

Do You Want to See the Chaplain?

Ensuring a patient's right to pastoral care and spiritual services



Joan E. Carlson

Patients have the fundamental right to considerate care, which safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values. These values often influence a patient's perception of care and illness. Understanding and respecting these values guide the health care provider in meeting the patient's needs and preferences.

— The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Patient's Rights and Organizational Ethics Overview, RI-1.

A pastoral assessment of a patient's spiritual/emotional status and need for spiritual care is the task of a professional chaplain as part of the hospital's clinical health care team. The chaplain provides the complementary spiritual component of whole person care—body, mind, and spirit. Spiritual care as a clinical service fulfills a patient's right to availability of spiritual care and emotional support.

If a hospital asks a patient upon admission, "Do you want to see the chaplain?", I believe this question is a breach of the patient's fundamental right to pastoral care. Many people do not understand what the role of a chaplain is and when admitted to the hospital may decline the service without really understanding the benefits to themselves and their families. Let me give you several examples.

On my daily rounds as hospital chaplain, I introduce myself to newly admitted patients to assess their needs and offer pastoral care. On one occasion, a new patient acknowledged my knock at the doorway of his hospital room. I inquired, "Hello, am I speaking to John Smith?" The patient validated my question. I continued, "May I come in?" The patient nodded yes. "I'm Joan Carlson, the hospital health care chaplain. I'm here to lend support, if need be." "Well, I'm an Atheist," the patient responded. I validated his response with an affirmative nod, respecting his preference. The patient continued, "But I can sure use some support and someone to talk to." "OK," I replied, "Would you like me to sit down?" "Yes, please," patient exclaimed.

John slowly unraveled his story of struggle and

distress. He shared the excruciating losses that have occurred in his family life this last year. A trusting and safe environment developed for him in my presence in the role of a chaplain. He expressed his deep grief. John requested that I return in the afternoon to meet his wife. He was grateful someone stopped by to "lend support."

I returned in the afternoon to meet John's wife, who was also receptive to a chaplain's listening presence and pastoral support. As I was leaving the hospital room, I asked John, "If someone had asked you, upon admission to the hospital, 'Do you want to see a chaplain?' might I ask how you would have responded?" He said, "I would have said a definite no since I'm an Atheist and this a Christian hospital. You did not ask me why I do not believe in God. You came to support and listen. We sorely needed that. I'm glad they didn't ask me that question. You helped us work through a hard time."

After leaving this family's room, I reflected. There are patients admitted to the hospital who have no faith/religious preference. These patients may appreciate the listening presence and support that a chaplain offers.

Another patient I visited stated that she was encouraged and feeling more hopeful after our conversation. Receiving pastoral support and counsel for losses she was struggling with was helpful. This patient's spiritual and emotional stress encompassed a painful loss of independence. In a follow-up visit I asked her how she would have responded to the question about seeing a chaplain when admitted to the hospital. "I would have said no," she responded. "Many people do not know what a chaplain does. I'm glad I was not asked that question. I would not have received support and a new way of looking at life. Do they ask that question here?"

Often family members experience similar or more intense distress than their hospitalized loved ones. In some studies, patients have indicated that one of the most important chaplaincy functions is helping their family members with feelings associated with illness and hospitalization.

(Continued on page 4.)



A section of dialogue

POLST Form

Many thanks for printing the article that explains the Oregon Physician Orders for Life Sustaining Treatment (POLST) form. I belong to the Missouri End of Life Coalition, a statewide EOL coalition that has a task force working on the Do Not Resuscitate order problems outside of the hospital that exist in our state. I was able to share the article with the entire coalition as it came just days before our quarterly meeting. It was very good in its explanation and the sample scenarios given. This coalition has physicians, nurses, attorneys, state health care agencies, and a chaplain. I was proud to share the NACC *Vision*, which shows our attention to this important matter.

I would refer those interested in further exploration of their states' programs and identified problems to the American Bar Association's, June 1999 Publication, Survey of State EMS-DNR Laws and Protocols. (ID# H4440. \$15) It was authored by Charles Sabitino, JD, American Bar Association, Commission on Legal Problems of the Elderly, 640 Fifteenth St. NW, Washington, DC 20005; phone: (202)662-8690.

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Scandal Is Not New to Us

We are the Church, all of us. We are family. We are embarrassed and angered, but the Church was given to us by Christ. It is imperative that we admit our negligence and beg forgiveness.

Today, the Church is in need of healing.

At the same time, let us remember that the Church is holy because its founder, Jesus Christ, is holy. It is not holy because of any of us. We are sinful human beings, much in need of God's mercy and forgiveness and that need is so much greater because much has been entrusted to our care and we have failed.

We will be condemned by those who hate us. We have betrayed the very One who endowed us with a sacred vocation. Our pain will be at times unbearable, and the pain of those victimized deplorable.

Scandal is not new to us. Judas betrayed Jesus, Peter denied Christ three times. Judas despaired and felt there was nothing left for him. Peter never forgot he denied his Master and tears of sorrow came down his rugged face begging forgiveness his entire life long.

It is our time to ask for forgiveness and let our tears of sorrow be in our hearts and minds and be that driving force to do what is necessary to make things right.

Now is the time to take care of those who have been hurt by our sins.

We may be persecuted from without, or from within, and this persecution may be of our own making, but we must believe in the promise of Christ given to Peter:

*And so I say to you,
you are Peter,
and upon this rock
I will build my church,
and the gates of the
netherworld shall not
prevail against it.*
— Matthew 16:18.

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Call for Nominations 2002 – 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 in the box below.)

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 below 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. far 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 cur-

riculum vitae. This information will be printed in candidate profiles that will accompany the ballots.

The 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 By-laws

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 By-laws

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.

(Continued from page 1.)

– Professional Chaplaincy, Its Role and Importance in Healthcare (The White Paper), Larry VandeCreek and Laurel Burton, Editors, 2001, p. 13.

Another patient thought that a chaplain was just present if someone was dying or critically ill. This patient had a surgical procedure. She was estranged from her daughter and had recently lost her spouse. I was able to offer some support and comforting prayer enabling her to look inside herself to uncover coping skills and begin reconciliation with her daughter. I asked her what her response would have been to the chaplain question. She emphatically responded, “I would have said no. I would not want to bother a chaplain because I was not at death’s door. What a shame, I would not have had the support I needed.”

In another instance, a patient came into the hospital with a seemingly minor illness and was diagnosed with a very serious illness. The patient’s family was experiencing deep feelings of helplessness and anger. They appreciated the chaplain’s validation of their feelings and supportive presence in working through their feelings to some semblance of strength and hope. The patient’s daughter would have said no to the question about the chaplain when her father was admitted. They thought his illness was minor and that he would only be there for a short stay. She was grateful they were not asked that question.

Studies demonstrate that religious faith and practice impact emotional and physical well-being. Professional chaplains play an integral role in supporting and strengthening these religious and spiritual resources.

— Professional Chaplaincy, Its Role and Importance in Healthcare (The White Paper), p.11.

While chaplains provide supportive services regardless of a preference of faith, it is worth noting that some folks do not state their faith community affiliation upon admission to the hospital for one reason or another. When a chaplain introduces supportive services and does an assessment of spiritual/religious need and issues, a patient may then decide to contact his or her faith community. Because of an emergency admission, a patient may be unresponsive or unconscious and therefore unable to respond to a faith/religious preference question. A reconnection with their faith community can be forthcoming in which case a chaplain can provide the patient and family with meaningful religious support.

It is inappropriate to ask patients upon admission: “Do you want to see a chaplain?” because simply asking the question does not provide patients with enough information to

make an informed decision. There is a wide scope of spiritual services. Questions that are not carefully crafted can convey the wrong meaning.

In his article “Never Not the Professional” in the October 2000 issue of *Vision*, Father Joseph J. Driscoll wrote:

“Do you want to see a chaplain during your stay?” is not a good question. A person could respond, “No,” meaning “I don’t want to bother anyone—there are people much sicker than I am,” or out of anxiety or fear, the “no” could mean, “I am not that sick!” Perhaps a more appropriate statement/questions could be: “At our institution we are committed to holistic care of our patients, part of which is spiritual care. Do you have a religious congregation or Church that you would like us to contact?” . . . I don’t believe that any question should restrict the professional staff chaplain any more than one would exclude the respiratory therapist in the care plan for the COPD patient, for example.

Upon entering a patient’s room, the professional health care chaplain assesses patient’s religious and spiritual needs. The chaplain provides a spiritual/emotional need assessment and intervention treatment for the patient, offering compassionate care and support. The patient is given the option of saying yes or no and to be informed as to what the chaplain is offering. A patient’s right to spiritual services can be protected upon admission to the hospital by the way information is obtained.

Some hospitals view a chaplain’s role as a perk or extra benefit instead of an integral part of the healing and treatment team even though JCAHO requests that the chaplain be treated as part of the clinical health care team. Chaplains are professional clinical health care providers involved in the treatment of patients.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) has been misunderstood by some hospitals to mean that chaplains are not exempt from the patient confidentiality regulations in HIPAA. In effect, it has been interpreted that chaplains need permission before entering a patient’s room. A hospital’s interpretation of HIPAA needs to take into account that the chaplain is an employed professional clinical member of the health care team involved in the treatment of the patient and not a faith community visitor. Therefore, the professional clinical health care chaplain has access to patient information, medical records, and to patients’ rooms to offer spiritual care and provide spiritual/emotional assessment.

JCAHO requests that spiritual services be treated with the same respect as any other clinical health care service professional walking into the room:

RI.1.3 - The hospital demonstrates respect for the following patient needs: RI.1.3.5 pastoral care and other spiritual services. Recognition of the spiritual needs and rights of the person is reflected in policies, procedures, and the administration's ability to articulate these needs and rights.

Michele Le Doux Sakurai, JCAPS Chair Emeritus (Joint Commission for the Accreditation of Pastoral Services) and NACC representative to JCAHO's Liaison Network, conveyed to me that, "Spiritual services are patient directed just as much as any other clinical health care service. With spiritual services, the patient dictates the spiritual care treatment agenda and is fully empowered without expectation."

The provision of spiritual care services is about empowering patients to make meaning out of the greater or lesser crisis of hospitalization. It's about building healing bridges within the family and out in the faith community. It's about offering hope in the midst of change. There are a myriad of stressful changes that can occur in hospitalization or that can be brought to the surface during hospitalization. The chaplain can be a relevant catalyst in bringing these stressful changes to the surface by assisting the patient to look within themselves and find inner strengths and coping mechanisms.

In addition, chaplains have the ability to bring patient issues to the table early in the course of treatment. The denial of chaplain support at the front desk can impact a patient's ability to respond to ADLs (activities of daily living) and pain management/palliative care.

For instance, palliative care is a complex issue that involves physical, psychogenic, social, and spiritual aspects. Pain is modulated by the variables of life experiences. When a patient is experiencing anxiety, fear, anger, loneliness, grief, and so forth, the physical pain threshold is lowered. Therefore, the patient has a right to the best quality of life without debilitating pain and undue suffering. The question, "Do you want to see the chaplain?" at the front door can prevent the availability of the chaplain to meet this patient right.

With a family at odds, a chaplain can be effective, always listening to inferred ethical legal action helping to reduce possible litigations. The chaplain in many instances is a significant mediator between the community at large and the hospital. "A patient's right to support can benefit a hospital because patient issues of concern and spiritual distress are addressed early in the course of treatment, thereby paving the way for other members of the clinical staff to focus on their plan of care" (Michele Le Doux Sakurai).

In conclusion, a hospital's mission is to be in the business of offering and providing wholeness and healing in body, mind, and spirit to the patients it serves. This is the patient's basic right upon admission to the hospital, throughout the continuum of care of which the chaplain is an integral part.

Attending to new life in body, mind, and spirit is a sacred business. Moved with compassion, Jesus sought an abundant and dignified life for all people. "I came so that all may have life, and have it more abundantly" (John 10:10). We are called to do likewise throughout the continuum of care.

(NACC-certified chaplain Joan Carlson, MDiv, APC, is Director of Spiritual Services, Door County Memorial Hospital/Ministry Health Care, Sturgeon Bay, Wisconsin; jcarlson@dcmh.org.)

In Memoriam

Please remember in your prayers:

David B. Larson, MD, MSPH,

President of the International Center for the Integration of Health and Spirituality, who died suddenly on March 5, 2002. Dr. Larson helped pioneer the study of spirituality and health.

His systematic reviews of the litera-

ture in the mid-1980s first brought recognition of the neglect of spirituality in research and clinical health care to the forefront of professional discourse. Since that time, Dr. Larson had been actively engaged in research activities, amassing more than 270 professional publications, and stimulating critical new research that examined the impact of spirituality on a

variety of physical and mental health outcomes including mortality, chronic and serious illness, depression, and aging. He directed seven groundbreaking conferences that drew together the nation's leading researchers and educators, and became a recognized expert on the relationship of spirituality to physical, mental, and social health.

Welcome to My World

Father Joseph J. Driscoll
NACC President and Chief Executive Officer

Smack in the middle of his mid-40s, David still starts the baseball season with the mental stamina of a nine-year-old running out onto the field for his first practice. The physical stamina lumbers a few yards behind, less lean and mean now having consumed, or rather been consumed, by the aging additives of mid-bulge, mid-ache, and mid-pain. But he loves the sport. And so does Mark the nine-year-old now running ahead of the hero-Dad that he previously trailed behind.

So to find the two of them in a fabric store on a Saturday afternoon in April was to move outside the box, or more aptly put, outside the diamond. But being the good sports that they are, they accompanied wife and mother in her swirl of excitement to match wallpaper, drapery material, window treatments, and all the other thrills and frills for putting the finishing touches on the newly appointed study.

David was getting into it. He was expanding his worldview from sports, couch, and television to interior decorating, aisles, and fabric samples. "Honey, what do you think of this?" he asked, holding up a swatch of material. The sales clerk, or design consultant, or whatever she is called, in a rather bold reaction rolls her eyes as if to say "Is he for real?" Marybeth, David's wife smiles, while looking over to see if David is miffed by this woman's unchecked criticism.

Undeterred, David continues his participation in this game of which he is familiar with neither the rules nor the plays. A few minutes later he approaches with another sample of color and design. The clerk now takes a swing and hits a verbal insult out of the park. "Is he color blind?" Attempts at humor run around the circle.

David lumbers back to Mark who has sat dug out in a space of sheer boredom. Father says to son with an air of feigned exasperation, "No one listens to me."

Mark looks up, nods his head, and says slowly and deliberately, "Welcome to my world, Dad."

Father and son pause and smile as they run past the clerk, the wife and mother with a wave, the front display window, and out the door, sliding into the car with its radio and afternoon Red Sox game.

Worlds can be small and isolating. Organizations are often comprised of worlds that are, frankly, worlds apart. So often organizations are viewed more like solar systems with individual planets orbiting round and round, rather than seen in the context of the wider universe.

And this is true of one of the world's largest

organizations, our Church, our *universal* Church. And, of course, that universe gives way to a universe of Christianity, and that gives way to a universe of Judeo-Christianity, and that gives way to a universe of theists, and so forth.

But to focus, for now, on our Church, even our Church here in the United States, even further, pastoral care in our Church in the United States, we recognize that in some ways we are worlds apart. That is why we have a unique opportunity this fall with the symposia around the country to bring many worlds together: the worlds of bishops and dioceses, the worlds of chaplains and health care institutions, the worlds of pastors and parishes.

How to bring these worlds together? The symposium title itself, *Comprehensive Spiritual Care for Our Sick and Dying: A National Pastoral Strategy*, carries the question and the answer. Our sick and dying are why we need to come together. The bishop, pastor, chaplain (and by extension the diocesan administrators, parish staff, pastoral volunteers, Eucharistic ministers, ministers of care, CPE supervisors, etc.) all have one focus, the sick or dying person who depending upon location is a parishioner, patient, client. The question of how we offer comprehensive spiritual care finds an answer in systemic change—a national pastoral strategy.

I offer that there are three essential components that need consistent attention for us to succeed in moving us as Church together in one world of pastoral care ministry. Quite simply, they are planning, participation, and prayer.

First, there is planning, and we have been planning since the closing hours of the Baltimore symposium. Within a month, we met with our Episcopal Advisory Council in Atlanta at the bishops' June meeting. In July, each Episcopal Advisor personally signed a letter to all the bishops in their respective USCCB regions announcing the dates and places for the symposia. In January, all the bishops received an invitation and preliminary outline of the symposia with response forms asking for their participation and the names of persons in the diocese (diocesan health care administrators and parish priests). These invitations were all personally signed by myself along with an accompanying note.

At this writing, close to 30 bishops have accepted our invitation to come to one of the symposia, and I anticipate several more will be coming.

The Symposium Planning Committee, with the leadership of Susanne Chawszczewski, NACC Director of Education, is moving forward with the curriculum, liturgy planning, and

local onsite planning committees. For purposes of uniformity and consistency, we will be utilizing the medium of video presentations, including an opening presentation of highlights from the Baltimore symposium. We will soon be gathering “best practice” models from you to incorporate in this process of strategizing for the future.

We are looking to have a significant resource center at each of the symposia with such support as healing music for ritual (we are negotiating with Peter Rubalcava who wrote several beautiful songs for the Baltimore symposium toward cutting a CD for this event), making available the Church’s ritual for Pastoral Care of the Sick (the focus for at least two of the presentations), and the anticipated availability, in book form, of the material from Baltimore in *Recovering the Riches of Anointing: The Sacrament of the Sick*, published by Liturgical Press.

The symposia are actually anticipated as time for gathering data and plotting strategy with an ultimate goal of drafting a national pastoral plan to go to the body of bishops for discussion and vote. As you may know, this is the medium of the bishops’ conference these days. The last few years the bishops have been approving “pastoral plans” that are short, succinct, and concrete, unlike the “pastoral letters” of the past. Last November, for example, the bishops passed a pastoral plan for pro-life activities.

Planning also entails significant work in grant proposals for monies to support this ambitious effort. We are currently in the process of writing grants (one has been submitted). Consultants and experts in the field of development have told us that the scope of this plan, especially with the identification of concrete outcomes for the pastoral care ministry in this country, could be of great interest to a number of potential foundations.

Thus, the planning continues in further refining the goals and objectives that we have laid out for these symposia.

Second, there is the obvious need for participation by those whose worlds are pastoral care in the Church. Thus, the strong continuing efforts to have our bishops present with us. Likewise, we have lists (from the bishops) of priests, diocesan officials, and others to whom we will send out a registration packet. We will also invite health care leaders from systems around the country to consider participation. Our plan is to list all the symposia sites and bishop participants in one registration packet, thus enabling all potential registrants to see firsthand the scope of this endeavor.

Obviously, we want to encourage the participation of as many of our chaplains and CPE supervisors as possible. In specifying measures for one of the grant proposals, we indicated that we would be successful if we had the participation of 30 percent of the membership (approximately 1,200 members). In that same proposal we indicated that we would be successful if we have 10 percent of the bishops present (approximately 30). It would be great to exceed both numbers.

We invite you to look ahead and plan now to attend one of the eight symposia. We will be sending out notification to those chaplains and CPE supervisors whose bishops have accepted our invitation to participate as we get the positive responses. One of the components of the bishops’ part in the conference (we have them present less than 24 hours) is an opportunity for the bishop to gather separately with the chaplains in his diocese for a box lunch meeting.

Finally, there is the equally obvious need for prayer. If this is of God, it will be successful. But we do need to know that we are truly most at home in ourselves, personally and professionally, when we are at and in prayer.

At the end of all my graduate work in spiritual direction, I came away with the concrete knowledge of only a couple of words. One of them is “noticing.” I believe “noticing” is what St. Paul described as “praying unceasingly.” When you and I “notice” God, we are in God’s presence, we are communicating with God.

The most useful workshop I ever attended was in Chicago at an NACC event many years ago. The woman presenter said the following: “God tries to reveal the God self to us probably 30 times a day.” In other words God is trying to communicate to us and with us 30 times a day. She went on to say, “We probably catch God’s revelation once every three months.” What statistics! Thirty times a day, once every three months!

I share this because I also believe that there are no “coincidences,” only “God incidents.” Noticing does that to you.

And so I noticed something one day last January when I sat in the office of Msgr. James Moroney, the Executive Director of the Bishops Committee on the Liturgy. In discussing the Baltimore symposium and the plans for the follow-up symposia, we got quite excited about the content and the process that we were developing. He asked what I later realized was a key question: What’s your next step after these symposia? I shared that the question was asked during a recent conference call of the Planning Committee and our response was that somehow the next step seems to be implementation of our findings at the diocesan level. He was the one who then asked if we ever considered using these symposia as a platform for writing a national pastoral plan for possible consideration by the full body of bishops.

How might the wind of God, the holy wind of God, the Holy Spirit of God be moving in these unexpected moments? One simply notices. And I think upon reflection one asks is this perhaps a God incident?

Comprehensive Spiritual Care for Our Sick and Dying: A National Pastoral Strategy is not just any NACC event. In fact, this year we have marshaled our resources—including you, the most valuable—to support the opportunity to continue to be carried by the winds of Baltimore. That’s not a light decision, or maybe it is. ▼

We have a unique opportunity this fall to bring many worlds together: the worlds of bishops and dioceses, the worlds of chaplains and health care institutions, the worlds of pastors and parishes.

Mark your calendars!

2003 Conference to Be Held in Toronto

The National Association of Catholic Chaplains is pleased to announce the 2003 Joint Conference in collaboration with the Association of Professional Chaplains, Canadian Association for Pastoral Practice and Education, and National Association of Jewish Chaplains.

Dates: Sunday, February 23 –
Wednesday, February 26, 2003

Place: Sheraton Centre Toronto Hotel
123 Queen Street West
Toronto, Ontario M5H 2M9
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Members will be receiving initial information and details about this exciting opportunity to collaborate with our sister organizations. A call for workshop proposals will also be forthcoming.

We're excited about hosting the conference in Toronto – a city that offers:

- A great exchange rate: Toronto is a bargain for U.S. visitors.
- A shopper's paradise: a clean, safe, cosmopolitan city with international shopping.
- Wonderful theater and year-round events: Toronto has 112 professional theater companies and a theatre scene

rivalled only by London and New York, diverse music, movies, and more.

- A multicultural, multiethnic population: One of the world's most ethnically diverse cities, Toronto is home to more than 80 ethnic communities from Africa, Asia, and Europe. Toronto is also the business center of Canada.
- A diverse and extensive dining scene including 500 Chinese restaurants as well as Italian, Greek, French, Afro-Caribbean, Middle Eastern, Balkan, British, Irish, German, Jewish, Latin, Russian and Eastern European, Western European, Canadian/American.
- PATH, Toronto's Underground City: 11 kilometers of interconnecting paths under the streets features 1,200 stores and services, keeps downtown walkable even in inclement weather.
- Accessibility: In downtown Toronto, a short stroll is all it takes to travel between thousands of hotel rooms, great

sports venues, the CN Tower, major convention centers, endless shopping, top theater, the waterfront, and diverse cuisine. Forty airlines connect Toronto with the rest of the world, and 60 percent of the U.S. population is within an hour's flight.

Your NACC representatives on the 2003 Joint Conference Committee are Mary Lou O'Gorman, Nashville, Tennessee, and Dr. Peter Ruta, Milwaukee, Wisconsin. If you have any initial questions, please contact Susanne Chawaszczewski, Director of Education (414-483-4898; schaw@nacc.org).

Mark your calendar now and join us in Toronto—Sunday, February 23 through Wednesday, February 26, 2003!

Meeting Site Change – Baton Rouge Location



To better serve the members of the NACC, we have changed the meeting site for the Symposium in Baton Rouge, Louisiana, September 26-29, 2002. Please make a note of this when making your hotel reservations. The Symposium will now be held at:

Radisson Hotel and Conference Center – Baton Rouge
4728 Constitution Avenue
Baton Rouge, Louisiana 70808

Room Rate: Single or Double: \$81.00 plus applicable taxes

Reservations: 225-925-2244

**Specify: National Association of Catholic Chaplains –
Radisson Hotel and Conference Center Baton Rouge.**

Contact Susanne Chawaszczewski, Director of Education, if you have questions about this change (414-483-4898; schaw@nacc.org).



Toronto skyline.



Father Joseph J. Driscoll

to emeritus. Exploration is needed to see if similar trends are happening in other pastoral care organizations. Recruitment of a “new generation of chaplains” was cited as appropriate to the strategic plan for the association.

The Board had an invigorating discussion about our readiness now after a year in the new structure of writing a **strategic plan**. Steps were outlined including reviewing the information from the last strategic plan (2000) and utilization of the gathering of the membership at the fall symposia for focus groups that will help shape this plan. The Board targeted the February 2003 Board meeting for presentation of a strategic plan.

The **Constitution and By-laws** were reviewed and adopted with the necessary changes from the final restructuring (they will be published in the June issue of *Vision*). A part of this discussion involved whether any national committees should be established to assist in furthering the mission of the association. The Board rejected the idea of creating standing committees at this time for two reasons. First, we just went through a restructuring that eliminated the committee structure. Second, the value of stewardship seemed to suggest that both the time and monies could be better served through task forces that are appointed for a set purpose and dissolved after they have completed the identified task.

A significant amount of time was spent on the area of **development**. We have already applied to a foundation for a grant of \$50,000 for the fall symposia and are in the process of writing several other proposals for the same. We need as an organization to focus on a plan that is strategic (long-term goals) and operating (what needs funding now). I will be working with Board members in furthering these goals.

The Board of Directors approved a proposal for **collaboration** with supervisor certification processes **with ACPE**. In effect, this is a follow-up from a proposal from a joint task force of both organizations to explore how we might have one certification process for Roman Catholic supervisory candidates who seek certification by both organizations. The Board approved a “concurrent certification process” (similar to the “concurrent

accreditation process” presently employed by USCC and ACPE site visitors) wherein there would a joint committee appearance, discussion and recommendations (at all levels in the process), but separate reports, written recommendations, and voting. In the end, I believe this proposal accomplishes two goals. It furthers both organizations’ desire for ongoing collaboration and it saves unnecessary duplication for those candidates desirous of certification by the two bodies.

In my report to the Board, I shared the **extensive consultations** I have had the last several months with the General Secretary of the USCCB, the Executive Director of the Bishops Committee on Liturgy, and many bishops including three of the U.S. cardinals regarding the important issues facing the NACC. All of these discussions have been fruitful. Bishop Melczek has been a strong voice on our behalf in these and other discussions. He reported to the Board that he and I are going on an official visit to Rome at the end of April to meet with Archbishop Lozano and his staff at the Pontifical Council for the Pastoral Assistance to Health Care Workers and other offices as it seems appropriate. We anticipate this visit to be an important step for NACC with the Vatican offices.

The **nominations** process for two member-at-large positions was discussed and direction given to the committee of the Board that will conduct the process (see the Call for Nominations on page 3).

Finally, the Board made the following **appointments**:

Sister Barbara Brumleve, SSND – National Certification Commission

Rev. John Bucchino, OFM – Certification Appeals Panel

Rev. Andrew Sioleti – Certification Appeals Panel

Sister Jane Connolly, IHM – Grievance Panel

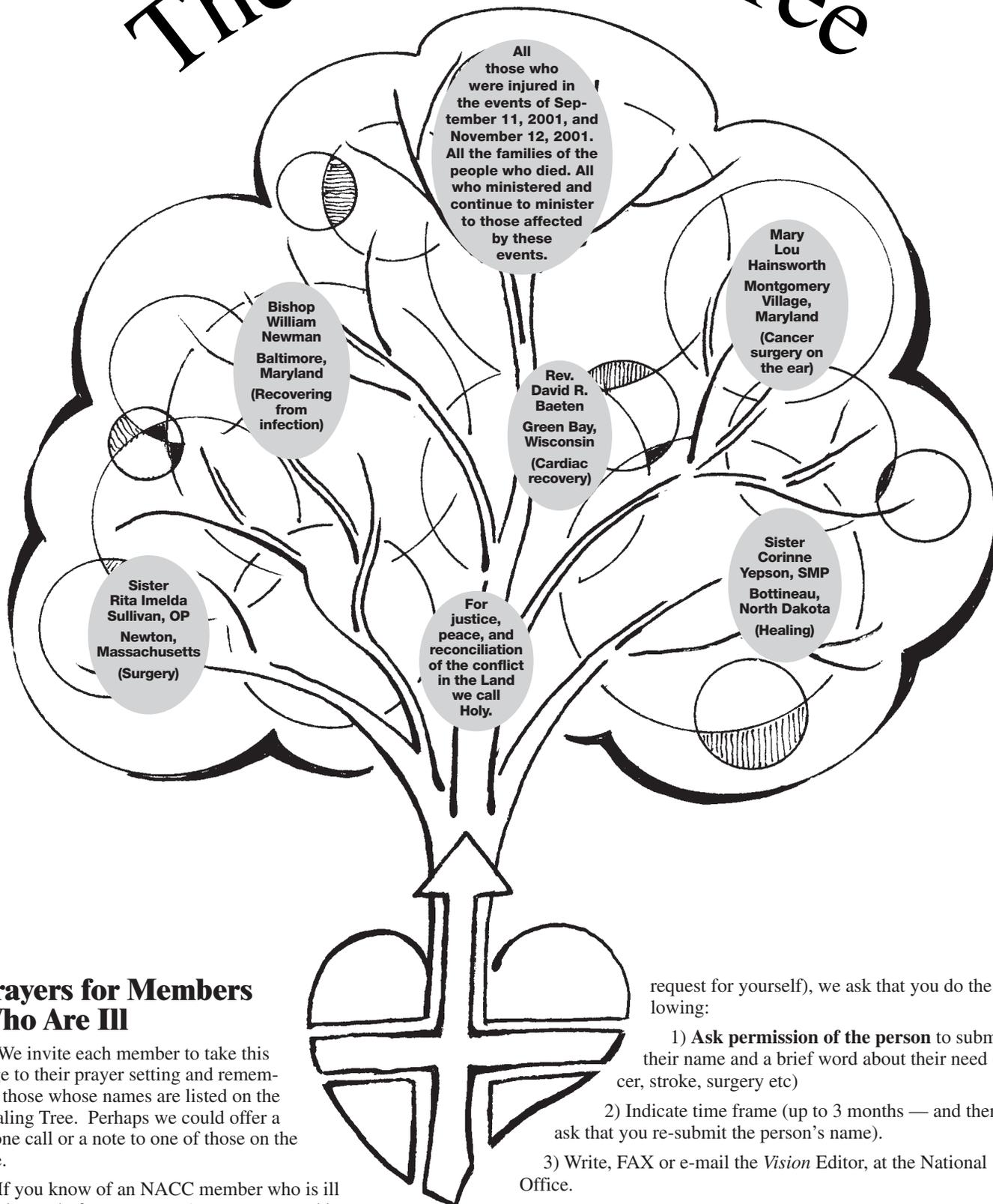
Ms. Julianne Dickelman – Grievance Panel

In closing, I once again commend you, the membership, for both the excellent Board members you have elected and for the restructure that has enabled us to have the extraordinary talent of our extern members. ▼

The Board of Directors met in Milwaukee on March 22–23, 2002. Prior to the meeting, the Finance Committee of the Board (Janet Biemann, RSM, Walter Smith, SJ, John Lore, and myself) reviewed the **budget, investments, and the overall financial health** of the organization. A detailed routine audit showed a shortfall in the projected revenues from membership dues in this year’s budget. The reason for this shortfall was a decline (of 164) in the category of full member.

Discussion at the Board meeting focused on this first **downturn in the membership rolls** in our history. This loss of projected revenue reflected the aging of our membership in that persons either retired or changed status from full member

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

EDUCATIONAL OPPORTUNITIES

29th Annual Summer Scripture Seminar

June 2002

Mundelein, Illinois

The Summer Scripture Seminar is a program that is offered by the Archdiocese of Chicago through Ongoing Formation in Ministry. It provides recognized biblical scholars from around the country and the world to provide a synthesis of current biblical studies and direction for pastoral application. This year's theme is God's Word Alive.

The Summer Scripture Seminar will be offered in two sessions on the campus of University of Saint Mary of the Lake in Mundelein, Illinois, located northwest of Chicago. Week One runs June 9–14 and Week Two runs June 16–21.

For more information, contact Ongoing Formation in Ministry, 1000 East Maple Avenue, P.O. Box 455, Mundelein, IL 60060; phone: (847)566-6060; fax: (847)566-6082.

Summer Program in Theology

July 21–August 3, 2002

University of Oxford

Oxford, England

The University of Oxford Summer Program in Theology offers high-level theology courses to an informed international audience. Participants will be accommodated in Christ Church college, originally founded by Cardinal Thomas Wolsey in 1525. Christ Church is one of the largest and most beautiful of Oxford's colleges. The theme of this year's summer school is Christianity in a Pluralistic Society. The dates are July 21–July 27 for Session 1 and July 28–August 3 for Session 2.

For more information and an application form, contact: Valerie Relos or Luann Falkowski, Graduate Theological Foundation, Box 5, Donaldson, IN 46513-0005; phone: (800)423-5983; fax: (219)935-

8480; e-mail: gtf@skynet.net. Application deadline is May 31, 2002.

July 29–31, 2002

Leo Dehon Summer Institute

Hales Corners, Wisconsin

The Sacred Heart School of Theology announces the Leo Dehon Summer Institute, which takes place at the school in Hales Corners, Wisconsin. Featured speakers are Rev. Dirk Ficca, MDiv, "In God's Image, In Our Image"; Gina Hens-Piazza, PhD, "In God's Image: Creation as Our Responsibility"; Sister Clare Wagner, OP, MA, MThS, "Male and Female God Created Them"; Rev. Thomas L. Knoebel, PhD, "Jesus Christ: The God Who Walks with Us"; and Amy-Jill Levine, PhD, "In God's Image: Treasuring Incarnation."

For registration and information, contact Ms. Rose M. Stinefast, MA, Director, Department of Continuing Education, Sacred Heart School of Theology, 7335 S. Hwy 100, P.O. Box 429, Hales Corners, WI 53130-0429; phone: (414)529-6974; fax: (414)529-6999; e-mail: rstinefast@shst.edu; website: www.shst.edu.

Manna House of Prayer Theological Institute—Medical Ethics

July 28–August 2, 2002

Concordia, Kansas

The Annual Theological Institute, sponsored by the Sisters of St. Joseph of Concordia, Kansas, is an adult learning experience aimed at deepening our roots in the Christian tradition and exploring its implications for living the Gospel in the contemporary world. This year's institute faces questions of health care delivery—the meaning of human health and the rise of medical technology: Medical Ethics: Health Care Decisions in a Technological Age. Dr. Rosemary Flanigan, CSJ, will explore the impact of rapidly developing medical technology on our understanding of human health, how ethics builds on morality, and doing ethics around two health care related areas: reproductive technologies and end-of-life concerns.

For more information, contact Manna House of Prayer, 323 East 5th Street, P.O.

Box 675, Concordia, KS 66901; phone: (785)243-4428; fax: (785)243-4321; e-mail: mannahse@dustdevil.com.

National Respite and Crisis Networking Conference

August 1–3, 2002

Pittsburgh, Pennsylvania

The Fifth Annual National Respite and Crisis Care Networking Conference titled, "Across the Lifespan and Across the Country—Respite Makes a Difference," will take place August 1–3, in Pittsburgh, Pennsylvania. The event is sponsored by the ARCH National Respite Network and Resource Center as well as local hosts: the Allegheny County Respite Care Coalition and Pennsylvania Respite Coalition. The audience for this event includes consumers of respite care services (family caregivers), professional providers, policymakers, researchers, and other stakeholders such as community, state, and national organizations interested in respite care services for individuals across the lifespan.

To learn more about this event and about the ARCH National Respite Network, go to: www.archrespite.org.

CancerGuides

August 11–17, 2002

Aspen, Colorado

Join The Center for Mind-Body Medicine, James S. Gordon, MD, Director, and The University of Minnesota for CancerGuides, August 11–17, 2002, Snowmass Village, Aspen, Colorado. This is a training program for health and mental health professionals and patient advocates who want to responsibly integrate complementary and alternative approaches in their work with cancer patients. CancerGuides trains health professionals to offer resources for comprehensive integrative care, teach critical assessment of current research, and provide a basic repertory of mind-body approaches.

Call (202)-966-7338 or register online at www.cmbm.org or e-mail cancerguides@cmbm.org for a registration package. The Center for Mind-Body Medicine, 5225 Connecticut Avenue, Suite 414, Washington, DC 20015.

IN BRIEF

Life Interjections II

Further connections of scripture to the human experience

Richard E. Zajac. CSS Publishing, Lima, Ohio, 2001. ISBN: 0-7880-1875-2. Softbound. 155 pages. \$16.75.

Life Interjections II is Father Zajac's second volume of reflections on the Sunday scriptures—cleaned up and polished versions of what he has preached from the pulpit. He begins, in his introduction to the book, by outlining the process he uses to create his homilies, and goes on to include 24 homilies that are taken from a six-year period.

Father Richard E. Zajac has been a staff chaplain at Buffalo's Sisters of Charity Hospital since 1982, and is a certified member of the NACC. He chairs the hospital ethics committee at Sisters Hospital and was involved in the formation of the Center for Clinical Ethics and Humanities in Health Care at the University of Buffalo.

Alexian Brothers Offer Guide to End-of Life Issues Free of Charge

Over the past three years, the Quality of Life Committee of Alexian Brothers of Missouri has worked on developing a booklet on end-of-life issues. It is an easy-to-read and comprehensive 64-page spiral-bound guide. Contents include: advance care planning, durable power of attorney, living will, questions to ask, end-of-life issues (physical, emotional, social, and spiritual), managing pain and suffering, integrative/alternative medicine, the process of dying, grieving and healing, resources and support systems, bibliography, Roman Catholic teachings, and a discussion guide.

The Alexian Brothers have been introducing these booklets as an education resource for their CPE classes nationally. The booklets are currently being offered free of charge; please call: 1-877-4ALEXIAN.

Graceful Passages

A companion for living and dying

Music by Gary Remal Malkin. Produced by Michael Stillwater and Gary Remal Malkin. A Companion Arts Production, Novato, California, 2001. ISBN: 0-9700950-0-7. Two-CD set with 56-page gift book. \$27.95.

Graceful Passages provides an experience for cultivating peace, awakening gratitude, and contemplating the process of dying. It is a double CD gift-book containing music with spoken messages from skilled guides who have faced pain, loss, illness, or near-death while birthing a compassionate wisdom in the process. Included are the voices of Elisabeth Kubler-Ross, Ram Dass, Thich Nhat Hanh, Arun and Sunanda Gandhi, and others. Catholic, Protestant, and Jewish clergy are represented as well as Native American, Confucian, and Buddhist perspectives, creating a multifaith resource. Woven with a customized musical score, it invites the listener to consider the eternal questions of life.

Music by Emmy-award winning composer Gary Remal Malkin enhances the delivery of the spoken messages; the instrumental version provides for evocative meditation. The 56-page book, in a 5 1/2" by 5 1/2" format, features transcriptions of all spoken works, as well as writings by best-selling author Sam Keen; nationally known palliative care physician Dr. Ira Byock; and *The Grace in Dying* author, Kathleen Dowling Singh.

Graceful Passages can be ordered from Companion Arts, P.O. Box 2528, Novato, CA 94948-2528; info@gracefulpassages.com; www.gracefulpassages.com; toll free: (888)242-6608.

APA Produces New Fact Sheet on Cultural Issues and End-of-Life Care

The American Psychological Association's work group on end-of-life care has developed a new fact sheet titled, "Culturally Diverse Communities and End-of-Life Care." The fact sheet covers a variety of topics surrounding end-of-life care and culture including:

- Why is culture important?
- How does ethnicity influence advance planning?
- What are the barriers to communication?

- What is the role of family?
- What is working?
- What needs to be done?

A bibliography of 21 references is included. Some of the information for the fact sheet was pulled from articles and reports written by a number of people involved in the Last Acts campaign.

To view the PDF version of the fact sheet and learn more about how to order one, go to: www.apa.org/pi/eol/homepage.html.

Innovations in End-of-Life Care Releases New Issue

Innovations in End-of-Life Care has released a new issue titled, "Filling Current Gaps in Care: Hospice Expands Its Reach." This month's journal features a number of articles and resources on hospital-hospice partnerships, palliative care programs, and other related topics. This bimonthly, online journal regularly features peer-reviewed promising practices in end-of-life care. Each innovation is selected because it holds promise for enhancing the comfort and dignity of dying persons and their families. Thematic issues spotlight improvements in institutional practice and policies, uncover the process behind these efforts, and offer international perspectives on the topic.

To read this new issue or past issues from the journal, go to: www2.edc.org/lastacts/.

A Cup of Grace . . . To Go

What Jesus might say to start your day

Anita M. Constance. Ave Maria Press, Notre Dame, Indiana, 2002. ISBN: 0-87793-965-9. Softbound. 112 pages. \$8.95.

If you find that your mornings are hectic and it's hard to find time to pray in your day, this book presents a way to enjoy a quick conversation with Jesus and get your day started on the right foot. *A Cup of Grace* is intended for people on the go, offering down-to-earth, personal reflections based on a day's scripture passage. It also includes brief responses from Jesus—things he might say to you today. Like a morning cup of coffee, *A Cup of Grace* might be just what you need to get started in the morning.

Anita M. Constance, SC, is director of pastoral care at Saint Anne Villa in convent Station, New Jersey. Her work has included

ministry with senior citizens as well as ministry in bereavement, liturgy, spiritual direction, and pastoral counseling.

Kokua Mau Releases Breaking The Ice: Personal Stories on End-of-Life Issues

Last Acts Partner Kokua Mau, the Hawaii coalition to improve end-of-life care, has produced an eight and one-half minute video on death and dying, designed to be shown before speakers' presentations. Knowing that death and dying remain a taboo subject, the Kokua Mau team identified the need of an audio-visual tool to "break the ice" and draw people in emotionally to prepare them for beginning discussions on end-of-life issues. The personal stories of three people and their families were carefully chosen to powerfully animate the importance of advance directives, starting conversations about end-of-life issues, and effective pain management.

The video has been shown throughout the state and has gotten good reviews from both professional and the general public. *Breaking the Ice* was one of 16 short films—selected from over 90 entries—to be included in the annual Ohina Short Film Showcase at the Honolulu Academy of Arts, that showcased the top short films produced in Hawaii in 2001. For further information, please contact Jody Mishan at (808)988-3295.

For more information, about Kokua Mau and ordering information for the video, go to: www.kokuamau.org.

The Celtic Soul Friend

A trusted guide for today

Edward C. Sellner. Ave Maria Press, Notre Dame, Indiana, 2002. ISBN: 0-87793-967-5. Softbound. 256 pages. \$15.95.

With personal conviction and lively scholarship, Dr. Sellner describes the history of the *anamchara* or soul friend and the early Celtic Church out of which it arose. He leads the reader on an exploration of the ancient Druids and the early desert monks of Egypt, whose traditions and practices were the foundation of soul friendship. He shares the qualities of soul friendship in the lives of saints like Ita and Brendan, Brigit and Patrick, and Ciaran and Kevin. And he offers a portrait of the Celtic spirituality out

of which *anamchara* emerged, a spirituality with a deep appreciation of nature, a respect for women's gifts and leadership, and a holistic perspective on the relationship of the mind and the body.

Dr. Sellner is a professor of pastoral theology and spirituality at the College of St. Catherine in St. Paul, Minnesota. He is the author of numerous articles and books including *Wisdom of the Celtic Saints*. He is also a popular speaker on Celtic spirituality.

Canticle of the Earth

The words of Francis of Assisi celebrated in the photography of David and Marc Muench

David and Marc Muench. Ave Maria Press, Notre Dame, Indiana, 2002. ISBN: 1-893732-45-2. Softbound. 64 pages with full-color photographs. \$15.95.

The time-honored song of praise by St. Francis is brought colorfully to life through 70 stunning, evocative full-color photographs by landscape and wilderness photographers, David Muench and Marc Muench. Their photography celebrates the earth and the mystical, spiritual forces of nature, making it a natural companion to the words of St. Francis, illustrating that all of nature, from Brother Sun to Sister Moon, is a gift from the lord of creation. Those who find kinship and spiritual presence in the natural world will discover here a source of inspiration and contemplation.

David Muench is a landscape and wilder-

ness photographer whose photographs have appeared in more than 40 books as well as in conservation publications and magazines. Marc Muench is a landscape and sports photographer whose photos have appeared in numerous magazines including Time, National Geographic, and Sierra.

Last Acts Diversity Committee Publishes Statement and Literature Review

As part of its efforts to increase awareness of the complex issues surrounding diversity and care near the end of life, the Last Acts Diversity Committee has published its Statement on Diversity and End-of-Life Care. The Statement, part of a 20-page booklet, encourages health care professionals to acknowledge and respect the differences among various racial, cultural, spiritual, ethnic, and age groups, and to identify and address their own biases so that each patient's wishes can be honored. The booklet includes six case studies highlighting the differences with which various cultures face the end of life. The case studies and accompanying discussion questions are designed for use in health care training situations.

The Committee also compiled a comprehensive Literature Review and Annotated Bibliography to provide health care professionals with additional resources.

To order copies of these two booklets, please e-mail: lastacts@aol.com.

May Is Mental Health Month

Planning Guides Available from the National Mental Health Association

For more than 50 years the National Mental Health Association has used the month of May to educate the American public about the importance of mental health and the reality of mental illness. Their theme for this year's observance, Mental Health Matters—Now More than Ever, emphasizes the key role that mental health plays in people's lives during these troubled times—and in all times.

NMHA, in partnership with the National Council for Community Behavioral Healthcare, has produced a comprehensive planning guide for Mental Health Month. The guide features

descriptions of innovative activities that local and national groups can organize in their communities. The kit also offers public education messages, mental health statistics, fact sheets and resources for working with the media, and suggests activities for Childhood Depression Awareness Day 2002.

To order a guide, you can print out the order form from their website (www.nmha.org/may/index.cfm) and fax it to NMHA, or contact the NMHA Resource Center by phone at (800)969-NMHA (6642) or by e-mail at publicationsales@nmha.org.

Positions Available

▼ **The HealthCare Chaplaincy, New York, NY** – DIRECTOR OF PASTORAL CARE. Certified chaplain to direct the pastoral care program at Florence Nightingale Health Center, a 560-bed long-term care and rehabilitation facility on the upper east side of Manhattan and a partner institution of The HealthCare Chaplaincy. The successful candidate will direct a well-respected and integrated pastoral care program and join a large, multifaith community of professionals committed to the advancement of pastoral care, education, and research. Qualifications: ACPE, APC, NACC, or NAJC certified, high energy with a well-developed sense of the role of professional chaplaincy, excellent clinical skills. Send resume to: The Rev. George Handzo, Director of Clinical Services, The HealthCare Chaplaincy, 307 E. 60th St., New York, NY 10022.

▼ **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; website: www.mayo.edu/hrs/hrs_programs.htm; e-mail: grunklee.mavis@mayo.edu.

▼ **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.

▼ **Memorial Health Care System, Chattanooga, TN** – CHAPLAIN. Full-time Catholic staff chaplain to join five-member ecumenical, self-directed Chaplaincy Services Team. As members of multidisciplinary service lines, chaplains participate in the healing process of the whole person. Memorial, an acute care facility licensed for 337 beds, is a member of Catholic Health Initiatives. The ministry requires excellent interpersonal and communication skills; a compassionate pastoral presence; and an ability to enhance Catholic identity, mission, and values. Qualified candidates will have a bachelor's degree, at least two units of CPE; NACC/APC certification or certification eligible; one year's experience in a health care setting. Please submit resume to Memorial Hospital, Human Resources, 2525 deSales Avenue, Chattanooga, TN 37404; phone: (423)495-8575; fax: (423)495-7841; www.memorial.org.

▼ **Adrian Dominican Sisters Campus, Adrian, MI** – CHAPLAIN, PASTORAL CARE. The Pastoral Care Department seeks a full-time chaplain for the Dominican Life Center. The chaplain will provide a wide range of pastoral services for residents and will collaborate with an interdisciplinary team of professionals. Flexibility, vision for future, and a genuine interest in gerontology are essential. Qualifications include certification or in the process of certification by the Association of Professional Chaplains or National Association of Catholic Chaplains, advanced degree in theology or equivalency, liturgical presiding skills, background in gerontology and skills in group facilitation, and the ability to function well under stress and cope within crisis situations. Please forward resume to: Louis Martin, Adrian Dominican Sisters, 1257 E. Siena Heights Dr., Adrian, MI 49221; (517)266-4101 or e-mail to lmartin@admcc-op.org.

▼ **Georgetown University Hospital, Washington, DC** – CATHOLIC PRIEST CHAPLAIN. Georgetown University Hospital has an immediate opening for a full-time Catholic priest chaplain to join our ecumenical staff. The position requires an MDiv, ordination, ecclesiastical endorsement, and CPE. For further information, or to send a resume, contact: James M. Shea, SJ, Director, Department of Mission and Pastoral Care, Georgetown University Hospital, 3800 Reservoir Rd. NW, Washington, DC 20007; phone: (202)784-3030; fax: (202)784-3095; e-mail: sheamj@gunet.georgetown.edu.

▼ **Saint Joseph's Hospital, Marshfield, WI** – a 524-bed major tertiary teaching and referral center has an immediate opening for a full-time ROMAN CATHOLIC PRIEST CHAPLAIN (to replace a retiring priest). Saint Joseph's is also part of Ministry Health Care, a significant integrated regional Catholic health care system in Wisconsin. Join a multid denominational staff of eight that, in a participative, collaborative, and team-oriented approach, delivers quality spiritual services to a broad spectrum of patients, families, and staff, normally found in such a major hospital setting. The position provides a challenging and rewarding environment in which the successful candidate will significantly contribute to the spiritual, emotional, sacramental, and liturgical needs of our constituents. Marshfield is located in the central part of Wisconsin and

provides a high quality of life normally associated with a more rural location. In order to be considered for the position, candidates must possess a minimum of a bachelor's degree in theology, be certified or eligible for certification by NACC or APC, and have previous hospital-based chaplaincy experience. We welcome your immediate inquiry to this opportunity. Please call us toll free, e-mail your resume, or visit our website. HR Associate, Saint Joseph's Hospital, 611 Saint Joseph Avenue, Marshfield, WI 54449; (800)221-2733, extension 77880; fax: (715)387-7001; e-mail: danent@stjosephs-marshfield.org. Please visit our website at: www.ministryhealth.org.

▼ **Sisters of Charity Providence Hospitals, Columbia, SC – CHAPLAIN.** Providence Hospital is seeking a full-time, 40 hours per week, Monday–Friday with weekend call rotation to fill our Catholic chaplain position. This position is for a 300-bed Catholic hospital. Qualifications include one year of CPE and hospital experience. NACC or APC certification preferred. Send resume to: Providence Hospital, Human Resources Department, Attn: April Chapman, 2709 Laurel Street, Columbia, SC 29204; fax: (803)256-5838; phone: (800)262-5682; e-mail: provhr@hcahealthcare.com. Apply online: www.provhosp.com.

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

▼ **Christ Hospital, Jersey City, NJ –** is a premier 250+ bed hospital under the direction of the Episcopal Church and set in an urban and culturally diverse community minutes from Manhattan. An exceptional opportunity exists for a FULL-TIME PRIEST CHAPLAIN to join our interfaith pastoral team. The candidate will minister to Roman Catholic patients, families, and staff by offering sacramental support, liturgy, and ritual. The successful candidate must be an ordained Roman Catholic priest with experience in pastoral care ministry, have a healthy spirituality, and be a team player. CPE experience and/or bilingual in Spanish and English a plus. Competitive salary and excellent benefits package. Send or fax resume to Rev. Beth Glover, Department of Pastoral Education, 176 Palisade Avenue, Jersey City, NJ 07306; phone: (201)795-8397; fax: (201)795-8312; e-mail: bglover@christhospital.org.

▼ **Bon Secours Richmond Health System, Richmond, VA – STAFF CHAPLAIN.** Bring your career home to Bon Secours. You'll find caring people, close-knit teams, and true support in a progressive environment that helps you balance your career and your family. We offer top salaries and progressive benefits, and emphasize professional development through opportunities and training. Position requires strong pastoral identity and awareness of Catholic health care ministry and the principles that guide it. Assess pastoral care needs and coordinate appropriate intervention, conduct worship services, connect with local clergy. Requires four units clinical pastoral education (ACPE accredited). NACC/AAPC/ACPE/APC certification or eligibility. Become part of the Bon Secours family and help us make a difference in people's

lives. Please send your resume to: Yvette Snead, Bon Secours Richmond Health System, 8580 Magellan Parkway, Building IV, Richmond, VA 23227; fax: (804)627-5144; e-mail: yvette_snead@bshsi.com. Visit our award-winning website: www.bonsecours.com. EOE, M/F/D/V.

▼ **Via Christi, Regional Medical Center, Wichita, KS – DIRECTOR OF CHAPLAIN SERVICES.** Responsible for overseeing the pastoral care staff and services, as well as workplace spirituality, ritual, and prayer. The successful candidate will be a practicing Catholic, board certified chaplain by NACC or APC, and have current ecclesiastical endorsement. Master's degree required. Excellent interpersonal, communication, and leadership skills needed, along with personal and spiritual maturity consistent with a pastoral care leadership position in health care. Ability to work in an acute care environment with multiple specialty intensive care units and a high volume of traumas required. Current theology and background in medical ethics required in order to serve on the Ethics committee and be involved in teaching opportunities. Must be able to understand the complexities of health care with sound knowledge of the Church's theological/sacramental tradition as it relates to the Church's mission of healing and the ability to communicate that tradition and influence the future of faith-based health care. – STAFF CHAPLAIN. You will be a member of the health care team providing for the spiritual needs of our patients, families, and staff. You will assist patients with their Advanced Directives and sort out highly complex ethical dilemmas to enhance spirituality in the lives of our patients. The successful candidate will be Board Certified by APC or NACC and have current ecclesiastical endorsement. Knowledge of current theology and medical ethics is required for this position, as you will assist patients, families, staff, and physicians with issues in accordance with the Ethical and Religious Directives of Catholic Healthcare. Must be healthy and integrated spiritually, motivated, energetic, and able to work as a team member of the ecumenical pastoral care staff and interdisciplinary health care team. You will share on-call rotation responsibilities throughout the week and weekends. Bilingual in English and Spanish is a plus. For more information or to apply, contact Albert Coccetella at albert_coccetella@via-christi.org.

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

CALENDAR

Board of Directors

June 2002

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

July 2002

- 1 Due date for materials for fall certification interviews
- 1 Copy deadline
Special *Vision* Section on Ministering to Family and Friends after a Suicide
- 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

- 3–6 CHA & Catholic Charities USA
Joint meeting in Chicago, Illinois

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