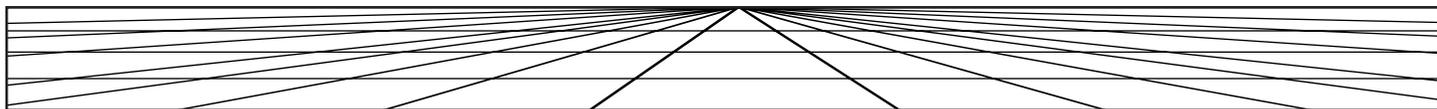


Vision

January 2003
Vol. 13 No. 1

The National Association
of Catholic Chaplains



11TH
WORLD
DAY
OF THE
SICK

Inside

World Day
of the Sick
•
Page 2

Symposium
2002
•
Page 9

Basilica of the National Shrine of the Immaculate Conception

Washington, D.C.

The Basilica of the National Shrine of the Immaculate Conception is the largest Catholic church in the Americas and is numbered among the largest churches in the world. It measures a total of 459 feet long and covers an area of 77,500 square feet. The Knights' Tower, a gift of the Knights of Columbus and completed in 1959, rises 329 feet from ground level. The interior of the Great Upper Church is 399 feet long and can accommodate more than 6,000 worshippers. The Crypt Church is 200 feet long, 160 feet wide and can comfortably seat more than 400 persons.

In 1846 the Bishops of the United States asked the Holy See that the Blessed Virgin Mary, under her title of

Immaculate Conception, be made heavenly Patroness of the United States. Thus Our Lady was Patroness of the United States eight years before the dogma of the Immaculate Conception was defined (in 1854 by Pope Pius IX) and 12 years before Our Lady appeared to Bernadette at Lourdes (February, 1858).

You can take a virtual tour of the Basilica of the National Shrine through the Basilica's website. Go to: <http://www.nationalshrineinteractive.com/>. This virtual tour will guide you through its chapels and displays. The Basilica staff has provided a page sampling some of the prayers recited at the Basilica, and each page within the virtual tour ends with a prayer, where possible.



© Copyright, Basilica of the National Shrine of the Immaculate Conception, Washington, D.C. Used with permission. All rights reserved.



11th World Day of the Sick

February 11, 2003

The World Day of the Sick is sponsored by the Vatican's Pontifical Council for Health Pastoral Care. Over the past 10 years the focus of the celebration has been in various regions of the world. In 2003 the three-day worldwide celebration will take place at the Basilica of the National Shrine of the Immaculate Conception in Washington, D.C., February 9–11.

The Archdiocese of Washington, D.C., is serving as the host diocese under the leadership of Cardinal Theodore McCarrick. Rev. Michael D. Place, STD, President and Chief Executive Officer of The Catholic Health Association (CHA), chairs the World Day of the Sick Administrative Steering Committee, which includes representatives of the United States Conference of Catholic Bishops (USCCB).

Participants from around the world -- particularly from the nations of the Americas -- health care leaders and a delegation from the Vatican will gather for dialog, study, and a solemn liturgy and the anointing of the sick at the Basilica.

The NACC is working with the planning committee for this event to help provide support materials for this celebration, such as prayer cards, an ecumenical service, reflection notes and homily hints, prayer of the faithful, and so forth. These materials, as well as information about the celebration in Washington, are available on the NACC website www.nacc.org.

The theme for this year's celebration is The Path to Solidarity: The Vocation of Catholic Health Care in America.

Vision

Vision is published 10 times a year by the National Association of Catholic Chaplains. ISSN: 1527-2370

Executive Editor

Rev. Joseph J. Driscoll

Editor

Susan Cubar
scubar@nacc.org

Graphic Designer

Gina Reiter

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

NACC National Office

3501 South Lake Drive
P.O. Box 070473
Milwaukee, WI 53207-0473
(414)483-4898
Fax: (414)483-6712
info@nacc.org
www.nacc.org

President and Chief Executive Officer

Rev. Joseph J. Driscoll

Executive Assistant to the President

Sandra Charlton
scharlton@nacc.org

Director of Education

Susanne Chawszczewski
schaw@nacc.org

Manager of Operations

Kathy Eldridge
keldridge@nacc.org

*Administrative Specialist/
Communications*

Susan Cubar
scubar@nacc.org

Administrative Specialist/Finances

Sue Walker
swalker@nacc.org

*Administrative Specialist/
Professional Practice (Certification)*

Marilyn Warczak
mwarczak@nacc.org

*Administrative Specialist/
Special Projects*

Robert Kopchinski
rkopchinski@nacc.org

*Administrative Assistant/
COMISS Network*

Kathleen Nelson
knelson@nacc.org

Association News

For January 2003

■ **Over 850 attend fall symposiums**

This past fall, over 850 Association members and others attended the symposiums on the Comprehensive Spiritual Care for Our Sick and Dying, which were held in eight cities across the country. Twenty-six bishops met with Association members at the symposiums. See pages 9 through 25 of this issue for more information about the symposiums, including member responses and photographs.

■ **Check out the NACC website**

Have you been to the NACC website lately? Besides updating Positions Available each week, we have posted information on World Day of the Sick and a link to the website for the 2003 conference in Toronto. www.nacc.org.

■ **Annual campaign underway**

In December, Father Joe Driscoll and Father Richard Leliaert, OSC, wrote to all Association members requesting donations to NACC's annual appeal. The focus of this year's appeal is the design, production, and promotion of a major catechetical video that would detail a menu of spiritual care services with particular attention to the appropriate use of the Church's rituals, especially the celebration of viaticum.

■ **Certification news**

The Certification Commission met in Milwaukee at the end of October with a full agenda. They certified 47 chaplains and one supervisor, recertified 108 chaplains and seven supervisors, and established interview dates and cities for 2003 and 2004. See pages 6 and 7 for details.

■ **Register now for Conference 2003 in Toronto**

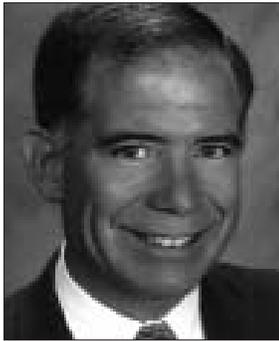
Don't forget to mail in your registration for the joint conference: "2003 An EPIC Experience, Charting the Future of Chaplaincy and Pastoral Counselling, A symposium for multifaith spiritual and religious caregivers." Deadline for the last postmark or fax of Early Bird registration is January 31.



In Memoriam

Please remember in your prayers:

Eileen P. Danis, who died July 28, 2002, in Fairfax, Virginia. Mrs. Danis was a former nurse who did volunteer work at the Washington, D.C., jail's central detention facility. Her obituary in The Washington Post noted that she "was 'Sister Eileen' to the prisoners, with whom she conducted prayer and Bible study groups . . . She saw herself as an advocate for the prisoners and helped them locate estranged family members." She joined the Association in 1990 and was certified in 1991.



Father Joseph J. Driscoll

The weekend of November 7–9, 2002, marked an historic and unprecedented gathering of the Board of Directors, national office staff, and task force chairs in a combined meeting that reviewed the input from the membership at the eight fall symposia in this important phase in our strategic planning. Twenty-three of us met for a day and a half in an excellent process designed and led by board member, Walter Smith, SJ.

Five task forces were established late last summer involving 35 members: board, national office staff, and 15 members at large. Each task force met by conference call and e-mail with the goal of identifying two or three salient issues in that particular area that appear critical to our mission at this time. The Monday after each weekend symposia, the issues that you identified were e-mailed to all the members of all the task forces so that all the participants would have a picture of the whole. The individual task forces refined their focus through the continuing dialogue. Two questions guided their discussion:

- What are the strengths and assets of the association in this particular area?
- What are the opportunities for growth in this particular area?

Each task force submitted a narrative summary of their discussions with the two or three recommendations that emerged. I was then charged with reviewing all of the data and producing a document that would lead our study and discussion in each area.

The following briefly summarizes some of the high points of our conversations around the table.

Technology and communications



Technology and communications task force (L-R): Bob Scheri, Chair; Susan Cubar, NACC staff; Robert Kopchinski, NACC staff; Bridget Krause, Board member elect; Mary Hassett, Board member. Not pictured: Pierre Guay, Charlotte Leas, and Deacon Joseph Scollan, Members at large.

In the area of technology and communications our discussion led to an important insight that technology is not primarily about information sharing, but rather about developing relationships. Thus, the role of technology is to support relationship building. For example, the question of whether or not we are linked to other Websites needs a further question as to whether or not other sites are related to us.

Specific attention was given to the fact that we need to determine how to build technological capacity and the related staffing issues, and what content is member-valued (“products”), and what cross-marketing opportunities are out there for us.

Our conversation led to the realization that we may need a “communication audit,” namely, raising such questions as, to whom are we communicating right now and to whom should we be communicating? Communication touches every aspect of the mission—standards, certification, education, advocacy, and professional development—and closely related is the question of how we market ourselves.

The need to enhance communication with the membership on all levels was clearly voiced at the symposia and heard by the planners, particularly in filling the gap left with the loss of a regional governance structure.

Membership development



Membership development task force (L-R): Rev. Ron Verhaeghe, Chair; Rev. Richard Leliaert, OSC, Board chair. Jean deBlois, CSJ, Board member; Susanne Chawszczewski, NACC staff. Not pictured: Dave Baker, Nancy Siekierka, and Teddi Tomsic, Members at large.

The focus on membership development spanned the horizon from retention of present members to recruitment of new members. An initial inclination to address recruitment strategies for the future was continually balanced by the call to give attention to the needs of our current members. The issue of a just wage, for chaplains in general and for women and those from other cultures in particular, was highlighted as an example of a concrete advocacy issue that is important to our members. How do we provide our members with the “products,” in this case for advocacy, to support them in their ministry?

A significant challenge came from one of our extern members who observed that while we claim ourselves as a profession, do others from the outside claim us as a profession? All established professions have gone through this evolutionary process in becoming a recognized profession. Nurses and psychologists, for example, were finally recognized by the outside world when they had one set of universal standards and one licensing process. The result was that everyone knew and agreed upon what were the requirements to bear the title that would become authorized as a profession.

What implications does this have for a “profession” that currently

has four or five different associations with four or five different certification processes?

In the area of recruitment, the question was raised as to whether there might be some other stakeholders in the mission of our association (for example, Catholic health care systems) who might be potential members. What would they have to gain from membership in the NACC?

We discussed recruitment through universities and pastoral formation programs. In addition, we struggled with our desire to become more culturally diverse and the challenges of making this happen. And finally, the point was made that health care in general is transitioning from a period of abundance and affluence to a time of scarcity. Are chaplains looking in a rearview mirror when perhaps we need to creatively look forward to a very different future?

Standards



Standards task force (L-R): Kathy Eldridge, NACC staff; Marilyn Warczak, NACC staff; Norma Gutierrez, Chair; Janet Biemann, RSM, Board member; Shirley Nugent, SCN, Board member. Not Pictured: Michele LeDoux Sakurai and Rev. Paula Teague, members at large.

In working on standards, a clear statement was made that a person of color needs to be a member of any such committee or task force. Standards need to be clear, concise, and measurable. Concern was expressed that all our documents, standards and code of ethics among them, be reviewed with an eye to the legal implications of life lived in this current environment.

It was observed that students often do not see the NACC Standards until they apply for certification when in fact they should be out in front at the beginning of the process. This point led naturally to a discussion about the need for a mentoring process, another recurrent theme from the data gathered at the symposia.

A question was raised about possibly distinguishing between “entry level standards” coming into the profession, and “practice level standards” that can guide our growth and enhancement of our competencies as we move into recertification processes.

Governance

The question of leadership was central to the conversations around governance. How do we grow leaders now in the new governance structure since in the past the regions were the “feeders” for national leaders? The question of leadership development was raised in light



Governance task force (L-R): Rev. Walter J. Smith, SJ, Board member; Ann Hurst, Board member elect; Sandy Charlton, NACC staff; Mary Lou O’Gorman, Chair. Not Pictured: Rosemary Abramovich, OP, and Kathleen Smith, RSM, Members at large.

of the fact that such is a priority focus of most organizations. You not only seek out and encourage potential leaders, but you have a process by which both the individual and the organization work together to grow these leaders to the benefit of both.

The establishment of a committee structure to foster and grow these relationships was suggested, but one that would meet only once a year face-to-face, for example, and the rest of the time by conference call and e-mail. One person noted that her particular organization now met in “resource groups” rather than in “committees.”

Discussion included questions of internal planning, especially preparing for eventual executive succession, the limited resources for operations, and the suggestion that a “workplace audit” may assist us in our responsibility for future planning in this area.

Development



Development task force (L-R): D.W. Donovan, Chair; Maryana Coyle, SC, Board member; Joan M. Bumpus, Board member; Sue Walker, NACC staff; Rev. Liam C. Casey, Board member; Most Rev. Dale J. Melczek, Episcopal Liaison. Not pictured: Dr. Linda Perrone Rooney.

The discussion on development began with the premise that the work in this area will depend upon and grow out of the work of the

(Continued on page 25.)

Report from the NACC Certification Commission

Anita Lapeyre, RSCJ
Chair

The National Certification Commission met in Milwaukee the weekend of October 31–November 2, 2002. We certified 47 chaplains and 1 supervisor (see the list of names on page 8). We offer our congratulations to them for this fine achievement and welcome them into the profession.

We recertified 108 chaplains and 7 supervisors. Again, we offer our colleagues our congratulations on their responsibility in maintaining and enhancing their own competencies in their respective areas.

A significant amount of our time was spent reviewing the current certification process through the interviewer/interviewee evaluations this year and the major evaluation provided by the national office staff. Though there is still need for tightening the process, especially in the area of interview training, the overall assessment is that the process is more professional and more objective in assessing the competencies of prospective candidates for certification.

A major accomplishment at this meeting was the complete calendar of certification activities for the years 2003 and 2004. This calendar includes interview application deadlines for chaplain and supervisory interviews, interview dates and sites (five spring and five fall) for chaplain and supervisory candidates, training dates and places for interview team leaders, and commission meeting dates. A comprehensive training program is being developed, and all interviewers will be required to participate in one of these sessions in their respective areas.

The Commission sent a proposal to the Board of Directors requesting that the number of commissioners be raised to nine from the current membership of seven to enable the Commission to do the vast amount of work that is required. A significant part of that proposal was to have two of those commission vacancies be filled by certified chaplains, a first in the history of the Commission. The members felt that there still needed to be seven certified supervisors for only peers can sit on interview teams and therefore supervisors are needed to conduct the interview process for supervisory candidates. However, it was agreed that all the commissioners vote on all the recommendations of all the candidates presented for certification.

A second proposal was sent to the Board of Directors changing Standard 840.1433 regarding the peer review process in recertification as chaplain. The current standard refers to “discussion of future plans for maintaining and enhancing the candidate’s competences.” The proposed standard change would read “written recommendations of future plans for maintaining and of enhancing the candidate’s competencies.” It has been the common practice that the peer review form has written recommendations, but for some reason the standard did not specify that requirement.

The Commission also expressed concern about the amount of work and the necessity for hiring a Director of Professional Practice. The number of questions that surface at the national office and need to be redirected to the Chair or others of the Commission has greatly increased the workload of office staff and that of the Commissioners.

The Commission conducted 3 supervisor certification interviews at this meeting.

The Commission expresses its deep appreciation to all who participated during this past year in the preparation, conduct, and evaluation of the certification interview process. Your generosity enables our association to do this vital work that lies at the heart of our mission.

Mark your calendar!

Upcoming Certification Interview Dates and Cities

**Saturday/Sunday,
May 3–4, 2003**

Los Angeles, California
Milwaukee, Wisconsin
St. Louis, Missouri
Atlanta, Georgia
Baltimore, Maryland

**Saturday/Sunday,
October 4–5, 2003**

Milwaukee, Wisconsin
St. Louis, Missouri
Portland, Oregon
Dallas, Texas
Boston, Massachusetts

**Saturday/Sunday,
May 1–2, 2004**

Los Angeles, California
Milwaukee, Wisconsin
St. Louis, Missouri
Atlanta, Georgia
Baltimore, Maryland

**Saturday/Sunday,
October 2–3, 2004**

Milwaukee, Wisconsin
St. Louis, Missouri
Portland, Oregon
Dallas, Texas
Boston, Massachusetts

Procedures for Certification Process

1. If you wish to apply for certification, you first must become a full member of the NACC. After you become a full member, you may request a certification packet from the national office.

2. You must submit a completed certification application to the national office 60 days prior to the certification interview. Note that for 2003, the due dates for applications are as follows: For spring interviews, March 1; for fall interviews, July 1.

3. A completed application consists of one set of required certification materials and the certification application fee. (You are to keep the original so that you can send additional copies to the interview team members when a team is assigned.)

4. The Director of Professional Practice (DPP) will review the materials to determine if you have met all the formal requirements.

5. After the DPP has reviewed your materials and determined compliance, the DPP will then assign you a date, place, and

interview team, honoring your first choice if at all possible.

6. You will be responsible for sending copies of the DPP-approved certification materials to your three certification team members. (These copies will be returned to you at the interview. The office copy will be kept until the process is closed, and then this copy will be destroyed.)

Please note that the Commission has increased the number of sites for interviews so as to reduce the need for travel for both candidates and interviewers; however, there is a chance that you may not receive your first preference. The number of interviews at sites will be determined by the number of interview team members who are available and who live in or close to the interview site.

The Certification Commission recommends that you seek mentoring from a certified NACC supervisor. This will help you to assemble the correct documentation as well as assist you with the clarity of its presentation.

Members Invited to Apply for Openings

NATIONAL CERTIFICATION COMMISSION

Number of Openings: 3

Major Responsibilities:

■ Monitors the process of certification and recertification of NACC chaplains and CPE supervisors.

■ Assures certification standards, as approved by the USCCB/CCA, are met.

■ Assumes responsibility for the training, ongoing development, and evaluation processes for certification interviewers.

Composition: The Certification Commission comprises seven certified supervisors and two certified chaplains appointed by the NACC Board of Directors.

Qualifications: A member must be a certified supervisor or a

certified chaplain of the NACC.

Term of Assignment: Each member is appointed to a three-year term, renewable once.

Time Commitment:

■ Attendance at meetings three times a year.

■ Time to review written materials from Certification Interview Teams.

■ Availability to conduct training and some availability for consultation with certification interviewers.

■ Work on Commission subcommittees and task forces, as needed.

To apply for these openings, please describe your interest, background, and qualifications in a letter by March 1, 2003, addressed to Sister Anita Lapeyre, RSCJ, in care of the NACC national office.

Newly Certified Members

Congratulations to the following NACC members who were certified at the Certification Commission meeting held in Milwaukee, Wisconsin, October 31–November 2, 2002.

Supervisors

Sister Pat O'Donovan, RSM

Chaplains

Mr. Yobu Alugula

Chorbishop Dominic F. Ashkar

Ms. Kathryn J. Ault

Mrs. Julianne Barber

Ms. Elizabeth Berne

Sister Carol A. Berte, OSF

Mr. James J. Castello

Sister Dorothy A. Chevalier, CHM

Sister Agnes C. Chimbayo, DC

Sister Su-Bok Choi, RSCJ

Rev. Gerald A. Connealy

Sister Faith Cosky, OSF

Mrs. Elizabeth F. Couble

Sister Grace R. DeLeon, SSC

Ms. Margaret H. Dutka

Mrs. Vicki J. Farley

Mrs. Mary E. Fitzgerald

Mrs. Sarah R. Fredricksen

Sister Mary John Fryc, CSSF

Miss Mary J. Funke

Rev. Lucien-Raymond Gaudreault, SVD

Sister Mary C. Hauke, OSF

Sister Dorothy J. Hofer, OSF

Sister Anne-Arthur Klinker, SSND

Mr. Robert J. Legato, Sr.

Miss Michelle A. Lemiesz

Ms. Martha L. Leven

Ms. Theresa Lowther

Ms. Barbara A. Malueg

Ms. Judith A. McGowan

Ms. Diana L. McKenna

Sister Edith M. Menegus, OSU

Mr. Conceicao C. Mesquita

Sister Michelle Morin, RA

Mrs. Barbara F. Morrison

Sister Kathleen A. O'Donnell, HM

Rev. Benedict S. Okonkwo

Ms. Shelia Oliver

Ms. Maureen S. O'Neill

Ms. Vickie L. Putnam

Mrs. Cathy M. Rhoads

Ms. Carole A. Rybicki

Rev. William F. Spacek

Ms. Judith A. Talvacchia

Ms. Katherine M. Villemure

Mr. James Wake

Sister Nancy J. West, SNDdeN

Comprehensive Spiritual Care for Our Sick and Dying:

A National Pastoral Strategy

National Association of
Catholic Chaplains



**Special
Section of**
Responses,
Reflections,
and Photographs

2002 Symposium Dates & Locations

September 5–8	Santa Clara, California
September 12–15	Philadelphia, Pennsylvania
September 19–22	Albuquerque, New Mexico
October 3–6	Oak Brook, Illinois
October 10–13	Minneapolis, Minnesota
October 17–20	Seattle, Washington
October 24–27	Worcester, Massachusetts
November 21–24	Baton Rouge, Louisiana



Wrapped around the Shoulders of a Strong Christ

Father Joseph J. Driscoll
President and Chief Executive Officer

A rich, colorful, and enduring image of Christ the Good Shepherd was depicted for me in a generously personal homily given by Archbishop Rembert Weakland, OSB, several years ago.

Through the eyes of a five-year-old jumping up and running to his father who was coming in at the end of a workday, we glimpsed this strikingly strong, tall man bending down and picking up his son and folding his little body around his massively muscled neck and shoulders.

Unfortunately for Rembert this was one of only a few memories of his father who died very young, but paradoxically—or as believers should we say mysteriously—this memory would awaken in him one of the most powerful images of Christ in the Christian imagination. Like a lamb on the shoulders of the shepherd, the little boy recalls his place on his father's shoulders.

In reflecting upon the reading from the 10th chapter of the Gospel of John that day, the adult Rembert broke open for us at the table of the paschal mystery an image of his younger self nestled safe and secure on the shoulders of a good father. In faith, he then took us on a journey from his childhood home in western Pennsylvania to a biblical pasture in eastern Palestine as he, and then we, nestled on those shoulders like a lamb on the shoulders of a good shepherd.

For me, the visceral experience of my small, weak self wrapped around the shoulders of a large, strong Christ relaxes my spirit and body from all the anxieties, concerns, and worries of this age, at least in a moment of quiet prayer. Indeed I shall not want from up there.

If I have learned anything from traveling to eight cities, welcoming 26 bishops, listening, talking, praying, laughing, and learning with 850 participants in these fall symposia, it is that we are wrapped around the shoulders of a strong Christ embodied in this community. We are a body that is at once national, while at the same time closely formed as an association; that is deliberate and particular in our Catholic identity; and that is intentional in our universal claim to a profession of chaplaincy and supervision. We rest on strong shoulders.

AS A NATIONAL BODY, we have diversity in all directions. Geographical, cultural, ethnic, intellectual, social, and even religious differences color this body of ours. While these differences sometimes pose a challenge in understanding and communicating with each other, they more importantly present an opportunity to widen and deepen our individual and collective experiences.

The pioneer, “unchurched” Northwest, for example, can offer a freedom of expression and a freshness of thinking toward a creative chaplaincy that is both Catholic in the particular, and catholic in the universal; both strong in identity and strong in diversity. These chaplains set out in their ministry to explore uncharted and uncut wildernesses where the spires are sparse and the traditional assumptions often collapse.

Or go to the opposite shore toward the founding “churched”

Northeast and Middle Atlantic and there we discover our place in history and our space in society. Here institutional chaplaincy rose within the system of government and social services to a good effect. These chaplains occupy a culture where for a time the Church could in reality be said to be the State—white, Anglo-Saxon, and Protestant in the distant past, and then white, Irish, and Roman Catholic in the more immediate past. For all the talk of separation of Church and State, our printed currency tells us in whom our country trusts.

Or enter a conversation with those who come from the winding roads of the “missions” in the West where earliest Catholicism traveled up the coast in a language and culture not dominant in what would become these United States. And today these same “missionaries” can teach the NACC body how to live a changing chaplaincy that adapts to new settings with new peoples from new lands.

Or sit down during an annual conference with our sister and brother chaplains from the South and discover an accommodating chaplaincy where a minuscule minority of Catholics engage in a collaboration born of necessity and practice an ecumenism bred in the culture.

Or move to the center of our country, North and South, and see how ethnicity and faith settled on the bend in the river and expanded along the tracks of the railroad. European-like villages reminiscent of the old country now dotted the hill and plains of the new country. Our sister and brother chaplains in the middle of the country can give us a glimpse into a more traditional chaplaincy respectful of generations whose history wedded culture and religion indissolubly.

Out of the symposia came many voices from many contexts of many peoples in this country of ours. Listening to these voices is like listening to the word of God—over and over again we hear the words and eventually we grasp the meaning.

In that we are national, the body is strong.

AS AN ASSOCIATION, we value our affiliation with one another. I learned the content of the program was less important than the sharing of faith, insight, ideas, struggles, and successes. Jesus was wise in including in his formation program for his disciples the segment known as the “come-away-to-an-out-of-the-way-place” seminar.

The theological reflection processes for most of the participants was rich, deep, energizing, and life giving. One bishop went to the microphone following his table's theological reflection and in an almost chiding voice declared, “You chaplains should not keep this theological reflection just for yourselves. Any person who does public ministry in the Church—priests, eucharistic ministers, religious educators—should do this regularly.”

I remember one pregnant chaplain glowing not only from the life growing within—that was obvious in a beautiful conversation we had—but similarly glowing from the life growing without in those days with her colleagues. Round bellies and round tables produce life to its full.

Let me say, as I did several times, the dissolution of the regional structure did not intend to dissolve the regional gatherings, only to re-allocate our limited resources to support the mission and not simply to support the structure. We need to be creative in supporting the ways we can affiliate with one another at all levels as an NACC association.

In our identity as an association, the body is strong.

AS CATHOLIC, we are deeply in love with our Church—like we love in the *work* of relationships. We love our Church like we love our mother or father even when we can't stand what we perceive as their thick headedness. We love our Church as we love our blood brother or blood sister who, despite that love, can take on the odor of the proverbial fish. We love our Church like we love those closest around us—spouse, partner, coworker, or friend—sometimes more like an act of the will and then a movement of a feeling.

So in the normal course of the wrestling that is a part of all relationships, we still choose to remain with the person, or in this instance as Catholic chaplains, we still choose to remain with our Catholic Church.

Growing out of the Baltimore symposium on the Anointing of the Sick, these symposia intentionally focused on the continuing development of our understanding of the sacramental dimension of our ministry. In so doing, we certainly confront a familiar dilemma: a Church that is fundamentally sacramental (in all the meanings of that word), participating in a core ministry of Jesus, that is healing, which is carried out by a body in the United States where 85 percent of those ministering in his name are unable to ritualize some of those significant sacramental moments.

I learned (again) that the issue of “what we can do” and “what we can't do” is not far below the surface of this sacramental Church and its ordained and lay chaplains. Many of us have resigned ourselves to the fact that tension will be with us for this time in our history. Most of us understand the frustration, and do the best that we can do.

Yet the moment of insight in Baltimore — “what we can do”—I would suggest, has barely been addressed. The Rite of Viaticum—the “last rites” of the Church—to my amazement has never really been tried. And I learned through the symposia that like all times of change, the skid marks of resistance were all over the roads in these eight cities.

The reality is that our Church published a green ritual book that has only been half implemented. We—as Catholics—chaplains, bishops, priests, faithful—have all a lot of study, discussion, prayer, and practice to live in reception of this rich gift of the Church. If what the theologian, Michael Drumm, says is true, namely that the bishops at the Council of Nicaea (325 AD) determined that viaticum is the appropriate sacrament for the dying, then we have an important challenge ahead of us.

The other significant learning for me from the eight symposia is that the official ritual of the Church is dated. While many of the prayers and rites are beautiful and still appropriate for the ministry, other prayers and rituals are missing. When this ritual was promulgated 30 years ago, the technological advances in health care were not what they are today. For example, if we are not to baptize dead

babies, then where is the ritual for “naming and blessing” this life cut short, but nonetheless a life sacred from conception as our Church teaches.

Or what about a ritual for the removal of life support when there is no more life there to support for the time of healing has passed and the time of dying has commenced?

We all know and most of us use rituals for these events and we create them precisely because we are a sacramental people. But is it not time to at least take some “best practice” rituals and bring them to the Church for use in the official texts?

We are Catholic and in all of this tension, even more so because of all of this tension, the body is strong.

AS CHAPLAINS AND SUPERVISORS, we are in a profession that has standards, certification processes, a code of ethics, and status (standing) among other health professionals. This profession is the core of who we are, it is why we affiliate together; it is what sets us apart as a distinct ministry in our Catholic Church, and it is what brought us together nearly 40 years ago from all around the country.

My most significant learning from the strategic planning sessions on Sunday morning at the eight symposia was that we (the association) needs to provide our chaplains and supervisors with “products” that, depending upon your argument, either enhance the profession or lead us to the final stage of becoming a profession.

You need clear, measurable, practical, agreed upon standards. You need the technological and communication opportunities for web-based learning, long distance CPE, and so forth that enable you to become professional or enhance your professional status. You need tools—such as resources for prayer services, models for ethic committees and ethical grand rounds—that you can get with a click of a key.

And we can provide those “products” no longer alone but in cooperation with our sister professional organizations. We can be distinct (Catholic) and we can be universal (chaplains and supervisors). The two are not exclusive. And in recent years we have a sister organization (National Association of

Jewish Chaplains) to help us in integrating the two, distinct religious identity and a shared common profession.

We are chaplains and supervisors and the body is strong.

The picture of the Good Shepherd was drawn for me most poignantly on Saturday morning in each of the eight cities, when we picked up the weakest among us—those who were seriously ill—and hoisted them up on our shoulders in one body celebrating the Sacrament of the Anointing of the Sick.

And that body was strong, because that body was Christ's. And that body is strong—National Association of Catholic Chaplains—because that body is Christ's. ▼



We are wrapped around the shoulders of a strong Christ in this community of chaplains and supervisors.



Minneapolis: Participants worked very hard during table discussions to share insight and information.



Santa Clara: Mary Bomba, newly certified chaplain with Bishop Daniel Walsh.



Oak Brook: Newly certified chaplains and Supervisors celebrate their accomplishment together.

The Diocese of Rockville Centre offers a benchmark model

At the symposium in Oak Brook, I participated as a respondent to the videotape for Plenary Session III, Comprehensive Spiritual Care in the Local Church. The following is a portion of my remarks.

In response to the video, I have one affirmative and two developmental comments. The affirmative comment is to congratulate the Diocese of Rockville Centre, the parishes of Long Island, and Catholic Health Services for providing what I believe is truly a benchmark for a model of the way these services should be conducted. It is a beautiful model, and I think one that is very realistic and that corresponds to my own past experience.

Long before I was in institutional or health care ministry, I was in parish and diocesan ministry. I was influenced by Dick Tessmer and Cyrilla Zarek, here with us today. They demonstrated a very similar model especially in the northwest suburbs of Chicago, which is probably much larger than the Diocese of Rockville Centre. There was an amazing collaboration among several of our parishes, the Archdiocese of Chicago, and a group of lay ministers who were trained to be connectors between parish personnel and the health care system. I experienced this model firsthand.

There are people in this room that I am still privileged to work with like Barbara Brumleve, SSND, PhD, of Omaha who still uses that kind of community model for CPE. When I was in Pittsburgh, we did the same thing with Mercy Hospital and many of the parishes in the Diocese of Pittsburgh. Those from CHI know that this has been my constant theme of the way we should be doing pastoral care—in communion with parishes so that the pastoral care that is provided to our people is seamless. It doesn't matter whether you are at a hospital or a nursing home or your own private home, the ministry of parishes and institutions has to be coordinated as part of a single network, so that the people of God can receive consistent care.

So I am a firm believer in this approach. I applaud what we have seen modeled in this video and I know how possible it is. Yet I know also that for many parts of this country this experience is still a long way off—which brings me to my two developmental comments.

First, I believe that this approach demands an uphill struggle to put the needs of those we serve above our need to serve. Catholic collaboration at times almost seems to be an oxymoron because the desire to "make a difference" often takes precedence over service to the "common good." It's not easy for us to let go of "my perspective" or my/our established "turf." I'm afraid that when people in ministry get really high on making a difference, after a while it is more important to make a difference rather than to see that the needs of the people are being met. I know that sounds harsh, but I have been in ministry formation for close to 40 years and have come to the conclusion that we have many people in Church ministry who seem to be needed more than they are needed, and we don't need that!

Just as Joe Driscoll said last night, "It doesn't matter who does what, but rather what is the result for the recipient?" How coordinated is that care? In the video, we saw a quantum leap forward—Catholics collaborating. It is, as in so many things in life, our strength and our weakness that are two sides to the same coin. So I see that our individual commitment to ministry is many times the obstacle to collaboration in ministry because we are so intent on making a difference that achieving collaboration is quite a struggle.

The last comment I have is that in a highly Catholic area such as Rockville Centre or even Chicago, it is good to see Catholic collaboration. However, in most of the communities that my present organization, Catholic Health Initiatives, serves, Catholics are a minority, especially in rural areas, especially in small towns. I believe our efforts must therefore be more ecumenical, and not merely with other Catholic partners.

I am reminded of St. Augustine's insight that at times there is so much emphasis on being Catholic, that we can actually become very uncatholic. In one of the Letters of St. Augustine, he writes of his preference for the "communio totius orbis" (the communion of the whole world).

The day we establish a coordinated network of spiritual care services across a geographical continuum of care in a collaboration that is truly interfaith, we will begin to achieve such a "communio totius orbis." It won't matter whether you are in a Catholic facility or part of a Catholic parish; what will matter is the witness of a Catholic community functioning as a servant leader or sacrament of coordinated pastoral care for all of God's people.

Rev. Gerard T. Broccolo, STD
Vice President, Spirituality
Catholic Health Initiatives
Denver, Colorado

Challenged to consider culturally sensitive ministry



Jo Ann Harrison

The symposium in Albuquerque helped me, a new chaplain, feel a connection with colleagues, the Association, and the Baltimore 2001 Symposium. What stood out for me was in the plenary sessions on the Pastoral Praxis for the Pastoral Care of the Sick and the Dying.

I was reminded of the role that the sick play in the Church. We need the sick. They remind us of what is really important in life and I think in ministry. As chaplains we were reminded that we face the reality of the unknown with the dying by sharing in it.

We are challenged to consider the culture of those we minister to with spiritually and culturally sensitive observations. This can be facilitated by personalizing prayers, gestures, and rituals with personal names, and by including family and community when possible. Cultural sensitivity may mean self education. If we do this we have the opportunity to bless and facilitate reconciliation and healing at many levels. This session challenged me to consider how to bless and ritualize the pastoral care of the dying for the unchurched.

Jo Ann Harrison
NACC-certified Chaplain
Progressive Care Center
St. Thomas More Hospital
Cañon City, Colorado



An opportunity to notice what God is doing in our lives



Kyle Andrew Brown

The delightful benefit of being a student is the lively role that goes with it—one of listening to teaching and then having an opportunity to reflect back the learning experience. Arriving in Minneapolis colored with the golden hues of an extended autumn, I had left behind in our nation's capital a city engaged in both the War against Terrorism and the immediate terror of the sniper who stalked our neighborhoods. Within the symposium I encountered the healing pastoral care dynamics that serve as the

foundations of our profession in service to the sick and dying. It was an opportunity to just look and notice what God *is* doing in our lives.

From the front pages of the newspapers we are to understand we are perhaps a Church in crisis. Yet before us on the podium in Minneapolis were gathered bishops from across the nation who came to pray, to teach *and to listen*—all very much a Church leadership engaged with the laity. Here was gathered the Church in all her fullness.

My pastoral identity was strengthened by the table conversations that followed each video presentation, underscoring that we are a healing community. My pastoral praxis was strengthened by our looking at suffering, a necessary fact of our existence which hopefully we integrate and say, "Into your hands, Father." For before us in our healing ministry is the image of Christ on the Cross that points both the patient and ourselves to cling to the Cross. And the image of John Paul II so carefully taking his steps as he teaches that sickness is a natural part of human life.

As I looked out the jet window on the journey home I recited a newly learned prayer from our gathering in Minneapolis: "Heart of Jesus I adore thee, Heart of Mary I implore thee, Heart of Joseph meek and just—In these hearts I place my trust." Healing seeds of prayer were indeed planted in our autumn symposium, to take seed and blossom in the spring.

Kyle Andrew Brown
M.A.P.S. candidate
Washington Theological Union
Washington, D.C.

NACC at its best

The Anointing of the Sick within the Eucharist was a powerful moment. Those requesting prayers for healing were chaplains, our own sisters and brothers, wounded healers themselves. Those offering prayers for healing were also instruments of healing in various settings. Their hands touched the shoulders and heads of the sick. Those touches were rooted in hearts that know the power of prayer; their lamps were burning brightly, ready to welcome the healing power of Jesus.

The sick described the comfort they found, the support they felt. What they had so often given, they now received. They knew too that they were witnesses—witnesses to the love of Jesus walking with them, witnesses to the Church that hungers for evidence that God walks with us.

This is NACC at its best. Who we are was reflected in how we cared for each other.

The speakers at the symposium reminded us often that we are on the cutting edge of the new evangelization in the Church. Our society, our world, hungers for reassurance that this faith of ours is real. Our challenge as health care professionals is to allow Jesus, the Healer, access to the sick we care for. The anointing we experienced fills us with new spirit to take up that challenge.

Rev. Robert Gloudeman
NACC-certified Chaplain
Froedtert Memorial Lutheran Hospital
Milwaukee, Wisconsin



Minneapolis: Newly Certified Chaplains are Commissioned by Bishop Bernard J. Harrington, NACC Episcopal Advisor, and Father Joe Driscoll.

New England says thanks to Father Joe Driscoll

The following was presented at the symposium in Worcester.

The New England members of the NACC, both those gathered here and those unable to be with us, would like to express a few words of appreciation to our native son, Father Joe Driscoll, on the occasion of his 10th anniversary with the National Association of Catholic Chaplains.

Joe carried at least four things with him when he left for Milwaukee. He brought his gifts as person, priest, chaplain, and NACC supervisor. We can only touch some of the dimensions of each of these roles.

■ As person, we knew his caring, his sensitivity, humor, holiness, his commitments, and these commitments were many.

■ As priest, Joe truly embodied the presence of Jesus, reaching out to the vulnerable and marginalized; he was the model of servant priest; he had a gift for liturgy.

■ As chaplain, we saw his deep spirituality, his compassion, his persistence, and his superb communication skills.

■ As supervisor, Joe had a gift for calling forth the gifts of others, an appreciation for collaboration and a gentle strength.

Joe brought these gifts to Milwaukee where they have been enhanced and put to the service of the NACC. He has cared for us, listened to us, challenged us, nourished us, advocated for us, and worked tirelessly to help us become more professional, more theologically grounded, and more spiritual.

So much that one does as an administrator is behind the scenes. But, we've clearly seen some of Joe's work:

■ The ongoing education of bishops regarding the mission of NACC and its importance to the life of the local church.

■ Joe's sharing of his own creativity, spirituality, and vision as a writer for *Vision* and the way he helped our publication to become more user-friendly and more useful.

■ His risk-taking in proposing and helping to bring to reality a new form of governance for NACC.

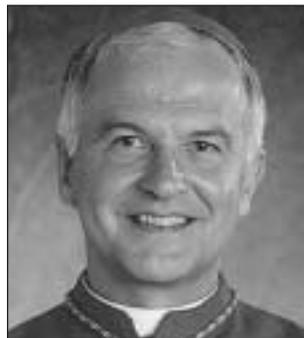
■ The connections Joe has established with other professional chaplaincy organizations which have resulted in enhanced respect for NACC.

■ His leadership in bringing to fruition the collaboratively written White Paper, the Baltimore Symposium, and the symposiums this fall.

You have gifted us for 10 years and so, we thank you, Joe, for what you have done. And may our Beloved God continue to bless you and your ministry as person, as priest, as chaplain, as supervisor, and as President and CEO of the NACC.

Kelly Dunn
Field Education Supervisor
Caritas St. Elizabeth Medical Center
Boston, Massachusetts

A beautiful expression of solidarity



Bishop Dale J. Melczek

It was my privilege to participate in the NACC symposium at Oak Brook in early October along with Cardinal George, Archbishop Pilarczyk, and several other bishops. While I was very impressed with the video presentation, I found most stimulating the discussions at the table. I was deeply moved by the deep compassion of all involved in chaplaincy ministry and by their passion to bring the healing love of Jesus and His Church to the sick and dying.

I appreciate the opportunity that was given to us bishops to experience the dedication of our chaplains firsthand, to recognize them, and to extend appreciation for the ministry they are providing to the sick and dying in behalf of the entire Church. Our gathering was a beautiful expression of solidarity of us bishops and our chaplains. I believe that the insights which came out of the symposium will be very helpful in forming a national strategy for providing care for the sick and dying in our country.

Most Rev. Dale J. Melczek
Bishop of Gary, Indiana
NACC Episcopal Liaison



Seattle: participants experience the community of healing at Saturday's Eucharist and Anointing of the Sick.



Camaraderie – A key renewal point



*Brother Kenney Gorman,
CFX*

At the Oak Brook symposium, I was strongly reminded how blessed and supported we are as chaplains. From the registration table, our network of support and relationships was very evident and reinforced. I connected with chaplains from other facilities, hospitals, and long-term care. Our camaraderie was a key renewal point for me. There is a wonderful depth and richness that our members bring to the chaplaincy.

The presence, support and affirmation of the bishops, mission and spiritual care personnel reinforced our integral role within the mission of Catholic health care. The certification ceremony was very affirming.

I think the symposium was a good chance to listen and dialog together. Someone made the comment that more bishops were there than at a recent Catholic Charities regional meeting. I think we did start to share the gifts and challenges of the ministry to the sick and dying. I think we need to remember that the family unit is also a focus of our care for the sick and dying.

Regarding Pastoral Care of the Sick and Dying, Rites of Anointing and Viaticum, I think it demands our ongoing study—the general introduction, and the introduction and texts of the individual chapters. It really helps to read and reflect on these texts, not just commentaries about them. I seriously exhort us to see the rites as metaphor for the action and presence of Christ—in the rite, the person of the presider, the recipient, the prayers, and scriptures, and the chaplain (both ordained and non-ordained).

A challenge is to focus on the Rite of Viaticum as part of a faith process. To go with you—a faith journey. Ultimately after receiving Communion, the presence of the chaplain, loved ones, and the patient/resident herself embody the presence of Christ with the dying person. The chaplain (icon) is a reminder that Christ journeys with the dying person. I hope we do not just focus on the physical giving of Communion as viaticum.

I was delighted and stimulated by the sharing from the Diocese of Rockville Centre. Developing caring communities of healing with parish, hospital, nursing home, retirement center, rehabilitation centers presented a great vision of the future. These are opportunities. Now for the time, vision, and personnel.

Brother Kenney Gorman, CFX
NACC-certified Chaplain
Resurrection Health Care
Chicago, IL

The future shape and focus of the Association



D. W. Donovan

As I arrived in Philadelphia for the symposium and got settled in my room, I was very much aware of my own sense of anticipation. Suzanne Chawaszczewski had asked me to serve as a respondent to the first plenary session video, which reviewed our experience in Baltimore, and I was looking forward to building upon the good work we had begun a year ago.

As we gathered to the music of “Jesus, Healer of Wounded Souls,” I drifted back in time to the great sense of energy that we had felt in Baltimore.

But it was actually at the very end of the symposium that I felt the energy reach its highest level. As a part of our business meeting, we talked at length about the shape and focus that the NACC should take in the immediate years to come (strategic planning). The “wisdom of the assembly” was self-evident, and I was touched to see the passion for ministry that was obviously felt by so many.

A second key moment in that membership meeting for me was having our President and CEO give us a short report on his travel schedule from the previous year. When we pay our dues each year, and look at the return on that money, I never forget the importance of having Joe and the National Staff advocate for us and our ministry to the bishops and other “key players” in the unique world of health care ministry. It was obvious from a quick review of his travels that much has been accomplished to advance the work and professionalism of pastoral care chaplaincy.

One word of critique. Professional conferences have been a part of my schedule for as long as I have been in ministry, and I have always felt that most of them suffered from being “a mile wide and an inch deep.” Baltimore afforded us the opportunity to explore complex theological issues in a focused way, and I loved that. As we move into a future that will no doubt include extremely complex issues in medical ethics, I hope we can spend more and more of our annual conference time grappling with these issues in a focused way and learning from and with one another.

May Jesus, the Healer of Wounded Souls, guide us into the future!

D. W. “Donovan”
NACC-certified Staff Chaplain
Bon Secours Richmond (Virginia) Health System

Thank You, Volunteers!

Imagine what it is like to organize and carry out the equivalent of eight national conferences in a two-month period. Now imagine what that would be like without the hard work and dedication of volunteers. Eight cities; eight sets of volunteers; and gratitude for their service eight-fold. In addition to our National Conference Committee, Local Chairs, and Local Committees, volunteers staffed the registration area, distributed materials, collected tickets, dimmed lights, ran video equipment, helped with the liturgies as readers and eucharistic ministers—but most of all they supported the goals of our program, “Comprehensive Spiritual Care for Our Sick and Dying: A National Pastoral Strategy.” And through those goals, they also supported the mission of our Association.

As Julianne Dickelman stated in the August/September 2001 issue of *Vision*, volunteerism is a “ministry of hospitality and the gift of service.” The 2002 symposia were a success for many reasons, but most of all because of the gift of service which each of our volunteers brought to the table. Please know that we are very grateful for the time and energy you all gave to this project.

In the words of Helen Keller: “I am only one; but still I am one. I cannot do everything, but still I can do something. I will not refuse to do the something I can do.” Dear volunteers, thank you so much for the many kindnesses and hours you shared throughout the country.

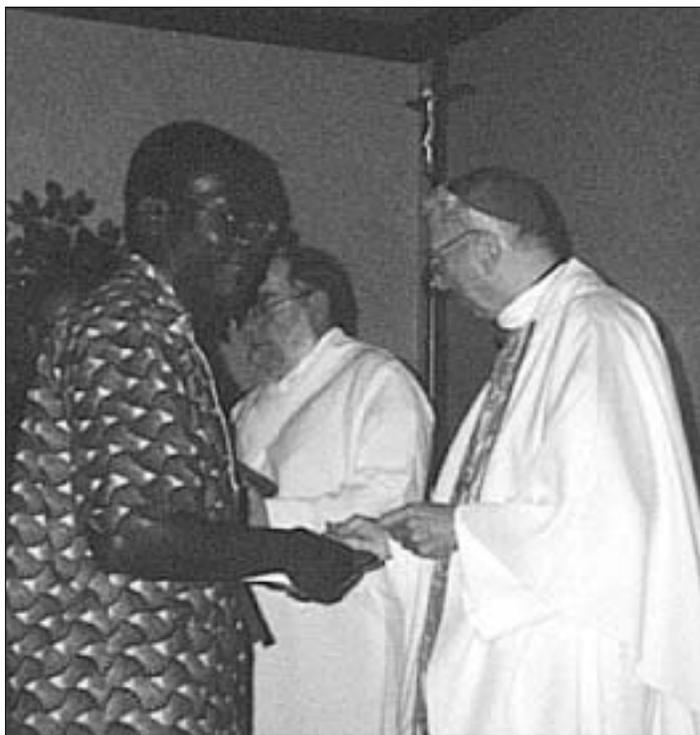
Susanne Chawszczewski
NACC Director of Education



Oak Brook: Deacons Darwin Dupree and David Townley volunteered to take tickets for several events.



Oak Brook (L-R): Marilyn Warczak and Kathy Eldridge NACC National Office Local Committee Member Carol Jarecki, and Susan Cubar, National Office, staffed the registration desk.



Philadelphia: Rev. Alex Anaman is commissioned by Bishop Dominic Marconi, NACC Episcopal Advisor, who is assigned by Deacon Joe Scollan.



Positive foundation for continuing engagement with NACC



David Pringle

As a first-time participant at an NACC conference, the doors of hospitality swung wide at Santa Clara. I was introduced to a larger world of information, support, networking, collaboration, and belonging.

From the opening sessions through to the final hours of the conference, I was struck by the depth of expression for quality care emanating from our rich Catholic tradition. The journey of translating sacramental theory into the praxis

of ministry for eucharistic ministers, chaplains, and priests was, for me, impressive and renewing. The important message of connection with each other and with those to whom we provide care spoke volumes in the midst of current health care issues.

The theme of connectivity ran, like a thread, around our discussions on viaticum and anointing of the sick. These celebrations were consistently within the context of the vulnerability, spiritual capacity, and relational needs of the patient and family.

Returning from the conference, I made a check list asking myself the following:

1. How can we further clarify and define roles and the scope of practice for priests, chaplains, volunteers, and eucharistic ministers?

2. How can we build links and bridges with local parishes for follow up and support for those returning home from hospital?

3. How can we, from the grass roots, move toward compliance with NACC standards for spiritual care professionals.

For me personally, this was an important event to have attended. It sets a positive foundation for my continuing engagement with the NACC. Hats off to Joe Driscoll and his team for pulling together this meaningful and stimulating event.

David Pringle
Assistant Vice President Sponsorship
St. Mary Medical Center
Apple Valley, California

Hope for the future of Catholic health care ministry

Symposium 2002, "Comprehensive Spiritual Care for Our Sick and Dying," gathered 160 participants from across the United States, Canada, Ireland, and Africa to the "Heart of the Commonwealth" of Massachusetts, the city of Worcester. Anticipation of New England fall foliage provided an impetus for some distant travelers as they chose from among the eight locations of this year's symposium. Bright autumn colors graced us, but also that wonderful unpredictability of New England weather as we went "singing in the rain" to experience some gifts of the heart at Worcester's cultural jewel, the Worcester Art Museum.

The theme of "Sharing the Gifts of the Heart" provided a framework for our experience of sharing Eucharist, ritual, prayer, theological reflection, and praxis. The richness of the diverse cultures of the Worcester area and the Catholic diocese's commitment to pastoral care of the sick in parishes, hospitals and long-term care facilities, especially regarding end-of-life care, was apparent in the involvement of the local committee. My own experience, having served in parish, critical care and long-term care ministry, reminded me of how important a diocesan commitment is, such as presented in Plenary Session III on Comprehensive Spiritual Care in the Local Church by the Rockville Centre Diocese. This presentation gave me great hope for the future of Catholic health care ministry.

The gifts of the heart of our faith tradition that touched me most and resonate with my own experience were the Ritual at the Waters of Healing and the Anointing of the Sick at the celebration of Eucharist. Meaningful ritual with a community so in touch with what happens when God's healing power enters by planting seeds that give promise helps us realize the importance of our ministry. In the words of the reflection by Archbishop Oscar Romero shared at our tables, I am reminded of "the magnificent enterprise that is God's work."

Marie Therese Martin, CSJ
Director of Mission and Pastoral Care
St. Mary Health Care Center
Worcester, Massachusetts



Oak Brook (L-R): NACC Board member Joan Bumpus, APC Executive Director Jo Schrader, and NACC Board chair Richard Lellaert, OSC.

Coming together to rejoice in our ministry

How good it was to be with other sisters and brothers of my own tradition of faith in Catholicism and to come together and rejoice in the ministry which helps others in crisis to find solace and peace. Being at the symposium in Philadelphia was of even more importance to me because it was on a continuum of what was begun in Baltimore. As Joe Driscoll stated in his opening remarks, we have begun a new journey and understanding of asking new questions about our work as ministers to those who need us, be we ordained or non-ordained persons.

This conference told me as I listened to others who spoke either as presenters or my fellow chaplains that we each in our own place must teach the truth of the faith and help our brothers and sisters to find their own place with the Lord in their time of need. I continue to learn that although the parish priest or lay person in a parish has the luxury of time to help others to find their way or to get their lives in order, we as chaplains often do not have that luxury. The symposium was good for me so that I could bathe in the commonality of realizing that I am needed and of being reminded that I am simply the tool with which our God works his conversation in others' lives.

Lastly, I was also very excited about attending this symposium because I was to sit before my committee to seek certification. I am thankful to my committee, my work in CPE, my teachers, my colleagues in ministry, all the people at home, and the great people in the Association office who helped me to gather and prepare my materials for presentation. In going before the committee to present myself and by their recommendation, I was affirmed in that which I do day in and day out, year after year with patients, families, and staff, journeying with them to find God and be at peace.

May each of us realize the important part we have in helping others to come to peace when the seas around them are raging and to know God both when we are well and when we are sick and to help others realize that God wants only the best for them because he loves them.

Rev. Bill Spacek
NACC-certified Chaplain
Pastoral Care Services Department
University of Maryland Medical System
Baltimore, Maryland

Touched and transformed



Kenn Rancourt

Attending the Worcester symposium in October, I expected to be stimulated, challenged, and motivated. All my expectations were met in abundance. But I was also touched and transformed by the prayer services and liturgies . . . especially the communal celebration of the Anointing of the Sick within the context of the Mass. Being a serious diabetic and a cardiac patient, I opted to receive the anointing. With a multiple laying on of hands by my proximate fellow chaplains, I felt intense tangible support from all NACC members praying for me . . . willing me to receive healing through faith-filled prayers. Not only was my spirit moved, but my body responded physically to the bounteous oily unctions. Something in me was stirred and fortified. I experienced personal calm and serious communal solidarity. I'll never be the same. (Funny what well-placed oil can do to a person!)

I was also very uplifted by the presence and eloquent reflections from the attending bishops. Bishop Daniel Reilly (Bishop of Worcester) and I were respondents to Plenary Session III, Comprehensive Spiritual Care in the Local Church, as modeled through the Catholic Health Services of Rockville Centre, New York. I renewed an old personal relationship with Bishop Reilly and like old friends, we both enthusiastically shared ideas and reactions during our round table discussions.

For me, the 2002 symposium was very professional, personal, and uplifting. I felt so proud to belong to such a powerhouse of pastoral theological reflection through the NACC. I can't wait for the next one.

Kenn Rancourt, MTh
NACC-certified chaplain
St. Mary's Regional Medical Center
Lewiston, Maine



At Oak Brook (L-R): Father Joe Driscoll greets Bishop Dale Melczek, Cardinal Francis George, Archbishop Daniel Pilarczyk, and Bishop Kevin Britt.



A rare opportunity for bishops to reflect with chaplains

The NACC symposium held in Philadelphia, September 12–15, provided a rare opportunity for bishops to reflect with chaplains on their vital ministry in the Church. All of us are challenged about the pressing needs of the sick and dying. The possibility of a national pastoral plan to strengthen this ministry is an exciting option, one that strengthens our confidence in our ability to promote the great work of our chaplains.

Our meeting came the day after the first anniversary of September 11th. In our midst were a lot of chaplains from New York City, and there was enough pain to go around. The theological reflection process helped us to explore more deeply the issues of evil, suffering, and divine compassion. Perhaps one great thing to come out of the tragedy of September 11th may be a more determined effort to aid all those who are struck by the terror of illness and death.

Archbishop Thomas C. Kelly, OP
Louisville, Kentucky



Oak Brook: Bishop Dale Melczek presides at Friday Eucharist and Commissioning Ceremony.

In the company of dedicated people

It was a pleasure for me to be with the gathering of Catholic chaplains in Oak Brook in October. First of all, I enjoyed the company of these dedicated people. It is always comforting for a bishop to know that there are lots and lots of good women and men who are still dedicating themselves to the Church's work.

I also appreciated having a chance to talk about the future of Catholic health care ministry. I believe some kind of a national strategy or at least a national resource volume has to be produced so that people can have the advantage of knowing about the best practices throughout the country and of working together to craft a philosophy and theology of Catholic health care.

Archbishop Daniel E. Pilarczyk
Cincinnati, Ohio



Minneapolis: Participants engage each other during one of the many fruitful table discussions.



Minneapolis: Sister Gerrie Lane, CSJ, and NACC Board Member Sister Jean deBlois, CSJ, discuss issues at the business meeting.

Continuing to recover the riches of anointing and spiritual care to our sick and dying

Surrounded by brilliant fall colors, the music of Peter Rubalcava, and the supportive presence of national leadership, we gathered in Seattle. The memories of that time have become ongoing reflections on picking up where we left off in Baltimore.

There was a great spirit among the attendees, which was evident during the sharing of insights and experience during the lively table conversations following the plenary sessions. The plenaries offered the opportunity to dig more deeply on a practical level, while remaining true to the elements of the Church's ritual, Pastoral Care of the Sick: Rites of Anointing and Viaticum.

It was wonderful to "relive" highlights from Baltimore leading us to the power of theological reflection and its impact on the minister, as well as on those whom we serve.

There was encouragement through the model of Comprehensive Spiritual Care in the Local Church (Plenary III) to continue and to expand upon much of what is already being done in the Pacific Northwest, being mindful always of the necessary collaboration between the local church (parish) and the health care facility.

My personal belief is that the sessions on Theological Foundations and Praxis for the Pastoral Care of the Sick and the Dying were the center of the symposium. We discover in the faithful use of the ritual, the wisdom and compassion of the Church's ministry to the sick and dying. There may still be some resistance to the use of the ritual, but when the rites are experienced over time, we know the power for healing inherent within them. I hope that sometime in the near future, we have the opportunity to gather for some "hands on" experience of using the rites within both health care and parish settings.

It was wonderful having Father Joe Driscoll and so many leaders of our organization present as well as potential board members. The business of the Association was handled succinctly, with ample opportunity for questions and clarifications. On a less positive note, the absence of the bishops of the region was very disappointing, although Bishop George Thomas, Auxiliary Bishop of Seattle, did preside at Liturgy on Friday.

I am grateful for the vision of our organization and to all who made this symposium a reality.

Sister Mary Agnes Hogan, SCL
NACC-certified Chaplain
Pastoral Care
St. James Healthcare
Butte, Montana

Adjusting the symposium process to fit our needs



Charlotte M. Leas

I had been unable to attend the Symposium in Baltimore in 2001. I was surprised when I was asked to review the taped segments of the Baltimore Symposium and share on a panel. I was disappointed before I even arrived in Santa Clara for I had expected that this tape would "bring me up to speed" with the Baltimore experience and it did not do this. My entire view changed after the Thursday night session.

I was able to express my concerns about the lack of "making a transition from the 2001 gathering to the 2002 gathering" and found that others felt that same way. The next morning, the process was adjusted so that we could learn more about the 2001 event. That adjustment helped immensely for us to make the connections. Linda Bronersky, the facilitator for the Santa Clara symposium, was a very perceptive, compassionate person who heard what we needed and then adjusted the process to fit those needs.

The sharing sessions that were part of the strategic planning process were invaluable; they allowed for our input and produced much valuable information to assist the new strategic planning task forces as well. I appreciated the bishops who attended and their attentiveness to what we shared. The opportunity for us to hear our own stories was very healing as was the opportunity to anoint those among us who were ill.

Personally, I was able to share an experience that I had with my family and father prior to his death. I felt the need to do some sort of ritual to assist in healing my family that had been hurt at so many levels over the past 30 or 40 years. This "ritual" included anointing with oil and forgiveness. It was a real gift to us and it allowed us much freedom when he did eventually die in January of 2002.

The liturgical ambiance embraced the process in a beautiful and caring way. The final liturgy, which was celebrated by Father Jim Sheets, was an extraordinary experience of who we are. *Healers in need of healing who heal others*. I felt loved, secure, and comfortable in the midst of my peers who carried me in each session to a deeper and more intimate level to the gift that we are as certified chaplains to care for the sick, dying, and disenfranchised members of our community. We were reminded to bless the freedoms and creativity that we have in our ministry.

Charlotte M. Leas
NACC-certified Chaplain
Bereavement and AfterCare Coordinator
Bunkers Mortuary
Las Vegas, Nevada



The collaborative spirit of the Pacific Northwest



Gwen M. Farry, BVM

At the symposium in Seattle, I participated as a respondent to the videotape for Plenary Session III, Comprehensive Spiritual Care in the Local Church. This video, "That They May Have Life," was produced by the Diocese of Rockville Centre, Long Island, New York, and described the health care apostolate of the million and a half Catholics of that diocese. Their program is called Pastoral Healing Communities, and the following is the response I made in Seattle.

After the first time I watched the video—the first of several times—I was struck by the enormity of the area served and the many differences between the Atlantic Northeast and the Pacific Northwest. I say this as one living in a town, the population of which is smaller than most parishes on Long Island, and as chaplain in an institution where the total daily census, including acute care, intensive care, OB, and the Extended Care Units averages between 32 and 36.

The spirit of collaboration in the Pastoral Healing Communities among the various health care institutions (Catholic and other than Catholic) with the churches, for the benefit of the individual is inspiring. The coordination of services, such as pairing those waiting for heart surgery with those who have been through it, new parents with experienced parents, newly diagnosed cancer patients with survivors, respite care, etc., seems overwhelming. The ability to offer Clinical Pastoral Education and support services for care givers and health care providers is admirable, as well as enviable.

Another major difference between the two geographical areas is the involvement with church. Church membership and therefore access to many of the opportunities for service and pairing are certainly much higher in the Northeast. Oregon has the dubious honor of being the most unchurched state in the Union (percentage-wise), and Washington State is a close second, being only one percentage point behind.

But, the more I thought about it, the more I realized that what have been our challenges and disadvantages have also worked to our advantage in other areas. The religious communities of women of the Northwest began collaborating more than 40 years ago in sister formation. It was seen as advantageous to combine the efforts of the various communities, many of them quite small, in order to educate and train young women who were entering at that time. This collaborative spirit continued with the laity in many other ventures: Low Income Housing, Transitions, The Peace and Justice Center, Intercommunity Ministry Volunteer Program, and the Women's Intercommunity AIDS Resource Center for women and children infected/affected by HIV/AIDS.

Likewise, in our little town there has been wonderful collaboration among the churches. Every Sunday, meals are prepared and served to the poor and lonely at the Catholic Social Hall. The various churches

take turns preparing and serving, as well as delivering meals to the homebound. During the year donations are received to support the project and on each Shrove Tuesday there is an interdenominational pancake supper, the proceeds of which benefit Sunday Supper. Every Tuesday about 50 members of the Catholic, Episcopal, Lutheran, and Methodist Churches meet with their ministers at the Lutheran Church to read and discuss the readings for the following Sunday. Some ministers serve as on-call chaplains at the hospital and meet once a month for lunch, in-service, and sharing at the hospital.

The collaboration among the churches and an active senior center in the community should contribute to the possibility of our town becoming a Pastoral Healing Community. We have a Head Start Program and three assisted living facilities. Our hospital, extended care unit, physicians' clinic, home health, physical and occupational therapy are all under one roof. Specialists visit our clinic from Portland on a regular basis. Patients who need service, which we are not able to provide, are referred to Providence St. Vincent or Providence Portland, or are transported there via ambulance or helicopter. Others are referred to our facility for long-term care by those Providence facilities. It seems that much is already in place to facilitate a greater continuum of spiritual care.

The video gives many suggestions for ways to collaborate within a community in order to maximize the opportunities for healing and care. Two areas that seemed to be missing, however, are that of the use of parish nurses and access to complimentary modalities, such as acupuncture, chiropractic medicine, music therapy, aromatherapy and healing touch. The healing ministry of Jesus certainly depended on touch.

I am grateful for the opportunity to learn about the wonderful programs provided by Pastoral Healing Communities, to be challenged by suggestions made, and to be encouraged to attempt to replicate where possible.

Gwen M. Farry, BVM
NACC-certified Chaplain
Providence Seaside Hospital
Seaside, Oregon

New appreciation for the important work chaplains do

I found my participation in the symposium of the National Association of Catholic Chaplains to be a very stimulating experience. The men and women who are chaplains in various ministries throughout the country are very dedicated people. I was impressed with their enthusiasm, their commitment to their work, and their willingness to work together in planning for the future strength and success of the Association and their work. I came away filled with a new appreciation for the important work chaplains do for the good of the Church and the spread of the Gospel in our country through the various institutions they serve. I am happy I was able to attend the Oak Brook segment of the Symposium.

With all best wishes, I remain
Sincerely yours in Christ,
Most Reverend Kevin M. Britt
Auxiliary Bishop of Detroit



*Albuquerque (L-R):
Rev. Sean Horgan,
JoAn Harrison,
Terelyn Borel, Arch-
bishop Michael
Sheehan, NACC
Episcopal Advisor,
Rev. Fidel Palisoc,
Jeffrey Mulac, and
Father Joe Driscoll.*



Seattle: Father Joe Driscoll blesses the oil used for the anointing at Saturday's Eucharist with assistance from Sister Cathy O'Connor, CSB.



Minneapolis: Two of many musicians from around the country who helped bring spirit to our prayers and liturgies.

They saw us later, alligator

Having returned to snowy Milwaukee from sunny, warm Baton Rouge just before Thanksgiving, I thought I'd give a short report of our successful symposium there. Unfortunately, with the deadlines for *Vision*, we were unable to gather comments and photos from the attendees in time.

Our local committee in Baton Rouge, chaired by Cindy



Heine, actually helped plan two symposia. The first one, scheduled in late September, was cancelled due to the untimely arrival of Hurricane Isadore. The event was rescheduled for November 20-24, after yet another hurricane hit the area.

Approximately 45 people attended at the Bishop Tracy Center in Baton Rouge. There was a great deal of community present--both spiritually and intellectually. The size of the group allowed for a great deal of interaction and sharing. One of the highlights was the special event: a swamp tour followed by dinner and a live Cajun band. Everyone ate and danced and some were allowed to hold, albeit reluctantly, a baby alligator.

Our closing liturgy was a special time for closing not only the Baton Rouge symposium, but also the year and a half of hard work on the part of so many who helped make the eight symposia a success--from the national office staff to the local committees and volunteers. Many thanks to the committee and attendees in Baton Rouge for their dedication, flexibility, and their presence.

Susanne Chawszczewski
NACC Director of Education



Baton Rouge: Dee Chapman, Bishop Robert Muench, and Sister Margaret McAnoy, IHM, after their commissioning.



Seattle: Sue Carol Oathout, newly certified chaplain with Bishop George Thomas and Father Joe Driscoll.

Report

(Continued from page 5.)

other task forces. The articulation of the organization's goals can then be matched with the goals of potential donors. The conversation returned to the need for communication and marketing. We develop relationships with people who know who we are, what we do, and who want to support in our mission.

We need to first build a relationship with our members. Every member has a potential relationship to a donor. Relationship building is at the heart of development. It is the bedrock of development. The specific needs at a given time then emerge from a strategic plan accompanied by a business plan.

Finally, it was noted the more we can find common projects with our partners in the other organizations, the better our chancing of funding becomes.

Additional areas for attention

On our second morning together, we set aside time to examine more closely several areas from the earlier discussion that needed some more attention.

First, we engaged in a critical discussion on **universality/particularity**, namely how we can collaborate with our colleagues toward developing chaplaincy and supervision as a profession, while not losing our own identity as a Catholic organization.

Should we have one set of universal standards accepted by the profession? These standards would focus on professional competency. Questions more specifically aligned with formation for ministry in the Church, ecclesiastical endorsement for that ministry, and commissioning for that ministry could be attended to in a different manner than our current practice.

The emerging consensus seemed to be a desire to move toward a future that more firmly establishes the profession with all our colleagues from the other organizations and faith traditions while guarding and maintaining our valued Catholic identity. The two need not be in conflict, but as it was noted our particularity adds to others and vice versa.

Second, we discussed the future of **USCCB/NACC CPE programs**. The sobering reality is that we are growing fewer programs, yet

there is a consistent move from the membership to maintain and grow our programs. It was clear that we need further exploration of this issue with a clear commitment not only of voice but of resources should we continue to support the development of NACC CPE.

Finally, Bishop Dale Melczek led us in a discussion of our participation in the development of a **"national pastoral plan"** for spiritual care for the sick and the dying coming from our bishops. The Bishop explained that the staffs at the United States Conference of Catholic Bishops (USCCB) in Washington do the actual drafting of a plan that would go to the bishops. He suggested that we may want to summarize our findings from the eight symposia and send them to the appropriate committee(s) and have our association offer to serve as consultant to these committees.

Since this planning meeting, Bishop Melczek convened a meeting of Episcopal Advisory Council at the November bishops meeting in Washington, D.C., where our bishops (USCCB regional representatives) were quite enthusiastic and supportive of the need for such a plan and the appropriateness of its timing right now. Bishop Melczek and I are following up with leadership at the conference, and are in communication with the staffs on the Committee on Liturgy and the Committee on Pastoral Practice.

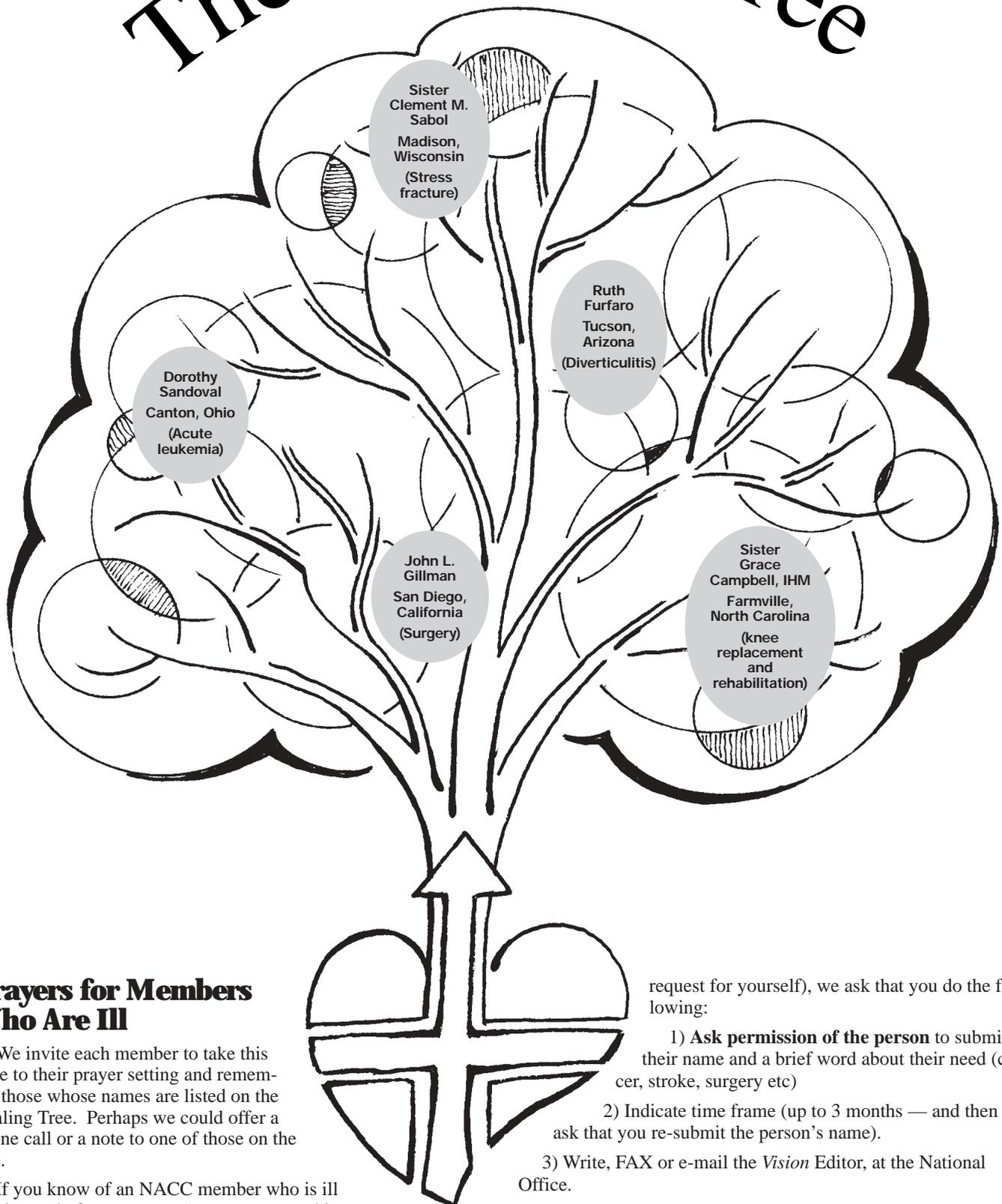


In summary, we are at a wonderful moment right now in our history. Two years ago this month we implemented a radically new structure through which we would organize ourselves and our mission. In the time since, the new Board, half of whom are extern members, have worked hard to know, understand, and assess the strengths and weaknesses of our association. A few months ago we were ready to begin strategic planning and we are moving forward toward its completion by the Toronto meeting.

During this planning meeting, the reality of what we lost in the past regional structure came forth as a challenge at different points in the discussion. At one of those moments, it was suggested that we need to ask another question: What have we gained in this new structure? I would suggest we have a clear insight into that area now. The expertise, resources, and commitment of the extern members of the board are an example of relationship building, among ourselves and beyond ourselves, that an organization such as our own must do for the future. We have boldly moved into a wonderfully exciting future out of the willingness to risk the comforts of a most familiar past.



The Healing Tree



Prayers for Members Who Are Ill

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

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

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

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

-Joe Driscoll

EDUCATIONAL OPPORTUNITIES

Pastoral Care in An Anxious Age

Live by satellite
April 1, 2003

Ministry, Professional Growth Seminars, presents "Rumors of Peace, Pastoral Care in an Anxious Age," live by satellite on Tuesday, April 1, 2003. This seminar provides sermons and lectures in a live three-hour format, featuring Dr. Lloyd John Ogilvie, chaplain of the U.S. Senate, Dr. Randy Roberts of the University Church of Seventh Day Adventists, Loma Linda California, Dr. Hyveth Williams, minister to multiethnic and multiracial congregations in Washington, D.C., Massachusetts, and southern California, and Dr. James A. Forbes, Jr., leader of the congregation of the Riverside Church in New York City. Participants also have the chance to interact via phone and e-mail.

For more information, phone: (301)680-6518; e-mail: 104474.206@compuserve.com; website: www.ministerialassociation.com.

Earn a master's degree or just take a course in bioethics online

Loyola University Chicago
Stritch School of Medicine

Formal knowledge of bioethics is increasingly important. Health care institutions need professionals who can analyze ethics cases and policies, facilitate ethical decision-making, and effectively teach colleagues and students. To meet this need, the Neiswanger Institute for Bioethics and Health Policy, Loyola University of Chicago Stritch School of Medicine announces its new online Master of Arts program in Clinical Bioethics and Health Policy. Regardless of where you live, you can examine cutting-edge issues in bioethics, in an accredited master's program, in a certificate option program, or as a non-degree student-at-large.

For more information, visit the

Neiswanger Institute for Bioethics and Health Policy website:
<http://bioethics.lumc.edu>.

2003 Offerings

Mexican American Cultural Center (MACC)
San Antonio, Texas

MACC offerings include the following for 2003:

■ **Mini Pastoral:** a three-week intensive introduction to Hispanic Ministry. June 1–20, July 13–August 1, and August 24–September 12.

■ **Family Ministry:** This program will help participants identify the complex cultural and generational dynamics within Hispanic families as they preserve their originating culture and integrate new norms and values. April 7–11.

For more information on these programs and many others, contact MACC at (210)732-2156; website: www.maccsa.org.

Editor's note: The listing of courses and programs in Vision and on the NACC website is provided as a service to NACC members and does not constitute an endorsement of these programs. Readers are advised to contact the programs for references and to review program accreditation.

7th International Congress on Pastoral Care and Counseling

August 10–17, 2003
Bangalore, India

The ICPC conference in Toronto (1995) predicted the exploding dimensions of the global village. The conference in Accra, Ghana, (1999) focused on the down-trodden/marginalized, making a paradigm shift from dealing with individuals, to addressing systems/structures. These systems, however diverse they are, are influenced by the global economy (GE)—the cutting edge of the millennium—an element of the larger phenomena of globalization. The theme of the 2003 gathering is Global Economy, A Challenge for Pastoral Care, Counseling, and Religious Traditions.

The conflicting nature of the global economy evokes varied responses. Concerns that are confronting us:

■ **Homogeneity**—creates problems of

cultural identity. As GE ignores existing views, on human rights; values of commensurability; and alternate views of work and labor.

■ **Denial of suffering**—GE lacks the framework to address human wrongs. Seemingly promoting political and ethnic genocide, thereby affecting mental health.

■ **Do faith/ religion/ ritual have a response to the complex issues raised by GE?**

The praxis of the congress is action and reflection. Along with some brief economic analysis, a large proportion of time is set aside for pastoral analysis. Experts will address the psychosocial and religious problems of women, children, and families caused by GE, suggesting methods of intervention/ prevention while sharing their hopes and struggles. "Alternative economy" and innovative forms of pastoral counseling such as "just therapy" will be explored.

Worship: Indigenous worships from various continents, using symbols and rituals, will give us a new experience. **Entertainment:** The rich traditions of India will also be performed by different artists. We are attempting to give you an experience of Indian life style and food from different states.

You are the backbone of the congress. Come and prevent it from being theoretical by bringing it to reality with the richness of your experience and your stories. We are counting on you and your contributions!

The registration contact is Dr. Nalini Arles, United Theological College, 63, Millers Road, Bangalore 560046, India; phone: 91-80-3541665; Telefax:/phone 91-80-3431294; e-mail: nalinia@mantraonline.com; naliniarles@yahoo.co.in; website: www.council-icpc.org.

Congress fees: Option A: US \$475 includes registration, food, and board (shared accommodation—two per room). Option B: US \$325 includes registration; food (which does not include board. Your accommodations can be sought in nearby hotels, ranging from US \$75/day to US \$100/day). Excursion: \$25. Financial aid above these fees will be gratefully accepted.

Pastoral Counselors India Tour to the 7th ICPCC in Bangalore, India

This tour departs the United States on July 27 and returns on August 18. Total cost is approximately \$3,000, excluding conference fee. It includes double occupancy rooms, all travel, entrance fees to monuments, breakfasts, and dinners. It also includes Delhi, Pune, Kottayam, Ludhiana, Agra (Taj Mahal), Vellore, and Bangalore.

An extended option is available that includes Calcutta and Darjeeling, leaving July 20. Cost is approximately \$3,500.

Brian and Claudia Grant, who have traveled extensively in India and taught at several of the major pastoral counseling training programs there, will lead the tour. It will include counseling and CPE programs in and near Delhi and Pune in the North, Bombay (now Mumbai) in the West, and Kottayam, Trivandrum (Trivanthapuram), Vellore, and Bangalore in the South before arriving at the conference.

The group will sail the Ganges at dawn from Varanasi, see the Taj Mahal and other marvels at Agra, visit ancient Buddhist sites at Sarnath (near Varanasi), and enjoy the Sunday evening beach-front festivities at Madras (Chennai) before returning to the States.

For those who would like a longer tour including impressive church-sponsored mental health facilities in Calcutta, and a side trip to the Himalayas at Darjeeling (on a clear day you can see Mount Everest), an additional week (leaving July 20) would be available.

Contact Brian Grant, (317)924-5205 or e-mail: bgrant@cts.edu.

Center to Advance Palliative Care Management Training Seminar: Philadelphia, Pennsylvania February 27 - March 2, 2003

The Center to Advance Palliative Care Management presents the training seminar: "Planning, Funding, and Sustaining a Hospital-based Palliative Care Program: Tools and Strategies for Success." Seminar highlights include:

- Creating compelling business and financial plans,
- Funding palliative care programs,
- Effective marketing,
- Crossing the clinician-management gap,
- Needs assessment organizational models,
- Quality measures; hospital-hospice partnerships,
- Discussion of JCAHO Standards.

This conference is intended for health care managers, including physicians, nurses, administrators, and others responsible for the planning and implementation of hospital or health system-based palliative care programs.

Institutional teams, and those who have already attended a CAPC management-training seminar, are encouraged to attend. Approved for 24.5 hours, Category 1 Physician CME Credit. To receive further information, visit CAPC's website at www.capc.org e-mail: Barbara.mastroddi@mssm.edu or, call the CAPC Events Line at (212) 201-2680.

IN BRIEF

International Pastoral Care Network for Social Responsibility (IPCNSR)

IPCNSR is an interfaith network of concerned clergy and lay persons who are engaged in specialized ministries of pastoral care/pastoral theology in some 50 countries. They are committed to cooperating with their brother and sister specialists, across national boundaries, in using their dual training in the theological and psychological disciplines, to help save God's creation, our precious planet, from ecological disaster, epidemic violence, over population and dehumanizing poverty and oppression.

They build communication bridges, exchange news and views through a quarterly newsletter, hold theory-building conferences periodically, explore the spiritual roots of violence against people and the biosphere, and engage in collaborative action to contribute to a positive, justice-

based future for all members of the human family.

For information about IPCNSR, go to their website: www.ipcnsr.org.

Training modules on end-of-life care issues now available

Funded by the Michigan Department of Community Health Long-Term Care Initiative, the Wayne State University Institute of Gerontology, in partnership with Hospice of Michigan and Lutheran Social Services of Michigan, has developed a series of training modules on end-of-life care. The training modules consist of Microsoft Power Point slide shows for presentation and Microsoft Word documents for printing. Those interested in obtaining the end-of-life care training modules may fill out and submit the online application form to request copies, which will be sent free of charge, via e-mail, to educators. There are six modules in the series and topics range from legal concerns to grief, loss, and bereavement.

To learn more about the training modules and to apply for them online, visit: www.iog.wayne.edu/iog/education/end-of-life.

What do the Himalayas, Christianity, and yoga have in common?

"NACC-certified chaplain Father Ignatius Gomes makes a powerful statement that the Himalayas, Christianity, and yoga are all one with each other. In his book, *Mountaineering, Himalayas, Yoga, Spirituality, and Health*, Father Gomes uses his religious background to provide a powerful statement that a strong spirituality pervades each seemingly disparate concept, which finds their manifestation in this 'new testament' to yoga. The reader will have a new appreciation for yoga's spirituality after following Father Gomes's moving tribute to this unique approach to understanding yoga as seen through his religious prism of experience." (Susan Lorentzen, certified yoga instructor and student of acupuncture and oriental medicine, Milwaukee, Wisconsin.)

Father Gomes teaches yoga and has been a practitioner for 15 years. He

believes his book distinguishes “yoga that reduces humans into pretzels . . . from true yoga which deals with the mind, body, and spirit.” *Mountaineering, Himalayas, Yoga, Spirituality, and Health* by Father Ignatius Gomes is available from Secret of Happiness Yoga, P.O. Box 250081, Little Rock, AR 72225. \$19.95.

New book helps families and patients facing terminal illness

A new book titled, *We Need to Talk*, is now available to help families and patients facing a terminal illness diagnosis. The book serves as a practical guide to help families facing the upcoming challenges of terminal illness. Inside they will find advice, tips, and explanations to help them better understand and address many of the issues they will face.

We Need to Talk is written by Larry Quicksall, a hospice social worker who has helped families cope with end-of-life issues. To learn more about the author and this book, visit: www.familygrowth.org/.

CAPC presents conference on planning hospital-based palliative care programs

The Center to Advance Palliative Care (CAPC) will present, Planning, Funding, and Sustaining a Hospital-based Palliative Care Program: Tools and Strategies for Success, on February 27 – March 2, 2003, in Philadelphia, Pennsylvania. This comprehensive seminar is intended for health care managers, physicians, nurses, administrators, institutional teams, and others responsible for the planning and implementation of hospital or health system-based

palliative care programs. The event is an enhanced version of CAPC’s previous seminars and is targeted even to those who have already attended CAPC sessions.

Contact Barbara Mastrodi at (212)201-2680 for more information. To learn more about this event and about CAPC, visit: www.capcmssm.org/.

Pastoral Care of the Sick / Cuidado Pastoral de los Enfermos

The Mexican American Cultural Center (MACC) offers an abridged bilingual (Spanish/English) edition of *Pastoral Care of the Sick*. It is spiral bound, and the English/Spanish is presented in a side-by-side format. The price is \$13.95 plus shipping and handling. For more information or to order, contact MACC publications at (210)732-2156 ext. 7108; e-mail: jgvicente@maccca.org.

Positions Available

▼ **Mercy Health Center, Laredo, TX – CATHOLIC PRIEST CHAPLAIN.** Commitment to the community, excellence in patient care, dedication to the highest standards of our profession . . . these are not just words at Mercy Health Center, a 325-bed acute care medical facility. These are core values that we put into action daily. If you want to work in a collaborative atmosphere, our not-for-profit, JCAHO-accredited hospital currently seeks a Catholic Priest Chaplain to join our dynamic Pastoral Care Department. The chaplain will help fulfill the Mercy Mission to support the spiritual dimensions of human life. We offer a stimulating environment with opportunity for professional growth, and an extremely competitive salary. For immediate consideration please forward your resume to: Mercy Health Center, Attn: Human Resources Recruiter, 1700 East Saunders Street, Laredo, TX 78041; e-mail: awells@laredo.mercy.net; fax: (956)796-3655; toll-free telephone: 1-800-724-5381. EOE.

▼ **Cabrini Medical Center, New York, NY – DIRECTOR OF PASTORAL CARE.** Cabrini Medical Center, a Catholic hospital, with over 100 years of excellence in clinical practice and patient care, seeks an experienced pastoral care professional who will ensure the comprehensiveness and quality of the services provided to our patients and families. The Director of Pastoral Care is responsible for the direct supervision of our chaplains and pastoral associates, the development of community outreach efforts, and the oversight of our accredited Clinical Pastoral Education program. Requirements: Master’s in Divinity or related degree; certified by NACC, APC, or other nationally recognized chaplain certifying body; five years’ management and supervisory experience; excellent communication skills; and experience working in ecumenical and multicultural settings. CPE-certified Supervisor and bilingual in English/Spanish, Mandarin, or Cantonese preferred. We offer an excellent salary and benefits package. Please forward resume with salary history to A. Collado, HR, acollado@cabrininy.org, Cabrini Medical Center, 227 East 19 St., New York, NY 10003; Fax: (212)995-7444. Associate Member–CHCN. EOE.

▼ **CHRISTUS St. Elizabeth Hospital, Beaumont, TX – ROMAN CATHOLIC PRIEST CHAPLAIN, SPIRITUAL CARE.** CHRISTUS St. Elizabeth Hospital is seeking a Roman Catholic Priest Chaplain who is eager to join an innovative health care organization. At 497 beds, we are the largest hospital between Houston and New Orleans. We are the premier provider of quality health care in southeast Texas and we are growing. We are seeking a full-time Roman Catholic priest chaplain to join our ecumenical staff of chaplains and pastoral volunteers delivering quality spiritual care. Qualified candidates should have a master’s in divinity or a master’s in theology or philosophy. Certification by NACC or APC or eligible for certification. Previous hospital-based chaplaincy experience is preferred with endorsement by a local ordinary is required. Please send resume to: Human Resources Department, St. Elizabeth Hospital, 2900 North Street, Suite 306, Beaumont, TX 77702; phone: (409)899-7165; fax: (409)899-7697; cch0002@ste.christushealth.org.

▼ **Hospice of St. John, Denver, CO – DIRECTOR OF PASTORAL SERVICES.** The Hospice of St. John holds a very special place in the Colorado Front Range health care community. As one of the oldest hospice programs in the country, our staff knows that attention to primary patient and family needs assures the greatest individual quality care. We are currently seeking a Director of Pastoral Services. The qualified candidate must be of Christian faith and have experience of progressive responsibility in pastoral care preferably with emphasis on families dealing with terminal illnesses. Job responsibilities include providing spiritual and emotional support to patients, families, and staff; managing all administrative operations in the pastoral department in addition to supervising the pastoral staff and volunteer chaplains. The Hospice of Saint John offers a superior working environment with exceptional benefits including health/dental/life and short-term disability insurance, retirement plan with employer matching, paid vacation and sick time. Please mail or fax resumes with salary requirements to Attn: Human Resources, 1320 Everett Ct., Lakewood, CO 80215; phone: (303)232-

Positions Available

7900; fax: (303)232-3614. There is no relocation package offered for this position.

▼ **SUNY Upstate Medical University, Syracuse, NY** – MANAGER OF SPIRITUAL CARE SERVICES. Seeking an individual to provide leadership to the Spiritual Care program of Upstate Medical University and University Hospital. Scope of service includes: staff supervision, planning, provision of education and training for staff and volunteer chaplains as well as UMU staff and students and the larger religious community to insure the quality provision of spiritual care to patients, their loved ones, and caregivers at University Hospital in accordance with the mission of Upstate Medical University. Master's of Divinity from accredited theological school and three years of related experience, ordination and ecclesiastical endorsement from a recognized religious authority, and four units of Clinical Pastoral Education (CPE) training from an accredited CPE training center required. Preferences: Certified Associate CPE supervisor; experience directing a spiritual care program in acute health care setting; Board certified from a national professional chaplaincy organization. Send cover letter and resume to Department B - #15030, Human Resources Department, SUNY Upstate Medical University, 750 E. Adams St., Syracuse NY 13210 or submit electronically to: HR@upstate.edu referencing the job number listed. An AA/EEO/ADA employer committed to excellence through diversity. Resumes accepted until filled.

▼ **Provena Saint Joseph Hospital, Elgin, IL** – PRIEST CHAPLAIN. Provena Saint Joseph Hospital is a 260-bed Level II Trauma Center. We are part of Provena Health, a Catholic health system building communities of healing and hope. There is an immediate opening for a full-time Roman Catholic priest chaplain. Join our team-oriented facility, adhering to the values of respect, integrity, stewardship, and excellence. Candidates must have a degree in theology, be certified or eligible for certification by NACC or APC, and have previous hospital-chaplain experience. Endorsement by the Rockford Diocese is required as well. We offer excellent salary and benefits! Please contact us at 77 N. Airlite Street, Elgin, IL 60123-4912; fax: (847)622-2070; or e-mail: WendyK-DuClos@provenahealth.com.

▼ **Mercy Medical Center, Springfield, MA** - seeks a ROMAN CATHOLIC PRIEST CHAPLAIN to join our staff of chaplains and pastoral volunteers delivering quality spiritual care. Will provide spiritual/emotional support and sacramental ministry in collaborative, team-oriented approach to patients and families. Requirements include master's degree in theology or its equivalent, four units of CPE, certification by NACC or APC. Please submit resume to: Ann Marie Smith, Mercy Medical Center, Human Resources, 271 Carew Street, Springfield, MA 01104 or fax: (413)748-9609. EOE.

▼ **Mercy Medical Center, Springfield, MA** – TWO CHAPLAINS. Mercy Medical Center, a member of Sisters of Providence HealthSystem, has an immediate opening for two chaplains. We are seeking a priest chaplain and a staff chaplain to provide a ministry of spiritual and emotional support to patients and families of all religious affiliations. The candidates will have a master's degree in theology, counseling, or a related field. Four units of CPE with NACC/APC certification, two years' experience as chaplain or minister (with experience in health care), and ecclesiastical endorsement required. Hospital experience is preferred. Conversational Spanish is a plus. Mercy Medical Center is a 284-bed, full service health care facility. Renowned for its tradition of a high-touch, holistic approach to health care, combined with state-of-the-art technology, the hospital's commitment to health care goes beyond treating illnesses and injuries, to include wellness programs, support groups, and educational programs. Please submit resume to: Ann Marie Smith, Mercy Medical Center, Human Resources, 271 Carew Street, Springfield, MA 01104 or fax: (413)748-9609. EOE.

▼ **Covenant Healthcare, the leader of faith-based health care in**

Milwaukee, WI, is currently recruiting for CERTIFIED OR CERTIFICATION-ELIGIBLE CHAPLAINS to expand our staffing and we would like to talk with you about the possibility of joining our team. We are committed to an ecumenical, culturally and religiously diverse department, and encourage individuals with diverse backgrounds and training to apply. We currently have positions available throughout the system, including acute care, long-term care, assisted living, home health and hospice, as well as in oncology/palliative care. We also have both weekend and on-call positions available, should you need alternative scheduling. Positions include excellent benefits including health, dental, 26 days off per year, company pension and tuition and professional education reimbursement. To learn more details or to apply visit our web site at www.covhealth.org or call Mark Farrell at (262)780-3107.

▼ **St. Anthony Hospital, Pendleton, OR** – St. Anthony Hospital in Pendleton, is a faith-based acute care hospital. We are seeking qualified candidates for the position of VICE PRESIDENT OF MISSION INTEGRATION. St. Anthony Hospital is a 49-bed facility offering many services that use state-of-the-art equipment. We are proud to offer our dedicated and skilled nursing and technical staff, along with emergency medicine that is available 24 hours a day, seven days a week. This position reports to the President/CEO and is a member of the executive leadership team. The position plays a key role in shaping the culture of the organization. Grounded in the core values of reverence, integrity, compassion, and excellence, the vice president of mission integration will provide direction and leadership to multiple aspects of the hospital's operations. Preference is for persons of the Catholic faith tradition with a master's degree in theology, spirituality, or health-related specialty. The candidate must possess a working knowledge of health care operations, government affairs, health care trends and issues, and financing. The candidate must have a minimum of three years' experience with demonstrated success in management positions and possess the ability to work effectively with groups within a complex and matrixed organizational structure. Knowledge of health care ethics with special emphasis on the "Ethical and Religious Directives for Catholic Health Care Services" (ERDs) is imperative. St. Anthony Hospital offers an excellent work atmosphere, well-experienced staffs, and a competitive salary and benefits package. Interested individuals should forward a cover letter and resume to: Human Resource Department, St. Anthony Hospital, 1601 SE Court Avenue, Pendleton, OR 97801. Equal Opportunity Employer.

▼ **Providence St. Peter Hospital, Olympia, WA** – CATHOLIC PRIEST. Seeking qualified priest to join our ecumenical team of chaplains that provide care to patients, families, and staff in four institutions located in the state capitol, South Puget Sound. The Network ministry includes a 150-bed long-term care center, hospice, and in-patient chemical dependency unit. Minimum qualifications: Roman Catholic Priest. NACC certification or qualified to begin certification process. Applicant with two units of CPE and not certified will need to complete the certification process within two years of hire. WA State driver's license. Apply online at www.providence.org/swsa.

▼ **Saints Memorial Medical Center, Lowell, MA** – PRIEST CHAPLAIN. At Saints Memorial Medical Center we offer a friendly work environment. We believe in treating our patients and each other with the care we'd offer to our own families. An exciting opportunity is now available for priest chaplain. The priest chaplain is responsible for providing Catholic patients, their families, and the staff the opportunity to receive the Sacraments of the Church. The priest chaplain will daily celebrate the Eucharist, administer the anointing of the sick, and respond to emergencies. The priest chaplain will also distribute communion as needed and perform any additional sacramental requests: baptism, reconciliation, as necessary and appropriate. Qualifications: A Roman Catholic priest in good standing in the Archdiocese of Boston. Experi-

ence in hospital ministry is helpful. Interested candidates please forward your resume and salary requirements to: Saints Memorial Medical Center, Human Resources Department, P.O. Box 30, Hospital Drive, Lowell, MA 01853; phone: (978)934-8204; fax: (978)934-8276. An Affirmative Action/Equal Opportunity Employer. www.saints-memorial.org.

▼ **Mount Carmel East Hospital, Columbus, OH** – STAFF CHAPLAINS. Mount Carmel East Hospital is seeking one half-time and one full-time chaplain to provide pastoral care to patients, families and employees. We are part of the Mount Carmel Health system, one of the largest health care providers in central Ohio, and Trinity Health, the third largest Catholic health care system in the country. The successful candidate must have a master's degree in theology or divinity, a minimum of four units CPE and be certified or certification eligible by the NACC or APC as a chaplain. Two years' experience as a chaplain in an acute care setting with ministerial experience in oncology/palliative care and women's health is desirable. Interested candidates may send their resume to: Chaplain Michelle Lemiesz, MDiv, Chaplaincy Services Operations Manager, Mount Carmel East Hospital, 6001 E. Broad Street, Columbus, OH 43213; e-mail: mlemiesz@mchs.com.

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

▼ **Sioux Valley Hospital USD Medical Center, Sioux Falls, SD** – DIRECTOR, PASTORAL CARE SERVICES. Sioux Valley Hospital USD Medical Center is a 515-bed teaching hospital and the flagship facility for the largest health care system between Minneapolis and Denver. As Director, you will lead a pastoral care staff of two staff chaplains, two Catholic chaplains, and nine chaplain associates. Primary responsibilities include: integration of spiritual care into a holistic approach to persons, development of spiritual resources for parish nurse program, supervision of seminary students, development of spiritual care networks within the community and function as a pastor for staff. Qualifications: DMin preferred, Board Certified Chaplain, five years' pastoral care management experience, denominational endorsement, ordination, and pastoral experience preferred. Please apply on-line at www.siouxvalley.org and send resume to: Human Resources, 1100 South Euclid Avenue, P.O. Box 5039, Sioux Falls, SD 57117-5039; (605)333-7000.

▼ **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.

▼ **CHC Wausau Hospital, Wausau, WI** – FOUR CHAPLAIN RESIDENCY positions available beginning July 1, 2003, through June 30, 2004, in a unique CPE program offering in addition to the normative goals of CPE, Intrapsychic and Family Systems theories integration. Wausau Hospital is a 321-bed, modern community hospital and regional medical center very committed to spiritual care through the CPE program. Wausau is a progressive community immersed in the beauty and solitude of Wisconsin nature while in driving distance to Madison, the state capital. Recreational activities abound from skiing, fishing, camping, and boating, to community theater and the performing arts. \$21,000 stipend plus fringe benefits. Additional financial support available based on appropriate need. Apply to Bill Tallevast, DMin, Department of Pastoral Care, 333 Pine Ridge Blvd., Wausau, WI 54401; phone: 1-800-283-2881 ext. 72940; fax: (715)847-2015; e-mail: Billt@waushosp.org.

▼ **San Diego Hospice Corporation, San Diego, CA** – CHAPLAIN. The Chaplain-Case Manager provides spiritual and pastoral care and comfort to terminally ill patients, as well as their families and loved ones in an ecumenical and interfaith approach. Care is provided directly and within the interdisciplinary team. Care is in the form of spiritual counseling, prayer, devotional ritual, and grief and bereavement support. Requires ordination or recognition in specific religious tradition. Master of Divinity or Master of Arts specific to discipline preferred. Clinical Pastoral Education: two units desired or equivalent supervised pastoral education. Bilingual abilities, a plus. Demonstration of expertise in pastoral and spiritual counseling and in concepts of death and dying issues. Knowledge of concepts and issues for dying for adults and children. Pastoral experience: hospital, parish, community, other chaplain settings, education, teaching, preparing and conducting worship service/memorials, experience in ecumenical/interfaith groups. Please forward resume to: hreml@sdhospice.org or review our application online and print to fill out at www.sdhospice.org and mail to San Diego Hospice Corporation, attention: Recruitment, 4311 Third Avenue, San Diego, CA 92103.

▼ **Affinity Health System, Appleton, WI** – CHAPLAINS. Affinity Health System, the nation's 18th top Integrated Health Care Network, currently has a full-time career opportunity for a certified chaplain to work at St. Elizabeth Hospital in Appleton, Wisconsin. Affinity Chaplains serve as a liaison to the clergy, community, and medical team, in regard to the spiritual care to patients, residents, families, and staff of Affinity Health System. Certification by the NACC or APC required, or pending. Affinity Health System is a Catholic, mission-oriented regional health care network. For more information please call 1-800-242-5650 ext. 0594, or apply on-line at www.affinityhealth.org. Affinity Health System, Attention HR, P.O. Box 3370, Oshkosh, WI 54903. An AA/EEO Employer.

▼ **Our Lady of the Lake Regional Medical Center, Baton Rouge, LA** – PRIEST CHAPLAIN. Our Lady of the Lake Regional Medical Center is seeking a priest chaplain to provide spiritual counseling services and ensure that our pastoral care department portends a spirit of Christian community. The ordained priest chaplain identifies patient, family, and staff needs for spiritual guidance and counseling, serves the community through liturgical celebrations and sacramental support, and participates in interdisciplinary team meetings in an effort toward ensuring the provision of high quality pastoral care services. Candidates must have ecclesiastical endorsement, and NACC, APC, ACPE, AAPC, or NAVAC certification. Please send resume to tbourgeo@ololrhc.com or call Human Resources at 1-800-769-4473.

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

CALENDAR

February 2003

- 6-8** Racial Ethnic Multicultural (REM) Invitational Conference
Birmingham, Alabama
- 9-11** Special activities for World Day of the Sick
Basilica of the National Shrine of the Immaculate Conception
Washington, D.C.
- 11** World Day of the Sick
- 22-23** NACC Board of Directors Meeting
Toronto, Canada
- 24** NACC Member Business Meeting
Toronto, Canada
- 23-25** Joint conference: APC, CAPPE, NACC, NAJC
Toronto, Canada

March 2003

- 1** Postmark date for materials for spring certification interviews
- 5** Ash Wednesday

Do we have your current e-mail address?

If you have a new e-mail address and have not yet notified the National Office, please:

■ Send an e-mail to the National Office: info@nacc.org.

■ Enter the words "member e-mail address" in the subject line.

■ Give your full name, your NACC membership number, and your e-mail address in the message area.

Thank you for helping to keep the NACC database current.

Board of Directors

PRESIDENT AND CHIEF EXECUTIVE OFFICER

Rev. Joseph J. Driscoll
NACC
Milwaukee, Wisconsin

EPISCOPAL LIAISON

Most Rev. Dale J. Melczek, DD
Bishop of Gary
Merrillville, Indiana

CHAIR

Richard M. Leliaert, OSC, PhD
Manager, Spiritual Support Services
Oakwood Hospital and Medical Center
Dearborn, Michigan

MEMBERS-AT-LARGE

Joan M. Bumpus
Director of Pastoral Care
St. Vincent Hospital & Health Center
Indianapolis, Indiana

Ms. Ann E. Hurst
Director of Pastoral Services
Deaconess Medical Center
Spokane, Washington

Ms. Bridget Deegan Krause
University Minister
College of Health Professions and
School of Dentistry
University of Detroit Mercy
Detroit Michigan

EXTERN MEMBERS

Maryanna Coyle, SC
President and Executive Director
SC Ministry Foundation
Cincinnati, Ohio

Mary W. Hassett
Partner/Chief Strategist
Brains on Fire
Greenville, South Carolina

Jean deBlois, CSJ, PhD
Director, Master of Arts in Health Care
Mission Program
Aquinas Institute of Theology
St. Louis, Missouri

Walter J. Smith, SJ
President and Chief Executive Officer
The HealthCare Chaplaincy, Inc.
New York, New York

NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

3501 South Lake Drive
P.O. Box 070473
Milwaukee, WI 53207-0473

ADDRESS SERVICE REQUESTED

NONPROFIT ORG
U.S. POSTAGE PAID
MILWAUKEE, WI
PERMIT NO. 4872