Chaplains participate in largest terrorism response drill in U.S. history

Chaplains in the Chicago and Seattle metropolitan areas took part in the TOPOFF2 disaster drill during the week of May 12. TOPOFF2 was organized by the Department of Homeland Security and was designed to test and improve the response capabilities of “top officials.”

TOPOFF2 was planned around the following scenario: on Monday, May 12, a terrorist organization sets off a dirty bomb in Seattle, releasing radioactive material throughout the metropolitan area. The same group initiates a biological attack in a crowded venue in Chicago, sending people to area hospitals with pneumonic plague symptoms.

Although the emphasis of the exercise was on high-level communication and cooperation, chaplains in both locations had hands-on involvement in their institutions. In many cases, chaplains were assigned the role of responding to communications needs of families. They set up and staffed family reception and/or information centers whose purpose was (1) to provide a safe and comfortable location for families to wait for information about their loved ones in the facility and (2) to function as an information clearinghouse for calls coming into the institution from people who were trying to locate family members.

At Advocate Lutheran General Hospital in Park Ridge, Illinois, the chaplains were assigned as part of the Hospital Emergency Incident Command System (HEICS), which the hospital utilizes as part of its disaster response plan. Chaplains John Wilson and Joe Czolgosz explained that chaplains were to work with families, helping them locate patients, providing information on the status of patients once they were located, and answering all phone calls that came into the hospital from families looking for loved ones.

Chaplain Peter Strening at Northwestern Memorial Hospital in Chicago added that as part of their disaster plan chaplains also would accompany families to view bodies and arrange for other bereavement services. He thought that “this drill helped break through the denial that this type of disaster could occur.”

Although the emphasis of the TOPOFF2 exercise was on high-level communication and cooperation, chaplains in Seattle and Chicago participated fully in the drill in their institutions.

At Loyola University Medical Center (LUMC) in Maywood, Illinois, pastoral care department director Marie Coglianese reported that 14 NACC chaplains took part in the drill. At LUMC, chaplains were handed clipboards with their duties outlined and then were dispatched to various areas of the facility, such as ER and the helicopter pad, to meet victims. “The drill was both exciting and emotionally drain-ing,” according to Ms. Coglianese. She also related the experience of a chaplain praying with a “victim” who then handed the chaplain a card that read: “I just died in your presence.”

In Chicago, participating hospitals experienced “virtual” (on paper only) patients who began to trickle into the ER on Monday evening; higher alert status was triggered by larger number of “actual” victims showing up at ERs on Tuesday; then back to numbers of “virtual” patients (many dying) on Wednesday. The Chicago Tribune reported that “testing the capacity of hospital and county morgues [was] one of the more grim parts of the drill.” Chaplain Anne Murphy at Maryhaven Nursing Rehab in suburban Chicago commented that long-term care facilities had the responsibility to agree to accept patients on paper that a hospital needed to move in response to the influx of “victims.” According to St. Francis Hospital (Evanston) chaplain Dr. Sharon Barcham, 156 hospitals hosted the drill in metro Chicago.

Renee Krisko is the only chaplain at St. Francis Hospital, a 100-bed facility in Federal Way, Washington, which is south of Seattle. As part of HEICS she was assigned to the role of social services coordinator and worked with the mental health unit “on how we might provide for staff debriefing, places of respite for the staff, and who might be offering family and dependent care.” The need for communications to the families of caregivers and care for their dependent children was a concern that surfaced in the debriefing of several of the institutions contacted for this story.

(Continued on page 2.)
Response Drill
(Continued from page 1)

On May 6, Father Tom Park, chaplain at the Veterans Affairs Puget Sound Health Care System contacted area chaplains by e-mail and shared his institution’s preplanning for TOPOFF2. Because of the nature of the event in Seattle, there was extensive training on radiation detection and response as well as decontamination procedures. Regarding the actual drill Father Park said that “we had chaplains involved in all aspects, from planning through critique . . . we were present ‘everywhere’ [and] gave ‘business cards’ to ‘everyone’.” A reproduction of the “business card” accompanies this article.

TOPOFF is a national level, multiagency, multi-jurisdictional, real-time weapons of mass destruction response exercise. It was designed to better prepare senior government officials to effectively respond to an actual terrorist attack. The purpose of the exercise was to stress communications and response systems, and as a result, dozens of federal, state, and local agencies were involved in preparations.

According to Homeland Security Secretary Tom Ridge there were “three key areas the drill was designed to test: the steps required to go to code red emergency status nationwide; to marshal outside experts and specialized Centers for Disease Control and Prevention and hazardous materials teams; and to see whether different levels of government and community groups could work effectively together.” (Milwaukee Journal Sentinel, May 17, 2003)

TOPOFF was mandated by Congress and was first held in May 2000 in Denver, Colorado, and Portsmouth, New Hampshire.

[Editor’s note: Please contact me if you have additional information to share about your TOPOFF2 experience.]

Catholic Health Association offers resource on genetics, science

To help foster better understanding of the Catholic Church’s position on genetic research and its applications, the Catholic Health Association has compiled an online synopsis of church teachings. Titled Genetics, Science, and the Church, the evolving record presents a significant portion of official church statements regarding scientific advancement, especially in the area of genetics. Nine specific topics are presented, each with a concise summary followed by supporting excerpts from church documents. The topics are

- The Church and science
- Genetic research
- Genetic counseling
- Genetic testing
- Preimplantation diagnosis
- Prenatal diagnosis
- Gene therapy
- Embryonic stem cell research
- Adult stem cell research

Genetics, Science, and the Church is available at: www.chausa.org/transform/genscience.pdf. (This notice appeared in Catholic Health World, Catholic Health Association of the United States, St. Louis, Missouri, June 1, 2003, page 5.)
“Let’s Not Forget Our Very Own”

As soon as Vision arrives, my husband and I flip through the copy and begin to read. Thank you for all that you do to keep us informed and to help us on our pastoral journeys.

I especially want to thank you for the article: “Let’s Not Forget Our Very Own.” The title did not catch my attention, but the large print in the center did: “the members who have attempted but did not receive certification. . . .” I read the article several times. I give Theresa Mallahan credit for using writing to record and reflect on what happened to her in October and for sharing it with us. I give you and your staff credit for including the article in the May issue.

In September 2002, we had attended the symposium in Philadelphia. Another woman had appeared before a certification committee and was denied certification. I will always remember her sitting on a bench in front of the hotel—dazed and in shock. We sat with her for a while as she processed aloud.

As I gathered my materials to apply for certification, I remembered that woman and the other stories I have heard of people who were denied certification. I hoped and prayed that the results of my application would be positive. Thank God I received good news on May 4 in Baltimore, but I was prepared that I might get bad news, too.

When I did the evaluation of the interview process for NACC, I wrote at the bottom of the page: “What is being done for the people who were denied certification?” I mailed my response on a Tuesday; Vision arrived on the following Saturday with Theresa’s reflection.

Please tell Theresa I thank her for her courage and the insights she shared. I will keep her article and am praying for her. Thank you for publishing the article.

Sincerely,

Pat Regan
Garden City, New York
I am delighted to announce that the Board of Directors at its May 18–19, 2003, meeting approved a three-year strategic plan for the association. Even more heartening was the confirmation of the direction of this plan by grass-roots chaplains and supervisors who joined us the evening prior to the board action. (An outline of the plan appears on the facing page.)

Rev. Walter J. Smith, SJ, President and Chief Executive Officer of The HealthCare Chaplaincy and NACC board member, invited the board to New York City and graciously hosted a gathering of representative NACC members as well as the board meeting. Association participants from the tri-state area (New York, New Jersey, and Connecticut) included: Sister Mary Alice Aschenbach, CIJ, Rev. John J. Bucchino, OFM, Chaplain Joan E. Carter, SFO, Sister Mary Anna Euring, OP, Sister Elaine Goodell, PBVM, Mrs. Cathy B. Grandjean, Rev. Brian M. Gray, Mr. Michael Guglielmo, Sister Colette Hanlon, SC, Dr. Dennis McCann, Ms. Mary T. O’Neill, Sister Margaret T. Oettinger, OP, Rev. Andrew Sioleti, ACSW, and Mrs. Karin “Teddi” Tomsic.

The evening began with a Eucharistic Liturgy presided over by Most Rev. Dale J. Melczek, USCCB Episcopal Liaison to the NACC, and was followed by a social hour, dinner, and presentation of the final draft of the proposed strategic issues and priorities that were going to the board for discussion and action the next day. The evening occasioned a lively discussion among board members, chaplains, and supervisors, both informally in our social time and in the discussion following the presentation.

This New York City gathering may well serve as a model for future board meetings occasionally held in different geographical areas thus affording an important opportunity for direct communication between the board and the wider membership.

Rev. Richard M. Leliaert, OSC, chair, opened the business meeting of the Board of Directors the next day. He announced that it was with regret that he accepted the resignation of Sister Jean deBlois, CSJ, from the board. Sister deBlois had been elected to the leadership team in her religious congregation subsequent to her appointment to the board, and these added responsibilities had led her to this decision.

Rev. Smith, representing the Finance Committee, reviewed the finances of the association, including the presentation of the proposed fiscal year 2003–04 budget that was subsequently adopted. The projected year end (fiscal year 2002–03) looks to have a modest surplus, and we have passed a balanced budget for the next fiscal year.

Bishop Melczek reported that he received a letter from Bishop Wilton Gregory, USCCB President, in response to his request that the bishops consider the writing of a national pastoral plan for the Catholic Church in the United States in the area of comprehensive spiritual care for our sick and dying. Bishop Gregory is placing it for consideration by the administrative board of the conference, and if they accept the proposal, it would then go to the full body of bishops. Bishop Gregory thanked Bishop Melczek and the NACC for this initiative and the ministry that we exercise in the name of the Church.

Sister Maryanna Coyle, SC, representing the Nominations Committee, led the board through the process for nominating NACC members for an election to fill two board positions and for appointing external members.

The board elected Rev. Smith Treasurer Pro Tem and Sister Coyle Secretary Pro Tem to constitute an Executive Committee with Rev. Leliaert and myself until the end of the year when the new members are elected and appointed.

I reported that since Toronto the presidents and executives of AACP, ACPE, APC, CAPPE, NACC, and NAJC have been meeting every three or four weeks to monitor the process of establishing and funding the joint task forces for the writing of a common set of standards for chaplaincy and supervision as well as a common code of ethics. At present we have 48 representatives from the above cognate groups slated to serve on one of the three task forces.

The Presidents/Executives Council is also increasingly utilizing its meeting time to collaborate on other areas of common interest; for example, we are spearheading an advocacy effort to counter a move to eliminate the Medicare pass through that currently funds many clinical pastoral education programs across the country. I serve as chair of this council.

Finally, I thank all of you who actively contributed to the writing of the strategic plan over the last nine months. Over 900 of you participated through the eight fall symposia and more than 30 of you met in task forces by conference call and e-mail during this time. I am especially grateful to the task force chairs: Sister Norma Gutierrez, MCDP (Standards), Mr. Robert V. Scheri (Technology and Communications), Mr. D.W. Donovan (Development), Ms. Mary Lou O’Gorman (Governance), and Rev. Ronald E. Verhaeghe (Membership Development).

We now have a plan to direct and guide us into an exciting and promising future.

The Board of Directors and representative NACC members from New York, New Jersey, and Connecticut gather and prepare for the Eucharistic Liturgy in the chapel of The HealthCare Chaplaincy on May 18 in New York City.
Strategic Plan Adopted

The Board of Directors adopted a three-year strategic plan for the association at its May 19, 2003, meeting. The plan is outlined below, and the full text of the plan is located on the association website at www.nacc.org.

The Profession of Chaplaincy

- **Strategic issue**
  The coming of age of the profession of chaplaincy in North America.

- **Strategic priority**
  Further legitimize the profession of chaplaincy and substantiate its value to the emerging health care delivery system.

Universality/Particularity and Catholic Identity

- **Strategic issue**
  A need for a clear and vibrant Catholic identity in a ministry that encompasses increasingly diverse and interfaith worlds.

- **Strategic priority**
  Preserve our particularity and strengthen and share the gift of our Catholic identity within the universal profession of chaplaincy.

The Changing Role of the Chaplain

- **Strategic issue**
  Emergence of chaplain as spiritual care leader moving toward an expanded role in the oversight of spirituality and spiritual care ministries within the organization.

- **Strategic priority**
  Refocus the association to create transformational leaders expanding the chaplain’s role beyond direct patient care to spiritual leadership in organizations.

Technology in Service to the Membership

- **Strategic issue**
  Need for new ways for connection as a professional community within the realities of limited budgets and tightened work schedules.

- **Strategic priority**
  Challenge old assumptions and imagine new possibilities utilizing available technologies to enhance personal connection, collaboration, and opportunities for professional support and development.

Recruitment of New Chaplains

- **Strategic issue**
  Recruit new, more diverse, and vital next generation of chaplains and supervisors.

- **Strategic priority**
  Create a renewed supply of chaplains and clinical pastoral educators to meet the needs of a changing population (older, more diverse, and poorer) in both institutional and community settings.

Financial and Operational Stability

- **Strategic issue**
  Sole dependence on membership dues to sustain the mission.

- **Strategic priority**
  Achieve financial and operational stability to ensure sustainability and growth of the association and the viability of the profession.
Rallying Points
Improving Community End-of-Life Care through Coalitions

Hispanic Attitudes/Beliefs Relevant to Care and Caring Near and at the End of Life

[This article is reprinted with permission from Diversity Notes, August 2002, a publication of Rallying Points, National Resource Center on Diversity in End-of-Life Care (NRCD), 4201 Connecticut Avenue, NW, Suite 402, Washington, DC 20008.]

The Hispanic community of the United States represents peoples from over 17 Spanish-speaking countries. There are Hispanic families that have been in the United States for generations, while others are newly arrived immigrants. Regardless of the country of origin, or how long a family has been in the United States, there are culturally based attitudes and behaviors that unite the Hispanic community. These attitudes and beliefs exhibit themselves under many circumstances, but especially at the end of life.

■ “Family-first” is the concept around which Hispanics plan and live day-to-day life. The level of interdependence among family members can preclude health care planning with only one family member.

■ The matriarch of a Hispanic family is usually the one responsible for the health care needs of the family. One of her most difficult challenges is the reluctance of Hispanic men to routinely see a doctor.

■ Among Hispanics, discussions about health care decisions often take place within the context of a very extended family. It is not unusual for a God-parent, “com- padre” (close family friend), or even a former spouse to be involved in treatment and care conversations.

■ A personal relationship or connection is at the heart of most interactions among Hispanics. It is what makes appropriate physical contact part of our communica-

Regardless of the country of origin, or how long a family has been in the United States, there are culturally based attitudes and behaviors that unite the Hispanic community.

■ The spirit (el espíritu) is part of the Hispanic health equation. This is especially true for Latinas for whom the balance of the body, mind, and spirit is a constant challenge. To ignore the spirituality of Hispanics is to ignore centuries of cultural rituals and practices that have modern day health care implications.

■ The national office often receives requests from members and the community at large for prayers for special circumstances. Help us compile a resource to meet these requests and to share with the membership. We will publish your suggestions in Vision and place them on the NACC website.

Do you have a special source of prayers...


This book was recommended to me as a good source of benedictions and blessings from the Christian tradition.
The COMISS Network – The Network on Ministry in Specialized Settings

Will Kinnaird

The COMISS Network – The Network on Ministry in Specialized Settings has been in existence since the 1970s. Although involved in national and international initiatives, the organization is not well-known among chaplain and pastoral counseling professions. This article, therefore, is focused on sharing basic information about who The COMISS Network represents, its involvements, and its current initiatives.

Founded as the Council on Ministry in Specialized Settings in June of 1979, The COMISS Network – The Network on Ministry in Specialized Settings is a national organization of chaplaincy, pastoral care, and pastoral counseling stakeholders. The organization has been known as the Council, Congress, Coalition and, now, Network on Ministry in Specialized Settings or, less formally, The COMISS Network.

The COMISS Network is the product of many years of interfaith cooperation in the development and delivery of pastoral services to persons in a variety of specialized ministry settings. Among these ministries are chaplaincies in health care facilities, correctional institutions, mental health settings, the armed forces, business settings, industrial settings, pastoral counseling, clinical pastoral education, and the Department of Veterans Affairs.

The Vision of The COMISS Network is to be a preeminent network; a unified voice for the preparation and practice of spiritual care through chaplaincy and pastoral counseling. The Mission of The COMISS Network is to be a network of professional organizations, institutions, and faith communities that promotes and supports collaboration among its membership and is the collective voice of advocacy to a variety of publics on behalf of the network.

The COMISS Network is a forum for dialogue and action among five distinct pastoral care and counseling communities:

1. Professional Certification Organizations – which certify professional chaplains and pastoral counselors to perform ministry activities in specialized settings;
2. Professional Accreditation Organizations – which accredit programs to train ministers on their way to becoming professional chaplains or pastoral counselors;
3. Religious Endorsing Bodies – which endorse professional chaplains and pastoral counselors to perform ministry in specialized settings;
4. Professional Pastoral Care Organizations – which exist as groups of chaplains and/or other pastoral care professionals whose work focuses on ministry in specialized settings;
5. Chaplain and Pastoral Counselor Employing Organizations – which utilize the services of chaplains or pastoral counselors certified by one of the certifying organizations of the COMISS Network.

These five distinct communities share a common commitment to the value of religious faith and practice in the shaping of individual and community life. In addition, they share a common will to make available appropriate ministry in specialized settings, ministry characterized by the highest levels of professionalism, loving service, mutual trust, mutual support, integrity, and justice.

Current Initiatives

The Joint Commission for Accreditation of Pastoral Services (JCAPS)

JCAPS provides accreditation for health care organizations involved in the delivery of pastoral care in specialized settings. The commission is concerned with the development and application of professional standards for pastoral care departments. JCAPS will attest to the ability of a facility and its pastoral care services to meet the Standards for Accreditation of Pastoral Care Services developed by The COMISS Network.

Although accreditation of a health care organization’s pastoral services by JCAPS is a voluntary procedure, accreditation of a health care facility’s pastoral services demonstrates a commitment to providing quality, holistic, cost-effective care. Accreditation sends an important message to consumers about their health and the importance of choosing a health care facility that emphasizes delivering good care.

Pastoral Care Week

Pastoral Care Week started in 1983 when the National Association of Catholic Chaplains passed a resolution to establish a Pastoral Care Week. The first Pastoral Care Week was held in October 1985. In December of the following year, the Congress on Ministries in Specialized Settings recommended at their annual meeting to establish a committee to implement a National Pastoral Care Week. Since then it has grown beyond national to international proportions.

The celebration of Pastoral Care Week provides an opportunity for chaplains and pastoral care counselors, educators, and providers to share their story and to celebrate various ministries. Each year a new theme brings to the light a certain aspect of pastoral care as a focus. A new theme invites us to new and creative ways to tell the story of pastoral care. Pastoral Care Week recognizes and highlights professional chaplaincy and pastoral care in specialized settings.

(Chaplain Will Kinnaird, DMin, BCC, is Associate Director, Department of Veterans Affairs National Chaplain Center in Hampton, Virginia, and Chair of The COMISS Network – The Network on Ministry in Specialized Settings. Will.Kinnaird@med.va.gov)
If, as Bernard Shaw [former CNN principal anchor and CHA opening keynote speaker] said yesterday, our words have impact, can you imagine the impact of God’s word bellowing down the mountainside, and echoing through the valleys of this wide world of ours?

We are women and we are men of the Word. We are women and men of the Word become flesh. I once read a blunt reminder that John in the prologue of his gospel did not say, “and the Word became interesting;” rather he said, “the Word became flesh.” As I reminded us at the beginning of the liturgy this morning, the danger of this morning’s gospel [Matthew 5:1–12] is familiarity that breeds maybe not contempt, but even worse, a certain dull dreariness that in essence says, “oh, the beatitudes,” and off our minds, our eyes, and our being wanders to the right and to the left from this person to that person, out of this room and into yesterday or out to tomorrow.

And thus the Word is, well, “interesting.”

But what if the Word really becomes flesh? What if the Word were to come into our hearts, and onto our lips, and into our lives? I sometimes envy our evangelical sisters and brothers in the body of Christ for the way they so desire to eat and drink of that Word of God. Do you notice them on the television as the preacher bellows and echoes the scriptures come down the mountainside and how they each have their texts open, underlining, and writing notes, and just playing with the meaning of those words, like Bernard Shaw played so eloquently with his words yesterday?

Joan Chittister in quoting from the rabbis says that one must take the words of a sentence or saying and string them out in front of them, and shake them so strongly, until the words all fall away and all we have left is the meaning.

The work of advocacy for the disciple of Jesus is not simply writing a letter to a congressperson. The work of advocacy for the disciple of Jesus is first letting God write a letter in our hearts that then inspires us – a Pentecost word – inspire, in-spirit – us to write to our congressperson.

The work of advocacy for the disciple of Jesus is not simply speaking up for the poor people who are disadvantaged or disenfranchised. The work of advocacy for the disciple of Jesus is first letting God speak in the space of our hearts that then inspires, in-spirits – us to speak and act for the poor people who are disadvantaged or disenfranchised.

In other words, the Advocate needs to advocate with us, to us, from within us, and then we shall renew the face of the earth.

So this morning we have this word of God, this beatitude, this blessing, this greatest sermon on the mount – the first of the five sermons Matthew gives form to in his attempt to enflesh the teachings of Jesus. Remember for Matthew, Jesus is “Emmanuel” – the “God with us.” And for us, his disciples, that proclamation, “God is with us,” is our marching orders in history, a true call to advocacy – we are called to be “God with us” to all God’s people.

So if we were to string these words in front of us and shake them strongly, what might fall out for us in our focus on advocacy in this inspired conversation with Jesus from the mount?

I suggest three realities. First, these words of
blessing – beatitude – echo with voices. It’s like turning on a computer and hearing that initial music as it boots up – a little unexpected since I open my computer to read or to write, and all of a sudden a noise comes out of it. I open the gospel of Matthew this morning to read the words and all of a sudden I hear voices, the voices of the downtrodden of the earth. The secret is that all of us are at one or another time downtrodden. The voices are not just theirs, but the voices are ours.

The poor in spirit, the sorrowing, lowly, those that hunger and thirst for holiness – those that are often voiceless now have a voice bellowing down the mountainside and echoing through the valleys of this wide world of ours.

I am reminded of Teddy in the inner city of Boston in the mid-1980s. Literally, opening the parish house door to Teddy, a mentally disabled yet gentle spirit, who came to ask me if I would call the cable company for him so he could get cable television. Anyone who has spent any time in the inner city knows that requests like this are the norm: a basic need and a basic response of “giving a cup of cold water to the least of the little ones.”

Teddy had to be seven feet tall – and in his extremely high, tinny voice, he would call the company and they would hang up on him because they considered him a prank caller.

So I became his voice. And sadder than the discrimination toward a disabled man was the systemic discrimination I encountered after hours and hours of calls to supervisors and more supervisors, when I realized the reality that our section of the city was redlined. I was told they could not go in and install cable television because it was a “low frequency area.”

Jesus in these beatitudes gives voices to those who are downtrodden. And he gives voice to those who would reach a hand and a heart out to others by showing mercy, by striving to be single-hearted, by being a peacemaker, by suffering on account of holiness, on being persecuted for his sake. In blessing the voiceless, and those who seek to give voice, Jesus is uniting all of us. Because the secret is that at some time we are voiceless and we need others to give us voice, and then other times we are the voice to the voiceless.

The second reality is that these words of blessing – beatitude – respond with vigor. When I think of vigor, I think of a dinner I shared with an Italian-American friend, Christopher, over 20 years ago. As our fresh New England fish dinners came, we both picked up the lemon on our respective plates to squeeze the juices. Chris took that lemon in both hands, squeezed it, rolled it, turned it over, and then grabbed another doing the same – lemon dripping down his arms fully engaged with this process like it was a sacred ritual. In contrast, I had gently squeezed a few drops on the fish and was already well into eating.

Vigor is squeezing, rolling, and turning over the words of Jesus until they drip all over me and my plate and my life. The words have vigor. Jesus is talking here about the reign of God belonging to the poor, about the sorrowing being consoled, about the lowly receiving land, about thirsting for holiness and having our fill, about the merciful receiving mercy, about the singlehearted seeing God, about peacemakers being daughters and sons of God, about a reward in time to come.

When John Carr [Secretary, Department of Social Development and World Peace, USCCB] spoke yesterday about what was not happening in his parish, I, and I suggest, we, know too well his experience. In too many places the Word isn’t even interesting; it is dull, boring, and lifeless. It is because we don’t squeeze the vigor of this Word. Rather the Word hangs out there like sheets on a clothesline – “oh, will somebody go take them in?”

The final reality that I suggest is that these words of blessing – beatitude – are valiant. These blessings stand tall and proud as Jesus’ word reaches out and lifts up the lowly – not just “them,” but all of “us,” from the valley of hopelessness and despair and disappointment to the mountain where the inbreaking reign of God comes down in human history and will make level the paths on which we trod.

These words are valiant because Jesus with voice, and vigor, is blessing all the people, in all the spaces and places, of all times, and in all of history. Each of these beatitudes has footnotes on the footpaths of Jesus’ ministry narrated in the rest of the gospel. Poor, sorrowing, and lowly persons continually cross Jesus’ path in lepers, blind and deaf, women hemorrhaging, those with sick children, those collecting taxes, women cast aside, all blessed, all held in the eyes, the heart and the mind of Jesus.

As a health care ministry today, we need the Word bellowing down the mountain with voice, and vigor and valiant blessing. We need the Advocate within us before we can advocate on the outside. We need the impact of God’s word before our words can have impact.

A Jesuit retreat master, George Kreiger, once said of prayer:
Pray always.
Abbreviate it when you must,
Expand it when you can,
But never omit it.

For us, this ministry of healing is Jesus’ ministry, not ours. It is his word, not ours. It is his advocacy not ours. Until that is, we are so impacted by his word – daily – abbreviating it if we must, expanding it when we can, but never omitting it – until that is, we are so impacted by his word, that that word is taken, blessed broken and eaten at the table of the word, just as we will now take, bless, break and eat at the table of the Eucharist.

With voice, and vigor goes the valiant word of God in us. Can you imagine the impact?
Destination: Kansas City

Kansas City has everything you would expect to find in a major metropolitan city—dynamic convention facilities, world-class hotels, professional sports, casinos, a fabulous zoo, top-notch museums, live theater, great places to eat and shop, and interesting places to relax and have fun. You’ll discover that Kansas City is just like the food it’s famous for—spicy, sizzling, casual, and friendly. Kansas City prides itself on its Midwestern hospitality.

Kansas City ranks as one of the most affordable cities to visit in the nation. Instead of just one major airline, several carriers serve Kansas City International Airport and this results in some of the lowest fares in the country. On average, rates from Kansas City are 20 percent lower than those offered in other cities. And once you touch down in Kansas City, those savings won’t stop. Kansas City’s hotel rates, food costs, rental charges, and admission prices are some of the most competitive in the country.

Kansas City has a passion for great food. The city’s mouth-watering steaks and world-famous barbecue have gained legendary status throughout much of the nation. In fact, there are more than 80 barbecue restaurants and dozens of steak houses across the city. You’ll also be pleased to discover the many other culinary delights awaiting you in Kansas City.

In the 1930s, Kansas City was known as the Paris of the Plains. It was jumpin’, it was shakin’, and it was fun. It’s also where any jazz musician worth his or her salt made a pilgrimage to jam with the best in the world. Suffice it to say, it was a glorious time.

Today, you’ll find that Kansas City still retains the lively spirit of that era. The jazz and blues joints are still hoppin’, yet you can find all the country, rock, alternative, and big band music you desire. Kansas City boasts a lively performing arts community and many first-rate museums. The Nelson-Atkins Museum of Art, built in 1933, is the most distinguished art museum between the Great Lakes and the Pacific Ocean. The museum is currently undergoing a $200+ million expansion.

There you have it. Kansas City is rich in heritage, overflowing with spirit, and bounded with energy. It’s a city with an appetite for great food, great music, and good times. A place where mixing business with pleasure has been raised to an art form.

[The text above is taken from the website for the Convention and Visitors Bureau of Greater Kansas City: www.visitkc.com. Mailing address: 1100 Main Street, Suite 2200, Kansas City, MO 64105; e-mail: info@visitkc.com; phone: (816)221-5242; (8:30 a.m. to 5 p.m., Monday through Friday). 24-Hour Visitor Information: (800)767-7700.]
Kansas City, Missouri
March 13-16, 2004

The Practice of Professional Chaplaincy: Integrate practical business skills and tools into the theology and practice of professional chaplaincy.

CONFERENCE GOAL
To develop a theology of business that inspires and influences the practice of professional chaplaincy.

CONFERENCE OBJECTIVES
In an increasingly sophisticated work environment, the objectives of this conference will be:

* To explore the relationship between the vocation and the occupation of chaplaincy.
* To integrate the insights of business processes and practical skills into the personal, theological, and professional competencies of chaplains and supervisors.

(NACC Standards, Sections 400 & 500)

* To develop a theology of business that inspires and influences the practice of professional chaplaincy.

Hotel
Hyatt Regency Crown Center
2345 McGee Street
Reservations: 800-233-1234
Single/Double occupancy: $99 plus tax

CONFERENCE COMMITTEE
Sacred Call, Sacred Business
March 13-16, 2004
Kansas City, Missouri

2004 Conference
Executive Planning Committee

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Chair
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E-mail: verhaegheron@aol.com

Ex Officio:
Rev. Joseph J. Driscoll
President and Chief Executive Officer
Milwaukee, Wisconsin
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E-mail: jdriscoll@nacc.org

Professional Chaplaincy:
Sacred Call, Sacred Business
March 13-16, 2004
Kansas City, Missouri

2004 Conference
PASTORAL CARE WEEK 2003
Imagining Community
October 19-25
ORDER DEADLINE: October 10, 2003 • Custom orders: October 3, 2003
WHILE QUANTITIES LAST
2003 COLORS ARE RAINBOW

NEW! KEY TAGS — Woven 5” long key strap w/fragile silver split ring. Strip is 4 color rainbow w/1 color design in white, polybagged. (Item No. PAS002-3)
1 to 49 $2.00 each
50 to 99 $1.75 each
100 to 249 $1.65 each
250 to 499 $1.60 each

MAGNETS — Business card size printed in full color. (Item No. PAS003-3)
1 to 49 $0.50 each
50 to 99 $0.40 each
100 to 249 $0.35 each
250 to 499 $0.30 each

NOTEPADS — Standard 4 1/4” x 5 1/2” notepad, 50 sheets each. White paper with full color logo, 50 # offset paper. (Item No. PAS004-3)
1 to 49 $1.50 each
50 to 99 $1.40 each
100 to 249 $1.30 each
250+ $1.15 each

TABLE TENTS — 5 1/2” x 7” assembled with full color logo on front and 1 color text on back. (Item No. PAS005-3)
1 to 49 $1.00 each
50 to 99 $0.80 each
100 to 249 $0.65 each
250+ $0.55 each

BALLPOINT PENS — Biz Clic Stic pen with black ink. Light Blue pen with assorted bright colored trim and white imprint. Sorry no color choice. To add your facility name, add $20-$30 piece minimum. (Item No. PAS006-3)
1 to 49 $0.85 each
50 to 99 $0.75 each
100 to 249 $0.70 each
250 to 499 $0.65 each
500 to 999 $0.60 each
1000+ $0.55 each

NEW! AUTO MUG — 16 oz. Translucent travel mug in assorted colors with clear slider lid and white logo. (Item No. PAS007-3)
1 to 49 $4.00 each
10 to 23 $3.65 each
24 to 47 $3.30 each
48 to 71 $3.15 each
72+ $3.05 each

KEEP-IT CLIPS— 4” wide clip makes a great paper organizer! Rainbow of colors/white logo. Sold individually polybagged. Sorry no choice of colors. (Item No. PAS002-3)
Any Quantity $1.25 each

POSTERS — Large 18” x 20” coated paper with 6 color logo. Packaged in a heavy mailing tube. May ship separately from other merchandise. (Item No. PAS008-3)
2 to 4 $3.50 each
5 to 9 $3.00 each
10 to 14 $2.50 each
15 to 24 $2.25 each
25 to 49 $2.00 each
50+ $1.80 each

FREE POSTER — (Item No. PAS008-3FR)
2 FREE POSTERS Orders $25-74.99
5 FREE POSTERS Orders $75-249.99
10 FREE POSTERS Orders $250-599.99
15 FREE POSTERS Orders Over $600

SAMPLE PACK — Contains 1 each poster, mug, key tag, note pad and 2 each pens, table tents, magnets, keep it clip, keyring and appliques. (Item No. PAS009-3)
Any Quantity $25.00 each

COASTERS — A 4” square 110 pt pulpboard coaster. Natural with 4 colors. Sold in packs of 12. (Item No. PAS012-3)
1 to 5 packs $2.00 each
6 to 11 $2.10 each
12 up $2.15 each

TOTE BAG — An 8 oz. natural cotton tote with a colored handle and full color logo on front. Assorted handle colors, sorry no choice. (Item No. PAS015-3)
1-5 $7.25 each
6+ $6.50 each

LAPEL STICKERS — Large 3” x 2” rectangle sticker with 6-color logo. 250/roll. MUST purchase in full rolls. (Item No. PAS018-3)
1-3 $90.50 each roll
4+ $48.00 each roll

NEW! KOOZIE — Foam Koozie (can cooler) with rainbow logo on both sides. Assorted colors—sorry no choice in colors. (Item No. PAS019-3)
1 to 11 $1.50 each
12 to 47 $1.40 each
48 to 71 $1.30 each
72+ $1.20 each

NEW! APPLIQUE— Embroidered rainbow applique, approx 1” wide in 4 embroidery colors. A white 2 5/8” ribbon attached w/1 color text. (Item No. PAS021-3)
1 to 49 $1.35 each
50 to 99 $1.25 each
100 to 249 $1.10 each
250+ $1.00 each

FREE POSTERS (PAS008-3FR)
Any Quantity $0.00 each

Method of Payment (sorry, no CODs):

**NEW ITEMS & LOWER PRICES!**

ORDER DEADLINES 10/10/03 and For Custom Orders: 10/3/03

Check Money Order Purchase Order #

Credit Card Type ____________________
Credit Card Number ____________________
Expiration Date ____________________

Print Name on Credit Card

Signature ____________________

Credit card billing zip code ____________________

Name ____________________
Work Phone ____________________

Bill To: ____________________
Address ____________________
City ____________________ State Zip ____________________

Ship To: ____________________
Address ____________________
City ____________________ State Zip ____________________

ORDER BY MAIL, FAX OR PHONE
CAM/Pastoral Care Order Desk
9221 Flint
Overland Park, KS 66214
913-385-3433 (Phone) 913-385-3033 (Fax)

Hours: 8 a.m. to 5 p.m. CST, Mon – Fri

2003 ORDER FORM

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<th>Item</th>
<th>Description</th>
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<td>Applique</td>
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**TOTAL AMOUNT DUE**

Shipping Fees (See Below)

Sales Tax (If Applicable)

Kansas - 7.03% Missouri - 6.325%

**SHIPPING FEES**

These fees only cover Ground Shipments - Rush Shipments Available, freight difference will be added to your invoice.

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<tr>
<td>$400.01 and up</td>
<td>add 5% of order total</td>
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</tbody>
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**TOTAL** $3.00

GENERAL INFORMATION

• For large quantity purchases, please call for a quote.
• For Alaska, Hawaii and Canada, UPS freight difference will be added to the invoice.
• All orders payable in US Dollars.

Also order 24/7 on-line at www.pastoralcareweek.org

Look under “Product” e-mail: pastoralcare@cam-inc.com

PASTORAL CARE WEEK 2003
Imagining Community
October 19-25

July 2003/VISION 12
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
BOOK REVIEWS

Rest Your Dreams on a Little Twig

Reviewed by Becky Evans

Joyce Rupp’s prose has long been popular and useful for personal, spiritual growth and for meditation or sharing in group discussions. As a well-known spiritual teacher and presenter at conferences and retreats, she has written many bestsellers, including The Cup of Our Life. Her newest book, Rest Your Dreams on a Little Twig, is also bound to reward her previous readers.

In her first collection of poetry, Joyce Rupp turns to the world of nature and God’s creation for delight, reverence, and insight. The invitation of the title, Rest Your Dreams on a Little Twig, is to be attentive to the natural world and to trust in the spiritual truths it reveals as we continue on the journey and reconsider how we live our daily lives. In the opening poem that explains the title, Rupp asks why do we think we need “to wait for a thick branch/ or a secure landing place” before we set down a “fledgling idea”? As the song sparrow trusts even a little twig to light upon, so, too, can we trust and “rest a great dream” on a little twig.

Barbara Loomis’s charming, black-and-white drawings of plants and animals illustrate on the left-hand page the short, easily understood poem that appears on the right-hand page. A poem inspired by a spring violet gives the flavor of the book: “The simplicity/ of a violet/ sings in my soul./ The push to be productive,/ the rush to be responsible./ all this fades/ in the beauty/ of the violet./ I struggle again to be free/ from seductive lies/ telling me/ to crowd my days/ with success./ I turn mindfully/ to the violet/ and kiss her/ tenderly.”

(Becky Evans was the editor of NACC Vision from its inception until July 1999. In retirement she does freelance editing and pursues many literary activities including writing her own poetry.)

Collaboration: Uniting Our Gifts in Ministry

Reviewed by Colette Hanlon, SC

Although this book was published several years ago, many of us may not have discovered its richness yet, and I would highly recommend it to all members of our association. Both authors have considerable background in working with a variety of groups and their wisdom and invitation to grow is solid and challenging. The epilogue invites all—hierarchy, deacons, laity, and priests—to develop collaborative leadership skills. I doubt if any psychologically healthy person can finish this book without knowing there is room for growth.

Sofield and Juliano’s model of collaboration speaks to the “identification, release, and union of all the gifts in ministry for the sake of mission.” They identify four levels of collaborative ministry as “co-existence, communication, cooperation, and collaboration.” What might happen to our pastoral care ministry if at every staff meeting, and in all our interdisciplinary and interfaith dialogues, we practiced these skills and challenged ourselves to deepen our skill set?

Hard as I tried to hurry through this book, I found myself unable to do so. There were too many wonderful ideas for personal and group reflection. I actually used some of them for a pastoral care staff meeting that illuminated dynamics in our permanent and CPE resident staff that were insightful to all of us. The authors address issues of resistance, challenge, burnout, and conflict, showing how a healthy spirituality integrates failure, learns from it, and moves toward reconciliation for the sake of mission.

I particularly appreciated their identification of the variety of gifts that are needed for effective ministry. Whether your gift is passion, community, contemplation, or active intervention there is a place for you in ministry. How we all work together to release each person’s gifts to further the mission is more challenging. This small, well-developed guide presents practical means to attend to the processes and structures of skills necessary for the deepening of collaborative spirituality and individual empowerment.

The challenge throughout the book is summed up in the ending question: “How are you being called to be more collaborative?” The days of the “Lone Ranger” chaplain are long gone. Collaborative ministry is the mark of a spiritually mature chaplain. This book makes an important contribution to how we might all grow in witnessing to the new model.

(NACC-certified chaplain advanced Colette Hanlon, SC, MED, MA, is Director of Pastoral Care and Patient Relations, Hospital of Saint Raphael, New Haven, Connecticut, chanlon@SRHS.org.)

EDUCATIONAL OPPORTUNITIES

Planning, Funding, and Sustaining a Hospital-Based Palliative Care Program: Tools and Strategies for Success
October 23–25, 2003 Westin Horton Plaza San Diego, California

This management training seminar, sponsored by the Center to Advance Palliative Care, 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. 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,
obtaining philanthropic support.
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

JCAHO releases new publications on pain management
The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recently released two complementary publications on pain management. The publications were produced under a collaborative project between JCAHO and the National Pharmaceutical Council, Inc. The first publication, “Pain: Current Understanding of Assessment, Management and Treatments,” addresses non-cancer pain. It reviews the causes of pain, definitions, and classification systems. It also explores common barriers to pain assessment, treatment, and monitoring, as well as the consequences of untreated or under-treated pain. The second, “Improving the Quality of Pain Management Through Measurement and Action,” addresses the application of continuous quality improvement techniques and the implementation of performance measurement processes.

A summary and full text of each publication can be found on the JCAHO website at: www.jcaho.org/news+room/health+care+issues/pm+monographs.htm.

Online service provides management tools for family caregivers
A new online service, called Life Ledger™, is currently being offered to help individuals complete all aspects of family caregiver duties. The service, created by Elderissues.com, uses what is called a knowledge management system. This system allows users to build a personal database of life and health care related information, medications currently prescribed, a medical history, a listing of physicians, insurance coverage, living wills and other documents, and even financial data and funeral planning requests. When needed, family caregivers can make the fully secure information accessible to other family members, medical personal including doctors, hospitals, or any other caregiver. Elderissues.com charges a fee for subscription to the Life Ledger service.

To learn more about this service and about Elderissues.com, go to: www.elderissues.com.

Oklahoma enacts advance directive legislation
On May 27, the governor of Oklahoma signed legislation outlining an individual’s right to have life-sustaining treatment withheld or withdrawn. The legislation (H.B. 1611) states, “An individual of sound mind and 18 years of age or older may execute at any time an advance directive governing the withholding or withdrawal of life-sustaining treatment.” The advance directive must be signed by the declarant and two witnesses 18 years of age or older. A person who may not have an attending physician for reasons based on religious beliefs may designate an individual other than a health care provider to enact their advance directive for them. Specific language for the advance directive is included in the legislation. The act will become effective November 1, 2003.

To view a summary and full text of the bill, enter the bill number on the Oklahoma House of Representatives website at: www.ksb.state.ok.us/house/house_bills.htm.

CAPC posts new tool designed to help palliative care programs with JCAHO standards
Last Acts Partner the Center to Advance Palliative Care (CAPC) has posted an online tool that demonstrates how a palliative care program can help meet and maintain 2002 JCAHO standards by enhancing pain and symptom management strategies, streamlining the continuum of care, and facilitating coordination and communication. This tool also shows how palliative care addresses other important accreditation domains, including patient assessment, family involvement, and patient and family education.

To learn more about this new tool and to access it, go to: www.capc.org/content/279.

Arkansas governor signs chronic pain treatment act
Legislation to improve the treatment of chronic intractable pain passed both chambers of the Arkansas state legislature and was signed by the Governor on April 16. The “Intractable Pain Treatment Act” (S.B. 265) attempts to improve the treatment of chronic pain by highlighting the role pain management plays in good medical practice and the importance of continuing physician education on available methods for treating chronic pain. The legislation states that physicians should view pain management as a regular part of their medical practice. The legislation also creates a Pain Management Review Committee charged with developing guidelines for investigating physician misconduct complaints related to the treatment of chronic pain.

To view a summary and full text, enter the bill number on the Arkansas state legislature website at: www.arkleg.state.ar.us/.

Rosalynn Carter Institute accepting nominations for experts panel
Last Acts Partner the Rosalynn Carter Institute (RCI) is currently accepting nominations for their 2003 Expert Panels to be convened by the Johnson & Johnson/RCI Caregivers Program. The purpose of the expert panels is to answer the question of “what’s known and what’s needed” in the area of caregiving. An edited book will be produced by each panel. This year’s panels will be assembled to address specific dimensions within the following areas: intergenerational caregiving and education, training and support programs for caregivers. The RCI is inviting nominations of individuals to serve on these expert panels.

To learn more about the panel and the nominations process, please contact Laura Bauer, project director, by e-mail at laura@rci.gsw.edu or by phone at (229)928-1234. To read more about this panel online, please go to: http://rci.gsw.edu/2003_panel_nominations.htm.
Hospice of the Florida Suncoast offers new resources online  

The Hospice of the Florida Suncoast, a Rallying Points Regional Resource Center, recently announced the launch of a new web page with dozens of free resources, tips, and helpful links for people working to improve end-of-life care or build and sustain a community coalition. The website, listed below, was designed specifically for Rallying Points coalitions and communities interested in starting grassroots coalitions to educate consumers as well as health, human services, and faith providers about how to support those in the last years of life. Rallying Points is a Last Acts initiative that assists community-based coalitions in improving care and caring for those nearing the end of life.

To view this site, go to: www2.edc.org/lastacts/. To learn more about the Rallying Points project, visit: www.rallyingpoints.org.

VistaCare Foundation announces series of mini-grants  

Last Acts Partner the VistaCare Foundation recently announced a series of mini-grants aimed at fostering research that will enhance end-of-life care. The grants will focus on things such as providing better care to those in the final stages of Alzheimer’s disease and other dementias, testing to see what medications have the best effects of managing pain, and exploring what role spirituality has for patients and their families at the end of life. The VistaCare Foundation is a non-profit organization working to enhance the quality of life for those with life-limiting illnesses and their loved ones.

To learn more about the VistaCare Foundation online, go to: www.vistacare.com/foundation/.

Means to a Better End: A report on dying in America today  

Last Acts presents “Means to a Better End: A report on dying in America today.” This report is the result of more than a year of work and includes information about each of the 50 states and the District of Columbia. Created with the guidance of the Last Acts committee chairs and other experts in the end-of-life field, the report assigns a grade (A–E) to eight measurement criteria which reflect key aspects of end-of-life care. It also highlights the important work that statewide coalitions have been doing and makes important recommendations for future action.

You can go to www.lastacts.org and download the report.

New issue of Innovations in End-Of-Life Care continues focus on advance care planning  

The latest edition of the online journal, Innovations in End-Of-Life Care, continues the discussion around advance care planning. The featured article, “A Framework for Collaborative Consumer-Centered Care,” is written by Sally Okun, RN, BSN, MMHS.

Innovations is an international online forum and peer-reviewed journal for leaders in end-of-life care. Bimonthly, thematic issues aim to promote more humane, comprehensive, and coordinated care to persons with life-threatening illness and their families, so that patients experience enhanced comfort, higher physical functioning, and a greater sense of well-being at the end of life. To read the current issue of Innovations, go to: www2.edc.org/lastacts/critissue.asp.

New book examines the twists of bereavement  

A new book, Liberating Losses: When Death Brings Relief (2003, Perseus Books), examines the “nontraditional” loss response which may be, especially prevalent for individuals who have served as caregivers for the terminally ill. When someone dies, everyone expects people to grieve. But this new book asserts that it is natural, normal, and even desirable to have some positive feelings when someone who has suffered terribly from a physical or mental illness passes on. A number of events can lead to these feelings, such as when a relationship has been unhappy or unhealthy, or if the person you knew actually died years earlier, as can happen with Alzheimer’s. The book is authored by Jennifer Elison, EdD, LPC, APRN.

To learn more about this topic and book, go to: www.liberatinglosses.com.

New book examines issues concerning children and terminal illness  

A new book, Shelter from the Storm, which deals with the issues surrounding children and life-threatening illness, was recently released by authors Joanne M. Hilden, M.D., and Daniel R. Tobin, M.D. The book is not simply a guidebook, but a narrative combining matter-of-fact advice from doctors with insight gleaned from both medical providers and experienced parents. In Shelter from the Storm, parents will learn practical matters, including achieving good symptom control and understanding the importance of taking care of themselves, too. It covers everything from facing the condition and making crucial choices, to carrying on with daily life and, ultimately, coming to terms with the outcome.

Dr. Hilden is chair of Pediatric Hematology/Oncology at The Children’s Hospital at The Cleveland Clinic in Cleveland, Ohio. Dr. Tobin is the author of Peaceful Dying, a guidebook for adult patients. The book is available through most major book outlets. The Cleveland Clinic is helping to promote the book.

HFA’s book on grief and sudden loss now available in Chinese  

The Hospice Foundation of America’s (HFA) book, Living With Grief: After Sudden Loss (1996), has recently been published in Chinese. The book focuses on the grief issues that occur after traumatic and sudden loss, including heart attack, strokes, and suicide. HFA produces a national teleconference on grief and bereavement issues annually, and offers valuable collateral materials as part of this regular event. The Chinese language version of this excellent resource must be ordered directly from the publisher.

To learn more about this book, read the

**Mile Markers**

31 stops on your inner journey


*Mile Markers* is a companion to readers who set out to deepen their life, live more freely, and be happier. Part One accompanies readers as they let go of security and comfort and take on the risk of the unknown. Part Two offers 31 short meditations and practices for each day of the month to sustain and encourage. Mind, body, and spirit are drawn into daily meditation.

Father Daniel O’Leary is a parish priest in Ireland who along with his parish work runs retreats and serves as a spiritual director. He wrote *Mile Markers* while on a yearlong spiritual sabbatical in the United States.

**A Season of Grief**

A comforting companion for difficult days


This book is a collection of quotations, personal reflections and prayers intended for those who find themselves in their own “season of grief.” The insights and stories from Ann Dawson’s own experience after the death of her son are carefully placed alongside the comforting and often inspiring words of writers like C. S. Lewis and Kahlil Gibran.

Ann Dawson lives in Forsyth, Illinois, and is a regular contributor to the column “Prairie Talk” in her local newspaper.

**Simple Days**

A journal on what really matters


*Simple Days* guides readers through the process of trying to simplify their lives. It introduces the topic of simple living to the uninitiated and will bolster resolve for those who’ve already tried it. Ranging from recipes to introspection this book has lessons in how to live simply in the present moment.

Ms. Schiwy founded the Women’s Journal Workshop and conducts writing workshops in the United States and Canada. She is the author of *A Voice of Her Own: Women and the Journal Writing Journey.*

**Transfiguration Catechesis**

A new vision based on the liturgy and the Catechism of the Catholic Church


Your catechetical program can have the same illuminating effect on your students as the transfiguration had on Jesus’ disciples. Although you may at first feel overwhelmed by this powerful event, it is a gift, a foretaste of the kingdom to come, which you can share with your students. Base your teaching upon this vision; travel “back down the mountain” and help your students see the light of the transfiguration.

NACC-certified chaplain Chorbishop Dominic F. Ashkar is a member of the Maronite Catholic Church. He has advanced degrees in pastoral and religious studies and is the author of *Road to Emmaus,* a ten-step model of catechesis.

**Caring Well**

Religion, narrative, and health care ethics


*Caring Well* provides a fresh approach to problems in medical ethics. It shows how attending closely to the concerns and religious commitments of both patients and professionals enables ethicists to offer wiser critiques of moral issues in the field of health care. Contributors include Paul Lau-rizen of John Carroll University, John D. Barbour of St. Olaf College, Ann Mon-goven of Indiana University, Courney S. Campbell of Oregon State University, and Allen D. Verhey of Hope College.

**Drawing from Wisdom’s Well**

Stories, celebrations, and explorations of courageous women of faith


The Samaritan woman, Martha, Julian of Norwich—if these women could speak to us today, what would they say about their lives, their faith, and us?

These and many other women of faith are brought to life in this collection of communal celebrations. Rooted in contemporary scholarship, set in the context of prayer and reflection, and charged with the energy of the author’s imaginative gifts, these celebrations involve the reader in the stories, struggles, hopes, and convictions of these women. This book would be appropriate for small, faith-sharing groups, retreat settings, and larger communal settings.

Gloria Ulterino is an active preacher, storyteller, and leader of “Women of the Well” storytelling group in Rochester, New York. She has led the services in this book in parishes and retreat settings, and with various groups since 1998.

**Four Steps to Spiritual Freedom**


The author outlines the four steps to spiritual freedom: know who you are, live your calling to the full, let go of results, and daily rededicate your life to God. An intimate story of the author’s own faults, doubts, and questioning as well as his ongoing struggle to live the four steps form the basis of this literate, well-conceived spiritual guidebook.

Thomas Ryan, CSP, leads retreats, is the author of six books, and is the coordinator/ecumenical officer of ecumenical and interfaith relations for the Paulist Office of Ecumenism in New York City.
Positions Available

▼ St. Alphonsus Regional Medical Center, Boise, ID – MANAGER OF CHAPLAINCY SERVICES. A Catholic Regional Medical Center with a 300-bed Level II Trauma facility seeks a certified chaplain to oversee the chaplaincy staff. Primary responsibilities include financial performance, staff performance, and program development. Will also be an integral part of the holistic care model of chaplains, who strive to address the spiritual and emotional needs of patients, families, coworkers, and the community. Candidate must have a master’s in theology or related area, theological updating, CPE and be NACC certified. Two years’ experience in a team-oriented health care delivery system is required. Supervisory experience preferred. Must be skilled in public speaking and community outreach and be available for call. Consider Idaho and choose wellness amid beautiful surroundings and diverse recreational opportunities. Send resume to: Brenda Tanabe/HR, Saint Alphonsus Regional Medical Center, 1055 N. Curtis Road, Boise, ID 83706; fax: (208)367-3123; or visit us at: www.saintalphonsus.org. EOE. St. Alphonsus Regional Medical Center is a member of Trinity Health, the third largest Catholic Care System in the United States.

▼ Mayo Clinic CPE, Rochester, MN – CPE RESIDENCY POSITIONS beginning September 1, 2003, through August 31, 2004, for Resident I and Resident II applicants. Residents are offered a broad array of clinical opportunities, which include medical and surgical sub-specialties, diverse intensive care unit ministries, organ transplantation, a children’s hospital, a psychiatric hospital, and a regional trauma center. Two different hospital campuses and three different certified supervisors make this a hospital campus you’ll be a uniquely powerful learning environment. Mayo Clinic health and dental benefits available to Residents at a reasonable rate. The Resident stipend is $24,000 for 12 months, four consecutive quarters of CPE. For program information e-mail ceprogram@mayo.edu, or write Mayo Clinic CPE, 201 West Center Street, Rochester, MN 55902; phone: (507)266-7275; fax: (507)266-7882; website: www.mayo.edu.

▼ Diocese of San Bernardino, CA – PRIEST CHAPLAIN needed for Arrowhead Regional Medical Center located in Colton, California. This is a full-scale county regional medical center serving San Bernardino County. Diocesan compensation and benefits available. Religious priests compensation also applies. Position available July 1, 2003. Ability to speak Spanish preferred. Send inquiries to Msgr. Gerard M. Lopez, Director of Priest Personnel, Diocese of San Bernardino, 1201 E. Highland Avenue, San Bernardino, CA 92404; call (909)475-5120; e-mail: glopez@sbdiocece.org.

▼ Memorial Health Care System, Chattanooga, TN – CHAPLAIN. Full-time Catholic staff chaplain to join five-member ecumenical, self-directed chaplaincy services team reporting to the vice president of mission. As members of the multidisciplinary team, chaplains participate in the healing process of the whole person by providing spiritual, emotional support, and guidance to patients, families, and staff. This ministry requires excellent interpersonal and communication skills, a compassionate pastoral presence, and an ability to enhance Catholic identity, mission, and values. Memorial, an acute care facility licensed for 337 beds, is a member of Catholic Health Initiatives. Qualified candidates must have a master’s degree in theology, divinity, pastoral ministry, or spirituality, or the equivalent; at least two units of CPE. NACC/APC certification or certification eligible; and one year’s experience in a health care setting. Please submit resume to Memorial Health Care System, Human Resources, 2525 deSales Avenue, Chattanooga, TN 37404; phone: (423)495-8656, fax: (423)495-7840; www.memorial.org.

▼ Carondelet Health, Kansas City, MO – CHAPLAIN or PRIEST CHAPLAIN. Carondelet Health, a member of Ascension Health, is seeking candidates to join its ecumenical team of spiritual care providers at Saint Joseph Health Center, a 300-bed acute care community hospital and at Villa St. Joseph, in Kansas City, MO, a long-term care facility licensed for 120 beds. The ideal candidates will have two to five years’ experience in health care or a wellness facility, a Bachelor in Theology or related field, be NACC or APC certified or eligible, four units of CPE, effective communication skills, and a collaborative working style. Responsibilities will be to offer spiritual support to patients, residents, families, staff, physicians, and volunteers; offer outreach in the community; facilitate support groups and spiritual care activities; coordinate volunteer activities; participate and facilitate worship and memorial services; and serve on interdisciplinary teams. Send resume to: Human Resources: 1000 Carondelet Dr., Kansas City, MO 64114; fax: (816)943-2009; phone: (816)943-5627; www.carondeletealth.org.

▼ CHRISTUS Spohn Health System, Corpus Christi, TX – PRIEST CHAPLAIN. CHRISTUS Spohn Health System is currently seeking a priest chaplain. Requires Master of Divinity or Master of Theology or equivalency as approved by NACC or ACPE and four units of clinical pastoral education at an ACPE or NACC accredited CPE center. Duties will be split between two facilities. Please contact: CHRISTUS Spohn Employment Center, 716 Ayers St., Corpus Christi, TX 78404; phone: (361)881-3703; fax: (361)883-6478; e-mail: larce_carvajal@jwes.org. EOE.

▼ CHRISTUS St. Elizabeth Hospital, Beaumont, TX – CHAPLAIN, SPIRITUAL CARE. CHRISTUS St. Elizabeth Hospital is seeking an NACC- or APC-certified 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

The New Dictionary of Pastoral Studies


The New Dictionary of Pastoral Studies is a major reference work offering a comprehensive, up-to-date discussion of the subjects of interest to anyone studying or involved in pastoral work. Written by a team of 212 scholars and practitioners, this dictionary includes some 800 articles covering every subject touching on the field of pastoral studies. Each entry begins with a concise definition of the topic discussed, followed by an explanation of its importance in pastoral studies and suggestions for further reading.

This dictionary is intended to serve as an authoritative yet accessible sourcebook on the theology and methods of pastoral studies. The dictionary offers readers a grounding in the theoretical and practical issues relevant to pastoral care as well as related subjects in psychology and sociology. It also provides the background necessary for understanding any further reading, religious or secular in this discipline.
quality health care in southeast Texas and we are growing. We are seeking a 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, ministry, or pastoral education. One or two years of hospital chaplaincy experience is preferred. 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; e-mail: ch0002@ste.christsushealth.org.

▼ Oak Park Hospital, Oak Park, IL – PRIEST CHAPLAIN. Part-time priest chaplain position at Oak Park Hospital, a 175-bed Catholic facility, sponsored by the Wheaton Franciscan Sisters. Three to four hours per day during the week with Mass on Tuesday and Thursday at 11 a.m.; Mass Saturday at 4 p.m.; and Sunday at 11 a.m. Must be NACC or APC certified or in process. Contact Brother Michael May, OFM, Oak Park Hospital, 520 S. Maple Avenue, Oak Park, IL 60304; (708)660-5658 or fax resume to (708)660-6658; or e-mail: mmay_oph17@hotmail.com.

▼ Flaget Memorial Hospital, Bardstown, KY – This 52-bed hospital is seeking qualified candidates for the position of VICE PRESIDENT OF MISSION INTEGRATION. Bardstown is an historic, traditionally Catholic community located 40 minutes from Louisville and 60 minutes from Lexington. This position reports to the President/CEO and provides leadership to the Ethics Committee, Pastoral Care, Auxiliary, Community Benefits, and a variety of other functions. Requirements include chaplaincy certification, a master’s degree, preferably in theology or pastoral care, and a minimum of three years’ management experience. Preference is for persons of the Catholic faith tradition; exceptions include the candidate’s ability to be conversant with Catholicism, have a demonstrated familiarity with a diversity of spiritualities, and possess the knowledge and ability to work effectively within the framework of the Catholic Church. A thorough knowledge and understanding of health care ethics and the “Ethical and Religious Directives for Catholic Health Care Services” is imperative. Flaget offers a competitive salary package with full benefits. We are an equal opportunity employer. Please mail, fax, or e-mail resume and salary requirements to: Sr. Earline Hobbs, Vice President of Mission Integration, Flaget Memorial Hospital, 201 Cathedral Manor, Bardstown, KY 40004; phone: (502)349-4643; fax: (502)349-4643; e-mail: ceh@flaget.com.

▼ Barnes-Jewish Hospital at Washington University Medical Center, St. Louis, MO – STAFF CATHOLIC PRIEST. Full-time position with established, integrated spiritual care services department program for a 1,500-bed tertiary/quaternary care adult teaching hospital and trauma center. BJH spiritual care is a person-centered, discipline-based, and outcome-oriented service. Our chaplaincy staff makes up a diverse, collegial, reflective team, and includes another part-time priest. BJH is accredited by ACPE to offer all CPE programming and is a part of the St. Louis Cluster, ACPE. As an integral part of the spiritual care services department/staff, you will provide sacramental and supportive ministries; regular and Holy Day Mass and other worship opportunities for Roman Catholic patients, their families, hospital staff, and physicians. Coordinates, facilitates, and supports the ministry of the department’s eucharistic ministers, sacristans, and deacons. Coordinates ministry of on-call priests for patients, families, and hospital staff. Requirements include ordination and in good standing. Prefer previous health care experience and training. Salary/benefits are competitive. Direct questions and/or resume to: Chaplain Art Lucas, Director, Barnes-Jewish Spiritual Care Services, Barnes-Jewish Hospital at W.U.M.C., Mailstop # 90-53-391, 1 Barnes-Jewish Plaza, St. Louis, MO 63110-1094; (314)362-5442; AML2792@BJC.org. You can also apply online at www.BarnesJewish.org. EOE M/F/D/V.

▼ Covenant HealthCare, Saginaw, MI – is seeking a full-time CHAPLAIN/EDUCATOR for our clinical pastoral education program. Covenant HealthCare—one of the largest, most comprehensive health care facilities north of Detroit—is an accredited CPE center with a well-established CPE program. Our leadership places a high value on ecumenical ministry. The successful candidate must possess a Master of Divinity, certification as associate supervisor (ACPE), and ecclesiastical endorsement. Additional requirements include one year of parish ministry and ministry experience in an acute care setting. This individual is responsible for the assignment and training of CPE students in basic and advanced clinical pastoral education and for providing direct pastoral care to patients, families, and staff. Starting salary is commensurate with qualifications and experience; a comprehensive benefit package is provided. Please contact or send resume to: Covenant HealthCare, Human Resources Department, Mary Bird – Employment, 1447 N. Harrison, Saginaw, MI 48602; (989)583-4322; mbird@chs-mi.com; fax: (989)583-1103.

▼ St. John’s Regional Medical Center and St. John’s Pleasant Valley Hospital, members of Catholic Health Care West – are seeking a DIRECTOR OF CHAPLAIN SERVICES to lead an ecumenical team of chaplains. Candidates will have demonstrated pastoral leadership and professional skill in designing, implementing, and improving quality spiritual care and ethics programs for patients, families, physicians, interdisciplinary care team, clergy, and their congregations in a multicultural community. Requirements include a BA/Master’s in theology or equivalent, ethics education, four units CPE with NACC or APC certification, current ecclesiastical endorsement and good standing, five years’ chaplaincy experience with three years’ management preferred. We offer competitive compensation and excellent benefits. Please contact us at St. John’s Regional Medical Center, 1600 N. Rose Ave., Oxnard, CA 93030; fax: (805)981-4437; e-mail: knakash@chw.edu. AA/EEO/M/F/D/V . www.stjohnshealth.com.

▼ Saint Margaret Mercy Healthcare Centers, Hammond, IN – PRIEST CHAPLAIN. Seeking full-time Roman Catholic priest chaplain to join spiritual care team at this largest acute care hospital in northwest Indiana. Must have the ability to function as a member of an interdisciplinary team. Must be compassionate and understanding and have the ability to work with diverse cultural and faith groups. Please contact Joseph Dou, Manager, Spiritual Care, Saint Margaret Mercy Healthcare Centers, 5454 Hohman Avenue, Hammond, IN 46320; telephone: (219)952-2300 ext. 32589; e-mail: Josefdou@sslhs.org.

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