

## A Reflection on Being in New York City as a Member of the American Red Cross SAIR Team



Rev. Joseph F.  
O'Donnell, CSC

*Some of my work involved supervision, screening, scheduling, and training, as well as staffing recovery sites, morgues, and family assistance areas.*

As I finished Mass one morning recently, someone asked me if it was “all right” to visit New York, and if they did, to “visit” as near Ground Zero as they might be allowed to go. My response was mixed. “Why wouldn’t you want to visit New York?” and also, “New York will never be the same again.”

Nor will any of us, especially those like myself who have had, or will have, the privilege of being there to help in the mammoth recovery effort that has affected the lives of countless thousands of persons there and elsewhere.

Many erudite words have been and will be written about the crimes and their aftermath, in New York, in Virginia at the Pentagon, and near Pittsburgh in the fields of Pennsylvania. I write of my own personal experience, from my own eyes, and heart. Take it for what it is: one person’s view.

I have been a member of the SAIR Team since 1999, but was never called up until Saturday, September 21, when I, while not on the monthly duty list, was called and asked to report to New York the following Tuesday for three weeks’ duty. The commitment is to do whatever one is asked to do, within the context of spiritual care. Some of the work involves supervision, screening, scheduling, and training, as well as staffing recovery sites, morgues, and family assistance areas. I did all those during my time in New York.

After arriving in the evening of Tuesday, September 25, the rule of flexibility was applied right away as my hotel was changed from the Marriott Marquis (in the heart of Times Square) to Le Parker Meridian (56th Street). It was a good move. I couldn’t afford a room at either hotel on my own. The hotel welcomed all of us as first class guests.

The next morning I reported to Red Cross headquarters in Brooklyn via a chartered bus that picked us up at the hotel at 0630. It took until mid-afternoon to get checked in, meet the chaplain staff, and learn that I would start work in three hours as the night supervisor for spiritual care. So I first worked for two nights, from 2000 to 1000. By the time I got back to the hotel, it was noon, and I was up again at

five for another day. But that schedule lasted only three days, because another chaplain came in for that particular job.

I then was placed in charge of chaplains at two Respite Centers (feeding and relaxing places for firemen, police, and rescue workers) located within a block on each side of the World Trade Center (WTC) site, and also of two morgues, one located at the site, the other outside (on the street) at the New York Medical Examiner’s office a few miles away. I spent most of my time at Respite #1, which was serving over 11,000 meals a day while I was there, and as many as 19,000 on some days. We tried to keep three to four chaplains there 24 hours a day, just to be present for the (mostly) men who came in to rest, eat, cry, and talk. Most were working 12 on, and 12 off. You could see the anger, exhaustion, and hope in their eyes, even though they knew there would be no one else found alive in the rubble.

The Medical Examiner’s office was expanded outside the building in the street, which was fenced, guarded by state, county, and NYPD police, and filled with temporary buildings ready to receive countless casualties. Federal, state, and local medical examination teams supplanted the local staff. Twenty refrigerated semi-trucks stood waiting for bodies to be stored. It never happened. There were few whole bodies, and a multitude of pieces of human remains. The staffs on duty endured their own frustrations, as they were unable to do that for which they were trained. Chaplains staffed this area 24/7. Each time remains were brought to the site, all stood in ranks at attention, saluted, and then went about their tedious work of identification. It was a most challenging place in which to minister. And as the disaster recovery continued day by day, the “normal” number of deaths in New York City occurred, and the morgue went about its daily business as usual.

One NYPD officer told me that he was working directly next to Father Mychal Judge, OFM, an FDNY chaplain, when Father Judge was at first thought to have been hit by falling debris or a human body (later it was determined that Father

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### Boundaries

A letter to fellow chaplains  
from behind bars

Actually here at the Federal Prison Camp in Oxford, Wisconsin, there are no steel bars, just imaginary ones. It is a minimum security facility. But if you go beyond that imaginary boundary, however, you are sent permanently to a low security prison in Duluth, Minnesota, that does have steel bars, electric fences, guard towers, etc.

We all live, however, with imaginary, but very real boundaries in our lives, some of them good and some bad—the line between the inner city and the suburbs, the lines between countries, lines between the rich and the poor, between the sick and the healthy, white and black, death and life, Jew and Gentile, the edge of a cliff, or the line of the terrorist School of the Americas at Fort Benning, Georgia.

Boundaries give shape to our lives for good or ill. Belden Lane in his book, *The Solace of Fierce Landscapes*, speaks of the God of Israel or Sinai who seemingly forces his people into the wild and wretched desert where trust must be absolute. People then confront limits that before they were reluctant to face. Jesus repeatedly leads people into hostile landscapes, away from society and its conventions, to invite them into something altogether new. Jesus functions repeatedly as a boundary crosser, pushing his disciples to edges they find exceedingly uncomfortable.

As I read Thomas Merton's *The School of Charity*, the third of a five-book series of posthumously published letters, there is a line of struggle or balance between obedience and disobedience that he tries to walk. The results of which have left us with some excellent books, but also may have robbed us of many other rich writings that were left unwritten.

Which reminds me of Howard Zinn's words:

*Civil disobedience is not our problem. Our problem is civil obedience. Our problem is that numbers of people all over the world have obeyed the dictates of the leaders of their government and have gone to war, and millions have been killed because*

*of this obedience. Our problem is that people are obedient all over the world in the face of poverty, starvation, (homelessness), and cruelty. Our problem is that people are obedient and the jails are full of petty thieves while the grand thieves are running and robbing this country. That's our problem.*

Peter Gathje of the Open Door Community in Atlanta tells us that we have lived with middle class values of competitive individualism which has erected an imaginary wall of judgment between ourselves and the poor. We have objectified the poor as a "problem," to be handled by bureaucratic means. But this does not resemble what the Scriptures tell us about how to live our lives as an obedient response to God. Isaiah 58:6–7 and Matthew 25:31–46 tell us it is no longer sufficient for us to spend our lives with those who accumulate, doing part-time acts of charity out of one's abundance and at one's convenience. Now we know to be a Christian is to follow Christ and be habitually associated with the outcasts, the marginalized, the imprisoned, the sick and the homeless of the land.

When we confront the vulnerability of our patients' lives and our own, the line between health and illness, do we tread lightly and with grave reverence? Here is where we meet our God incarnate, the holy, the sacred.

There is an imaginary but very real line called fear that separates us from our God. Will we be brave enough to cross it each day, each hour, each moment and model to our patients what holy disobedience is really about?

Jesus did not think it beneath himself (Philippians 2:5–11) to cross that boundary between divinity and humanity. In doing God's will he became counter cultural by humbling himself, walking the way to his death, even to death on the cross (the death penalty of his day).

Since my last article in the August/September 2001 issue of *Vision*, we have all experienced a painful loss of innocence in the terrorist attack of September 11. Many have said that life will never be the same again. If that is true, it will have been a blessing in disguise. I pray that it will be an occasion for all of us, both as individuals and as a country, to confront and disarm the

pride, greed, and violence in our own hearts. Only then will we be able to reach out in true empathy to bring God's peace to other individuals and nations.

I am thankful for this six-month sabbatical, for the support of my colleagues at Loyola University Medical Center and generous folks around the country for their prayers and good wishes.

May the Lord of Love, who breaks all boundaries in His desire for our hearts, give us courage to follow in His footsteps.

Gratefully,

**Dave Corcoran**  
Federal Prison Camp  
Oxford, Wisconsin

*(Chaplain Corcoran was scheduled for release on January 14, 2002.)*

### Clinical Chaplaincy: Sustaining Patient- Centered Spiritual Care

An invitation for hospital physicians to participate in a special study

Dear Medical Staff, Physician Administrators, Vice Presidents, and Directors of Mission & Spiritual Care:

We would like to invite hospital physicians to participate in a special research study undertaken by Providence Health System in collaboration with Oregon Health and Science University. We consider this study vital to sustaining a patient-centered spiritual care ministry. The objectives of the study are twofold:

■ To study physicians' practices toward addressing spiritual and religious issues.

■ To identify physicians' referral patterns to spiritual care and chaplaincy services.

This research study consists of a self-administered questionnaire that takes about three minutes for a physician to complete. The survey instrument was pilot-tested at three hospitals in Portland, in November 2001. There are Likert-type rating questions and other frequency measures that examine physicians' awareness, attitudes,

and usage of professional chaplains in hospital settings.

The study will help us better understand the relational dynamics between physicians and professional hospital chaplains. We believe this relationship has a potential impact on patient care, patient outcomes, and patient satisfaction. The findings of the study will be published by July/August 2002. Organizations that contribute their results will receive two sets of reports: one comparing their outcomes with the national/system averages, the other the full study report.

Site Coordinators are asked to develop a mechanism to get a representative sample of physicians from their institution. Survey instruments will be mailed to Site Coordinators by mid-February 2002, with data collection to occur during February and March 2002. Site Coordinators may choose to collect the completed surveys and mail to the Study Coordinator, Bart Rodrigues, or ask each physician to mail the completed survey directly to the Study Coordinator. The call for participation should come from someone other than the

chaplain to avoid any potential bias.

If your institution is interested in participating, please submit the name of your Site Coordinator and contact information to Bart Rodrigues. For more information about the study, go to the website: <http://www.providence.org/chaplaincy> or contact us. **RSVP by mid February 2002.**

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## *In Memoriam*

### **Please remember in your prayers:**

**Father Michael J. Vasti, MSC**, who died on September 9, 2001, in Center Valley, Pennsylvania. Ordained in 1956, he served in parish ministries as parochial vicar and pastor in eastern Pennsylvania. From 1982 until his final illness, he ministered as chaplain and director of pastoral care at Sacred Heart Hospital, Allentown, Pennsylvania. Father Vasti was certified in 1983 and most recently recertified in 1999. Father David Foxen, provincial superior of the Missionaries of the Sacred Heart, wrote that Father Vasti "was very proud of his ministry as chaplain and of his membership in the National Association of Catholic Chaplains."

**Sister Kevin Stroh, SMP**, who died on December 5, 2001, in Valley City, North Dakota. Sister Kevin began her ministry as a registered nurse in 1946. She also served as director of nursing at the School of Nursing in Bottineau, N.D.; director of formation, assistant provincial, and provincial for her religious community; and director of health ministry at the Sisters' Health System. From 1990 to 1998 she held leadership positions at the SMP Health Corporation in Fargo. She was originally certified in 1988, and the last two years of her active ministry were spent doing pastoral care at St. Andrew's Health Center in Bottineau.

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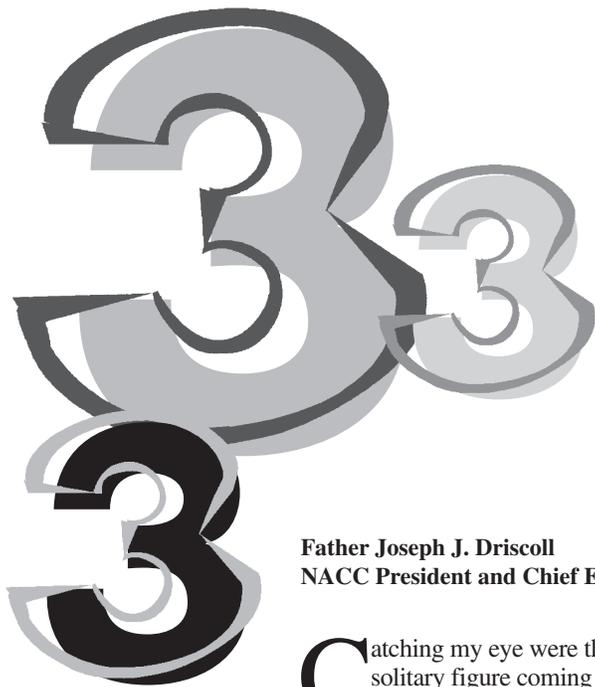
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# Epiphany in Threes

**Father Joseph J. Driscoll**  
NACC President and Chief Executive Officer

Catching my eye were the moving lips of the solitary figure coming toward me on the sidewalk early yesterday morning. He's talking to himself, I thought. Coming closer, I eyed this man cautiously, not wanting to stare, but curious all the same. No chance of offending him for he was no more aware of my presence than was the other party in this animated conversation. He was smiling at whomever was listening with what struck me as a gentle patience in his attempt to explain his point further.

On some level I know my curiosity brushed a feeling of care, but I hurried on with my eyes now checking out the clock in the bell tower hoping I wouldn't be late for Sunday Eucharist. And other thoughts crossed in the traffic of a busy mind, and of course others, and so on.

Perhaps I wouldn't have even returned to my thoughts in this early morning encounter if I didn't run across an obviously distraught homeless woman mumbling on and on later in the day. That bothered me to the point that I remember shaking my head in that awful sense of helplessness with the searing question of why we let these poor people wander out in the streets. And then I wandered on into my day.

But you know how "things" happen in threes? Wouldn't you know that at the sun's setting on this same day while walking on the same bridge over the river downtown I heard this voice and saw yet another person talking alone? This man was young, angry, looking down into the river and shaking his finger. He was bundled head to toe from the freezing temperatures and he was just as insulated from me or the others walking by.

So it takes threes sometimes to look back and remember who sits at a table for one, not even sits, not even having a table. Interesting too that today is the Feast of the Three Kings, or wise men, or astrologers, or as Archbishop Weakland in his homily referenced an early Eastern translation, ambassadors. My theological reflection was staring back at me from the ice in the river.

Who are these three foreigners coming into my

land? Are they wise in a way that we are not? They follow a star that we cannot see and so we shake our heads and think "poor things." Oh, and the stab of guilt in such a de-humanizing phrase. Are they ambassadors, and if so, what message are they carrying?

For years and years many of us have been struggling to transform chaplaincy from the model of a singular, isolated, institutional setting to a model of a multisite, coordinated community environment. We have recognized the parallel of spiritual care with health care in general: the focus has been the institution, primarily acute care, or at least care that comes only when physical illness precipitates a crisis, resulting in admission into an institutional setting, and subsequent reactive interventions.

Economics, for one thing, is changing that focus. But it may not just be the cost, it may be the gradual recognition that people thrive in community and merely survive in the institution. If people are not thriving, perhaps it is the dis-ease of living in the community without community. And for that person, the institution may have been the only hope for community. Prior to DRGs and the cost reduction measures of the 1980s and 1990s, hospitals were often like hotels, particularly for the elderly, and especially during the holidays. If there is no community out in the community then at least there is the community of nurses and doctors and chaplains and others in the hospital.

As I understand the history of the de-institutionalization of the mentally ill in the 1960s, it was not initially the black and red of the balance sheet, but rather the enlightened concept that people thrive in community not in the institution. The tragedy is not in the concept, but in the lack of follow-up care and supervision that these persons need to thrive, even simply to survive.

Three significant events (the number three again!) are happening that I would observe are pointing to this new chaplaincy that is coming in some measure because of, but also in spite of, our efforts.

First, the tragedy of September 11 has already rocketed chaplaincy into the consciousness of society

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at all levels from the person in the streets to the politicians in Washington. On the last Sunday of 2001, the *New York Times Magazine* featured a story on the American Red Cross, especially focused on the controversy leading to the resignation of the then President, Dr. Bernadine Healy. In the opening paragraphs mention was made of all the troubles that occurred in the Red Cross Disaster response on September 11, including the fact that chaplains had not been deployed to the Pittsburgh area.

Chaplains! We were mentioned as a de facto group that of course is dispatched at times of disaster. Five years ago the Red Cross had no idea what chaplains were, what they did, who qualified as chaplains, and how chaplains could be resourced. A lot of work went into positioning chaplains for the SAIR Team that was already in place on that painful day. But since September 11, chaplaincy is so well known and our skills and interventions greatly appreciated and sought after by police, rescue workers, political leaders, and most especially, those who walk dizzy and disoriented in grief.

The reality, however, is that chaplaincy is not in this instance in the institution, but rather in the community.

Second, this coming August the Catholic Church in the United States is bringing together two of its most powerful organizations of social outreach and gospel care. The Catholic Health Association and Catholic Charities USA are gathering for a joint conference in Chicago. In these two groups we have a combination of institutional care (health care organizations) and community care (charitable organizations). One of the key motivations for this meeting is to raise the question as to how we can work together in a coordinated, collaborative way in a shared gospel mission.

Is a new chaplaincy possible in and through Catholic Charities? Is spiritual care only at the bedside of a patient or is it in the office of a patient who is not yet lying in a bed, and perhaps will not end up in a bed, if healing of the spirit accompanies the counseling, the financial assistance, the support group, the bridge to a community where one can thrive, not merely survive.

Third, as you know the NACC is sponsoring a follow-up symposium to the successful Baltimore gathering to be held in eight U.S. cities this fall. *Comprehensive Spiritual Care for Our Sick and Dying: A National Pastoral Strategy* promises to be a perhaps one-time opportunity to engage a large segment of our bishops in helping us to focus our efforts in professional chaplaincy as Catholic chaplains.

Since Baltimore I have met twice with our Episcopal Advisory Council (14 bishops), in Atlanta in June and Washington in November. They have been sharp with their questions, direct with their feedback, and practical with their suggestions on how we can bring bishops to these sites, along with diocesan health care officials, representative parish priests, and ourselves, to look at a

strategy for providing comprehensive spiritual care to patients and families. Each of the Advisors personally signed letters that were drafted at the national office and sent to the bishops last summer announcing the dates and encouraging their attendance.

At each location, the symposium will begin on Thursday evening and will go through Sunday noon. We have planned for the bishops' participation to begin Thursday evening and go through Friday afternoon. For this time we have planned three major presentations all by videotape. The first will be a selection of highlights from the presentations by the theologians at the Baltimore symposium. The second will be a portion of an actual verbatim presentation that demonstrates the CPE model of learning and theological reflection. The third will introduce a brand new program in one of the dioceses that is linking up Catholic health care facilities with the diocesan vicariates through a CPE supervisor who will be responsible for the training and supervision in both the institutions and the community.

These video presentations will be the impetus for discussion, reflection, and questions. We will also include a portion of time for diocesan bishops to meet with their chaplains in small groups. Susanne Chawszczewski, NACC Director of Education, is doing an excellent job of coordinating the planning of these major gatherings.

Could this event also be pointing to a new chaplaincy?

I strongly encourage you to take initiative and leadership in two ways. First, I suggest you make attendance at one of the symposium gatherings a priority. I say initiative and leadership because for some of you it may take some juggling to get the resources to attend. I am working very hard to get funding for the symposium with excellent assistance from the NACC board members, and hopefully, some of those monies can provide at least partial scholarships for those in need.

Second, I also suggest that you take initiative and leadership in considering drafting a letter with other chaplains in your diocese encouraging your bishop to attend. We can provide you with a sample letter that hits the important points that you can then customize for your setting.

This idea came to me because one of our chaplains recently told me that he had spoken to his bishop with a lot of enthusiasm and that the bishop got back to him and said that he would attend! Now that's initiative and leadership. You can do the same.

You know how things happen in threes? Perhaps the message of the people on the street on Epiphany morning is that we are here surviving, but alone, not in community, sometimes even talking to ourselves. Perhaps the message is that a star hovers over the need for a new chaplaincy helping people to thrive, together, in community, talking with people who can and will listen. ▼

*Is spiritual care only at the bedside of a patient or is it in the office of a patient who is not yet lying in a bed, and perhaps will not end up in a bed?*

## SAIR Team Reflection

(Continued from page 1.)

actually had a heart attack). The officer sent his younger partner running to nearby St. Peter's Church to get a priest. There was none there, and the secretary told the young officer "to anoint him yourself, as best you can." The younger officer returned to the scene, and fire and police officers carried Father Judge to St. Peter's in a chair, there being no available stoke (stretcher). They placed him in front of the altar, saluted, and "told him" that they had to return to work. The officer who related this story to me did so with stoic tears, in front of a dozen others sitting nearby. It was one of the most reverent moments of his or my life.

Red Cross workers were not allowed to "wander" in the rubble areas. But my job called for moving from one Respite Center to the other. (Respite #1 was at St. John's University, two short blocks north of the WTC. Respite #2 was the New York tourist ship, *Spirit of New York*, which was brought from uptown to a pier in Battery Park, just a half block west of the rubble. Respite #3, which opened when the ship returned to its regular duties, was in the Marriott Financial Center Hotel, located a block and a half south of the rubble. This hotel had been closed and was undergoing a major renovation. The Red Cross used the first three floors. It served almost as many meals as Respite #1. Respite #1 and #3 included rooms for sleeping, massage areas, supplies, medical care, mental health and chaplains areas, space for religious services, AA meetings, and good privacy. The ship was smaller, more open, and did not have much private space, and thus focused on serving meals.)

In between was the temporary morgue, staffed 24/7 by two priests of the Archdiocese of New York. I stopped by a couple of times a day to check on them and their most difficult task. The first time I was there, standing in front of the tent, all movement suddenly stopped, and I saw the heart-breaking scene, which was repeated dozens of times. Eight firemen carrying two stokes, followed by an FDNY chaplain, made their way from the rubble a half block away to the temporary morgue. Each stoke was covered by an American flag. It was clear as they passed, and we saluted, that there was very little on either stoke. Most of the time, all that has been found are parts of human remains.

I admit that being in New York, being where I was at that moment, touched me deeply and my own tears flowed freely, for



Photo: Catholic News Service.

*Clearly present in the remains of the U. S. Customs House courtyard were three crosses, formed by the falling rubble.*

the dead, their families, and for the noble rescuers trying to retrieve their buddies from the horror. Over my time there, it was all the more difficult because it was virtually impossible to find every body part in the rubble as it was hoisted into trucks, decontaminated at the scene, and then moved to the recently closed, and then reopened, landfill on Staten Island. (At the landfill, NYPD detectives and FBI agents raked the rubble again, and began finding body parts there as well. This raised the rage level of the firemen, who declared "They're not going to bury my buddies in a landfill." FDNY is not only challenged by the horrendous loss of life, but by the deeply emotional bond that ties firemen together as brothers and sisters. It will be a very long time before, if ever, their lives can return to normal.)

I never walked in the rubble. There was no need for me there, and it was clearly very dangerous. But I would stand on the corner, often by the former customs building (a six-to-eight-floor structure, burned out but still standing). U.S. Customs police were on duty all hours, and inspected every piece of paper that came from their building. The second day I was there, I noticed a

hand-painted sign on the side of an entrance way into the customs building. It said "God's House," and an arrow pointed inside the building. Two days later, I finally asked the officers at this perimeter what it meant. They introduced me to Frank S., a construction laborer on the site, who took myself, another chaplain, and the two officers into the customs building (where none of us were supposed to be) and showed us the site he had discovered in the courtyard. There was rubble everywhere — steel, concrete, dust, office supplies, and surely human dust as well. But clearly present in that courtyard were three crosses formed by the falling rubble. One was "perfect" in its formation, another quite high on the left, another low and bent on the right.

Frank, like the rest of us, was searching for some meaning to the insanity before us. He had gone to his supervisor when he discovered these crosses, and had made them his own response to the disaster. He apparently knew which buttons to push, because in a day or so the Mayor's Office promised to retrieve at least the main cross and save it. I made copies of a short newspaper article that Frank had gotten into a Long Island paper, and gave them to him the next day. A

# Spiritual Care to Become Separate Department within American Red Cross

Therese M. Becker

In early December representatives of the National Association of Catholic Chaplains (NACC), the Association of Professional Chaplains (APC), the Association for Clinical Pastoral Education (ACPE), the National Association of Jewish Chaplains (NAJC), and the International Conference of Police Chaplains (ICPC) met with the American Red Cross in Falls Church, Virginia, to plan a significant change in the status of disaster spiritual care services. Currently, spiritual care services are a subdivision of Disaster Mental Health Services and are offered only in the context of aviation disasters. Soon Disaster Spiritual Care Services will be a separate function and will be integrated into virtually all of the work of the American Red Cross throughout the country.

In October 1998, the NACC, along with the APC and the ACPE, began working with the Red Cross to initiate the spiritual care component of aviation disasters. This was required by the Aviation Disaster Family Assistance Act of 1996. Under this act the National Transportation Safety Board was assigned responsibility for care of families in air disasters and contracted with the ARC for these services. The Red Cross then created the Aviation Incident

Response (AIR) Team. After 1998 the Spiritual Care Aviation Incident Response (SAIR) Team was developed as a component of the AIR Team. Chaplains were trained and an on-call rotation established. Professional chaplains have responded to all aviation disasters since that time, including EgyptAir Flight 990 in October 1999; Alaska Air Flight 261 in January 2000; and the most recent crash of American Airlines Flight 587 in Queens, New York, just one month after the World Trade Center disaster.

It was the World Trade Center tragedy that catapulted the indispensable need for spiritual care to the forefront. To whom else can we turn? The events are too big for us to take in. It is only God who is large enough to receive and hold our horror, grief, questions, and experience of evil. It is only in God that there is possibility of hope. The need for spiritual care in the wake of the World Trade Center was so large, so clear, and so urgent that as the SAIR team worked in New York City, it began to function as a separate department. Mental Health became more a co-equal, a partner, than the function to whom we reported.

This operational reality is now being recognized and the infrastructure for Spiritual Care to function independently is now being put into place. This will require a tremendous amount of work. It will take from a year to a year and a half to hire new staff, write the documents needed internally to formalize the new structure, and to develop guidelines and training materials for local chapters to implement the new status.

The significance of this event cannot be overstated. The integration of spiritual care into virtually all disaster work of the American Red Cross throughout the country is a change of monumental import. In three years we have proven our indispensable value to people who are victims of disasters. Our work as professionals who can respond in the context of crisis has shone forth. What we do has been revealed, valued, cherished, and now honored by a full place at the table.

*(Therese Becker is the Director of Pastoral Care at Sinai Health System in Chicago and NACC representative to the American Red Cross Disaster Network.)*

few days later, on October 4, the feast of St. Francis, the cross was removed from the rubble during the night, at considerable risk, and then was welded to a stanchion in the middle of the street near the customs building. The stanchion was the only remaining piece of a pedestrian bridge that had connected the WTC buildings. At 1300 on the feast of St. Francis, a lone bagpiper started down the street toward the covered cross. The music stopped all work on that side of the rubble. Then 50 uniformed police officers and 50 uniformed firefighters marched to the area of the cross, near two cherry-picker fire trucks already in place. A Franciscan priest offered a short prayer; a police officer and a fireman said brief words. The cherry pickers then were raised to the top of the cross and the blue tarp was removed. There was just silence. In a short time, the uniformed men and women marched away, and work resumed.

The Mayor and everyone else have been very sensitive to the multitude of faith traditions which the victims of this terrible act held in their own lives. I was told, however, that 95 percent of FDNY and 86 percent of NYPD profess to be Catholic. A high percentage of the construction workers as well are Catholic. In the first few days, priests, rabbis, and ministers across the board came to the scene and helped in every way they could. As rescue operations became more structured, the attraction of Ground Zero became both a blessing and a curse, even for faith group providers who came from all over the country. Some came with their own agendas, and not just to help and be of service. This was a cloud that for me won't go away for a long time.

At Respite #1, the FDNY chaplain had

arranged for a Mass to be offered each afternoon, usually by the priests from nearby St. Peter's. Several times the priests could not be there, and I offered the Mass. Small numbers of weary firemen, filled with dust and yuck, exhausted police officers, Red Cross and construction workers, found their way to the auditorium for a few minutes respite and prayer. It was a privilege to serve them. I even met two O'Donnell's: one the construction boss for Con Ed (with a thousand workers on scene) and the other an NYPD officer.

These six days were the heaviest of my time there. Just sitting with individuals or small groups, asking them how they felt, just listening most of the time, trying to "lighten" the scene once in a while, trying to give the slightest degree of hope in the

midst of such destruction and loss of life. I generally spent 10 to 12 hours a day there, preceded by a 0700 staff meeting in (the bar of) one of our hotels in mid-Manhattan, and followed by some time in the Brooklyn office before returning to my hotel usually by 2300.

When the Chaplain Supervisor had completed his time there, the Washington, D.C., bosses told him to pick one of our team to succeed him, since there was no one else in the pipeline at the time. I was asked to take over the supervisory position. It meant having less time on scene, but my commitment was to do whatever I was asked to do, so I did. This meant spending more time in the office, screening local chaplains (we had over 500), training, interacting with Red Cross administrators, and attending the senior staff meeting every day. The latter was usually dry, impersonal, matter-of-fact, and not-where-I-wanted-to-be. But there I was.

At the meeting one day, the head of security for the Red Cross told a story (I too had several “in the wings” waiting for the right occasion — even though they came to expect such from me). They did not expect his story. He told of picking up an FDNY fireman earlier that afternoon at the rubble. The fireman was “hitchhiking” out of the rubble (I did that almost every night, looking for a ride to the subway). Our security chief drove him to his firehouse, a 45-minute drive into the Bronx. One the way he told his story . . . of working his regular 24-hour shift, then coming to the rubble to work a second 24 hour shift. . . . in an effort to “find his eight buddies” lost in the rubble from his firehouse. He told of finding a kneecap, along with firemen’s protective clothing. A DNA check showed this to be part of one of his buddy’s remains. The fireman cried most of the way back to his firehouse, but said he felt good because he was able to find something. When our security person finished telling this, there was dead silence in the room. A couple of the “heavies” clearly were upset, or at least astonished that this particular person told this story. I stood up and spoke, “Thanks, Jim, for reminding all of us why we are here.” After the meeting, I sought him out, and learned that he was a retired CHP (California Highway Patrol) officer. When I told him that I worked for DPS (Arizona Highway Patrol), we became instant close friends. We talked through his ordeal and feelings. After that, for my remaining days there, he was my “bosom buddy.” Amazing things happen when we

are willing to share our lives!

Let me mention just a couple of other items. The first is the Family Assistance Center set up by the Mayor’s Office at Pier 94, and run by the Red Cross. It is a huge facility, a half mile long, and we filled every corner. When the Mayor announced the changes in law and process for getting death certificates, we expected large numbers of people to come to the pier. When I left, only 700 had obtained death certificates. But thousands came to the pier every day for every conceivable kind of help.

Each family member was met by a uniformed NYPD community affairs officer and escorted through the simplified process to obtain the help they needed. (In all the recent turmoil of how to distribute donated funds, including great turmoil at Red Cross, the operation at Pier 94 has continued to be

*It was not easy to be sensitive to all the feelings being expressed by the survivors and family members who made trips to the site.*

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praised for its care, concern, and efficiency.) People who came there also were offered the opportunity to go to Ground Zero by boat. When they did, usually in groups of 60 to 70, they were protected by a myriad of police, and accompanied by chaplains and mental health workers. Many broke down; many tried to achieve the smallest degree of closure. They walked to the site from Battery Park, each wearing a distinctive hard hat, and surrounded by police. A simple reviewing stand had been built for them to safely view the scene. After whatever time they needed, they moved to a large firemen’s shrine in the park, where one of the chaplains offered a prayer. It was difficult to observe that in the nearby trees in the park, there still were papers, dust and mud from the blasts. Then slowly the group returned to the boat for the ride back to Pier 94. No media were ever allowed near these people.

Perhaps the two most significant groups

who took the boat trips were a large number of United and American Airlines flight attendants who came to honor their own, and a small group of WTC building engineers (those who had constructed and maintained the building since its inception). Chaplains reported that these trips were the heaviest moments of their time in New York.

It was not easy to be sensitive to all the feelings being expressed by the survivors and family members who made these trips to the site. For example, as furniture from an office building was being removed, prior to demolishing, the furniture was stacked out on the nearby streets. As one particular group of survivors came by, a Jewish survivor looked at the stack of perhaps a hundred chairs and said, “Auschwitz.” The chairs reminded her of the pile of shoes from victims in the concentration camps. While these chairs did not come from the collapsed buildings (nothing useable came out of those buildings), the mere reminder along the way that “perhaps my relative may have sat in one of those chairs” was enough to release intense feelings that needed to be acknowledged and helped. Effort was made for the NYPD to provide tarpaulin covers for the furniture.

Another significant (for me) role, though much less exciting, was to be asked to be a member of the Mayor’s Office team which was/is trying to help local clergy deal with the long-term aftermath of this crime. They fully realize that some have abused their own privilege as clergy. Along with the NYPD and FDNY chaplains, I attended a series of meetings with the Mayor’s staff, and offered assistance in formulating a long-term program for local clergy.

In all of this, I did have a day off. A CSC padre friend came down from Fall River on Columbus Day, October 9. We attended part of the Columbus Day parade, standing in front of St. Patrick’s Cathedral, while bishops and priests in their flowing robes stood in front of the Cathedral to welcome those in the parade. We watched only the Mayor, Governor, and Junior Senator come by. And the fire trucks—none from NYC, though; they said they just could not march. Then we walked through a good part of Manhattan, to 10th Street, visited an Italian restaurant just off Times Square for an early dinner, and I was in bed by about 2100. It was a good day. On that day, and on three other nights as some of us went out to dinner, we struggled along with the rest of New York to return to some sort of

normal life. I admit to becoming angry on some occasions, wondering how people could laugh, when there still was a mound of rubble down there with bodies in it. That was not fair on my part. Most had not had the privilege that was mine, to be a part of the recovery.

On one Sunday of my time there, the Gospel was about Lazarus and the rich man. That evening, before going to my night position, I had dinner in a posh Italian restaurant (right across from Carnegie Hall) with my cousin's daughter. As I entered the subway afterward to go to work, I walked by "Lazarus" three times . . . sleeping on the concrete. It was difficult for me to talk about the Gospel that I had just lived. I wish I knew the answers!

New Yorkers were amazing and wonderful. If they somehow learned that we were part of the Red Cross, they thanked us over and over for coming. One scruffy looking guy on the subway escalator (I going up, he down) looked me right in the eye and said "Thank you for coming." He floored me! My own image of the city disintegrated before my own eyes. Oh, it isn't perfect, but neither is Phoenix, or anywhere else for that matter. At the airport on the way home, after finally getting through security and getting my ticket (for a mostly empty flight), the ticket agent came around the counter, and in the presence of several hundred people, hugged me and said "Thank you for coming to help us." We both cried, on the spot. That's the way it was in NYC!

At the end of my three weeks, I clearly was physically exhausted. The mental toll was less clear. Stories one after the other remain in my heart. The night before I left, a mental health worker lassoed me and took me into an empty office so that we could "debrief." It was most healthy for me, to let it all out, tears included, and to express the frustration that I was able to do so little during my time there. I spoke of my God, wondering where this God was at times like this. I wondered aloud why it took so much evil to bring out so much good in people. I knew I had been changed by the experience. I feel ever more comfortable in the ministry to which I feel called, especially the ministry to our police officers and their families. I wish there were more of me (well, understand that in context), so that I could offer the same presence to firefighters as well.

As I came home, the fire still was burning in WTC. The Army Corps of Engineers told us that the temperature in some

spots was from 1900 to 2500 degrees. They had no idea when the fire would finally be snuffed out. That is why steam, smoke, and occasionally flames were seen in the rubble. Every time an air pocket was released by removing rubble, the fire flared up. Many firemen and construction workers had to change their boots every few days, as the boots began to melt from the heat. Engineers exploring the clogged subway lines discovered dripping steel, which they first thought was fuel oil or gas. The image of the fire stays with me. I know it will burn out some day. I sincerely hope that our own resolve, our own responses of love, care and concern, will not burn out with the fire. Too many peo-

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ple need all of us; each of us has something he or she can do. God calls us to the task.

My life has been changed a number of times. I thank God for the ability to do so. When I was first ordained, there was a change, for sure. Vietnam scarred me immensely. My own wrestling match with depression four years ago sure changed me. And now this — the havoc of war, the destruction of thousands of innocent lives, the realization that we Americans don't always have it all together any more than others in our troubled world, and the haunting decisions that must be made in the days to come.

My own decision is to be the best person I can be, today. I am far from perfect. I am far from being the perfect priest, the perfect religious. I don't believe there is

such. I wrestle with the questions that face all of us. And I hope, I trust in the Lord to walk with me through today, and each day of life God gives me.

*Postscript:* How does an NYPD officer say "Thank you"? There are ways . . . One night I was especially tired as I left the WTC area. I stopped by the NYPD command center to bum a ride to the subway. An officer hopped into his car and said "at your service." Another officer was with him, and I rode in the back (no cage, thankfully). The subway stop was about four blocks away, but I wasn't really sure at that time where it was. He wasn't either . . . he worked in the Bronx . . . but he wouldn't admit that to me. It took us 25 minutes to find a (not my) subway stop where I could get an "A" train. The fun part of the trip was that in the entire time we drove, we never went in the direction of the arrow (one-way streets). Even when faced with four lanes of traffic, our lights and siren took us forward, and he remarked, "It's okay, Padre, as long as we don't hit a pedestrian." Granted, however, most of the ride was within the closed-off area of the city, but not the four-lane road or the corner where the subway station was located. Great fun, as we drove onto the sidewalk at the subway stairs. He accompanied me downstairs and through the "free" gate before saluting and returning to work. That's the NYPD way of saying thanks! Cool. Actually, this happened a second time, during the day, when I had been at Pier 94 (54th Street) and needed to be down at Respite #1 (WTC) for Mass. The NYPD chaplain and his bodyguard/driver drove me down West Drive (closed to all but emergency traffic)—it took four minutes to reach Ground Zero, about four miles. Along that ride, we saw a perennial group of "cheerleaders," later written up in the *New York Times*. They stood along the street at the end of Christopher Street and cheered all those who went by, waving signs of Thank you and God Bless America. So goes New York. God bless 'em.

*(NACC-certified chaplain Joe O'Donnell, CSC, is, in his own words, "sort of retired" in Phoenix, Arizona, where he ministers part-time at the VA Medical Center and assists on weekends at local parishes and as volunteer supervisory chaplain for the Arizona Department of Public Safety (highway patrol). For 27 years he served as a U.S. Navy chaplain. He has been a certified member of NACC since 1978.)*

# THE NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

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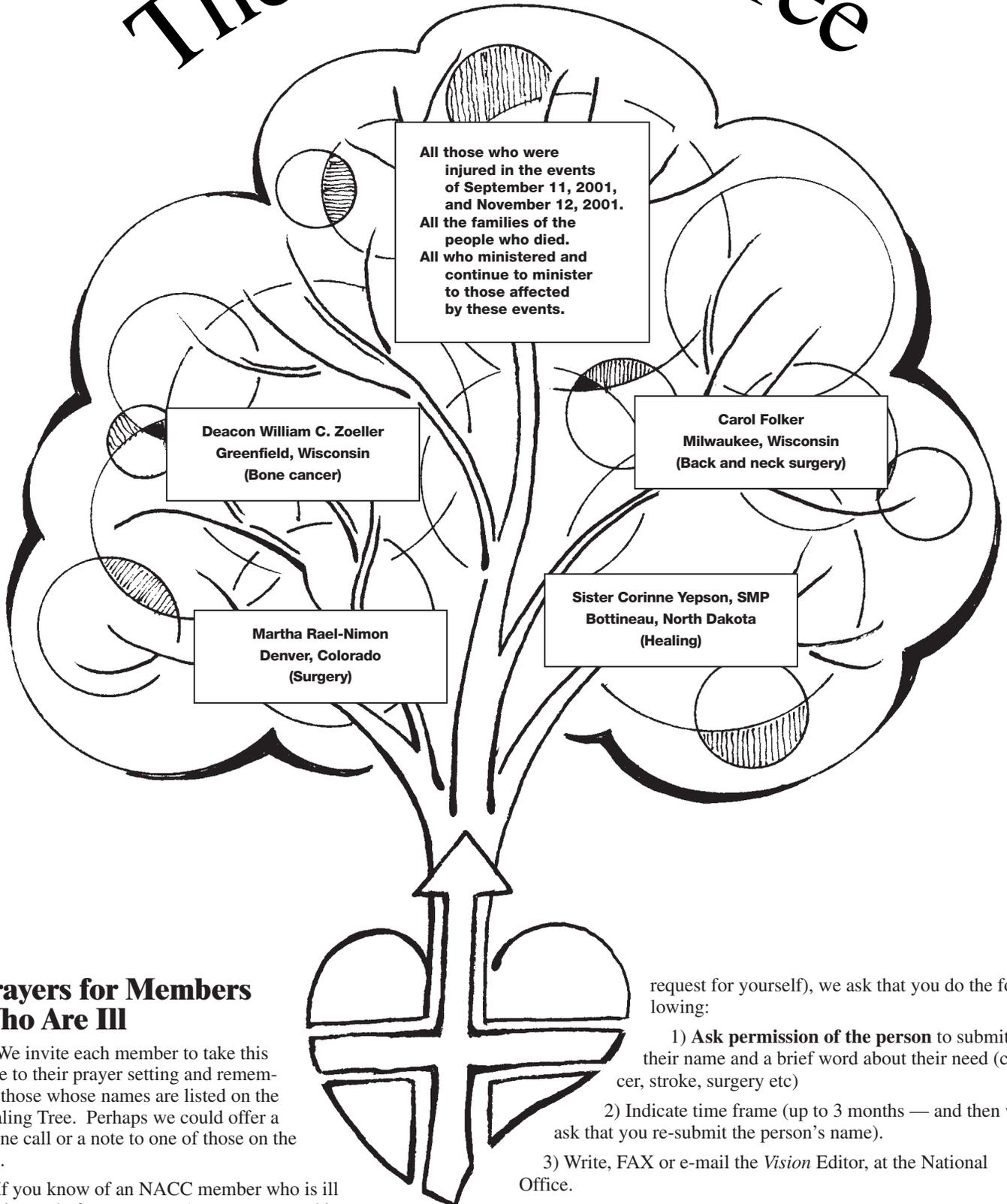


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Lanyards:	\$3.50 each	X	_____	=	_____	
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11 oz. Almond-colored ceramic mug with large C-shape handle. The NACC logo is imprinted on each side in teal. Mugs are microwaveable and dishwasher safe.						
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To order, mail this form and a check or money order to: NACC, PO Box 070473, Milwaukee, WI 53207-0473

# The Healing Tree



All those who were injured in the events of September 11, 2001, and November 12, 2001.  
All the families of the people who died.  
All who ministered and continue to minister to those affected by these events.

Deacon William C. Zoeller  
Greenfield, Wisconsin  
(Bone cancer)

Carol Folker  
Milwaukee, Wisconsin  
(Back and neck surgery)

Martha Rael-Nimon  
Denver, Colorado  
(Surgery)

Sister Corinne Yepson, SMP  
Bottineau, North Dakota  
(Healing)

## Prayers for Members Who Are Ill

We invite each member to take this page to their prayer setting and remember those whose names are listed on the Healing Tree. Perhaps we could offer a phone call or a note to one of those on the tree.

If you know of an NACC member who is ill and in need of our prayers, (or you may send in a

request for yourself), we ask that you do the following:

- 1) Ask permission of the person to submit their name and a brief word about their need (cancer, stroke, surgery etc)
- 2) Indicate time frame (up to 3 months — and then we ask that you re-submit the person's name).
- 3) Write, FAX or e-mail the *Vision* Editor, at the National Office.

-Joe Driscoll

# Comprehensive Spiritual

*A National*

## **Worcester, Massachusetts October 24–27, 2002**

Crowne Plaza Worcester Hotel  
10 Lincoln Square  
Worcester, MA 01608

*Room Rate* Single or Double: \$99.00 plus  
12.45% tax

*Reservations* 508-791-1600 or 800-628-4240

*Specify* National Association of Catholic  
Chaplains – Crowne Plaza Worcester  
Hotel



## **Seattle, Washington October 17–20, 2002**

Seattle Marriott Sea-Tac Airport  
3201 South 176th Street  
Seattle, WA 98188

*Room Rate* Single, Double, Triple or Quad:  
\$84.00 plus 12.4% tax

*Reservations* 800-643-5479

*Specify* National Association of Catholic  
Chaplains – Seattle Mar-  
riott Sea-Tac Airport

## **Objectives of Symposium 2002**

■ Bring together bishops with the professional board-certified Catholic health care chaplains and CPE supervisors in their dioceses for shared discussion around the gifts and challenges of the ministry to the sick and dying.

■ Summarize the findings gleaned from the Baltimore Symposium.

■ Identify and differentiate the roles and responsibilities of the many pastoral care providers in

institutional and parish settings.

■ Present “best practice” models from around the country of coordinated, comprehensive spiritual care for the sick and dying in our institutions and parishes.

■ Familiarize and receive feedback from the bishops about the training, formation, and certification processes of USCCB/NACC certified chaplains and supervisors of clinical pastoral education.

## **Minneapolis, Minnesota October 10–13, 2002**

Minneapolis Marriott Southwest  
5801 Opus Parkway  
Minnetonka, MN 55343

*Room Rate* Single or Double: \$99.00  
plus 6.5% tax

*Reservations* 952-935-5500 or 800-228-9290

*Specify* National Association of Catholic  
Chaplains – Minneapolis Marriott  
Southwest

## **Oak Brook, Illinois October 3–6, 2002**

Chicago Oak Brook Marriott  
1401 West 22nd Street  
Oak Brook, IL 60523

*Room Rate* Single, Double, Triple or Quad:  
\$105.00 plus 7% tax plus \$3.00 energy surcharge

*Reservations* 630-573-8555 or 800-228-9290

*Specify* National Association of Catholic  
Chaplains – Chicago Oak Brook Mar-  
riott

# Care for our Sick and Dying:

## Pastoral Strategy



### **Santa Clara, California September 5–8, 2002**

Santa Clara Marriott – Silicon Valley  
2700 Mission College Boulevard  
Santa Clara, CA 95054

*Room Rate* Single or Double: \$109.25 plus 9.5%  
tax plus \$5.00 energy surcharge

*Reservations* 1-800-228-9290

*Specify* National Association of  
Catholic Chaplains – Santa Clara  
Marriott – Silicon Valley

## **Symposium 2002 National Committee**

Mr. Patrick H. Bolton  
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Boston, Massachusetts

Mr. Robert V. Scheri  
Eugene, Oregon

Sister Mary Rita Small, SSJ  
Baltimore, Maryland

Rev. Kevin F. Tripp  
Guerneville, California

### *Ex-Officio Members*

Rev. Joseph J. Driscoll, President  
and Chief Executive Officer, NACC

Susanne Chawszczewski, Director  
of Education, NACC

We need a variety of local volunteers in each of the eight Symposium locations. If you are interested in learning more about assisting in any of the locations, please contact Susanne Chawszczewski at (414)483-4898 or schaw@nacc.org.

### **Philadel- phia, Pennsylvania September 12–15, 2002**

Renaissance Airport Philadelphia Hotel  
500 Stevens Drive  
Philadelphia, PA 19113

*Room Rate* Single or Double: \$115.00 plus  
8% tax

*Reservations* 610-521-5900

*Specify* National Association of  
Catholic Chaplains

### **Baton Rouge, Louisiana September 26–29, 2002**

Best Western St. Francis Hotel on the Lake  
US Hwy 61 at LA Hwy 10  
St. Francisville, LA 70775

*Room Rate* Single or Double: \$62.00 plus tax

*Reservations* 225-635-3821 or 800-528-1234

*Specify* National Association of Catholic  
Chaplains – Best Western St. Francis  
Hotel on the Lake

### **Albuquerque, New Mexico September 19–22, 2002**

Albuquerque Marriott  
2102 Louisiana Boulevard, NE  
Albuquerque, NM 87110

*Room Rate* Single or Double: \$99.00 plus  
10.8125% tax

*Reservations* 505-881-6800 or 800-228-9290

*Specify* National Association of  
Catholic Chaplains – Albuquerque  
Marriott

# On Sacred Ground

## A SAIR Team Member Reflects on Service in New York



Anne Murphy

*My job was to orient the local chaplains as they arrived and to debrief them when they left.*

The pager goes off, and even though you know it could call to you at any time, you're still surprised. You're needed at a crisis ASAP. So off you go, not clear as to whom or what you'll meet, yet ready to do what you can, with the help of the Lord. This is a common scenario for chaplains working in a hospital, especially at a Level 1 or Trauma Center.

This scenario paralleled a recent event in my life. A week after I finished the Red Cross Spiritual Care Aviation Incident Response (SAIR) Team training, I received a call to go to New York to work with other national and local chaplain volunteers at the World Trade Center site. After completing the two-day training, I knew being called up could be a possibility, yet I was fearful and excited as I made preparations. The travel agency faxed my e-ticket within three minutes, and I spent the next 24 hours trying to put things into place at the three facilities at which I coordinate the Spiritual Services and to figure out what to pack.

I was fearful, as I didn't know what to expect. Every air disaster has been different, and work at the World Trade Center site was soon to enter into the third month. Most disasters utilize a national team for about two weeks and then the local volunteers take over. At the World Trade Center, there was still an ongoing process of finding remains and trying to identify as many victims as possible. The training session spoke of various roles and a command structure that seemed based on the military. The later was not a part of my life experience, though I feel comfortable accepting commands and can assume leadership when needed. I was surprised that most of the team members had worked with local police departments. This was a new avenue of chaplaincy for me.

Being a part of this disaster effort was an exciting experience; I had to learn how the system ran and how I could be helpful. And as I had never been to New York City, I had to learn the subway system, as this was the best way to get to and from work; and I took the subway and did get to see a few sights on my day off. We often worked 12-hour days; one day it was 16 hours. The Red Cross provided housing in hotels, and we had cell phones with a directive to call home frequently. On one particularly difficult day, I called one of my sons and heard his daughter cooing in the background. It was a breath of fresh air and a reminder of the joy in life.

The cell phones were also our "office" as most of us were spread throughout the city. We used them to contact other team members for information, problem solving, sharing, and processing our experiences. We were from different faiths, Christian and Buddhist, yet shared the common goal of caring for the survivors of this disaster. We had few opportunities to be together as a group, yet worked well together.

On the third day I was in New York, as I started to feel I had some understanding of what the various team roles involved and had begun focusing on my role, we heard the news that a plane bound from JFK Airport to the Dominican Republic had crashed into an area that had lost about 70 firemen at the World Trade Center. Two air disasters in the same city in such a short time had never happened before.

That day in our office at the Red Cross Brooklyn Headquarters, three of us started calling local ministerial disaster volunteers. Our predecessors had the wisdom to start a database as they screened and orientated these volunteers to disaster and bereavement ministry. The database included languages, and by 2:30 p.m. that day, we had 26 Spanish-speaking chaplains on the way to the hotel that was used as the initial family center. While not all the "chaplains" had credentials as a professional chaplain, they were able to provide a ministry of presence and be interfaith in this type of setting. Then we found 14 Orthodox rabbis with the same understanding to send out to the neighborhood the next day, for the plane had just missed an Orthodox Jewish high school. As we prepared to leave the office at 9:00 p.m., we were asked by a representative of the Mayor's Office to have 40 Spanish-speaking chaplains at The Javits Center where the Family Assistance Center was to open at 10:00 a.m. the next day.

The next morning, five of the nine-person team were sent to The Javits Center. The transformation of this space by the Red Cross was astonishing. They built a social service/ restaurant facility overnight! There were almost 200 circular tables, each seating 10 people. The tables were covered with cloth table coverings; a vase filled with fresh flowers was placed on each table as well as an assortment of stuffed animals. There was a separate area for "offices" that were built from piping with cloth doors and walls. There were about six refrigerated units for beverages, and the food was served from chafing dishes. The surroundings could not have looked nicer though we all recognized that few of the family members noticed, as their grief was so deep.

My job was to orient the local chaplains as they arrived and to debrief them when they left. They were so caring and sensitive, I felt blessed to meet them. Also, when any persistent individuals wanted to gain access to the facility to bring their Gospel to the families, I was the backup person called to sort out the situation. Because the National Transportation Safety Board oversees an air disaster, everyone in the building had to be screened, orientated, and credentialed. In these situations, I would thank the person or group, explain the difficulties, and ask them to keep the victims, families, and

# Lenten Gatherings

Please check the NACC web site at [www.nacc.org](http://www.nacc.org) for additional Lenten Gathering listings.

## **PENNSYLVANIA: Camp Hill**

*Friday, February 15, 2002*

1:00 p.m. – 3:00 p.m.  
Holy Spirit Hospital  
Contact: Sister Margaret  
Washington, ASC  
717-972-4255  
STMMASC@aol.com

## **ILLINOIS: Breese**

*Tuesday, February 19, 2002*

2:00 p.m. – 4:15 p.m.  
Speaker: Sister Jacklyn Pritchard  
Rainbow Ministry  
St. Joseph's Hospital  
Contact: Sister Dorothy Niemann, SCSC  
618-526-4511 ext. 327  
sniemann@ccc.hshs.org

## **NEBRASKA: Lincoln**

*Friday, February 22, 2002*

5:00 p.m.  
Call for Location.  
Contact: Sister Elaine Herold  
402-486-8011  
eherold@stz.org

## **SOUTH CAROLINA: Lockhill**

*Saturday, February 23, 2002*

9:30 a.m. – 4:00 p.m.  
The Oratory at 434 Charlotte Avenue  
22nd Cardinal Newmann Lecture  
“The Simple Care for a Hopeful Heart”  
with Dr. Robert Wicks  
Contact: Cathy Connelly  
803-256-5305 ext. 1370  
cconnelly@aol.com

## **MASSACHUSETTS: Wellesley**

*Thursday, February 28, 2002*

1:00 p.m. – 4:30 p.m.  
St. John the Evangelist Parish  
Feel free to bring a brown bag lunch and arrive at 12:15 p.m. for some companionship prior to our time of prayer.  
Contact: Ann Lomuto  
617-243-6634  
alomuto@hotmail.com

## **CALIFORNIA: Fresno**

*Friday, March 1, 2002*

10:00 a.m. – 3:00 p.m.  
St. Agnes Medical Center  
South Room of the Learning Center  
Contact: Rev. Stephen Lundgren  
559-449-3708  
lundst@samc.com

## **ALABAMA: Mobile**

*Tuesday, March 5, 2002*

3:00 p.m. – 5:00 p.m.  
Providence Hospital  
Contact: Patricia Kucharski  
251-633-1342  
PKuchars@providencehospital.org

## **MISSOURI: St. Louis**

*Monday, March 11, 2002*

5:00 p.m.  
St. Mary's Health Center  
Second floor, meeting rooms 1 and 2  
Contact: Sister Mary Joan Meyer, FSM  
314-768-8070

## **PENNSYLVANIA: Dallas**

*Tuesday, March 12, 2002*

4:30 p.m. – 7:00 p.m.  
Mercy Center  
Contact: Chaplain Karen Reiniger  
570-674-3276  
FAX: 570-674-7606  
nankar2@msn.com  
Note: There is a \$5.00 donation for supper.

## **WISCONSIN: Steven's Point**

*Friday, March 15, 2002*

10:00 a.m. – 2:00 p.m.  
University of Wisconsin – Steven's Point  
Neumann Center  
\$15.00 donation requested for speakers and luncheon  
Contact: Mary Pat Campbell  
715-346-5355 (work)

## **IDAHO: Nampa**

Call for date and time.  
Mercy Medical Center  
Contact: Jim Hoff  
208-463-5894  
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workers in their prayers. They were not let in.

I walked around Ground Zero at both disasters, for ground zero is the name for the area of impact by the plane. The pain, agony, grief, anger, sense of futility, and rage were only a few of the feelings felt in these places; just as they are felt in the hospitals, clinics, nursing homes, hospices, etc. To me the difference is that in a health care facility we expect to encounter these feelings. In a financial district or a neighbor-

hood, we do not expect these feelings to the intensity they are present. As hospital chaplains, we can go home at the end of the day, and while our housing in New York was welcome at the end of the day, it wasn't home.

I was humbled by the thankfulness of the local volunteers and their desire to care for us. The people who live there and continue their lives are an example of courage and hope. The day I out processed (turned in equipment and signed out with various

departments), another SAIR Team member was leaving also and he asked if these two weeks had changed my life. I said, “Yes, profoundly . . . but I'm not sure yet in what ways.” He agreed. He asked if I would volunteer again. I said “Yes” and he agreed.

*(Anne Murphy, an NACC-certified chaplain, works with Resurrection Health Care in Chicago and is thankful to them for allowing her paid time off to volunteer her services and to her peers and staff who continued their work in her absence.)*

# Grace Down Under<sup>2</sup>



Bill Gaventa

*At every stop, people had inquired about how we in America were doing. There were prayers. There were expressions of gratitude for my coming.*

It was 1998 when I went to Australia for the first time, an amazing trip that introduced me to a small corner of the country, from Melbourne down the Great Coast Road to Adelaide and back to Melbourne. It felt in many ways like a magical country: the spirit of the city, the spirits in each gum tree out in the countryside, a visit to the Twelve Apostles, and a small corner of that continent that seemed to go on and on in its own right.

At one of the first stops on the journey—a presentation for an audience of about 100 at an agency that supports people with mental illness—I was given a gift, a book, *The Sacred Edge: Transformation in Australia*, by David Tacey. I read the book during the rest of the journey, a book about the national character of Australia. Tacey describes the settled circumference of Australia, where most of the population lives, in a primarily Western order and structure, and the ambivalent relationship with the untamable, complex, and huge interior, where other people, the Aboriginals, had lived for thousands of years in a rhythm of life wedded to the spirits of the land. He compared that to the psychoanalytic model of an individual person, with an ordered ego sitting on the boundary around a primitive and uncontrollable id. The paradox was and is that in the sacred edge of those relationships, people and civilizations are transformed by the very forces they presume to conquer and control. It is a move away from a fear of the other towards interdependency and community, and a move towards a more healthful balance of order and chaos, meaning and mystery, reason and feeling. Tacey, in effect, served as a spiritual guide to my journey.

That journey led to a sermon entitled “Grace Down Under,” a sermon not just about that trip, but about one of my own, three years earlier, in, down, and through a major depression. It was as if this trip to Australia had been an outward form of an inward journey, one leading to an experience of profound grace as the depression ended, for reasons beyond my understanding and control. It had been a trip that also left me with a deep sense of appreciation for the gift of everyday, the miracle of hope, the mystery of my own life, and the capacity of deep feelings to shape and bend my own illusions of control.

This month, October 2001, I was invited back, by old friends and new colleagues. The primary event was Australia’s third national conference on spirituality and disability, entitled “Exclusion and Embrace.” The conference used the title and themes from a book by that same name by Yugoslav theologian Miroslav Volf. Volf explores the relationship between personal identity, the other, and the process to reconciliation. He explores how and why people and cultures exclude the other, the ways in which identity is shaped in what can be a deadly dance between the self and the other, and the difficult process of an embrace or

reconciliation in which truth is also told and justice is done. I left one month after September 11, hearing about the initiation of the bombing on Afghanistan as I drove to JFK Airport in New York on a fall Sunday afternoon.

Part of the grace of this trip was that I got to go to some other parts of Australia, with stops in the amazing Sydney Harbor, the bustling city of Brisbane, and a two-day adventure into the Queensland hinterlands. I spent an afternoon and evening in a “farm stay” beef ranch in the hills, spent an early morning hour by a stream at that ranch watching three platypus (platypi?), saw kangaroos and wallabies by the side of the road, visited a koala rehab and preservation center, and ate lunch on the top of Mount Tambourine with 10+ lorikeets eating out of my hand and plate. Amazing once again. Close encounters with three or more Australian animal icons and one architectural one, the Sydney Opera House, in the space of about three days.

It was, however, the hospitality of my hosts and sponsors, in whose homes I stayed, that made the deepest impression. Trevor and Marie Parmenter and their two daughters, Natalie and Sophie, in Sydney. (It was the girls who helped me figure out how to e-mail home.) Dr. Parmenter heads a training, technical assistance, and research center much like The Boggs Center in which I work, an Australian version of a University Affiliated Program. In Brisbane, Trish Murdoch and her husband Brendan not only put me up but introduced me to the Australian “barby” (outdoor cookout). Trish is a disability ministry resource staff person for the Catholic Education Center of the Archdiocese of Brisbane. In Melbourne, it was back to the guest bungalow in the back yard of the home of Andy Calder, Julie Perrin, and their children, Ben and Anna, where I had stayed three years before. Open hearts and homes, engaging conversation, shared ideas, and even the trusting loan of a car for an American to drive for two days on the wrong side of the road.

Then to Melbourne, for the “Exclusion and Embrace” conference. On the Tuesday before it started, the Melbourne City Mission, one of the conference sponsors, sponsored a news conference with the head of Mission, Ann Turley, the coordinator of the conference, Andy Calder, and the imam at the Melbourne City mosque, Sheikh Isse Musse, originally from Somalia, and me, the invited foreigner. As we drove to the Melbourne City Mission for the press conference, we passed a sidewalk full of accountants and brokers and a street with emergency vehicles, outside the Melbourne stock exchange, where they were having their first anthrax scare. The reporters who came to the press conference were partly interested in the conference, but as you might imagine, they also wanted to know our views on the wider range of interfaith issues related to the war on terrorism. We did a few

contortions after the press conference so the absent photographer from the major Melbourne daily could find us for a picture the American minister and the Australian/Somali imam. It happened on the “footpath” (Australian for sidewalk) outside the mosque where the imam had gone to participate in midday prayers.

The crowds outside the Melbourne stock exchange were by no means the first evidence of Australia’s connection to the wider world of issues involving other forms of exclusion and embrace. At every stop, people had inquired about how we in America were doing. There were prayers. There were expressions of gratitude for my coming. “Was I afraid of the flying?” was the frequent inquiry. On the way to the Sydney airport, a construction site had professionally made signs all around it on the fence in a series of alternating titles: “We Mourn” and “We Pray,” with four times listed under each . . . the four times of the September 11 morning when the planes had hit their targets or the ground.

I was touched, in numbers of ways, by those signs and gestures. I had also found September 11 hard to talk about, for at every telling of my version of the story in public gatherings, the feelings would well up in my throat and voice. Part of that came from feeling like the messenger or representative, trying to assure foreign friends that the spirit of the United States was alive and, if not well, coping and supporting others in amazing ways. Part came from my feelings of gratitude for prayers and poems sent to me from my Australian hosts on the Wednesday, Thursday, and Friday after September 11. I found myself tearing up when reading those e-mails in the immediate aftermath, and found those tears again as I talked, in person, to those who had sent them.

Then came the conference. It began late on Thursday afternoon with an opening ceremony in a hotel conference room brought to life with Australian and aboriginal symbols of welcome, embrace, and exclusion. A tribute to Elizabeth Hastings followed—an incredible woman in Australia, a wheelchair user because of polio, first Commissioner of an office for Disability Rights, and a person of deep faith and beauty whom I had met three years before, and who died far too young soon thereafter from a recurrence of cancer. “Inclusion,” Elizabeth had once said, “was a false premise. God has already included me. Why is it that others think they can

exclude, or try to?” Phillip Adams, one of Australia’s premier film and radio hosts and producers, led a moving tribute. We all toasted her memory and contribution with an imagined glass of her favorite Australian sherry.

As the guest keynoter, I got a chance to say “Hello,” bring greetings from America, and to preview my talk for the following morning. Again, I had moments when the feelings overwhelmed, but clearly in the company of a community who deeply cared. Earlier in the week, I had told some of the Conference Committee about some of the people with disabilities who had gotten out of the World Trade Center Towers, and some who did not. From my work in New Jersey with congregations working on inclusive ministries, I just happened to know one of them who was guided down

*. . . a prayer shawl,  
worn for years by his  
father [of] blue and  
white silk, obviously  
handled with care for  
years, fingered with  
dedication and love,  
and gray with age.*

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some 50 floors by his seeing eye dog. Rabbi Aviva Kippen, who had also helped organize a first-ever government encouraged and funded, interfaith community memorial at the Rod Laver Tennis Center after September 11, told me I had to tell people that story. I did, but it was not easy.

Then came Friday morning. It began with an opening greeting from a number of government and religious leaders: the Victoria state commissioner on human services, the Executive Director of the Victoria Council of Churches, and the rabbi, head of the interfaith forum. All of them happened to be women.

It was then my turn. The keynote went fine. The audience and I had already bonded the evening before. I used Volf’s book, and looked at ways we might move beyond

exclusion and embrace. I looked at the polarities that often rule in the world of disability and everywhere else: normal or disabled, science or religion, right or wrong, good or evil, oppressor or victim. I then explored some of the perils and paradoxes that we must move through carefully if we seek to move towards what Volf calls “the will to embrace.” Finally, I looked at some of what I have learned from others and my own experience in community building, and the ways that third persons, third places, shared (third) interests and activities, and shared spiritual visions and calls can move us toward hospitality to one another, the stranger with or without disability.

One of the people who came to speak to me afterward was Sam Ginsburg. After morning tea (Australian for coffee break), and a moving presentation by Don Ludlow via an internet presentation (he is a poet “confined” to the island of his home because of multiple chemical sensitivities), it was the turn for the imam and Sam Ginsburg. They were speaking as representatives, respectively, of Islam and Judaism, for 15-minute perspectives on inclusion and embrace from their personal history and religious tradition. They were preceded by a short word from Rabbi Kippen, with an invitation for participants to write a prayer or thought about September 11 which I could take back to share with others in the States.

Sheikh Isse Musse was terrific, a gentle, compassionate voice who led the audience into core Islamic perspectives, and left us all hanging to hear the end of the only story where the prophet Muhammad was known to have been engaged by a woman with a disability. To hear the end, he said with a twinkle in his face (he became blind at age 5), “You have to come to my afternoon workshop.” The title of his talk: “Insight from Islam.”

Then it was Sam Ginsburg’s turn. His title: “Can a Jew Embrace the World?” He confessed saying “yes” to the invitation to present a Jewish perspective without really thinking about what he was doing. He is a psychologist, and works for the agency that coordinates Australian volunteers overseas. He talked about his late night struggles with what to say, whether to share key concepts, or key authors who had been important to him. As he walked around the speaker’s platform, he talked about the importance of asking questions in Jewish tradition, following in the best traditions of

Job, the psalmists, and Lamentations, and the other writers from other traditions who had been important to him, including Buddhist, Taoist, and philosophical traditions. He talked about the embrace of the covenant relationship, one in which his people believed God would not let them go. He then turned back to his place at the speaker's table, pulled out a little sack, and started sharing some central symbols from rituals of that covenant. Again, a gentle spirit and voice that embraced the whole room and let everyone in.

One was a cup (chalice), given to him by a Christian, which they used in their family for Friday Shabbat dinners. The shared cup, the shared meals, the sacred family hours on Friday, all formed the environment where a young red-headed Jewish boy learned that he was loved in a world that made fun of him for reasons of religion and hair color.

A second was a yarmulke, the head dressing worn by men. This one he gave to Sheikh Isse Musse.

The third was a prayer shawl, worn for years by his father. It was blue and white silk, obviously handled with care for years, fingered with dedication and love, and gray with age. Sam talked about how his father, a doctor, had taught him about compassion as he went around with him on house calls in his youth. He shared how his father, dying with cancer, had fought to stay alive till his bar mitzvah. His father made it, by two days, and while he had not been able to come, the synagogue had allowed a first ever videotaping which was shown to his father in the hospital room before his death two days later.

Sam Ginsberg then turned towards the side of the audience where I was sitting in the first row and said in words that I could not believe I was hearing (and which are not fully recaptured here): "I would like to

give this shawl to Bill. I would like him to take it back to the States, and find a Jewish boy in New Jersey or New York who lost his father on September 11. Give it to him, on my behalf. I would like that boy to know, at this time, that he has a surrogate father in Australia."

It was as if the air had gone out of the room in a collective response of astonishment and awe. I could not speak for the tears welling up inside of me, and I was not sure I could stand and walk over to receive it. But I did, and could only manage a simple bow in response. And I still cannot write about it, as I am now, or talk about it, without tears. I now think I should have taken off my shoes, for it was holy ground.

*I know for certain that  
two trips to Australia  
led not to grace  
added to grace, but  
grace multiplied and  
squared.*

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I will not say much more. His gift and gesture is still reverberating around within me, as it did around the conference for three days. I know that I will never be able to think of September 11 without thinking of this gift. Tears of amazement and awe sit right beside the memories of that day. I came to Australia conscious about being one form of messenger from America. I now know something about the sacred and awesome duty of being a messenger with

tidings of embrace, and a specific story yet to unfold, its participants unknown. A simple act with a small piece of cloth that embraced an unknown child and countless strangers, halfway around the world.

But I know for certain that two trips to Australia led not to grace added to grace, but grace multiplied and squared. This had to be written, as another form of message back to friends in Australia, America, and around the world. Share it with whom you will, but in your own way, find ways to let in and give out the grace as well.

And may God grant, through us, shalom, salaam, and peace.

**Bill Gaventa, Going Home  
United Airlines Flight 842 over the Pacific  
October 22, 2001**

*Postscript:* As of December 3, we are still looking for the right home for the shawl. The story of Sam's gift has touched many people already. The act of giving the shawl was public, and it needs to be shared. The ending of the story, and the act of finding the right child and family, will be private, unless they choose to make it otherwise. You are welcome to share this story with whomever you want. If you want to print it in a publication, please get my permission at gaventwi@umdnj.edu or (732)235-9304. This will not be copyrighted, but if someone wants to print or use the story in a place where an author's fee would normally be paid, then let me know, for that fee needs to go to an appropriate fund to assist people impacted by September 11. Thank you.

*(Bill Gaventa, MDiv, is Coordinator, Community and Congregational Support, The Boggs Center, Robert Wood Johnson Medical School, The University of Medicine and Dentistry of New Jersey, New Brunswick, New Jersey.)*

## EDUCATIONAL OPPORTUNITIES

### AAPC Conference

May 2-4, 2002  
Snowbird, Utah

The dramatic backdrop of the Wasatch Mountains and Wasatch-Cache National Forest, at the Snowbird Ski & Summer Resort in Snowbird, Utah, will be home to AAPC's annual conference, May 2-4, 2002. This year's theme is "Healing the Soul: Stories of Hope," and plenary speakers are Helen Prejean, CSJ, and Matthew Fox, PhD. There will be pre- and post-conference workshops as well as a post-conference retreat.

Visit the AAPC's web site for periodic conference updates as well as to register for the conference: [www.aapc.org](http://www.aapc.org). Or contact: American Association of Pastoral Counselors, 9504A Lee Highway, Fairfax, Virginia 22031-2303; phone: (703)385-6967; fax: (703)352-7725; e-mail: [info@aapc.org](mailto:info@aapc.org).

### Spirituality & Healing in Medicine

March 14-16, 2002  
Salt Lake City, Utah

Herbert Benson, MD, President of the Mind/Body Medical Institute and Associate Professor of Medicine of Harvard Medical School directs *Spirituality and Healing in Medicine: Practical Usage in Contemporary Healthcare* at the Grand America Hotel in Salt Lake City, Utah. This conference is presented by Harvard Medical School, Department of Continuing Education; the Mind/Body Medical Institute of Beth Israel Deaconess Medical Center; and the George Washington Institute for Spirituality and Health of The George Washington University.

This year, the course will be held in Salt Lake City, site of the Winter Paralympic Games, which will be held March 7-16. Meeting participants are welcome to attend paralympic events. The motto for the games is Awaken the Mind, Free the Body, and Inspire the Spirit. For further informa-

tion on the paralympics, visit [www.saltlake2002.com](http://www.saltlake2002.com). For more information on the upcoming Spirituality & Healing conference, call (617)384-8600 or e-mail: [hms-cme@hms.harvard.edu](mailto:hms-cme@hms.harvard.edu). To view course information online, visit: [www.cme.hms.harvard.edu](http://www.cme.hms.harvard.edu).

## IN BRIEF

### FatherLoss

How sons of all ages come to terms with the deaths of their dads

Neil Chethik. Hyperion, New York, 2001. ISBN: 0-7868-6532-6. Hardbound. 267 pages plus appendixes and source list. \$23.95.

Based on a landmark national survey of 300 men, and in-depth interviews with 70 others, *FatherLoss* focuses specifically on how sons cope with the deaths of their dads. Chethik offers portraits of a variety of father-son relationships and focuses on how the death of a father affects sons differently, depending on when in their lives it occurs. He also explores how such cultural figures as Ernest Hemingway, Dwight Eisenhower, and Michael Jordan were affected by the loss of their fathers. He offers insight into the unique male grieving process, encouraging men to share an experience too many have been conditioned to endure in silence.

Neil Chethik, a graduate of Northwestern University's Medill School of Journalism, specializes in writing about the psychology of men. A professional speaker and workshop leader, he has worked on the staffs of newspapers in Florida and California.

### The Art of Being a Healing Presence

A guide for those in caring relationships

James E. Miller with Susan C. Cutshall. Willowgreen Publishing, Fort Wayne, Indiana, 2001. ISBN: 1-885933-32-0 Softbound. 80 pages. \$7.95.

This book helps you learn how to make a difference in the lives of others by being present in a way that is healing, nurturing, and potentially transforming. You can use

the insights presented here in your professional responsibilities, in your volunteer work, and as a friend and family member.

James E. Miller is a grief counselor, spiritual director, writer/photography, and lecturer who presents in the areas of healing presence, caregiving, spirituality, loss and grief, and managing transition. He is an ordained minister in the United Methodist Church. Susan C. Cutshall is a hospice chaplain and spiritual director with over 20 years' experience in the areas of death and dying, health care, and feminine spirituality and ritual. She is an ordained minister in the United Church of Christ and is the Spiritual Care Coordinator with the Franciscan Hospice System in Tacoma, Washington.

### You Will Dream New Dreams

Inspiring personal stories by parents of children with disabilities

Stanley D. Klein, PhD and Kim Schive, Eds. Kensington Books, New York, 2001. ISBN: 1-57566-560-3. Softbound. \$13.00.

In *You Will Dream New Dreams* the reader discovers the common ground of emotions shared by parents of children with disabilities. Real-life fathers and mothers of kids with cerebral palsy, Down Syndrome, autism, mental retardation, and other life-changing illnesses speak from the heart on how they mourned for the child of their dreams, learned the importance of turning to friends instead of being strong all the time, experienced the wrenching disappointment of letting go of certain expectations for their child, and found the unexpected joy of discovering new dreams.

Stanley D. Klein, PhD, a clinical psychologist and educator, has worked with parents of children with disabilities for more than 35 years. He is co-founder of *Exceptional Parent* magazine and author of several books including *The Disabled Child* and *Siblings of Children with Disabilities*. Dr. Klein currently answers parents' questions as the Special Needs Expert at the Internet site [Parents.com](http://Parents.com).

Kim Schive is a graduate of Harvard University and a former faculty member in the Department of Psychology at Gallaudet University. She has been associate editor of *Exceptional Parent* magazine, a newsletter

# HORIZONS

editor for organizations serving parents of deaf children, and the editor of various deaf community publications.

## Making Changes Last

Jeffrey Kottler. Brunner-Routledge/Taylor & Francis, New York, 2001. ISBN: 1-58391-086-7. 148 pages plus references and index.

Many experiences, both positive and negative, stimulate us to make changes in our lives. As Jeffrey Kottler argues in this book, however, it is comparatively easy to make the choice to alter our behaviors or attitudes; lasting change is the more elusive goal. We all struggle with the same fundamental concern: how can we make our change last? Based on original research conducted by the author over the past 20 years, *Making Changes Last* is a definitive investigation of creating enduring change. Therapists and change agents, in addition to a diverse group of people who have transformed themselves through travel, trauma, self-initiated experiences, or structured therapy, have been interviewed about their most dramatic opportunities for personal growth, and what contributed to making their changes last. These stories are combined with a review of the research on

the subject of treatment maintenance, addictions relapse, permanent learning, and enduring personal change, creating a model for understanding this complex phenomenon.

Jeffrey A. Kottler, PhD, has authored a dozen books on the nature of change, in addition to many comprehensive texts for counselors and therapists. He has been an educator for 25 years. He is currently Chair of the Counseling Department at California State University, Fullerton.

## As You Grieve

Consoling words from around the world

Aaron Zerah. Sorin Books, Notre Dame, Indiana, 2001. ISBN: 1-893732-36-3. Softbound. 126 pages. \$12.95.

Words are never enough. But over the centuries and in every tradition, men and women have reached out with the only words they could find to comfort and console each other in times of loss. *As You Grieve* brings together words written and spoken over the centuries from traditions as diverse as those of Native Americans, Africans, Buddhists, Moslems, Hindus, Jews, and Christians.

Aaron Zerah is chancellor of Interfaith Seminaries and president of Spirit of Interfaith, Inc. He ministers to families, communities, and organizations throughout the world.

## Jewish Spirituality

A brief introduction for Christians

Rabbi Lawrence Kushner. Jewish Lights Publishing, Woodstock, Vermont, 2001. ISBN: 1-58023-150-0. Softbound. \$12.95

Rabbi Kushner helps Christians and Jews gain a better understanding of each other's faith by looking closely at what separates them and what connects them. He answers questions about Jewish spirituality and offers insights for those people who trace their roots to the Jewish tradition. He also explains several popular misconceptions that well-meaning Christians often hold regarding Jewish spirituality.

Rabbi Kushner is a teacher of Jewish mysticism and Rabbi-in-Residence at Hebrew Union College – Jewish Institute of Religion. He teaches and lectures widely to audiences of all ages, faiths, and backgrounds, and has been a frequent commentator on National Public Radio's "All Things Considered."

## HAPPENINGS

### NACC Members Earn Pastoral Studies Certificates

The Institute for Religious Education and Pastoral Studies (REAPS) is pleased to announce that the following students in its Program for Pastoral and Healing Professions have received their certificates: **Sister Joann Apicelli, CSC**; **Sister Doris Deane, CSFN**; **Sister Mary John Fryc, CSSF**; **Sister Victoria Nolan, DC**; **Sister Kathleen Haley, DC**; and **Mrs. Marilyn McNally**.

REAPS is part of Sacred Heart University in Fairfield, Connecticut, and provides accessible, affordable and adult-centered learning designed for busy people.

### ACPE Welcomes NACC Supervisors

The Association for Clinical Pastoral Education recently welcomed NACC-certified Supervisors **Rev. James F. Buryska** of Rochester, Minnesota, and and

**Rev. James R. Yeakel, OSFS**, of Washington, D.C., who took advantage of its invitation to apply for ACPE certification.

### NACC Welcomes ACPE Supervisors

**Sister Claudia Blanchette, SND**, of Andover, Massachusetts, and **Sister Janet A. Ryan, IHM**, of Monroe, Michigan, met all the

requirements as ACPE Supervisors to become certified by the NACC according to the agreement between these organizations.

■ Rev. Stephen R. Ryan, OSM, "The healing power of illness and death. Book tells how to live in order to die well." Book review of *Medical Care of the Soul* by Bruce G. Barlow, MD. Published in *National Catholic Reporter*; October 26, 2001, special

section on winter books. (*Father Ryan is past president of the NACC National Leadership Council and Director of Spiritual Care at Queen of Angels Hollywood Presbyterian Medical Center in Los Angeles, California.*)

## Positions Available

▼ **CHRISTUS SPOHN Health System, Corpus Christi, TX** – CHAPLAIN. Prefers a certified chaplain with the NACC, APC, or AJC. Requires a Master of Divinity or a Master in Theology. We offer competitive salaries and benefits. For full career details, please contact: Human Resources Department, CHRISTUS SPOHN Health System, 600 Elizabeth St., Corpus Christi, TX 78404; (361)881-3703 or (800)643-2609; fax: (361)883-6478; e-mail: [larae\\_carvajal@iwhs.org](mailto:larae_carvajal@iwhs.org); Jobline: (361)881-3752. An equal opportunity employer.

▼ **Mayo Clinic Hospital (The), Rochester, MN** (Rochester Methodist Hospital/ Saint Marys Hospital) offers RESIDENT POSITIONS IN CLINICAL PASTORAL EDUCATION beginning September 3, 2002. Residents are offered a broad array of clinical opportunities, which include medical and surgical sub-specialties, diverse intensive care unit ministries, organ transplantation, a children's hospital, a psychiatric hospital, and a regional trauma center. The resident stipend is \$23,000.00 for 12 months, four consecutive quarters of CPE. Mayo Clinic health benefits are available at special rates. For program information or application, write or call: Chaplain Roger Ring, Rochester Methodist Hospital, 201 West Center Street, Rochester, MN 55902; phone: (507)266-7275; fax: (507)266-7882; web site: [http://www.mayo.edu/hrs/hrs\\_programs.htm](http://www.mayo.edu/hrs/hrs_programs.htm); e-mail: [grunklee.mavis@mayo.edu](mailto:grunklee.mavis@mayo.edu).

▼ **Saint Alphonsus Regional Medical Center, Boise, ID** – a 300-bed, level II trauma facility is seeking a full-time CHAPLAIN to join the ecumenical spiritual care team in addressing the spiritual and emotional needs of patients, families, and employees. Primary responsibility will be covering the medical and surgical floors and sharing night call rotation. Candidate should be flexible, energetic, and proactive, and have the ability to facilitate end-of-life decision-making. You will be expected to help patient's family and staff resolve ethical issues in accordance with the Ethical and Religious Directives for Catholic Health Care Service. Bilingual in English and Spanish a plus. Master's degree in theology or related area, four units of CPE, APC or NACC certification a must. Experience in pastoral care in a health care setting preferred. Send resume to: Saint Alphonsus Regional Medical Center, Attn: Brenda Tanabe, Human Resources, 1055 N. Curtis Road, Boise, Idaho 83706; fax: (208)367-3123; e-mail: [brentana@sarmc.org](mailto:brentana@sarmc.org). Saint Alphonsus is a member of Trinity Health, third largest Catholic Health Care System in the United States. EOE.

▼ **Stamford Health System, Stamford, CT** has a YEAR-LONG RESIDENCY PROGRAM IN CLINICAL PASTORAL EDUCATION beginning August 2002. Chaplain residents will provide patients with continuity of care and follow them through the entire health care delivery system, which includes acute, long-term, rehabilitative, and home care. The program consists of three units focused primarily on clinical experience. Completion of at

least one previous CPE unit is required. Stipend is \$24,000/year plus benefits. Interested individuals should contact: Rev. Dr. William T. Scott, Jr., Director of Pastoral Care, Stamford Health System, P.O. Box 9317, Stamford, CT 06904-9317; phone: (203)325-7584; e-mail: [wscott@stamhosp.chime.org](mailto:wscott@stamhosp.chime.org). EOE M/F/D/V.

▼ **Saint Peter's University Hospital, New Brunswick, NJ** – DIRECTOR, PASTORAL CARE SERVICES. Saint Peter's, a 416-bed Catholic hospital, has an excellent career opportunity for a Director, Pastoral Care Services, to head our progressive ecumenical pastoral care department. The successful candidate will plan, coordinate, and evaluate the delivery of services designed to meet established goals and objectives of the pastoral care department. This position involves a multidisciplinary team approach to meeting the spiritual needs of our patients, families, and staff of all faiths. Qualified candidates should have a master's degree in health administration, ministry, theology, or related field in addition to three-to-five years of pastoral care leadership, preferably in a health care setting. When you become a part of Saint Peter's University Hospital, you'll enjoy an environment that encourages your professional and personal growth. Interested candidates are invited to forward/fax/e-mail resume to: Shawn Kuphal, Human Resources Department, 254 Easton Avenue, New Brunswick, NJ 08901; fax: (732)220-8046; e-mail: [skuphal@saintpetersuh.com](mailto:skuphal@saintpetersuh.com). [www.saintpetersuh.com](http://www.saintpetersuh.com).

▼ **Mayo Clinic, Rochester, MN** – CHAPLAIN. Ministers to spiritual needs of patients, families, and Mayo Clinic employees. Participates in a team ministry with other members of the department for unit and on-call coverage. Assists in sacramental ministry as appropriate; provides referral to ordained chaplains for sacramental ministry as needed. Works cooperatively with other members of the Chaplain Services Department in planning and providing a total program of pastoral care. Serves on committees within department, and other hospital committees as needed. Supports and participates in the educational programs of the department. Assists in orienting new personnel to Chaplain Services. Prepares and maintains records for assigned areas. Documents patient care activities in the medical record. Records patient care activity in the department Chaplain Activity Electronic Record. Advanced theological degree from an accredited seminary and a minimum of four units of accredited CPE. Ordination and endorsement for service as a chaplain by appropriate church body. Certification with one or more of the following: APC, NACC, Supervisor of ACPE. Minimum of three years' parish and/or general hospital chaplaincy experience. Chaplain must have skills in the areas of sensitivity to others' physical, psychological, social, and spiritual well being. Must be able to give priority to the needs of the other person. Must have the capacity to build trust through listening, empathy, and

## Positions Available

appropriate self-disclosure. Must have skills in discerning and clarifying needs, resources, and options. Capacity to relate to others of a variety of races, cultures, religions, opinions, and orientations. Must be able to work with and under emotional stress. Must be able to tolerate irregular hours. Mayo Clinic offers an excellent salary and benefits package. Please send resume, referencing job posting #01-1096 NACC to Renea Syverson, 200 First St. OE4, Rochester, MN 55905; e-mail: careers@mayo.edu; fax: (507)266-3167.

▼ **Mount Carmel St. Ann's, Westerville, OH** – CHAPLAIN. Mount Carmel's long-standing mission has emphasized service excellence, a commitment to a healthier community, and a dedication to creating one of the leading health care delivery systems in Central Ohio. Today, 7000 professionals centered in our three acute care facilities—Mount Carmel East, Mount Carmel West, and Mount Carmel St. Ann's—work together to extend that mission of care. Mount Carmel St. Ann's Hospital is seeking a full-time, dayshift with rotating call, chaplain. The chaplain, who serves as a member of our patient care team, will have a bachelor's degree, with a master's degree preferred, in theology, pastoral ministry, counseling, or a related field. Certification as chaplain in the NACC or APC is required, or eligible to be certified and engaged in seeking certification status. The successful candidate will be responsible for providing pastoral ministry to designated clinical areas. Additionally, the chaplain serves as a resource for the spiritual and emotional needs of patients, visitors, and Mount Carmel staff. Mount Carmel—a great place to work—offers a competitive salary and benefits package including tuition assistance, a matched savings plan, medical/dental coverage with no waiting period, child care benefits, and more. Mount Carmel is an equal opportunity employer committed to a culturally diverse workforce. Interested candidates are welcome to fill out an application in the Human Resources office, apply online at [www.mountcarmelhealth.com](http://www.mountcarmelhealth.com) or mail/fax a resume to: Mount Carmel St. Ann's, Attn: Human Resources, 500 South Cleveland Avenue, Westerville, OH 43081; fax: (614)898-8645; phone: (614)898-4090. Resumes may also be e-mailed to [jreveal2@mchs.com](mailto:jreveal2@mchs.com).

▼ **Seton Healthcare Network, Austin, TX** – SUPERVISOR OR ASSOCIATE SUPERVISOR. Seton has an immediate opening for an NACC supervisor or an associate supervisor and ACPE supervisor or associate supervisor to assist in the development of a CPE center program. The successful candidates must meet the following criteria. Master's degree in theology, spirituality, or counseling; two-to-three years' experience in supervision of CPE students; willingness to provide direct spiritual and emotional care to patients, patients' families, and hospital staff as necessary in addition to clinical supervising of CPE students. The candidate must be active in his/her ecclesiastical body and be certified as a CPE supervisor or associate supervisor. This position reports to the director of Chaplain Services, Seton Healthcare Network. The supervisor and associate supervisor positions have a unique opportunity to shape the creation of Seton's CPE program. Building a spiritually healthy community will be one trademark of the Center's program. We offer competitive salary and comprehensive benefits. For immediate consideration, please mail, fax, or e-mail your resume to Seton Healthcare Network, Human Resources, 1201 W. 38th St., Austin, TX 78705; fax: (512)324-3167; e-mail: [mfaulks@seton.org](mailto:mfaulks@seton.org). Attention: Marilyn Faulks. Please include job code: nacc-12/01.

▼ **Franciscan Health System, Tacoma, WA** – a member of Catholic Health Initiatives, is seeking a DIRECTOR OF PASTORAL CARE AND ETHICS for our acute care facilities. This position reports directly to the Senior VP of Mission Integration, with direct responsibility for the pastoral care team, clinical pastoral education, ethics consultation, and cultivating spirituality in the workplace. Candidates must be Roman Catholic, with a minimum of three years' hospital management experience, and a bachelor's degree in theology, ethics, or related field is required. Master's degree is preferred. Qualifications and skills necessary for this position include: strong organizational and communication skills, a collaborative management style, and openness to explore innovative ways of providing spiritual care. Franciscan Health System offers a highly competitive salary and an excellent benefits package including flexible schedules, relocation reimbursement, tuition assistance, and an exceptional paid time-off program. For more information, please send or fax resumes to: Franciscan Health System, Attn: HR, 1717 South J Street, Tacoma, WA 98405; fax: (253)591-6941. EOE. Please visit our newly updated web site: [www.fhshealth.org](http://www.fhshealth.org) to fill out an online application. Franciscan Health System: St. Clare Hospital, St. Francis Hospital, St. Joseph Medical Center.

▼ **Covenant HealthCare, Saginaw, MI** – RESIDENCY POSITION AVAILABLE. Covenant HealthCare, a 709-bed teaching hospital located in beautiful east central Michigan, is now accepting applications for a nine- or 12-month residency. Specialization offered in pediatrics, surgery, cardiology, oncology, physical rehabilitation, and outpatient care. A previous unit of CPE is required. Nine-month stipend is \$17,250. Twelve-month stipend is \$23,000. Health insurance benefits and vacation days provided. Moving allowance available. Tuition is \$300 per quarter. Application fee is \$30. Please direct inquiries and applications to Rev. Larry J. Smith, Covenant HealthCare, Dept. of Pastoral Care and Education, 1447 N. Harrison, Saginaw, MI 48602; phone: (989)583-6042, or e-mail: [lsmith@chs-mi.com](mailto:lsmith@chs-mi.com).

▼ **St. Francis Hospital, Wilmington, DE** – is seeking a DIRECTOR OF SPIRITUAL CARE. Requirements include: Roman Catholic, NACC certification, some background in clinical ethics, awareness of and respect for various faith traditions, organizational/ team building skills and willingness to extend ministry into the community. Three years' management experience preferred. If interested, please send, fax, or e-mail resume/ information to Joan Feldpush, Human Resources Department, St. Francis Hospital, 7th and Clayton Streets, Wilmington, DE 19805-0500; fax: (302)421-4265; e-mail: [jfeldpush@che-east.org](mailto:jfeldpush@che-east.org).

▼ **Mercy Medical Center, Springfield, MA** – a member of Sisters of Providence Health System, has an immediate opening for TWO CHAPLAINS to provide a ministry of spiritual and emotional support to patients and families of all religious affiliations. The candidates will have a master's degree in theology, counseling, or a related field, NACC or APC certification and two years' experience in health care. Ecclesiastical endorsement required. Conversational Spanish is a plus. Please submit resumes to: Julie Brigham, Mercy Medical Center, Human Resources Department, 271 Carew Street, Springfield, MA 01104; phone: (413)748-9689; or fax: (413)748-9609. EOE.

▼ **Covenant Healthcare System Inc., Milwaukee WI** –

**ONCOLOGY CHAPLAIN.** Immediate opening for a full-time chaplain with experience working with oncology patients and their families. Will minister to individual in both inpatient and outpatient status. In addition, will consult with other chaplain staff to assist them in providing services to this patient population. Should be NACC or APC certified and have experience or training in working with this specialized area. Please send resume and cover letter to Mark Farrell, Human Resources Representative, Franciscan Woods, 19525 W. North Ave., Brookfield WI 53045; fax: (262)780-3815; phone: (262)780-3107; e-mail: mfarrell@covhealth.org.

▼ **Pacific Northwest – VICE PRESIDENT MISSION INTEGRATION.** A hospital in the Pacific Northwest is recruiting for a Vice President Mission Integration. The hospital is a member of one of the largest Catholic health care systems in the country, spanning 24 states, and encompassing more than 70 hospitals and 50 long-term care facilities. The hospital is recognized as a leader of health care delivery in the community as well as neighboring service areas. The Vice President Mission Integration ensures mission and values and accompanying behaviors are integrated as a core business process. The Mission Integration leader plays a key role in shaping the culture of medical center, a culture grounded in the system's values of reverence, integrity, compassion and excellence. A bachelor's degree and a master's degree, preferably in theology or health-related specialty. Advanced training in counseling, conflict resolution, and ethics preferred. Interested individuals may e-mail or fax a resume to: Craig A. Colligan, Senior Consultant, Healthcare Placement Group, Inc., fax: (949)580-0236; e-mail: ccolligan@hpgi.net.

▼ **All Saints Healthcare, Racine, WI – STAFF CHAPLAIN.** All Saints Healthcare, an integrated system providing quality care to Racine, Kenosha, and surrounding Wisconsin communities, is seeking a full-time staff chaplain to join our Spiritual Care Services Department. All Saints Healthcare is committed to living out the healing ministry of Jesus by providing exceptional and compassionate service that promotes the dignity and well being of the people we serve. Primary responsibilities include providing direct spiritual care to patients, families, and staff in areas of spiritual assessment, end-of-life issues and Advance Directive assistance. Chaplain will also be responsible for facilitating educational, support group, and worship events. Candidate must be Board certified or Board eligible by the Association of Professional Chaplains (APC) or the National Association of Catholic Chaplains (NACC). Creativity, compassion, and competence are a must. Communication skills, bilingual a plus, and the ability to be a team player are also necessary for success in position. Please forward resume to: Rebecca Miller, Human Resources Representative, All Saints Healthcare, 3801 Spring Street, Racine, WI 53405; phone: (262)687-4432; fax: (262)687-4133; e-mail: rmiller@allsaintshealthcare.org. EOE.

▼ **San Diego Hospice Corporation, San Diego, CA – FULL-TIME AND PER-DIEM HOSPICE CHAPLAIN.** San Diego Hospice Corporation, a leader in end-of-life care, is seeking a full-time and per-diem chaplain for our Hospice/ Home Care teams, and a full-time chaplain for our Inpatient Care Center. These positions will provide spiritual support to patients, families, and caregivers.

It will require the ability to interact and support patients and families regardless of their faith background. Outstanding communication skills, empathy, sensitivity, and ability to work effectively as an interdisciplinary team member are needed. Ordination/recognition in a specific religious tradition, Master of Divinity degree, or Master of Arts degree specific to discipline is required. Four (4) units of Clinical Pastoral Education and experience in health care are preferred. Pediatric experience is desired for our full-time Hospice/ Home Care Chaplain position. Please respond to: San Diego Hospice Corporation, 4311 Third Avenue, San Diego, CA 92103; fax: (619)688-1699; e-mail: hremail@sdhospice.org. EOE.

▼ **Saint Francis Medical Center, Grand Island, NE – FULL-TIME CHAPLAIN.** Saint Francis Medical Center has an immediate opening for a full-time chaplain to join our healing team. The chaplain will have opportunities to share gifts and talents. Pastoral/spiritual care is valued in our medical center. Candidates will need to be certified or in the process of certification with NACC or APC. Saint Francis Medical Center is a member of Catholic Health Initiatives. For more information, please call (800)353-4896 ext. 5621 or visit our web site at [www.saintfrancisgi.org](http://www.saintfrancisgi.org). Please send resume to: Regina Rathman, Human Resources, Saint Francis Medical Center, 2620 W. Faidley Avenue, Grand Island, NE 68803 or fax: (308)398-6561 or e-mail: rrathman@sfmc-gi.org.

▼ **Howard Young Health Care, Woodruff, WI – CHAPLAIN.** A progressive Northwoods health care facility is seeking a chaplain to assure the availability of services to meet the spiritual needs of our patients. Qualifications include: Undergraduate degree or graduate degree in theology, documentation of CPE, certification by NACC, and ability to articulate and support the ethical and religious directives for Catholic health care services. Please send resume to: Human Resources, Howard Young Health Care, 240 Maple Street, Woodruff, WI 54568; (715)356-8036; swiftr@ministryhealth.org.

▼ **The Hospital of Saint Raphael, New Haven, CT –** There are six one-year (four units) CPE RESIDENCY POSITIONS available: August 26, 2002 – August 31, 2003. Saint Raphael is a 511-bed academic health science center located near downtown New Haven. Our program offers pastoral care experience in the areas of cardiology, cardiac surgery, oncology, HIV/AIDS, general surgery, general medicine, gerontology, psychiatry, rehabilitation, emergency medicine, and obstetrics. Application fee: \$25 (non-refundable). Tuition: \$100 per unit (due at the beginning of each unit). Stipend: \$19,500. Full medical and dental benefits, with some employee contribution, are provided from the first day of employment. Eleven paid holidays and 10 days of paid vacation round out the compensation package. Apply to: Rev. Jacob Atuahene-Nsowaah, EdD, Hospital of Saint Raphael, Pastoral Care Department, 125 Sherman Avenue, New Haven, CT 06511; (203)789-3248; fax: (203)789-3251; e-mail: jatuahene@SRHS.org. The Hospital of Saint Raphael is an Equal Opportunity Employer.

**Positions Available are posted weekly on the  
NACC web site: [www.nacc.org](http://www.nacc.org).**

# CALENDAR

# Board of Directors

## ■ April 2002

- 24–27 ACPE Conference  
Pittsburgh, Pennsylvania
- 29 Copy deadline  
June 2002 *Vision*

## ■ May 2002

- 2–4 AAPC Conference  
Snowbird, Utah
- 4–5 Certification interviews:  
Los Angeles, Milwaukee,  
and Orlando
- 13–15 King's College Conference  
on Death & Bereavement  
London, Ontario, Canada
- 18–19 Certification interviews:  
New York City and St. Louis
- 27 Memorial Day Holiday  
National Office Closed
- 30 NALM Annual Conference  
Chicago, Illinois

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