

Vision

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The National Association
of Catholic Chaplains

Lenten Psalm of Longing

*I thank you, O God,
for the warming of the winds
that brings a melting of the snow,
for daylight hours that daily grow longer
and richer in the aroma of hope.
Spring lingers beneath the horizon
as approaching echoes of Easter
ring in my ears.*

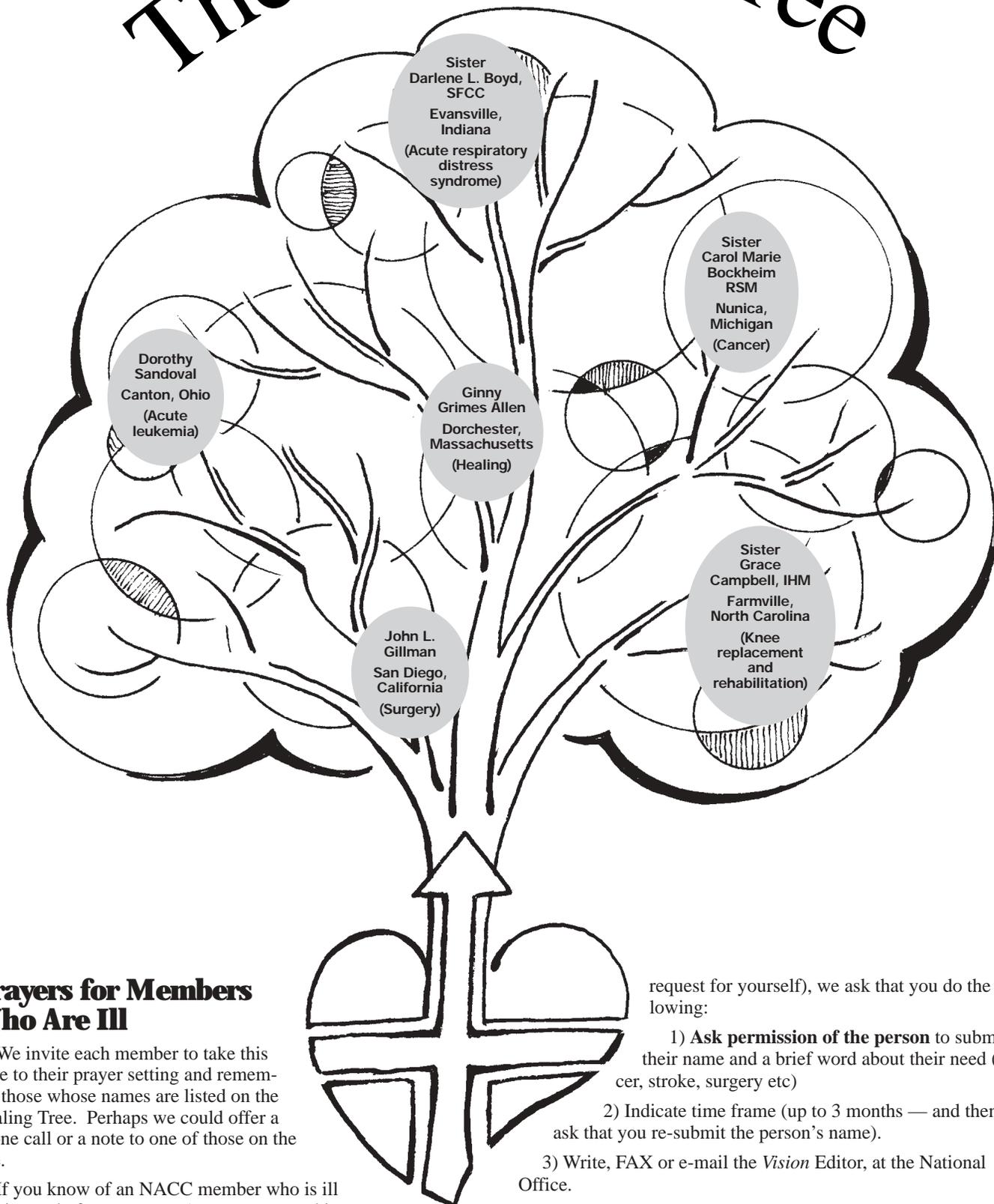
*I lift up my heart to you, Beloved,
in this season of Lent
that gently sweeps across
my sluggish and sleeping heart,
awakening me
to a deeper love for you.*

*May the wind of the Spirit
that drove Jesus into the desert,
into the furnace of prayer,
also drive me with a passion
during this Lenten season
to enkindle the fire of my devotion
in the desert of Lenten love.*

*Birds above, on migratory wings,
signal me to an inner migration,
a message that draws me homeward bound
on Spirit's wings
to the heart of my Beloved.*

*May I earnestly use this Lenten season
to answer the inner urge
to return.*

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

Vision

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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

Kathleen Nelson
knelson@nacc.org



Life after CPE

The annual newsletter of CHRISTUS Santa Rosa's CPE program has received many favorable comments. At the request of several NACC members, I'm happy to share the story of our newsletter and the benefits we reap from its yearly publication.

The inception of the newsletter was in 1989 when Sister Sara Carter, CCVI, and I began to search for ways to stay connected to our alumni and their ministries and to let them know of the growth and changes taking place in our program. Students often called or stopped by to say hello, and occasionally wanted to know more about their former peers.

We sent an alumni update form to our former students, Professional Advisory Committee members, and former staff. We asked them to share updated addresses, where they had been personally and professionally since their CPE experience, and to offer any comments on how their CPE experience informed their present ministry.

The response to that request resulted in our first newsletter, "published" on typewriter and hospital letterhead in April 1990. Our Vice President, Mr. John Bel, was impressed by the content and thought that the presentation could look more professional; he worked with us to have our Public Relations Department print subsequent newsletters. Each year, the quality

has increased as we added photographs and more professional formatting.

Each Advent season, I send a letter to our alumni, former and present staff, and Professional Advisory Committee members. While the letter is a form letter, I write in each name and usually add a personal note on each letter. This yearly discipline is a joy to me, as I can vividly recall the persons who have touched my life through our common CPE journey. I am humbled by how many people respond, returning their update form and recalling their experiences here at CHRISTUS Santa Rosa.

The cost and time taken for this publication is minimal compared to the benefits our Center receives. We have an involved, informed alumni group. We have the ability to track where the majority of our former students are now serving. We are able to communicate program changes and updates that occur as a result of students' exit interviews with our Professional Advisory Committee. Best of all, we have the opportunity to continue to reach out to ministers who are in need of ongoing care and support.

You can view the most recent newsletter on the CPE program's website: www.christussantarosa.org – click on the Clinical Pastoral Education program heading in the box for Our Services and then click on CPE Newsletter.

Mary D. Davis
CPE Supervisor
CHRISTUS Santa Rosa Health Care
San Antonio, Texas

Recently Published

■ "Spiritual Care: Bridging the Disciplines in Congregational Health Ministries," an article by NACC-certified Chaplain **James M. Radde, SJ**, with Hahn and Fellers, originally published in the *Journal of Health Care Chaplaincy*, Vol. 11(2) 2001, 49-60, has now been published in a book. The article reappears in *Parish Nurses, Health Care Chaplains, and Community Clergy: Navigating the Maze of Professional Relationships*, edited by Larry Vandecreek, DMin, and Sue

Mooney, BSN. New York: The Haworth Press, 2002, 131-141.

■ **Deborah Gordon Cooper**, NACC-certified Chaplain. *Redirection of the Heart*. Dayton, Ohio: New Song Press, 2002. Poetry.

■ **Mary Lou O'Gorman**, NACC-certified Chaplain. "Spiritual Care at the End of Life." in *Critical Care Nursing Clinics of North America*, 14 (June), 2002: 171-176.



Rummaging through the Boxes of Vatican Council II

Rev. Joseph J. Driscoll
NACC President and Chief Executive Officer

The Council renewed and revised the sacred rites of the Church; but the revised rite of viaticum never really made it off the printed page and into the pastoral practice of the Church.

Some things just get lost: keys, books, glasses, drivers—ordinary and everyday scatterings in our hurried and harried lives. Other “things” lost are deemed more precious and therefore irreplaceable: a wedding ring, an old photograph, long ago letters, a faded friendship.

Recently, for example, I was invited to the house of this man for a dinner party, and during the subsequent tour of his home, I noticed a worn, scraggly remnant of a teddy bear neatly placed on the pillows in the center of his bed. I smiled as I glimpsed a treasure more valuable than the art and furniture of this beautiful home, and a tragedy if ever lost. (I also smiled at the seeming incongruity of this tiny teddy bear belonging to this 6'6", 200+ pound multiple triathlon champion!)

A few years back I was rummaging through some old boxes and to my amazement I came across a college graduation card with an uncashed check dated June of 1975. I suspect that the money is lost for good since I think that both the checking account and the lives of these friends of my parents have both since closed!

Is it any wonder that with all of the persons, places, and things that surface and surround us in our lives that some things just get lost?

Well, it should come as no surprise then that in our rummaging through the sacramental life of the Church in our care for our sick and dying that we have found an uncashed check from the Second Vatican Council. Imagine all of the persons, places, and things that sur-

rounded and surrounded that unprecedented worldwide gathering for the renewal of the Church of Christ—imprinted in four constitutions (Church, Divine Revelation, Sacred Liturgy, and Church in the Modern World), nine decrees (Instruments of Social Communication, Ecumenism, Eastern Catholic Churches, Bishops' Pastoral Office in the Church, Priestly Formation, Renewal of Religious Life, Apostolate of the Laity, Ministry and Life of Priests, and the Church's Missionary Activity), and three declarations (Christian Education, Relationship of the Church to Non-Christian Religions, and Religious Freedom)—all this in 103,014 words and 992 footnotes!*

Even in a Church, some things just get lost.

The Council renewed and revised the sacred rites of the Church, including the rite of viaticum, but that revised ritual never really made it off the printed page and into the pastoral practice of the Church. My conversations with the participants at the eight symposia last fall, coupled with subsequent discussions with priests, bishops, and theologians, attest to truth of this amazing discovery.

This reality came home to me when I realized that I don't think I used the rite of viaticum myself in the 11 years of my parish ministry. And I, and my classmates, were in the bosom of the post-Vatican II Church (seminary from 1971 to 1979) energized and excited with a powerfully renewed Church of the People of God with meaningful ritual, ancient in its apostolic roots and modern in its contemporary color and language.

But in practice we took the oils with us and made little distinction between rites for the sick and rites for the dying. I remember thinking on some level that well, this anointing is in preparation for the “final healing”—death, so even intuitively I knew from my thought processes that I was administering a balm for healing to someone who well, really wasn't going to get healed—except of course death. An intellectual stretch, I would say.

Had I known that the Church did have “last rites”! Remember we disparaged that phrase: “No, it is not extreme unction, no, it's not the ‘last rites,’ it is the Church's prayer for healing.” We would seek to reassure the frightened woman preparing for surgery or the petrified man undergoing chemotherapy, and would anoint these seriously ill with their still suspicious looks, then go to the next room with the same oil and anoint “papa” who was unconscious and breathing his last breaths.

Had I known that the Church did in fact have “last rites,” what a different pastoral practice I would have exercised in my ministry, and empowered others of the People of God to exercise in their ministry as well.

A funny thing happened on the way to these fall symposia last summer. Unbeknownst to me, I was beginning my needed practicum in the rites of the Church for her sick and dying.

In July, my friend Artie's dad, Arthur, was diagnosed with pancreatic cancer. I happened to be visiting Boston at the time and so I went to the hospital to visit this beautiful man of faith. Upon entering his room, he smiled with obvious surprise and delight at my unexpected visit. He then shrugged his shoulders, still smiling, “Father Joe, what can you do? (Pause) I am at peace. I have lived a wonderful life, I have my faith.”

We visited and I prayed with him and Evelyn, his wife of 57 years. Knowing that I was going to be home over Labor Day weekend I arranged to gather to celebrate the Eucharist with Arthur and his wife, his only son, his two daughters, the grandchildren, and a great grandchild.

Arthur had made a decision not to undergo any radiation or chemotherapy, but rather to live well with a plan for palliative care. In the seven weeks since I had seen him, he had done pretty well enjoying quality time with his family and returning to some of the regular routine, though he had lost 25 pounds and was noticeably weaker.

In my own semiconscious, ever-present dilemma over the sacrament of the anointing, I found myself offering this sacrament with the following “qualification.” I said, “Arthur, I would like to offer you the sacrament of the anointing of the sick. As you know this is the Church’s sacrament for healing. (Pause) We know that you will probably not be healed of this illness, unless of course there is some miracle. But if you would like to receive this sacrament, I think what we are asking God is to give you the strength and healing you need for this last part of the journey.”

He was terminally ill, but he was not as yet dying.

I will never forget his instant response. “Yes, Father Joe, that I do need.” So we gathered as family and Church and we prayed, invoked the coming of the Holy Spirit with the laying on of hands—of the priest, then of the priestly people—and anointed him with oil. As always for me, through my eyes of faith, a quiet and calm descends by the presence of Christ in that sacramental encounter.

And so I returned to Milwaukee from Boston for all of a day and then off to the races: Santa Clara, Philadelphia, Albuquerque, Chicago, Minneapolis, Seattle, Worcester and Baton Rouge. All the while I am living and breathing this experience of prayer, study, and discussion of viaticum. All the while I am reflecting on my own experience in priestly ministry, and equally importantly, my own experience of projecting what I would want if I was dying.

I love the Eucharist. The Eucharist, as the documents of Vatican II declared, is “the source and summit” of the Church’s life. The Eucharist is central to our week, our Sabbath. The Eucharist is celebrated in all of the significant moments of our life—and our death.

Then how can we not have this food for the journey, the food we have had for the whole journey of our lives, now at the critical moment of the final turn in the road of this same journey.

I thought, and said, with a lot more passion than I realized, “If I am dying, conscious or not, don’t come near me with oil, give me the Eucharist, the food for this final passage of my life.”

I heard the normal grumbling of thunder from some of the symposium participants in the approaching storm of change. “It’s not practical.” “You can’t give Communion to people who cannot take anything by mouth.” “By the time someone acknowledges that he or she is dying, they cannot receive.” On and on the darkened voices blew up their protest.

And then I find myself passionately advocating that if as Michael Drumm says, “at the Council of Nicea in 325 A.D., the Church declared that Viaticum is the sacrament appropriate to the dying,” then we need not to focus on

“what we cannot do,” but rather with some creative imagination “what we can do.” If this is in fact the Church’s sacrament for the dying, then we have obligation to make this sacrament available.

It’s now Worcester, the last symposium (Baton Rouge will, of course, take that honor later thanks to Hurricane Isidore). I have called my friend Artie. He tells me that hospice came in this past week, and that his Dad is becoming weaker and that he has not been out of bed the last two days. I am presiding at the Eucharist on that Saturday morning at the Worcester symposium, and I decide to reserve the Eucharist to bring to Arthur in my plan to visit him that evening (an hour and half drive).

The day is spent on studying and discussing viaticum. The night will be spent practicing and praying viaticum. During the long drive I am touched by the irony of it all, really, the grace of it all. I am pondering the fact that this may be the first time I have ever celebrated viaticum as viaticum. I am kind of marveling, feeling embarrassed almost, that I who thought I was so liturgically astute could have missed this sacramental rite in this form.

The beautiful words of the prayers in and of themselves create a calm, a peace, an acceptance of what is happening in this moment of painful loss in crossing; and of abundant hope in rising.

My brothers and sisters,
before our Lord Jesus Christ
passed from this world to return to the Father,
he left us the sacrament of his body and blood.
When the hour comes for us to pass from this
life,
and join him, he strengthens us with this food
for
our journey and comforts us by this pledge of
resurrection.

I am touched by this sacred, intimate moment of the three of us at the table, hungry and becoming satisfied, hurting and becoming comforted, frightened and becoming calmer. What beautiful ritual, I think.

Two days later, while I am still in Boston, I receive a call at my brother’s. Arthur has just died. I grab my green ritual and go to his home 15 minutes away, and there continuing the “last rites” of the Church, we pray the commendation of the dead.

Upon reflection, I realize the grace that I had in being there at the key moments of ritual in a three-month journey for my friend Arthur and his family. I experienced firsthand the continuous rite in this one pastoral relationship: a visit to the sick, the rite of anointing, the rite of viaticum, and the commendation of the dead. I experienced in one pastoral relationship the Church’s care at all the bends in the road in sickness and in dying.

Most especially, I realized that this food for the journey—viaticum—has sat tucked away in a card all these years.

Even in a Church, some things get lost. More importantly, do you too realize what we in our rummaging through these years have now found?

* Abbot, Walter, M., SJ. General Editor. The Documents of Vatican II. New York: Corpus Books, 1966, p. ix. ▼

*If I am
dying,
conscious
or not,
don't
come
near me
with oil,
give me
the
Eucharist,
the food
for this
final
passage
of my life.*

Comprehensive Spiritual Care for Our Sick and Dying

Reflections on Symposium 2002

Susanne Chawszczewski
NACC Director of Education

As I wrap up the final pieces of Symposium 2002, which took place this past fall in eight cities across the country, I have had the opportunity to reflect upon my experiences and would like to share my thoughts with you. Let me begin by explaining that when I applied for the position of Director of Education at the National Association of Catholic Chaplains, one of the factors which persuaded me to apply was the set of values which the Association espoused: Integrity, Justice, Quality, Spirituality, and Stewardship.

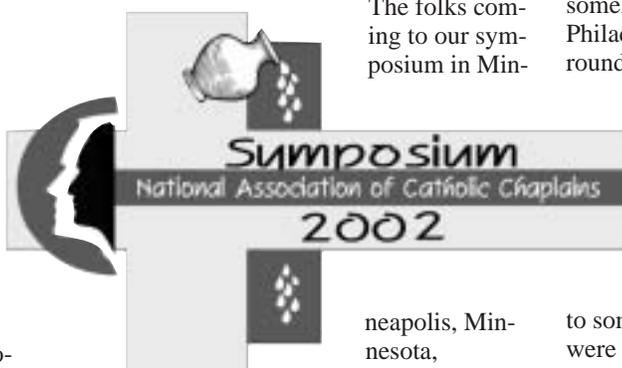
Although I was able to meet some of our members at the 2001 symposium in Baltimore and again at some of our fall 2001 Educational Events, I was struck by the expansiveness of our membership and how removed I was in the office in Milwaukee with only phone, mail, and e-mail contact for the most part with our members. After working at a college with almost day-to-day contact with hundreds of students, faculty, and staff, my work at the NACC seemed isolated, and I often wondered: "Am I having any kind of personal effect on our members and am I able to help advance those values which drew me to the Association and which draw the members to their ministry?"

Traveling around the country for the 2002 symposium answered that question for me. Here was an opportunity for me to use my gifts and to meet about 800 of our members. The personal fulfillment for me was overwhelming, and I realized that the values that first drew me to the NACC were present in each and every person I met and in every place I visited.

In Worcester, Massachusetts, the overarching presence of the scandal of the Catholic Church was in both the background and the foreground of those attending the symposium. The local committee members showed their integrity by bringing forward this concern in the way they planned the symposium and in particular, in the way they executed the liturgies and conversations that were important to the healing of their own community. Tucked away in Milwaukee, Wisconsin, I myself did not feel this impact prior to the symposium. On-site, however, I realized how

important the healing was and how important it was for me to assist in this healing. The **integrity** of those in Worcester helped to teach me what the community of the NACC meant.

Those who have never lived in the Midwest or Upper Midwest can never really understand what I call the "Midwestern attitude." This attitude is one of both compassion and integrity. We say what we mean and mean what we say. The folks coming to our symposium in Min-



neapolis, Minnesota, espoused this value of integrity.

Their concerns for cost and for community were ever present in their planning of the symposium and on-site. I heard words and thoughts shared which were real and articulate—thoughts about the role of the laity in the Church and about their need to gather on a regular basis. On-site, I realized how important this time was for people to gather and I realized how blessed I was in having a number of people listen to me while I listened to them. The **integrity** of those in Minneapolis helped to teach me how important the relationships in the NACC are.

Justice can mean all sorts of things to all sorts of people. When I came to Seattle, Washington, justice took on a new meaning for me. I was so impressed by the warmth of the folks from the Northwest, but I was most impressed by their vision of justice for their Church and their profession. The needs of the members in the Northwest are different than in any other place. Their health care system is different; their challenges are different; their concerns for women in the Church are different. What struck me most on-site was how their own values of justice allowed them to articulate their distinct needs and to never back down in bringing those needs to the forefront.

The value of **justice** for those in Seattle taught me that, as a laywoman, I had a voice in the Church and the NACC, and that Catholicism has its own brand of feminism.

The symposium in Philadelphia, Pennsylvania, was without a doubt one of the most challenging experiences of the fall. Without a local committee, I was dependent on a group of volunteers, whom I did not know, to help me on-site. By the grace of the Holy Spirit, it all came together somehow. What struck me most in Philadelphia were the conversations surrounding some of the videos. Again, the value of justice was ever present. Those in Philadelphia articulated their concerns surrounding the role of the chaplain in a way which none of the other areas of the country could. Concerns about the role of the laity and the role of women as chaplains led

to some heated table discussions. They were true to themselves and true to their ministry. But in the end, they all came together to celebrate themselves. This value of **justice** in Philadelphia taught me to speak up more for myself and for what I believe to be important for our members in the NACC.

Our first symposium took place in Santa Clara, California. It was stressful and anxiety producing because it was the first in line of the eight symposia. The committee and the participants, knowing they were the first, were determined to provide a quality experience for themselves. And they knew they were the testing ground for this great eight-cities-in-eight-weeks adventure. From the hotel, to the hospitality, to the program, this quality came through very clearly. In some ways, the participation in Santa Clara was the most moving for me because people really shared of themselves in all of the settings – discussions, social times, spiritual times. This value of **quality** in Santa Clara taught me that numbers are not important; rather the quality of content is the key. And I carried that with me though the next seven symposia.

In Albuquerque, New Mexico, this value of quality came across through the dedication of the members and the volunteers. Aside from Father Joe Driscoll, I was the only national office staff member attending

the symposium in Albuquerque. Trying to put all the pieces together on-site by yourself can be very challenging. But I didn't worry because the local committee, knowing and understanding this, took the time to give of themselves and to ensure that those attending would have a quality experience. This experience was also flavored by the particular ethnicity of the area. Quality does not mean homogeneity. The value of **quality** of those in Albuquerque taught me that the NACC has to do more for the issue of diversity in the Association and to ensure that we respect the diverse backgrounds of our membership in all that we do.

One of the largest symposia was in Oak Brook, Illinois. When I went to Oak Brook, my concern was that the size of the gathering did not take away from the conversations, spirit, and community that I saw as being so valuable to our members. What I found in Oak Brook was a sense of spirituality among the committee and members, which cemented my belief in the value of chaplaincy. There were some tense moments, with so many bishops in attendance and the initial lack of a cantor. This did not take away from the spirit present. And in the end, some of the liturgies in particular, were such moving experiences. This value of **spirituality** in Oak Brook taught me that you can be spiritual

even in a large body of people. And it is the Spirit that drives this through the people present.

Because the first symposium in Baton Rouge, Louisiana, was cancelled due to the

I realized that the values that first drew me to the NACC were present in each and every person I met and in every place I visited.

hurricane, the committee elected to finally hold the symposium at the Diocese of Baton Rouge retreat center. This was, in some ways, the most important decision the committee could have made because they were dedicated to having a rich experience for the participants in a setting that would provide spiritual nourishment. In the context of a "retreat" I found that this spirituality was present in all aspects of

this symposium. It was nourishing and centering for the participants. This value of **spirituality** in Baton Rouge, taught me the importance of "setting" in our NACC events and that no matter where we are – large, concrete hotel or halls lined with flowers and plants, it is important to set the tone of spirituality at our events.

Every day, I receive an e-mail or a call or a letter from one of our members whom I met at one of the eight symposia. As many of you probably learned, I am not a big "sharing" type of person. But I found myself listening and being listened to by so many people across the country. I found myself sharing more with you, even when my Myers-Briggs preferences told me, "No, no, no!" Through the symposia, I finally felt like I was a part of the NACC. And when I hear from one of our members, I can now put a face with a name. You are real and I am working for you and with you. And that last value, **stewardship**, is now at the forefront of my work, because all of the symposia taught me that chaplains face financial challenges and that NACC has to keep this in mind in all we do for you. I look forward to meeting the rest of our members and to learning more about the values of the NACC from you. ▼

In Memoriam

Please remember in your prayers:

Sister Loretta Agnes Weingart, SC, who died on March 6, 2002, in Paterson, New Jersey. She began her ministry as a nurse and worked in hospitals in New Jersey, Connecticut, and New York, and as a grade school teacher in New Jersey. In 1956, she began ministry at St. Joseph's Hospital in Paterson, New Jersey, most recently as a patient representative. She was considered a member of the Paterson Fire Department and was made an honorary deputy fire chief. Chief James K. Pasquariello, said "There was love, respect, and admiration" between the men in the department and Sister Loretta. She counseled firefighters with personal problems and their families and attended fire department functions and promotion ceremonies. A fire

department honor guard stood watch during Sister Loretta's funeral.

Sister Loretta joined the NACC in 1976 and was certified as a chaplain in 1980.

Sister Claire Hayes, CDP, who died on January 8, 2003, in Kingston, Massachusetts, after an eight-month battle with leukemia. Sister Claire was a well-known and tireless chaplain at Boston Medical Center at the time of her death. According to an article in *The Boston Globe*, "Some hospital employees thought she never slept . . . She was available 24 hours a day, 365 days a year." Dr. Edwin Hirsch of the trauma unit said, "I cannot begin to tell you what she meant to hundreds and hundreds of people here." She ministered to the patients, families, and staff at Boston Medical for 12 years. And her work did not end when she

left the hospital, according to Sister Claudia Ward, CDP, "She was always on a mission to help one or the other person, often channeling a variety of useful items from generous benefactors to those most in need."

After her time in formation, Sister Claire became a teacher from pre-primary through junior high and high school. She easily transferred her skills to work in the area of corrections, first as a counselor and later director of Charlotte House, a pre-release center for women. She joined the NACC in 1987 and was certified in 1988.

Boston Medical Center is developing a Sister Claire Hayes Ethics and Humanitarian Award, which will be presented annually to the employee who most exemplifies the qualities of Sister Claire's response to those in need.

EDUCATIONAL OPPORTUNITIES

AAPC Annual Conference

April 24–26, 2003

Newport, Rhode Island

The American Association of Pastoral Counselors announces its 2003 annual conference: “Wells of Healing: Sources of Wisdom.” Plenary speakers are Donald Meichenbaum, PhD, who is rated by *The American Psychologist* as one of the 10 most influential psychotherapists of the century, and Emmanuel Lartey, PhD, a prominent and highly respected leader in the international and multicultural development of pastoral care and counseling. The conference will be held at the Newport Marriott Hotel in Newport, Rhode Island. Pre-conference workshops will be held on April 24 and post-conference workshops on the morning of April 27.

For more information, contact the AAPC, 9504A Lee Highway Fairfax, VA 22031-2303; phone: (703)385-6967; fax: (703)352-7725; e-mail: info@aapc.org; website: www.aapc.org.

National Association of Catholic Family Life Ministers Conference

September 24–27, 2003

Houston, Texas

The National Association of Catholic Family Life Ministers (NACFLM) presents its 23rd annual conference: “Many Threads . . . Many Weavers.” It will take place at the Adam’s Mark Hotel in Houston, Texas, September 24–27. The conference features Eric Law, an Episcopal priest and internationally known consultant on multiculturalism. He is the author of *The Wolf Shall Dwell with the Lamb* and *Inclusion: Making Room for Grace*.

For more information, contact NACFLM’s Executive Office at the University of Dayton, 300 College Park, Drive, Dayton, OH 45469-2512; phone: (937)229-3324; website: www.nacflm.org.

IN BRIEF

Questions posed to hospital chaplains

The December 2002 issue of the *Journal of Palliative Medicine* contains an article of particular interest to chaplains. “Questions posed to hospital chaplains by palliative care patients,” written by Susan Strang and Peter Strong, categorizes the three most important questions patients pose to hospital chaplains at the end of life and assesses the degree to which hospital staff should be able to handle them.

The article concludes that “the role of hospital chaplaincy has changed. Today it entails specialized competence . . . Nonetheless, physicians and other staff members should be able to handle many of the questions that are of a more general/medical character.”

(From the *Journal of Palliative Medicine*, Volume 5, Number 6, 2002. © Mary Ann Liebert, Inc. Publishers. www.liebertpub.com.)

VistaCare Hospice Foundation offers end-of-life care grants

The VistaCare Hospice Foundation is pleased to announce the availability of “Innovation MiniGrants” of up to \$10,000 for research or innovative projects aimed at furthering the understanding or improving end-of-life care. The main purposes of this grants program are to facilitate investigations and creative inquiry into areas of end-of-life care for which no other sources of funding are available and to stimulate research by end-of-life care professionals who would normally not have access to funding. Preference will be given to new investigators, those who require “seed” money to generate initial data to support a grant application for a large-scale study or trial, and those who intend to present their findings at professional meetings.

The application process is intended to be minimally taxing, requiring the completion of a brief application form, obtained and submitted via e-mail. Interim written reports of findings will be required during the project timeline.

Please direct all inquiries to John Vack, Vice President/COO, VistaCare Hospice Foundation, by e-mail at

jvack@vistacare.com or by phone at (602)648-6933. To learn about VistaCare online, go to: www.vistacare.com.

Grief Recovery Institute unveils report on the business cost of grief

The Grief Recovery Institute recently released a new report called, “The Grief Index,” which examines the hidden cost of grief in the modern workplace. The report cites the hidden costs of grief as nearing the \$75 billion mark, and details the facts behind this figure in a 33-page summary. The report was compiled with the help of more than 25,000 Americans and Canadians to set a benchmark for North America.

The Grief Recovery Institute is an internationally recognized authority that provides programs for The Compassionate Friends, The National SIDS Foundation, The National AIDS Network, The University of California at Irvine, Chapman University, and many others.

To read more about The Grief Index and download the full report, go to: www.grief-recovery.com/request_index.htm.

State rankings report draws interest from policymakers

On November 18, 2002, the Last Acts coalition held a news conference in Washington, D.C., to release the first-ever “report card” on end-of-life care across the United States. For each state and the District of Columbia, the report, titled “Means to a Better End: A Report on Dying in America Today,” offered a set of ratings on eight measurement criteria including: state advance directive policies; location of death; hospice use; hospital end-of-life care services; ICU care at the end-of-life; pain in nursing homes; state pain management policies; and palliative care-certified physicians and nurses. It also offered a series of recommendations for actions by policymakers around decision-making, professional capacity, service delivery, and research and financing. The report was sent to the entire Congress, state legislators, attorneys general, and governors. It has already generated inquiries from both Capitol Hill and state policymakers.

A full copy of the report, state-specific fact sheets, an action guide, and other

resources are available on the Last Acts Web site at: www.lastacts.org/scripts/la_tsk01.exe?FNC=BetterEndHome__Ala_newtsk_laxlike_html. (Please make sure this long link is not broken in your browser.)

HHS launches national nursing home quality initiative

On November 12, 2002, the Department of Health and Human Services (HHS) unveiled a new national Nursing Home Quality Initiative. A major goal of the initiative is to make available to consumers new information about the quality of care provided in individual nursing homes across the country. It also offers resources to nursing homes to improve care in their facilities. As part of the launch, the Centers for Medicare & Medicaid Services (CMS) published advertisements in major newspapers in all 50 states with specific quality data on local nursing homes. The effort

builds on a previous six-state Medicare and Medicaid pilot project launched in April of 2002 and involving nursing homes in Colorado, Florida, Maryland, Ohio, Rhode Island, and Washington.

An HHS press release with more information on the initiative is available at: www.hhs.gov/news/press/2002pres/20021112.html.

Healing Arts Communications releases Spanish-language versions of caregiver materials

Last Acts Partner Healing Arts Communications has just released Spanish-language versions of its most highly requested caregiver training materials. Now available in Spanish are the National Caregiver Training Program (an 18-hour training program that teaches caregivers essential care skills), a three-hour Alzheimer's Training Program,

the book, "Quick Tips for Caregivers," and videos on Alzheimer's, infection control, medication use, and much more.

To get more information on these resources, go to: www.homecarecompanion.com.

Good Endings program now available for nursing homes

A new program is now available for nursing homes and long-term care facilities called, Good Endings. The program consists of recruiting and training vigil teams of volunteers to sit with the dying, implementing staff education on end-of-life issues, resource libraries, remembrance services, and bereavement counseling. The program was founded by Dr. Donalyn Gross, PhD, LCSW, CMP, who has worked as a thanatologist with the terminally ill and their loved ones for over 25 years.

To learn more about Good Endings, go to: www.goodendings.bigstep.com.

Positions Available

▼ **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 Lourdes RMC, Lafayette, LA – CERTIFIED PRIEST CHAPLAIN.** Our Lady of Lourdes provides communities throughout southwestern Louisiana with a full range of high quality health care services. The mission of Our Lady of Lourdes is to provide the healing ministry of Jesus Christ to the sick while promoting the wellness and dignity of each person. Our Lady of Lourdes is located in the beautiful Heart of Cajun Country. Lafayette, known for its "joie de vivre," is a progressive city with 180,000 metropolitan area population and growing. Lafayette is world famous for its food, music, and Cajun hospitality. Join our staff and make a difference in the lives of others. We require a Roman Catholic Priest with CPE certification or working toward certification. We offer a comprehensive benefit package, which includes competitive salary, medical insurance, dental insurance, disability, retirement, health promotion center, and much more. Please send or fax resume to:

Our Lady of Lourdes RMC, Attn: Jackie Espree, 611 St. Landry St., Lafayette, LA 70506; fax: (337)289-2260; or apply on-line at: www.lourdes.net.

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

Positions Available

▼ **Saint Joseph's Hospital, Marshfield, WI – ROMAN CATHOLIC PRIEST CHAPLAIN.** Saint Joseph's Hospital, a 524-bed major tertiary teaching and referral center located in Marshfield, Wisconsin, has an immediate opening for a full-time Roman Catholic Priest Chaplain. Saint Joseph's is also part of Ministry Health Care, a significant integrated regional Catholic health care system in Wisconsin. Join a multi-denominational staff of eight who, in a participative, collaborative, and team-oriented approach, deliver quality spiritual services to a broad spectrum of patients, families, and staff normally found in such a major hospital setting. The position provides a challenging and rewarding environment in which the successful candidate will significantly contribute to the spiritual, emotional, sacramental, and liturgical needs of our constituents. Marshfield is located in the central part of Wisconsin and provides a high quality of life normally associated with a more rural location. To be considered for the position, candidates must possess minimum of a bachelor's degree in theology, be certified or eligible for certification by NACC or APC, and have previous hospital-based chaplaincy experience. We welcome your immediate inquiry to this opportunity. Please call us toll-free; e-mail your resume; or visit our website: HR Associate, 1-800-221-3733, ext. 77880; e-mail: danent@stjosephs-marshfield.org; web site: www.stjosephs-marshfield.org. Saint Joseph's Hospital, 611 Saint Joseph Avenue, Marshfield, WI 54449. Equal Opportunity Employer.

▼ **St. Agnes HealthCare, Baltimore, MD – Member of Ascension Health, an acute care community hospital located in southwest Baltimore is seeking a PASTORAL CARE CHAPLAIN.** Candidates for this position must have a bachelor's degree with courses in theology, spirituality, psychology, and related areas. A minimum of three years' ministering in a pastoral role in a health care facility is preferred. They must be able to demonstrate basic understanding and respect for differing religious convictions. Certification as chaplain through NAAC, ACPE, APC, or similar organization; or license or certification in related fields such as pastoral counseling, etc. required. Please send CV to Anne O'Ferrall, Human Resources Box #25, St. Agnes HealthCare, 900 Caton Ave., Baltimore, MD 21229; fax: (410)368-3536; e-mail: aoferrall@stagnes.org or through our website at www.stagnes.org.

▼ **Providence Saint Joseph Medical Center, Burbank, CA – CHAPLAIN.** Providence Saint Joseph Medical Center, recently named one of the top 100 hospitals in the nation for the second consecutive year, is seeking a chaplain for a full-time varied shift (including some evening hours) opportunity. Our facility is a satellite CPE training center with a team of compassionate professionals. Qualified candidate must have two years' ministry experience with a minimum of one year in acute health care and/or long-term care, and certification with NACC or certification-eligible. Please submit resume to Providence Saint Joseph Medical Center, HR Department, 501 South Buena Vista Street, Burbank, CA 91505; phone: (800)947-PROV (7768); fax: (818)847-3693. Or apply online at: www.experienceprovidence.com. EOE.

▼ **Memorial Health Care System, Chattanooga, TN – CHAPLAIN.** Full-time Catholic staff chaplain to join five-member ecumenical, self-directed Chaplaincy Services Team. As members of 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. The 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)495-8575; fax (423)495-7841; www.memorial.org.

▼ **Seton Healthcare Network, Austin, TX – SUPERVISOR OR ASSOCIATE SUPERVISOR.** Seton has an immediate opening for an NACC supervisor an associate supervisor and an ACPE supervisor or associate supervisor to assist in the development of a CPE center program. The successful candidates must meet the following criteria. Master's degree in theology, spirituality, or counseling; two to three years' experience in supervision of CPE students; willingness to provide direct spiritual and emotional care to patients, patients' families, and hospital staff as necessary, in addition to clinical supervising of CPE students. The candidate must be active in his/her ecclesiastical body and be certified as a CPE supervisor or associate supervisor. This position reports to the director of Chaplain Services, Seton Healthcare Network. The supervisor and associate supervisor positions have a unique opportunity to shape the creation of Seton's CPE program. Building a spiritually healthy community will be one trademark of the Center's program. We offer competitive salary and comprehensive benefits. For immediate consideration, please mail, fax, or e-mail your resume to: Seton Healthcare Network, Human Resources, 1201 West 38th Street, Austin, TX 78705; fax (512)324-3168; e-mail: mfaulks@seton.org. Attention: Marilyn Faulks. Please include job code: nacc 1/03.

▼ **Clara Maass Medical Center, Belleville, NJ – PASTORAL CARE MANAGER.** Clara Maass Medical Center, an affiliate of the Saint Barnabas Health Care System, has an immediate opening for a Pastoral Care Manager. Ideal candidate will possess certification as a Clinical Pastoral Education Supervisor from the Association for Clinical Pastoral Education. Reporting to the Vice President of Medical Affairs, the select candidate will be responsible to provide a leadership role for the Department of Pastoral Care, work with staff chaplains assigned to the Medical Center, attend meetings for managers, and serve on the Ethics Committee and other pertinent committees as requested. Ideal candidate will provide spiritual support, pastoral care and counseling to patients, families, and staff. Individual will lead regularly scheduled services and serve as liaison to local pastors and the local community. As Manager of Pastoral Care you will oversee the Clinical Pastoral Education Program and provide the supervision for the chaplain interns. We offer a competitive salary and benefits package, including four weeks' vacation and an additional flexible paid time-off program, a comprehensive company-paid pension with matching 401(K) plan. Please send, fax, or e-mail resume to: Gregory Rivera, Human Resources Manager, Clara Maass Medical Center, One Clara Maass Drive, Belleville, NJ 07109; fax: (973)844-4997; e-mail: grivera@sbhcs.com. EOE.

▼ **CHW - Catholic Healthcare West, Bakersfield, CA – CHAPLAIN.** CHW is seeking two regional chaplains to cover four of our five great facilities. At CHW, our chaplains work closely with patients and staff to meet the spiritual needs of those we serve. In Bakersfield you will find a friendly, family-oriented community, great neighborhoods, and the state's most affordable housing. You can enjoy it all in a career with Catholic Healthcare West, California's largest non-profit health care provider. Qualified applicants must have three years' hospital chaplain experience, APC or NACC certification, and a master's degree or advanced study in theology. You must also relate well as a team member. Fluency in Spanish is preferred. CHW also offers a benefits package to feel secure with. In addition to competitive salaries and eight-hour shifts, we offer outstanding benefits including free premiums for HMO employee/dependent coverage. To learn more about our chaplain opportunities or submit your resume, contact: Shelley Yagers - Recruiter, CHW Human Resources, Mercy Hospital, Marian Building, 2215 Truxtun Avenue, Bakersfield, CA 93301; e-mail: sryagers@chw.edu; fax: (661)632-5541; phone: (866)284-4303. EOE/AA/M/F/V/D.

▼ **Saint Joseph Healthcare, Lexington, KY – DIRECTOR OF CHAPLAINCY SERVICES.** The Director of Chaplaincy Services is responsible for management of a two campus, 24-hour pastoral care service; training and development of clinical competence regarding spiritual assessment and care; systems thinking and networking skills to impact the spiritual life of the organization; participation on Ethics Committee and working knowledge of patients' rights. A qualified candidate will possess at least five years' experience in health care ministry or pastoral care and three years of management experience. CPE certification, master's preparation in a related field, as well as being of the Catholic faith is preferred. Mailing address: Saint Joseph Healthcare, Human Resources, One Saint Joseph Drive, Lexington, KY 40504; phone: (800)755-4344; fax: (859)313-3100; e-mail: mullinsj@sjhlex.org.

▼ **VITAS, Chicagoland South, IL – CHAPLAINS.** As the leading provider of innovative hospice and palliative care in the United States, VITAS is committed to providing high quality, compassionate end-of-life care. Our teams are exceptional health care professionals – individuals that are clinically knowledgeable, respectful of patients' privacy and who put patients and families first. VITAS is seeking chaplains for our Chicagoland South Program to serve patients in Kane, Dupage, and Cook Counties. Master's of Divinity required. Ordination or commission to function in ministry/pastoral care. Minimum of one unit (400 hours) Clinical Pastoral Education (CPE) by an accredited association or equivalent. Successful candidates must be team players who will provide spiritual counseling for employees, patients, and families. Must be a member of a church in good standing and also be available on-call. For immediate consideration, please e-mail resume to: lisa.cushing@vitas.com; fax: 1-877-848-2790; or phone 1-800-950-9200 x6018.

▼ **Carondelet Health in 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 St. Mary's Hospital of Blue Springs, Missouri, a 129-bed acute care community hospital and at Villa St. Joseph, in Kansas City, Missouri, 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. Successful candidates will 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)655-5485; www.carondelethealth.org.

▼ **The Village at Manor Park, Milwaukee, WI – CPE RESIDENCY IN GERIATRIC MINISTRY.** September 3, 2003, to May 7, 2004; nine-month Residency in Geriatric Ministry. \$18,000, plus health insurance and other benefits – tuition scholarships. The Village is an award-winning, senior health care system, offering all levels of care, including hospice. Minimum of one CPE unit required. A theological degree and some pastoral experience are preferred. Apply to: Chaplain Chuck Weinrich, The Village at Manor Park, 3023 South 84th Street, Milwaukee, WI 53227-3798; phone: (414)607-4100 x2355; e-mail: charles.weinrich@VMP.org; website: www.vmpcares.com.

▼ **Good Samaritan Health Systems, Kearney, NE – STAFF CHAPLAIN.** GSHS has a full-time opportunity in our Pastoral Care Department for a staff chaplain to provide for the spiritual needs of our patients, families, and staff. Candidates must be board certified by APC or NACC and have current ecclesiastical endorsement. Knowledge of current theology and medical ethics is required in accordance with the *Ethical and Religious Directives of Catholic Healthcare*. Candidates must be self-motivated, energetic, and mature both personally and spiritually. Strong interpersonal and communication skills are a must. Will share an on-call rotation. Preference will be given to candidates with a Catholic faith background. GSHS is a 287-bed regional referral and trauma center located in a thriving university community. Contact: Carol O'Neill, Human Resources, GSHS, P.O. Box 1990, Kearney, NE 68848; phone: (800)658-4250 ext. 7590; fax: (308)865-2924; e-mail: caroloneill@chi-midwest.org. Check out our website at www.gshs.org.

▼ **Elliot Hospital, Manchester, NH – PASTORAL EDUCATION SUPERVISOR.** Responsible for pastoral care services to patients, families, and employees with a six-member ecumenical team. Part of a pastoral care staff with ministers in two acute care facilities, and opportunities for student placement in Cardiac Surgical Services, Oncology, Community Services, and more. Must have a master's degree from accredited theological school, ACPE/NACC or USCC certified, endorsement by appropriate faith group, have demonstrated successful supervisory experience, and a pastoral background in a health care environment. For consideration, please send your resume to: Elliot Hospital, Human Resources, One Elliot Way, Manchester, NH 03103. EOE.

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

CALENDAR

Board of Directors

■ March 2003

- 13–16** NACC Certification
Commission Meeting
Milwaukee, Wisconsin
- 24** Copy deadline
May 2003 *Vision*
- 27–28** Spirituality & Healing in
Medicine
Indianapolis, Indiana

■ April 2003

- 18** Good Friday
National Office closed
- 20** Easter Sunday
- 21** Copy deadline
June 2003 *Vision*
- 24–26** AAPC Annual Conference
Newport, Rhode Island

■ May 2003

- 3–4** NACC Certification
Interviews
Atlanta, Georgia;
Baltimore, Maryland;
Los Angeles, California;
Milwaukee, Wisconsin;
St. Louis, Missouri
- 18–19** NACC Board of Directors
Meeting
New York, New York
- 26** Memorial Day Holiday
National Office closed
- 29** NALM 27th Annual
Conference
(through June 1)
Tampa, Florida
- 31** Copy deadline
July 2003 *Vision*

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