

Vision

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The National Association
of Catholic Chaplains



Inside

Ministering in a Parish Setting

Nominate a Candidate for the NACC Board of Directors

We are opening nominations for two (2) members-at-large for the NACC Board of Directors. Each will serve a three-year term beginning January 1, 2003. Current members-at-large Sister Janet Biemann, RSM, and Father Liam C. Casey complete their terms on December 31, 2002; they are eligible for reelection.

The Board of Directors is the governing body of the NACC. Its membership consists of five members-at-large who are elected by NACC voting members, four extern members-at-large who are appointed by the Board, an Episcopal liaison who is appointed by the USCCB, and the President and Chief Executive Officer of the association. (Functions of the Board are listed on this page.)

NACC members-at-large need to be certified members of the NACC, and must meet five of the seven Criteria for Board Membership as stipulated in the NACC By-laws. (See the box on this page for details.) The Board also asks that as you think about nominating a candidate that you consider our need as an association to be led by a Board that models ethnic and cultural diversity, that has a balance of male and female members, that includes younger NACC members, and that has a balance of members from across the country. Currently the Board is balanced in its gender makeup, but is not ethnically or culturally diverse. It has no members under the age of 40 and no members from the U.S. west or northwest. The Board is also desirous of members who are not only visionary but who are already involved in developing new models of chaplaincy.

To nominate a person for the position of member-at-large, you are asked to discuss your intentions with your nominee and gain her or his permission. Then, please write a letter of recommendation to the Nominations Committee, in care of the national office, indicating the name and address of the nominee, how he or she meets the criteria for board membership, how you think that the nominee would fulfill the functions of the Board, and the availability of the nominee for such service.

The Nominations Committee will review the recommendations and present a slate of candidates for the vacant positions. These nominees will be contacted by Susan Cubar, Administrative Specialist / Communications from the national office and will be asked to submit a statement of candidacy along with a photograph (head and shoulders) and curriculum vitae. This information will be printed in candidate profiles that will accompany the ballots.

The proposed timeline for nominations and balloting is as follows:

- Call for nominations: May and June issues of *Vision*.
- Deadline for nominations to be received in the NACC national office: Monday, July 8.
- Ballots and candidate profiles to be mailed (bulk) to voting members: August 9.
- Ballots returned to Joan Bumpus; postmarked no later than Friday, September 20.
- (Time is allotted for conducting a runoff if necessary.)

If you have any questions about any part of this process, from responsibilities, to time commitment, to the function of the Board, please contact Joan Bumpus at (317)338-2236.

NACC Nominations Committee

Joan Bumpus, Chair
Shirley A. Nugent, SCN

NACC Bylaws

Functions of the Board

The Board is responsible to:

1. Steward the Catholic identity of the association.
2. Steward the mission and vision for the future of the association.
3. Ensure the integration of the values in the organizational culture.
4. Approve the strategic direction for the growth of the association.
5. Maintain and develop the association's relationship with the USCCB and other groups, institutions, and organizations within and outside the Catholic Church.
6. Approve association policies.
7. Ratify changes to the constitution.
8. Appoint members of the NACC Certification Commission.
9. Establish task forces or other bodies required by the mission.
10. Approve the annual budget.
11. Participate in the evaluation of the President and Chief Executive Officer.

NACC Bylaws

Criteria for Board Membership

1. All Board members, whether elected or appointed, must possess five of the seven criteria for Board membership.
2. All elected Board members must be certified members of the NACC.
3. Criteria for Board Membership:
 - a. Catholic in good standing.
 - b. Personal values consistent with the values of the association.
 - c. Three years' demonstrated Board experience.
 - d. Understanding and support for the mission of the association.
 - e. Demonstrated competence and leadership in their professions.
 - f. Demonstrated competence in one or more of the following areas: health care, advocacy, development, education, medicine, research, marketing, finance, communications, mission, operations, or management.
 - g. NACC-certified chaplain or CPE supervisor for a minimum of five years.

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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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A section of dialogue

Doctoral Student Seeks Feedback from CPE Students

The Rev. Marsha Cutting, a doctoral student in the Department of Counseling and Educational Psychology at the University at Albany/SUNY, as well as an ordained minister and a Board Certified Chaplain, is seeking help with her doctoral dissertation. She is studying positive and negative supervision experiences in Clinical Pastoral Education.

She is seeking to gather information from people who completed a unit of CPE at least six months ago and no more than three years ago and who had a particularly

positive or particularly negative experience of supervision in CPE. A positive experience is one that you experienced as especially helpful or that had a decisively positive impact on your training experience. A negative experience is one that you experienced as harmful or that had a decisively negative impact on your training experience.

If you fit this description and are willing to participate, please contact her by e-mail at mcutting@mindspring.com or at (518)339-0708 so that she can send complete information and a consent form. The study involves filling out three questionnaires, estimated to take approximately a half hour, and a telephone interview, which also is estimated to take about a half hour. ▼

Ministering to Family and Friends after a Suicide

Articles Invited for the August/September 2002 *Vision*

Surviving the suicide of a loved one is one of the most difficult challenges one will ever face. The survivors, the ones whom suicide leaves behind, are besieged with intense grief. Pastoral care ministers play a crucial role in helping friends and family to survive and cope at this time of devastating tragedy. For the August / September 2002 issue of *Vision*, we are planning a special section on the topic: Ministering to Family and Friends after a Suicide.

Those of you who have had experience in ministering to suicide survivors are invited to write an article for this special section in order to share with your colleagues the ways in which you have carried out this ministry. Please consider the following to guide your writing:

1. Think of one intervention or program that you judge effective in your ministry to family and friends after a suicide.
2. Explain how that intervention or program got started.
3. Illustrate the effectiveness of the

intervention or program through a story and explain what learning this provided for you.

4. Limit your article to 850 words. (This will be about one page in *Vision*.)

If you're looking for examples on how to write or structure such an article, consult the October 2001 issue of *Vision*, the special section on Spiritual Needs in Long-term Care Communities. We will also consider longer articles if your topic lends itself to a more in-depth treatment.

The deadline for these articles is Monday, July 8, 2002. Photographs and artwork where appropriate are appreciated. (You may want to consider sending a head and shoulders photograph of yourself to accompany the article.) Please send articles to me—e-mail: scubar@nacc.org; fax: (414)483-6712; or via regular mail to the national office. Please feel free to contact me with any questions you may have.

Thank you for considering writing about your experiences for NACC *Vision*.

—Susan Cubar
Vision Editor

Living Faith Buried

Deep in Our Church

Father Joseph J. Driscoll
NACC President and
Chief Executive Officer

Short, unshaven, dark closely cropped hair, and the brownest eyes I have ever seen. The poet says that the eyes are the windows to the soul. Perhaps that is why those eyes stare so intensely into the eyes of my memory.

Alessandro is Roman. He is also Catholic, a layperson, and a member of the Community of St. Egidio. Alessandro is a student of archaeology, a teacher of history, a guide into the Catacombs of Priscilla in this eternal city. Alessandro is young. He is quiet, somewhat intense, or is it, I wonder, more that he is focused. A smile easily crosses his face, and a peace flows below this man's countenance.

Bishop Melczek and I first meet him as we are bartering the currency of two languages with an Italian sister on an afternoon visit to the catacombs during a recent trip to the Vatican and Rome. In an effort to help, he tosses in a spare phrase or two, and so sister, priest, and bishop can now better understand each other.

Hmm. Now that's a thought worth pursuing. A layperson is facilitating the communication, negotiating the language, leading the conversation among the bishop, the priest, and the sister.

Take this scene out of the catacombs and into the light of the day. The question amidst horrific scandal, lost credibility, and broken trust for us right now begs an answer: Who at this time can most effectively communicate in this mix of what Jesus' disciples called "ekklesia"? Is it the layperson? What is the role of the layperson in communicating the faith in this day and age? At this moment in history, could it be that the laity are indeed the prophetic voices that will lead our Church out of crisis?

Let me tell you about Alessandro first. He was our tour guide as the bishop and I went beneath the earth of this ancient city, two Americans with a group of about 25 Slovenians. Alessandro was a great teacher, obviously because he is equally a great student. He pointed to the earliest, most primitive, and most profound remnants of the expression of Christian faith in the drawings, lines, colors, and inscriptions on the walls of these holy burial grounds of martyrs, rich and poor, young and old—all in waiting for the day of resurrection. A rich tapestry of theology before words—I would argue the richest and fullest summa that could ever store our deposit of faith.

Faith colored in peacocks, doves, shepherds and sheep (really goats), magi, angels, three men in a furnace. Latin inscriptions dug into the

walls or over the archways, sometimes misspelled, revealing the broad sweep of class and education. One touching plaque with the word dulce, meaning "sweet," describing the six-year-old whose body was now committed back to the earth.

And so we tunnel this faith of ours underneath a city contoured and cornered with churches above. Living faith buried deep under the ground.

We pause on our tour, waiting for the group to catch up. Underneath this dimly lit, low ceiling, Alessandro beams a flashlight above us. With a gentle, reverential, but strong voice he shows us the earliest known drawing of Madonna and Child with the prophet Balaam pointing to the star above them, above us. Straining to see the faded star, we are staring into the Incarnation, the centerpiece of our faith.

Alessandro smiles with those intense, focused eyes, pausing, now scanning the group, then saying, "I know you to be pilgrims, and so for that reason, I invite you to bow your heads in silent prayer and then we can pray the Hail Mary." The echo of this holy silence reverberates in one divine language of the heart. Then, after a time, we make noise with the human language of our native tongues.

And a layperson shall lead them.

Alessandro finishes the tour, but motions for the bishop and me to follow him. He brings us into a place in the catacombs not open to the public. We see more drawings, carvings, and now the walled shelves visible with the bones of these early Christians.

His work day now ending, Alessandro offers us a ride back toward our piazza, stopping along the way to show us some of his favorite churches. His story quietly slips into the Christian story that he is narrating, but shyly, humbly, almost self-consciously. He has been a member of the Community of St. Egidio for nearly 20 years, since the age of 14. He works with the gypsies in the city.

"How often?" my pragmatic, American mind directs the question. He shrugs away the issue of time. "I go there if they need me. They are my friends. I see them as my brothers and sisters. I help teach them to read. I go to them if there is a birthday."

And a layperson shall lead them.

I will later discover that this whole trip to Rome is about the layperson. The first morning,



Bishop Melczek and I go to Trastevere (a Roman neighborhood) for a meeting with Cardinal James Francis Stafford, the Prefect for the Congregation of the Laity. Since we are a half hour early, the bishop takes me to the Church of Santa Maria Trastevere across the square. He explains about this phenomenal group called the Community of St. Egidio, which began in this church. Little did we know that one of their own, a man named Alessandro, would cross our lives later in the week.

The Community of St. Egidio was founded in Rome. Their founder, a priest, was recently made a bishop. The community numbers 50,000 in Rome! The numbers are so large that now several churches in Rome house their gatherings. We will later learn that they have spread to other nations, but outside of Rome they total only 15,000.

This community is marked by two “charisms.” First, they gather each evening for sung Vespers (8:30 p.m. Alessandro will later tell me). Second, they need to move their prayer life into some sort of work with the poor. That’s it. That’s all. It’s much too simple, I think.

And a layperson shall lead them.

As the bishop and I are touring the church, a priest, Father Mateo, approaches us and warmly welcomes us. He is the pastor. He haltingly speaks his little English as we haltingly speak our little Italian (actually Bishop Melczek’s Italian is halting, mine is nearly at a complete stop!). Mateo answers a few questions about the Community, smiling warmly in acknowledging the rise of this group, mostly young, mostly lay. Mateo then excitedly brings us into the sanctuary to show us a plaque dedicated to Cardinal Gibbons of Baltimore. We are at home in his home, he seems to assure us.

We now hurry along to our meeting with Cardinal Stafford. The Cardinal shares with us the fact that around the world there is a plethora of emerging lay associations that constitute the present and the evolving future vitality of the Church. This meeting is like a theological reflection. We have just had the living experience outside the door, and now we are coming into this room, listening, reflecting and putting words onto the living experience.

The Cardinal is quite interested and affirming of the NACC, especially as he learns that we are now only 17 percent priests, with the laity the fastest growing group in our association.

Ironically, on our tour of the catacombs a few

days later, one from the group of Slovenians, a young man, Philip, begins a conversation with me. He is in the seminary. He tells me that he is a member of a young community begun in France in 1975—lay, religious, and ordained. I learn that this community is spreading throughout Europe. He shares that theirs is a two-fold charism, adoration and evangelization. Listening to him, I hear an echo of the earlier words of the Cardinal as I now uniquely enjoy this firsthand experience of lay associations in this one, holy, universal, truly “Catholic” Church.

And a layperson shall lead them.

Back in the United States, I am now starkly aware of the depression, the wariness, the loss, and pain of a Church institution in a steep decline of credibility, especially in matters of sexuality and authority. Truth be told, this decline is a long time coming.

Not so in Rome. Rome of all places, I think.

For it is Rome where I learn about the vitality of a laity worldwide that is tunneling a faith as rich in color, line, and drawing as the primitive expressions found in the catacombs. The catacombs were dug by laypersons, let’s take note.

And it is in Rome that I see the church buildings above ground, while I experience living faith buried deep under the ground. And it is in Rome that I meet Alessandro and hear about his gathering with his gypsies before, after, and during a life centered around the evening twilight of vespers.

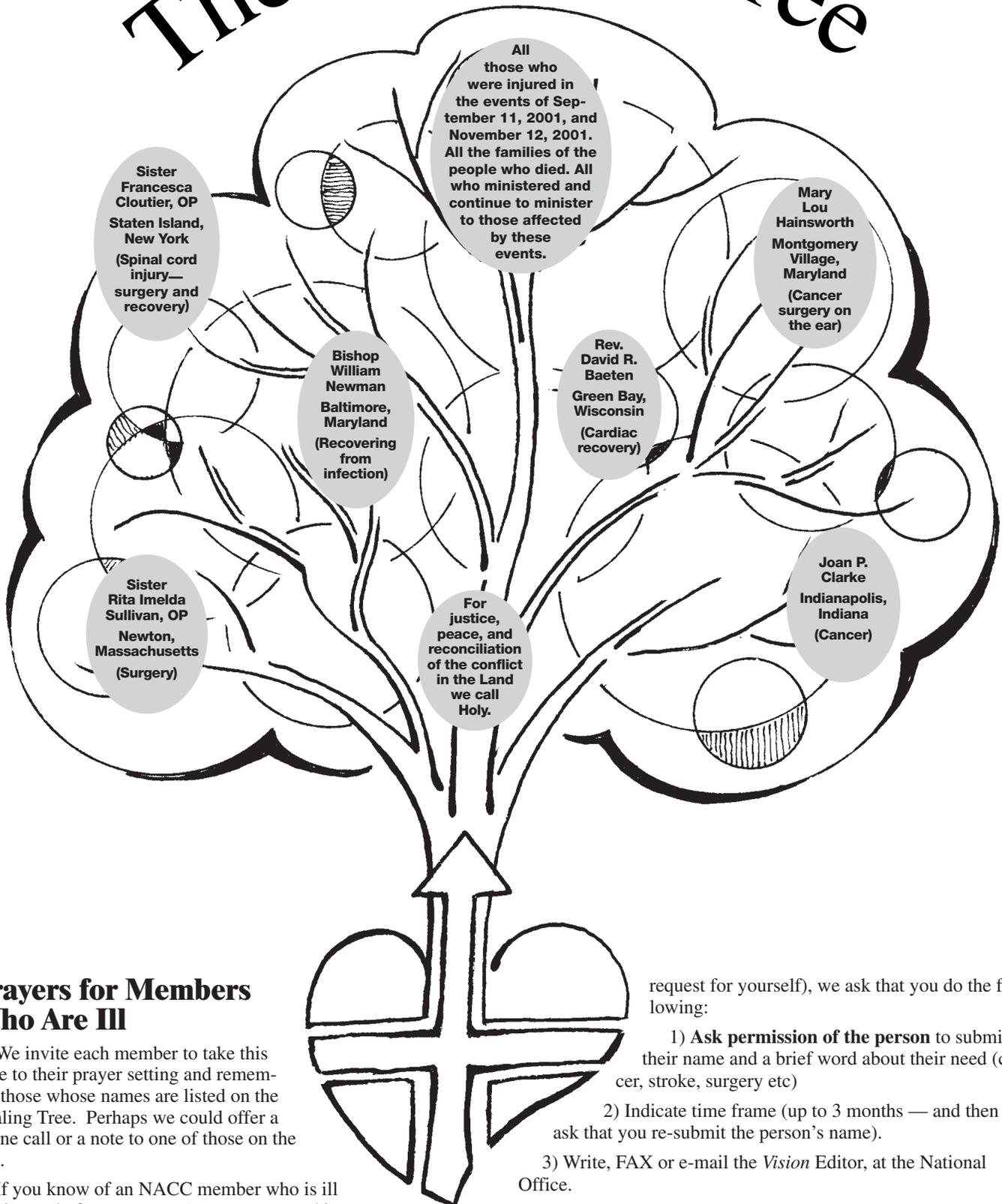
Back in the United States, I wonder now, who is leading this Church of ours? Not the bishops at this moment. Not the priests.

Is it not the laity? Is it not the laity who are speaking the truth at this time that one bishop has described as the “worst crisis in the Catholic Church since the Reformation?” Is it not the laity who time and again in interview after interview have said they are not leaving their Church, and that while their trust in leadership is shaken, their faith is not?

That’s primitive faith. That’s profound faith. That’s a faith tunneled deep underneath the contours and corners of Church institutions in all their fallibility. We may have to strain to see the star at times like this, but someone—like an Alessandro, or thousands and thousands like him—is always there to shine the light on the truth that our God became one of us, is with us, and will be with us until the end of time. ▼



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

Special Section:

Ministering in a Parish Setting

Did you know that over 300 NACC members have indicated that they minister in a parish setting? This number comes from the data collected from membership application and renewal forms. Over the past few years these members have been suggesting a special section in *Vision* on their ministry so they could share their stories, their reflections, their ideas and their successful outreaches and interventions with each other as well as to inform NACC members about this area where more and more chaplains are ministering.

Early this year we invited members who minister in parishes to write for this special section, and we had a great response, receiving over 30 articles and letters. Because of the number of articles received and our limitation on the size of *Vision*, we are spreading the special section over two issues with articles appearing in both the June and July issues.

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

— Susan Cubar

Journey in Recovery

Kathleen Burton

Journey in Recovery is a parish-based ministry of support, information, and referral regarding alcoholism/chemical dependency and related family issues. It is a ministry of St. Christopher's Catholic Parish in Nisswa, Minnesota, staffed by three professionals.

Journey was created in 1985 as a response to my personal desire to share a joyful, successful recovery from alcohol and drug addiction, the crying need of the community in this area of need, and most important, a call from our ultimate shepherd to "feed my sheep." Our pastor at the time heeded the call and sought my experience and help. Our parish community, which is known for its warmth and hospitality responded with strong support in this endeavor. We weren't sure where we would be taken, but the journey of the Journey ministry was launched.

My personal recovery had been quite positive and smooth following an effective inpatient treatment. I was warmly welcomed and easily absorbed into the 12-step recovery community. I discovered, however, that my transformation from out-of-control addict to recovering person was not always the case with everyone seeking healing and wholeness. For a variety of reasons, many people were not able to make that connection, and it seemed to me that they perhaps needed something more—something to support them especially in the beginning of their recovery.

It was never our intention to have Journey in Recovery replace participation in 12-step meetings such as Alcoholics Anonymous, Narcotics Anonymous, or Al-Anon, but to be an enhancement to them. I felt that if newly recovering people had someone to help them in getting to their first few 12-step meetings and to be there for them as they began their journey, that their chances of success would be greater.

The Journey ministry has filled this need well, both in the parish and in the greater community. The staff now consists of three counselors working together about 40 hours each week. I am a counselor and a chaplain with 17 years of experience in the addiction field including work facilitating retreats,

workshops, and growth groups and providing chaplain services to several chemical dependency programs as well as providing pastoral care in this parish and others. I am also a trained Fifth Step listener.

My coworkers are both certified and licensed chemical dependency counselors with many years of experience. We see individuals, families, and groups in all stages of illness and recovery. Our counseling is based on the disease concept of alcoholism, and we strongly endorse and encourage recovery based on the 12 steps. We adhere to the belief that recovery from addiction and its effects needs a strong spiritual dimension.

We adhere to the belief that recovery from addiction and its effects needs a strong spiritual dimension.

Journey in Recovery charges no fees for most of our services and is open to anyone. We serve a multi-county area and work with several agencies and treatment facilities. We receive referrals from these agencies, programs, pastors, therapists, and schools. We are generously supported by St. Christopher's Parish community and gratefully accept financial gifts.

In the past 17 years Journey has grown to be a much utilized, well-respected professional ministry. In the present times of cutbacks and managed care, fewer addicts and alcoholics are able to go into formal treatment programs for the traditional 28-day stays. We definitely fill the gap that is created. We are a vital resource for many who would otherwise be unable to obtain help. We see individuals from every walk of life and financial circumstance . . . from the nearly homeless to those living in luxury. We journey with them through every phase of illness and recovery and truly do answer the call to feed and comfort the lost and lonely sheep. We are truly blessed to be a blessing!

(NACC affiliate member Kathleen Burton holds a bachelor's degree in education, certificates in chemical dependency and various family system areas, and a master's degree in pastoral ministry. She is a pastoral care counselor. She and her husband of 32 years, Michael, have one son who is in college. They are converts to Catholicism and are active members of St. Christopher's Parish in Nisswa, Minnesota.)

Ministering to Youth in a New York City Parish

Cesar G. Espineda, SVD



Father Cesar Espineda (far right) with some of the young people from the St. Maria Goretti group, Church of Christ the King in the South Bronx.

I was blessed with an imaginative pastor who not only encouraged and supported my pastoral engagement with the youths, but also provided a space on the ground floor of the rectory where they could hang out

“Jesus does not know what he’s talking about!” shouted Simon, a 16-year-old Caribbean black, in response to Matthew’s narrative that “if anyone slaps you on the right cheek, offer the other cheek as well” (5:39). Simon was a member of the St. Maria Goretti youth group in the Church of Christ the King in the South Bronx. We met once a week on Thursday nights as a scripture-sharing group.

Wilmore, in *Black Theology and Pastoral Ministry: A Challenge to Ecumenical Renewal and Solidarity*, argued that theology is about thinking and talking about God out of a particular context, that is, from a concrete and historical human experience. Simon had seen violence in his young life and tough neighborhood. I went to bed that night thinking of Simon’s reaction. His perception of life and the world around him was different from his peers.

I thought I had a little understanding of the world of Simon until, one afternoon, on my way to Fordham University, I witnessed a young man being frisked by a police officer on the street. I wondered whether Simon had a similar encounter in the past days. I wondered what happened in the school that day or at Simon’s home that night when he came to our group. Was Simon’s reaction a call for help or the needed voice for an alternative youth community in the parish? Was Simon’s outburst a “liberated imagination that has the courage and the freedom to act in a different vision and a different perception of reality” (p. 99) which Brueggemann, in *Hopeful Imagination: Prophetic Voices in Exile*, claimed to be the primary task of ministry?

I learned from Nouwen, in *Creative Ministry*,

that the task of the minister is not to change lives, but to offer a space where individuals can grow. I was blessed with an imaginative pastor who not only encouraged and supported my pastoral engagement with the youths, but also provided a space on the ground floor of the rectory where the young people spent time hanging around and swapping stories with their friends after school. Within the open space, I mingled with and listened to the stories of Simon and his peers.

Simon lives with his parents, but most of the time his father was absent and when his father was around he was emotionally detached. Being the oldest, Simon felt responsible for his mother and two younger brothers. Many times, he felt angry when his father would not come home for days. Simon carried this feeling when he attended our Thursday scripture group. This particular night, he finally “hit the roof.” Thus, his outburst: “Jesus does not know what he’s talking about!”

The friendly space in the rectory allowed Simon to express his reflections without fear, and his peers were respectful of what he shared. But, I sensed that Simon, beyond his anger, was honestly searching for something deeper than what his bodily senses could master. I had observed that Simon was uninhibited when he was in the group. He also expressed himself well not only through hip-hop music, but also when it came to his feelings and views on God in Jesus. Somehow the Thursday nights, gathered around the Word of God, helped him slow down, relax, and forget his topsy-turvy world at home. In the group, he found his voice and, interestingly enough, the Thursday gathering took shape after Simon and his peers got tired of the routines of sports. I made myself available in their scripture sharing.

I came to know more about Simon by hanging out with him and the other youths: playing basketball and spending time with them on afternoons after school and Sunday Mass. One night, Simon invited me to visit his home to celebrate his youngest brother’s birthday. I met his mother and other brother and experienced the cramped living condition of his family’s two-bedroom apartment. I noticed that there were no elaborate furnishings in the rooms. The visit gave me added understanding of Simon’s life context. It must be tough for this young man, not only to conform to the “cool” lifestyles of his peers, but also to deal with his living situation at home.

My constancy of presence in the life of Simon led him to trust not only my role, but also my friendship. Simon allowed himself to be accompanied and together we held “sessions” where we examined and addressed his anger issue. In one of these sessions, I strongly challenged him to channel his passion and use his energy to tap the gifts and

talents of his fellow youths for the service of the parish. Soon after, he took this challenge seriously and began channeling his energies to the youth meetings on Thursday nights. Under his leadership, the group started planning activities for the parish. He became my liaison with the youths and, in a true sense, my collaborator and partner in looking after the activities of the youth.

In my professional contacts with Simon and his peers, I learned that they, too, have embodied the essential aspects of ministry that Sofield and Juliano articulated in their book, *Collaboration: Uniting Our Gifts in Ministry*. For them, collaboration is “the identification, release, and union of all the gifts in ministry for the sake of mission” (p. 9) and the essential aspects of ministry are faith, compassion, forgiveness, prayer, collaboration, and mission. I noticed the embodiment of these aspects of ministry in the lives of Simon and his friends.

For example, as my collaborators and partners in ministry, they started to identify and own their gifts, release them, and unite their creative talents for the good of the parish. They organized the monthly youth masses; evangelized the public school children who attended the Saturday catechism classes; acted as servers, collectors, and choir members in our liturgical celebrations; assisted as receptionists in our rectory and helpers in our school. Simon and his friends have used their gifts for the sake of mission in our parish and their neighborhood.

In one significant moment in their young lives, Simon and the youths joined their parents and parishioners in the protest march against poor quality public education and, together with the pastor, exorcised the school of bad administrators and teachers. The march was a powerful witness of Christ the King’s commitment to gospel values in

education and the liberating leadership of the pastor. Indeed, the youth when led, guided, and challenged had responded to the prophetic imaginations that confronted their lives and parish community.

I made a mistake early on in my ministry to Simon and his friends when I compared them with the youths in the Archdiocese of Wellington, New Zealand, where I did youth ministry prior to my arrival in Christ the King. Boy, how Simon and the rest “jumped on me” and what lesson they taught me. And please, also, do not make the mistake of telling them that they are the hope of tomorrow because in many respects, they are the emerging leaders of the church today.

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(NACC member Father Cesar G. Espineda, SVD, ministered at the Church of Christ the King in the South Bronx, the Church of the Epiphany, the Church of St. Bernard of Clairvaux, and the Church of the Holy Family in Manhattan, New York City, while he attended graduate school. He earned a PhD in church leadership and supervision at Fordham University. He is now assisting in his congregation’s international formation and ministry programs in Melbourne, Australia. His e-mail address is cgespineda@aol.com.)

In Memoriam

Please remember in your prayers:

Sister Clara Theissen, FSM, who died on March 21, 2002, at St. Mary of the Angels Convent, Richmond Heights, Missouri. She began her ministry as a registered nurse in 1937. After receiving her BS degree, Sister Clara became an associate director of St. Mary’s Hospital School of Nursing in Kansas City, Missouri. She returned to St. Louis in 1966, assigned to the former Mount St. Rose Hospital/St. Mary on the Mount, where she worked with geriatric/rehabilitation patients, and

eventually assisted in the establishment of the hospital’s pastoral care department. Sister Clara was assigned as a pastoral associate at Villa Marie Skilled Nursing Facility, Jefferson City, Missouri, in 1985 until her retirement in 1997. Sister Clara was certified in 1976 and most recently recertified in 1990.

Sister Mary Krista Voegerl, SSM, who died on January 30, 2002. During her 52 years as a Sister of the Sorrowful Mother, Sister Krista served in various positions at the SSM motherhouse and at

hospitals in Port Washington and Marshfield, Wisconsin. After completing CPE in 1982, she served as a chaplain at St. Agnes Hospital, Fond du Lac, Wisconsin; St. Michael’s Hospital, Stevens Point, Wisconsin; Casa Maria, Roswell, New Mexico; and St. John’s Hospital, Tulsa, Oklahoma. In 1999 Sister Krista transferred to Our Lady of Sorrows Convent in Denville, New Jersey, and served as a chaplain at St. Francis Residential Center in Denville. She had been an NACC member since 1982.

Name, Claim, and Raise Up One's Gifts

Margo Tafoya, MSSp

In the summer of 2000, I began a journey that has enhanced and given a richer meaning to my ministry. I entered the Clinical Pastoral Education process at Holy Family Hospital in Methuen, Massachusetts. In my first unit, my supervisor challenged me and my peers to name, claim, and raise up one's gifts. This challenge became my mantra for the remaining three units and carried over into my ministry in the Diocese of Saginaw, Michigan.

As I entered my third unit, I began the process of becoming a pastoral administrator. Bishop Kenneth E. Untener then named me pastoral administrator of two small, rural parish communities, St. Paul the Apostle in Ithaca, Michigan, and the Mission of St. Martin DePorres in Perrinton, Michigan. I began my ministry on June 14, 2001.

At my first official gathering with the parish leadership I asked three questions. First, I am new in the parish. Would you share with me something special about this community? Second, what gift has this community given you? Third, what gift have you given to the community? Needless to say the third question was the hardest for the members to respond to. Thus we began the process of naming, claiming, and raising up our gifts.

As pastoral administrator I also see myself as their chaplain. The previous administrator had been killed in an automobile accident. Both communities were still mourning the loss of a very gifted woman religious; also, one of the two communities had been slated to close and was still healing from this news. I am now entering my 11th month and finding my gifts of compassion, listening, and loving from my heart guiding me in walking the road of faith and healing with these two communities.

My ministry in the diocese also involves serving beyond the parish communities when possible. I am on an advisory committee for our diocesan Office of Stewardship and Development. In our diocese we have two tracks of lay ministry formation: an English-speaking track in which I have supervised approximately 15 people and am presently walking with three more candidates. The second track is for Hispanic lay ministry formation.

Last year, I was invited to become involved with the Hispanic program as a presenter for a session that covered pastoral care. In November, I led a weekend program for 10 candidates in Hispanic lay ministry formation. This program consisted of seven 50-minute sessions. The process I used is as follows and was gleaned from my CPE experience. It could not be in depth because of the time constraint, but I knew I could give these candidates a taste of what I was blessed to have experienced. The one thing I knew I would help them to do was to be able to name, claim, and raise up their gifts.

Program Objectives

- Initiate self-reflection on personal giftedness.
- Investigate qualities of a positive pastoral visitor.
- Compare and contrast the qualities of a pastoral visitor with the types of persons one would avoid.

- Reflect on the meaning of suffering, pain, and dying.
- Learn how to differentiate various pastoral approaches for various types of peoples/situations.
- Become aware of effective means and strategies for pastoral visiting and corresponding "pitfalls."
- Reflect on how to organize a visit and the various forms of prayer that can be offered.

Program Schedule

Friday evening

- Session 1 Importance of listening. Definitions of listening, how to listen, and why. Exercise in listening skills.
- Session 2 Ministry to the sick, elderly, and dying. Role of the laity in this ministry. The group was invited to reflect and name one's gifts. This was not an easy exercise to do and so discussion took place on feelings that this invitation brought up in them.

Saturday

- Session 3 Reflection on Friday's sessions. Included a brief exercise in naming one's gifts. The 10 participants broke into three groups, each to give a different role of someone who was in need of a pastoral visit. Discussion of the qualities wished in a pastoral visitor. Discussion of the types of persons they would avoid in their own lives; dialogue on what would happen if this type of person came to visit as a pastoral visitor. Identified what happens within them when this happens and shared how this was different from their first pastoral visitor.
- Session 4 Theology of suffering/dying. Role playing.
- Session 5 Special cases needing pastoral visit.
- Session 6 Organizing a pastoral visit. Pitfalls/concerns.
- Session 7 Various rites of the sick as well as various styles of prayer. Taking care of oneself in this ministry. Invitation to name, claim, and raise up one's gifts.

As the weekend drew to an end, the candidates were able to name, claim, and raise up their gifts in a much more confident way. In the evaluation feedback, they felt they had gained tools that would help them to evaluate if pastoral care was an avenue of ministry for them. Overall this weekend affirmed them in claiming their gifts as positive rather than being "prideful" or "boastful." As for myself, I found this weekend to be very enriching in my own ability to name, claim, and raise up my gifts. I also found this experience to be very affirming in my own belief and respect of the CPE process that I experienced.

(NACC-certified chaplain Sister Margo Tafoya, MSSp serves as pastoral administrator at the Church of St. Paul the Apostle and the Mission Church of St. Martin DePorres. She can be contacted at the parish office: 121 North Union Street, Ithaca, MI 48847).

Clinic to Parish:

CPE aids in offering comfort and healing

Pam Bartoe

St. Mary's Medical Center, Duluth, Minnesota, like other large hospitals is a flurry of activity day and night. The medical staff is very appreciative of the assistance of the chaplain on duty who provides comfort to the patient and families in need. In my two years at St. Mary's, I served as an on-call chaplain while completing four units of Clinical Pastoral. In the clinical environment, people seek comfort from illness, grief, fear, addiction, and all manner of human afflictions. The ministry of chaplain has no social boundaries. Age, race, religion, gender, and social class are neutralized by the person's need. CPE training prepares the chaplain to be present to the person seeking comfort. To set aside personal agenda, biases and judgments is to serve a higher purpose as did Christ in his ministry to the sick, poor, and debilitated.

While participating in the CPE process, I continued to work in my present position as pastoral associate of sacramental formation at Mary, Mother of the Church, Burnsville, Minnesota. Our parish is a faith community of about 11,000 parishioners. One of my main responsibilities is to prepare adults to be initiated into the Catholic Church. I direct the Rite of Christian Initiation of Adults (RCIA) process in which the community of Mary, Mother of the Church, initiates candidates and catechumens. In this role, I facilitate Inquiry sessions weekly where anyone is welcome to come and find out more about the Catholic Church and our parish.

My CPE experience has helped me provide a secure, comfortable environment for those who are seeking, to tell their stories, ask questions, and begin a journey of faith. I have come to know that this ministry is not about me teaching or advising. It is about listening and encouraging. It is about developing a relationship with the inquirer that is representative of the love and support of the parish.

One Tuesday evening about two years ago, Don, a middle-aged man, came to the church wanting to be baptized. He had experienced cancer of the throat a couple of years earlier and had gone through surgery and extensive follow-up treatment with a combination of both chemotherapy and radiation. He recently found out, at a two-year follow-up with the doctor, that the cancer had returned. He was determined to celebrate the sacrament of Baptism before he died. I felt there was a tremendous need for pastoral care as he really had no

other support system. He lived alone and did not want his coworkers to know his cancer had returned because he wanted to keep working; he was a construction supervisor.

Don was not just preparing for Baptism; he was preparing to die. I met with him twice each week and was very aware of his mission to achieve a level of comfort with his own spirituality. There was urgency in Don's quest to be close to God. He was driven to learn and felt content when telling his story to others in the Catechumenate. For nearly a year, my CPE experience helped me to be present to Don so that I could provide the spiritual care that he needed.

Don immersed himself in the process of preparation for the sacraments and devoted his every minute to learning and interacting with others in the RCIA process. His dedication touched everyone on the RCIA team and every other person that was in the process. He taught *us* all about the importance of spirituality. Don was able to celebrate Baptism, Confirmation, and Eucharist at the Easter vigil. He continued to attend Inquiry sessions until he died a couple months later.

My CPE experience guided me through this journey with Don and gave me the strength and understanding I needed to meet his needs. My journey with Don's spiritual formation and preparation for death have confirmed my belief in the importance of CPE and how beneficial it can be in the parish setting.

People come to Inquiry for various reasons. Not many are faced with near death as was Don, but the stories usually reveal some brokenness or need for spiritual uplifting. The listening and relationship-building skills learned in training as a chaplain continue to serve me daily in parish ministry. I am privileged to be a pastoral associate responsible for sacramental formation in our parish. In addition to parish ministry, I feel that my CPE training has given me a deeper insight to understand the people I encounter throughout sacramental ministry. I feel blessed to have this combination of pastoral ministry and CPE as I continue the call to serve others.

(Pam Bartoe, MPS, is Pastoral Associate at Mary, Mother of God Church, 3333 Cliff Road, Burnsville, Minnesota 55337.)



Pam Bartoe

My CPE experience has helped me provide a secure, comfortable environment for those who are seeking, to tell their stories, ask questions, and begin a journey of faith.

Peer Groups: A Creative Pastoral Response

How one parish chaplain increases effectiveness by working with groups

Ellen F. Nidds

Group process is an effective way to help troubled people find comfort through church.

The first thing I saw was her pain, and the tears running down her face. She whispered, "I don't want the neighbors or the kids' schools to know that my husband has gone off with another woman. I'm so embarrassed and ashamed."

Susan's pain brought her to the chaplain's office in the rectory of St. Patrick's, a large suburban parish within commuting distance of New York City. In church, Susan had seen our pastoral program brochure offering one-on-one counseling in a safe environment. She came, she said, because there was no where else for her to turn.

It took only a few individual sessions with Susan to suggest peer-group support for her and for several other women of our community whom I knew struggled with separation and recent divorce. At St. Patrick's, we've found that groups which bring together men and women experiencing similar life situations can move them from fear to faith. The exchange that takes place in these meetings typically carries participants from the pain of the immediate struggle to recognition of God's presence in their lives. I am convinced that the interaction that group process provides is especially well suited to our work as parish chaplains.

It has been nearly three years since I was appointed the first-ever chaplain in our parish community. My CPE training, a graduate degree in theology, and five years as director of the pastoral program for a regional AIDS organization qualified me to create the chaplaincy program in the parish where I've lived all my life. With the full support of our pastor, I knew from my AIDS work that group process can be extremely successful, especially when the professional facilitator or trained guide gradually encourages leadership from within the group itself.

In our parish, groups have emerged as a highly successful way to respond to the needs of some parishioners. Many groups are eventually peer-led and self-sustaining. The pastoral office develops an outline and structure for each group, tailored to meet the special needs of participants. For some, we use a published guide or curriculum. Because groups usually have from seven to 10 members, they extend the impact of our pastoral ministry.

St. Patrick's has groups for young mothers, for instance, who feel spiritually isolated during the years their children are very young. A small group of fathers who have lost custody of their

children through divorce are helped by a divorced male psychologist, and each other, to develop effective parenting skills for the relatively few hours they spend with their children. These are life situations that have seldom been the focus of parish-sponsored pastoral programs.

We've found our parishioners can be helped by programs or groups for those who have experienced interrupted pregnancy, for survivors of the World Trade Center attack who live with that terror in their daily lives, for the loved ones of those from our parish who died on September 11th (we had 22 funerals and memorials.) We continue to sponsor traditional bereavement programs as well. We have established and trained a small group of wake service ministers who lead prayers at wakes and help families plan funeral Masses.

Group work multiplies the effectiveness of a single parish chaplain like me. Our groups have been formed in response to specific needs identified by our parishioners. While groups can respond to a variety of these needs, groups that process suffering and loss stand out. To walk with others on the path from fear and desolation to faith and the renewal of hope is precisely the point of parish chaplaincy.

So it was no surprise when Susan's story showed us the way toward a new program for our parish. Susan told me that when she found her husband's e-mail love letters to another woman on the family computer, "My world ended that day." Like so many other women in troubled marriages, she was confused, in shock, shattered, in disbelief, and terrified. I believed it would help Susan to be with other women experiencing similar situations, suddenly single women who'd suffered the same kind of rejection and profound sense of failure. I thought the peer-group process might be an appropriate spiritual path for our 30- and 40-something women who find their marriage is over and their "safe" world of family and community activity is threatened.

It was. The women in the group walked together through their pain and I walked with them. They developed a strong camaraderie, listened deeply to one another with sensitivity, and supported one another as problems arose during the process of separation and divorce. As months passed, the focus of personal growth remained at the core of the group process. Topics were chosen as a format, and the women

(Continued on next page.)

Ministering to the Sick and Elderly of the Parish

Rev. Edward Wilhelm, CSSR

“Good morning, Florence, how are you?” I asked the patient. She, however, was very sick and hoped to die soon. Candles and crucifix were on the side table ready for use in this beautiful home. The daughters and their children came into the living room, and we began the anointing of the sick.

“The peace of the Lord be with you always” and then we intoned the hymn to the Holy Spirit. By the words of the holy anointing, Florence had ceased breathing and began to lose her color until she died in the peace of Christ.

It is wonderful and interesting as a chaplain to minister to the sick and elderly in a parish setting. The parish is a compact unit which holds people together for worship and activities. It is an enlargement of the family with young and old together.

I am able to care for the sick and elderly in their homes, in familiar surroundings, which is a great comfort for them. I can go to the nursing home where the people are gathered together neatly and cared for adequately. Or I can go to the hospital which sits prominently on spacious grounds, with those who are severely sick.

For 30 years I was a foreign missionary. I came back to work as a chaplain in a hospital in Fargo, North Dakota, for 11 years, and then for the last 14 years I have been ministering in a

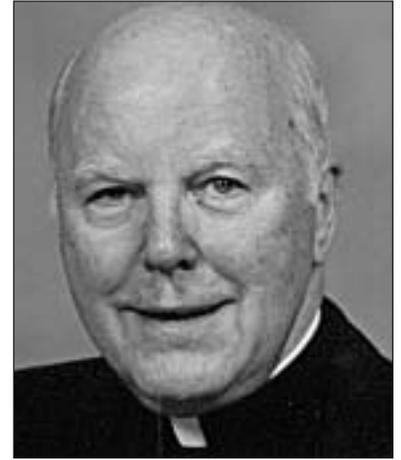
parish in Chicago.

The way in which I carry out my ministry in my parish is to keep my eyes open to the elderly and the sick. Mondays and Tuesdays I go to the hospitals; on Wednesday mornings, I visit the sick in their homes. I spend the afternoons in the nursing home where so many feel abandoned and lonely.

My ministry is twofold when I visit Catholic patients. First, I talk with them to discover their needs. Who of us does not have many needs as we pause in moments of sickness or declining years? Words of comfort for their problems are very necessary. Second, I offer them Holy Communion and the Anointing of the Sick. What strength and comfort these sacraments bring to those who are disposed or dispo-able. A few words of preparation made with faith and charity are most necessary since the amount of grace received from the sacraments depends on the disposition of the patient.

Spirituality is a yearning for God. This we chaplains must have. We are well aware, however, that God is the initiator of our yearning. He gives Himself to us, in what we call our interior life. It is the uninterrupted awareness of Christ and the Holy Spirit within us that makes us holy. Thus is my ministry in a parish setting.

(Father Edward Wilhelm, CSSR, ministers at St. Michael's Church in the Old Town Triangle of Chicago's north side.)



Father Edward Wilhelm

Peer Groups

(Continued from previous page.)

were encouraged to use their energy in positive ways. There was no time or room for husband bashing; group sharing included exchanging how they handled situations encountered in single parenting, court battles, and how they lived with the pervasive, often free-floating fear.

Eventually, they were able to begin socializing as singles. They've now gone back to work or school and are creating satisfying lives for themselves. For the most part, they are now free of resentment and anger. They are confident single parents, able to guide their children with peaceful hearts. In her own words, Susan says it all: “Somehow, the group helped me see

God breaking through the fear so I can feel whole again.”

In my work as a parish chaplain, I've found that group process is an effective way to help troubled people find comfort through church. This response is certainly a welcome development in these days of societal change. Some of us remember a time, not so long ago, when a Catholic parish would have neither a group for parishioners living through the pain of separation and divorce, nor a female lay chaplain to guide them.

(Ellen F. Nidds is the NACC-certified staff chaplain at St. Patrick's Church in Huntington, New York. Susan's story is based on one woman's experience although her name and personal details have been changed.)

Ministering in St. Mary Parish, Williamstown, New Jersey

Sister Kathleen O'Toole, SSJ



Central to all ministries is the desire to link those visited to the ongoing life of the parish

Ministry to the sick and the broken-hearted has never been more urgent than it is presently at the parish level. This ministry continues to further the mission of Christ by embodying the compassionate response to all in need of his saving mercy and healing love.

My experience as a parish minister to the sick at St. Mary Parish has changed over the last seven years. Through the initiative and direction of our pastor, Father Carmen Car-lone, I have seen ministry to the homebound change from focusing only on spiritual needs, to including a response to the physical, social, mental, and emotional needs by establishing new ministries involving many more parish-ioners.

Central to all ministries is the desire to link those visited to the ongoing life of the parish-ioners of St. Mary's so that the connection to the rest of the Body of Christ may be strengthened. The sick must not be allowed to feel forgotten or abandoned.

Vatican II and current societal changes and challenges have increased the involvement of the laity in the service of others. As we invite others to respond to the cries of our suffering members, we are reminded of the challenge of Henri Nouwen when he said, "How can we put our woundedness in the service of others?"

Through a well-established eucharistic team, the sick and homebound receive communion weekly. The same service is performed at Meadow View Nursing Home and two assisted living facilities. Mass is provided twice a month in the nursing home. The task of the eucharistic ministers is to help to identify the needs of the whole person. They respond in a caring way in order to see and hear beyond the obvious and expressed needs. They also make the necessary referrals with the person's permission.

A variety of ministries energize parish-ioners to become involved in an outreach ministry to the sick, the elderly, and the needy.

The **Martha Ministry** organizes volunteers to provide:

- Short-term transportation to medical/treatment facilities for same day surgery and/or medical treatment.
- Rides for those who wish to attend Mass.

- Covered dish dinners for those living alone.
- Minor repair work as needed for seniors or the physically handicapped.

The **Lazarus Ministry** supports families who have lost a loved one by attending the Mass of Resurrection and providing a meal for families after the Mass.

The **Bereavement Ministry** helps those who have lost a loved one move through the stages of grief.

The **Cancer Ministry** encourages and supports those persons afflicted with cancer and helps family members to cope at this time of stress in their lives.

The **Parish Community Assistance Program** was recently initiated by the Diocese of Camden. It is designed to help parishes develop a team of interested and trained parishioners to direct those in need of counseling or crisis intervention to proper community resources in the area. We are fortunate to have Sister Anne Winklemann, SSJ, in residence. She is Director of Substance Abuse Counseling at Maryville, Inc. A confidential phone line has been installed so that she may be able to direct parishioners to appropriate professional personnel for evaluation and further treatment. Sister's private and confidential phone number is published weekly in the parish bulletin. Through the many phone messages that she has already received, she has been able to make the necessary referrals.

Through these ministries, we are reminded of the cries of our suffering members. Through a collaborative effort, the ministers reach out with the compassion of Christ and try to contribute to each individual's spiritual growth.

At the beginning of this new millennium, as the Spirit leads us in these varied ministries, may we be living witnesses of hope as we reach out to our wounded members and proclaim the message of Jesus that God's love is unending and unconditional.

(Sister Kathleen O'Toole, SSJ, is an NACC-certified chaplain working as Coordinator of Pastoral Ministry to the Sick at St. Mary Parish in Williamstown, New Jersey.)

NACC Constitution

Revised March 2002

ARTICLE 1: NAME, DEFINITION, NATIONAL OFFICE

SECTION 1: NAME

The official name of the Association will be the National Association of Catholic Chaplains, Ltd. (hereinafter referred to as the NACC).

SECTION 2: DEFINITION

The NACC is a National Association of individual Roman Catholic pastoral care ministers and affiliates who participate in the Church's mission of healing. The NACC is incorporated in the State of Wisconsin.

SECTION 3: NATIONAL OFFICE

The National Office of the NACC is located at 3501 South Lake Drive, P. O. Box 070473, Milwaukee, Wisconsin, 53207-0473.

ARTICLE 2: MISSION AND VALUES

SECTION 1: MISSION

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.

SECTION 2: VALUES

The NACC identifies these values as core to the mission:

1. Integrity
2. Justice
3. Quality
4. Spirituality
5. Stewardship

ARTICLE 3: PURPOSE AND OBJECTIVES

SECTION 1: PURPOSE

The NACC is a professional organization which promotes continuing spiritual and educational formation of its membership and Christ-like advocacy in ethical, legal, and social areas of service in pastoral care ministries.

SECTION 2: OBJECTIVES

1. To assist the membership in becoming better witnesses to the healing presence of Jesus, to promote personal spiritual formation in daily life, and to encourage mutual support and education in the pastoral care ministries.

2. To foster competency and professionalism by providing processes whereby members of the NACC may be certified and pastoral training programs may be accredited.

3. To communicate in an ongoing, efficient and clear manner to all those served by our membership, to Bishops, and appropriate diocesan officials and to others, the Christian ideals, standards, and goals developed by the NACC for pastoral care ministry.

4. To develop through study, continuing education, and communication, an awareness in the membership of the NACC of the legal, social, and ethical issues affecting their pastoral care ministry.

5. To represent our membership and the Church in dialogue with other organizations with similar purposes outside the Church and with any other organization within the Church.

ARTICLE 4: AUTHORITY

SECTION 1: AUTHORITY

The NACC possesses all powers and authority permitted by law except:

1. No part of the net earnings of the NACC will inure to the benefit of, or be distributed to its trustees, members, officers, or other private persons except that the NACC will be authorized and empowered to pay reasonable compensation for services rendered to it and make payments in furtherance of the purposes set forth in Articles 2 and 3.

2. No substantial part of the activities of the NACC will consist of the carrying on of propaganda or otherwise attempting to influence legislation, and the NACC will not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for office.

3. Notwithstanding any other provision of the Articles of incorporation, this Constitution, or the Bylaws, the NACC shall not carry on any activities not permitted (i) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 as amended, or (ii) by a corporation, contributions to which or dues paid to which are deductible under Section 170 of the Internal Revenue Code of 1954 and as amended thereafter.

ARTICLE 5: MEMBERSHIP

SECTION 1: FULL MEMBERSHIP

1. Full members are Catholic ministers who participate in the Church's mission of healing, pay the required full membership dues and hold the privilege of voting.

2. Categories of Full Membership:

a. **Member:** A Catholic pastoral minister who shares in the Church's healing mission without the benefit of NACC certification. This form of membership does not entitle the member to fill elective office.

b. **Certified Chaplain:** A Catholic pastoral minister who has

the benefit of professional certification by the NACC Certification Commission and may hold elective office.

c. **Certified Supervisor/Associate Supervisor:** A Catholic pastoral minister who has the benefit of certification as a supervisor/associate supervisor by the NACC Certification Commission and may hold elective office.

d. **Life Membership:** (No longer granted) was granted through April 1994 to those full members (in any category above) who paid a one-time life dues.

SECTION 2: EMERITUS MEMBERSHIP

Emeritus refers to those members who, after maintaining full membership in the NACC for five or more consecutive years, are now retired. Emeritus members pay reduced fees and are entitled to voting privileges but are not eligible for elective office.

SECTION 3: AFFILIATE MEMBERSHIP

Affiliate Members are individuals interested in, or desirous of, furthering the ideals and work of the NACC. This category of membership is open to professionals of any denomination. They are neither entitled to voting privileges nor eligible for elective office.

SECTION 4: STUDENT MEMBERSHIP

Student members are individuals actively engaged in a Clinical Pastoral Education Program. Before applying for certification, students must attain full membership. Students are neither entitled to voting privileges nor eligible for elective office.

SECTION 5: INACTIVE MEMBERSHIP

There are three forms of inactive membership: Inactive in Chaplaincy; Inactive in Layoff; and Inactive Certified Supervisor. The specifications of these forms of membership are described in the Bylaws of the Association.

SECTION 6: MISSIONARY MEMBERSHIP

Missionary members are those members who are currently engaged in full time ministry in a developing country. These members pay reduced membership dues while in their present ministry.

ARTICLE 6: GOVERNANCE

SECTION 1: COMPOSITION OF THE BOARD OF DIRECTORS

1. The Board of Directors is the governing body of the NACC.
2. There will be an 11-member Board composed of:
 - a. Five members (at-large) elected by the membership;
 - b. An Episcopal Liaison appointed by the President of the United States Conference of Catholic Bishops (USCCB);
 - c. Four external professionals appointed by the Board;
 - d. The President and Chief Executive Officer of the NACC, who shall serve as an ex-officio voting member of the Board.

SECTION 2: ROLE AND RELATIONSHIP OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

1. The President and Chief Executive Officer is hired by and accountable to the Board of Directors.

2. The President and Chief Executive Officer is responsible to the Board for:

- a. the implementation of the mission, vision and goals of the NACC;
- b. the overall management of the Association.

3. The President and Chief Executive Officer shall be evaluated by a process determined by the Board.

SECTION 3: ROLE AND APPOINTMENT OF EPISCOPAL LIAISON

There is an Episcopal Liaison to the Association appointed by the President of the USCCB who serves as a member of the Board of Directors. The Liaison serves a three-year term, renewable once.

SECTION 4: NACC CERTIFICATION COMMISSION

The Board of Directors appoints the members of the NACC Certification Commission.

SECTION 5: TASK FORCES AND OTHER BODIES

The Board of Directors establishes other bodies appropriate to the completion of tasks and fulfillment of responsibilities in light of the mission, vision, and goals of the Association. The scope of responsibility of such bodies will be defined by the Board.

ARTICLE 7: AMENDMENTS

SECTION 1: AMENDMENTS TO THE CONSTITUTION

1. The Constitution may be amended by a three-fourths vote of the Board.
2. Proposed amendments to the Constitution may be submitted by (any) full member(s) of the NACC to any of the five elected members of the Board. Proposed amendments may be submitted at any time.

Bylaws

ARTICLE 1: MEMBERSHIP

Full members are Catholic ministers who participate in the Church's mission of healing, pay the required full membership dues, and hold the privilege of voting. The categories of full membership and all other forms of membership are set forth in the Constitution.

SECTION 1: INACTIVE MEMBERSHIP

1. **Inactive Chaplains** are currently certified individuals who take a leave from the ministry of chaplaincy. Their written request for the status of "inactive" is approved by the NACC and must be renewed annually thereafter. Inactive chaplains are neither eligible to vote nor to hold elective office during the period of inactivity and their certification is suspended while the member retains this level of membership. Inactive chaplains are required to follow their recertification schedule.

2. **Inactives in Layoff** are full members who are laid off and whose written request for the status of "inactive" has been approved by the NACC and must be renewed annually thereafter. Inactives in Layoff retain their vote and are eligible for elective office. Certification

remains valid while the member retains this level of membership. Inactives in Layoff are required to follow their recertification schedule.

3. **Inactive Certified Supervisors** are those individuals who take a leave from the ministry of supervision. Their written request for the status of “inactive” is approved by the NACC and must be renewed annually thereafter. Inactive supervisors are neither eligible to vote nor to hold elective office during the period of inactivity and their certification is suspended while the member retains this level of membership. Inactive supervisors are required to follow their recertification schedule.

ARTICLE 2: DUTIES OF THE BOARD OF DIRECTORS

SECTION 1

The Board of Directors is the Governing Body of the NACC.

SECTION 2: FUNCTIONS OF THE BOARD

The Board is responsible to:

1. Steward the Catholic identity of the Association.
2. Steward the mission and vision for the future of the Association.
3. Ensure the integration of the values in the organizational culture.
4. Approve the strategic direction for the growth of the Association.
5. Maintain and develop the Association’s relationship with the USCCB and other groups, institutions, and organizations within and outside the Catholic Church.
6. Approve Association policies.
7. Ratify changes to the constitution.
8. Appoint members of the NACC Certification Commission.
9. Establish task forces or other bodies required by the mission.
10. Approve the annual budget.
11. Participate in the evaluation of the President and Chief Executive Officer.

ARTICLE 3: DUTIES OF THE ELECTED OFFICERS (AT-LARGE)

SECTION 1: ELECTED MEMBERS OF THE BOARD

1. The five elected members (at-large) of the Board are elected by the NACC membership.
2. The Board shall elect its own officers: Chair, Secretary, and Treasurer.
3. The Executive Committee of the Board of Directors shall be comprised of the Chair, the President and Chief Executive Officer of the NACC, the Secretary, and the Treasurer.

SECTION 2: RESPONSIBILITIES OF THE CHAIR OF THE BOARD

1. Chairs meetings of the Board of Directors of the NACC.
2. Chairs all Executive Committee meetings.
3. Works closely with the President and Chief Executive Officer to ensure that the mission of the NACC and the decisions of the Board of Directors are carried out.

SECTION 3: TREASURER

1. Provides for the fiscal stewardship and financial accounting for the Association.
2. Serves on the Executive Committee of the Board of Directors.

SECTION 4: SECRETARY

1. Provides for accurate and timely records for the Association.
2. Serves on the Executive Committee of the Board of Directors.

SECTION 5: CRITERIA FOR BOARD MEMBERSHIP

1. All Board members, whether elected or appointed, must possess five of the seven criteria for Board membership.
2. All elected Board members must be certified members of the NACC.
3. Criteria for Board membership:
 - a. Catholic in good standing.
 - b. Personal values consistent with the values of the Association.
 - c. Three years’ demonstrated Board experience.
 - d. Understanding and support for the mission of the Association.
 - e. Demonstrated competence and leadership in their professions.
 - f. Demonstrated competence in one or more of the following areas: health care, advocacy, development, education, medicine, research, marketing, finance, communications, mission, operations or management.
 - g. NACC-certified chaplain or CPE supervisor for a minimum of five years.

SECTION 6: VACANCIES IN OFFICE

In case of vacancy in any nationally elected or appointed Board position, the Board appoints an officer pro-tempore; or if an elected member, until a special national election for that vacancy occurs. This election will occur within 60 days.

SECTION 7: REMOVAL FROM OFFICE

1. A Board member, or any appointed member of a committee or other body, may be removed from office for reasons of misconduct or negligence of duty.
 - a. Public scandal is cause for immediate and automatic removal from office.
 - b. Procedures for petition for removal appear in the Policy Manual.

ARTICLE 4: TERMS OF OFFICE

SECTION 1

1. All elected members of the Board are elected to a three-year term.
2. All appointed external Board members serve a three-year term, renewable once.
3. The Episcopal Liaison serves a three-year term, renewable once.
4. Election/appointment terms follow the calendar year.
5. All terms will be staggered so that there will be gradual change in leadership.

SECTION 2: NOMINATIONS

The nomination process for elected Board members is conducted by a standing Nomination Committee appointed by the Board of Directors.

SECTION 3: ELECTIONS

The members of the Nomination Committee are responsible for overseeing the conduct of the election. A simple majority will decide the election. In the event of a tie, an additional ballot will be taken.

ARTICLE 5: DUES

SECTION 1

Dues and fee structures of the NACC will be the decision of the Board of Directors. There will be an annual review of these in conjunction with the budget preparation.

SECTION 2

Dues are paid directly to the National Office of the NACC.

ARTICLE 6: COMMISSION/PANELS

SECTION 1: CERTIFICATION COMMISSION

1. Members of the Certification Commission are NACC-certified Supervisors appointed by the Board of Directors.
2. The Certification Commission carries on the process of certification in accordance with the Standards. The Commission certifies in the name of the USCCB Commission on Certification and Accreditation (CCA).
3. The members of the Commission will serve a three-year term, renewable once. Appointments will ordinarily allow for rotation of one-third of the Commission members.

SECTION 2: CERTIFICATION APPEALS PANEL

1. Members of the Certification Appeals Panel are NACC-certified supervisors appointed by the Board of Directors.
2. The Certification Appeals Panel reviews appeals of certification decisions submitted by members and renders final and binding decisions in accordance with Standards.

SECTION 3: GRIEVANCE PANEL

1. Members of the Grievance Panel are certified chaplains or NACC certified supervisors appointed by the Board of Directors.
2. The Grievance Panel hears formal complaints involving alleged violations of the NACC Code of Ethics by any member or groups of members of the NACC.

ARTICLE 7: EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

SECTION 1

The Executive Committee shall be comprised of the Chair of the Board, the President and Chief Executive Officer of the NACC, the Secretary and the Treasurer.

SECTION 2

The Executive Committee will have the following responsibilities:

1. Serve as interim leadership between Board meetings.
2. Act on behalf of the Board in an emergency situation.
3. Plan the agenda and process for Board meetings.
4. Keep accurate minutes of any Executive Committee Meeting and provide minutes for the Board prior to the next Board meeting.

SECTION 3

The Chair of the Executive Committee will be the Chair of the Board.

ARTICLE 8: MEETINGS

SECTION 1

The Board of Directors ordinarily meets three times each year to conduct the business of the NACC.

SECTION 2

A special meeting of the Board may be called at the discretion of the Chair.

ARTICLE 9: CHANGES IN THE BYLAWS

SECTION 1

The Bylaws may be changed or amended by action of the Board of Directors.

SECTION 2

The process of changing and amending the Bylaws shall follow the process of amending the Constitution as outlined in Article 7, Section 1, (numbers 1–2) of the Constitution.

ARTICLE 10: DISSOLUTION

SECTION 1

Upon the dissolution of the NACC or any partial or entire liquidation of its property or assets, all of the NACC's property of every nature and description will, after making provision for the discharge of all liabilities of the NACC, be paid over and transferred to the Archdiocese of Milwaukee or to such other organizations or institutions, the purposes of which are similar to those of the NACC. Such organizations must be exempt from federal income tax under Section 501 (c)(3) of the Internal Revenue Code of 1954 as amended. The determination of the appropriate beneficiary will be the decision of a majority of the persons who are at that time members of the Board of Directors of the NACC.

Adopted October 1996

Revised November 1997

Revised November 2000

Revised March 2002

Parish Ministry for a Retired Chaplain

Gina Roecker

When my husband retired in 1993 we moved to Colbert, an outlying town 10 minutes from Spokane, Washington. It was no accident that we moved just a half mile from a great parish, St. Joseph's. A parish of 250 families that has grown to 650, St. Joseph's was a good match for me. They had few expectations for my ministry. The church was small, and I was having a difficult time deciding how I could possibly retire from a ministry I loved. If I had worked in a bank, I could have quit and never looked back, but pastoral care was indeed a part of me.

The parish priest was committed to making most of the hospital visits, and I found him to be very caring and pastoral. At first, I'm not sure he was convinced he needed help. However, it wasn't long before I was assigned to home visits with the sick and elderly and grief support. I soon had a pastoral team who helped in a warm and caring way. A lot of the ministry was by phone, checking on folks and setting up visits when needed. I really liked home visits and getting to know the people in need. Most of the time I would visit them the first time to assess the case and then assign them to the best person from our ministry.

I hold three meetings a year for our Ministry of Care team. We share our ministry, pray, and offer support to each other.

About six years ago our ministry decided to look into an outreach program for the elderly. We pursued a new nursing home facility located just 15 minutes away. Our pastor and I agreed that if we could find 12 volunteers we could go ahead. When this happened we moved forward. We even had a priest who volunteered to say Mass once a month. When he retired a year later our pastor took over and continues to serve faithfully. When Father celebrates Mass he is able to draw everyone even closer, anointing residents with the Sacrament of the Sick as needed.

We begin our weekly service with a welcome to the 12 to 20 in attendance. We have a communion service, scripture reading complete with a reflection from the next Sunday's readings. We all join in with a one-decade rosary. A woman from the local Marian Center makes these rosaries especially for our group.

One of our choirs at St. Joseph's recorded some well-known older hymns like "Immaculate Mary," "Amazing Grace," "How Great Thou Art," and "Praise to the Lord." We sing at least two hymns during our service. The music is printed so all can join in.

After the service, residents unable to attend are visited in their room. Our Ministry of Care

team has become very attached to the residents. On their own they conduct a bible study for three of the residents. One of the residents, a 40-year-old woman with MS received instructions and recently received the Sacrament of Confirmation. Two of our parishioners have taken over a weekly story telling session for the residents. Our religious education elementary classes have made cards and flowers to remind the residents that they are loved and remembered.

We have taken the ministry to the parish in other ways. Every October we sponsor a Pastoral Care Weekend. First, we display colorful posters on easels in the vestibule of the church. People from the nursing home and homebound from the parish are highlighted with their individual picture and a biography. These folks were thrilled to give us a personal interview telling of their life before becoming a shut-in. Interesting details of their lives are shared. All of these interviews are in collaboration with family members and written with the individual's approval. Parishioners read the stories with interest and become more aware of the folks in the nursing home. They also learn what our ministry is all about—reaching out to others with commitment and sharing our faith in love and joy.

Second, we prepare a prayer calendar. The names of parishioners who have terminal or life debilitating illnesses are featured. In our parish we usually have about six to eight of these parishioners each year. We ask people to pray on a designated day of the month for all of the sick. Everyone who signs up takes a list of the folks being prayed for and commits to pray one day a month for all of them. We of course hope they will pray every day. A calendar is then given to each of the sick with the names of all the folks who are praying for them. What wonderful prayer support!

Third, we have yet another activity: Take a Flower to a Friend who may be ill or lonely. Most of the 60 carnations disappear with a few left for our weekly visits to our shut-ins.

Our parish continues to reach out. Last year an assisted living facility asked us to have our Catholic service there also. So we have gathered our resources and now minister there each Wednesday morning. It seemed important to extend ourselves even though we did not have an additional 12 willing volunteers to step in. We trust that the Holy Spirit will guide us and with the grace of God our work will continue.

(Gina Roecker is a retired NACC-certified chaplain at St. Joseph Catholic Church in Colbert, Washington. E-mail: jroecker9@attbi.com.)



Gina Roecker

Responding to a Need:

A parish sends visitors to an area nursing home

Father William F. Eckert

“Father, do you think any of the St. Mark volunteers who have such warm relationships with our patients could give some instruction to our staff?”

The question was posed to me by one of the social workers at the Hillcrest Commons Nursing Home, a 265-bed facility here in Pittsfield, Massachusetts, during one of the meetings of our ethics committee, of which I am a member. We had been discussing patient care, employee turnover, and the need for more empathetic and supportive attention by the personnel.

I was taken aback by the question, thanked the social worker for the compliment to our volunteers, assured her of any support that we could offer, but felt that this was an in-house problem that the facility would have to address.

As associate pastor of St. Mark’s Parish in Pittsfield, I attend to the spiritual and sacramental needs of the patients with weekly visits to all the facility’s units, celebrate monthly liturgy, and have responsibility for the eucharistic ministers. The pastor and I are available for the Sacrament of the Sick at all hours. The eucharistic ministers attend the Catholic patients about once a month. It was a source of concern that too few visits were being made and these were principally to give Holy Communion.

There is no pastoral care person at the nursing home. The various non-Catholic churches and synagogues visit their own members, and some of the local Catholic parishes were sending eucharistic ministers to their parishioners. Those who were from out of the community or whose parishes did not send eucharistic ministers were largely being ignored except for the visits from those from St. Mark’s. This was the situation five years ago.

The disturbing question was how were the deeper pastoral needs of the patients to be met if there was no one spending enough time with the patients to listen attentively and caringly? We certainly needed more eucharistic ministers, but we had to seek out others of the parish who would be willing simply to visit, to be attentive parish visitors to all the Catholics at the facility. We put notices into the parish bulletin and discussed the need at the Sunday liturgy. An orientation meeting was arranged and interested eucharistic ministers were required to attend. The idea was not only to give an orientation to prospective parish visitors, but also to give a pastoral sense to all who were attending to the sick and elderly.

Two or three eucharistic ministers attended the gathering as well as about a half dozen potential parish visitors. The first point to be made to all, because of the very heavy sacramental orientation, was that there was more than one way to bring Christ to patients—in fact to anyone. In bringing love and care to the very vulnerable sick and elderly, the person brought Christ and, in keeping with Matthew 25, he in turn was touching them. The question posed to the eucharistic ministers was “Is it possible for the sick to have a relationship with Christ in Holy Communion if there is no relationship with the eucharistic minister?” The reorientation of the eucharistic ministers involved an insistence that they first of all visit with the patients—spend at least some time with them before offering the sacrament. The eucharistic ministers readily agreed.

An instruction on how to make a pastoral visit was given to all who attended the meeting. The eucharistic ministers had been a part of the ministry since the opening of the nursing home about six years ago; the parish visitors were something new. They were there as the eucharistic ministers to bring Christ, but in a different way. The parish visitors did not have to visit a determined number of patients during a given time. They were there simply for the patients and to give as much time as possible to the Catholics. In fact it has happened that they visit with everyone in the facility who seems to be in need of a visit.

They impose nothing; they simply give of their time and deep concern . . . no, more . . . love. This program is now four years old. Their number is small, four parish visitors and an equal number of eucharistic ministers; but the impact upon the patients and the staff has been impressive as the social worker indicated.

“You are the only one who will listen to me,” the parish visitor shared when talking about what an elderly man recently told her. “You listen to my problems. I miss my brother” (who had recently died), and he poured out his pain and loneliness. There was nothing for the parish visitor to do but listen and she did, with a benefit to both patient and herself.

Once a week, with few exceptions, they are there to connect with the elderly. They form relationships that make it easy for the patients to be open. There is consistency that brings stability to

How were the pastoral needs of the patients to be met if there was no one spending enough time to listen attentively and caringly?

(Continued on next page.)

A Parish Nurse Ministers in the Appalachian Region of Kentucky

Sister Leanne Herda, SSSF

“**B**reaking out of the box” as a parish nurse, my ministry involves being with and empowering others through their experiences to minister to others. It involves encouraging and educating the ill, and families, to participate more fully in the sacraments of our faith. The networking, and chain of caring, moves through the valleys and over the mountains in the Appalachian region of Southeastern Kentucky in Whitley County.

Being available at home for visits and phone calls has been, over many years, a vital part of my parish ministry. I am grateful for the opportunities I have had through my life, thus, to be able to empower others. Here is one graphic example.

I kept visiting a man ill, then dying, of brain cancer. Visiting one evening, I perceived the potential of him dying that night. A friend had come with me, so I had her sit and be with the patient while I spoke with his wife in another room. Listening to her, I realized she was not aware of or prepared for the immediacy of his death. I reaffirmed her care of him; answered questions; offered my presence any time; supported her through her specific needs; and prayed with her and with him. He did die that night. I stayed available and was with her in her grieving process.

As a result of her experience, she enrolled in our diocesan lay ministry program and has been with other people at significant times. She has been with the wife of another dying

person in understanding, caring, and compassionate ways.

Distances are on rural, winding mountain roads. We are two “sister” parishes: Our Lady of Perpetual Help with 40 households in Williamsburg, Kentucky, and St. Boniface Church with 20 households on the Tennessee border. Availability of persons for this type of ministry is minimum, thus, the importance of empowering others.

Parish health programs are not a priority for me, as these educational needs are provided by other local agencies. There is not a need for me to “re-invent” these wheels. However, informing our parishioners regarding the resources is part of the networking.

(Sister Leanne Herda, SSSF, RN, BSN, is a retired registered nurse working one day in the community with the local health department on a Susan G. Komen Breast Cancer Grant. She also provides stress management sessions to various groups and individuals. She has advanced standing with ACPE; is a charter member of the American Holistic Nurses Association; and is a regular reader of Vision. As a member of the School Sisters of St. Francis, Milwaukee, she’s been living and working in Williamsburg, Kentucky, for over 23 years. As a parish nurse, she collaborates interdenominationally with RNs in Whitley County, Kentucky, and Campbell County, Tennessee, through the Jellico Community Hospital.)



Sister Leanne Herda, SSSF

How beautiful upon the mountains are the feet of those who bring glad tidings, announcing peace, bearing good news. (Isaiah 52:7)

Responding to a Need

(Continued previous from page.)

the environment where frequent employee turnover and a seemingly inhospitable atmosphere can create anxiety and add to the disorientation of many.

A spin-off of the parish visitor program is the participation of the high school youngsters in the Confirmation class. There are three to four of them who come each week to visit, doing the fingernails of the elderly. The women love the service and it offers an opportunity for a visit by

the students. The men have not yet taken to the fingernail ministry!

A chaplain in a parish setting has a unique view of the suffering and loneliness of the sick and elderly and the need to have parishioners reach out, be present, listen, and be comforting. It is just one way that training and experience in dealing with the sick puts a chaplain at the service of people.

(Father William F. Eckert is an Emeritus NACC-certified chaplain. He is a retired priest of the Diocese of Camden, New Jersey, and is working full-time as an associate pastor at St. Mark’s Parish in Pittsfield, Massachusetts.)

Visitation Ministry at Holy Assumption

Jeanette Schaefer

The needs of the sick and elderly living at home may be different from the sick and elderly who are hospitalized. Initially at home, they may be most concerned with basic security and safety needs: "Can I take care of myself and my home? Who will run errands and shop for me? Will I have to go to a nursing home?" Accordingly, their first desperate cry for help may be for someone to shop, cut their lawn, or shovel their sidewalk. It is during the assessment visit, that the chaplain can prioritize their needs and deal with spiritual issues, after their initial cries for help have been addressed. The caring attitude and response by the chaplain leads to trust

Our visitation program at Holy Assumption Parish began in September 1990. I met with the new pastor several times and then developed the program based on our mutual goals. The services we decided to offer were visiting the sick, elderly, and homebound in their own homes, nursing homes, or hospitals, bringing them Holy Communion, shopping, running errands, bringing them to church, and making referrals to other agencies if their needs are beyond our ability to provide.

We both believed no one person could meet the needs of all our sick and elderly. Accordingly, we recruited through a series of bulletin notices, in which we explained the program, the role of the visitor, and asked for volunteers. In the meantime, I developed a number of handouts including the system for developing and maintaining an accurate list of the parish sick, a model for the computer printout for each person on our visitation list, a job description for the visitors, report forms to keep our pastor informed of our activities, and handouts for the visitors to be distributed and explained during orientation.

The first year we recruited 27 visitors to minister to 39 parishioners. Each year new visitors are recruited through bulletin notices and also through me speaking at each of the Masses on recruitment weekend. (Annual recruitment is necessary to keep up with the increasing number of parishioners requesting our services and the expansion of ministries offered.) Those who respond are required to attend five hours of orientation classes.

During the orientation classes they are asked to complete a form indicating which service or services they were willing to provide. Their assignments are based specifically on what they are willing to do. They can accept or reject each assignment offered, but once accepted, they are held accountable. They call in their report each month stating what they have done. These data are compiled into statistical and descriptive reports on a monthly, quarterly, and annual basis for the chaplain and pastor. Abbreviated versions of the quarterly and annual reports are also included in the bulletin to keep parishioners apprised of their program. *If they claim ownership, they will be inclined to support the program.*

Those who have completed the classes are then commissioned at a Sunday Mass. They are called forth from the congregation to the front of the church, asked to make a commitment, and are given their assignment (which

they have already agreed to) as well as a badge and pin designating them as parish visitors. This commissioning is followed by a welcoming gathering where light refreshments are served by the current visitors.

We now have 42 visitors and minister to 55 parishioners. (We usually have new admissions each month, but because there are so many elderly parishioners, there also tends to be deaths each month among those visited. Consequently, the number of admissions usually equals the number of deaths.) The 42 visitors include the pastor, two deacons, two nuns, and 37 lay people of whom 33 are adults and four teens. The teens either visit, cut grass, rake leaves, or shovel. One of the adult visitors helps me compile the monthly, quarterly, and annual reports to the pastor. All visitors, including the deacons and nuns report directly to me, and I report to the pastor.

I administer the program, assume assignments (especially of those with complex needs), keep "tabs" on all the visitors and those to whom they are assigned, do all the assessment visits, maintain accurate lists and computer printouts on those visited, write the monthly, quarterly, and annual reports with the help of an assistant, meet regularly with the pastor, chair the annual meeting of visitors, make myself available to any visitor or parishioner who is in need, and make referrals to other community agencies for those with needs beyond our parish's ability to meet. I also conduct eucharistic prayer services at a nearby assisted living facility when one of our deacons is unable to do so.

The advantage of ministering in a parish setting is that the length of involvement with an individual is so much longer than in a hospital. The downside is the grieving we experience when that long-time friend dies.

It took me three years to obtain permission from "Bill" to visit him. He had become a paraplegic as a result of an accident, and was mad at the world. The only one he would permit to visit him was the pastor. His mother told me he liked cats and humor, so I sent him every Garfield card I could find and spun a continuing saga of how Garfield became "St. Garfield." Finally, he asked me to see him. For the next three years we talked about many things including his excruciating pain. I asked if he would like a crucifix to hold in his hand when the pain was intense, as a reminder that Jesus was with him. He said yes, so I purchased one and had it blessed. One day he came to Mass in his wheelchair. It happened that I served as eucharistic minister of the cup where he was stationed. After giving him the Blood of Christ, he opened his hand, showing the crucifix I had given him.

I wish there was a happy ending, but there isn't. Because he could no longer tolerate the pain, he committed suicide in 1999 by putting a gun to his head. I gave one of the eulogies at his funeral Mass, but am still grieving, because I "walked" side by side with Bill for six years.

My ministry is different from that of a chaplain working in a hospital setting. However, when I look around at

Mass, and see so many lives that have been touched through our combined efforts, I am very pleased. The retention of our visitors indicates they are also satisfied in sharing their time and talents. (Twenty or 47.6 percent have been visitors since 1994 or before.) Both the previous and current pastors have been and are most supportive of our visitation program. Ministering in a parish setting provides many opportunities for the chaplain to extend God's healing love to the sick and elderly in need.

Premises of our visitation program:

1. A church is a community of people who worship and pray together, as they attempt to live a life of love of God and neighbor.
2. We are one body, but many members. Each of us has a responsibility to use our talents for the benefit of others. Those who are in special need of our talents are the sick, elderly, and homebound.
3. Each person is a unit of body, mind, and spirit; therefore, the most effective care is holistic.
4. The needs of our sick, elderly, and homebound are beyond the ability of any one person to meet. Consequently, visitors are needed to come forth from the parish community to serve.
5. The parish is responsible for providing a professional person to administer the program, prepare the visitors through orientation and enrichment programs, support them, maintain records, keep the pastor informed on a regular basis to allow both to evaluate program results, and plan for future offerings.
6. Unless the pastor and person responsible for visitation ministry work together as a team, the program is doomed to failure.

Projects incorporated into our visitation program:

Birthday Card Project

On designated weekends, birthday cards are brought to each of the Masses for those on our visitation list who are having birthdays over the next several months. They are placed on a table at the rear of church, and one of the two visitors coordinating this project, invites parishioners to sign the cards. Usually about 50 parishioners sign each of the cards. The

cards are then hand-delivered by the visitors assigned to those individuals. The message conveyed to our sick, elderly and homebound is, "Even though you may not be able to come to Mass, you are not forgotten. You are very important members of our parish community."

Christmas Giving Tree Project

Each year a pinecone Christmas tree is decorated with "ornaments" consisting of Christmas tags with the names of each person on our visitation list, and some suggestions for gifts items. Parishioners take whichever tag they wish, buy one of the suggested gifts, wrap the gift, and attach the person's Christmas tag. These gifts are then delivered by the assigned visitors. The message again is, "You are not forgotten. We truly care about you."

Ministry of Prayer

Eighteen of our parishioners offer their prayers and suffering for the specific prayer requests of other parishioners. They are formally commissioned either in church or in their place of residence, given a wooden cross on a cord to place around their neck, and a certificate identifying them as a Minister of Prayer. They receive a colorful leaflet each month with a timely message, some suggested prayers, and the specific prayer requests for that month.

East and West Samaria

These two facilities are boarding homes for those who are chemically dependent or mentally ill. They were either homeless or headed toward homelessness. We collect a van full of personal care items for them two to three times a year as they arrive with little more than the clothes on their backs. They become very excited when they know we are coming and identify us immediately as being from Holy Assumption. The program director would like us to provide visitation services, but the legal aspects will need to be addressed first. The residents have major mental health and drug problems, and the likelihood of acting out behavior is a definite possibility.

(Dr. Jeanette Schaefer, RN, is an NACC-certified chaplain who administers the visitation program at Holy Assumption Parish in West Allis, Wisconsin.)

ACPE Welcomes NACC Supervisor

The Association for Clinical Pastoral Education recently welcomed NACC-certified supervisor Rev. Francis W. Danella, OSFS, who took advantage of its invitation to apply for ACPE certification.

Certification Interview Notice

Anyone wishing to be interviewed for Supervisor or Associate Supervisor Certification should contact the Director of Professional Practice at the National Office (in writing) before August 1, 2002, for the Certification Commission meeting being held October 2-3, 2002, in Oak Brook, Illinois.

Parish Health Ministry and the Role of the Parish Nurse

Sister Terry Shields, MSHR



One often hears the saying, “What goes around comes around.” Most often that saying has a negative ring. For me it expresses something positive, as I feel I have pretty much come full circle in my ministry journey. Like most Catholic Philadelphians of my generation, life was centered in my parish. That life launched me into a religious missionary vocation and a rich experience in Africa as a nurse-midwife. CPE and 10 years as a hospital chaplain followed and brought a greater depth of joy to my life.

Shortly after my return from a second experience in Africa, I became aware of the Parish Nurse Program, initiated by the Archdiocese of Philadelphia. It seemed a perfect fit. I had been a parish nurse in Kansas City 20 years ago and I realized how much CPE and chaplaincy had deepened my understanding of that ministry. I feel blessed that I can now bring to my nursing the gift of being a chaplain as I brought the gift of nursing to my chaplaincy.

Parish nursing is a unique special form of parish ministry, struggling to be received and understood. For those of us involved in it, its efficacy seems obvious. It is so rooted in the gospel, since we know most of Jesus’ public life was about wholeness and healing. What better forum to focus on these concepts than the parish, for in reality parish life is about health and healing. Do we not believe there is healing in the sacraments? Have we not been told we live longer and healthier lives when part of a community? When parish life is good, do we not experience that fullness of life of which Jesus spoke?

For professional nurses serious about their quest for God, there is something very satisfying in being able to root their profession in their spiritual home. The parish is the optimum setting to promote holistic care and to blend physical /spiritual health through outreach, education, referrals, advocacy, and health counseling. That last sentence may sound like it was lifted from a brochure, which it was, but the following is a lived illustration of why parish nursing can be such a fruitful ministry.

A simple phone call to assist with paperwork for nursing home placement introduced me to Larry. I found Larry to be a pleasant, elderly gentleman, clearly in need of a more appropriate living arrangement. His diabetes rendered him legally blind and insulin depen-

dent. He also had neurological problems and needed a walker to ambulate.

He was currently living in the home of a man he had coached during the many years he was involved with the Catholic Youth Organization. I am sure it was a good arrangement initially, but as Larry’s health deteriorated he became a burden to his friend. He spent his days alone, barely able to move around.

During my first visit, I realized that one of the most meaningful things in Larry’s life was his relationship to his church. He was no longer living in his home parish and due to his circumstances had not registered in the local one. When I broached the subject of having a priest come to see him, his face radiated joy.

Personal care also presented as a priority. Larry was open to any care available to him. His only concern was that no services would be provided unless he was home alone. He did not want to be an imposition. Whether his anxiety about his housemate was real, or part of Larry’s personality, there was some discomfort surrounding his living there.

To meet Larry’s needs, I contacted the pastor who subsequently visited Larry and administered the sacraments, which Larry recounted with great joy. I also arranged for another nurse in the parish, who happened to be the outreach coordinator for a home care agency and a parish nurse volunteer, to visit Larry to assess for possible home services. Home care and physical therapy were then initiated.

To our great relief Larry was accepted for admission to a Catholic nursing home. But because he had been accepted, the owner of the house in which he was residing informed him that he had to vacate the house in two weeks. The ultimatum increased Larry’s anxiety to a dangerous level, clearly impacting his health. As a result, we had to search for alternate interim housing. Through the process of ferreting out contacts and referral sources that accrue as a parish nurse ministry develops, I was able to locate a facility that would accommodate Larry until his placement in the nursing home.

Again the richness of resources this ministry provides came to the fore. Larry needed help sorting through his meager possessions.

(Continued on next page.)

Experiences of a Chaplain in Parish Ministry

Maeve O'Connor, RSHM

I found myself working in a parish of middle-to-upper-class families after the person who had ministered there before me had moved on. I learned on the job as it were. I went to every training session offered by Catholic Charities and to every deanery meeting so that I would meet people doing the same kind of work as I, and to get to know them in order to have a support system.

While talking to parishioners, I learned of the needs of the parish. There is quite a large population of older people, some active and some housebound. The person who had ministered before me had done great work, but, like all parishes or most parishes, work keeps evolving.

I started with the homebound and the sick of the parish. The people are very private and were not too open to having someone come into their homes. Gradually, I and the pastoral volunteers gained their trust. They saw that we were there to help them, so they opened up their homes and hearts!

The eucharistic ministers were already taking communion to some parishioners, but we needed to increase their number and to train pastoral visitors to the homebound and to the sick in the area hospitals, as well as long-term-care institutions. The pastoral visitors are now up and running! They make contact by phone between visits when deemed necessary. The homebound and the sick are very pleased with the visits as they feel the parish has not forgotten them. The visitors bring the prayers, love, and support of the parish to those they visit.

We recruited volunteers by placing announcements in the parish bulletin, giving the needs of the parish. We even recruited doctors and nurses from the parish. We received a wonderful response from the nurses. They do not do "hands on" as such, but they advise, encourage, and support. A nurse would go to a home and assess the situation on a referral from me. It was very reassuring to be able to make a referral to a nurse. We also recruited drivers to take a person to a doctor or to church or even for a drive. There are people in the parish willing to cook a meal once a week on a temporary basis. On the whole, the parish is very active and people are most eager to serve.

We have a very active Ministry of Consolation in the parish. The parishioners become involved in this ministry from the wake service to the burial of their loved ones. It has primarily a liturgical focus, and is not meant to be a bereavement outreach or grief counseling. That comes later. The ministry helps the family plan the funeral: choosing the readings, the music, and how they can help the family be actively involved in the liturgy.

Now that I no longer work in the parish, I miss it. What I miss most of all are my visits to the homebound. It was very rewarding work. I enjoyed ministering in a parish setting, but I knew it was time for me to move on.

(NACC-certified chaplain Sister Maeve O'Connor, RSHM, has returned to health care chaplaincy at Mather Hospital, Port Jefferson, New York.)

Parish Health Ministry

(Continued from previous page.)

To that end another parish nurse volunteer and her two children went through his things, packing what he needed. Larry went to the temporary housing until a short time later when he was admitted to the nursing home. When I visit him he tells me he has not been so happy in years.

This little story clearly indicates the many threads a parish nurse is able to draw together to cover our people in need, all done within the framework of the parish community. In

some parishes people like Larry will need our attention. In others those needs might not be so obvious. Health-related educational programs, stress management, parenting classes, support groups may be more relevant. However there is no doubt that our people are looking for the way to make the body/spirit/faith connection. Who better then to assist the pastoral staff in this laudable enterprise than a parish nurse?

(Sister Terry Shields, MSHR, RN, is an NACC-certified chaplain and cluster parish nurse for the Archdiocesan Parish Nurse Program in Philadelphia, Pennsylvania.)

EDUCATIONAL OPPORTUNITIES

NCPD Summer Institute

July 24–27, 2002

Albuquerque, New Mexico

Join the staff and board of the National Catholic Office for Persons with Disabilities (NCPD). Diocesan and parish leaders in various ministries, as well as others concerned with inclusion and dignity are most welcome. Conference topics include: state of the ministry; Catholic social teaching; building accessible environments; aging and disabilities; advancing ministry goals within existing diocesan and parish structures; and reaching out to various cultures.

Call or write Janice Benton at (202)529-2933 or jbenton@ncpd.org with questions or to request a registration brochure. Plans for the 2003 summer institutes in the Midwest and on the east coast are still being finalized.

NIBIC Annual Conference

September 25–28, 2002

Boston, Massachusetts

The National Institute of Business & Industrial Chaplains announces its annual conference to be held at the Ramada Inn Boston from September 25–28, 2002. Contact Robert Lewis for more information at rllewis@bu.edu. www.nibic.com.

NACFLM Annual Conference

October 2–5, 2002

Kansas City, Missouri

The National Association of Catholic Family Life Ministers (NACFLM) announces its 22nd annual conference, *Rhythms of the Heart*. The conference will be held October 2–5, 2002, at the Hyatt Regency Crown Center in Kansas City, Missouri. The keynote speakers are J. Glenn Murray, SJ, Director of the Office for Pastoral Liturgy, the Diocese of Cleveland; Arun Gandhi from the M.K. Gandhi Institute for Nonviolence; and Eileen Rafaniello Barbella, psychologist / spiritual

coach from the Trinity Centre, Cleveland, Texas.

For more information, call (937)229-3324; e-mail: nacflm@udayton.edu; www.nacflm.org.

World Congress on Psycho-oncology

April 23–27, 2003

Banff, Alberta, Canada

The 6th World Congress on Psycho-oncology will take place on April 23–27, 2003 in Banff, Alberta, Canada. The theme is The Art & Science of Psychosocial Oncology. For more information, e-mail: banffcongress@cancerboard.ab.ca.

IN BRIEF

HHS announces campaign to reduce health disparities affecting African-Americans by encouraging screenings

Health and Human Services (HHS) Secretary Tommy G. Thompson recently announced a new HHS–ABC Radio Networks campaign to reduce health disparities affecting African-Americans by encouraging individuals to go to a doctor for a health screening as part of Take a Loved One to the Doctor Day. Designated as **September 24, 2002, Take A Loved One to the Doctor Day** will rally African-Americans to visit a health professional or make an appointment to see a health professional. The campaign is part of Closing the Health Gap, an ongoing partnership that combines HHS's medical expertise with the broadcast resources of ABC Radio Networks to provide important health information to the African-American population.

To read the full release on this announcement, go to: <http://www.hhs.gov/news/press/2002pres/20020418b.html>.

Earth's Echo

Sacred encounters with nature

Robert M. Hamma. Sorin Books, Notre

Dame, Indiana, 2002. ISBN: 1-893732-46-0. Softbound. 192 pages. \$12.95.

Earth's Echo is a book for people who love nature and find spiritual meaning in it; people who can look around and see God in the natural world around them. Using brief excerpts from the works of nature writers as touchstones for meditation, *Earth's Echo* leads readers to reflect on the sacred reality of nature as found in different settings: the seashore, the river, the forest, the desert, and the mountains.

Robert M. Hamma is editorial director of Ave Maria Press and SORIN Books.

Last Acts committee offers workplace tool kit

The Last Acts Workplace Committee has developed a comprehensive guide for all Human Resources Departments, whether your business is large or small. This exciting product is called, *Helping Employees Deal with End-of-Life Issues: A Tool Kit*.

This user-friendly resource will help your organization develop a benefits program to meet the needs of employees who are dealing with end of life, caregiving, eldercare, and bereavement. The kit is divided into sections that cover ideas for assessing a company's current benefits, as well as providing a wealth of model benefits and policies including such HR trends as compressed work weeks, flextime, and funeral leave. The kit also offers practical tips for planning events such as on-site caregiver fairs, support groups, and informational seminars.

The kit, which comes in binder form and includes a full CD-ROM version, costs \$75 for non-Partners and \$40 for Last Acts Partners. Organizations or individuals may also order just the CD-ROM version of the kit for \$10. The order form for the kit is linked in PDF form below. You can print the form off from the website and fax it to the number specified (on the form) to complete your order.

To download the PDF version of the tool kit order form, go to: www.lastacts.org:80/files/publications/Order%20Form.pdf.

To learn more about the tool kit and the Last Acts Workplace Committee, go to: www.lastacts.org/scripts/la_tsk01.exe?FNC=ShowDesc__Ala_tsk_main_html__6.

March of Dimes makes bereavement materials available

Bereavement materials and a new website for women and their families who have experienced the loss of a baby before or shortly after birth are now available online from the March of Dimes. "The March of Dimes bereavement materials were prepared with the utmost care and respect for the grieving parents and their families," said Dr. Jennifer L. Howse, president of the March of Dimes, "and reflect a comprehensive perspective, recognizing that one's body, mind and spirit all must be supported during this difficult time." The materials have been available through the March of Dimes Resource Center and its chapters throughout the country. With the recent launch of the new March of Dimes website, 'Mama Online,' the March of Dimes begins a mass distribution of tens of thousands of packets of bereavement materials—in English and Spanish—to the public.

To learn more about these materials and the March of Dimes, go to: <http://www.marchofdimes.com/loss>.

Massachusetts Commission on End-of-Life Care launches website and online resource guide

The Massachusetts Commission on End-of-Life Care launched www.endoflifecommission.org, its website, and online resource guide at an event in early April. The launch included a demonstration of the capabilities of the website and remarks by elected officials, consumers, and commission members. The resource guide contains information related to services in Massachusetts for people of all ages with life-threatening illnesses. It was developed based on a comprehensive survey mailed to over 600 providers around the state. The guide is being published online first in order to allow for feedback and additional input before it is printed. Any additional resources that are reported will be added to the online resource guide and to the print copy that will be published before July 1, 2002.

The Massachusetts Commission on End-of-Life Care was established by the Massachusetts legislature in 2000 and is dedicat-

ed to the mission of improving the quality of life at the end of life. For more information, contact the Commission's Executive Director, Peg Metzger at (781)239-1153 or the Commission's Chair, Ruth Palombo, at (617)624-5437. To visit the Massachusetts Commission website, go to: www.endoflifecommission.org.

CHEC develops video on advanced directives for consumers

The Center for Humane and Ethical Medical Care (CHEC) at Santa Monica-UCLA Medical Center recently completed an educational video on advanced care planning. The video is meant chiefly for lay audiences (including young adults) as a 15-minute stimulus to further discussions about advance directives. It was produced in response to the multitude of recent tragic cases involving patients and families who lacked similar documents. One of the main goals of the CHEC is to educate the public concerning the value of such advance directives. The first month of presentation by hospital ethics committees and nurse educators has brought enthusiastic reviews.

For more information, please e-mail: pbhatla@mednet.ucla.edu or write: The Center for Humane and Ethical Medical Care, Santa Monica-UCLA Medical Center, 1250 16th Street, Santa Monica, CA 90404.

To learn more about the Santa Monica-UCLA Medical Center, visit: www.healthcare.ucla.edu/santamonica/default.htm.

Applications for AHA's 2003 'Circle of Life' Award now available

Applications are now available for the 2003 American Hospital Association's Circle of Life Award: Celebrating Innovation in End-of-Life Care. The annual Circle of Life Award honors innovative programs designed to improve the care people receive near the end of their lives, whether in hospital, hospice, nursing home, or home. Up to three award winners will each receive \$25,000 to further their programs' work. The award is co-sponsored by Last Acts Partners, the American Medical Asso-

ciation, the American Association of Homes and Services for the Aging, and the National Hospice and Palliative Care Organization and supported by a grant from The Robert Wood Johnson Foundation. Applications may be downloaded from the website, www.aha.org/circleoflife, or obtained by calling (312)422-2700. The deadline for 2003 applications is August 12, 2002.

When the Dying Speak

How to listen to and learn from those facing death

Ron Wooten-Green. Loyola Press, Chicago, Illinois. ISBN: 0-8294-1685-4. Softbound. \$14.95.

People who are dying often see and hear things that others do not. Frequently, however, these encounters are either ignored or misunderstood by the people surrounding the dying. **NACC-certified chaplain Ron Wooten-Green** seeks to decipher the metaphorical language of the dying and stresses the importance of listening to and learning from those at the end of their lives.

In a collection of poignant and hope-filled stories, Dr. Wooten-Green draws on his experience as a caregiver for his dying wife and as a hospice chaplain to give us a glimpse of the spiritual reality known only by those nearing death. From conversations with unseen visitors to visions of long-dead ancestors, this book reveals the unique phenomena surrounding death. Relative scripture passages, biographical sketches, and thought-provoking questions provide spiritual and historic perspective while encouraging self-reflection.

Ron Wooten-Green's writing is rooted in his experiences growing up on a farm, working as a university professor, serving as a Catholic lay minister, and ministering to the sick as a hospice chaplain. He lives in Omaha, Nebraska.

End-of-life-care discussion-starter booklet now available in Spanish

Finding Your Way: A Guide for End-of-Life Medical Decisions, a 13-page booklet for individuals and families, is now available in Spanish. Developed by non-profit Last Acts Partner Sacramento Healthcare

H O R I Z O N S

Decisions in response to the need for educational tools in other languages, *Como Encontrar su Camino* is being used in health care and community settings by organizations serving Latino populations. The booklet uses clear, accurate information to help those who are starting the advance care planning process or considering whether to initiate or withdraw life-sustaining treatment when the end of life is near. Contact Sacramento Healthcare Decisions at (919)851-2828 or shd@quiknet.com for more information.

To download the order form or preview the booklet, visit: <http://www.sachealthdecisions.org>.

New tool brings end-of-life messages to public

A new series of posters is bringing important messages to caregivers and their loved ones. These posters have four timely themes: conversations about end-of-life care; advance directives; pain management; and palliative care.

Targeted to those who care for loved ones with a chronic or terminal illness, the posters are useful in both health care and community settings. Each includes the phrase, "We can help . . ." with blank space for the posting organization to let people know where to go for further help. Produced by the California Coalition for Compassionate Care, the 11" x 17" colorful posters are available in English and Spanish.

Several hospitals have placed the posters in clinic waiting rooms, on patient floors, and even in elevators, referring people to Chaplaincy or Spiritual Care for assistance in addressing these issues.

A skilled nursing facility rotates the four posters through its units to visually remind staff and patients/ family members of the importance of these topics.

Other suggested posting places include health fairs, adult day health centers, pharmacies, doctors' offices, senior centers, public libraries, and bookstores.

To order, visit Sacramento Healthcare Decisions' (SHD) website at www.sachealthdecisions.org (click on

Community Education / End of Life Issues) or contact SHD at (916)851-2828; shd@quiknet.com.

New on CancerSource: End-of-Life Topic Zone

Caring for those approaching death is a combined effort of family, friends, and a health care team. CancerSource, an interactive website dedicated to cancer resources, has compiled useful information for everyone about the dying process, including signs and symptoms of approaching death, information on decision making, and hospice care, news articles, and more. Visit the End-of-Life Topic Zone for more information by clicking the link below or by choosing "End of Life" from the drop-down Topic Zone menu on the site. Other related topic zones on the site include Fatigue, Anemia, and Side Effects of Chemotherapy.

To visit the End of Life Topic Zone at CancerSource, go to: <http://www.cancersource.com>.

Positions Available

▼ **Parkland Health & Hospital System, Dallas, TX** – CATHOLIC STAFF CHAPLAIN. Parkland Hospital is the primary teaching institution of The University of Texas Southwestern Medical School and is often rated among the best hospitals in the United States. As Dallas County's only public hospital, Parkland ensures that health care is available to all area residents. Parkland is one of the highest birthing hospitals in the world, estimating over 18,000 births in 2002. Primary responsibility is providing pastoral care for women and children's ministry. Candidates must be bilingual in English and Spanish and have at least two units of CPE. This position is funded by the Catholic Diocese of Dallas. Send resume to: Deacon Charlie Stump, Catholic Diocese of Dallas, 3725 Blackburn St., P.O. Box 190507, Dallas, TX 75219; (214)528-2240; fax: (214)526-1743; griefgroup@cathdal.org.

▼ **SETON Healthcare Network, Austin, TX** – SUPERVISOR OR ASSOCIATE SUPERVISOR. SETON has an immediate opening for an NACC Supervisor or an Associate Supervisor, ACPE supervisor or Associate Supervisor to assist in the development of a CPE center program. The successful candidates must meet the following criteria. Master's degree in theology, spirituality, or counseling, at least two years of experience in supervision of CPE students, willing-

ness to provide direct spiritual and emotional care to patients, patients' families, and hospital staff as necessary in addition to clinical supervision of CPE students. The candidate must be active in the ecclesiastical body and be certified as a CPE Supervisor or Associate Supervisor. The position reports to the Director of Chaplain Services, SETON Health Network. The Supervisor and Associate Supervisor have a unique opportunity to shape the creation of SETON's CPE program. Building a spiritually healthy community will be the trademark of the center's program. We offer competitive salary and comprehensive benefits. For immediate consideration, please mail, fax, or e-mail your resume to SETON Healthcare Network, Human Resources, 1201 West 38th Street, Austin, TX 78705; fax: (512)324-3167; e-mail: mfaulks@seton.org. Attention: Marilyn Faulks. Please include job code [nacc5/02](#).

▼ **Agnesian HealthCare, Fond du Lac, WI** – DIRECTOR, PASTORAL CARE. Agnesian HealthCare, a faith-based ministry in centrally located Fond du Lac, has an exceptional opportunity for a full-time Director of Pastoral Care. Responsibilities include promoting, and integrating AHC mission and values; implementing and maintaining a continuum of spiritual services for patients, families, and staff; overseeing the staffing, development, evaluation, and edu-

cation of the pastoral care team; providing daily pastoral care responsibilities when needed; and acting as an ecclesiastical resource. Requirements include a master's degree in theology or related discipline, NACC or APC certification, endorsement by an ecclesiastical body, and a minimum of five years' hospital experience with two years' management experience. Please direct inquiries to: Agnesian HealthCare, P.O. Box 385, 430 E. Division St., Fond du Lac, WI 54936-0385; (920)926-5712; e-mail: pittst@agnesian.com. Equal Opportunity Employer.

▼ **Catholic Hospice, Miami Lakes, FL** – CHAPLAIN. Catholic Hospice, Inc., is the largest not-for-profit hospice serving Miami-Dade and Monroe counties. We are committed to providing responsive and comprehensive care to people of all ages diagnosed with a life-limiting illness. We currently seek a **Roman Catholic priest** in good standing with ecclesiastical endorsement and a commitment to the Catholic Hospice philosophy and mission. A basic understanding and knowledge of medical concerns and how they relate to a person's overall physical/ mental/ spiritual health, as well a respect for individual religious preference/ practice and high comfort level in dealing with terminal illness required. Master's degree in theology (or its equivalent or other related field), one unit of CPE, and bilingual (English/Spanish) preferred. Candidate must be able to travel throughout Catholic Hospice service areas. Catholic Hospice offers competitive salaries and excellent benefits. Please fax resume to (305)827-8563 or e-mail to ecatala@catholichospice.org. Catholic Hospice, 14100 Palmetto Frontage Road, Suite 370, Miami Lakes, Florida 33016; (305)822-2380. Equal Opportunity Employer. Drug Free Work Place.

▼ **Sisters of Mercy Health System, St. Louis, MO** – DIRECTOR, MISSION & SPIRITUALITY. The Sisters of Mercy Health System-St. Louis (Mercy), a regional health system with 27,000+ employees in seven states, has an exciting opportunity for a director in the Mission & Ethics department to provide strategic and operational leadership in planning, developing, directing, and evaluating programs and methodologies to integrate spirituality into caregiving and into the worklife. Along with providing oversight, direction, and support to pastoral care throughout the health system, this position provides leadership to integrate spirituality in substantive and measurable ways into organizational operations and outcomes such as leadership development and efforts to transfer Catholic identity and Mercy values into behaviors. Qualifications include graduate level degree in theology or ministry with an emphasis in spirituality and/or organizational development; five years' health care experience; knowledge and ability to apply fundamental theology, ecclesiology, ministry, and those aspects of canon law pertinent to health care, personal and organizational spirituality, clinical/business/organizational ethics, and social justice, and organizational dynamics, i.e., adult learning, group process, organizational culture, change management, health care management and financing, and collaboration. Successful candidate will be team player, service-oriented, and possess a mature spirituality. Position requires travel. Mercy offers a competitive salary, benefits and relocation package. Please send a cover letter, resume, and your **salary requirements** to our corporate office at: Sisters of Mercy Health System, Attention: Human Resources, P.O. Box 31902, St. Louis, MO 63131-0902; fax: (314)957-0450; e-mail: jobs@corp.mercy.net. EOE/M/F/D/V. Visit our website at www.mercyjobs.com. Mercy focuses on the highest standards of customer service and demonstrated behaviors consistent with our values of dignity, justice, service, excellence, and stewardship.

▼ **St. Vincent Healthcare, Billings, MT** – DIRECTOR OF SPIRITUAL CARE. St. Vincent Healthcare seeks a Director of Spiritual Care to provide leadership for the integration and coordination of spiritual activities throughout the St. Vincent Healthcare organization as well as directing a comprehensive program of pastoral services for patients, their families, and hospital staff. Qualified candidates must have a dedication to meeting the spiritual needs of the entire hospital community. The ideal candidate will have three years of pastoral care experience (hospital setting preferred) as well as a strong background in ethics and bereavement. This person must be compassionate, understanding, and have the ability to work with diverse cultural and faith groups. Please submit resume or inquiries to: St. Vincent Healthcare/Human Resources, P.O. Box 35200, Billings, MT 59107-5200; phone: (800)237-9008; fax: (406)237-3175; website: www.svh-mt.org. St. Vincent Healthcare is an equal opportunity employer.

▼ **Affinity Health System, Appleton / Oshkosh, WI** – CHAPLAINS. Affinity Health System, the nation's 18th top Integrated Health Care Network, currently has career opportunities for certified chaplains. Affinity chaplains serve as a liaison to the clergy, community, and medical team in regard to the spiritual care to patients, residents, families, and staff of Affinity Health System. Certification by the NACC or APC is required or pending. Both full- and part-time opportunities available at St. Elizabeth Hospital in Appleton and Mercy Medical Center in Oshkosh. Affinity Health System is a Catholic, mission-oriented regional health care network. For more information, please call 1-800-242-5650, extension 0594; e-mail: sdemick@affinityhealth.org; or submit resume to: Affinity Health System, Human Resources, P.O. Box 3370, Oshkosh, WI 54903-3370. www.affinityhealth.org. An AA/EEO Employer.

▼ **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 sub-specialties, diverse intensive care unit ministries, organ transplantation, a children's hospital, a psychiatric hospital, and a regional trauma center. The resident stipend is \$23,000.00 for 12 months, four consecutive quarters of CPE. Mayo Clinic health benefits are available at special rates. For program information or application, write or call: Chaplain Roger Ring, Rochester Methodist Hospital, 201 West Center Street, Rochester, MN 55902; phone: (507)266-7275; fax: (507)266-7882; web site: http://www.mayo.edu/hrs/hrs_programs.htm; e-mail: grunklee.mavis@mayo.edu.

▼ **Marian Community Hospital, Carbondale, PA** – seeks an experienced STAFF CHAPLAIN with effective interpersonal skills

Positions Available

and a strong commitment to holistic spiritual care to join a team that provides day, evening, weekend, and on-call comprehensive spiritual care services to patients, families, and employees in accordance with the Mission and Vision of the hospital and the Maxis Health System. Applicant will document spiritual care interventions and interdisciplinary referrals in the medical record, contact patient's clergy as requested, and serve on departmental and hospital committees dedicated to serving the local community's continuum of health care needs. A minimum of four units of CPE and/or certification by NACC/APC are required. Inquiries may be directed to Sister Kathleen Mary Smith, RSM, PhD, (570)281-1050; mchspcare@marianhospital.org. Submit resume and cover letter to: Resources, Marian Community Hospital, 100 Lincoln Avenue, Carbondale, PA 18407.

▼ **Mercy Hospital, Miami, FL – PRIEST CHAPLAIN.** Make the most of your abilities with Mercy Hospital. A 512-bed health care leader in Miami for over 50 years, Mercy Hospital is where you can make a difference in the lives of many. Here, your work will provide spiritual comfort for our patients and their families, as well as our staff and physicians. As our chaplain, you will report to Mercy's Director of Pastoral Care. Your credentials must include a master's degree in a related area and at least three units in clinical pastoral education. Fluency in Spanish and English is preferred. Mercy is part of Catholic Health East and offers excellent compensation and benefits. For consideration, please call Margaret Gibson, Senior Generalist, at (305)285-2600. Or forward your resume to Human Resources Department/VI, Mercy Hospital, 3663 South Miami Avenue, Miami, FL 33133; fax: (305)285-5015; e-mail: hr@mercymiami.org. EOE, M/F/D/V.

▼ **CHRISTUS-St. Joseph's Health System, Paris, TX – DIRECTOR OF SPIRITUAL CARE.** Primary responsibilities are to direct ecumenical staff in ministering to emotional, spiritual, and psychological needs of patients, their families, and Associates, and provide leadership to spiritual care staff in meeting their duties. Must possess commitment to principles of Catholic Health System and knowledge of Catholic traditions/teachings. Two years' experience in pastoral/spiritual care in health care setting, NACC/APC certification, and master's in theology or related field required. Send resume to: Human Resources, 820 Clarksville Street, Paris, TX 75460; (903)739-7766; fax: (903)737-3887; Toll Free: (888)261-8317; e-mail: csjhs_recruiter@iwhs.org. Equal Opportunity Employer.

▼ **St. Joseph Medical Center, Reading, PA – CATHOLIC CHAPLAIN.** The Spiritual Care Department of St. Joseph Medical Center is seeking a Catholic chaplain to join our collaborative team of chaplains, nurses, volunteers, 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 Latino population of the area. SJMC is 200+ beds. Minister with interdisciplinary teams including supportive care of the dying, palliative care team, ethics consultation teams, parish nursing teams, integrative health teams as well as community congregations. Certification/ experience preferred. Contact Chaplain Hank Gonner, Director of Spiritual Care, at (610)378-2535; e-mail: hankgonner@chi-east.org. Visit our website at www.sjmcberks.org to learn more about SJMC.

▼ **Mercy Medical Center-Merced, CA – CHAPLAIN.** MMCM, located in the Central Valley of California and a member of Catholic Healthcare West (CHW), has an immediate opening for a full-time

chaplain. Position requires flexibility, excellent team spirit, strong department communication skills, and shared creativity. Candidate must be a collaborative interdisciplinary team member, capable of developing within the hospital culture of the two recently merged campuses a comprehension of excellent spiritual health care. The chaplains participate in team ministry with the other chaplains and trained spiritual care providers to assure 24/7 coverage at the two campuses. Chaplains support and participate in educational programs for clergy, spiritual care volunteers, and health care staff. Knowledge of adult teaching skills or willingness to acquire them is necessary. Must have excellent theological background and have national certification. The ability to develop relationships with persons of diverse cultures and religious backgrounds is a must. Conversational Spanish is definitely helpful. Must have a car and a valid California driver's license. Send resume to Mercy Medical Center-Merced, Human Resources, 301 East 13th St., Merced, CA 95340; e-mail to hmercymerced@chw.edu; fax to (209)385-7042. For more information call Sister Imelda Michaud, Director of Spiritual Services, at (209) 384-4804.

▼ **Carney Hospital, Boston, MA – DIRECTOR OF MISSION & SPIRITUAL CARE SERVICES.** A member of the Caritas Christi Health Care System, Carney Hospital is a 200-bed facility serving a richly diverse community. This full-time leadership position is responsible for initiating and implementing programs to ensure the integration of mission and core values into the daily life and activity of the hospital, and to ensure that the spiritual care needs of patients, loved ones, and staff are addressed. The successful candidate will be certified by NACC, possess a graduate degree in theology, and have significant ministerial experience in health care, as well as strong interpersonal, organizational and leadership skills. Direct resumes to: Frederick Cove, Human Resources, Carney Hospital, 2100 Dorchester Ave., Dorchester, MA 02124; fax (617)296-5228; Rick_Cove@cchcs.org.

▼ **Saint Joseph's Hospital, Marshfield, WI – a 524-bed major tertiary teaching and referral center has an immediate opening for a full-time CHAPLAIN.** 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 who, in a participative, collaborative, and team-orientated approach, deliver 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 and be certified or eligible for certification by NACC or APC. We welcome your immediate inquiry to this opportunity. Please call us toll free, e-mail or visit our website. HR Associate, Saint Joseph's Hospital, 611 Saint Joseph Avenue, Marshfield, WI 54449; (800)221-3733, extension 77880; fax: (715)387-7001; e-mail: danent@stjosephs-marshfield.org. Please visit our website at: www.stjosephs-marshfield.org/spiritual.

▼ **New York-Presbyterian Hospital, New York, NY – seeks COORDINATOR OF ROMAN CATHOLIC SERVICES.** Competitive salary and benefits. Applicant must be clinically trained or will-

ing to be trained. Contact Raymond J. Lawrence at (212)305-5817 or lawrenr@nyp.org.

▼ **Providence Hospice & Home Care of Snohomish County, Everett, WA** – CHAPLAIN, HOSPICE. Providence Hospice & Home Care of Snohomish County currently has a full-time benefited position for a hospice chaplain to provide spiritual services to patients and their families of Snohomish County, Washington (north of Seattle). Services to include providing spiritual assessment, spiritual counseling, and spiritual emotional support directly or facilitating referrals to ministers, clergy, rabbis, as appropriate for direct care. Requirements: Graduate of accredited seminary or school of theology or equivalent training program, certification by NACC, APC, or NAJC, and previous experience in grief and family systems, expertise in interpersonal communications, group process development and facilitation, and development of communal liturgical expression. Send resume and cover letter to: Jo Reid, Human Resource Manager, Providence Hospice & Home Care of Snohomish County, 2731 Wetmore Avenue #500, Everett, WA 98201; phone: (425)261-4740; fax: (425)261-4850; e-mail: jreid@providence.org.

▼ **St. Elizabeth's Medical Center (SEMC), Boston, MA** – CPE RESIDENCY. Positions available for three-unit CPE residency, September 2002–May 2003. Stipend and benefits provided. For information, search through “education” on website: www.caritaschristi.org; phone: (617)789-3228, or write to Sister Catherine O'Connor, SEMC, Spiritual Care Services, 736 Cambridge Street, Boston, MA 02135.

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

▼ **St. Marys Health Center, Jefferson City, MO** – CHAPLAIN. Full-time position to work with dynamic pastoral care team in a 167-bed, JCAHO-accredited, full-service hospital. Days with evening and weekend rotation and call. Must be certified by NACC or APC, or be in the process of obtaining certification. St. Marys Health Center is a member of SSM Health Care, located in central Missouri, with colleges, universities, and beautiful Lake of the Ozarks close by. For a great place to work with competitive salary and benefits (tuition reimbursement, flexible benefits, scholarship/loan program and more), contact Marge Doyle, Director of Pastoral Care & Mission at (573)761-7000, ext. 1505, or if you want to apply, visit our website at: www.stmarys-jeffcity.com.

▼ **Assisi Heights, Rochester, MN** – PASTORAL CARE MINISTER. Assisi Heights, retirement home and health care center of the Sisters of St. Francis, is currently seeking a pastoral care minister to provide ministry to sisters and staff. Additional responsibilities include the organization and coordination of pastoral care ministries and activities and monitoring of programming and budgeting. Position qualifications include a minimum of two years' experience in

long-term care or with geriatric population, superior interpersonal communication skills, four-year degree in pastoral ministry or equivalency, chaplaincy certification in NACC or ACPE desirable. Interested candidates may send resume to: Assisi Heights, Attention: Human Resources, 1001 14th St. NW, Suite 100, Rochester, MN 55901. EOE.

▼ **St. Vincent Mercy Medical Center, Toledo, OH** – ROMAN CATHOLIC PRIEST CHAPLAIN. St. Vincent Mercy Medical Center, a 500+ bed tertiary care and level I trauma center, is seeking an ordained Roman Catholic Priest to be a part of a diverse and gifted pastoral care team of professionals to minister to patients, visitors, and hospital staff, in accordance with the philosophy of Mercy Health Partners mission statement and the objectives set forth by the Pastoral Care Department. Requires professional certification by either the APC or the NACC. Requires a master's degree in ministry or equivalent degree in related fields (e.g., pastoral counseling). Interested candidates, please send resume to: Eileen Lyons, Recruitment Manager, Mercy Health Partners, 2200 Jefferson Avenue, Toledo, OH 43624; phone: (419)251-1492; fax: (419)251-7749; e-mail: Eileen_Lyons@mhsnr.org. Website: www.mercyweb.org. Equal Opportunity Employer.

▼ **Catholic Health Services, North Miami, FL** – seeking a DIRECTOR OF PASTORAL CARE for a growing 200+ bed nursing home and rehabilitation center at one of several CHS sites. The successful candidate is responsible for coordinating and providing spiritual care services and ministry to a culturally diverse population. Certification as a chaplain by the NACC or APC is required and experience as a health care chaplain is preferred. Send resume to Human Resources, Catholic Health Services, 4790 N. State Road 7, Lauderdale Lakes, FL 33319; fax: (954)484-5416; e-mail: chsgriffit@aol.com.

▼ **St. Vincent's Medical Center, Jacksonville, FL** – is seeking a ROMAN CATHOLIC PRIEST CHAPLAIN to be a part of a diverse and gifted pastoral team of professionals to minister to patients, families, and staff. The priest filling this position should have some hospital experience, updated theological knowledge, and the ability to work with a team of peers. This position is open for full-time or part-time with some night call duty. A comfortable apartment near the Center can be provided. Salary is negotiable with a good benefit package. Send letter of intent/resume to: Human Resources Department, St. Vincent's Medical Center, 1800 Barrs Street, Jacksonville, FL 32204; phone: (904)308-7300; fax: (904)308-2951; e-mail: doverstr@stvincentshealth.com. www.stvincentshealth.com.

Positions Wanted

▼ NACC full member in process of certification seeks full-/part-time position as a staff chaplain in the Santa Barbara/ Santa Maria, California, area beginning in September. Hospice or hospital setting. Please contact Mark Dextraze, 1345 Cortez Ave., Burlingame, CA 94010; e-mail: chapres@chw.edu.

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

CALENDAR

■ June 2002

- 9–10 NACC Board of Directors Meeting
Milwaukee, Wisconsin
- 27–30 NACC Certification Commission Meeting
Milwaukee, Wisconsin

■ July 2002

- 1 Due date for materials for fall certification interviews
- 4 Independence Day
National Office Closed
- 8 Nominations for members-at-large due in National Office
- 8 Copy deadline
August/September 2002
Vision

■ August 2002

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

Volunteers Needed to Staff NACC Exhibit

The NACC has been invited to exhibit at the joint conference of Catholic Charities USA and The Catholic Health Association, *CELEBRATION 275: United in Faith, Committed to Justice*, August 1-6, 2002, in Chicago. We are looking for members to staff the NACC exhibit at this conference. Your primary responsibility would be to answer questions about NACC and the certification process as well as handing out materials. To volunteer, please contact Robert Kopchinski at rkopchinski@nacc.org or 414-483-4898.

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