

Vision

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The National Association
of Catholic Chaplains

The Changing Role of the Chaplain

NACC Board member Bridget Deegan-Krause discusses how the chaplain's healing ministry is moving from the bedside to the boardroom. See her article on pages 4 and 5.



Inside

Vote for Board Members-at-Large • Pages 9-12



Response to the Call for Chaplains of Color

Dear Sister Norma:

Thank you for your letter in the Heartbeat section of *Vision*. You said things that are not easy to say or hear. I've been to conferences led by sponsors of health care systems, bioethics symposiums, and health care chaplain workshops with not one word or gesture regarding the growing Hispanic presence in society or the Catholic Church.

Thanks again and God bless you.

Father Miguel Grave de Peralta
Director, Pastoral Care
St. Joseph Hospital
Augusta, Georgia

Dear Sister Norma:

I read your article in *Vision* with interest. Approximately eight or nine years ago I raised the same questions that you are addressing at an NACC meeting. I was applauded and given the opportunity to call a group of interested chaplains together. I was the only African-American at the convention along with three or four members of the Hispanic community from California and two or three members of different nationalities. We voiced our concerns and presented them at the meeting but nothing happened.

I also had an article printed in *Vision* about my attending a meeting in Washington, D.C., with a group of ACPE chaplains of color. I wrote in the article that it was the first meeting of chaplains where I was not in the minority. At this meeting many problems surfaced such as the ones that you are now addressing, and we felt that more meetings such as this one were needed. We felt that the problems and concerns that we faced were never addressed at the national conventions of the ACPE or the NACC. We had hopes of seeing that our concerns about the lack of minority representation be addressed, but there are so few minorities in the NACC we were not able to generate enough assistance among the other members.

I hope that you have more energy than I had to continue your effort. I am now retired and an "emeritus member." I believe that you will receive many letters

of approval for writing the article for *Vision* as I did. But I can see that the problem will never go away unless it becomes one of the priorities of the national convention. We need more than a pat on the back and a smile. We need a full-fledged effort of the top leaders to address the lack of people of color in the NACC.

Deacon Charles O. Johnson
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Dear Sister Norma:

In the April 2003 *Vision* you have given us a timely and gentle reminder to attend to inclusiveness and other issues of hospitality. More diversity in *Vision* photos is an excellent idea.

I'm a health care chaplain specializing in violence prevention, and I've spent several years in Latin America. I offer conflict management workshops, mediation, and restorative justice practices in Spanish and English. At least once a month I preach in Spanish.

We have 150,000 Hispanics in the Twin Cities area. The Hispanic Ministry Leadership Team of the Archdiocese of St. Paul and Minneapolis lists 24 members. Fourteen of those members are Hispanic. The Instituto por la Vida y el Ministerio Cristiano, an adult formation program, just graduated three persons from its four-year program. Your letter is a reminder to me to raise the issue of health care ministry with the Hispanic Leadership Team.

In my experience, Hispanics and others appreciate the slightest gesture of recognition. We can learn a song in Spanish and sing it at an NACC meeting or liturgy. Little Mexican, Brazilian, Canadian, or Kenyan flags, as part of the décor at an NACC luncheon or party, mean a lot—that's assuming at least one person from each of those countries is present.

Rev. Eric H. F. Law is a Chinese-American Episcopal priest and a consultant in multicultural leadership. This May he was the speaker for our Archdiocesan ministry day. He has been invited to spend more time with us this fall. Law is

(Continued on next page.)

Vision

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excellent on the dynamics of multicultural misunderstandings and how different cultures perceive and use power. His foundational book is *The Wolf Shall Dwell With the Lamb*.

My experience tells me a listserv would be a great support for those of us who wish to connect with NACC members about diversity issues and other chaplaincy interests.

Norma, thank you for reminding us that personal transformation includes sensitivity and hospitality to all our neighbors.

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How Should We Support Colleagues in a Disaster?

Thank you for writing about TOPOFF2. I would like to share something that came up in a bio-outbreak tabletop exercise we did here at the University of Chicago Hospitals, facilitated by Argonne National Labs, a few weeks before TOPOFF2.

As a part of the exercise, it became clear that we had to be quarantined. This meant that staff could not go home, raising large issues around staff morale and, as Renee Krisko noted in your article, the heightened need for staff debriefing and support.

If quarantined, and if a crisis goes on for many days (as would be likely), it raises the question of working in shifts and drawing on the support of either community clergy or other chaplains from non-affected sites. I remember Ken Blank, a CPE supervisor from Oklahoma City, reporting at an ACPE Disaster Task Force

just a month or so after the bombing there that he received calls from supervisory colleagues all over the country right after the tragedy asking if he needed help. He said that in the early days they were OK; however, about a week later they were utterly drained and very much in need of support and reinforcement. By then the offers of support had ceased.

I think we may need to think on a national basis of how we would support an impacted area. This is a big issue. Maybe we as an organization need to ask if we want to develop a way to communicate and help one another should something like this actually happen.

Therese M. Becker
Manager of Pastoral Care
University of Chicago Hospitals
Chicago, Illinois

In Memoriam

Please remember in your prayers:

Sister Ruth Marie O'Malley, DC, who died of a heart attack on May 20, 2003, in Los Altos Hills, California. In 1938, she entered the Daughters of Charity of St. Vincent DePaul in St. Louis, Missouri, and taught for many years in schools in Alabama, Missouri, Louisiana, Mississippi, California, and Utah. Sister Ruth Marie joined

the NACC in 1987 and was certified as a chaplain in 1990, serving in pastoral care in San Jose, Los Angeles, San Francisco, Morgan Hill, and Los Altos Hills, California. She had been an emeritus member since 1998.

Mrs. Mary Irish Bartnik, who died of lung disease on June 20, 2003, in Detroit, Michigan. She and her husband, Leo, raised six children, and while working with

Michigan Catholic Social Services, she took in more than 30 infants until homes could be found for them. In 1986 she began working for what is now Sinai-Grace Hospital in Detroit where she developed a ministry for women who lost their children during pregnancy and their families. Chaplain Bartnik joined the NACC in 1991 and was certified in 1992. She had been an emeritus member since 2002.

The New Frontier

Clinical Pastoral Education in Central Nebraska

Lee Casey

After working out many details, St. Francis Medical Center and Good Samaritan pioneered a new CPE program in central Nebraska, which was celebrated on Friday May 16, 2003, with a commissioning service at St. Francis, located in Grand Island, Nebraska. Participants included Ms. Donna Sanders, Vice President for Mission and Community Outreach at St. Francis; Sister Barbara Ann Brumleve, SSND, CPE Supervisor at Alegant Health Care in Omaha; Sister Rita L. Beason, OSF, Director of Mission and Ministry at Good Samaritan in

Kearney; myself; and six chaplain interns.

The events that lead up to this program began in the spring of 2002 when I visited with Sister Brumleve to discuss the possibilities of chaplain formation and training in central Nebraska. After further collaboration, she made a site visit to Saint Francis in November and another time to Good Samaritan, meeting with Sister Beason. The CPE program meets at Saint Francis one weekend a month for seven consecutive months. The chaplain interns complete 100 hours of group work, 300 hours of clinical training, along with course work to com-

plete one unit of CPE. Five of the interns are doing their clinical work at Saint Francis and one at Good Samaritan. The interns are from Grand Island, Nysted, St. Paul, and Ord.

It is exciting to offer a new program for people in our community and central Nebraska. These chaplain interns desire to develop or enhance their ministry skills, to further the mission of Jesus and Catholic Health Initiatives.

(NACC-certified chaplain Lee Casey is Director of Pastoral Services at Saint Francis Medical Center, Grand Island, Nebraska.)

National Association of Catholic Chaplains 2003 Strategic Plan

The following is the first in a series of commentaries written by members of the Board of Directors on sections of the 2003 Strategic Plan. The complete plan is available at: www.nacc.org/aboutnacc/strategic_plan.shtml.

Strategic Plan

The Changing Role of the Chaplain

Strategic Issue

The recognition by administrators and health care regulators of the importance of spirituality in the organization presents an exciting opportunity to redefine the role and function of the professional chaplain in the institutional setting. The chaplain is most often identified as the point person for spirituality, particularly in other-than-Catholic facilities, where so many of our chaplains minister.

Spirituality is no longer limited to individuals and their meaning and values, but has expanded to include the entire organization with its vast array of networks that comprise the structure and environment of the community that is in itself a spiritual care setting.

A broad vision for spiritual care today greatly expands the healing ministry of Jesus Christ beyond the singular ministry of the professional chaplain, or visiting parish clergy. All members of the health care team have a role in the total care of the patient and the family, including the individual's spiritual care. Similarly, all members of the person's community have a role in the spiritual well-being of the patient and the family.

From the perspective of our Catholic ecclesiology, this expanse of ministry emerges in response to the baptismal call, and resultant baptismal power, that inspires the exercise of the ministry of the individual, as well as the ministry of the local faith community.

An emphasis on care of the whole person, including spiritual care, offers a wonderful opportunity for the chaplain or clinical pastoral educator to provide inservice, training, and ongoing education for staff, and local faith communities in appropriate ways of attending to the spiritual needs of patients or residents.

Commentary

From Bedside to Boardroom: Expanding the Healing Ministry of Jesus

Bridget Deegan-Krause

As chaplains we frequently say that we care for the soul. But one of my NACC colleagues recently told me that his job now requires him to "care for the soul of the whole system." For some this may be hard to understand, but for NACC chaplains this dimension of spiritual leadership is becoming ever more important, even though it rarely appears in our job descriptions.

Our ministry to systems and structures is becoming one of our main priorities, especially in settings where needs are great, stress is high, and threats of scandal, dysfunction, and economic, political, and social injustice loom large. NACC chaplains are well-recognized for their compassionate, competent, and effective pastoral care of individuals, but we are now called to expand our healing ministry to include spiritual leadership. We must move beyond the bedside.

Caring for the souls of our organizations

For a small but steadily increasing number of chaplains, the task of spiritual leadership is recognized by formal titles and roles such as Director of Spiritual Care, Mission Officer, Congregational President, Pastor, and Pastoral Associate. Far more of us in the NACC provide this leadership in our institutions and various communities without administrative titles, sacramental orders, or other institutional designations. Titled or not, we take seriously the important role our ministry plays in the healing and renewal of our institutions and organizations.

This expanding leadership ministry (and, I would argue, the Holy Spirit who animates it) is moving NACC chaplains away from our places of greatest comfort to less obvious holy ground. The shift requires us to become conversant in new languages and to think in new paradigms, to interpret survey data and utilize spreadsheets, to analyze political trends. Our new roles challenge us to find God in the midst of those administrative tasks that have become part of our jobs but must now become an integral part of our ministry. We populate countless administrative teams and committees. We develop curricula and write policies. We evaluate, hire, and fire. We lobby, we budget, we raise funds, and we steward resources. We consult on a wide range of our organizations' life-cycles – from the births of architectural schema and orientation programs, to the deaths of large scale layoffs and the closings of institutions.

NACC chaplains already have what it takes to respond to the leadership needs that present themselves. As we bring theological perspectives to bear on important decisions, as we work for justice in at times increasingly alienating structures, we nurture places of potency and health that will hopefully assure a future of increasing wholeness and well-being for our Church, our health care system, and our whole society.

The best listeners in the Church

In her concluding address to the 2001 NACC Symposium in Baltimore, Sister Genevieve Glen, OSB, rightly observed that NACC chaplains are among the best listeners the Church possesses today. Our capacity for listening may indeed be the NACC's greatest gift to the Church and to the wider society as we hear the needs

of the sick and most vulnerable and respond with the healing power of Jesus Christ. The expansion of our capacity to listen to organizational needs now becomes an equally important gift that we can offer the Church.

NACC chaplains also bring our standards of excellence in pastoral ministry, a commitment to our professional development, and very importantly our ability to reflect theologically on the realities of our Church and the real needs of the people of God. The scandals and resulting disillusionment of recent years have put many of us in a position to find and choose new ways to support and love our Church while exercising our spiritual leadership in our distinctly Catholic ministry. When we listen well, we can hear the call for accountable, competent leadership, exactly the sort of leadership for which Catholic chaplains have gifts and great potential.

A healthy challenge for health care

We bring to health care and the various other institutions in which we serve many of the same gifts that we bring to the Church. Despite their apparent wealth and power, these institutions are frequently plagued by various kinds of brokenness. Not only should we accept the call to help resolve internal conflicts in our organizations, but we must also work with these systems – and with the people who shape them – to look beyond themselves. We are called to challenge our institutions to be accountable, to accept their social responsibilities and attend to the places in which they are complicit with economic, political, and social injustice. For example, unequal access to health care resources and the commodification of care have serious ethical implications that demand our theological and pastoral perspectives.

Getting there

So how do we as the National Association of Catholic Chaplains respond to this call to leadership, and how do we do it well? How can we continue to support one another in our emergence as effective and integrity-filled spiritual leaders, and help move the NACC to be effective in its support of our individual efforts?

The NACC's newly adopted Strategic Plan responds to this need. The Strategic Priority for "The Changing Role of the Chaplain" suggests some possible tactics. To begin with we need to inventory our chaplains who are doing work in spiritual or organizational leadership. With these chaplains' guidance we should identify competencies specific to spiritual leadership which will in turn help in the refinement of our standards (the NACC currently has two standards specifically related to leadership; see 410.3231 and 410.3232), and in the continued improvement of our certification and recertification processes. Such a survey will also give our organization guidance for structuring our professional development efforts as well as will inform curricula development for CPE.

We must share our "best practice" models for our work in caring for the spirit of organizations and institutions. We must also support and conduct research on spirituality and organizational development and share resources for the membership on literature that currently exists. As we make leadership a priority, we must also return again and again to our theological and spiritual foundations, conducting shared theological reflection upon our administrative and leadership experiences.

"A broad vision . . . expands the healing ministry of Jesus. . ."

As chaplains we are being called into leadership, sometimes willingly, sometimes reluctantly. As we respond, let us do it in the best way we are able. Let us be about a model of leadership that indeed "expands the ministry of Jesus." That means we meet our constituents where they are, at the bedside and in the boardroom, in flesh and in structure. That means we bring healing to what is broken and bring life to dead places – even when those places purport to be healthy. As we expand the ministry of Jesus, we must always recall the true source of our power and respond to the call to lead and transform. With confidence and commitment, we must broaden our vision of ourselves and our ministry and support and mentor one another in this effort, listening well to the Spirit who invites us to something new.

(NACC Board Member Bridget Deegan-Krause is University Minister for the College of Health Professions and School of Dentistry at the University of Detroit Mercy, Detroit, Michigan.)

In the acute care setting, a shorter stay points to the need to facilitate spiritual care beyond the walls. This need calls for strong leadership in coordinating the variety of ministries in the community and following up on the care of the patient and the family.

These new realities position the profession of chaplaincy to redefine its role in spiritual care, particularly in light of the competency and heightened skill level that the board certified chaplain and clinical pastoral educator bring to the institution. This spiritual care "expert" in the setting would appear to have a responsibility to address the larger question of spirituality in, and to the organization and its members, and the oversight for the variety of spiritual care ministries made available to those within the institution.

Strategic Priority

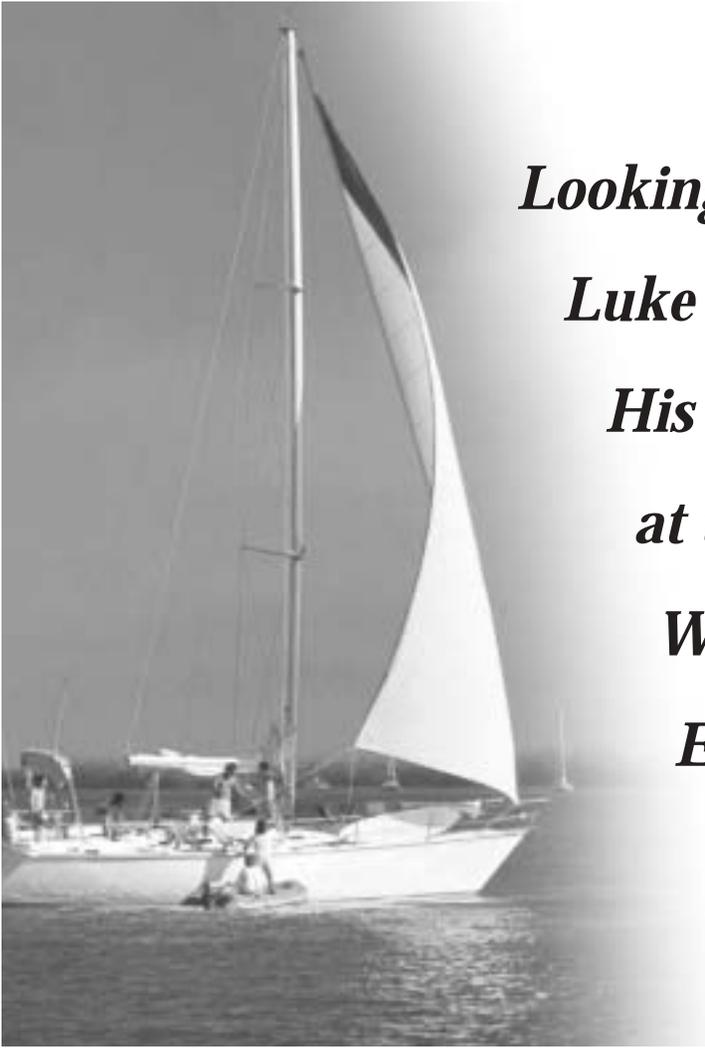
Refocus the association to create transformational leaders expanding the chaplain's role beyond direct patient care to spiritual leadership with organizations.

An Invitation for NACC Chaplain Leaders

Theological reflection – A good place to start

NACC chaplains who serve in leadership positions, whose constituents are departments or health systems, religious congregations, academic institutions, and other corporations, speak of NACC as a "professional home." They point to the NACC's emphasis upon theological foundations and reflection as remaining of great value professionally. However they note that they have fewer opportunities to access theological sources and collegial reflection than they would like.

Later this fall a core group of NACC chaplains will discuss the possibility of networking other chaplains with such ideas as engaging in theological reflection electronically through a peer-to-peer message board. **Please e-mail your interest in joining such a discussion to Bridget Deegan-Krause** (krausebd@udmercy.edu) or Robert Kopchinski (rkopchinski@nacc.org). We will be in touch with you as soon as the message board is set up.



Looking to Luke and His Jesus at the Water's Edge

*Is that the wind,
or did I hear the
whisper of a
voice in my
heart: "Do not
be afraid"?*

Rev. Joseph J. Driscoll
President and Chief Executive Officer

“Put out a little from the shore,” he said to the six men as they climbed aboard the boat on the edge of the sea. Two were brothers, and another too. One worked the money post. All were disciples of this man Jesus.

Sitting on the bow he watched them untie the lines, push the boat out, scramble to put up the sails to catch the puffs of air that would blow them from the crowds on the shore into the solitude of the ever-mysterious, deepening waters of the sea. He watched more than simply the movement of their arching backs and the stretching of muscled arms and weather-worn hands. He watched the movement of their hearts.

Jesus watched the boat and the men move further from the shore and the noise of the crowd. He watched the conversation quieting down and the solitude of the sea lolling the six men back and forth in the hypnotizing roll of the waves. All the time he is watching the movement of their hearts below.

Jesus knows each of them by name – Martin, Joseph, Michael, Gordon, Stephen, and Pierre, like other disciples before them – Peter, Andrew, Philip, James, John, and Bartholomew. Whether it be the Lake of Gennesaret in the spring of 33, or the shoals of Nantucket Sound in the summer of 2003, the Master waits and watches both the lives and hearts, both the outer and inner movements, of those who are his disciples.

When, I wonder, will the moment come when their eyes meet his, and in the whisper of the heart each will hear in his own particular and personal moment of solitude, “Put out into deep water and lower the nets for a catch”? I too sit on the bow of the boat and watch with Jesus these friends of mine on this Sunday morning on Cape Cod in Massachusetts.

Two of the six disciples have left behind – for the little while – the care of a disabled son and daughter.

Brian is just turning nine in chronological years, but is endlessly turning numbers and days and objects and ideas in the obsessive cycle of the autistic child’s mind. His father is turning his head now into the wind and surveying the contours of the growing distant shore. Perhaps he is also, and always, surveying the stretch of a distant future for his son, and the resources he needs to provide after he and wife have gone.

Jesus is watching this man closely and parting his lips – and somewhere deep in his being the disciple turns, slightly disturbed by something he knows not what – “Is that the wind, or did I hear the whisper of a voice in my heart: ‘Do not be afraid’?”

Another one of the disciples has a daughter, Michaela, who also is close to nine years old, far beyond the expectant age of survival from a rare congenital disease that robs the innocent young of this earthly life. The disciple and his wife back on the shore already have walked through the agony in the garden as they handed back young Michaela’s older brother Kevin, who suffered the same disease, into the arms of a God they hold in trust with expectant hearts of faith.

And this disciple now jumps up, takes off his shirt, and to the taunts and tease of playful laughter dives into the deep water, surfacing with a hold on the rope as the boat carries him through the cleansing and refreshing waters of this immense sea. Perhaps he is also, and always, holding on to a faith, to a Church, that will pull him through a time of handing back a part of his heart with a daughter he loves so well.

Jesus is watching this man closely and parting his lips – and somewhere deep in his being the disciple turns, slightly disturbed by something he knows not what – “Is that the wind, or did I hear the whisper of a voice in my heart: ‘Do not be afraid?’”

Another of the disciples has lost his job again. A bright and successful businessman living through the rise of technology sales in the eighties and nineties, he is now living through the decline of a weakening economy that has dealt a devastating blow to his sector of the market. With eight or nine jobs in nearly as many years in a once fast-moving and exciting market, he gathers up his depleted energies for the next job that he is to start a week from now.

This disciple is the captain of the boat. He is steering the vessel, adjusting, the sails, marking the course with a sure footing borne of time and experience. Perhaps he is also, and always, steering, adjusting, and marking out the unpredictable forces of a wild and changing nature – in this instance the workplace – with a sure footing of a faith borne of time and experience.

Jesus is watching this man closely, and parting his lips – and somewhere deep in his being the disciple turns, slightly disturbed by something he knows not what – “Is that the wind, or did I hear the whisper of a voice in my heart: ‘Do not be afraid?’”

Luke 5 is a story of discipleship. It is a story of Jesus watching and waiting until the time is right, deepening the relationship. It is a story of outer and inner movements of the disciple to his or her beloved.

Luke 5 is a story of getting away from what is crowding our lives. It is an invitation from Jesus to “put out a short distance.” It is an invitation from Jesus to move from the noisy community of our lives to the pin-drop solitude of our hearts. The crowds are still there – there is no escaping them for more than a little while – for Jesus himself still teaches them, but he – and now we – have moved out a little distance.

Luke 5 is a story that will push us to go out further and deeper from what is crowding our lives – and lowering the nets for a catch. The invitation to Peter to go even further and deeper in faith is an invitation to us to likewise go even further and deeper in faith, trusting Jesus that we will get a payout, even though we have “worked hard all night long and have caught nothing.”

We – and the people to whom we minister – get caught in the crowd of our routine, our predictability, and our patterns that all dig out the familiar roads we travel.

But Jesus invites us to leave that routine – for a little while – and jump into the boat, push off a little, then when we have gone that far, go just a little deeper, and then take one just one more step into that trust and belief that yes, no matter what has happened, no matter how long the night, that truly there is a catch for us.

The sea for Jesus is the place of the unknown becoming known, the unseen coming into sight, the lacking of faith in the heart being filled with faith, even to the breaking point.

Miracles happen on the sea. Jesus walks on water. Jesus waves a pall of stillness where there was just a storm. Jesus approaches the disciples in apparitions like a ghost. Jesus disappears and reappears. On the sea the words, “be not afraid,” are carried on the wind.

When a disciple goes away for a while, he or she discovers that the socially isolated autistic child one day will walk into a circle of a family and reach out smiling to hold hands with the others. He or she experiences not only the burden of a daily cycle of incredulous demands, but also a laughing, happy child who is affecting change in the lives of siblings and cousins and neighbors, even in his own slow but miraculous healing, and rippling God’s love to a universe of relationships unseen and unknown in a distant beyond.

When a disciple goes away for a while, he or she sees not only the fragile and weakened muscles in the body of a physically dependent child, but also the mightiest force of soul in the luminescent smile of a little girl who is brighter than the noon day sun. And time, even when it is caught as a thief in the night, can never eclipse nor take away that experience of joy.

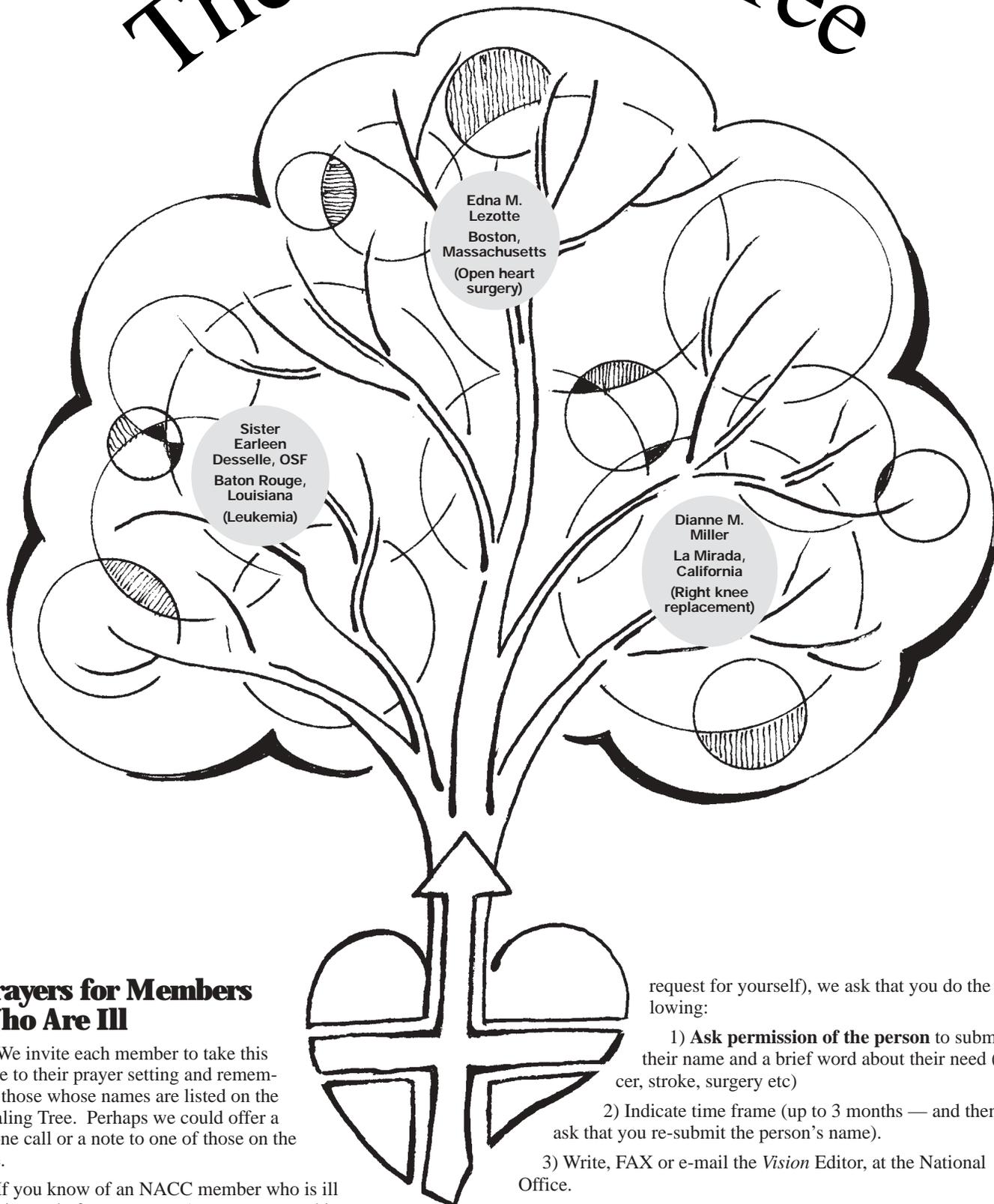
When the disciple goes away for a little while, he or she disembarks with a lighter load knowing that the market’s force, no matter how seemingly powerful, is not the determinant of the man and his ability to work. He can earn daily bread, and more importantly, daily hope.

And when we are at our breaking point, so heavy with gratitude at such an awesome catch, our hearts and our bodies fold over bursting with gratitude that all we can mutter is “leave me, Lord, for I am a sinful person.”

In pastoral care ministry, we so often meet persons at their breaking point and at that moment – a voice is heard in the wind, “be not afraid,” a voice of truth, or of reconciliation, or of acceptance, or of understanding, or of peace. The disciple folds over, and we with her or him, standing or kneeling in utter amazement at the “catch.” ▼

Luke 5 is a story that will push us to go out further and deeper from what is crowding our lives.

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

Election for Members-at-Large— Board of Directors

The Nominations Committee of the Board of Directors has reviewed the nominations of candidates submitted by the membership and has assembled a slate of candidates for two positions of member-at-large. This special center section of *Vision* contains a statement of candidacy and photograph for each nominee. A post card ballot is bound into the copies of *Vision* sent to NACC voting members. The two elected members-at-large will each serve a three-year term on the Board of Directors beginning January 1, 2004.

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 external members 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 of Directors are described in the association bylaws as follows.

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.

The association is on the brink of a new era with the adoption of a strategic plan. We need vigorous and creative Board members who are equal to the task of meeting the challenges of the next several years, such as collaboration with other chaplaincy organizations, scarcity of resources, and diversity of membership. Your participation in this election is vital to the continued growth of the association.

INSTRUCTIONS: Each of the two persons elected as member-at-large must have a simple majority of the valid ballots returned.

1. Members in the following categories are eligible to vote: member, certified chaplain, certified associate supervisor, certified supervisor, missionary, emeritus, and inactive in layoff. Members in the following categories are not eligible to vote: affiliate, student, inactive in chaplaincy, and inactive certified supervisor.
2. Choose TWO (2) candidates by marking an "X" in the box next to your choices. Ballots with more than two boxes marked will be determined to be invalid.
3. Use the official post card ballot only, which is bound into this issue of *Vision* (for voting members only). Facsimiles will not be accepted.
4. Affix \$.37 postage to the post card ballot and mail to Ms. Joan Bumpus.
5. Ballots must be postmarked on or before Friday, September 19, 2003.

The Nominations Committee of the NACC Board of Directors

Sister Maryanna Coyle, SC, Chair

Ms. Joan M. Bumpus

Ms. Bridget Deegan-Krause

Ms. Mary W. Hassett



**Patrick H.
Bolton, MDiv**
Director of
Pastoral Care
Mercy Medical
Daphne, Alabama

"Who touched me!?" Jesus cried out as he whirled around in the demanding crowd pressing in on him. Healing power went out from him to a woman who for many years sought medical treatments to no avail. You know the story and, I'm sure as a chaplain, you can identify with Jesus as you try to meet the daily demands of patient referrals, crisis interventions, spiritual assessments, sacramental needs, committee meetings, dwindling budgets, etc. In the mix of this entire ministry, you feel a deep contentment and know you are where you are called to be, even when it's chaotic. So, why are we not growing in our membership? Why are pastoral/spiritual care departments and CPE centers being downsized or eliminated? What risks do we need to take to meet the needs of those we serve?

In recent years, we have worked diligently to educate our bishops about our mission and the issues that are important to us. Many are impressed with our professional standards and want to help us create new venues to work in and through like parish and diocesan-based pastoral care programs. The current models of pastoral care in health care have a pivotal role in directing the mission and identity of our Catholic hospitals, as many religious orders pass on their works of mercy to the ministry leaders of today. We each have a responsibility to promote our profession, to network, and to educate our communities, our church, and our employers about the intangible and, yes, the tangible assets of our work.

Some of the things that I have done to promote our work in recent years include being on the planning committee for last year's regional symposia, developing an ecumenical and ethnically diverse chaplaincy staff, founding the Gulf Coast Chaplains Association to offer networking and educational inservices for chaplains, and, as a member of the executive committee of the Alabama Chaplains Association, providing retreat and educational opportunities for chaplains statewide.

I am 35 years old and the Director of Pastoral Care at Mercy Medical in Daphne, Alabama. We are sponsored by the Sisters of Mercy, Baltimore region, and a member of Catholic Health East. My family consists of my wife Margie, son Andrew, and a new arrival due in August. Your vote for me would ensure a voice that is committed to the vision of why we exist, promoting the healing ministry of Jesus in ways that will expand and strengthen our ministry so that we can be touched by the many seeking healing as Jesus was touched.

Candidate Profiles



Trisha L. Crissman
Regional Vice President,
Spiritual Services
Covenant Healthcare
System, Inc.
Milwaukee, Wisconsin

Seeds in Rich Soil — It makes perfect sense that Jesus used the image of “rich soil” to teach us about the fruit of God’s love growing within. Abundance and possibility have no better metaphor. The “rich soil” of the EPIC Conference in Toronto this past February filled me with great excitement about the future of the NACC and the endless possibilities that effective collaboration between the major pastoral care, counseling, and educational groups in North America could bring.

The seeds that have been planted with this new collaboration, as well as the clear vision of the NACC’s newly adopted Strategic Plan have brought us to the edge of a bountiful future. They provide us with the possibilities of movement toward increased excellence through standards of certification; increased visibility through a re-visioning of professional chaplaincy in leadership; and successful financial viability and development to achieve key strategic and operational objectives, to name only a few.

The key to our future success lies in our ability to identify, harvest, and embrace creativity and prophetic vision. I have strong passion around the key issues facing professional chaplaincy today, and bring to the Board energetic optimism, endless creativity, and true vision for the future of pastoral care.

Biographical information supporting my candidacy includes strong personal, pastoral, theological, and leadership skills: currently Regional Vice President, Spiritual Services for Covenant Healthcare System, Inc. (CHSI) located in Milwaukee, Wisconsin; extensive academic credentials, including an MA in religion from Yale University, and an MA in pastoral counseling from Loyola University Chicago; certified member of the NACC since 1998; certified by the National Board for Certified Counselors; served on the CHSI Hospice Redesign team; currently chair the CHSI Bereavement Services Team Charter, serve on the CHSI End of Life Initiative, and the Milwaukee Archdiocesan Ad Hoc Committee on Pastoral Care of the Sick; also volunteer as a personnel committee member for Kyle’s Korner, a not-for-profit bereavement counseling center for children.

I accepted the nomination at this time because I feel that my solid experience, youthful perspective, and creative vision have brought me to stand this day as gardener on fertile ground.



Theresa Vithayathil Edmonson
Chaplain
Providence St. Vincent
Medical Center
Portland, Oregon

The NACC offers to the Church a group of professionals in ministry who have high standards in service, education, and personal growth. We need to broaden our outreach by offering to others in ministry the opportunity to participate in our certification and recertification process. Although we have certified chaplains in parishes, prisons, and other areas of ministry, we need to invite others to join the NACC. In doing so, we serve the Church in providing trained, educated, and professional ministers.

In discerning my candidacy for member-at-large, I realize that I have much to offer pursuant to the vision of the NACC. As a 34-year-old mother of two young children, I represent the future membership of the NACC. Likewise, I can speak to and from the diversity interest of the NACC as I am a diversity educator within the Providence Health System and the child of Indian immigrants with strong ties to India.

I am an NACC-certified hospital chaplain, having experience working in home care, hospice, general medicine, health insurance plans, and currently on the perinatal and neonatal units. I represent the majority of the NACC membership as I serve as a staff chaplain with leadership responsibility in my hospital, although without formal leadership title.

I bring to the NACC my strong educational background, having graduated from the University of Notre Dame with a Master’s of Divinity degree and having completed my CPE at Yale-New Haven Hospital and Portland VA Medical Center. I have been active in the NACC since I joined, being on the certification interview teams, being a part of the education committee, and co-chairing the 1999 region XII annual conference. It is with passion for all that we do in the NACC that I present myself as a candidate for the Board of Directors.

Norma Gutierrez, MCDP
Staff Chaplain
Hospice at Presbyterian
Healthcare Services
Albuquerque, New Mexico



I am honored by and welcome the nomination as a candidate for member-at-large for the NACC Board of Directors.

I am a member of the Missionary Catechist of Divine Providence sisters of San Antonio, Texas, whose mission includes meeting the needs of Hispanics. My quest to reach out, to welcome, to train, to certify more chaplains of color comes from my community's charism. The face of our church is changing . . . is our association changing alongside it? It is out of integrity that I continue to speak on this issue as I did with the National Association of Catholic Youth Ministers. Justice is a core value as I continue to speak to the issue of compensation. Certified young men and women whom we are striving to attract must be compensated for their education, training, and certification. My spirituality affects all my decisions and planning.

My memory of being a farm worker has always kept me grounded to Mother Earth. It is from the ground up that growth happens and that is how much of my planning happens. I have been blessed with gifts and talents not just for myself, or my community, but for the whole Church. My passion to share these gifts has included serving on the leadership team for my community and as chair of the NACC Task Force on Standards. I am an NACC-certified chaplain and have served in trauma and hospice settings. Presently I am the staff chaplain for Hospice at Presbyterian Healthcare Services in New Mexico.

I look forward to the opportunity to continue to serve the NACC membership, to work alongside the dynamic Board and our leadership team. The Strategic Plan has the potential to lead us well into the future and impact our Church and our society.

The areas that I am passionate about include advocacy, development, education, mission, and communication. I come with energy to learn and to be stretched. I am committed to fostering the growth of NACC's membership and to keep "People of Color" issues before our association.

Shirley A. Nugent, SCN
CPE Supervisor
Caritas St. Elizabeth's
Medical Center
Boston, Massachusetts



It is two and a half years since I took part in the first board meeting of our newly configured association—a time of great transitioning for the NACC, for our country, church, and global community.

Spiritual care, be it of body, mind, and/or spirit, whether in parish, hospital, nursing care facility, shelter or the streets, is being challenged in ways never imagined. We are riding the waves of HIPAA, collaborating with sister organizations toward articulating universal certification standards, and continuing to creatively provide the Sacrament of the Sick according to each person's need. While at the same time loss of Medicare reimbursement for CPE programs is nipping at our heels. Those in the ministry of chaplaincy and CPE supervision are once again challenged to articulate—Who are we? Who are we becoming together?—with our sisters and brothers from other cultures and faith traditions.

My willingness to be available for a second term on the NACC Board remains rooted in a belief that each one of us is called to transformational leadership in ministry, being accountable and calling for accountability from others. This was my stance two years ago and it is the same today. As leaders we know there needs to be a certain amount of order to accomplish work as well as sincere encouragement of others. The NACC Board in partnership with each NACC member works to do exactly this—to be transformative leaders, proactive when it comes to problems and getting at root causes in our culture and society.

I have been a certified chaplain and am a certified CPE supervisor. During the past 20 years I have served the Certification Committee and the Standards Committee, which I also chaired for several years. I participated on the transitional team of the USCC/Commission for Certification and Accreditation as the NACC moved to share responsibilities with USCC. I was appointed to the USCC/CCA and was president for one year. At the national conference in 1998, the NACC Prestigious Award was generously granted me for my leadership in creating and promoting standards, certification, and ethics. Presently, I am a CPE Supervisor at Caritas St. Elizabeth's Medical Center in Boston.

I continue to anticipate a high degree of creativity, collaboration, and mutuality in responding to the genuine needs of NACC membership as a Board member. Altogether we embrace and live into the values of integrity, justice, equality, spirituality, and good stewardship.

Candidate Profiles



Tim Serban

**Director of Mission Integration & Spiritual Care
Providence Everett Medical Center
Everett, Washington**

My introduction to chaplaincy was in the mid-1980s, a time when our discipline was about 15 to 20 years old. I came to know the name, Sister Helen Hayes, no, not the actress but the "Pastoral Pioneer." She was a woman who led our organization as a role-model of compassion and grace with her life and through her final journey of death. Through the years, I have had many opportunities to experience the gifts and challenges of pastoral ministry; from my initial experience in California, to Ohio, Pennsylvania, Oregon, and now Washington. Each part of the country has its unique nuance to chaplaincy, but the heart of what we do is basically the same. I have seen our local, regional, and national teams work closely to create a bridge of "best practices." With our colleagues in professional chaplaincy we have begun to speak a common language of *advocacy*.

Together we are building tremendously effective teams. I recently had the opportunity to celebrate the incredible journey of certification for one of our chaplains who is of the Buddhist tradition. His challenge was to equate his lifetime of traditional Buddhist training into the hourly coursework equivalency of an MDiv in theology. This intricate process has taken a few years. But being able to stand with him in this recent leg of his journey as a mentor and coach was incredible.

We have seen visions of chaplaincy moving to deeper and deeper levels of responsibility. Chaplains, who bring the gift of presence to patients, victims, caregivers, and faith communities, have begun building partnerships for our future. All of this is what fills me with a deep peace and hope that the voice of our chaplains will continue to be integrated into the fabric of our association and ministry. I fully expect to continue to bring a voice of advocacy to the NACC in ways that help us reach the next level of pastoral ministry.

If I were to point out one need for our organization today, it would be the need to continue to create opportunities to hear the new voices of vision in our midst. We need to seek out our new members who have just begun and mentor them with those who carry our history. I have carried with me the words of one of my first mentors in chaplaincy, Sister Elvera Mary Oberti, RSM, who would say, "When you go out and begin your work in Pastoral Ministry, go where you can be part of a team, look to find strong teams of Chaplains." These words continue to inspire my current role, which is now to build strong teams of chaplains and teach others about the power of presence through professional chaplaincy.

I have learned that administrators, physicians, and caregivers respect the work we do. What they tend not to know is what it takes for us to get here. Keeping our work *visible* and *accountable* is the best way to move our journey to the next level. "To whom much is given, much will be expected." This is both our challenge as an association and our opportunity.



Edward M. Smink, OH, MA

**Senior Vice President of Mission Integration and Integrity Officer
Dubuis Health System
Houston, Texas**

As member-at-large, I would bring to the Board of Directors over 35 years of health care experience, including a background in nursing, pastoral counseling, clinical and organizational ethics consultation, spiritual care services, and spiritual care program development. As a certified chaplain, I have worked as a staff chaplain, priest chaplain, manager, and regional director for spiritual care.

My past experience includes creating a methodology to access, review, and implement corporate mission integration standards on the local level and implement changes according to strategic plans of the corporate office and the local site. These skills would favorably support the association's implementation of a strategic plan.

It is my belief that spiritual care is integral for healing, and the challenges of today force us to "rethink" how chaplains partner and network with staff, interdisciplinary teams, and faith communities to promote healing and wellness within the different health care settings and within the community we serve.

At present as vice president of mission integration, it is one of my responsibilities to oversee the strengthening and developing of new programs of spiritual care at each of our 13 acute long-term care hospitals.

I have served the NACC as assistant director of region XI and have helped in different capacities in assisting with the certification of new chaplains as well as working with the education committee to sponsor assemblies. I have seen great growth in our association and am encouraged by the joint efforts of the national chaplain associations of North America. These partnerships are essential to the association. I am delighted to be a member and to be asked to be of service to the NACC as a member-at-large.

Certification News

Report from the National Certification Commission

Anita Lapeyre, RSCJ
Chair

The National Certification Commission met from July 10–13, 2003, in Milwaukee. Three new commissioners had been appointed: Dr. Rodger Accardi of Glen Ellyn, Illinois, Mr. Robert V. Scheri of Eugene, Oregon, and Sister Mary R. Skopal, SSJ, of Baltimore, Maryland. Bob Scheri and Mary Skopal were able to be present at this meeting.

Under the capable direction of Mr. D.W. Donovan, three new **Interview Team Educators** were trained: Rev. Liam C. Casey of Hartford, Connecticut, Ms. Cam Hanemann of Milwaukie, Oregon, and Ms. Sharon A. Mason of Indianapolis, Indiana. The NACC now has nine Interview Team Educators who will train interview teams. We need several more willing participants to perform this important work. Certification is the core of the mission of our organization. If anyone is interested in becoming an Interview Team Educator, please contact the national office.

Our gratitude goes to all the members who have served as **interview team members**. Without your generous efforts to assist in evaluating a candidate's materials and his/her readiness to serve as chaplain, the association could not be successful in its mission.

As a result of the discussion of the Commission's duties, we decided to place a section of **Frequently Asked Questions (FAQs)** on the certification portion of the NACC website. We hope that these questions and answers will help those who are navigating the certification process. Look for these FAQs in the fall. As Chair I will, however, continue to answer questions regarding theology equivalencies. Sister Virginia Yeager, SSJ, Vice Chair, will continue to handle requests for CPE equivalencies. Mary Skopal will read and evaluate recertification applications. Commissioner Ann O'Shea will work with the Interview Team Educators to help improve the process. Commissioners Barbara Ann Brumleve and John Gillman will represent the Commission on committees with our colleagues from the other cognate groups.

Bob Scheri generously volunteered to manage the **selection of interview teams**. This is a daunting task, as we believe that many will be applying for certification before the January 2005 deadline when a master's degree will be required. If you want to serve on an interview team, please let the national office know. Now that we are using the Interview Team Educator process, you do not have to have prior experience. Veterans, of course, are always welcome.

Recertification—In 2002, 17 percent of members who were due to recertify did not meet the December 31 deadline for submitting their materials or to request an extension. The Commission grants extensions for good reasons; however, members need to request an extension *in writing* before the end of the year. In all its decisions, the Commission is very consistent in upholding standards.

For recertification, members are reminded that **only eight hours of continuing education** can be granted for ongoing spiritual direction or therapy *no matter how many hours the member actually spent* in these activities. Also, personal vacations and "fun" times with family and friends do not meet the criteria for continuing education.

Newly Certified Members

Congratulations to the following members who were certified at the National Certification Commission meeting held in Milwaukee, Wisconsin, July 10–13, 2003.

Rev. Anthony Agbali, <i>Austin, Texas</i>	Rev. Anthony Kyere-Mensah, St. James, New York
Ms. Mary Allen, <i>Madison, Wisconsin</i>	Mr. Gordon MacDonald, <i>Oshkosh, Wisconsin</i>
Sister Ann Brangan, CCVI, <i>Harlingen, Texas</i>	Deacon John McCaughn <i>Conover, Wisconsin</i>
Ms. Joyce Budny, <i>Hales Corners, Wisconsin</i>	Mrs. Ellen McDermott, <i>Cresskill, New Jersey</i>
Sister Sharon Collver, SNJM, <i>Portland, Oregon</i>	Sister Sarah McGuire, CCVI, <i>Houston, Texas</i>
Ms. Margaret Crowell, <i>Waterville, Maine</i>	Ms. Marty Meyer-Gad, <i>Clear Lake, Minnesota</i>
Mr. Mark Dextraze, <i>Ventura, California</i>	Ms. Mary Morrison, <i>Long Beach, Mississippi</i>
Rev. Gino Donatelli, SJ, <i>Oak Park, Illinois</i>	Miss Bernadette Palo, <i>Queens Village, New York</i>
Mr. Timothy Duff, <i>Wilmington, Delaware</i>	Sister Sandra Pelusi, RSM, <i>Wilkins Township, Pennsylvania</i>
Deacon Darwin Dupree, <i>Kansas City, Missouri</i>	Sister Patricia Prunty, PBVM, <i>Aberdeen, South Dakota</i>
Mr. Remigius Ekweariri, <i>Garden City, Kansas</i>	Mrs. Patricia Regan, <i>Garden City, New York</i>
Rev. Alphonsus Ezeoke, <i>Hackensack, New Jersey</i>	Ms. Shirley Jean Short, <i>Crown Point, Indiana</i>
Mrs. Mary Fox, <i>La Grange Park, Illinois</i>	Ms. Wendi Steinberg, <i>Virginia Beach, Virginia</i>
Ms. Lora Hoggard, <i>Columbus, Georgia</i>	Rev. Calin Tamiian, <i>Oxnard, California</i>
Rev. Matthew Iwuji, <i>Austin, Texas</i>	Mrs. Patricia Van Den Heuvel, <i>Two Harbors, Minnesota</i>
Mrs. Susan Kangas, <i>Milwaukee, Wisconsin</i>	

Two small additions were made to the **NACC Standards**. Standard 840.1435 will now read: "A brief statement by the consulted NACC member summarizing the peer review and written recommendations for future learning." Standard 630.6 will now read: "Within one week of notification the candidate sends one copy of the supportive materials to each of the remaining two members of the Appeal Review Team." Both of these revised standards will go into effect on January 1, 2004.

At this meeting **31 members were certified** as chaplain and **31 members were recertified**. In addition, 88 candidates were approved for fall 2003 interviews. These numbers attest to the desire of our members to attain and maintain professional chaplaincy standards. We congratulate the newly certified members and salute those who have become recertified.

The National Certification Commission is working hard to serve you and we hope you will continue to advise us of your suggestions and concerns.

The Spirit Moved and You Wouldn't Believe the Pastoral Response

Crohn's disease over the years. Ray had lost his wife 10 years ago. He said he had three children that often stopped by to see him. He also spoke about having to retire early due to his disease. During my time spent with Ray, he told me that he believed in God, but that he didn't go to church or pray much. He kept repeating, "But I try to make the best out of everything. That helps me to keep going."

The mood in the room was very somber. In the next bed, there was a 90-year-old man who spoke no English and who seemed to be staring off at a distant land.

Ray had just finished telling me that his biggest problem now is that he cannot eat. He said that whenever he tried to put anything in his mouth, he would become nauseated. He had no sooner finished telling me this when a young nurse entered the room. "Here you go, Ray," she said, placing a tall container with about 16 ounces of chalky, white fluid in it on the table in front of him. "What is that?" Ray asked. The nurse replied, "That is what you have to drink for your test." Ray countered, "But they told me, it was only going to be this much," indicating about two inches with his fingers. "Oh no," the nurse said, "you have to try really hard to drink all of it." Then she left the room.

Without speaking a word, Ray and I both leaned slowly forward to read the sticker on the container. Written on the sticker was Ray's name, room number, and the type of fluid that was in the container. Together, we slowly leaned back. Next, still without uttering a word, we both slowly turned and looked at one another.

Ray had just told me of his inability to put anything in his mouth without becoming sick. So he didn't have to say anything, he just looked at me and we were connected in thought. It was then that it happened. Four units of CPE, hours of supervision, IPR, and clinical visits, not to mention the summers of theological course work, while dealing with long commutes into Boston College, all paid off with my most profound of pastoral responses. In that moment of knowing, as we both looked at each other with a full awareness that there

was no way out, I simply responded to Ray's glance by softly saying, "Bottom's up!"

Well the presence of God burst forth in that room like the sudden onset of spring after a long, cold winter. Ray immediately leaned forward in his chair, placed his hand over his stomach, and began to laugh. And I laughed with him. The next thing I knew, his silent, distant roommate, touched by the spirit of joy that had just taken over the room, began to laugh, too. We were all laughing so much that the nurse came in to see what was going on.

The next day, I was walking down a hallway in the hospital when I saw a man who appeared to be waving to me frantically from a stretcher. When I got closer, I saw that it was Ray. But, he looked different. He had joy in his face. "Will you come to my room to see me," he asked. "Yes, of course," I replied. A little while later, I went to Ray's room and we shared prayer together. It was like we were old friends. The day before had made such a difference to him. I was aware that a healing had taken place.

Ray had told me that making the best of situations was what helped him to keep going. I could have simply listened to him, or affirmed him, or offered words of encouragement. But I didn't. I went into his situation with him, and *together* we made the best of it.

Many times God sends us affirmations. Often, He sends us words of encouragement. And, He is always listening to us. But Love doesn't just settle for that. Love offers us more. He offers to come to us physically, to be present with us where we are, so we can go through our situations *together* with Him. *It is in that unity that the joy and healing are to be found.* God is available and desirous of coming to us each day if we are open to Him, through the Blessed Sacrament. If we were more aware of His presence, I'm sure we would meet Him joyfully, while waving frantically for Him to come in.

(NACC member Theresa Mallahan is a chaplain at Saints Memorial Medical Center in Lowell, Massachusetts; tfm365@msn.com.)

I went into his situation with him, and together we made the best of it.

Theresa Mallahan

It was mid afternoon when my pastoral visiting led me to Ray – a man in his 70s with dehydration and an obstruction in his colon. When I entered the room, I found Ray sitting up in a chair, next to his bed, with an over bed table in front of him. I introduced myself and asked if I could sit for a while. Ray politely said yes. I pulled up a chair and sat next to him.

Ray had the appearance of somebody who had suffered a great deal physically. He was extremely thin. He looked gaunt, with the sclera of his eyes yellow and his facial bones protruding. Ray explained to me that he had been diagnosed at the age of 19 with Crohn's – a chronic inflammatory bowel disease. According to Ray, he could never count the number of times he had been hospitalized with the disease. Throughout his life, he was, as he put it, constantly in the hospital. At this point, most of his colon had been removed. What little was left was now obstructed.

Ray was a soft-spoken man with gentle brown eyes. I sat and listened to him as he spoke of the challenges in living with



Creating a publication for Pastoral Care Week

To celebrate Pastoral Care Week 2002, the Department of Pastoral Care at Washington Hospital Center in Washington, D.C., created a publication called *Center Chaplain*. *Center Chaplain* is an attractive, 8 1/2" by 11", six-page, two-color publication (the accompanying black and white photos do not do it justice). NACC-certified chaplain Rev. James F. Moran sent the NACC a copy of the *Center Chaplain* late last year. He answered a few questions about this publication:

How was Center Chaplain integrated into your plans for Pastoral Care Week?

During Pastoral Care Week we provided tables with information at the Washington Hospital Center (907-bed facility), the National Rehabilitation Hospital (approximately 122-bed facility), and the Washington Cancer Institute (outpatient). These tables exhibited religious items from several religious backgrounds (Christian, Jewish, Hindu, Islamic, etc.); prayer cards from different religious perspectives; as well as information on "how to reach a chaplain," which lists our 24/7 cell phone number, pager, etc., and of course copies of *Center Chaplain*.



Was Center Chaplain created especially for Pastoral Care Week 2002?

Yes, it was, with the idea that it would be revised each year. We printed 1000 copies for a total cost of \$337.82. We are working on new articles and other information for this year's publication.

What kind of feedback have you received on Center Chaplain? Do you think it has been successful?

We've received VERY positive feedback from everyone who has been able to see it. We believe it has been successful in that we have been able to get the word out that chaplains are here 24/7 to respond to the spiritual needs of patients, staff, etc.

Why did your pastoral care department decide on this vehicle to spread the news about pastoral care?

Several other departments in the hospital have similar publications, for example, *Center Nurse*, *Center Physician*, etc.

(Father Jim Moran (james.f.moran@medstar.net) provides chaplain services at Washington Hospital Center, National Rehabilitation, and Children's Hospital National Medical Center.)

Who received copies of Center Chaplain?

The publication was made available to any and all (staff and visitors) who visited our tables during Pastoral Care Week (at Washington Hospital Center and National Rehabilitation Hospital). It is also sent to CPE applicants and others interested in pastoral programs.





Resources for the Celebration of Pastoral Care Week

Join in the recognition and celebration of pastoral care with resources supplied by The COMISS Network. These resources, which include articles, publicity notices, logos, and the order form for Pastoral Care Week products are available at: www.pastoralcare-week.org.

Lower prices! New items! Order online!

Now you can place your credit card orders for Pas-

toral Care Week products on a secure website. To order, go to www.pastoralcareweek.org and simply click on Products then Merchandise.

You may send a surface mail request for a packet of the resources to: Pastoral Care Week, c/o The COMISS Network, P.O. Box 5432, Hampton, VA 23667. Please allow two to three weeks for delivery of this resource packet. Note that the order form for products was also published in the July issue of Vision.

H O R I Z O N S

BOOK REVIEWS

Modern Psychology and Ancient Wisdom

Psychological healing practices from the world's religious traditions

Edited by Sharon G. Mijares, PhD
New York: Haworth Press, 2003. \$20.97.

Reviewed by Dennis McCann, SFO, PhD

Modern Psychology and Ancient Wisdom is a series of eight essays. Each essay is a concisely written portrait of that religion's or belief system's methods and design for bringing sanity and health to its believers or practitioners. Each essay is written by an expert and practitioner in that particular technique. The religions/belief systems offered are Buddhism, Christianity, Goddess Spirituality, Judaism, Native American Psychospirituality, Sufism, Taoism, Yoga, and Hinduism.

It is difficult to determine for whom this book would be useful. For those of us who have studied religion, nothing is very new here. Several of the systems refer back to Buddhism as a comparison and, possibly verification, of their own technique. I don't think any system for healing the mind through spirituality will ever exceed the beauty of articulation and elegance of technique as Buddhism. For that reason alone it is a good opening chapter.

The following chapter on Christianity invokes the need for mysticism and the healing power of Christ. Through prayer and especially Centering Prayer and Lectio Divina, the mystical presence of Christ can be engaged in the present and the healing brought to bear on our current needs both

personal and communal. The author cites the popularity of the widely recognized Christian prayer healer, Agnes Sanford, and her use of imagery prayer healing.

Those who attended the NACC joint conference in Toronto will recognize the name Terry Tafoya, who has coauthored the chapter on Native American techniques with a special emphasis on storytelling. His stories are especially fun to read if you have heard him tell them. Each of the other chapters includes excerpts from stories or scripture and at least one anecdotal experience of its effectiveness. This was obviously by design of the editor.

An unusual chapter is "Goddess Spirituality." It is not well supported historically and although it claims to have influenced the interior healing of many women, I could not find anyone who was aware of this influence. The only other chapter I had higher hopes for and was disappointed with was the chapter on "Yoga and Hinduism" which goes a bit overboard explaining itself from a scientific perspective.

I found the most enjoyable chapters to be "Sufism" and "Taoism." The Sufi tradition, with its earthy stories and wonderfully colorful understanding of our wild interior life, is replete with quotes from Rumi. The Taoist tradition by contrast has a gentleness to it that encourages detachment with evocative phrases that help us to accept ourselves like, "good enough health and wellness," and seeing illness as "stuck or attached life energy."

The book is an easy tour through these different styles of healing practices that might be useful for a beginner in comparative religions. However, one would neither choose a spiritual practice or method for healing based on this source alone. This

book would not be useful for directing someone in a certain spiritual direction because there is no way of telling how invested the patient might be in the particular belief system. Many Catholics may not be drawn to a method such as Centering Prayer; a Native American may be too removed from the culture that produced a Native American healing story. We should never assume that because we know a person's religion, we know a person's belief.

Probably the strongest message from this book is that religions or belief systems can be useful for healing our interior insanity. This seems a good place to begin an interfaith dialogue. All of these systems agree that humankind is sick and needs healing. Perhaps the very purpose of religion is not so much that we should learn to know, love, and serve God, as much as we should know that we are ill and God, in her infinite forms, might be sending us medicine through religion and spiritual practices to heal our existential wounds.

(NACC-certified chaplain Dennis McCann, SFO, PhD, is Director of Pastoral Care, St. Vincent's Medical Center, Bridgeport, Connecticut; e-mail: dmccann@svhs-ct.org.)

Ethics of Health Care

An Introductory Textbook
3rd Edition

By Benedict M. Ashley, OP and Kevin D. O'Rourke, OP. Washington, D.C.: Georgetown U. Press, 2002. \$27.50.

Catholic Health Association's *Health Progress* has a review of this book in its July-August issue on page 48. You can also access the review at: <http://www.chausa.org/PUBS/PUBSART.ASP?ISSUE=HP0307&ARTICLE=P>.

▼ **Providence Health System, CA** – CPE SUPERVISOR, MANAGER OF SPIRITUAL CARE, CHAPLAINS. At Providence Health System, our mission continues our tradition of healing with a special concern for the poor and vulnerable. We embrace caring for the sick and dying through the Catholic health ministry and meeting the health needs of our communities. We commit to an integrated approach to health and healing, part of which includes spiritual care. If you are driven by these same ideals, we invite you to join our health care team who is currently expanding the Spiritual Care Department. Providence Holy Cross Medical Center, Mission Hills, CA, and Providence Saint Joseph Medical Center, Burbank, CA, have excellent opportunities for a CPE supervisor, a manager of spiritual care, and experienced chaplains (part-time and full-time positions) to provide spiritual guidance and make a significant difference in people's lives. Chaplain candidates need to be collaborative and team-oriented. We require at least one to two years of hospital-related experience. A master's degree in theology/divinity (or equivalent), a minimum of two units of CPE and certification in NACC/ APC/ NAJC (or eligible within two years) are preferred. Bilingual English/Spanish candidates are also highly preferred. For immediate consideration submit resume/application to: Providence Holy Cross Medical Center, Human Resources, 15031 Rinaldi St., Mission Hills, CA 91346; fax: (818)898-4629; e-mail: mcelli@phsca.org; OR Providence Saint Joseph Medical Center, Human Resources, 501 S. Buena Vista, CA 91505-4866; fax: (818)847-3693; e-mail: klindley@phsca.org. You may also apply online at www.experience-providence.com. EOE.

▼ **Little Company of Mary Hospital, Torrance, CA** – CHAPLAIN. At Little Company of Mary, our mission is part of the larger mission of the Sisters of Little Company of Mary to continue our tradition of healing. We embrace caring for the sick and dying through the Catholic health ministry and meeting the health needs of our communities. We commit to an integrated approach to health and healing, part of which includes spiritual care. If you are driven in your own life by these same ideals, we invite you to join our medical team. We currently have an excellent opportunity for an experienced chaplain to provide spiritual guidance across the continuum of care and make a significant difference in people's lives. Candidates need to be collaborative and team-oriented, and must possess a master's degree in theology (or equivalent), four units of Clinical Pastoral Education and certification in NACC/APC/NAJC (or eligible within two years). Must also have at least two to three years of hospital-related experience. Preferred candidates will have a background in women's health and bioethics, as well as the ability to speak Spanish. For immediate consideration, please send resume to: Little Company of Mary Hospital, Attn: Lorena Montes - Human Resources, 4101 Torrance Boulevard, Torrance, CA 90503; fax: (310)543-5897; or call (310)543-5941. You may apply online at www.lcmcareers.com. Equal Opportunity Employer.

▼ **Altru Health System, Grand Forks, ND** – is seeking a half-time ROMAN CATHOLIC CHAPLAIN. Primary responsibilities will be to meet contract for services agreement of providing and coordinating Catholic ministry in Valley Memorial Homes, a not-for-profit nursing home system that includes two assisted living facilities, two nursing homes that provide all levels of care, and one independent living facility. Altru has a full-time Protestant chaplain who meets pastoral care services at these facilities. The applicant will be a member of a seven-person, ecumenical, professionally certified chaplaincy team that serves the patients, families, and staff in a not-for-profit, community health care system that serves northeastern North Dakota and northwestern Minnesota. In addition to the hospital and nursing homes, the department also provides services in a hospice program. Altru Hospital is a Level II Trauma Center. The system has over 150 physicians in Grand Forks and regional clinics. It provides clinical opportunities for a medical school, surgery and family practice residents, nursing and most

other allied health occupations, and is an accredited ACPE Center. This is an exempt position. Salary and benefits are competitive. Applicants must be certified by NACC or APC, or be willing to become certified. We welcome your immediate inquiry and/or resume. Questions may be addressed to Chaplain Arnold R. Enslin, Manager, Pastoral Services Department at (701)780-5300 or aenslin@altru.org. Visit our website: www.altru.org. Human Resources, Altru Health System, P.O. Box 6002, Grand Forks, ND 58206. Equal Opportunity Employer. Member, VHA.

▼ **St. Catherine Hospital, Garden City, KS** – a leader in health care, is seeking a FULL-TIME CHAPLAIN OR A FULL-TIME PRIEST CHAPLAIN. This position offers the opportunity to join an ecumenical staff of spiritual care givers of both paid chaplains and volunteer clergy. Our team approach involves a multidisciplinary creative approach to meeting the spiritual needs of patients, families, staff, and outreach ministry to the surrounding communities of Garden City. The successful candidate must be committed to personal health and healing, to development of required professional skills for innovative approaches to spiritual services, and to ministry, consistent with the mission and values of St. Catherine Hospital. Teaching skills and an understanding of holistic ministry are preferred. Bilingual skills are a plus, with Spanish preferred. Candidates must have a current ecclesiastical endorsement, have current NACC or APC certification or eligibility and be willing to pursue certification. St. Catherine Hospital is ideally located just hours away from the mountains, desert, and high plains of the western United States. St. Catherine offers a competitive salary, excellent benefits, and opportunities for continuing professional education. For consideration, please send a resume to: Leslie Petz, Recruiter, Human Resources, St. Catherine Hospital, 410 E. Walnut, Garden City, KS 67846; phone: (620)272-2557 or (800)565-6486; fax: (620)272-2528; e-mail: human_resources_gck@chi-midwest.org. Catholic Health Initiatives.

▼ **Gundersen Lutheran Medical Center, La Crosse, WI** – is a 325-bed teaching hospital with a Level II trauma and emergency center, and 45 medical clinics, rural hospitals, vision centers and other facilities that serve more than 500,000 residents of three states. We currently have a full-time opening, available July 21st for the following position: CHAPLAIN, COORDINATOR OF CATHOLIC MINISTRIES. This position involves direct ministry to patients/ families/ staff and collegiality with an ecumenical staff of four chaplains, in addition to six ACPE residents and summer/extended unit students. You will coordinate a longstanding Catholic ministry program of hospital eucharistic ministers and serve as a liaison with local parishes and diocesan personnel. Requirements for this position include four quarters CPE or equivalent, a college degree with post-graduate degree from an accredited seminary or institution and three years' parish experience or equivalent. Preferred candidates will have additional degrees or course work in area of pastoral ministry and five years' experience in ministry. Gundersen Lutheran offers a competitive salary/benefits package. To apply online, visit our website: www.gundluth.org. For more information, please contact: Gundersen Lutheran Human Resources, 1900 South Ave., La Crosse, WI 54601; phone: 1-800-362-9567, ext. 55922; fax: (608)775-5594. We support a safe, healthy, and drug-free work environment through background checks and controlled substance screening. EOE/AA.

▼ **St. John's Hospital, Springfield, IL** – PRIEST CHAPLAIN. St. John's Hospital, a 700+ bed teaching hospital affiliated with Southern Illinois University School of Medicine, has an immediate opening for a Catholic priest chaplain. This individual will provide for the sacramental ministry of Catholic patients. The qualified candidate must be an ordained Roman Catholic priest in good standing. Pastoral theology, psychology, and liturgical experience required. CPE experience pre-

Positions Available

ferred, but not required. Membership in the National Association of Catholic Chaplains is encouraged. Interested individuals please apply online to www.st-johns.org or send resume to or call: Personnel Department, St. John's Hospital, 800 E. Carpenter Street, Springfield, IL 62769; phone: (800)419-2296, (217)525-5644; fax: (217)525-5601. EOE. An Affiliate of Hospital Sisters Health System.

▼ **The Diocese of Greensburg, PA** – is seeking a PART-TIME CATHOLIC CHAPLAIN to provide spiritual services at Torrance State Hospital in Torrance, PA. Working approximately 30 hours per week, this position will be responsible for a variety of chaplain duties including visiting, counseling, and spiritual support for the residents of the hospital. CPE is highly desirable. Please send resume to: The Diocese of Greensburg, Director of Human Resources, 723 E. Pittsburgh Street, Greensburg, PA 15601.

▼ **The SETON Healthcare Network, Austin, TX** – is seeking CHAPLAINS/ROMAN CATHOLIC PRIEST CHAPLAINS for community which consists of Brackenridge Trauma Hospital, only Level II trauma facility serving central Texas. Children's Hospital of Austin offers the most complex and comprehensive medical and surgical care for children. SETON Medical Center is the largest medical/surgical acute center in Austin and SETON Northwest, which offers a variety of physician offices in addition to a Sports Medicine, Day Surgery, Pain Management Center and Maternity Center. CHAPLAIN: master's degree in theology, counseling, or related field, four units of CPE, current certification or eligibility for certification within one year of employment by NACC, APC, ACPE, CAPPE, or NAJC are required. Candidates must have current ecclesiastical endorsement or eligibility for such endorsement by one's faith affiliation within six months of employment. PROFESSIONAL ROMAN CATHOLIC PRIEST CHAPLAIN: Master's degree in theology, counseling, or related field, four units of CPE, current certification or eligibility for certification within one year of employment by NACC, ACPE, APC, CAPPE, and NAJC are required. Bilingual in English/Spanish preferred. Candidates must possess ecclesiastical faculties from the Roman Catholic Bishop of Austin prior to employment. If interested, please e-mail Non-Clinical Recruiter, setonjobs@seton.org; fax resume to: (512)380-7524 or mail to: 1001 West 38th St., Austin, Texas 78705. Please reference SCS603. EOE.

▼ **North Shore Medical Center (NSMC), Salem, MA** – CLINICAL PASTORAL EDUCATION SUPERVISOR. Scope of position: The program coordinator/CPE supervisor is responsible for assisting the director in the developing, directing, and evaluating of all aspects of the chaplaincy programs. Supervises in the CPE program. Provides pastoral services and consultation. Represents chaplaincy on hospital committee/ activities. Participates in related community affairs. **Core competencies and qualifications:** Educational: Master of Divinity degree from an accredited seminary, or the equivalent. Ecclesiastical: Endorsements for hospital chaplaincy and for CPE supervision from the ecclesiastical body to which she/he belongs. Certification: Certification as a chaplain/board certified chaplain by a national chaplaincy organization such as NACC or APC, and maintains such certification. Certification as an Associate Supervisor and/or CPE Supervisor by CAPPE, NACC and/or ACPE, and maintains such certification. Experience: At least three years' experience in hospital chaplaincy, preferably in a large academic medical center. At least three years' experience in management, preferably of a hospital chaplaincy department. Interested candidates, please contact Tara Clarke, NSMC, 81 Highland Ave., Salem, MA 01970; fax: (978)740-4928; www.nsmc.partners.org. EOE.

▼ **Alexian Brothers Behavioral Health Hospital, Hoffman Estates, IL** – STAFF CHAPLAIN. An expanding, 94-bed behavioral health hospital in the northwest suburbs of Chicago seeks a full-time staff chaplain to join our pastoral care team. As part of an interdiscipli-

nary approach, you will assess spiritual needs and offer support to patients, families, and staff of all faith traditions. A primary responsibility will be to lead spirituality groups. The position also requires knowledge of diversity of religious practices, worship, coordination of sacramental and liturgical needs, staff education, and mentoring CPE and other clinical students. Qualified candidates will have pastoral care experience in a health care setting (acute mental health preferred); master's degree in ministry with a background in psychology or counseling; two or more units of CPE; certification or working towards eligibility with APC or NACC; and ecclesiastical and/or denominational endorsement. Please mail resume with cover letter to Rev. Abby Fyten, ABBHH, 1650 Moon Lake Blvd., Hoffman Estates, IL 60194 or e-mail: abigail.fyten@abbhh.net.

▼ **Mercy Health System, Southeastern PA** – has an exceptional full-time opportunity for a Roman Catholic priest to be its MANAGER OF PASTORAL CARE. The mission of Mercy Health System is to participate in the healing ministry of the Sisters of Mercy and the Roman Catholic Church. This mission is characterized by special concern for those who are poor and disadvantaged. The Director of Pastoral Care plays an integral part in carrying forward this mission. Primary responsibilities include implementing and maintaining a continuum of spiritual care for patients, families, and staff; supporting and directing the pastoral care staff; and providing pastoral care responsibilities as required. The successful candidate will be a Roman Catholic priest who is NACC or APC certified. Demonstrated management experience in health care, effective interpersonal skills, pastoral sensitivity, and commitment to the mission and values of Mercy Health System are essential. Qualified candidates should submit their resume to Mercy Fitzgerald Hospital, 1500 Lansdowne Avenue, Darby, PA 19023; fax to: (610)237-5020, or e-mail to: mfhcareers@mercyhealth.org. Visit our website: www.mercyhealth.org. An equal opportunity employer, m/f.

▼ **Providence Alaska Medical Center, Anchorage, AK** – CHAPLAIN. To minister to the spiritual and emotional needs of patients, families, and others associated with the work and mission of Providence Health System in Alaska. Collaboration on the pastoral care team with interfaith chaplains and volunteers. May be required to share on-call responsibilities with other chaplains. Qualifications include two years' experience as a chaplain in an acute health care setting and appropriate ecclesiastical endorsement. A master's degree from an accredited school of theology, four units of CPE, certification through the NACC, NAJC, and APC (certification eligible within two years) is also required. Providence Health System in Alaska offers a generous benefit package and relocation allowance. Contact us for details. We encourage you to apply online at www.providence.org/alaska/nacc.htm or print and fill out a paper copy of our application and send to: Providence Health System in Alaska, Human Resource Services, PO Box 196990, Anchorage, AK 99519; phone: (800)478-9940; fax: (907)565-6491; e-mail: bmcneil@provak.org. EOE/AAE. Drug screening required.

▼ **CHRISTUS Spohn Health System, Beeville, TX** – CHAPLAIN. CHRISTUS Spohn Health System is currently seeking a chaplain. Requires four units of CPE at an ACPE- or NACC-accredited CPE center. Master of Divinity or master's in theology and chaplain certification with NACC or APC preferred. We offer competitive salaries and benefits. For full career details, please contact: CHRISTUS Spohn Employment Center, 716 Ayers St., Corpus Christi, TX 78404; phone: (361)881-3703 or (800)643-2609; fax: (361)883-6478; e-mail: larae_carvajal@iwhs.org; Jobline: (361)881-3752. An Equal Opportunity Employer. www.christusspohn.org

▼ **Calvary Hospital, Bronx, NY** – Seeking a certified PART-TIME PROTESTANT CHAPLAIN to join our interfaith staff as soon as possible. Calvary Hospital, sponsored by the Roman Catholic Archdiocese of New York, is the only fully accredited acute care specialty

hospital in the nation, exclusively dedicated to providing palliative care to adults with advanced cancer. Services are provided to an inpatient population (200 beds), home care, and hospice. The Pastoral Services Department consists of an interfaith staff of 14 full-time and part-time chaplains. The position requires ecclesiastical endorsement, certification with ACPE, APC, and a minimum of three years' experience in pastoral ministry in a hospital setting. Computer charting required. Competitive salary and excellent benefit package. Please send your resume to Eileen McKeon Pesek, Calvary Hospital, 1740 Eastchester Road, Bronx, New York, NY 10461; phone: (718)518-2118; fax: (718)518-2552; e-mail: epesek@calvaryhospital.org.

▼ **Calvary Hospital, Bronx, NY** – Seeking a certified FULL-TIME CATHOLIC CHAPLAIN to join our interfaith staff as soon as possible. Calvary Hospital, sponsored by the Roman Catholic Archdiocese of New York, is the only fully accredited acute care specialty hospital in the nation, exclusively dedicated to providing palliative care to adults with advanced cancer. The Pastoral Services Department consists of 14 full-time and part-time chaplains. Services are provided to an inpatient population (200 beds), home care, and hospice. The Pastoral Services Department is well integrated into the life of the hospital, and there are many community-related educational and support services available. The position requires ecclesiastical endorsement, certification with NACC, ACPE, and a minimum of three years' experience in pastoral ministry in a hospital setting. Computer charting required. Competitive salary and excellent benefit package. Please send your resume to Eileen McKeon Pesek, Calvary Hospital, 1740 Eastchester Road, Bronx, New York, NY 10461; phone: (718)518-2118; fax: (718)518-2552; e-mail: epesek@calvaryhospital.org.

▼ **Montefiore Medical Center, Bronx, NY** – CHAPLAIN. The Palliative Care Service seeks a bilingual (Spanish, English) chaplain to provide end-of-life care to patients/families. Chaplaincy certification preferred. Hospice chaplaincy, HIV-care, or similar pastoral experience required. Candidate should be skilled in cultural competency to address needs of racially diverse Bronx/Westchester community. Strong commitment to social justice desirable. Send resume to Sean O'Mahony, MD, Palliative Care Service, 3335 Steuben Avenue, Bronx, NY 10467; Telephone: (718)920-6378; e-mail: Somahony@montefiore.org. EOE.

▼ **Scott & White Hospital, Temple, TX** – CHAPLAIN. Scott & White Hospital, a major research and teaching health care system known for its next-generation medical technology, Level I trauma center, and comprehensive range of specialties, is seeking an experienced chaplain with demonstrated supervisory and clinical experience. In addition, this position requires the following credentials: a master's degree; ordination and/or ecclesiastical endorsement for chaplaincy; certification as an associate or full supervisor from ACPE; and at least three years' parish pastoral experience/equivalent and three years' clinical experience working as a chaplain. Excellent benefits, career advancement opportunities, a progressive work environment, and relocation assistance. Send resume to: Tamara Schiller, Scott & White Hospital, Human Resources, 2401 S. 31st St., Temple, TX 76508; phone: (800)527-JOBS; fax: (254)724-5591; e-mail: trschiller@swmail.sw.org; website: www.sw.org/jobs. An equal opportunity employer.

▼ **Odyssey HealthCare, Arlington, VA** – CHAPLAIN. Hospice is where the heart is. Join Odyssey HealthCare in improving the quality of life for terminally ill patients and their families, through intensive treatment of physical and emotional pain and symptoms. We are a leader in hospice care and are opening a new facility in Arlington, Virginia. Please join us in the following role: Chaplain, Full-Time. Discover care that comes back to you with outstanding rewards and opportunities. Please forward resumes to Odyssey HealthCare, HR, 1800 Diagonal Road, #600, Alexandria, VA 22314 or e-mail: JuRomstad@odsyhealth.com. Visit www.odsyhealth.com for more information. EOE.

▼ **Community Medical Centers in Fresno, CA** – is seeking a FULL-TIME CHAPLAIN to join its chaplaincy team to provide spiritual comfort, counseling, and support to patients, families, visitors, and staff. Community Medical Centers is a not-for-profit public benefit hospital system with a Level I trauma and burn center serving the needs of the San Joaquin Valley. Fresno is conveniently located in central California within a short drive of a variety of recreational areas and National Parks. It is also ranked among the most affordable of metropolitan areas on the west coast. Requirements: master's degree in theology or divinity (or equivalent); four units of CPE; one year of hospital experience; certification in NACC/APC/NAJC (or eligible within two years). Roman Catholic priest or nun chaplain preferred. Bilingual English/Spanish skills are a plus. To apply, please submit resume to Scott Rutz, Recruiter at Community Medical Centers, Human Resources, P.O. Box 1232, Fresno, CA 93715; e-mail: srutz@communitymedical.org; fax: (559)459-2539; phone: (559)459-2439. You may also apply online at www.communitymedical.org. EOE.

▼ **Mary Manning Walsh Home, New York, NY** – DIRECTOR OF PASTORAL CARE. Mary Manning Walsh Home, a 362-bed nursing home in New York City, seeks a Director of Pastoral Care. Primary responsibilities are to plan, implement, and direct a spiritual care program for residents, staff, family members, and volunteers. The successful candidate will be certified by NACC. Prior experience as a director is preferred. Send or fax resume to: Sister Sean William O'Brien, Administrator, Mary Manning Walsh Home, 1339 York Ave., New York, NY 10021; fax: (212)585-3896.

▼ **St. John's Regional Health Center, Springfield, MO** – DIRECTOR OF PASTORAL EDUCATION. St. John's is sponsored by the Sisters of Mercy and is located in Springfield, a large "small town" nestled in one of the most scenic and vital areas of the Midwest. The position offers an exciting opportunity for a creative individual who has a vision for the formation of pastoral ministers in the 21st century. Very positive institutional, local church, and community support makes the pastoral education possibilities at this center abound. Current USCCB accreditation will provide an ideal springboard for a supervisor to develop institutional and community programs reflective of the area's need. In support of the center is a diverse staff of 18 professional chaplains plus clerical assistance and a generous operating budget. The 800-bed hospital provides a clinical setting with all major specialties, Level I trauma services and a strong commitment to provision of spiritual care in conjunction with services which have earned it "Top 100 Health Systems" status. Candidates must be certified CPE supervisors, have a vision for meeting the future needs of ministers, and an ability to blend creativity with desired outcomes. For information on this exciting opportunity, contact Rick Erickson, Director of Pastoral Services, St. John's Regional Health Center, 1235 E. Cherokee, Springfield, MO 65804; (417)820-2734.

Position Wanted

▼ NACC-certified lay chaplain seeking a staff position in acute care hospital or home health setting. Would prefer northern Indiana or southern Michigan, but am open to any inquiries. Please contact Will Braniff at wbraniff1@juno.com for resume and references.

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

CALENDAR

September 2003

- 19 Postmark date for member-at-large ballots
- 29 Copy deadline for November/December 2003 *Vision*

October 2003

- 4-5 Certification interviews:
Boston, Massachusetts;
Dallas, Texas;
Milwaukee, Wisconsin;
Portland, Oregon;
St. Louis, Missouri
- 5-11 Mental Illness Awareness Week
- 19-25 Pastoral Care Week
- 30-Nov. 2 National Certification Commission meeting
Milwaukee, Wisconsin

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October *Vision* debuts new design

The editorial and design staff of *Vision* have been working on an updated layout design for this NACC publication. Watch for it in October.