

Vision

July 2002
Vol. 12 No. 7

The National Association
of Catholic Chaplains



Ministers of the sick in Guatemala receive crosses during their official commissioning ceremony. Sister Lorraine Beinkaffner, MM, shares the story of her ministry in a parish in San Antonio Sacatepequez, Guatemala. Page 16.

Inside

Ministering in a Parish Setting, Part 2

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CATHOLIC CHAPLAINS

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The National Association of Catholic Chaplains is a professional association for certified chaplains and CPE supervisors who participate in the healing mission of Jesus Christ. We provide standards, certification, education, advocacy, and professional development for our members.

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An Argument Against the Use of the Term Spiritual Care

I read with great interest Father Joe Driscoll's article about the use of the terms "spiritual care" and "pastoral care" (*Vision*, April 2002). When I was doing a chaplain residency last year at St. Anne's Hospital in Fall River, Massachusetts, the pastoral care department was in the process of adopting the term, spiritual care, and the arguments seemed reasonable. In time, however, I've developed reservations.

My main objection is that the term spiritual care suggests a primary focus on the spirit or the spiritual dimension of the human being. The problem with this point of view is that it tends to fragment a holistic understanding and approach to health care. The holistic paradigm, which speaks of body, soul (mind), and spirit (or physical, psychological, and spiritual dimensions) is much in vogue today. Most health care institutions profess a commitment to holistic care. But this usually means assigning different parts to different practitioners. The holistic vision, however, understands the close interconnections between all dimensions, and expects practitioners to think and treat holistically.

Assigning the various dimensions to individual practitioners makes sense in a health care system dominated by contemporary medicine. Contemporary medicine focuses primarily on the body and physical processes. Its philosophy is reductionistic or materialistic, only giving credence to physical causes and physical treatments. There are certainly historical reasons for this development, and the successes of contemporary medicine have benefited humanity tremendously. But its approach is not holistic, either in its understanding or in its treatment of disease.

Contemporary medicine is also intervention-oriented (in contrast to the preventive approach that is the hallmark of holistic medicine). Intervention and an exclusive focus on the body become problematic, however, in diagnosing and treating chronic illness (arthritis, many forms of cancer, type II diabetes, heart disease, etc.), because it is closely associated with diet and lifestyle. It makes a difference whether

the treatment of chronic disease focuses primarily on the body or takes seriously habitual patterns that need to be changed (the realm of the soul and spirit). In addition to the potential harm caused by radical interventions, the holistic critique of a medical system geared towards technological solutions like open-heart surgery (a "very expensive Band-Aid") is that they allow patients to continue unhealthy lifestyles without addressing the need for change.

As I outline in my chaplain residency project ("Towards a Theology of Wellness," to be published in the fall in *Health Progress*, the journal of the Catholic Health Association), the Judeo-Christian tradition is decidedly holistic in its understanding of health and illness and blends both intervention and prevention. Jesus does not treat the body—or the soul or spirit—in isolation, but all together. Disease is understood and treated holistically, by a divine physician who intervenes (without causing further harm), but who also clearly admonishes about what needs to change.

What this means for chaplains (and for all practitioners, particularly in religious institutions) is to be cautious about defining their role too narrowly. It is interesting that Joe Driscoll notes that "nurses and physicians are now claiming to do spiritual care" without considering the special competence of chaplains. While this may seem to be a cause for concern, such "holistic" thinking needs to be encouraged. Conversely, chaplains also need to think holistically, and to reclaim concern about treatment of the body too (in fact, the very first doctors were priests or holy persons). This means understanding the materialistic bias of contemporary medicine and its potentially adverse effects for the life of soul and spirit, and being informed about the alternatives.

Religious institutions, and chaplains in particular, are in a unique position to help bring about the integration of contemporary and holistic medicine, and especially holistic thinking, into the health care system. But by a "spiritual care" focus, chaplains may limit their vision. While there may be a better term than "pastoral care," at least it allows them to claim a more inclusive vision, in imitation of Jesus.

James Morgante
jmorgant@gonzaga.edu

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www.pastoralcareweek.org

Pastoral Care Week

Do you remember its beginnings?

Some time ago I began researching the beginnings of Pastoral Care Week. What I wanted to find out, and what I've not been able to find out, is the name of the person or persons who submitted the proposed resolution to establish a Pastoral Care week to the Amendment and Resolution Committee for the 1983 annual NACC conference.

I began my research at the Pastoral Care Week website. The following introduction written by chaplain Dick Cathell, of St. Joseph Hospital of Bellingham, Washington, appears there:

Pastoral Care Week started in 1983 when the National Association of Catholic Chaplains passed a resolution to establish a Pastoral Care Week. It was not until October of 1985 that the first Pastoral Care Week was held by NACC. In December of the following year, the Congress on Ministries in Specialized Settings recommended at their annual meeting to establish a committee to implement a National Pastoral Care Week. The first committee appointed Harvey Huntley, Representative of COMISS, Reverend Lin Barnett, Representative for the College of Chaplains (now the Association of Professional Chaplains), and Sister Patricia Doerr, Representative for the National Association of Catholic Chaplains.

Searching through past issues of *The Camillian*, the NACC publication that predates *Vision*, and through the minutes of convention business meetings, I found the following in the minutes of the business meeting for the 18th Annual NACC convention, held at the University of San Francisco, California, August 4, 1983:

Proposed Resolution #9

Be it resolved:

... that the National Association of Catholic Chaplains take the leadership in establishing a Pastoral Care week in the month of October.

A motion to accept the proposed resolution was made by Kateri Harnetiaux, Region XI. The motion was seconded.

A motion to amend the proposed resolution to read, "in October 1984" was made by Sister Diane Wagner, Region VII. The motion was seconded.

A motion to further amend the proposed resolution was made by Father Bob Gloudeman, Region VII, adding that this be done "in cooperation with other national pastoral care health organizations." The motion was seconded.

The resolution in its final form read:

Be it resolved:

... that the National Association of Catholic Chaplains take the leadership in establishing a Pastoral Care Week in conjunction with other national pastoral care health organizations.

The resolution was approved by the Assembly



For the following information and more, check the Pastoral Care Week website (www.pastoralcareweek.org):

- Suggested statement for the Congressional Record, Gubernatorial and Mayoral Proclamations.
- Sample press release.
- An article that addresses Pastoral Care Week and this year's theme.
- Pictures of products and order form.
- Examples of past celebrations.

In the April 1983 issue of *The Camillian* there had been a reminder that members could make proposals for Amendments or Resolutions for consideration of the Assembly at the Convention, and gave some directions for doing so. Members were directed to send their proposals to the Amendment and Resolution Committee, whose members were Sister Janet Corcoran, OSF, Sister Maryanna Coyle, SC, Rev. John W. Mullally, and Rev. Walter Smith. I've spoken with Sister Maryanna as well as with Sister Pat Doerr, OP, who was NACC President at this time. Neither recalls who submitted the proposal.

So my request is this. If you know who submitted the idea for the Pastoral Care Week resolution at the August 1983 NACC conference, please get in touch with me, and we can add this information to the Pastoral Care Week website.

– Susan Cubar



Father Joseph J. Driscoll

A perfect weather weekend in Milwaukee ushered in a hopefully lovely June for us Milwaukeeans, and a certainly lively season for the leadership of our association. Both hummed with activity.

Strategic planning

The day prior to the June 9–10, 2002, Board of Directors meeting, Walter Smith, SJ, an extern board member, presented a “Primer for Strategic Planning” in an interactive process with senior staff, Kathy Eldridge and Susanne Chawszczewski, board member Joan Bumpus, and myself. He carefully defined a strategic planning process that was concrete, practical, and a seeming fit to our organization and our needs at this time. A timeline was drawn and the tasks understood and agreed upon.

The beginning point of this strategic planning process is the initial work of the execu-

tive and staff of the national office in examining the mission statement in light of the critical issues facing the association. The primary source for the initial phase of this study is the most recent planning document from 2000. By the end of June, we will have produced what is known as a “provisional mission statement” for circulation among the board, primarily for editorial suggestions in making certain that this statement is clear and concise. No one is changing the mission statement, only the Board of Directors can do that, but it is an exercise intended to stretch the statement enabling us to imagine widely into our possible futures.

By mid-July, we will have established four to six task forces that can encompass the critical areas that we need to address in formulating a strategic plan. Chairs will be selected to head up these task forces; staffing will include all the board members, national office staff, possibly external persons with a particular area of expertise, and of course, you the membership. The task forces will meet through e-mail, fax, and conference calls through July, August, and into early September. I will be in regular and close communication with the chairs.

The task forces will have completed their preliminary work prior to the fall symposia wherein we have scheduled time on Sunday morning for focus groups to discuss and refine the recommendations that have emerged in this phase of the planning process. By mid-October, a rough first draft of the plan will be circulated among the board and task force members with a final draft ready at the end of October in time for the November Board of Directors meeting. Essentially the entire meeting will be given over to the strategic planning process.

December and January will afford the time for finalizing the document that will be presented to the Board of Directors at our meeting in Toronto at the joint cognate group conference in February of 2003. The intended time frame for the implementation of this strategic plan is two to three years out.

When we went into our board meeting, Walter Smith explained the process to the full board. I cannot adequately express how energized we all were, national office staff and board members alike, at this excellent schema that we now have for setting a clear and measurable direction for the important work of the association. I dare say you will be too!

Finances

As always, your leadership closely stewards the resources of the association. As I indicated in my last report in the May 2002 *Vision*, a drop of nearly 200 full members—some from the association, many more to emeritus status—occasioned a significant decline in projected revenues. The reality of the aging of our association had finally made its impact. While we are projecting a modest deficit at fiscal year end, one we obviously are not happy about, we were able to lower the variance even further since our last board meeting. A realistic and hopeful sign is that for the first time in the history of the association we have gone to outside funding resources (at this writing two grant proposals have been submitted).

The board passed a pro forma balanced budget for fiscal year 2002–2003 that will be finalized at the November board meeting.

Appointment

It is with sadness that I announce that Mr. John Lore, one of our extern board members, submitted his resignation to the chair this past April for personal reasons. We are most grateful to John for the gifts and talents he brought to our organization in the year or so that he served us.

I am happy to announce that the Board of Directors has appointed a new extern member, Mary W. Hassett of Greenville, South Carolina, a Partner/Chief Strategist at Brains on Fire, an unconventional company that specializes in revolutionary thinking. Mary has been described as one of the foremost strategists in health care in the United States. Her curriculum vitae is most impressive, including work in marketing and public relations, corporate development and communications, and strategic consulting. We welcome Mary to our association and are most grateful for her willingness to commit her time, energy, and talent with us.

Accreditation and the master's degree requirement for 2005

Susanne Chawszczewski, NACC Director of Education, in consultation with the National Certification Commission, researched the accrediting agencies that are

generally recognized to insure quality in educational programs in the United States. This research was conducted in light of the requirement in 2005 that a candidate for certification as chaplain must have a master's degree.

The board approved the following addition to NACC Standard 410.26: "Accredited" refers only to those institutions and/or programs within institutions that are accredited by agencies endorsed by either the United States Department of Education (U.S. DOE) or the Council for Higher Education Accreditation (CHEA)."

Susanne will write a detailed article for *Vision* giving the history, the rationale, and some practical suggestions for those who will be searching out academic programs.

USCCB/CCA request regarding health care minister

A timely and energizing discussion took place at the board meeting in response to an invitation by the United States Conference of Catholic Bishops/Commission on Certification and Accreditation (USCCB/CCA) to consider expanding our mission to include health care ministers in the parish setting. The Commission has been working for many years now in formulating standards for diocesan ministry formation programs. For the last three years, the Commission has moved into drafting standards for those in the third or fourth year of formation who would like to specialize; one area is to the sick, homebound, and elderly in parishes. The Commission was aware that we had for a time considered expanding our mission to parish ministers beyond chaplains in recent years, and now were inquiring whether or not we were open to re-explore the issue.

The discussion was timely insofar as we are embarking on a strategic planning process and looking to imagine possible futures. The discussion was energizing insofar as the "pros" and "cons" were argued back and forth. The issues are many and revolve on a variety of levels, such as, the possibility of significantly changing, or at least enlarging the mission of the association, the question of the church's needs right now and the resources that we may be called upon to share, and the gains and losses that either accepting or declining this invitation would entail.

The board chose to enthusiastically accept the invitation to engage in active partnership in further exploring the possibilities in this proposal.

Diversity recruitment

Richard Leliaert, chair of the board and NACC representative to the Diversity in Chaplaincy Cognate Group Committee, sought counsel from the board on drafting possible goals for the NACC in the area of diversity. It was noted that the issue of diversity will certainly be addressed in our planning process. Other suggestions that emerged in our discussion were marketing in our own minority churches for potential chaplains, establishing an endowment that could provide scholarships for minority persons, and the reality that if the NACC were to choose to expand our mission to health care ministers then we would more likely reach a pool of potential future members from more diverse groupings.

Next steps in cognate group "white paper" process

The cognate groups who produced the "white paper" on chaplaincy (ACPE, APC, CAPPE, NACC, and NAJC) have reconvened to explore the next steps in the process. Dr. Margot Hover is the NACC representative and she requested consultation from the board on further directions.

Two specific suggestions came from the discussions. First, that we encourage the committee to facilitate a plan for more research with a concrete goal. For example, the committee work on facilitating the publication of 10 studies that investigate specific outcomes of pastoral care interventions that affect the "bottom line" that could then be given to administrators in health care.

Second, that the committee work on facilitating the regular publication of a one-page bulletin summarizing the plethora of current research on the positive relationship of spirituality upon healing that would go directly to chaplains and mission leaders for their own background knowledge when dealing with administration on the effectiveness of spiritual care interventions.

At the request of the committee, two additional NACC members will be appointed to represent the NACC with Margot in this important work.

Other business

Bishop Dale Melczek, USCCB episcopal liaison to the NACC, reported on the success of the NACC official visit to Rome. (See photographs on page 8 in this issue.) The 2002 fall symposia were discussed, and board representatives will be in attendance at all the meetings along with the nearly 30 bishops who will be participating.

Finally, the board appreciated my report on specific activities that I undertake on behalf of the NACC and suggested that I publish this activity report in *Vision* so that you too are more fully aware of my advocacy efforts on your behalf. I plan to do so quarterly.

A hopeful and lively summer looks forward to a rich harvest this autumn! ▼

We have begun a strategic planning process that is concrete, practical, and a fit to our organization and needs.

NACC Representatives Meet with the Holy Father

NACC episcopal liaison Bishop Dale J. Melczek and president and chief executive officer Father Joseph J. Driscoll were in Rome, April 28 to May 3, for meetings scheduled with Cardinal James Francis Stafford, the Prefect for the Congregation of the Laity and Archbishop Javier Lozano Barragán.

During their time in Rome they were invited to attend a plenary session of the meeting of the Pontifical Council for Health Pastoral Care. Archbishop Lozano also asked them join an audience with Pope John Paul II for the delegates on May 2.

These photographs were taken at the audience in the papal palace. Approximately 70 people attended, including 40 bishops, archbishops, and cardinals. Attendees included the Patriarch of Lebanon and the staff of the pontifical council. (All photographs © Servizio Fotografico de L'Osservatore Romano.)



Father Joseph Driscoll, Archbishop Lozano, Pope John Paul II.



Bishop Dale Melczek, Archbishop Lozano, Pope John Paul II.



Archbishop Lozano addressing the Holy Father and the delegates. Bishop Melczek and Father Driscoll are in the group on the left.



Pope John Paul II with the delegates to the Pontifical Council for Health Pastoral Care.

Ministering in a Parish Setting, Part 2

Early this year we invited members who minister in parishes to write for this special section of *Vision*. We had a great response, receiving over 30 articles and letters. In order to accommodate all the articles, we needed to spread them over the June and July issues of *Vision*.

Thank you to all who wrote articles and letters and for being so thoughtful as to send photographs and artwork.

—Susan Cubar

Using the Internet to Aid in Parish Bereavement Ministry

Hugh McLaughlin

My current ministry (for the past four years) is in a parish bereavement program that was instituted at St. Mary – Concepcion Immaculada Parish five years ago. The bereavement program has developed programs for adults, men only, teens, and children.

The almost immediate success of a website established by my local unit of the Coast Guard Auxiliary in February 2000 suggested the possibility of a website for the bereavement program, which would be a point of contact and information source for members of our various groups as well as an outreach to members of the general public. We launched the website (<http://groups.yahoo.com/saintmarysbereavementcenter>) on April 6, 2000.

The website provides direct e-mail contact with our Bereavement Center, the Center's Director (Linda O'Reilly), and to me as webmaster. Also included are a calendar of upcoming events, and links to more than 60 related organizations. One of these sites has been useful to several people as it links to airlines offering special emergency (bereavement) air fares not available to the general public.

An advantage for less-than-wealthy parishes is that Yahoo, an Internet search engine and Web directory service, hosts the website without cost. The corresponding disadvantage is that the website *must* accept advertising from Yahoo. The parish and the bereavement center do not charge any fees for participants in the in-person groups or for access to the website. (I am a volunteer in the center's programs; the parish funds only the director's position.)

Many people are initially reserved or shy about taking that first step to join an in-person group, so the website provides a sense of security, giving people the anonymity to investigate what we do. The website calendar lists our First Saturday, Memorial Day, All Souls Day, and Christmas Masses for the deceased, which also seem to provide a level of comfort to peo-

ple as they may come to these Masses, stay for coffee and pastry and chat with others. This is often the first contact the very reserved will make to talk about their loss and inquire about joining one of the groups.

How effective is the website and is it being used?

Since the website has been online, there have been 8,100 "hits," or about 12 hits per day. Researchers have e-mailed me asking to join the site as members so they could access our links, and we just had a person from England join the site as a member. The site has received 11 awards for excellence and a "Safe Surf" award certifying the site as safe for children.

I knew that there was a need for parish bereavement programs but had no idea of the extent of the need until I saw the number of accesses to the website. I would encourage priests, deacons, sisters, and members of the laity to consider involvement in this and other ministries in their own parishes. Training for the laity interested in parish ministry is rapidly expanding; our archdiocesan seminary

now offers training for lay ministry up to a Master's in Divinity in Ministry, and certificates in Parish Ministry to the Sick and Parish Ministry to the Bereaved. Several area Catholic hospitals offer CPE.

I would seriously encourage members of the laity who feel called to some aspect of ministry to take advantage of the training opportunities. What you will get back in the happiness of being able to help others is far greater than the "gifts" you will ever give others.

(NACC member Hugh McLaughlin is a volunteer in the Bereavement Ministry at St. Mary – Concepcion Immaculada Parish in Lawrence, Massachusetts. He holds a master's degree and advanced graduate study in counseling and is licensed by the Commonwealth of Massachusetts as a counselor and supervisor of counselors. If other parishes develop bereavement websites, he would gladly link their sites to St. Mary's site if requested. He may be contacted at hughcgaux@aol.com.)

Many people are initially shy about taking that first step to join an in-person group, so the website gives people the anonymity to investigate what we do.

Establishing Continuity of Care with the Local Catholic Hospital

Jeanette Mariani, OSF



Jeanette Mariani, OSF

Three years ago, I responded to a call to minister as the Director of Pastoral Care in a Tucson, Arizona, parish setting. Having spent the majority of my chaplain ministry time (15 years) in either acute or long-term care settings. I had a very strong foundation in what the Joint Commission (JCAHO) required of hospital based pastoral care departments. One of those aspects is the need for “continuity of care.” As I began to carry out my ministry in the new setting of a parish, I became aware of the *discontinuity* that existed in the spiritual lives of parishioners who had experienced a stay in the hospital and who were then discharged to their home or to another facility, such as a nursing home or rehabilitation center, for further care.

Since our pastor, parish council, and I believe strongly in a holistic approach to spirituality, and, since so many new issues can arise as a result of changes in a person’s medical condition, it seemed evident to me that some linkage should be made to bridge the life-changing spiritual issues in a person’s life.

The approach I took was to contact the director of pastoral care at the local Catholic hospital, St. Joseph Medical Center, and share my concerns with her regarding the continuity of spiritual care of our parishioners. She understood the goal and was very supportive of my point of view. Within a short period of time, she arranged a meeting for me with the chaplains in her department. In order to support this continuity of care, I proposed that the hospital chaplains would:

- Identify patients who are parishioners from our parish, acknowledging that this is not often easy to do.
- Identify the spiritual diagnosis of each patient.
- Explain to the patients why it would be helpful to have follow-up spiritual care after discharge from the hospital to their regular living environment or to another facility (nursing home or rehabilitation center).
- Obtain the patients’ consent to have their names and other pertinent information given to me for follow-up.
- Contact and supply me with adequate sociological and medical information as well as a spiritual diagnosis upon a scheduled discharge.
- Give the patients my name, provided on a business card, so that they would not be shocked or afraid of a stranger calling them.

After considerable discussion, the program was supported by the chaplains, approved by the hospital administration and was moved forward.

The new program was started in the spring of 2000 and has been in effect since that time.

Although the number of referrals has not met the 100 percent mark, numerous referrals have been made. The majority of referrals received generally involve those at highest risk: the senior citizen population. It has been my experience that every referral I have followed up on has provided the parishioner, and families involved in the care of their loved one, with a greater sense of comfort, support, and connectedness to their parish.

The quality of follow-up has also taken a great burden of time off of the shoulders of our pastor. Homebound parishioners who desire to receive the Eucharist are easily identified and are ministered to by the eucharistic ministers. It has also strengthened my rapport and relationship with families who subsequently experience the death of a loved one. The relationship that is established then fits very nicely into the bereavement program that we offer. Since our parish is also involved in the Stephen Ministry program, which I direct, many referrals have been made to this program so that a long(er) time relationship is established and parishioners feel much more support by their parish.

In summary, I believe instituting this connection with the hospital chaplains has been very successful. Adding this dimension of referral to our pastoral care department has: heightened the awareness of parishioners that, indeed, we do and can provide them with the spiritual care and support they expect from their parish; been a source of referral for the Stephen Ministry program; made reception of the Eucharist more available to the homebound; created a bond of relationship when death is experienced; provided comfort through various bereavement programs available to family members; taken a huge burden off the shoulders of our pastor; and has secured the ongoing personal support of our pastor for the funding and continuation of the various programs offered above.

I am extremely indebted to our pastor and the director of pastoral care at St. Joseph Hospital for the initial and on going support they have provided which has enabled the ministry of pastoral care in the parish setting to be not only a success but a wonderful blessing.

(NACC-certified chaplain Jeanette Mariani, OSF, is Director of Pastoral Care at Our Mother of Sorrows Catholic Church in Tucson, Arizona.)

We Are the Church

Sister Grace Campbell, IHM

St. Elizabeth Catholic Church, Farmville, North Carolina, is a 40-family parish in a mission area of the rural South. I am currently completing my ninth year as pastoral administrator. We have an assigned sacramental minister for Sunday celebrations.

As pastoral administrator, I am entrusted with the exercise of the pastoral care of the parish which includes: education, pastoral services, worship, and administration. One of the first duties that I addressed was inviting lay leadership through participation in parish activities. Now new registering families are asked to identify their gifts that they may become fully immersed in the life and community of the church. Seeing this happen brings new life to the little community. Providing for the care of the sick and shut-ins is a natural overflow from my CPE and the years I spent as a hospital chaplain.

Because ours is such a small, intimate community, I share deeply in the life of each household. It was about two years ago that a ten-year-old youngster (JM) was diagnosed with fourth-stage Burkitt's lymphoma; these very aggressive malignancies grow very rapidly. Presence and ministry to the family in this crisis took precedence over the many duties of everyday parish activities. I was able to be with the family almost everyday of JM's hospitalization in the children's hospital about 15 miles from here.

The needs of each parent and two adolescent sisters as well as JM himself were challenging. Thus we began together a journey of unknowing, trying to cling to faith that was tested, and a hope that our faith would sustain each of us. JM was able to return home between chemotherapy treatments, and thus I was able to continue ministry to them. The eucharistic presence of Jesus brought a deeper meaning of what communion really means. When JM relapsed once again, the menacing cancer was in the fourth stage. This siege was devastating with its intense pain, obstructions from the tumors, and all the side effects of the chemotherapy.

The only hope was the success of a possible bone marrow transplant. No one in the immediate family was a match and time was against JM to find a donor from the national registry. He was accepted for a stem cell transplant and was transferred to another facility about 90 miles away for the procedure. We were all aware that he would get worse before there would be signs of improvement; our wildest imaginings could not have prepared us for the ordeal. I was able to visit only about once a week due to the distance. He slowly progressed to discharge status, staying with his family in an apartment and going

daily to the clinic as an outpatient. The transplanted cells were showing signs of growing, but it would take many months before his weakened body would again have any immune system.

Gradually, the journey became one step forward and two steps backward. The corner that was turned became a dark tunnel and the light at the end of the tunnel was the light of eternity for JM. Five months after the transplant, the cancer returned; this time with no hope for treatment. JM lapsed into a coma and was transferred back to his "home" hospital to die. At his bedside we celebrated Mass, anointed him again, gave him viaticum under the form of the Precious Blood, and confirmed him just hours before he died.

I once again was able to be with the family, guide their decisions around arrangements, prepare the funeral liturgy, preach at the service, initiate bereavement, and continue the follow-up to this day.

This particular situation tapped into all the training I received in my CPE units. I see a strong correlation between being a certified chaplain and using my gifts in ministry to the parishioners in the parish. I have since taken formal courses in pastoral administration, but I contend that it was my chaplaincy background that best prepared me for this special work in church ministry.

The one thing that I appreciated learning in CPE that is played out again and again in my daily ministry is that I cannot have my own agenda; I've learned to leave it in the bed when I rise each morning. Thus from each phone call, visitor at the door, or contact that is made, I am truly hearing the pain, the anxiety, the confusion, or whatever the situation surfaces. I've learned that others do not want answers; they want someone who can and will be there for them.

My experiences run the gamut from the infertile couple deciding about in vitro fertilization, the parent whose teenager was killed in a car crash, the elder person with a terminal illness, the family of a suicide victim, the loved ones with an Alzheimer's parent, or the family learning about a homosexual member or dealing with separation and divorce. I see my role as one who proclaims the Good News of God's unconditional love for all and who affirms and encourages forgiveness and reconciliation in a world of hurt and mistrust.

(NACC-certified chaplain Sister Grace Campbell, IHM, is pastoral administrator at St. Elizabeth Catholic Church, Farmville, North Carolina. E-mail: elizabet@greenvillenc.com)



Sister Grace Campbell, IHM

I see a strong correlation between being a certified chaplain and using my gifts in ministry to our parishioners.

Spiritual Health Care Chaplaincy at Visitation Parish

Alice Smitherman, OSB



Communal anointing at Visitation Church, Kansas City, Missouri.

On a gray day in the winter of 1999, a telephone call came at 11 a.m. John's grandmother was frantic as she talked with me. Four-month-old John had been taken to the ER at Baptist Hospital. He was not breathing. "Please come quickly. The doctors will not tell the family anything." Father Bill and I went immediately. John's family was gathered in the ER, and I quickly introduced myself to the nurse in charge and asked for information, but there was none. For over an hour, we stood with the family, and then the doctor came to us with the news. John had died. Thus began many months of coordinated parish ministry to this grieving family.

In the fall of 1993, the spiritual health care ministry at Visitation Parish was created to more fully minister to parish families such as John's. Our pastor at the time enlisted a CPE supervisor who was a parishioner and asked him to make recommendations for a focused ministry program of spiritual health care chaplaincy. In the life of this parish, the time was right. With the supervisor's help, a model for parish health care chaplaincy was designed, and I was hired to begin the new ministry.

Over the next five years, with much support, encouragement, and assistance from the pastor, the parish staff, and many volunteers, we have built a full-time spiritual health care chaplaincy program. For simplicity and clarity the ministry is "officially" called Pastoral Care, and I serve as Director.

Today, the Pastoral Care ministry serves all parishioners who are sick, dying, grieving, elderly, or in other spiritual health care crises and their families. To do this, volunteers who have pastoral care training and supervision carry out the

day-to-day ministry. Some of these volunteers serve as eucharistic ministers to our members who are homebound, hospitalized, or in residential care facilities. Several are in our Keep in Touch phone ministry and bereavement ministry. Six volunteers, who have received specialized training and ongoing continuing education, serve as pastoral care ministers who work closely with me to maximize our spiritual health care chaplaincy. The entire ministry is carried out in close collaboration with our pastor, who is directly involved in all sacramental ministry. But the reality is that our pastor does not have the time to listen to every family or member in crisis or coordinate an ongoing pastoral care ministry.

For the chaplain, the true gift of parish-based spiritual health care is continuity of spiritual care from beginning of a person's health crisis to its resolution. It is the fulfillment of St. James' message to us, "Is anyone among you sick? He should summon the ministers of the church . . ." (5:14). Being connected to the person by virtue of membership in the parish can greatly enhance the chaplain's ministry. The following story is an example.

When Jane learned that she had advanced cancer of the pancreas, her husband and grown children were in shock over the diagnosis and did not know where to turn. A very close friend of Jane's called Mary, a pastoral care minister whom she knew, and asked for some guidance and assistance. The minister responded quickly. She called me and explained the situation. We agreed that Mary should be Jane's minister. Thus began a very intense three weeks of spiritual care.

Jane's family and friends at first hoped for a cure, but soon found that it was not possible. Jane decided against any extraordinary medical care and remained at home throughout most of her brief illness. Mary saw Jane frequently, sometimes daily, and a bond of trust developed quickly.

Jane's family and close friends at first could not accept that "Jane is dying," but Mary was able to spend time with them. With our pastoral care support and guidance, Mary was faithful to this intense and difficult ministry as she shared in her words "the burden of the death watch" with the family. Shortly before Jane's death, Jane's husband asked about planning the funeral, and Mary assured the family that we would be there with them at every step of planning and preparation. Our pastor visited and anointed Jane soon after her terminal illness was known. Mary gave Jane viaticum a day before she died. Our pastor, Mary, and I shared bereavement ministry with the family for several months, and Mary followed up periodically for almost a year.

In addition to one-on-one spiritual care, our pastoral care ministry offers Conversations on Loss, a monthly gathering for those who are grieving; a quarterly communal anointing and prayer service; Caring Conversations, an educational program developed by Midwest Bioethics Center for "making your wishes known for end-of-life care"; and information on health-related programs and services available in the Kansas City area.

Hearts Afire in Crestwood

(This article originally appeared in the Summer 2000 issue of Blauvelt Connections, a publication of the Sisters of St. Dominic of Blauvelt, New York. It is reprinted in part, with permission.)

Nestled between the heavily traveled lanes of the Bronx River and Sprain Brook Parkways of Westchester County, New York, is the quiet hamlet of Crestwood. Within this tranquil suburb is the thriving Church of the Annunciation. This Catholic community of faith with over 1,750 families is home to a large school, religious education program, youth group, senior citizens' program, and even a program entitled "the park bench" for mothers with young children. It is here that NACC member Sister Cathy Burns, OP, serves as pastoral associate to the elderly and home-bound of the parish.

As pastoral associate, Sister Cathy acts as the important link between those who are not able to physically participate in the activities of the parish yet desire to share in the life of the parish community. She extends to the homebound a sense of belonging that eases the separation caused by physical impairment. The homebound are a vital part of the faith community. "In many cases, they are life long members of the parish. Feeling part of the Church is very important to them," said Sister Cathy. Her ministry bridges the physical gap that many may experience. Her presence represents the parish's care for the beloved senior members. She also brings back to the larger parish community their presence. Monsignor James Moore, the pastor, and the other parish staff members work closely with Sister Cathy in fostering the homebound connection.

Each morning, Sister Cathy calls a group of homebound parishioners and arranges for that day's visiting. A skilled and compassionate pastoral worker, she realizes the importance of each encounter. In describing her approach to visiting she highlights "five Ls": listening, loneliness, loss, liaison, and love.

"The first thing I do upon visiting is to listen to each person as many have no one to talk to," reflects Sister Cathy. Within each story there is often expression of great loneliness and loss. Loss of health, spouse, relatives and friends highlights their need to feel connected to their parish. Sister Cathy brings the weekly bulletin to each homebound adult and updates each person on the events of the parish. "Just the simple act of bringing the parish bulletin is an important expression of connection. Being kept abreast with the events of the parish is so important." She is the liaison for this connection.

During the holidays she brings cards made by the children in the school which the homebound enjoy receiving. As an expression of love, Sister Cathy prays for each person's needs and intentions and reflects on the weekly liturgical readings. Each person has the opportunity to receive the Eucharist. A sense of belonging and connection is restored in each visit. "They are so faith-filled. It is a privilege for me to visit them."

Outreach to the homebound is one part of the Sister Cathy's ministry at the Church of the Annunciation. She is also involved in developing programs for older adults. The 50+ Club provides an afternoon of socializing and fun for senior citizens of the parish. Sister Cathy was able to engage a professional bridge player to teach and coach a group of seniors on the intricacies of this card game. She helps to organize trips and special events for the senior members of the community. Her last venture was a two-day trip to the National Shrine of the Immaculate Conception in Washington, D.C., in honor of the Jubilee Year.

Another important component of her ministry is visiting hospitalized parishioners at Lawrence Hospital in Bronxville. She works with the pastoral care department in visiting the sick and providing follow-up home visits. Sister Cathy also is involved in bereavement work in the parish. She attends wakes and funerals and provides support to families and friends of the deceased.



Cathy Burns, OP

Visitation Parish

(Continued from the previous page.)

Over the past nine years since development of our pastoral care/spiritual health care ministry, more than 30 parishes have initiated pastoral care ministry to meet their own unique needs. Six years ago our bishop established a Diocesan Pastoral Care Coordinating Committee to plan periodic continuing education programs for parish-

based coordinators of pastoral care and to coordinate Befrienders training, which is offered in our diocese.

With fewer and fewer priests in our parishes and with their increasing responsibilities, the time has come for developing more professional spiritual health care/pastoral care programs in our parishes.

(NACC-certified chaplain Alice Smitherman, OSB, is Director of Pastoral Care at Visitation Church in Kansas City, Missouri.)

Dead People Talk

A program for eighth grade students

Dee Stern

This program first came about because I wanted the altar servers in the eighth grade at Little Flower Catholic School, Springfield, Illinois, to be better informed when serving a funeral. I thought if they had more background and more understanding about the signs and symbols of a funeral, perhaps it would have more meaning for them, and they would do a better job at serving.

Since we live in a death-denying society, we really don't like to discuss dying and death and especially to have our children exposed to such topics. If we protect them and keep them from getting hurt, we may feel that we are doing the right thing. However, when a death does occur, there is really nothing we can do to shield or protect them, because they feel the pain and loss in their own way. With all that in mind, I felt this program had to be handled very delicately. After some discussion with Mrs. Gloria Katzmark, one of the eighth grade teachers, it was decided to cover this topic through religion class, since the sacraments, rites, and rituals are discussed and we thought the funeral rite would certainly fit.

I talked to the classes about the actual funeral rite. We all met in the church and went through a mock funeral. As we did, we discussed the signs and symbols of a funeral and the meaning behind them. The paschal candle, the pall, music, readings, sprinkling of the casket, the cross, and the incense were topics that were touched upon.

We talked about what was and what is today. We discussed the color of the vestments and how the color has changed from black to cream or white. We talked about how the Catholic Church struggled first with the question of cremation and then of allowing the cremated remains in the church, and how just in the past couple of years that has been made possible. We even discussed the Church's teachings on suicide, burial at sea, and burial after a cremation. The difference between the clergy and a lay person when they are brought into the church, head first or feet first, and why the casket is turned around at the end of the funeral service were topics that intrigued the students. The teachers decided to integrate this topic even further into the curriculum, by incorporating history, English, art, and science.

In history class, the funeral mobile muse-

um was brought to the school and the eighth grade as well as other classes went through. It contains replicas of the caskets of Abraham Lincoln and John F. Kennedy, as well as different types of funeral artifacts from all over the country. Later, back in their classes, the students were asked to write about what they saw, what caught their eye, and what feelings they were experiencing as they walked through the museum. They also talked about funerals of such dignitaries as John F. Kennedy, Martin Luther King, Jr., Robert F. Kennedy, popes, and bishops; symbols such as the eternal flame and the Tomb of the Unknown Soldier; and even different types of religions and cultures.

In English class, one writing assignment was, "How would you like people to remember you? What would your epitaph be? What are your feelings as you write this?"

In religion class, the director of religious education talked about scripture and asked them, "How does it make you feel when someone close to you dies? It's OK to feel the way you feel. It's OK to feel the pain because Mary felt pain when Jesus died. Mary had her community to support her, like we have our family and community to support us." He also discussed Lazarus, death, and resurrection.

The following week we took a field trip to Oak Ridge Cemetery (where Abraham Lincoln is buried) and did tombstone rubbings. We stayed between 30 and 45 minutes.

Later, they discussed what they saw and their rubbings. One young man had slipped off and found his baby brother's grave and did a rubbing of that. Others were impressed with the different types of grave markers they saw dating back to the 18th and 19th centuries.

The evaluations were very positive for the whole experience. Due to the success of this project, it has become a part of the curriculum and we go every fall or spring. It is amazing how the altar servers have changed; they seem to have a respect for funerals that they did not have before and have more interest in serving.

The program has now changed slightly in that we have added a tour through the new funeral museum at the cemetery and a tour through one of the mausoleums. Instead of walking through the cemetery, we now take a

We don't like to discuss dying and death and especially to have our children exposed to such topics.

Pastoral Care at Our Lady Queen of Angels

Sister Carol Therese Johnson, CSJ

When I arrived at Queen of Angels Parish, there was a group of parishioners who were eucharistic ministers to the sick. Some went to the sick in their homes, and some went to Hoag Memorial Hospital on Thursday and Sunday. The pastor, Monsignor William McLaughlin, envisioned greater emphasis on spiritual care for the sick and elderly of the parish. Many of the older members of the parish had worked very hard to build the parish, and were now homebound. Monsignor wanted to be sure that these faithful parishioners were connected to parish life as much as possible.

For two years, I was part-time in the parish and part-time in the school. In 1991 the parish center was completed, and provided office space; pastoral care of the sick became full-time. By this time, the pastoral care team had grown from nine to 20. Many people who had been visited wanted to join the team once their health was restored. Visiting the hospital twice a week enabled us to follow up and visit parishioners who had been hospitalized. Parishioners were also encouraged to phone the parish center if a family member was ill.

Members of the pastoral care team were commissioned each year on Ministry Sunday in September. They met once a month for debriefing, for scripture study, and to deepen their own spirituality. Two or three times a year we had a speaker on a pertinent topic. One such topic was the place of fear in our lives and how it inhibits our relationship with God and with one another. In addition to weekly Eucharist, the parish priests provided the Sacrament of the Sick at least twice a year during Advent and during Lent. Usually a team member accompanied the associate in order to have the assembly represented.

One of the most exciting parts of the ministry for me was the fact that people being vis-

ited brought forth people who had been away from the church for some time. One lady, Mary, who had been diagnosed with lung cancer invited her neighbor, Helen, two doors down to let me visit. Helen, in her mid-80s, was bedridden because of arthritis. She became an inspiration for me.

Her religious education did not extend beyond elementary education. She had been raised with a younger sister in Chicago in a convent boarding school, and relished the memories of May processions and Benediction, which had been part of her boarding school experience. She remembered some of the hymns. Helen's mother had supported the girls as a seamstress.

On the occasion of my visit on the Feast of the Sacred Heart we shared Matthew's gospel: "Father, Lord of heaven and earth, to you I offer praise . . . Father it is true . . . Everything has been given over by my Father." (11:25-27) After hearing "Father" so many times, Helen was pensive, and finally said, "I wonder what it is like to have a father?" Helen finally shared that her father had left the family when she was five and her sister, only two. (As I write this, I still get the same sad feeling within me that I had the day of the visit almost eight years ago.) Helen is one example of someone who had deep unmet spiritual needs.

One parishioner wrote after the death of his wife, Edie, who had suffered pancreatic cancer for almost two years. "I am grateful to you, Sister, for your many visits to Edie. She was prepared to face death without fear, and I feel that you are the one who helped her, since I had to be away from home so much as a pilot."

(NACC-certified chaplain Sister Carol Therese Johnson, CSJ, now ministers at the St. Joseph Hospital Emergency Department in Tucson, Arizona.)



Sister Carol Therese Johnson, CSJ

Dead People Talk

(Continued from the previous page.)

riding tour through the cemetery with a program called "Stories in Stone," a history of Springfield. Each car has a tape, and as we drive through we hear about the history of Oak Ridge Cemetery, the architecture of each monument, and history of the individuals buried in those monuments. We stop several times on the tour to do tombstone rubbings.

This program has been going on for at least six years.

(Dee Stern is an NACC-certified chaplain who is a pastoral associate at Church of the Little Flower in Springfield, Illinois. She works with the elderly, sick, dying, bereaved, and divorced, and trains eucharistic ministers. She is a certified grief counselor and holds master's degrees in counseling and in pastoral studies. Dee wrote this article which was then edited by Gloria Katzmark. Contact her at: deestern@fgi.net.)

Why Me?

Pastoral Ministry in Guatemala and El Salvador

Sister Lorraine Beinkafner, MM



Sister Lorraine Beinkafner, MM

What a big surprise it was to hear that the NACC requested information about ministering in a parish setting. Like most people, I immediately think of health care facilities when chaplaincy comes to mind. I know it was so in 1983 when I started my CPE training at St. Francis Medical Center in La Crosse, Wisconsin.

In the back of my mind I was preparing for a retirement ministry as a hospital visitor or a hospice volunteer. Down deep I realized that if I wanted to help people die with dignity I would need special training. Here it is 2002 and I am a certified chaplain, but I have never darkened the door of a health care facility. Instead, for more than 30 years, I have been in pastoral teams in Guatemala and in an AIDS prevention team in El Salvador.

After Vatican II, there was a new understanding of parish structure. We, as missionaries, no longer went to other developing countries to teach or to bring God, but we went to discover God's presence and together with the people in our adopted cultures helped to build faith communities of love and mutual help.

In 1976 two of us Maryknoll Sisters were officially installed "pastors" by Bishop Melotto to the Indian parish of San Antonio Palopo on Lake Atitlan, Guatemala. For over seven years we trained Catchiquel lay leaders to be responsible for their small Christian communities. We also had a special women's program to encourage them to be active participants in their communities along side their hus-

bands. To augment the meager income obtained from the land, we helped set up a women's and men's weaving co-op. This co-op is still functioning today for exporting to the United States and Europe.

This pastoral experience was my basic training ground for the next nine years in San Marcos. Before leaving to become Archbishop of Guatemala, Bishop Pineda left two of us the keys to the parish house in San Antonio Sacatepequez. We were commissioned not only to take over the priestless parish, but also to revitalize the diocesan work for women that had been interrupted by intense military action in that area.

It was in San Antonio that we developed the two-day program to prepare Ministers of the Sick that I wish to share with you. We realized that times had changed drastically. No longer were lay participation programs looked at with suspicion, nor was special attention to women thought unnecessary. Being "pastors," we were even invited to clergy meetings.

On the other hand, there were things that hadn't changed. The catechists, the spiritual community leaders who were always men, still asked their community to join them to pray in the homes of the sick. This pre-Vatican II model of church was seen as an unchangeable custom, the right way to visit the sick. This custom was compounded by the fact that it was the Protestant method used by their neighbors as well.

Actually there were two new ideas we wanted to introduce. We wanted to stress the idea of listening to the sick person (the primary skill we learned in CPE training) as the first and foremost goal of the visit, and we needed to separate the teaching and preaching ministry of the catechist, which was customarily a man's job in the community, from the new Ministry of the Sick, which was a woman's forte.

To meet the challenge of opening up space for women in a "macho" church structure, we developed a special training program. The communities were asked to send two persons, preferably women, to the parish center for training to become their Ministers of the Sick. We designed a two-day workshop that started with a powerful dynamic.

First, we wrote down all the expressions they gave us of the way they usually spoke to the sick person. Then we asked for a volunteer to lie down on a cot or bench or anything we could use for a sick person in bed. Next, we asked the group, "What does a sick person think about when he or she is lying in bed?" As each answer came forth we put something on top of the "sick" person, a pillow, a purse, or a bag, or anything we found in the room



Ministers of the sick help out in the kitchen, preparing a meal for the sick person's family.

that was heavy. These were examples of heavy preoccupations for the sick.

Before the pile got too high and heavy, and before the person was asphyxiated, we divided the big group into groups of four to six persons to discuss for 10 minutes: "How do we remove these preoccupations from the sick person?" When we reassembled in the big group, we analyzed each idea to see whether it would relieve the person or if it would make the burden heavier. After all the debris was removed one by one, we asked the "sick" person how he or she felt. Then we gave the other participants an opportunity to express how they felt during the dynamic.

This lesson was generally learned very well. They saw that their customary clichés are not helpful. If the facilitator was a ham and made the dynamic lively and funny, the participants went home and talked about it. A year later when they came back for an update, they were able to tell who was the sick person and expressed how often they thought of the importance of listening when they were visiting a sick person.

I don't have space to go into detail about the rest of our two days of the workshop with our budding Ministers of the Sick. Here are a few ideas that we always included in each workshop. We asked for volunteers to act out some concrete experience of visiting an elderly person, a sick child, or a limited or impaired person in order to bring out the different challenges that come up. Each afternoon we assigned different parts of a good visit to a small group. We divided the visit into the following parts: preparation for the visit, entrance into the home, the visit proper, prayer if appropriate, leave taking, needed family contact, and evaluation together after the visit with future plans. The groups had 20 minutes to prepare their part. After each segment was acted out, we analyzed the group's participation. Only constructive criticism was allowed. It was amazing after two good experiences how confident the women returned to their villages.

Another important point we made was the difference between the Sacrament of the Sick that only the priest can confer and the ministry of accompanying the sick person. Their ministry was to visit the sick in their communities during the week while the person was sick or dying. Anyway, few priests made house calls because of their work load and because the distances were prohibitive.

How effective were these workshops? Well, one time we had four "experienced" women come from the Cathedral parish to participate with our fledgling Ministers of the Sick. At the evaluation they admitted that they had no previous preparation. One said, "We have been visiting the sick for nine years and



Padre Tony anoints Martita with assistance from a minister of the sick.

have been doing it all wrong." It was clear by their responses that our rural women were more self-confident. They were eagerly waiting to receive their crosses and bottle of holy water from the bishop as a sign of their new ministry.

I can't leave my El Salvador AIDS experience out. I was able to help design workshops for the Ministers of the Sick in the parishes of the archdiocese. We always gave basic information about AIDS first. In a second session we corrected erroneous ideas or cleared up doubts about how the AIDS virus was spread. We always had to calm the fears of the parish home visitors. It was important for them to include visiting people living with AIDS. We always used the same dynamic of "What are the preoccupations of the sick person?" to focus on the importance of listening to the sick.

What have I learned on this long journey? It was rather what have I been taught. God writes straight with crooked lines is an oldy but a goody. Being inspired to help people die well gave my missionary journey a new focus. It not only gave me the possibility of taking part in Jesus' teaching ministry but it also opened the door for me to value Jesus' healing ministry. This experience made a difference in my life I had never imagined.

(Emeritus member Sister Lori Beinkafner, MM, is an NACC-certified chaplain who now serving as Associate Director of Development for Maryknoll Sisters, Maryknoll, New York.)



A sociodrama of a visit to a sick person.

As a certified chaplain I have never darkened the door of a health care facility. Instead, for more than 30 years, I have been in pastoral teams in Guatemala and in El Salvador.

Bereavement Support Group

Marilyn Carmazzi



Marilyn Carmazzi

I am delighted to see the interest of NACC in parish ministry. I recall reading Father Joe Driscoll's articles in *Vision* pointing to possibilities for chaplains in parish ministry in the early 1990s. When I retired from hospital ministry in 1994, I was asked by a nun on staff at my parish, St. Francis in Sacramento, California, to coordinate the bereavement support group. I had thought of having some "down time" following retirement, but I hesitated only momentarily before agreeing to become involved in grief ministry at the parish level. I had long been drawn to the possibilities of being with the grieving over a longer period of time, and a parish setting made this more likely.

Because of my chaplaincy training, I was given the freedom to set up the program in my own way. There had been some prior attempts to meet the needs of the grieving in the parish, but it seemed the time for a fresh start with a more professional structure. To have someone and somewhere to go for support can help us move through this time of change to healing. To do this in a spiritual setting such as the parish can help people find some meaning in what has happened in their lives. We had so many people come to the group who had been to other grief support groups, but they missed the spiritual dimension and help to move on in their lives.

One of my colleagues from the hospital agreed to work with me. I was pleased to be able to make this a team effort as my experience has led me to see the value to participants of co-facilitation. Because my colleague, Dorothy, and I had worked very closely at the hospital, it was a good match and proved invaluable during the four plus years that we participated in this ministry.

We were asked to make the group available to those who had suffered a loss of any kind such as divorce, health, job, or relationship, as well as loss through death. Though this structure would be workable simply because sharing pain from any loss can begin the healing process, we limited the group to those who have suffered a loss from death, because it allowed us to stay more focused.

Grief, Gratitude and Grace is the name of our support group, which is under the umbrella of our Threshold Ministry to dying and their families. We help with end-of-life issues, advance directives, funeral planning, memorial services, and walking with the dying as doulas. Staying in touch with a

spouse or adult child each month during the year following death is very helpful. Assisting children to express their grief in art is another facet of the threshold ministry.

The healing process begins when those who grieve are able to tell their story as often as needed. As they are heard, they often begin to hear others' words and feelings and know they are not the only ones suffering. Along with the anger, hurt, resentments, and regrets that can surface at the time, there can also be grace-filled moments of insight.

Bill was a 40-year-old man who joined our group following the death of his mother to whom he was very close. He had had some difficulties with the hospital staff over his mother's care, and this exacerbated his loss. He tended to concentrate on this situation rather than on his own inner pain, which of course is a very human response. After about three to four months of bimonthly meetings, I was inspired to introduce the concept of acceptance and possibilities for new life, so I brought an eight-by-ten inch color picture of a seedling tree. His response was anger: "That's a copout." I was so startled at his response I said nothing; I even forgot to pray! After a long silence he said, "Oh, the Resurrection! I had forgotten." During the long silence he had gone back in his memory to the moment of his mother's death when he immediately had thought of the Resurrection.

This experience taught me a great deal about timing, silence, and the grace of God. To know when and how to introduce the concept of hope and new life and moving on to people who are still in pain can be challenging. For them to hear that it is possible is important. Silence in the group setting following people's sharing and/or the reading of appropriate scripture or sacred passage is vital. It allows people time for reflection on what they have heard so that they may come to their own personal application.

At the root of all our efforts is the guiding spirit of God's presence. For us as chaplains in the parish setting to trust this and mirror this hope to our participants and the parish community is truly what we are about.

(Marilyn Carmazzi is an NACC-certified chaplain ministering in St. Francis Parish, Sacramento, California. She is also a spiritual director and mother of seven grown children. She has 12 grandchildren. E-mail: mazzimaz@aol.com.)

Pastoral Ministry Extends the Tradition

Sister Mary Arleen Squitieri, SC

Parishes are local instances of church. In other words, the parish is where church “happens.” It is in the parish that we can measure our vitality as a community of disciples. It was in the parishes around the 17th century that the Tradition of Charity began with St. Vincent de Paul. For decades, the largest number of our Congregation, Mother Seton Sisters of Charity, spent their days serving in the parishes. My story will give you an idea of our experiences in today’s parishes.

I am presently working in Saint Regis Parish, Trafford, Pennsylvania. The Sisters of Charity have been an important part of Saint Regis since the 1950s. We have provided an uninterrupted presence, and have established a special relationship with the people of Saint Regis. How did our parish program of ministering to the homebound, hospitals, and institutions get started?

Our school closed in June of 1993. After teaching here for eight years, I hoped that my choice to remain at Saint Regis in a different “needed” capacity would demonstrate that parish life encompasses much more than the parish school.

Parishes are no longer linked to territory, but rather to people and ministry—the continuation of the mission of Christ. Therefore, I became the bridge between the old and new ministries for the parish. My ministry places me into the lives of the parishioners when they have to make some of the hardest decisions of their lives: whether to place a loved one into a nursing home or whether to participate in a hospice program. Very rewarding are the many people touched on a daily basis—being present to another in a life-giving manner.

This commitment is consistent with the mission of my community. I have created a ministry at St. Regis that never existed: lay eucharistic ministers to the homebound and to those in hospitals and nursing homes. The Bereavement Program also started in 1997.

There are many stories I could share about my ministry. However, the one main privilege I have is ministering to hospice patients at home and in hospice. There are both struggles and rewards in this companionship—simply to be there with one who is seriously ill or dying, and to help this person to make the final step of the journey. It does

not require medical training, giving shots, or running tests. You only present yourself.

I once heard the expression, “It takes a village to help those in Hospice”—in other words, many people. I am one of those people on the parish level. Is it easy? No. Rewarding? Yes. I have ministered to many hospice patients and their families both at home and in hospice facilities. We have prayed together, shared memories, and planned for the time to come. I feel almost “changed” when I enter a journey with a dying person, and when they die a small piece of me goes with them.

How do I keep connected with my dying parishioners? There is a step-by-step process which I use called the Breath Prayer. I ask my parishioner, “Marianne” the following:

Step 1: What is your favorite name for God? (Father, Jesus, Lord, Shepherd, Creator . . .)

Step 2: If the Lord were standing in front of you right now and asking, “Marianne, what do you want?” what would you say? Combine your name for God with your answer to God’s question. For example:

What I want + Name I call God =
“Peace” + “God”

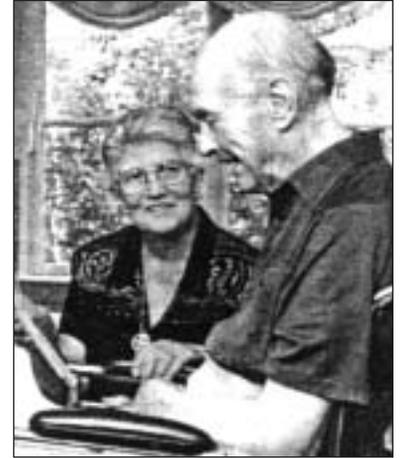
Possible prayer
“God, let me know your peace.”

The prayer is short and comes as easily as drawing a breath. Print the prayer on two index cards, one for the patient and one for yourself. Say the prayer as often as you can, staying connected to the dying person.

What have I learned? The importance of support and presence in the lives of many parishioners. *My faith is stronger, my hope is fortified, and my charity is extended through my ministry.*

What parish do you belong to? It is helpful for all of us—sisters and lay women and men alike—to realize the importance of the local parish in the life of the universal church. The parish—where the Body of Christ becomes incarnate again every day.

(NACC member Sister Mary Arleen Squitieri, SC, ministers at Saint Regis Church, Trafford, Pennsylvania.)



Sister Mary Arleen Squitieri, SC

The Miracle That Never Was

Joseph J. G. Mon



Joseph J. G. Mon

Have you heard the joke about the farmer who, after buying a new mule, hired a mule skinner to “train him up?” When the farmer caught the skinner hitting the mule between the ears with a board he asked, “What are you doing that for?” “Ya want him trained don’t ya,?” said the skinner, “well, first I have to get his attention.” It is my contention that Jesus used miracles much the same way. He wanted to get our attention. Even today these scriptural miracles grab us. Unfortunately, we are mesmerized by them and fail to see the lessons they teach. What we miss becomes the miracle that never was.

What we miss is how much the tenets of chaplaincy can be applied to the parish. Even a parish well staffed with clergy can use a chaplain. One-priest parishes can really use a chaplain. How so? I’m glad you asked.

The basic premises of chaplaincy are to be a presence of Jesus, to let one know he/she is not forgotten by the church, to be a companion on a spiritual journey, to be a listener not a talker, to be a nonjudgmental mentor not a judge, to be a presence when one feels alone . . . and many other things. These are not always qualities that one trained for parish ministry is taught. These are not qualities that overworked, single cleric pastors can exemplify without help.

In our parish we began to experiment with how we could better serve the needs of the 1,200+ families we had. This translates into about 5,000 people of whom 3,500 do not attend church regularly. We have a lot of out-reaching to do to bring God’s love to them. Our solution was to unite existing groups under an evangelical umbrella to implement more fully the spiritual and corporal works of mercy. To the St. Vincent de Paul, Legion of Mary, and Ministers of the Eucharist, we added a Parish Nurse program. Each, using the above mentioned principles of chaplaincy, reaches out to those in spiritual and physical need and when necessary, introduces one to a priest or deacon who can be of help. Here are some suggestions on how we organized.

Each of these groups has training programs run by the archdiocesan level of their organizations, except the parish nurses who were trained by the Visiting Nurse Association in our community. To this training we did in-parish training based on the CPE model, sans verbatims. I’ll use the parish nurses as an example.

Seven woman volunteered their time. They spent time talking to parishioners to determine

where they can be best utilized. Here are their parameters. The parish nurse does not replace the visiting nurse; therefore, she does no hands on nursing. Each has a specialty within which she does her primary ministry (post surgical, obstetrical, visiting nurse, gerontology, psychiatric, etc.). When a nurse visits a parishioner, she is in a position to see if there are other physical, spiritual, or financial needs for the parishioner. (Everything is done with the consent of the parishioner, keeping a close eye on confidentiality.) If necessary, reference is made to the St. Vincent de Paul Society, Legion of Mary, or a priest or deacon.

After visits, the nurse is encouraged to reflect on her visit with the deacon coordinator without telling the name of the person. This is a way she can keep check on whether her approach is correct or not. It is a type of continuing education. At present, it is becoming less and less necessary as they become more experienced. The other three groups follow the same order within their own specialties.

What has been the result? It is hard to say. We don’t keep track of where or how one comes to us. However, we are averaging about 12 new families to the parish each month. We have kept an active RCIA program with little to no advertising. Also others in the parish are getting the spirit.

Other programs have arisen from the chaplaincy mode of operation: A Sunday a year to sit and listen to people’s complaints about the church, without comment or argument. Several additions to our adult education programs. A drawing in of the high school people into ministries of the altar and charity. An increase of parishioners active in food shelf and soup kitchen programs of the community. Activity of visiting three nursing homes, one hospital, and the bereaved on a regular basis. Visiting parishioners in any nursing home within 50 miles of the parish on a monthly or quarterly basis. Most of these programs either began or were revamped on the lines with which we apply chaplaincy. These are the little miracles we miss while looking for the “miracle that never was.”

(Deacon Joseph J. G. Mon ministers at St. Bernard Parish in Enfield, Connecticut. He was ordained to the diaconate in 1980. An NACC-certified chaplain, he has served in acute care hospitals, long-term care hospitals, nursing homes, hospice, and a prison. He continues to volunteer as a facility chaplain for a nursing home and in an acute care hospital.)

Parish Ministry in St. Paul, Minnesota

Theresa Pasquarello, DHM

My entrance into parish ministry was simple enough. There was a need to contact the senior members of our parish, Church of St. Mark, to assess their physical mobility, social setting, orientation, and especially their ability (or lack of it) to attend Mass regularly. The program was already set in place, about five years before. The then director had about two or three persons to whom she ministered, and was alone. When she observed an 80+-year-old gentleman pushing a wheelchair into the church on a Sunday morning, the wheels started moving in her creative mind. This was the kind of person she wanted to help build up a body of helpers in her work.

This widower was the first of many volunteers whom she conscripted over the next five years. When she ministered to a surviving spouse, that one was so consoled as to enlist as a volunteer. As the list of volunteers grew, so did the list of those to be visited, and so did the type of service that was needed and rendered.

In my current ministry, contact sometimes starts with hospital visits to parishioners, with follow-up either to their homes, or to a nursing home, and with more frequent, even daily, visits if the illness becomes terminal. Then, there is also comfort care given to the surviving relatives. At other times contact begins with a phone or home visit to a 90- or 80-year-old parishioner. It may continue with communion visits during the week and/or on Sunday. There is much movement—from home to assisted living to nursing home—with many changes in between, until the person is acclimated to a whole new way of living. These parishioners still receive our ministrations, since they want to remain members of St. Mark's parish until they die.

Foremost is ministry to the homebound, since these members are most isolated and in need of pastoral visits as well as the comfort of Jesus in the Blessed Sacrament. This group fluctuates from 15 to 25, many of them advancing to group settings. There are some 25 assisted living facilities or nursing homes where parishioners have been transferred. Most of these facilities are far beyond our boundaries, but the people remain our parishioners.

Within the parish boundaries are three facilities where we minister to all the Catholic residents. A communion service is conducted each week: one facility has 45 Catholics; one about 20. The third is an independent living set-up where ambulatory residents still cannot get out to Mass. A communion service is held every other Sunday for about 10 to 12 residents.

Most significant to me is the fact that there can be long-term ministry to both the ill member and to the family. No longer do I wonder, "What ever happened to that person so ill yet discharged from the hospital? Was she ready to take up her duties? Did she recover?" Instead she can be followed up on a one-to-one basis. We can be with people at their most vulnerable times to share at their deepest level and at their own pace.

However, I have found that it has become more and more difficult to know the whereabouts of our ill parish members. Hospitals claim they are protecting the privacy of the individual by not revealing that a person has been admitted or by not even asking the patient's church affiliation. If the family does not inform us of an admission, we are at a loss to visit and see to the spiritual needs of the hospitalized parishioner. Right now, only one of four local hospitals notifies the parish of an admission. We must know the name of the parishioner to inquire, or rely on the family notifying us. I wonder whether this is a problem other parish ministers encounter and, if so, how they deal with it.

My "volunteer" service became a two-year indoctrination as more and more services were asked of me. When the original director had the opportunity to do work more suited to her gifts and talents, she bequeathed the results of her organizing ability to me! No one can fill her shoes, but I am thankful daily that my own gifts can contribute to the spiritual and emotional welfare of those with whom I come in contact, from volunteers and staff to isolated homebound and their families, and all in between. It is a graced time and place. Deo gratias.

(Sister Theresa Pasquarello, DHM, is an NACC-certified chaplain who ministers at Church of Saint Mark in St. Paul, Minnesota. Contact her at: Tpas906@aol.com.)



Theresa Pasquarello, DHM

Ministering to the Homebound

Sister Christina O'Connor, MFIC



Louella T. Petry, OP

According to Henri Nouwen, the words, “A man can have no greater love than to lay down his life for his friends,” summarized the meaning of all Christian ministry. He further states that the Christian ministers’ acts of service go beyond skills and techniques. Christian ministers are willing to lay down their own lives for others and in so doing, experience their weakness; their weakness and powerlessness become a source of creativity. Nouwen continues, “the aim of ministry is to open new perspectives, to offer new insights, to give new strength, to break through the chains of death and destruction and to create new life which be affirmed. In short, to make his/her weakness ‘creative.’”¹

Over the past 16 years I have had the opportunity and privilege to minister on a part-time basis at St. Maria Goretti Parish in New Orleans. My ministry gives me many opportunities to share the Word and the Eucharist on multiple levels to those in need of God’s healing presence, reaching out to the sick, the elderly, the bereaved, the infirm, the lonely, and the dying. All are in our parish, some no longer active, but still in need of God’s compassionate care. They look to the parish to provide spiritual support.

Every day eucharistic ministers from St. Maria Goretti are seen throughout nearby Lakeland Hospital, visiting with the sick and dying. We also strive to include the families of the patients in our visits:

Jack called one morning, his voice trembling, said, “Sister, could you come and be with us? Dr. Lane just left our room and Marian will most probably not live through the day.”

Arriving at the hospital I went directly to her room and met Jack in the hall with his children close behind. “Marian just died,” he said, with tears streaming down his face. We all held hands and stood still for several moments. Then I asked, “Do you want to go back in and be with Marian for a while?” Reluctantly, they replied, “Sister, she is dead.” I listened and stayed with them, and then with respect, tears, and love we entered the room.

Again, I listened as they cried and literally poured out their grief. Quietly, we prayed, thanking God for her life and for whom she had been to them and to our parish faith community. When the nurses returned to the room we stayed on for a while longer. Leaving the room, Jack looked at me and said, “Sister, your telephone number came instantly to me. Marian always said, ‘Sister will help you.’”

Harriet Young states in her book, *Bereavement Ministry*, “Grief is a wound, a deep wound, and it takes time to heal. When we cut a finger, it takes time to heal, but in the meantime a little salve and a Band-Aid help ease the pain. Grief feels like that

kind of wound that needs a huge bandage and it needs a great deal of comfort and support.”²

In 1991, with the support of our pastor, Monsignor Earl Gauthreaux, we established the Goretti Bereavement Support Group. This group serves as a resource for persons, enabling them to understand that grief is a healing process to be embraced with hope and courage. We meet on the first Tuesday of each month at 11 a.m. and the same topic is repeated at 7 p.m. These sessions are offered to all, including those who are not parishioners of our parish, as well as persons who are unchurched. Those attending are offered the opportunity to meet with me on an individually, if they so desire. This enables them to express themselves more freely and to deepen their knowledge and holy acceptance of their grief journey.

When the Bereavement Committee receives the name and information of the deceased parishioner, one of the members will visit with the family. This visit gives us the opening to listen to the sorrow they are experiencing, leave a packet of reading material pertaining to the grief process, and invite them to the Bereavement Support Group.

In carrying out its mission, the role served by Goretti Bereavement Support Group is characterized by the following:

- Will seek through home visits, telephone calls, and coordination of monthly sessions to enable persons who are grieving to find insight with acceptance and peace through study, prayer, and discussion.
- Will recognize the need to express sorrow and to stand before God and others with a deep sense of grief, thereby experiencing God’s presence in prayer moving within themselves from: Cloud of darkness to Pillar of Light; Brokenness to Wholeness; Death to Resurrection;
- Will acknowledge that during the healing process of grief the Risen Lord Jesus calls us together in the mystery of the Eucharist to celebrate His life in a community of prayer, love, and thanksgiving.

Often in my parish ministry, I ask myself the question: “Why am I, at 71 years of age, willing to lay down my life for them?” There is only one answer for me—“to give new life”—and then I recall and ponder, “the Spirit of the Lord is upon me . . . because God has anointed me. God has sent me to proclaim release for prisoners and recovery of sight to the blind; to bind the brokenhearted.” It was to the broken that He came, and it was the broken that found wholeness, New Life, in His Presence. Only in risking my heart, in being vulnerable, in a moment of presence with them, in a moment of grace—New Life!

Ministry of Praise

Dorothy Wenzel, FSPA

After serving as a hospital chaplain for some time, I donned a new hat two years ago. I now work as a parish minister at Our Lady of Mt. Carmel Church in Tenafly, New Jersey, where I minister to the homebound and parishioners in hospitals and nursing homes. This involves taking Holy Communion to these people, being present to them thus allowing them to verbalize their fears and concerns, and comforting and consoling them in their sickness. In addition, I am available to family members, especially at the death of a loved one, offering them encouragement and support, and journeying with those who have been alienated from our church and from God. At such times, I am moved to share my own faith life.

Advising the priests of the parish about parishioners who are in need of the sacraments of reconciliation and the anointing of the sick is also a part of my ministry. In my hospital visits, while my main responsibility is to Catholic patients, I also reach out in a spirit of ecumenism, love, and service to all of God's suffering members with whom I come in contact.

Ministry to the homebound is a team-coordinated effort at our parish. At the onset of my ministry I became aware of the number of shut-ins who live alone, many of whom seemed quite lonely. In response to this need, I organized a group of parishioners who regularly visit them and who have bonded with these people, thus complementing my weekly visits. I am always deeply touched by their deep faith and trust in God.

Some months ago I received a phone call from a priest in a neighboring parish asking if I would visit Joanne, a friend of his, who was critically ill with cancer. I fervently begged God to be with Joanne and her family and also to enable me to be a source of strength and comfort to them as they struggled to come to terms with her impending death. Upon reaching the home, I found Joanne radiating peace and joy despite her intense suffering. I proceeded to join her husband and two teenage sons in prayer around her bedside, after which Joanne reverently received Holy Communion.

For the next several weeks, I visited Joanne and, despite her rapid deterioration, her inner peace and deep faith deeply touched my life.

When her final hour approached, and as we recited the prayers of the dying, God's peace and presence seemed to settle in around the bedside. Shortly afterwards, Joanne breathed her last and at that moment a spontaneous prayer of gratitude was recited by all present. Joanne's sufferings were now at an end and the joy of heaven seemed to shine through her smile.

My service to the homebound would not be complete without attending to their loved ones at the time of death. Hence, a six-week bereavement program is offered in the fall of each year. These sessions culminate with the liturgy on All Souls' Day. Prior to this celebration, invitations are mailed to each family who has lost a loved one during the year. For this liturgy the church is arranged with an array of candles on a table in front of the altar, one for each deceased person. Following the homily, the names of the departed are read while the candles are being lit. Members of the congregation are invited to come forward to place a few grains of incense in the thurible of burning charcoal as they silently pray for their loved ones. At the conclusion of the Mass, family members take home the candles. This liturgy helps bring about closure for the bereaved.

Providing for the social needs of the homebound is done in a lighter vein. Twice a year, at Thanksgiving and in the spring, all the seniors of the parish are invited to share a meal in the parish hall. Transportation is provided as needed. Several active parishioners assist with these events. It is exhilarating to witness the reciprocity that transpires between past and present generations. It is also energizing to watch the seniors take to the floor when the music begins and to listen to their resounding voices. Such events highlight the unity and pride that exists in our parish.

As I journey with my people, the words of Stephen Grellet express my sentiments as I minister in a parish setting: "Dear Lord, I expect to pass through this world but once; and any good thing, therefore, that I can do, or any kindness that I can show to any fellow creature, let me do it now; let me not defer or neglect it, for I shall not pass this way again."

(Sister Christina O'Connor, MFIC, is an NACC-certified chaplain who ministers at Our Lady of Mt. Carmel Church in Tenafly, New Jersey.)



Sister Christina O'Connor, MFIC

Bind the Broken Hearted

(Continued from the previous page.)

Notes

¹ Nouwen, Henri. *Creative Ministry*. Simon and Schuster, New York, 1987.

² Young, Harriet. *Bereavement Ministry*. Twenty-Third Publications, Mystic, Connecticut, 1999.

(NACC-certified chaplain Sister Louella T. Petry, OP, ministers part-time at St. Maria Goretti Parish in New Orleans, Louisiana.)

“I hope you will continue the Ministry of Praise,” Sister Agnes urged me as I prepared to take her place as pastoral minister at St. Raphael Parish in 1992. Sister Agnes explained that this program was designed for persons who like to pray and need to feel useful and in touch with their parish through prayer for the needs of the church and the world.

This program makes no other demands such as meetings or dues. The founder, Father Jeremiah Duggan, pastor of St. Bede the Venerable Church in Chicago, explained the ministry to our former pastor, Msgr. Srnc, who liked the concept. He asked Sister Agnes to introduce this ministry to our parishioners who chose it after reading about it in the parish bulletin. A short ritual allows one to present each person with three items: a booklet of suggested prayers, a certificate, and a cross made of olive wood from Jerusalem. Father Mark Juetner, our present pastor, continues writing intentions in letters to help keep especially the homebound in touch with their leader and the needs of so many.

These 100+ prayers of St. Raphael Parish are a

constant source of inspiration and joy to me as I visit them. These men and women take their role as prayers seriously as they pray daily in praise, thanks, and petition. I recall seeing Blanche’s red Ministry of Praise prayer book in the hospital and later in the nursing home where it disappeared. She promptly ordered another one as it was her “friend” in prayer. Lois started to tell me all her favorite prayers, and I stopped her saying, “You have listed almost every prayer in the booklet.” “Well, I like them all and I add my own at the end of the book.” She asked, “Could I get another book? This one is in tatters.” I agreed and got her a new one. Always have extras, I learned, for the “hard prayers.”

God hears the prayers of the needy as they join by the thousands in praise, thanks, and petition throughout the land. One is never alone.

For Ministry of Praise materials, contact Church of St. Daniel the Prophet, 5330 South Nashville, Chicago, Illinois 60638; phone: (773)586-1223.

(NACC-certified chaplain Dorothy Wenzel, FSPA, is pastoral minister at St. Raphael Parish in Crystal, Minnesota.)

In Memoriam

Please remember in your prayers:

Rev. Celdonio G. Melicor, a priest from the diocese of Tagbilaran in the Philippines. He died Saturday, May 18, 2002. Father Melicor came to the archdiocese of Detroit in 1996 and in 1998 was assigned to serve in full-time health care ministry at St. Mary Mercy Hospital in Livonia, Michigan, where he remained until his death. Father Melicor had been an NACC member since 1999.

Announcement

It is with regret that we have accepted the resignation of **Cindy Wagner, Administrative Specialist / Professional Practice**, effective June 13, 2002.

Cindy has worked for the NACC at the national office for over nine years. We are most grateful for the support she has provided to the area of certification for the association. We wish her every blessing in the future, much happiness in her new position, and success in completing her degree at Alverno College in Milwaukee.

Executive Assistant Joins Staff

In April of this year, Sandra Charlton joined the NACC national office as Executive Assistant to President and Chief Executive Officer Rev. Joseph J. Driscoll.

Sandra is responsible for preparing Father Joe’s travel arrangements, accommodations, and meeting schedules. She is also responsible for corresponding with, making arrangements for, and providing documentation to the Board of Directors in preparation for its business meetings. She works closely with the rest of the NACC staff in assuring that members’ needs are being met.

Sandra is very happy to be working

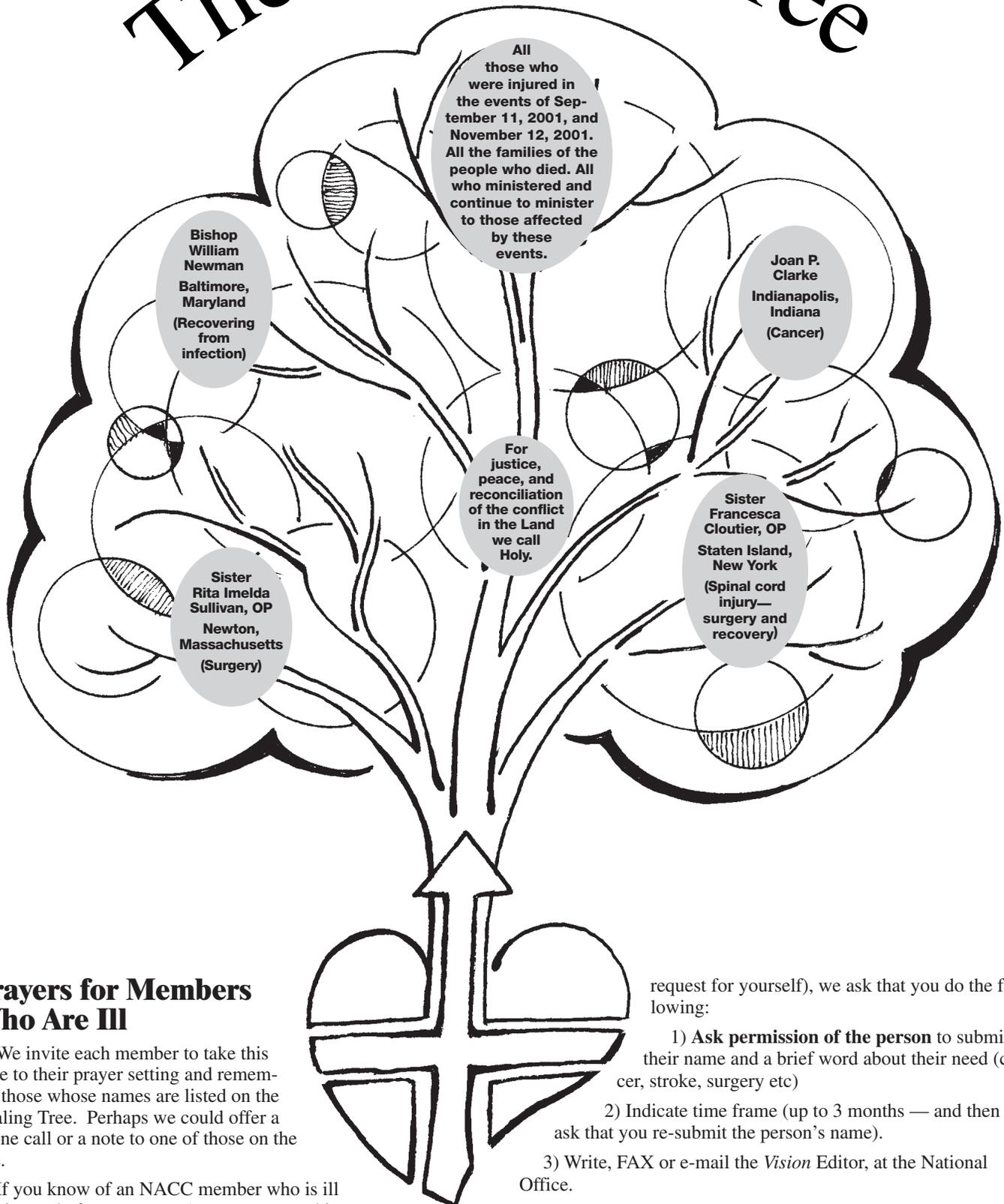


Sandra Charlton

with the NACC in her capacity as an assistant; she brings over 15 years’ experience in various administrative positions, including seven years as a legal secretary. Her attention to detail and ability to handle confidential information are strengths needed in dealing with the day-to-day operations of the NACC.

On the personal side, Sandra enjoys reading mystery novels, bike riding, and going to the playground with her children; she is also a faithful Green Bay Packers fan. Sandra is pursuing her bachelor’s degree in Business Administration at Mount Mary College in Milwaukee.

The Healing Tree



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

VIDEO REVIEW

Tom Stoll: A Dying Man's Journey

Video. St. Vincent Hospital, Indianapolis, Indiana, 2001. 21 minutes. \$75. (This video is available from St. Vincent Hospital. To order, contact Linda Harlos, Administrative Specialist, Mission Services (317)338-7048.)

Reviewed by Peter Buttitta.

There is a growing trend to assist patients with terminal illnesses in making their dying more than mere loss of life. *Tom Stoll: A Dying Man's Journey* is the story of the Rev. Tom Stoll's final months of life, through which he reveals his determination to make something more of his own dying.

Tom was an Episcopalian priest who left parish ministry to become a CPE resident at the age of 58. After a year's residency he was hired to start a new service in the surgical area of St. Vincent Hospital, Indianapolis. His ministry took him from the waiting area on into the operating room to provide care for patients, families, and staff. He was considered by his colleagues to be an excellent chaplain.

In October of 2000, Tom began having back pain. He tried to relieve the pain with physical therapy, but by the end of December it had only grown worse. Thinking it was probably a pinched nerve, Tom underwent several tests that revealed instead metastatic cancer. It became clear that there was to be no cure for this disease. So Tom got activated around what he called his "agenda"—celebrating his life, which was accomplished in part by creating this video as an educational opportunity for professional caregivers.

The film's script consists of Tom's candid portrayal of what he expects his dying journey to be, beginning with his reflections on the conversation between himself and his physician when he first learns of his diagnosis. While neither comprehensive nor strictly sequential, certain themes and insights are well expressed here. For example, Tom is clear about the importance of support, the need for family and friends to accompany the patient through what can otherwise become a devastating isolation. He also uses the intriguing notion of "soul armor" to describe how caregivers need to strike a balance between over-involvement and hiding behind our "professionalism."

The video images that accompany Tom's labored narration are actual footage of his daily affairs, raw at times, showing his advancing vulnerability and dependence without becoming overly sentimental. The scenes of Tom's children helping him with his personal hygiene and dressing are particularly poignant. Tom, of course, left the final editing to the pastoral care department at St. Vincent, who did a very good job of synchronizing words and visuals. Tom died on March 8, 2001.

Tom Stoll: A Dying Man's Journey covers a lot of territory in its 21 minutes, as Tom describes and then reflects upon his experiences. Hospital staffs will find in this piece useful reminders of the emotional and spiritual dynamics that accompany terminal illness, in particular cancer. They may also appreciate the rituals of passage that are shown, as might chaplains and others responsible for holistic care. I found myself at times resisting Tom, as I might anyone who presumes to speak in the know about an essentially individual experience, and at the same time disarmed by his courage and willingness to expose his advancing physical frailty. Ultimately, Tom's clarity and faith shine through to make his dying so much more.

(Peter Buttitta is an NACC-certified chaplain with 10 years' experience as a hospital chaplain. Currently he is serving as pastoral associate of St. Gertrude Parish in Chicago, Illinois, where his duties include coordinating the Ministry of Care to those who are sick.)

BOOK REVIEW

The Way of the Wound

A spirituality of trauma and transformation

Robert Grant, PhD. Softbound, 243 pages, 1998. (This book can be purchased only from the author: P.O. Box 18761, Oakland, CA 94619. \$25.00/copy, plus \$4.00 shipping/handling; California residents add applicable sales tax. E-mail: rw_grant@hotmail.com.)

Reviewed by Adrienne Benson.

Since the tragic death of my husband in an airplane crash, I have searched for sources and spiritualities of hope and healing. Tragedy and trauma can happen anywhere, to anyone. As chaplains, we often find our-

selves on the "front-lines" of trauma care. We provide assistance for patients and families, as well as for our own professional peers. It is not often that I find a book that is so well researched and documented as *The Way of the Wound* by Dr. Robert Grant. It offers a spirituality of hope and healing that touches the "cutting edge" of chaplain services.

Dr. Grant provides insight into "the spirituality of trauma and transformation." Although many people live their lives with a strong focus on control, Dr. Grant speaks to an attitude of surrender. Trauma makes us vulnerable, often helpless. Dr. Grant suggests that it is of highest importance to learn from and be comfortable with our powerlessness and limitations. Humility is essential so that we may become a bridge to help others and to understand our own journey through trauma. *The Way of the Wound* points to a "future full of hope."

Modeled on the *Dark Night of the Soul*, (John of the Cross), *The Way of the Wound*, presents an application for our time. Dr. Grant un masks the horror, healing, hope, and the God-presence in trauma. The table of contents lists:

- Trauma and Human Existence: task, spirituality, and trauma in its various forms.
- Phase I – The Shock: the crisis, and the call with its opportunities or refusals.
- Phase II – Purgation: answering the call, entering the unknown, surviving a "dark night" to an exploration of suffering.
- Phase III – Illumination: new life, release, reframing, and transformation.
- Phase IV – Union: the lessons of the wound.

One of the strengths is the comprehensive coverage of trauma and crisis from the perspectives of the "historical, anthropological, psychological, existential, archetypal, and spiritual." Dr. Grant provides insight that invites transformation and healing. In addition, he offers an extensive bibliography of sources: Frankl, A Kempis, Hillman, Maslow, Merton, Otto, Paschal, Von Franz, Woodman, and others.

(Adrienne Benson, an NACC-certified chaplain and master's level counselor, is a staff chaplain at St. Rose Dominican Hospital in Henderson, Nevada. She leads a bereavement support group, is a member of the critical incident stress management team, and has been a member of the NACC regional leadership team, and national standards committee.)

EDUCATIONAL OPPORTUNITIES

Global Society for Nursing and Health hosts conference on multicultural issues in end-of-life care

The Global Society for Nursing and Health (GSNH) and the Mount Sinai Hospital Department of Nursing will co-sponsor the GSNH Fifth Annual International Conference October 17–20, 2002, at The Mount Sinai Hospital in New York City. The theme of this year's conference is Multicultural Issues in End of Life Care: Infant through Elder. The conference sponsors are also working closely with Springer Publishing to publish a text based on papers presented at the conference. Applications for those interested in submitting abstracts for paper or poster presentations are currently available. In addition, the event hosts are actively seeking speakers for concurrent sessions and poster sessions who have expertise in areas of end-of-life care, pain management, palliative care, legal issues, policy, advance directives, assisted dying, traumatic death, grief and loss, spiritual care, cross-cultural issues, and issues across the life span.

For further information about this event, the call for abstracts, and the GSNH, go to: www.gsnh.org.

Pastoral Care Associates

September 20–21, 2002

Nashville, Indiana

Pastoral Care Associates are holding a conference on September 20–21, 2002, at the Brown County Inn in Nashville, Indiana. The conference theme is Ministry in Groups, and Dr. David Steere of Louisville, Kentucky, is the plenary speaker. The conference will include the plenary presentation, workshops, worship, and a cognate group meeting. Registration deadline is August 16.

For more information, contact Joan Lyke: (800)336-5099; e-mail: lykbyl@aol.com.

34th Annual Institute on Sacred Scripture

July 28–August 2, 2002

Dallas, Pennsylvania

College Misericordia of Dallas, Pennsylvania, announces its 34th Annual Institute on Sacred Scripture, to be held July 28 through August 2. College Misericordia is located on a spacious, suburban campus only two and one-half hours from both New York and Philadelphia with easy access via Interstates 80, 81, 84, and 476.

Presenters include Dianne Bergant, CSA, Professor of Biblical Studies at Catholic Theological Union, Chicago, and the immediate past president of the Catholic Biblical Association of America; John R. Donahue, SJ, the Raymond E. Brown Distinguished Professor of New Testament Studies at St. Mary's Seminary and University, Baltimore; and Dr. Edgar M. Krentz, Professor Emeritus of New Testament Lutheran School of Theology at Chicago. Msgr. Charles Gusmer, of Cedar Grove, New Jersey commented, "For a up-to-date scripture study in a renewed Church in the environment of a faith-filled community, this is the Scripture Institute for you."

For more information, contact the Institute at (570)674-6161; e-mail: conted@misericordia.edu. Website: www.misericordia.edu/adult_ed.

IN BRIEF

Hawaii Executive Office on Aging offers resource kit

The Hawaii Executive Office on Aging has developed an Advocacy Guide and Resource Kit for those that work with older adults. The goal of the 120-page resource kit is to provide hands-on examples to support organizations struggling with aging issues. The kit also includes samples of advanced directives, educational materials, and other end-of-life care resources collected from around the country. This project will be available on CD-ROM in August and was developed with support from the Archstone Foundation. For more information about the guide and to reserve a copy of the upcoming CD release, contact Jeannette Kojjane by e-mail at jgkoijan@health.state.hi.us or by phone at (808)586-0100.

To learn more about the Hawaii Executive Office on Aging, go to: www2.state.hi.us/ea/index.html.

"Kit's Legacy" website available to the public

In November of 2000, the Robert Wood

Johnson Foundation, the Last Acts Campaign, and Last Acts Partner Partnership for Caring joined with Kit Meshenberg, Director of Education for Physicians in End-of-Life Care (EPEC), to document Kit's own personal battle with cancer. Kit was diagnosed with cancer in February of 1999. As a hospice executive and educator, she knew what to do and where to go, but as a patient, she had to learn to see things from a new perspective. Through text, images and video, this section tells her remarkable story. The site also includes a number of other excellent features such as treatment and cancer care options from health professionals, references to online resources, and much more. This story and the material with it lives on as "Kit's Legacy."

To visit Kit's Legacy (you will be prompted to complete a very brief, free registration), please go to: www.kitslegacy.org/.

Dr. Byock releases new book on end-of-life care

Dr. Ira Byock, MD, Program Director for the RWJF National Program Office Promoting Excellence in End-of-Life Care, along with co-editor John Heffner, has published a new book on palliative and end-of-life care. Titled, *Palliative and End of Life Pearls*, this work presents 75 case presentations of clinical interest related to end-of-life and palliative care for both hospitalized patients and patients receiving home care. The patient vignettes highlight considerations of pain and symptom management at the end of life, ethical issues related to life-supportive care, and approaches to assisting patients and families with the difficulties that surround death and dying. Case study authors include many individuals associated with the Last Acts Campaign through the years.

To learn more about this book, how to order it and about the author, go to: www.dyingwell.org/pearls.htm.

Second version of unique music resource, Before Their Time, released

The second benefit collection of songs written and performed in memory of people who died young, featuring such internationally known artists as Beth Nielsen Chapman, Kate Rusby, Jim Wilson, Ellis Paul, Malcolm Dalglish, and Eva Cassidy, was released in April 2002. The series, *Before Their Time*, was conceived to help surviving relatives and friends recover from the emotional trauma

caused by premature deaths—from illness and disease, accidents, suicide, war or any other cause—by helping listeners understand that they are not alone in their grief. All sales revenue benefits hospice and suicide prevention programs.

To learn more about the series and how to order it, visit www.beforetheirtime.org, e-mail: beforetheirtime@valley.net or call (800)447-3803.

Wisconsin bishops issue pastoral letter addressing end-of-life decisions

Wisconsin's Roman Catholic bishops have issued a pastoral letter on end-of-life health care decision-making and advance care planning. Entitled, *Now and at the Hour of Our Death*, the letter voices the bishops' concern and compassion for those facing critical health care decisions and shares a moral and ethical framework for making such decisions.

The pastoral letter was developed through a series of consultations with various representatives of diocesan ministries, Catholic hospitals, and hospice services.

The letter opens by recognizing that advances in medical technology create both opportunities and moral challenges. As medicine continues to strive to preserve human life, scientific progress opens new ethical questions regarding the meaning of life and death.

In reviewing church teaching, the bishops begin by citing the fundamental Catholic belief that human life is sacred, social, and eternal. The pastoral letter goes on to offer guidance to those who face a serious illness and those who are seeking to prepare in advance for their medical care. It addresses the challenges faced by society today, noting the increasing threat of assisted suicide and euthanasia. The document also provides guidance in the church's teaching on various life support measures, pain medication, and overly aggressive medical treatment.

"While some families would feel more

comfortable emotionally with having 'tried everything', there is no moral obligation to do this if in the best clinical judgment such measures may be useless or result in a burden disproportionate to the anticipated benefit," the statement says. The bishops stress the importance of contemplating these questions before a crisis occurs and the necessity of ongoing moral guidance regarding critical health care decisions. The letter encourages family members to discuss the reality of death with each other. The bishops also urge Catholics to utilize advance directives such as living wills or durable power of attorney for health care documents.

In addition, the bishops focus on the critical role that the faith community can and should play in the care and comfort of the sick and their loved ones. They encourage parishes to work collaboratively with hospitals and hospice programs to provide spiritual and emotional support to the dying. The letter concludes with a helpful glossary and a list of church and other resources for further information on ethical health care decision-making.

Copies of the *Now and at the Hour of Our Death* booklet may be obtained by contacting the local Wisconsin diocesan Respect Life office or by contacting the Wisconsin Catholic Conference (WCC), 131 W. Wilson Street, #1105, Madison, WI 53703; phone: (608)257-0004.

The letter is also available on the WCC website (www.wisconsinatholic.com). This website also provides other items of interest such as: political guidelines, press releases, editorials, bishops' statements, newsletter, testimony, legislative information. **Also posted are resources for embryonic stem cell research and human cloning.**

The Wisconsin Catholic Conference has been the public policy voice of Wisconsin's bishops since 1969.

New multimedia project on loss and grief opens to public

A new multimedia project on loss and

grief called, *Between Now and Forever*, premiered recently in Pittsburgh, Pennsylvania. This project offers a unique approach to loss and grief made up of three parts. It includes a beautiful exhibit on loss, grief, and healing (the stories, poems, photographs, artwork and music of 20 bereaved people), a documentary video for parents who have lost a child, and an important experiential component: a place for those who visit the exhibit to share their own stories of loss with others and an opportunity to participate in some very special grief workshops.

Between Now and Forever is produced by Rites of Passage and opened at The Good Grief Center at the Carnegie Library of Homestead in June. It will also be at Grand Rapids Community College, Grand Rapids, Michigan, September 9–13, 2002, before traveling to other locations around the country.

To learn more about this project and about Rites of Passage, go to: www.ktc.net/ritesof-passage/Default.htm.

National Quality Forum and JCAHO establish new awards for patient safety

The National Quality Forum and Last Acts Partner the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recently announced the establishment of the John M. Eisenberg Patient Safety Awards. The awards, named in memory of the respected and beloved leader of the Agency for Healthcare Research and Quality, will recognize individuals and health care organizations which have made significant contributions to improving patient safety. Up to four John M. Eisenberg Patient Safety Awards will be presented each year, one to recognize individual lifetime achievements in patient safety and three in the categories of advocacy, system innovation, and research.

To learn more about these awards, go to: www.jcaho.org/news/nb378.html.

Positions Available

▼ **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. EOE M/F/D/V.

▼ **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 subspecialties, 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; e-mail: grunklee.mavis@mayo.edu.

▼ **Saint Joseph's Hospital, Marshfield, WI** – a 524-bed major tertiary teaching and referral center has an immediate opening for a full-time ROMAN CATHOLIC PRIEST CHAPLAIN (to replace a retiring priest). Saint Joseph's is also part of Ministry Health Care, a significant integrated regional Catholic health care system in Wisconsin. Join a multid denominational staff of eight that, in a participative, collaborative, and team-oriented approach, delivers quality spiritual services to a broad spectrum of patients, families, and staff, normally found in such a major hospital setting. The position provides a challenging and rewarding environment in which the successful candidate will significantly contribute to the spiritual, emotional, sacramental, and liturgical needs of our constituents. Marshfield is located in the central part of Wisconsin and provides a high quality of life normally associated with a more rural location. In order to be considered for the position, candidates must possess a minimum of a bachelor's degree in theology, be certified or eligible for certification by NACC or APC, and have previous hospital-based chaplaincy experience. We welcome your immediate inquiry to this opportunity. Please call us toll free, e-mail your resume, or visit our website. HR Associate, Saint Joseph's Hospital, 611 Saint Joseph Avenue, Marshfield, WI 54449; (800)221-2733, extension 77880; fax: (715)387-7001; e-mail: danent@stjosephs-marshfield.org. Please visit our website at: www.stjosephs-marshfield.org/spiritual.

▼ **Youville Hospital, Cambridge, MA** – DIRECTOR OF PASTORAL CARE. Youville Hospital, a mission-oriented, rehabilitation hospital seeks a full time Director of Pastoral Care. We are looking for a team-oriented person with a strong pastoral identity and good management skills to lead our pastoral care team. This person will be responsible for assessing pastoral needs for patients, family and staff, coordinating religious services and doing community outreach with local parishes and clergy. This position combines direct patient care with administration responsibilities and individual must be able to work collaboratively with both pastoral care staff and other departments within the hospital. Position requires strong pastoral leadership and 3-5 years experience in a hospital setting. A successful candidate will have a graduate theological degree or equivalent experience, and NACC certification is required. Please submit resume to: Human Resources, Youville Hospital and Rehabilitation Center, 1575 Cambridge Street, Cambridge, MA 02138 or fax to (617)234-7996.

▼ **Bayshore Community Hospital, Holmdel, NJ** – DIRECTOR OF SPIRITUAL CARE. In this role you will be account-

able for continuing the development and expansion of our culturally diverse pastoral program. The ideal candidate will be dedicated to providing interfaith pastoral services to patients, their families and staff, overseeing the hospital chapel and maintaining relationships with pastoral care volunteers and the community ministerium. A minimum of five years' experience overseeing a pastoral care department and counseling end-of-life decisions in a health care setting is necessary. A BA in theology and CPE certification is required. Master's preferred. Competitive salary and generous benefits package. Please send your resume, indicating salary requirements, to our Human Resources Department, fax: (732)888-7334 or mail to: Bayshore Community Health Services, Inc., 727 N. Beers St., Holmdel, NJ 07733; e-mail: jbenanti@bchs.com. EOE.

▼ **Carondelet Health, Kansas City, MO** – sponsored by the Sisters of St. Joseph of Carondelet, has an immediate opportunity for a CHAPLAIN or PRIEST CHAPLAIN. Carondelet Health consists of two acute care hospitals, three long-term care facilities, hospice, and home health. We are seeking a candidate for the acute care settings to join its ecumenical team of spiritual care providers. St. Mary's Hospital of Blue Springs is a 129-bed acute care community hospital. St. Joseph's Health Care is a 330-bed Trauma II hospital serving the people of Kansas City area. The ideal candidate will have two-to-five years' experience in health care or wellness facility, a minimum of bachelor's in theology or related field, be certified or eligible for certification by NACC or APC, four units of CPE, effective communication skills, and collaborative working style. This successful candidate will offer spiritual support to patients, families, staff, physicians, and community; offer outreach in community; facilitate support groups; participate in worship and memorial services; and serve on interdisciplinary teams. Candidates must have excellent communication skills and work creatively to develop new ministries. We are looking for candidates who are able to support and live our mission by promoting our values of compassion, integrity, and unity. Mail or fax resume to: Human Resources, 201 R. D. Mize Road, Blue Springs, MO 64014; fax: (816)655-5486; phone: (816)655-5485.

▼ **St. John's Regional Medical Center, Oxnard, CA** – St. John's, member Catholic Healthcare West, seeks a CPE-trained and certified/certifiable ROMAN CATHOLIC CHAPLAIN with ecclesial endorsement to join diverse, ecumenical chaplain team. St. John's chaplains value their integral, collaborative relationship with medical staff, hospital personnel, and the multi-faith communities we serve. Bilingual Spanish an asset. Scenic coastal community between Los Angeles and Santa Barbara; ample outdoor and cultural recreational opportunities. Provide resume to: Rev. Christina Fernandez, Chaplain Services, 1600 N. Rose Avenue, Oxnard, California 93030; fax: (805)981-4439; cfernand@chw.edu.

▼ **St. Francis Hospital, Wilmington, DE** – has openings for CHAPLAINS to minister in a hospital setting. Part-time and casual positions available. NACC or APC certification required. Team player with working knowledge of *Ethical and Religious Directives*, willingness to work with volunteers and ability to adapt to changing needs in health care. If interested, please send, fax, or e-mail resume/information to Human Resources Department, St. Francis Hospital, 7th and Clayton Streets, Wilmington, DE 19805-0500; fax: (302)421-4265; jfeldpush@che-east.org.

Positions Available

▼ **Old Colony Hospice, Stoughton, MA – SPIRITUAL CARE COORDINATOR.** Old Colony Hospice, founded in 1979, is seeking a full-time (32–40 hours/week) Spiritual Care Coordinator (SCC) to oversee Spiritual Care Program for over 500 patients/ families per year. The SCC is part of the Social Services Department and works closely with the clinical team to coordinate the delivery of spiritual services to hospice patients and families consistent with their belief system. In addition, the SCC provides spiritual support, education, and general support to Old Colony Hospice staff. Promoting hospice care within the service community is also a priority, and the SCC will work closely with religious organizations, churches/ temples, parish nursing programs to effectively increase hospice awareness, educate the community about the value of spiritual intervention, and develop relations with appropriate clergy and other community resources. Rotation of weekend coverage for on-call with social services and bereavement staff. **QUALIFICATIONS:** Graduate of an accredited master's degree program in counseling, spiritual counseling, theology, or pastoral ministry or master's degree in social work with training in theology, pastoral ministry, counseling. Ideal candidate has completed four CPE units or is working toward completion of CPEs. **EXPERIENCE:** One-year post-master's degree experience working with patients/ families dealing with life-threatening illness and death. Demonstrated ability to work with an interdisciplinary team to provide coordinated service delivery is critical. Experienced with group dynamics and process. **SEND RESUMES TO:** Madeline O'Reilly, MSN, Director of Clinical Services, Old Colony Hospice, 14 Page Terrace, Stoughton, MA 02072; fax: (781)297-7345; e-mail: mor-eilly@ici.net.

▼ **St. Mary Medical Center, Langhorne, PA – DIRECTOR, SPIRITUAL CARE.** St. Mary Medical Center, member of Catholic Health East, has an opportunity for an accomplished spiritual care professional to contribute to the medical center's commitment to live out its mission and values within the larger context of Catholic identity. Requirements: Three-to-five years' administrative experience; chaplain certification; graduate degree. Demonstrated abilities for organizing and implementing spiritual care program that serves within a continuum of care setting. We offer competitive salary and benefits. Please fax resume and cover letter to (215)750-5190 or e-mail: srohn@cheast.org. EOE.

▼ **Boysville of Michigan, Clinton, MI – CPE RESIDENTS.** Boysville of Michigan is Michigan's largest private agency for child-care and family reunification, offering residential, community-based and home-based programs for delinquent, abused, and abandoned boys and girls and their families. Boysville has openings for a full-time CPE residency with a stipend of \$21,000, plus benefits. Free room and board is available. Apply to Gene Hausman, Boysville of Michigan, 8759 Clinton-Macon Road, Clinton, MI 49236, or call (517)423-7451 x574, or fax (517)423-5442, or e-mail: ghausman@boysville.org. Boysville is one of the many clinical sites of the Samaritan Counseling Center of Toledo, an accredited center of the Association for Clinical Pastoral Education, Decatur, Georgia.

▼ **Baptist Hospital of Miami, Miami, FL – STAFF PRIEST CHAPLAIN.** Join Baptist Hospital of Miami, committed to retaining and recruiting the most competent and compassionate

employees in the industry. We are honored to be one of Working Mother magazine's 100 Best Companies for Working Mothers. The following position is now available: We are seeking a Roman Catholic priest to fill a full-time staff chaplain's position. A Master's of Divinity or equivalent degree and four units of Clinical Pastoral Education or equivalent clinical training are required. A membership in the Association of Professional Chaplains or eligibility for membership is required. Bilingual (English/Spanish) desired. Salary commensurate with experience. Please contact Deb Simon-Jackson, Professional Recruiter at Baptist Hospital of Miami, Human Resources Department, 8900 North Kendall Drive, Miami, FL 33176 or fax resume to (305)598-5958; phone: (305)273-2323. We are an equal opportunity employer and a drug-free workplace.

▼ **St. Vincent Mercy Medical Center, Toledo, OH – ADMINISTRATIVE DIRECTOR – PASTORAL CARE.** St. Vincent Mercy Medical Center, a 500+ bed major tertiary teaching and regional referral center for critical care, has an exciting opportunity for an experienced Administrative Director - Pastoral Care. St. Vincent, a member of Mercy Health Partners, has long been a leader in northwest Ohio providing quality medical education and promoting community development with emphasis on people who are poor and underserved. This position will be responsible for promoting and integrating the mission and values of an integrated Catholic health care system, providing leadership to pastoral care staff to meet their duties to deliver quality spiritual services to a broad spectrum of patients, families, and staff. Requirements include a master's degree in theology or related discipline, NACC/APC certification, and demonstrated management experience in health care. Must possess commitment to principles of Catholic Healthcare System and knowledge of Catholic traditions/ teachings. St. Vincent's offers a friendly, collegial atmosphere, opportunities for both teaching and learning, and a competitive compensation package featuring generous benefits. Located in Toledo, Ohio, a metropolitan community that offers a high quality of life, noted for its beautiful museums, parks, school systems, and universities. We welcome your immediate inquiry to this opportunity. Please call, e-mail, or send resume to: Eileen Lyons, Recruitment Manager, Mercy Health Partners, 2200 Jefferson Avenue, Toledo, OH 43624; telephone: (419)251-1492; fax: (419)251-7749; e-mail: Eileen_Lyons@mhsnr.org. Please visit our website: www.mercyweb.org. Equal Opportunity Employer.

▼ **Mercy Hospital, Scranton, PA – STAFF CHAPLAIN.** Mercy Hospital has a full-time opening for a Catholic staff chaplain. Successful candidate will have sustainable energy, holistic orientation, passion for ministry within health care balanced with excellent professional and interpersonal skills. Knowledge of ERDs. Requires commitment to development and integration of a personal spirituality, will model a non-judgmental presence, is comfortable with alternative modalities. Will participate in interdisciplinary team care, PI initiatives, and assist in education and coordination of volunteers. Includes day, evening, weekend, holiday, and on-call rotation. Criteria: bachelor's degree in related field, master's preferred. Experience in hospital setting preferred. Four units of CPE. Certification by NACC/APC/equivalent preferred. Individuals in certification process will be considered. Ecclesiastical endorsement. Please send letter of interest and resume to: Beth Herron, Director, Pastoral Care, Mercy Hospital, 746 Jefferson Avenue, Scranton, PA 18501.

▼ **Catholic Health Initiatives (CHI) – MANAGER, SPIRITUAL / PASTORAL CARE.** Catholic Health Initiatives (a national health care system) is seeking a Manager, Spiritual/Pastoral Care to support the ongoing, professional development of its chaplains and other spiritual care professionals who minister in 19 states. The successful candidate will be based in CHI's office near the Cincinnati airport, will report to the CHI national Vice President, Spirituality, and will become part of the CHI national mission group. The Manager, Spiritual/Pastoral Care will serve as a national resource for the integration of spiritual/pastoral care into the care delivery systems of CHI's local facilities. Based upon the recommendations of a recent CHI study of its chaplaincy services, this person will also direct and coordinate programs and resources for the continuing education and skill development of CHI's local spiritual/pastoral care staffs in the specific competencies highlighted by this study and in accord with major points of emphasis in CHI's distinctive culture. This person will also chair CHI's CPE Supervisors Network and serve as the CHI liaison to national professional groups like NACC, APC, and ACPE. **REQUIREMENTS:** MA in theology or religious education equivalency is required. Minimum of five years' experience in health care or pastoral ministry, with demonstrated ability to grasp and to facilitate systems thinking for chaplaincy services in health care settings, is required. NACC or ACPE certification is strongly preferred, but not required. Competency in organization development, ministry formation, adult learning models, public speaking and written communication skills, consulting skills, administrative skills, spiritual discernment/assessment methods, and organizational teamwork are also expected. Start Date: October 1, 2002. Send resume to: Carol Keenan, 3900 Olympic Blvd., Suite 400, Erlanger, KY 41018; fax: (859)594-3119; e-mail: carol-keenan@chisvcs.org.

▼ **Saint Anthony Hospital, Chicago, IL – CATHOLIC PRIEST CHAPLAIN.** Saint Anthony Hospital is seeking a Catholic priest chaplain to join our collaborative team of chaplains, nurses, clinicians, physicians, and eucharistic ministers, and other team members in providing spiritual care across the continuum of care. Spanish fluency is required to better serve the needs of the rapidly growing Hispanic population of our service area. Three to five years of pastoral ministry in a hospital is preferred, and must have current ecclesiastical endorsement and faculties by the Chicago archdiocese, and board-certified chaplain by NACC or APC. Must be able to work days, evenings, and weekends. Please send your resume to 2875 W. 19th Street, Chicago, IL 60623; fax: (773)521-0983; e-mail: cmjohnso@cath-health.org. EOE.

▼ **Franciscan Skemp Healthcare, La Crosse, WI – CHAPLAIN / PROGRAMS COORDINATOR,** Sparta Campus. FT 80 hrs/pp. Chaplain to acute care patients, long-term care residents, and the Monroe County Justice System. Innovative position providing spirited care to the Sparta, Wisconsin, community in a hospital and nursing home, as well as in a restorative justice initiative of the county jail. Must be certified, able to operate effectively in an independent role, strong communication skills, and ability to relate to a wide variety of community resources. Well organized and able to establish professional boundaries. Interested individuals may contact or send resume to: Kari Treadway, Franciscan Skemp Healthcare, Human Resources Department,

700 West Avenue South, La Crosse, WI 54601; (608)791-9756; e-mail: treadway.kari@mayo.edu. Equal Opportunity Employer.

▼ **Saint Francis Hospital, Resurrection Health Care, Evanston, IL** – is seeking a ROMAN CATHOLIC CPE SUPERVISOR (OR ASSOCIATE) who is certified by the NACC or the ACPE. This individual will supervise units of CPE as well as provide direct spiritual care to patients, families, and staff. Supervisory and entrepreneurial skills are essential. This supervisor must be able to actively and creatively attract and recruit students by outreach to outside communities and seminaries. Salary and benefits are competitive. Position begins as soon as possible. Send inquiry / resume to: Barb Del Moro, Saint Francis Hospital, 355 Ridge Ave., Evanston, IL 60202; fax: (847)316-2167; e-mail: bdelmoro@reshealthcare.org.

▼ **Shands Hospital at the University of Florida, Gainesville** – is seeking a ROMAN CATHOLIC PRIEST CHAPLAIN. Shands is a 576-bed facility providing state-of-the-art medical care to people of all ages. We currently have a rewarding, interesting position for a priest with compassion and experience in hospital ministry. Responsibilities include patient visitation/counseling, collaboration with our health care team, and performing religious rituals. Requires BA/BS from accredited college, ordained and in good standing with the Catholic Church, along with recent endorsement. Clinical Pastoral Education or equivalent supervised ministry necessary. Master of Divinity, NACC eligible, and Spanish speaking preferred. Position is 20 hours per week plus on-call. Salary commensurate with experience. Interested candidates, contact: Shands Hospital, Human Resources, Attn: Jeannie J. Poon, Box 100337, Gainesville, FL 32610; fax: (352)265-7948; e-mail: poonjj@shands.ufl.edu. Shands supports a drug-free workplace. EOE. M/F/D/V. Apply on-line at: www.shands.org.

Positions Wanted

▼ NACC full member in the process of certification seeks full-time position as a staff chaplain in the Pacific region, beginning in September. Varied experience including pediatric and geriatric ministries. Hospital or hospice facility preferred. Please contact Martha Leven, 4322 SE Evergreen Street, Portland, OR 97206; phone: (503)772-2805; e-mail: rumphius@aol.com.

▼ NACC member in the process of certification seeks full-time hospital mission integration/chaplain position, particularly in the Pacific Northwest, beginning in August. MDiv and Psychology MA. Special interest: integration of contemporary and alternative medicine and funding a chronic disease unit focusing on alternative treatment methods. Please contact James Morgante, 1420 N. Astor, Spokane, WA 99202; phone: (509)328-7592; e-mail: jmorgant@gonzaga.edu.

**Positions Available are posted weekly on the
NACC website: www.nacc.org.**

CALENDAR

August 2002

- 1-6** CHA & Catholic Charities, USA, joint meeting in Chicago, Illinois

September 2002

- 3** Copy deadline
October 2002 *Vision*
- 15-16** Certification interviews:
Philadelphia
- 29-30** Certification interviews:
Baton Rouge
- 27** National Institute of
Business and Industrial
Chaplains
Annual Conference
- 30** Copy deadline
November/December
2002 *Vision*

Comprehensive Spiritual Care for Our Sick and Dying:

A National Pastoral Strategy

- September 5-8, Santa Clara, CA
September 12-15, Philadelphia, PA
September 19-22, Albuquerque, NM
September 26-29, Baton Rouge, LA
October 3-6, Oak Brook, IL
October 10-13, Minneapolis, MN
October 17-20, Seattle, WA
October 24-27, Worcester, MA

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