I would be qualitatively changed. If I were ever to assume that I had authority over life to take it deliberately, it would, for me, create an irrevocable cavern of emptiness. The infinite worth of every person outprices autonomy: What you and I want is less important than who we are.

Obviously, the approach I took with Paul won’t be an answer for everyone, yet it is too often left untried. Some will say Paul’s story is merely an uplifting anecdote. Nevertheless, I hope to embrace the lessons I learned at his bedside for most of my patients, and I hope my colleagues do the same.

We are sent to heal even when cure is not possible. What we should be trying to heal is often not physical disease or clinical depression, but a person’s sense of insignificance and hopelessness, which we cannot heal by eliminating the person.

Paul died a week later. By then he realized his life was of value even with a terminal disease. In fact, the last thing he said to me, between gasps, was: “I’m glad I didn’t miss this time. I never saw it coming, Doc. … In losing my breath, I gained it.”

**Note:** The patient’s name and age have been changed for privacy. These conversations reproduce Paul’s words as accurately as possible from the author’s memory.
A Solution Rooted In Catholic Teaching

Solidarity HealthShare is a Healthcare Sharing Ministry, which provides an ethical way to fund healthcare costs while protecting and practicing our Catholic beliefs. Solidarity’s members pay a monthly contribution and submit their medical needs as they arise.

Our members choose their own providers and Solidarity is there to support them in taking charge over their healthcare. Members submit their member card to their providers, who in turn will forward their bill to Solidarity.

Solidarity’s software shares the medical bill among members through an online account called a Share Box to pay the provider. It is REALLY neighbor helping neighbor.

The Member Guidelines determine what medical expenses are shared among the members of Solidarity Healthshare, by following Catholic moral teachings.

Medical expenses that are morally objectionable or violate one’s well-formed conscience are not shared; such as abortion, contraceptives, euthanasia, and gender reassignments.

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www.cathmed.org/membership

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