The association is on the brink of a new era with the impending adoption of a strategic plan. We need vigorous and creative board members who are equal to the task of meeting the challenges of the next several years, such as collaboration with other chaplaincy organizations, scarcity of resources, and declining membership due to the aging population.

Nominations are open for two (2) members-at-large for the NACC Board of Directors. Each will serve a three-year term beginning January 1, 2004. Current member-at-large Sister Shirley A. Nugent, SCN, and Board Chair Rev. Richard M. Leliaert, OSC, complete their terms on December 31, 2003; they are eligible for reelection.

The Board of Directors is the governing body of the association. Its membership consists of five members-at-large who are elected by NACC voting members, four extern members-at-large who are appointed by the board, an Episcopal liaison who is appointed by the USCCB, and the president and chief executive officer of the association. (Functions of the board are listed on this page.)

NACC members-at-large need to be certified members of the association and must meet five of the seven criteria for board membership as stipulated in the NACC Bylaws. (See the box on this page for details.) The board also asks that as you think about nominating a candidate that you consider our need as an association to be led by a board that models ethnic and cultural diversity, that has a balance of male and female members, that includes younger members, and that has a balance of members from across the country. The board is also desirous of members who are not only visionary but also already involved in developing new models of chaplaincy. The current roster of members of the board appears on the back page of Vision, and you can find short biographical sketches and photographs of the board on the association website (go to: www.nacc.org/aboutnacc/bod.shtml).

To nominate a person for the position of member-at-large, you are asked to discuss your intentions with your nominee and gain her or his permission. Then, please write a letter of recommendation to the Nominations Committee, in care of the national office, indicating the name and address of the nominee, how she or he meets the criteria for board membership, how you think that the nominee would fulfill the (Continued on page 10.)
A
d an integral part in planning the jointly
sponsored 2003 EPIC conference in
Toronto was the opportunity for the
boards of the Association of Professional
Chaplains (APC), the National Association
of Jewish Chaplains (NAJC), the Canadian
Association for Pastoral Practice and Edu-
cation (CAPPE), and ourselves to meet for
substantial conversations about significant
next steps in collaboration. For months
prior to Toronto, the four presidents had
been meeting on regular conference calls to
draft, refine, and produce working propos-
als for discussion and action, and the design
of a process to maximize our time together.

Joint Meeting of the Boards

Following the opening of the conference,
the board members of the respective organi-
izations gathered for introductions and a
social. As part of their introduction, board
members shared their areas of responsibility
or expertise (finance or standards, for exam-
ple) to facilitate networking with board
members from other organizations.

This gathering prepared us for our joint
meeting the next day in which the boards
unanimously voted to accept the four pro-
posals: universal standards for chaplaincy;
universal standards for supervised pastoral
education, one code of ethics, and one voice
through a Council of Liaisons. (The last
proposal did not apply to CAPPE since this
corresponded organizations and government
liaisons in the United States.)

As you read in the April Vision, the en-
ergy around this decision reverberated
throughout the remainder of the conference
and continues beyond those days. A look at
the videotape of the conference at the erup-
tion of applause from the audience when the
four presidents announced the decision
shows where the membership of our organi-
zations is on this collaborative venture.

The two days prior to the opening cere-
monies, the NACC Board of Directors met
not only to prepare for the joint meeting,
but also to conduct NACC business. Two
significant areas were the focus of extended
discussion of the board: strategic planning
and staffing.

Strategic Planning

In close collaboration with board mem-
ber and professional strategist, Mary Has-
sett, I presented a second draft of a pro-
posed strategic plan for the association. This
draft consisted of the following: an intro-
duction, a brief history of the NACC, a
statement of the mission, vision and values,
an environmental scan (a look to the world
in relationship to the NACC), a SWOT
analysis (strengths, weaknesses, opportuni-
ties, and threats), and a narrative of the
strategic issues and the strategic priorities
that are then identified from those issues.

Six strategic priorities were identified,
discussion and questions were chiefly
focused on this area. Among the issues dis-
cussed were diversity, dwindling numbers
of chaplains, recruitment, and the changing
role of the chaplain from the direct provider
to individuals to the spiritual leader to the
organization or system.

Mary Hassett and I will have refined the
document and circulated it back to the task
forces (technology and communication,
member development, governance, standards,
and development) for comment
before presenting the final document to the
board for approval at its May meeting.

National Office Staffing

I went to the board for consultation
about the lack of resources to implement the
original plan of the restructuring for two
director positions at the national office. The
reality is that we do not have the monies for
these two positions. The decline of nearly
200 members last year (many from full
member to emeritus status reflecting the
aging of our membership) and the rise in
cost for administration (health insurance
alone rose 30 percent in February of 2002
and another 18 percent in February of 2003)
have greatly affected the resources that we
have for staff positions at the national
office.

The reality of diminishing resources in
the association is one that most of you have
faced and are facing in your institutions. We
all have to make do with less. This reality is
no different in our organization.

The heart of our mission is the provision
of standards, certification, education, advoca-
cy, and professional development. I have
been seriously concerned about the quality
of the certification process in the transition
in the new structure, and in fact, I have
spent an enormous amount of time working
directly in this area, and that of standards
for the profession. With the HIPAA regula-
tions taking effect, the calls and e-mails
with questions have been coming to the
office in a constant flow.

All of this led me to assess the needs of
the members in light of our available
resources in relationship to our mission. I
concluded that we need an executive level
leader who is a certified professional chap-
lain or supervisor on staff in Milwaukee to
oversee the internal workings of the associ-
ation (standards, certification, education). I
then can fulfill the expectation in the
change in my role envisioned in the restruc-
turing which was to continue representing
the association to the external public (cog-
nate groups, bishops, health care organiza-
tions) but with the additional responsibility
for fundraising and development to sustain
the mission of the association.

For this reason, I am eliminating the two
director positions and am in the process of
writing a job description for an executive
level person for oversight for the internal
functions of the association.

Sadly for us, this means that Susanne
Chawczewski will be leaving the associa-
tion on June 30, 2003. We are grateful for
the two years she has been with us, and
especially for her role in overseeing the
enormous projects of the eight symposia in
2002, and the historic EPIC conference this
past February. On behalf of the association,
I thank Susanne for her significant contribu-
tion and offer her our prayers in her future
journey.

Appointments

The Board of Directors made the follow-
ing appointments at the February meeting:

■ Dr. Rod Accardi of Glen Ellyn, Illi-
nois, Mr. Robert Scheri of Eugene, Oregon,
and Sister Mary Skopai, SSJ, of Baltimore,
Maryland, to the National Certification
Commission.

■ Dr. Linda Perrone Rooney of Winter
Haven, Florida, to the Certification Appeals
Panel.

■ Sister Margaret Faber, OP, of Detroit,
Michigan, as representative to the Pastoral
Care Network for Social Responsibility
(PCNSR).

We are most grateful to these women
and men for their generosity in coming for-
ward in service to our membership. ▼
Please remember in your prayers:

Mrs. Janet Brigel McCoy of San Antonio, Texas, who died on March 19, 2003, following a brief illness. Mrs. McCoy joined the NACC in 1995 and was certified in 1996. She spent the last decade as a chaplain at CHRISTUS Santa Rosa Hospital, primarily at the medical center campus, where she was an advocate for those who needed a voice.

Rev. Clement J. Monroe, CSSR, of Baton Rouge, Louisiana, who died last fall. Father Monroe joined the NACC in 1989 and was certified in 1990. He worked as a hospital chaplain since 1987.

In Memoriam
HIPAA Calling the Question:
Is the chaplain a health care professional?

Rev. Joseph J. Driscoll
President and Chief Executive Officer

Like the clashing of cymbals, Jeffrey’s and Scott’s raised voices startled the chaplain interns in the early morning seminar into a learning experience far more effective than reading the definitions off the pages before them. The instructor had been explaining the difference between the infamous “J” (judgment) and “P” (perception) on the Myers-Briggs Personality Preference Indicator. She used the example of how different people plan differently when going on a road trip.

Jeffrey burst out, “Oh, I love maps. I study them beforehand, trace the streets with a highlighter, measure precise markings and distances, and look for landmarks along the route. Give me a map and I am right at home!”

Scott bellowed from across the classroom, “I hate maps! I can’t stand the details. I have no patience. I just get in the car and go!”

“Not in my car,” retorted Jeffrey.

“I wouldn’t go with you anyway,” Scott volleyed back.

And we laughed as we learned different personality preferences and how they impact our individual perceptions of reality.

As I was preparing to approach the subject of the current deadline for compliance with the privacy regulations of HIPAA (Health Insurance Portability and Accountability Act), I remembered this incident from my days of supervision of chaplain interns. For some people, the voyage around the solar system of laws, rules, regulations, standards, policies, and procedures is easier to navigate than it is for others. Some people have a knack for detail and precision, thank God.

I have learned two things working with the Jefferys—the mapmakers, or in the instance the regulators—of this world.

First, the discipline of working with precision in both conceptualization and in language is of inestimable value in ordering our world (in this case our profession of health care), in seeking to ensure consistency and fairness, and in protecting values that reflect the common good of us all (the present concern with privacy).

Second, and most significantly, no sooner than we write a standard, a regulation, or a policy, then someone will find an ambiguity, a situation not covered, an interpretation that differs from the assumption underlying what was written.

Such is the case with the HIPAA regulations governing “protected health information.” There are varying interpretations, and the law intentionally allowed for that. As the April 14 compliance deadline drew nearer, phone calls and e-mails came into the national office from chaplains and institutional compliance officers alike. Let me share some information that has emerged from many of these conversations.

Letter from the Five Presidents

The newly formed Council on Collaboration (representatives from AAPC, ACPE, APC, NACC, and NAJC) met in Washington, D.C., last December to explore concrete ways that we could collaborate. One suggestion was to draft a letter from the presidents of the five organizations to health care administrators to support our professional chaplains and clinical pastoral educators as their institutions were reexamining the regulations governing privacy and confidentiality.

The letter was drafted, reviewed by a compliance officer in a major health care system, circulated among the organizations several more times for editing, and then mailed out to certified members of the participating organizations with a cover letter from its representatives on the Council. The intent was to provide the chaplain or supervisor with the letter to personally bring to her or his administrator since a direct mailing would likely get lost in the daily barrage of mail. (See pages 9 and 10 in the April Vision.)

The primary aim of the letter was to clearly distinguish the role and function of the professional board certified chaplain on the health care team from that of the local clergyperson who comes to the institution to visit his or her congregants.

My experience during the last eight years on the faculty of the Harvard Medical School symposium, Spirituality and Healing in Medicine, is that those lines are often blurred by physicians and administrators alike. Two of the slides from my presentation directly address this distinction:

- The chaplain is a health care professional; the clergyperson is a religious leader.
- The chaplain tends to the spiritual needs of all the patients; the clergyperson tends to the religious needs of his or her congregants.

From the response of many of you, this letter was a helpful tool for advocacy. For some of you the letter raised further questions.

“Board Certified” Chaplain

The designation “board certified” originated from the Association of Professional Chaplains (the then College of Chaplains). In fact, they use “BCC” as the official designation for the board certified chaplain. Shortly after becoming your executive director, I had several conversations with the then College of Chaplains leadership and recognized the wisdom and value of this designation since it is the language of the medical profession. Though the NACC as an organization never adopted the “BCC” designation (our governing body chose the designation “NACC Cert.”), I, and others, began to use the expression “board certified” whenever we referenced the professional certified chaplain or supervisor.

A question arose as to whether or not an NACC-certified chaplain was indeed “board certified.” The answer is that our authorization to certify comes from the United States Conference of Catholic Bishops/Commission on Certification and Accreditation (USCCB/CCA) whose Board of Directors approves our standards. Though at present we don’t use the
designated “BCC,” in fact our chaplains and supervisors are indeed “board certified.”

“Non-certified Chaplain”

This is a difficult issue that will more than likely be brought closer to resolution by these HIPAA regulations. The expression “non-certified chaplain” seems like an oxymoron. If a chaplain is a health care professional, and health care professionals are all licensed or certified, then one cannot be a professional without license or certification.

But philosophically, I strongly dislike defining anyone by the designation “non.” We went through that with the black and white of Catholic and non-Catholic for many years. You were either with us or against us. There is no “non” in the stories of the life and ministry of Jesus. The “nons” in fact enjoyed favored status (the tax collectors, sinners, prostitutes, the woman at the well, the centurion) and were the first at the table in the coming of reign of God. So, shifting the language from identifying persons as “non-certified,” let us pose the following question: What about those chaplains who are not yet certified? I believe that is the question.

When we were in the first phases of restructuring our organization several years ago, we reviewed our mission, vision, and values. After much discussion, we identified “who we are” in our mission statement as “certified chaplains and CPE supervisors.” The question arose about the 25 to 30 percent of the membership who were not certified. The answer was that if we identify as a professional organization, certification is the hallmark of a profession. The assumption then is that those who join a professional association are either certified or in the process of moving toward certification.

A director of pastoral care called to ask whether this letter implied that chaplains who are not certified should therefore be let go from the staff. This was not the intent of the letter. Many persons providing excellent pastoral care are not certified for many understandable reasons. The “profession” has been developing over the last 50 or so years; the real maturation of the profession, I believe, will be the consensus around one universal set of standards. It seems then that there will continue to be a time of transition here—a phase of “grand-parenting” those who for whatever reason were not certified, but who are nearing the end of an important ministry.

Two issues need further comment. First, the provision of spiritual care for our sick and dying will take a village, as the expression goes, and that includes professional chaplains (board certified will be the standard), pastoral care volunteers, clergy, other congregational ministries such as parish nurses, Stephen Ministry, etc.), and indeed all health care providers on the team. Spiritual care is not the exclusive domain of one group of persons.

Second, the future (and, for most organizations, the present) standard for hiring the professional chaplain is the credential of certification. The HIPAA regulations are calling the question: Is the chaplain a health care professional (and therefore has access to protected health information like other members of the team)? If you claim the profession, the question then asked is, where is your license to practice?

Minimum Amount of Information Necessary

A compliance officer for a health care facility called to ask what information should be made accessible to chaplains. She asked for example, why would a chaplain need access to a patient’s lab report? It’s a good question.

My response was that all clinical members of the health care team have access to the full patient record, and the social worker, for example, is not restricted to certain areas that are determined not to be directly relevant to the provider’s discipline. In principle, the chaplain as a health care professional has full access just as any other member of the team.

Second, health care is holistic care. All members of the team work together to care for the person and her or his body, mind, and spirit. Chaplains are expected to have a knowledge of medicine and medical terms, and though he or she may not find it necessary to read the lab report, it is there as a part of the one record of the one person who has an illness of body, mind, and spirit.

I then raised the issue of “charting,” and asked the compliance officer whether or not the chaplain documented in the patient’s chart. To my dismay, she said, “No, she [the chaplain] keeps her own records locked in a file, but does not record them in the chart for reasons of confidentiality.” I made it quite clear that this was inappropriate. How could she read everyone else’s notes, all confidential information, and then turn around and say, “Oh no, you cannot have my confidential information”?

Certification

Rev. John T. Crabb was certified as a Supervisor.

Mr. Michael Brown was certified as an Associate Supervisor.

Nine chaplains were certified, and 38 candidates were approved for certification interviews for May 2003.

Appeals

Ms. Linda Bronersky, the Certification Appeals Panel Chair, submitted a report to the National Certification Commission, along with questions and observations from the Panel. Recommendations to provide education and clarification of the interview process for both interviewers and candidates were made and are being implemented.

Interview Team Educators Train in Milwaukee

A group of six eager and talented chaplains met to plan a PowerPoint training tool for interviewers. This presentation will be given during conference calls prior to the interviews. These Interview Team Educators will work with the Commission to continue to prepare chaplains to serve on interview teams.

As part of the training, Manager of Operations Kathy Eldridge explained changes in certification and familiarized them with the Standards and other certification materials. Father Joe Driscoll and Commissioner Ann O’Shea walked the participants through the professional interview process and detailed how to write a professional report.

NACC-certified chaplains who took part in this training session are Ms. Cathy Connelly, Columbia, South Carolina; Mr. D.W. Donovan, Richmond, Virginia; Ms. Judy Hoelscher, Temple, Texas; Ms. Charlotte Leas, N. Las Vegas, Nevada; Ms. Nancy Siekierka, Irving, Texas; and Ms. Judy Shemkovitz, Cleveland, Ohio.

Interview Team Educators assisted the Commission by reviewing for completeness the materials submitted by certification candidates. They worked with a list developed by the Commission which details the supportive materials necessary to pursue certification. (See pictures below.)

Join a group of capable chaplains working to improve the profession

Volunteer to serve on a Certification Interview Team. The association needs certified chaplains and supervis ors who would be willing to serve on certification interview teams. The roles of Chair, Presenter, and Reader will alternate, and you will receive training developed by NACC Interview Team Educators via conference calls.

Upcoming interviews sites and locations are listed on page 7.

You would need to commit to serving on three interview teams at one location. The NACC would reimburse you for travel, Saturday night lodging, and Saturday and Sunday meals.

To volunteer, contact Kathy Eldridge, Manager of Operations at the national office: (414)483-4898; keldridge@nacc.org.

(Left to right): Ms. Charlotte Leas, Ms. Cathy Connelly, and Ms. Judy Hoelscher.
My Experience with Spring Certification Interviews

Mary Pat Campbell

I love Spring! I search out the beginnings of small, green, growing plants and shoots in my gardens. Each discovery holds the promise of a brightly colored plant or flower that I look forward to seeing in the next season.

I love Spring! I set aside one full weekend each May to search out the beginnings of soon-to-be-certified NACC candidates in Milwaukee. Here again, each discovery holds the promise of a bright future for another chaplain to serve God’s people in the next season.

A few years back one newly certified and two “seasoned” chaplains took their time and talent to discover and search out another. Their faces, names and encouraging words and thoughts renew the green growings in my life each spring.

Reviewing submitted materials (a lot of stuff) and participating in individual candidate interviews require a commitment of time and talent. For me each Spring session remains a time of discovery. Looking at and into the other both humbles and challenges my sense of self and ultimately my sense of service. I’ve learned, relearned, grown, taken off shoots, and planted new seeds in my ministry.

I invite others to the same experience—Spring or Fall.

(NACC-certified chaplain Mary Pat Campbell ministers at Ministry Health Care Hospice of Stevens Point, Wisconsin.)
Let's Not Forget Our Very Own

Theresa Mallahan

As I passed through, my eyes met hers and I could see a look of questioning. It seemed to me, to be a look of wondering, without asking, “Did you pass?” I quickly lifted my hand in an attempt to wave and called to her: “Nice to meet you. I’ll probably talk to you some time on the phone.” I then saw a look of realization come over her face. But, it wasn’t just awareness, it was compassion. This happened within seconds and, although I couldn’t get out of there fast enough, this registered in my heart.

I drove down the highway in a state of numbness. It seemed that all I had given my heart and soul to over the past three years had just been taken away. Next, I would have to face family, friends, and coworkers, all the people who were aware of my goal and waiting to see me. I arrived home, where two family members greeted me. With big smiles and looks of excitement, they said, “How was it?” I said, “Not good.” They then asked, “What do you mean?” As I explained what had happened, I saw their expressions change from happy to sad. I didn’t say anything, but this registered within my heart.

The next morning, I went to work. I entered the pastoral care office where I meet with my coworkers to plan the day and share a morning prayer. They were gathered around a circular table. As I entered the room, they all turned and looked at me. My boss lifted up his arms as if scoring a touchdown in a football game and excitedly said, “Well!” I said that it didn’t happen. I saw my boss’s arms go down and begin to walk beside me. When a storm sets in, Love always wants to lift us up and take us to higher ground, making us stronger than we were before.

I know there are other members out there who have attempted but did not receive certification. I hope this article helps them feel acknowledged and not alone.

For the members who have attempted but did not receive certification, I hope this article helps them feel acknowledged and not alone.

With all the talk these days, of the importance of maintaining holistic health, I believe it is vital that we as The National Association of Catholic Chaplains look at our association in a holistic manner. As chaplains, we all know that this includes taking a closer look at the whole picture—in particular, areas of woundedness. Having said that, I am writing this article to any NACC members who have ever sat before a certification committee and were not granted certification.

When reading through Vision, I often read names of people who have recently been granted certification. It is good and right to acknowledge these tremendous accomplishments. However, having recently been denied certification myself, I can’t help but wonder about other members who have been, or are currently, in the same shoes. It is a heartache. We are a minority, but we do exist. This article is an attempt to bring a pain that very well may be considered hidden, out into the light.

I sat before a certification interview team on October 27, 2002, in Worcester, Massachusetts. As I write this, it is now three weeks later. Looking back over these past weeks and all my feelings of grief, denial, anger, and sadness, I must also say, without a shadow of doubt, that I have witnessed the face and heart of Christ. After being told that I would not be certified and all that entailed, from that point on, all I remember is Jesus.

After leaving the interview, I remember walking down the front stairs into the lobby of the building to exit the front door. Upon passing through the lobby area, I gazed over to a table where I saw Susanne Chawszczewski, from the national office, would have to face family, friends, and coworkers, all the people who were aware of my goal and waiting to see me. I arrived home, where two family members greeted me. With big smiles and looks of excitement, they said, “How was it?” I said, “Not good.” They then asked, “What do you mean?” As I explained what had happened, I saw their expressions change from happy to sad. I didn’t say anything, but this registered within my heart.

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I know there are other members out there who have attempted but did not receive certification. I hope this article helps them feel acknowledged and not alone. After all, how can we as a national body of chaplains offer holistic care without first starting with our very own.

(NACC member Theresa Mallahan is a chaplain at Saints Memorial Medical Center in Lowell, Massachusetts.)
From January 29–31, 2003, I represented the NACC at the 6th Annual Conference of the National Coalition of Health Professional Education in Genetics (NCHPEG) held in Bethesda, Maryland. The conference was cohosted by another group called GROW (Genetic Resources on the Web). NCHPEG and GROW are very similar in their concentration on genetics, but differ in other respects. More on GROW later; however, you should visit both the NCHPEG (www.nchpeg.org) and GROW (www.search.info.nih.gov/grow/) websites for ongoing information and updates on genetic issues which will impact us as chaplains.

With the addition of four new members, NCHPEG now totals 130 health care organizations. One of the newest members is the Association of Professional Chaplains (APC). We welcome and congratulate the members of the APC! When I spoke with J. Vincent Guss, Jr., APC’s representative, we envisioned opportunities for collaboration to bring the ethical and spiritual aspects of genetics into clearer focus for NCHPEG/GROW members and for our memberships.

For example, we plan to propose to our respective organizations that nationally recognized professionals be identified and requested to attend and address our respective organizations, perhaps when we again meet jointly. Chaplain Guss reported to the APC annual meeting that “our most valuable contribution . . . was our presence by which we helped to create awareness of what this discipline and our pastoral care colleagues can contribute.”

At one point in the conference, someone noted that primary care physicians are often the first point of contact for people who have questions or concerns related to genetics. In an analogous or similar way, we as chaplains often are the first point of contact for patients and families who have questions or concerns about the ethical and/or spiritual aspects of genetics. That’s why I’m pleased that NCHPEG now has two chaplaincy groups represented.

This year’s conference offered a variety of choices. Major speakers treated Genetics and Common Chronic Disease as well as Pharmacogenomics and Common Chronic Disease. The breakout sessions treated genetic risk assessment for cardiovascular disease, cancer, and asthma. Some model programs in genetics, like the Genetic Alliance, were featured in the poster sessions as well as in more formal presentations. Of special interest were a presentation on “HUMGEN: A Database to Access Policies in Human Genetics” and another on “Genetic Testing Information at the Point of Care” (especially in primary care settings), including listings of testing sites. The HUMGEN website is www.humgen.umontreal.ca and the site for the latter is www.genetests.org.

Along with presentations on international efforts in genetics education for health professionals (especially in Romania, western Europe, and the United Kingdom), there were working groups and committees on topics such as content and instruction for genetic education programs; family history (“know your family history, your life may depend on it”); membership; and, the group I worked with, diversity and cultural competence. For many of us, the implications of genetics for culturally competent care (and spiritually competent care, for example, Islam) as well as diversity issues will be demanding and challenging.

As usual, the talk of Dr. Francis Collins, the Director of the Human Genome Project (HGP), closed the conference. He kept stressing, “the future is NOW.” The year 2002 saw significant advances in mapping the genome of humans and of the mouse. This research is important since it appears that mutations in the same gene lead to similar consequences for humans and mice.

Now that the HGP is virtually completed, Dr. Collins asked, “Where do we go from here?” He then identified three steps to keep the HGP moving forward in 2003:

1. The celebration of the 50th anniversary of the publication of the Watson-Crick article on DNA in the April 25, 1953, issue of Nature.
2. The formal full completion of the entire HGP.
3. A threefold project for continuing research to probe the information gleaned from the complete mapping of the human genome:
   - application of genomics to biology.
   - application of genomics to health.
   - application of genomics to society.

From mid-February to the end of April, various conferences will be held to commemorate the 50th anniversary of the unveiling of the famous double helix of DNA. Issues of concern to chaplains—genetic counseling, genetic privacy and discrimination, stem cell research, cloning, genetic therapy, gene research and patenting—are sure to be addressed. Visit the NCHPEG website for listings and updates.

The completion of the HGP is just around the corner, according to Dr. Collins. Once we have the full map, we can probe deeper into the potential of this information for deeper research in molecular biology, advances in health and pharmacogenomics (drugs and medicines), and the betterment of human society at large. Given the time it often takes from knowledge to application (a significant reminder as we celebrate the 50th anniversary of DNA), there’s no reason to delay moving from learning to applying the potential of this knowledge.

For us as chaplains, our being able to keep up with the fast-growing advances will be essential to our ministry in spiritual care, ethics, and spirituality. Refer to the publication of NCHPEG’s Core Competencies in the April 2002 issue of Vision.

Dr. Collins outlined a bold new research plan for genomics to build on the information gained from the HGP. He used the image of a three-tiered structure, one tier building on the other:

1. Genomics to Biology
   - to define the state of human variation;

(Continued on next page.)
NCHPEG
(Continued from page 9.)

- to sequence lots of additional genomes;
- to lessen the cost of sequencing genomes;
- to identify all functional elements of the genome, including all the proteins of a cell, as well as their interaction(s);
- to develop a computational model of the cell.

2. Genomics to Health

- to develop a strategy for identifying the genetic and environmental risk factors for all common disease(s);
- to develop a "sentinel system" for early detection of disease and the molecular taxonomy of disease;
- to accelerate the availability of animal models of disease;
- to enhance high throughput for robotic screening of small molecules;
- to develop and deploy resources for academic researchers;
- to determine how genomics might lessen health(care) disparities;
- to enhance the quality of health in the developing world.

3. Genomics to Society

- to enhance genetic privacy and protection versus genetic discrimination;
- to encourage appropriate patenting and licensing practices to benefit the public (the application to business/organizational ethics is evident);
- to understand even better the relationships of genomics, race, and ethnicity;
- to bring greater clarity of understanding in the dialogue regarding race;
- to seek greater clarity in how genomics influences behavior(s), individual and communal/societal;
- to define boundaries of appropriate application of genomics in the nontechnical arena.

This agenda is full of applications for our work as chaplains, especially in the health care arena. The philosophical, ethical, legal, social dimensions are interrelated but very complex. The word “multifactorial” kept coming up. In five to seven years, genetic researchers envision the uncovering of the relevant genes underlying all common (chronic) diseases; the conference heard speakers apply this to cardiovascular disease, cancer, and asthma among other diseases like diabetes, Alzheimer’s, and even psychiatric illness. So the advances in genomic medicine are all around us.

By the way, check recent and current issues of The New England Journal of Medicine if you have access to them. Dr. Collins and Dr. Alan Guttmacher of the Human Genome Research Institute wrote a Review Article on Genomic Medicine for the Journal in the November 7, 2002, issue, pages 1512–1520. In coming months they will serve as editors for a series of articles in the Journal entitled Genomic Medicine; therein different authors will treat pertinent aspects of genetics like “Population Screening in the Age of Genomic Medicine” (see the January 2, 2003, issue).

Lastly, there’s the potential growing resource called GROW. This is the pet project of Dr. Guttmacher, who describes GROW as “a non-organization of organizations” working toward a unified approach to providing information and educational resources about genetics on the World Wide Web. Their website (www.search.info.nih.gov/grow/) links with GROW’s member organizations and should provide search engines. Unlike NCHPEG, GROW’s resources can be accessed only through the individual websites of their member organizations.

At the conference, participants indicated to GROW leaders what topics should be included in the website under different categories, for example, genetic counseling, social/legal/ethical issues, policies and procedures, science and technology. So periodically check the GROW website, but be patient. Eventually, in partnership with NCHPEG, GROW should prove to be a very helpful tool for chaplains. Just know that GROW includes all audiences, while NCHPEG is limiting itself to health care.

It’s difficult to capture the full scope of any conference, but I wanted to provide for you some idea of where we’re headed, genetically speaking. As Dr. Collins said, 2003 will be a crucial but busy year. Perhaps a good way to end is to note a remark made at the very beginning of the conference: “We’re sure we don’t have all the answers to the questions we face, in fact, we’re not even sure if we know what the questions are.”

(Richard Leliaert, OSC, PhD, is Manager of Spiritual Support Services at Oakwood Hospital and Medical Center, Dearborn, Michigan. He is Chair of the NACC Board of Directors and the association’s representative to NCHPEG.)

Nominate
(Continued from page 1.)

functions of the board, and the availability of the nominee for such service. You may send your nomination via regular mail, fax, or e-mail (info@nacc.org).

The Nominations Committee will review the recommendations and present a slate of candidates for the vacant positions. These nominees will be contacted by Susan Cubar, Administrative Specialist / Communications and will be asked to submit a statement of candidacy along with a photograph (head and shoulders) and curriculum vitae. This information will be printed in candidate profiles that will accompany the ballots.

The proposed timeline for nominations and balloting is as follows:

- Call for nominations: May issue of Vision and broadcast e-mail to members.
- Deadline for nominations to be received in the NACC national office: Friday, June 13.
- Ballots and candidate profiles to be included in the August/September issue of Vision.
- Ballots postmarked no later than Friday, September 19. (Time is allotted for conducting a runoff if necessary.)

If you have any questions about any part of this process, from responsibilities, to time commitment, to the function of the Board of Directors, please contact Bridget Deegan Krause (313-993-6216; krausebd@udmercy.edu) or Joan Bumpus (317-338-2236; jmbumpus@stvincent.org).

NACC Nominations Committee:
Sister Maryanna Coyle, SC, Chair
Ms. Joan M. Bumpus
Ms. Mary W. Hassett
Ms. Bridget Deegan Krause
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
Approximately 1,300 people converged on Toronto, Ontario, Canada, for the joint conference of the Association of Professional Chaplains, the Canadian Association for Pastoral Practice and Education, the National Association of Jewish Chaplains, and the National Association of Catholic Chaplains, February 23–26, 2003. After spending well over a year with the Executive Conference Planning Committee, it was wonderful to finally see all of the labor bear fruit in the middle of winter!

The NACC had a wonderful array of volunteers who worked on the Executive Conference Planning Committee and on several subcommittees. Your representatives from NACC included:

Ms. Mary Lou O’Gorman, of Nashville, Tennessee, the Plenary Speakers Chair
Dr. Peter Ruta, of Milwaukee, Wisconsin, the Collaborative and Special Events Chair
Rev. Jim Huth, of Toronto, Ontario, on the Local Arrangements Sub-Committee
Rev. John Evans, of Fargo, North Dakota, on the Workshops Sub-Committee
Ms. Cam Hanemann, of Milwaukie, Oregon, on the Plenary Speakers Sub-Committee
Ms. Sharon Mason, of Indianapolis, Indiana, on the Collaborative and Special Events Sub-Committee

Additionally, the staffs of the four associations worked on-site with registration and the logistics involved in making such a large event successful.

As I watched and listened through the eight days I was in Toronto, I was able to see how the conference goals touched the attendees and brought them a truly unique educational experience (see select quotes below from the evaluations):

■ Experience the blessings and burdens of diversity as a means toward inclusive models of service.

The mix and number of the attendees enabled conversations and interactions that were educational and spiritual, containing elements of different faiths and illustrating the differences and the commonalities among the associations. When the planning committee examined this goal, they validated the need for a variety of experiences. Two in particular reflected the diversity of the assembly. At the closing banquet, all attending were served a kosher meal. This kept the tradition of our Jewish colleagues, while letting others experience that meal in a deeply meaningful way. The last plenary speaker, David Levine, spoke in French, his native language. All English speakers were given headphones to listen to simultaneous translation in English. Throughout the conference, the French speakers had utilized the headphones. Thus English-speaking participants gained a perspective that their French-speaking colleagues experienced daily during the conference.

“I loved having the various faiths all together for sharing and growing. I can’t say enough.”

■ Explore values that shape individual, association, and global perspectives in order to affirm shared and unique visions.

While there were collaborative events such as the opening celebration and the closing banquet, each association maintained its own identity through individual events such as meals, prayer services, liturgies, and meetings. Open to all attendees, the individual and collaborative events allowed both the broad and the individual values of each association to come together in a truly unique vision for the conference.

One morning, I had a conversation with one of our Jewish colleagues. She was asking me about the Catholic liturgy that was taking place and I told her she was certainly welcome to attend. We then talked about the NACC liturgy that incorporated the anointing of the sick. She said that one of her areas of study was ritual and that the Catholic ritual sounded so wonderful for our community. I hope she had an opportunity to witness the anointing later in the conference.
I really enjoyed the collegiality and having the diversity of groups, but I still enjoyed meeting with my own faith group, too.

- Expand our abilities to identify and respond to the influences that shape professional practices.

With over 120 preconference and regular workshops, attendees were able to select sessions that pertained to their areas of professional interest and bring that education forward for their own individual needs. Additionally, the five plenary speakers: Dr. Terry Tafoya, Emily Friedman, Rabbi Dayle Friedman, Dr. Balfour Mount, and David Levine, all brought a wealth of information, diversity of thought, and the message that much can be accomplished through our efforts. These speakers and their messages were very well received by the attendees. (Audio and/or videotapes of these presentations are available; see the order form in the April Vision or on the conference website: www.epicjoint-conference.org.)

- Expect to impact the future of spiritual and religious care.

Coming together with four associations signaled to the conference attendees the importance of their profession as opposed to just their individual associations. They were stimulated and encouraged by their numbers in attendance, in the messages of the speakers, and in the historic announcement of further collaboration of the associations, and they sensed the impact they could have as a group on spiritual and religious care in North America.

“Very helpful by either offering new information and/or affirming what I already honor/practice.”

The conference was a symbol of consensus and unity at a time in the world where it is sorely needed.

While I spent much time behind the scenes in Toronto, I did have opportunities to interact with our attendees and I have received many messages from our members who truly had an EPIC experience.
BOOK REVIEWS

Pastoral Care to Muslims

Reviewed by Richard M. Leliaert, OSC, PhD

Since many pastoral or spiritual care departments are being faced with a growing Muslim presence within health care settings, it’s imperative for chaplains to extend the boundaries of their practice to include those who embrace an Islamic worldview. Good resources to help chaplains in this area are welcome indeed, and Kirkwood’s brief and readable book is valuable for consolidating and/or expanding our outreach as chaplains to Muslim patients and their families.

Kirkwood divides his book into two sections, one theological, the other pastoral or spiritual caregiving. (When ministering to Muslims, my own experience confirms the importance of integrating knowledge and practice very carefully.) Section I, The Muslim Mind, is just that: a 10-chapter overview of theological concepts and information essential to the Muslim mind, including God, end-of-life themes like death and resurrection, fear and hope, the place of prayer; as well as the distinction between Sunnis and Shia’s (Shi’ites). Ample quotations from the Qu’ran illustrate these themes.

Section II, The Practice of Care, details the implications of Section I for culturally and spiritually competent care/ministry to Muslims. Chapter 12, Imperatives for Muslim Care, and Chapter 13, Beside the Patient, are key chapters. Two appendixes on Bedside Prayers and Shafa’a (Prayer for the Dead) provide further practical help, together with a glossary of terms. (Remember that a’, called a ham’sa, is pronounced, as if it were a quick stoppage of breath, like a hiccup.)

Kirkwood’s eight caring principles summarized in Chapter 13 seem commonplace, but they need to be integrated carefully when working with Muslims. Each principle is briefly treated: acceptance; availability; greeting; initiating conversation; conversations involving religion; listening; prayer; visiting the home; and accepting the challenge.

Overall, I found Kirkwood’s book helpful. I noticed that he speaks mainly about his Muslim experience(s) in Australia. So I needed to keep resisting the temptation to compare his with my experience, centered in Dearborn, Michigan, which houses the largest single concentration of Arab-Americans and Muslims in the United States. Tensions regarding the war with Iraq certainly create a lot of intensity here, but like Kirkwood and so many of us, I can’t underestimate the importance of being present to Muslims and (as his subtitle suggests) building bridges between our faith communities. This certainly served the Dearborn people well after the tragedy of September 11.

I would add some remarks in closing. (1) While we as Christians, say, may be the only chaplains available for ministry to Muslims in a particular setting, let Muslims minister to Muslims if at all possible. Much of our role might consist more in facilitating Muslim-Muslim care than in directly providing care. In end-of-life care, for example, washing the body after death or saying the Shahadah into the ear of a dying Muslim should be done only by Muslims. If you have an Imam on staff, this is a blessing indeed; or helping to call or contact an Imam can be our best ministry of care.

(2) The sense of extended family in Arab or other Muslim cultures virtually assures any Muslim of continued presence at bedside during sickness or the dying process. Our presence is often simply one of support or asking what they might need. Helping the health care staff to provide water for ablutions before prayer (salat), for example, is often well appreciated. Gender to gender care is an extremely sensitive issue to Muslims, especially Shi’ites, so reminding the staff of this and acting accordingly (if at all possible) is deeply appreciated. The more we can learn about Shariah, the Muslim code of law/ethics and practice, in regard to such matters as these, the better. My Muslim colleagues often advise me to keep the distinction between faith and culture in mind, since so much misperception about Islam, especially the treatment of women, stems from not distinguishing the two.

(3) I have found it helpful to memorize key Islamic or Muslim phrases, especially salaam (or assalamu) alaykum, peace be with you. In saying this, I often place my hand over my heart, especially if addressing a woman or an Imam. Kirkwood’s glossary provides other helpful phrases.

(4) In trying to be sensitive about Jesus, it’s helpful to remember that Mary, the Mother of Jesus, often called Maryam, is mentioned over 40 times in the Qu’ran (see Chapter 12 or 19, for example). So our points of contact and dialogue are indeed many. And bridge building is indeed enhanced the more we can learn and know about each other: al-hamdu-lillah (thanks or praise be to God).

(Richard Leliaert, OSC, PhD, is Manager of Spiritual Support Services at Oakwood Hospital and Medical Center, Dearborn, Michigan. He is Chair of the Board of Directors of the NACC.)

Pastoral Relatedness
The essence of pastoral care

Reviewed by Larry VandeCreek

This unique book builds pastoral care theory and then demonstrates its value by reporting quantitative and qualitative research results. A commendable effort, it directly links theory, practice, and research.

The author, a priest of the Diocese of Kerry, Ireland, is Director of Pastoral Care/Counseling and Clinical Pastoral Education at Tralee General Hospital, Ireland. An accredited supervisor in the Association of Clinical Pastoral Education—Ireland, he is also an accredited member of their National Association for Pastoral Counseling and Psychotherapy. He produced the book as part of his recent work at Boston University School of Theology.

The author asserts that pastoral relationships possess varying degrees of pastoral relatedness, the latter being, as the title says, the essence of pastoral care. This pastoral relatedness is present when care focuses beyond the human and communicates the presence, power, and love of the Divine. He quotes Lawrence E. Holst, “Care becomes uniquely pastoral when it helps to direct others to the source of life and power, to that which alone is infinite and eternal” (p. xvi). The author argues that good pastoral care has lots of pastoral relatedness.
While these assertions are interesting, the author makes a unique contribution when he draws on the work of Radar, Estadt, and Moorman as well as Schlauch to argue that patients can discriminate the quality of their pastoral care. That is, they know when this pastoral relatedness permeates their time with the chaplain because it enables the patient “to access his/her spiritual self and experience God’s care” (p.36). This enables patients to share private concerns, a sharing that the patient experiences as supportive and helps them cope with their situations.

The author’s unique contribution continues when he moves to the next level of his argument. He asserts that since patients can discriminate the quality of their pastoral care by the way it enables their sharing of private concerns and promotes their coping, the effectiveness of this pastoral relatedness can be measured by gathering their feedback concerning their perceptions of this ministry.

Based on this assertion, Quinlan then draws on the existing patient satisfaction work with the ministry of chaplains, building on the work of VandeCreek and Lyon. He expands their work by hypothesizing that pastoral relatedness can be measured by gathering patient feedback concerning this sharing of private concerns (the hypothesized strongest component of pastoral relatedness) as well as the supportive nature of the chaplain’s ministry, acceptance of this ministry, and its ability to help patients cope. Given this theological/theoretical framework, Quinlan used the VandeCreek and Lyon questionnaire in the hospital where he provides ministry. He notes that his work expands on their original contribution by gathering feedback from a random sample of Irish patients ($N = 50$), by including some psychiatric patients, and by supplementing the questionnaire results with patient interviews ($N = 5$).

The author reports the results in detail. The responses from psychiatric patients demonstrate interesting variations from general hospital patients and are somewhat lower. The five patient interviews are summarized and the importance of sharing private concerns further described. The book closes with over 425 references and indexes.

This book should be required reading for chaplains and graduate students who wish to integrate theological understanding with quantitative research efforts. It is the first publication known to this reviewer that takes the reader through a Christian theological understanding of the chaplain’s ministry and then interprets quantitative patient satisfaction results in theological terms. While the reader may wish that the author had engaged a larger patient sample, the central contributions of this book are its demonstration that theological understanding and patient satisfaction research are friends and together can shed light on and strengthen pastoral practice.

(Larry VandeCreek is Founding Director of the Department of Pastoral Research at The HealthCare Chaplaincy in New York City. Now retired, he lives near Bozeman, Montana, and can be contacted at: 86554 East Panorama Drive, Bozeman, MT 59715; e-mail: Lvandecreek2001@yahoo.com.)

**EDUCATIONAL OPPORTUNITIES**

*Respecting Choices® Organization & Community Advance Care Planning Course*

**The Challenges of Palliative Care**
**A Multidisciplinary Conference**

**October 20–22, 2003**
**Madison, Wisconsin**

The University of Wisconsin Comprehensive Cancer Center in cooperation with the UW School of Nursing Outreach, the UW Medical School Office of Continuing Education, and other UW heath care entities present The Challenge of Palliative Care. This is a multidisciplinary conference designed for physicians, nurses, pharmacists, social workers, chaplains, pastoral caregivers, psychologists, and counselors. Topics include palliative care needs of the child, adolescent, adult, and elderly; honoring diverse choices and rituals; and effective communication between patient, family, and health care professionals.

For more information, call LeaRae Galarowicz: (608)262-1179; or e-mail: lbgalaro@wisc.edu. Visit www.cancer.wisc.edu.

**GWU offers end-of-life care program through distance learning**

George Washington University is offering a Master of Science and Graduate Certificate in End-of-Life Care through distance learning. The programs were developed to offer core courses in the end-of-life care concentration that provide insights, skills, and expertise in three broad areas of study: grief and bereavement, the business of dying, and spiritual care.

For more information on George Washington University’s Master of Science/Graduate Certificate in End-of-Life Care programs, visit the website below or for program-specific questions, contact Paul Tschudi, MA, LPC, Director of the End-of-Life Care Program, by phone at (202)994-3065. To learn about this program online, go to: www.gwumc.edu/healthsci/.
In response to the clergy sexual abuse scandal: A Liturgy of Lament

The Liturgy of Lament for the Broken Body of Christ is one in which all members of the body of Christ could name their feelings: anger, disillusionment, sadness, confusion, etc., in a faith-filled context with the hope of an encounter with the transformative Spirit of God. Such an approach would permit the authentic participation not only of those who were actual survivors of clergy sexual abuse, but also of those who were part of parishes whose pastors had been removed because of accusations of clergy sexual abuse, of those who were friends of victims or the accused, and of any members of the wider ecclesial community who were suffering as a result of the disclosures of the past year.

This service was developed by Father Joe Fortuna, pastor, and Ms. Laurel Jurecki, pastoral associate, of Ascension of Our Lord Church in Cleveland, Ohio, at the request of Sister Christine Schenk, CSJ, of FutureChurch. Sister Chris had been approached with the idea by Stephen, a survivor of clergy sexual abuse. The Liturgy of Lament can be downloaded from the FutureChurch website (www.futurechurch.org) or mailed to interested individuals and groups. Contact FutureChurch, 15800 Montrose Avenue, Cleveland, OH 44111; phone: (216)228-0869; fax: (216)228-4872.

Last Acts offers statement on diversity

The Last Acts Diversity Committee has developed a Statement on Diversity, which encourages health care professionals to acknowledge and respect the differences among various racial, cultural, spiritual, ethnic, and age groups, and to identify and address their own biases so that each patient’s wishes can be honored. The Statement on Diversity includes six case studies that highlight the differences in dealing with various cultures at the end of life. These vignettes focus on developing acceptable solutions to overcome cultural, religious, and ethnic barriers.

Every copy of this document will come with a copy of the accompanying annotated bibliography. This is an extensive bibliography of resources on how one’s cultural background, ethnicity, and/or religious preference can affect end-of-life care and choices.

To order these free documents, please send an e-mail to: lastacts@aol.com and be sure to include your name, address, and a reminder about what document you would like to receive and the quantity you are requesting. Please allow two-to-four weeks for delivery.

To view the Statement on Diversity in PDF file format, please go to: www.lastacts.org/files/publications/Diversity1.15.02.pdf. Note: You will need Adobe Acrobat Reader to view the document here.

Healing Grief


Healing Grief, first published in 1980, has sold over 2.8 million copies. This booklet is well known with both individuals and professionals with credibility of the author being the main reason. She knows grief first-hand, having lost her nine-year-old son, Michael, by drowning and then eight years later her 23-year-old son, Eric, was killed in an auto accident. Then a brother and sister died. Her husband of 50 years died, and later a third child, Leslie, died of a brain tumor in the prime of her life.

This booklet includes practical suggestions organized in short sections, so that the grieving person does not feel overwhelmed with too much to read at once, and a revised resource section. Single copies are $3.95 with quantity discounts available. Ordered in quantities of 100 copies, individual booklets cost $8.85 each. A version in Spanish titled Curando el Pesar is also available.

Healing Grief is available via the internet through Grief Resources Catalog (www.griefresourcescatalog.com), or 5021 Vernon Avenue, #209, Edina, MN 55436; phone: (952) 922-3469; williams@griefresourcescatalog.com.

New website, Last Chapters, offers stories about living with dying

A new website called, Last Chapters, offers a collection of inspiring stories and video interviews of people who are facing death or chronic illness. These stories shed light on a range of issues about quality of life, including: spirituality, talking about dying, managing pain, caregiving, coming to terms with grief, and more.

The Last Chapters Forum is a discussion board where site visitors can comment on
featured stories and share their own experiences, concerns, and encouragement. The site provides a variety of resources as well as ideas for individual action to improve end-of-life care. Last Chapters was created by Partnership for Caring, with funding from Last Acts and The Robert Wood Johnson Foundation. www.lastchapters.org.

Let Me Sow Love
Living the peace prayer of St. Francis

This book takes another look at the treasured peace prayer of St. Francis by opening it line by line. James Adams weaves scripture and reflection to highlight the themes of St. Francis with questions to guide the reader in quiet prayer. He offers the reader a new way of seeing things, a new experience of peace, and a fresh perspective on love. Suited for today’s busy lives, the sections of the book are short enough to be read at any time during an active day.

James E. Adams is the editor of Living Faith, a publication that provides brief personal reflection on the themes of daily scripture.

Savoring God
Praying with all our senses

Author Kathleen Finley leads the reader through a variety of five-part prayer exercises to help use objects in nature as well as personal everyday objects as touchstones for prayer. Each exercise includes five parts: an opening prayer, a guided meditation on a specific object, a number of related scripture passages, a reflection on the significance of the object in our lives, and a closing section on how to put prayer into action.

Ms. Finley speaks regularly about family life and spirituality at workshops around the country. The author of numerous books and articles, she is also an instructor in the Religious Studies Department at Gonzaga University.

Meditations for Survivors of Suicide

“The commonality that those who have lost loved ones to suicide share when they are immersed in sorrow is the potential for greater vision into the meaning of life, one-self, others, and God. Like the author of the book of Revelations, we initially feel as if we are cast on the rocky island of Patmos, where wind-driven waves batter the shoreline. Yet, like John, during times of desolation, we learn to look beyond ... we discover ... that the confined, dark space we are in opens into wider, panoramic vistas just beyond our present horizon. With time and healing we find that ... unfolding truths wait for us that will bring us comfort and peace. ... It is my hope that this book will serve as an emissary to those who are enmeshed in the tragedy of losing a loved one to suicide.” From the Preface.

Joni Woelfel is the author of two books and her articles have appeared in the National Catholic Reporter, Catholic Women’s Network, Stauros, and The Wabasso Standard.

The Widowed Self
The older woman’s journey through widowhood

Ms. Kestin van den Hoonaad combines sociological theory with autobiographical accounts to produce an accessible insight into the lives of those under investigation. Kate Davidson of the University of Surrey, England, says, “I would strongly recommend it for students of gerontology and an excellent example of the successful inter- section of theory and methodology, symbiotic interaction, and qualitative research.”

Ms. Kestin van den Hoonaad is an associate professor of gerontology at St. Thomas University, Fredericton, New Brunswick. She has a PhD from Loyola University Chicago.

Positions Available

▼ Altru Health System, Grand Forks, ND – PRIEST CHAPLAIN. Altru Health System is seeking a full-time Roman Catholic Priest Chaplain, starting May 1, 2003. The applicant will be a member of a six-person, ecumenical, professionally certified chaplaincy team that integrates spiritual and religious care in a community not-for-profit health care system. Primary responsibilities will be ministry to patients who are Roman Catholic, families, and staff in a 260-bed acute and rehabilitation hospital that serves northeastern North Dakota and northwestern Minnesota. The pastoral service department also serves a hospice program and a community nursing home system. Altru Hospital is a Level II Trauma Center. The system has over 150 physicians in Grand Forks and regional clinics. It provides clinical opportunities for a medical school, surgery and family practice residents, nursing, and most other allied health occupations, and is an accredited ACPE Center. This is an exempt position that replaces a priest who has held this position for 18 years in a recognized, integral, and supported ministry program. Salary and benefits are competitive. Applicants must be ordained, certified by NACC or APC, or be willing to become certified. We welcome your immediate inquiry and/or resume. Visit our website at www.altru.org. Human Resources, Altru Health System, PO. Box 6002, Grand Forks, ND 58206; (800)732-4277. Equal Opportunity Employer. Member, VHA.

▼ Georgetown University Hospital, Washington, DC – offers five one-year RESIDENCY POSITIONS beginning August 25, 2003,
Positions Available

through August 20, 2004, with four units of CPE credit. One previous unit of CPE or equivalent and a graduate theological degree are prerequisites. Georgetown University Hospital operates as a Catholic hospital that values its Jesuit heritage of care for the whole person. The curriculum emphasizes integration of bioethics and spirituality in pastoral practice. The program makes extensive use of resources at this world class university and medical center. Applicants may contact Rev. Brian J. Conley, SJ, Department of Mission and Pastoral Care, Georgetown University Hospital, 3800 Reservoir Road, NW, Washington, DC or by phone: (202)784-4481 or by e-mail: conleyb@gunet.georgetown.edu.

▼ Georgetown University Hospital, Washington, DC – is seeking an ACPE SUPERVISOR OR ASSOCIATE SUPERVISOR to join the Department of Mission and Pastoral Care. The department includes the director, an executive assistant, four staff chaplains, and five resident chaplains. Georgetown University Hospital is a member of the MedStar Health system, the largest health system in the region with seven hospitals in the Baltimore-Washington area. Georgetown University Hospital operates as a Catholic hospital that values its Jesuit heritage of care for the whole person. US News and World Report 2002 edition of “America’s Best Hospitals” ranked Georgetown among the nation’s best in seven specialties. Pastoral care is an integral part of the multidisciplinary approach to patient care at Georgetown. Responsibilities include supervising in the CPE program, providing clinical ministry, and some administrative duties. Georgetown University Hospital offers competitive salary and benefits. Interested applicants should send resumes and other inquiries to Rev. Brian J. Conley SJ, Georgetown University Hospital, Department of Mission and Pastoral Care, 3800 Reservoir Road, NW, Washington, DC 20007; phone: (202)784-4481; fax: (202)784-3095; e-mail: conleyb@gunet.georgetown.edu.

▼ Saint Peter’s University Hospital, New Brunswick, NJ – CHAPLAIN. Saint Peter’s, a 420-bed Catholic hospital, has an exceptional opportunity for an experienced chaplain to join our progressive ecumenical pastoral care department. The selected candidate will participate in a multidisciplinary team approach to meeting the spiritual needs of our patients, families, and staff of all faiths. Qualified candidates will possess pastoral experience, preferably in a hospital setting, appropriate ecclesiastical endorsement, and NACC or APC certification. When you become a part of Saint Peter’s University Hospital, you’ll enjoy an environment that encourages your professional and personal growth. Dynamic candidates are invited to forward resume to: Julie Fitzgerald, Human Resources Department, Saint Peter’s University Hospital, 254 Easton Avenue, New Brunswick, NJ 08901; fax: (732)220-8046; e-mail: jfitzgerald@saintpetersuh.com. www.saintpetersuh. EOE.

▼ St. Vincent Hospital, Green Bay, WI – CHAPLAIN. Our progressive pastoral care team seeks two PRN staff chaplains to minister to the spiritual, emotional, and relational needs of inpatients, outpatients, staff, physicians, and the community. Candidates must possess current certification with the NACC or APC, be able to adapt to the changing needs in health care, have excellent communication skills, and work as a team player. Chaplains will be scheduled as needed and must be available to take call. Our compensation program is designed to attract and retain competent employees who take pride in their work. Apply online today at www.stvincenthospital.org and see why St. Vincent Hospital is northeast Wisconsin’s Employer of Choice. Or send a confidential resume to: St. Vincent Hospital, Attn.: Mary Pliner, PO. Box 13508, Green Bay, WI 54307-3508.

▼ Saint Vincent Healthcare, Billings, MT – PRIEST CHAPLAIN. We currently have an excellent half-time opportunity for a priest chaplain to join a rewarding work environment and ultimate quality of life. The priest chaplain serves as the primary minister of the sacraments of the Roman Catholic Church and provides spiritual care to patients, their families, and the staff. He maintains the Eucharistic Ministry Program leading to or having NACC certification; and one to two years of hospice experience. We offer an excellent compensation package including: competitive salary, comprehensive health and dental insurance, retirement plan (403b), paid vacation and holidays. Qualified candidates send resumes to: Attn: HR, PO. Box 1090, Daphne, AL 36526; fax: (251)621-4463 or e-mail to: humanresources@mercymedical.com.

▼ Genesis Medical Center, Davenport, IA – CATHOLIC PRIEST CHAPLAIN. Join a futuristic spiritual care team in one of Midwestern America’s most distinguished centers of excellence. The successful candidate will be a strong team player, willing to integrate fully into an energetic “family” of multifaith chaplains who are responsible for an extraordinary variety of internal and outreach programs, together with an ACPE-accredited Clinical Pastoral Education continuum. Priest provides Catholic sacraments and ecumenical spiritual care to patients, visitors, and multidisciplinary staff. Must possess a valid driver’s license and be subject to call duty. Minimum of two units CPE is required. For more than 130 years, Genesis Medical Center and its predecessors have provided compassionate, quality care to all those in need in the Quad Cities and surrounding areas. This 502-bed medical center functions across two campuses and Bettendorf Plaza. It brings together the skills and efforts of more than 450 physicians, 3,000 staff members, and 1,000 volunteers. In addition to a competitive salary program, Genesis Medical Center offers a comprehensive benefit package which includes medical, dental, and vision insurance, paid time off, and a pension and retirement savings plan. Relocation assistance is also available. Pre-employment drug screen and background check are required. Please submit resume to: Human Resources, Genesis Medical Center, 1227 E. Rusholme Street, Davenport, IA 52803; phone: (563)421-1313; fax: (563)421-1315. EOE.

▼ 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 subspecialties, 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 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 cpeprogram@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.
Positions Available

and supports the sacrament and volunteers. He participates in departmental and hospital efforts to enhance Catholic identity and mission and functions as an effective multidisciplinary team member. Qualified candidates must be an ordained Roman Catholic priest, and have a letter of recommendation from bishop or religious superior, at least two units of CPE and demonstrated ability to function as a member of an interdisciplinary team. This person must be compassionate and understanding and have the ability to work with diverse cultural and faith groups. St. Vincent Healthcare is nationally recognized for excellence in quality care and technological leadership, and is guided by a mission of compassionate care and service to the community. Montanans have the luxury of vacationing where they live and work: Yellowstone and Glacier National Park. World class fly fishing in blue ribbon trout streams. Miles of wilderness trails. Whitewater rafting. Snowmobiling. Three ski resorts less than three hours away. Quiet suburbs, golf course condominiums or homes with acreage – all only about 15 minutes away from any Billings destination. We provide a competitive salary, flexible benefits, and interview/relocation assistance. Please call (800)237-9008 or send resume to: Human Resources, Saint Vincent Healthcare, P.O. Box 35200, Billings, MT 59107-5200; fax: (406)237-3175; e-mail: hr@svh-mt.org.

▼ Baptist St. Anthony’s Health System, Amarillo, TX – rated a Top Hospital by U.S. News and World Report, is seeking a full-time CHAPLAIN to work dayshift with rotating call. Join an ecumenical team of chaplains in a 460+ bed, 2,800 employee, multi-location health care system. Candidates must possess a master’s degree from an accredited seminary in theology, pastoral ministry, counseling, or related field. Four units of accredited CPE completed or in progress are required. Candidate must be board certified or board eligible by the APC or the NACC and have two years’ health care related experience. Qualified applicants can fax resume to: (806)212-2853. Applications are available online at www.bsahs.org, or send to Human Resources, 1600 Wallace Blvd., Amarillo, TX 79106. EOE.

▼ Our Lady of the Resurrection Medical Center, Chicago, IL – CHAPLAIN, SPIRITUAL SERVICES. Currently seeking non-ordained chaplain and/or ordained Catholic priest. We are part of Chicagoland’s premier Catholic health care provider and currently seek candidates with certification as a chaplain by the NACC, APC, NAJC, with four units of accredited CPE or who are ordained Catholic priests. Eligibility for certification at the time of appointment is preferred. Must be emotionally mature with an ability to cope with crisis situations under stress and to respond appropriately when necessary. Must have good interpersonal and communication skills. Send inquiry/resume to: Alleen Payne, Our Lady of the Resurrection Medical Center, 5645 W. Addison St., Chicago, IL 60634; fax: (773)794-8467; e-mail: apayne@reshealthcare.org. EOE.

▼ Mercy Health Center, Laredo, TX – CATHOLIC PRIEST CHAPLAIN. Mercy Health Center is rooted in the mission of Jesus and the healing ministry of the Church. By adhering to our core values—Dignity, Justice, Service, Excellence, and Stewardship—we remain dedicated to implementing innovative health and social services. The Mercy Health Center pastoral care department is seeking a Catholic priest chaplain to join our dynamic team! Candidate must be bilingual (English and Spanish). Bring your faith and commitment to Mercy Health Center. In addition to a great place to live and work Mercy Health Center offers an excellent compensation package. Please fax or mail your resume to: Mercy Health Center, Attn: Human Resources, 1700 East Saunders Street, Laredo, TX 78044; telephone: (956)796-3720; fax: (956)796-3655; e-mail: awells@laredo.mercy.net; web: www.mercylaredo.org. By choice Mercy Health Center is an Equal Opportunity Employer.

▼ St. Vincent Mercy Medical Center, Toledo, OH – CHAPLAIN. St. Vincent Mercy Medical Center, a 500+ bed tertiary care and level I trauma center is seeking full-time chaplain, second shift, to be a part of a diverse and gifted pastoral care team of professionals to minister to patients, visitors, and hospital staff, in accordance with the philosophy of Mercy Health Partners mission statement and the objectives set forth by the pastoral care department. Requires professional certification by either the Association of Professional Chaplains (APC) or the National Association of Catholic Chaplains (NACC). Requires a master’s degree in ministry or equivalent degree in related fields (e.g., pastoral counseling). Interested candidates please send resume to: Eileen Lyons, Recruitment Manager, Mercy Health Partners, 2200 Jefferson Avenue, Toledo, OH 43624; phone: (419)251-1492; fax: (419)251-7749; e-mail: Eileen_Lyons@mhnr.org; website: www.mercyweb.org. Equal Opportunity Employer.

▼ Presbyterian Hospital, Albuquerque, NM – Board Certified STAFF CHAPLAIN to join department of five staff chaplains, with active ACPE CPE Center (Resident, Extended, Summer programs). Salary from $35K upward depending on experience; customary benefits. Duties include on call, patient visits, staff support, mentoring of CPE students. Start date September 1, 2003. Visit the website to learn more: www.phs.org/patguide/index.htm. Submit resume to: Rev. William E. Dorman, Pastoral Care, Presbyterian Hospital, PO Box 26666, Albuquerque, NM, 87125-6666.

▼ St. Vincent’s Medical Center, Bridgeport, CT – ROMAN CATHOLIC PRIEST CHAPLAIN. Available May 1, 2003. Roman Catholic priest sought to join an interfaith chaplaincy team at this 350-bed community Catholic hospital. Staff includes an additional Roman Catholic priest chaplain for on-call rotation. Certification as chaplain by NACC or APC strongly preferred; working towards certification a possibility. Must be a strong team player, able to minister to Roman Catholics and to persons of diverse traditions. Competitive salary and benefits. Contact: Dennis McCann, Director of Pastoral Care, St. Vincent’s Medical Center, 2800 Main Street, Bridgeport, CT 06606; telephone: (203)576-5117; e-mail: dmcccan@svhs-ct.org Affiliate: New York-Presbyterian Healthcare System. www.stvincents.org

▼ St. Margaret’s Hospital, Spring Valley, IL – CHAPLAIN. St. Margaret’s Hospital is seeking a full-time chaplain to provide ministry to patients, their families, and visitors throughout the continuum of care. St. Margaret’s Hospital is part of the Sisters of Mary of the Presentation Health Corporation with 100 years of healing ministry. This position includes day hours, rotating weekends, and call coverage, and is accountable to the Director of Pastoral Care. This chaplain will work full-time in the hospital and clinical areas. Qualified candidates will be NACC or ACPE certified or have equivalent pastoral care experience ministering with persons of diverse cultural and religious backgrounds in acute and skilled care, pediatrics, oncology, and general medical and surgical settings. A bachelor’s degree in theology, pastoral studies, ministry, or related field is a plus. Competitive compensation and excellent benefits. Send resume to: Director of Human Resources, St. Margaret’s Hospital, 600 E. First Street, Spring Valley, IL 61362. EOE.

Position Wanted

▼ NACC-certified Catholic priest in good standing, MDiv, four units CPE, 10 years’ experience in acute care setting, critical care, oncology, seeking full-time employment in southeast Wisconsin, north-east Illinois area. References and resume on request. Contact: Rev. William G. Hubmann, CPPS, (317)298-4358, 7680 Woodmore Trace F-11, Indianapolis, IN 46260 or padrememo@juno.com.

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

The 7th International Congress on Pastoral Care and Counseling is postponed to August 2004. The venue remains Bangalore, India. For more information, go to: www.nacc.org.